



Open Report on behalf of Glen Garrod, Executive Director for Adult Care and Community Wellbeing

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	8 September 2021
Subject:	Lincolnshire Sensory Services Re-Commissioning

Summary:

This item invites the Adults and Community Wellbeing Scrutiny Committee to consider a report on Lincolnshire Sensory Services Re-Commissioning.

This proposed decision is due to be considered by the Executive Councillor for Adult Care and Public Health between 13 and 17 September 2021. The views of the Scrutiny Committee will be reported to the Executive Councillor as part of her consideration of this item.

Action Requested:

That the Adults and Community Wellbeing Committee:

- 1) considers the attached report and determines whether the Committee supports the recommendations to the Executive Councillor as set out in the report.
- 2) agrees any additional comments to be passed on to the Executive Councillor in relation to this item.

1. Background

The Executive Councillor for Adult Care and Public Health is due to consider a report on Sensory Services Re-Commissioning between 13 and 17 September 2021. The full report to the Executive Councillor is attached at Appendix 1 to this report.

2. Conclusion

Following consideration of the attached report, the Committee is requested to consider whether it supports the recommendations in the report and whether it wishes to make any additional comments to the Executive Councillor. Comments from the Committee will be reported to the Executive Councillor.

3. Consultation

The Committee is being consulted on the proposed decision by the Executive Councillor for Adult Care and Public Health between 13 and 17 September 2021.

4. Appendices

These are listed below and attached at the back of the report	
Appendix 1	Report to the Executive Councillor for Adult Care and Public Health on Lincolnshire Sensory Service Re-Commissioning for Decision between 13 and 17 September 2021

5. Background Papers

No background papers within the meaning of section 100D of the Local Government Act 1972 were used in the preparation of this Report.

This report was written by Marie Kaempfe-Rice, who can be contacted on 07824 803307 or marie.kaempfe-rice@lincolnshire.gov.uk

Open Report on behalf of Glen Garrod, Executive Director of Adult Care and Community Wellbeing

Report to:	Councillor Mrs Wendy Bowkett, Executive Councillor for Adult Care and Public Health
Date:	8 September 2021
Subject:	Lincolnshire Sensory Service Re-Commissioning
Decision Reference	I022816
Key Decision?	Yes

Summary:

The Lincolnshire Sensory Services (LSS) is a preventative and re-ablement service for both adults and children with a sensory impairment, both cognitive and acquired and their associated disabilities where applicable.

Definitions of sensory impairment can be ambiguous and mean different things to different people and agencies. The definition adopted in respect of this service is as follows:

“The term ‘Sensory Impairment’ encompasses visual impairment (including sight impaired and severely sight impaired), hearing impairment (including those who are profoundly deaf, deafened and hard of hearing) and dual sensory impairment (deafblindness)”

Adult Care, Children Services and Public Health have previously worked together to commission a suitably qualified and experienced service provider, or providers, working together to deliver a Sensory Impairment Support Service for both Adults and Children with a sensory need of Hearing Impairment, Visual Impairment or Dual Sensory Loss.

The current contract has been delivered by RNID since April 2016 under the brand name of LSS. The contract has exhausted all options for extension within the current contract, this paper therefore takes into account a recent review of the service including past performance which will aid in the consideration of the future re-commissioning option proposed.

Recommendation(s):

That the Executive Councillor for Adult Care and Public Health:-

1. Approves a procurement be undertaken to deliver a contract to be awarded to a single provider of county-wide sensory services for adults and children for a period of three years with the possibility of a further two year extension on a one plus one basis.
2. Delegates to the Director of Adult Care and Community Wellbeing, in consultation with the Executive Councillor for Adult Care and Public Health, the authority to determine the final form of the contract and to approve the award of the contract and the entering into the contract and other legal documentation necessary to give effect to the said contract.

Alternatives Considered:

1. To re-commission the services for new contracts to start on 1 April 2022. To fragment the service and re-procure in either separate lots, and potentially more than one provider, either in terms of sensory impairment condition or directorate.

To re-procure in lots in respect of the sensory impairment condition ie: hearing impaired, visually impaired and dual impaired deaf blind could be detrimental to the deaf blind cohort of service users who could potentially fall down gaps in provision through confusion over primary impairment conditions or a duplication of services whereby one provider would assess for one condition then identify a secondary condition which would mean the individual having to go through another referral and assessment process with potentially a different provider. This would also not aid in the transition to adulthood if procured in age specific lots.

2. To not re-commission services and consider bringing services in-house either in its entirety or partially.

In practice the in-house option could be problematic and potentially more costly as staff transfer onto the Council's employment terms and conditions. The funding is currently split between Adult Care, Children's Services and Public Health. Where these people would transfer to would be difficult to determine as their roles and responsibilities are not easily defined under the specific budget areas or provision. If however the option of bringing services in-house is decided upon, in order to retain an integrated model, it is recommended that the service is transferred in its entirety under Adult Care.

3. To decommission the services.

This is not considered a viable option as these are statutory services.

Reasons for Recommendation:

Previous performance information indicates the delivery model has been effective and enabled a single point of access reducing any confusion for referrals into the service this has also worked well for initial triage and referral and or signposting to other services if appropriate. This integrated delivery ensures continuity of support from one Sensory Impairment Worker and negates the need for the Service User to have to tell their story numerous times. The also aids in having the same provider delivering both adult and children's services ensuring a smooth transition into adulthood.

Due to the nature of the service there are a number of repeat referrals as conditions deteriorate and needs change, an integrated model enables a holistic approach to all sensory impairment support services.

This will allow the provider to be more flexible not only in terms of resource but also funding as a pooled budget paid on block basis allows the provider to be more responsive to demand. This model is likely to represent the best value for money due to the level of funding and total contract value offering economies of scale. The financial commitment will also enable investment in and development of staff.

Having a single provider is beneficial from a contract management point of view as the commissioner only has the one service and organisation to manage and develop relationship with. Due to the high contract value and profile the commissioner also has more leverage. This arrangement is also more likely to lead to a partnership / collaborative approach in terms of delivery which in turn can provide additional added value and aid in the continuity of service for individual throughout the pandemic recovery.

1. Background

The provider has performed well throughout the duration of the last three years of the contract. This can be evidenced through information captured on a quarterly basis including but not limited to:

- The reporting of key performance indicators.
- Close monitoring of the delivery of the specification and continuous improvement plan.
- Extensive wider community and partnership engagement.
- The demonstration of value for money.
- Case studies demonstrating overall framework outcomes.

- The extensive work that the service has carried out during the coronavirus outbreak.

The key performance indicators and other Service User feedback are set out below:

Table 1 – LSS Key Performance Indicators

Key Performance Indicator Descriptor	Annual Baseline Target 18-19	Actual Annual Performance 18-19	Annual Baseline Target 19-20	Actual Annual Performance 19-20	Annual Baseline Target 20-21	Actual Annual Performance 20-21
1) Referral into the service	1406	2140	1448	2191	1492	1510
2) Referral or Signposting to other Services (20% of referrals)	428	691	438	764	302	368
3) Individual Outcomes Increased Confidence	377	399	469	499	270	292
4) Individual Outcomes Increased Communication	785	804	974	1005	784	802
5) Individual Outcomes Increased Independence	1580	1516	1551	1582	464	502
6) Individual Outcomes Increased Mobility	227	229	187	218	51	61
7) Individual Outcomes Increased Opportunities of Paid Work	20	11	8	8	2	2
8) Individual Outcomes Reduced Isolation	121	125	158	192	114	167
9) New number of new cases	N/A	1398	N/A	1748	N/A	877
10) Number of hours delivered	30620	29571	31568	24691	31568	25218
11) Number of volunteer hours	4320	1118	5040	1632	5040	120

Table 1 demonstrates that, with the exception of number of hours of paid for staff and volunteers, all targets were either met or exceeded over the three year period. Key observations are set out below:

- The referrals to the service were exceeded by 34% over the three year period, indicating the provider was able to deliver services to more individuals than originally forecast within the fixed financial envelope.
- The year on year increase in referrals to other services highlighted the provider's growth in knowledge of other services which were either signposted or referred into. This ensures a more holistic approach to the individual's needs.
- The baseline target for the individual's outcome is set at the assessment / implementation of support plan stage where the individual will state what they would like to achieve as a result of the service. The actual performance indicates that in the majority of cases not only have these outcomes been met but the individual has actually achieved additional positive outcomes that they did not originally identify.

The number of target hours were not met. This was due to a number of reasons including:

- Vacancies due to recruitment difficulties, staff and training issues, particularly in terms of the Rehabilitation Officers who deliver mobility training.
- The breakdown of the original partnership which included the Blind Societies as subcontractors, particularly had an impact upon the volunteer hours.

The paid and volunteer hours were monitored regularly within any given reporting year, if insufficient contact hours were delivered the Council undertook a review to determine whether or not Service Credits would apply. This review considered the following:

- The total number of hours delivered;
- The number of referrals per annum;
- The delivery of the volunteer strategy;
- The overall hourly rate.

Whilst the provider did not meet the number of hours predicted they met the need of all increased referrals year on year, the individual's outcomes were met or exceeded and there were no identified gaps in provision which may have been met by volunteers. On this basis, there were no service credits applied.

The results of the service user reviews illustrated that 100% of respondents were overall happy with the service. In addition a snap survey was sent out to which 42 people responded, 88% of service users were either extremely satisfied (76%), or satisfied (12%) with the overall service received. Practitioner and other stakeholder feedback was also sought the overall 86% strongly agreed and 14% agreed that the service is currently delivering the correct level of care and support.

There were a number of other review conclusions as follows:

- The Service User and Stakeholder feedback is in the main extremely positive there is however some areas that require consideration as part of the development of a new specification of services.
- The demand for this service will continue to grow a service model that is responsive to this growth is vital. The performance in respect of the KPIs are positive, this aids in demonstrating that an integrated delivery model is appropriate and has worked effectively.
- The current block payment allows the provider to be more flexible in responding to demand. The application of Service Credits or incentives and minimum specific outputs will be considered within any future commercial model.
- The potential for the alignment of services and pathways has been explored with Health partners. This is particularly relevant to the Low Vision Service and the Eye Care Liaison Officer (ECLLO) role.
- The financial threshold placed on equipment will be removed from any new specification. Equipment will continue to be provided on the basis of a preventative short term contract and if the Service User has further needs they will be referred into Adult Care and or other services for appropriate equipment provision.
- One element that requires attention is the use of technology. The pandemic has fast tracked some areas of technology and new advancements need to be considered in terms of the equipment and services available for sensory impaired people. The review has also been mindful of the digital pathway for the local authority ensuring that aspects of the specification align with this.
- At present within the current specification there is only reference to developing the volunteer base to increase capacity, any future specification will be more detailed regarding the volunteer activity, roles and responsibilities and particularly following the pandemic, the associated mental health and anxiety issues, along with recognising the importance of recruiting and maintaining this volunteer support. For instance the provider and commissioner feedback highlighted an on-going need for community buddies or befriending services.
- The review highlighted that the engagement work undertaken by the service has been extensive. The development of partnerships was emphasised in the previous specification and the service delivered in this respect. This development work will need to continue and built upon. It is recommended that moving forward this work is mapped out so the services, stakeholders, organisations, networks across all sectors, public, private and third are understood.
- The work undertaken throughout the pandemic highlighted the provider's ability to adapt the service in order to safeguard all vulnerable service users.

1.1 Future Demand Levels and Budget

It is evident from table 2 below¹ that the local demand will continue to increase year on year. It also indicates, which national statistics support, the prevalence of sensory impairment increases with age. In 2019, 11.6% of people aged 65 and over were estimated to have a moderate or severe visual impairment.

Age related damage to the cochlear is the single biggest cause of hearing loss. Over 70% of people over 70 have hearing loss, and due to the ageing population, the number of people with hearing loss is set to grow.² By 2035, RNID estimates there will be approximately 15.6 million with hearing loss across the country.

Table 2 – Sensory Impairment Condition Projections

Lincolnshire - Hearing Loss Projections	2021	2022	2023	2030
18 - 64 - Some Hearing Loss	47,147	47,579	47,857	46,728
65 + - Some Hearing Loss	113,989	116,281	118,837	141,250
Total - Some Hearing Loss	161,135	163,859	166,695	187,977
18 - 64 - Severe Hearing Loss	2,789	2,823	2,850	2,806
65 + - Severe Learning Loss	14,689	15,009	15,446	20,078
Total - Severe Hearing Loss	17,477	17,832	18,296	22,883
Lincolnshire - Visual Impairment Projections	2021	2022	2023	2030
18 - 64 - Serious Visual Impairment	281	281	280	277
65+ - Moderate or Severe Visual Impairment	16,313	16,832	17,300	20,004
75+ - Have Registrable Eye Conditions	5,587	5,907	6,163	7,174

Over and above the funding and support provided through the Lincolnshire Sensory Services, during 2018/19, Lincolnshire County Council Adult Care supported a total of 1,191 adults aged 18 to 64 with a physical support need (including a sensory impairment), 132 (11%) people were supported in permanent residential care; the remaining 1,059 (89%) were supported in the community with a personal budget.³

In addition to this 6,938 people aged 65 or over with a physical or sensory support need were also supported by the Council.⁴

In 2018/19 there were 8,045 new requests for support from people aged 18-64, and 24,143 new requests from people aged 65 or over.⁵

From an adults perspective this demand will continue to increase, not only due to the ageing population but also the lifestyles of some that can lead to increased chances of health conditions that are associated with sensory impairment.

¹ POPPI & PANSI

² Davis, 1995.

³ SALT LTS001a.

⁴ SALT LTS001a.

⁵ SALT STS001

1.2 Compliance with Legislation, Policy and Guidance

The following information explains the different types of Sensory Impairment and associated legislation:

Visual impairment

Widely accepted definitions of blindness and partial sight are drawn from two sources, the National Assistance Act (1948) and Disability Rights Commission guidance for the Disability Discrimination Act (DDA).

Section 64 of the National Assistance Act 1948 defines “blindness” as being, “so blind as to be unable to perform any work for which eyesight is essential”. The certificate of blindness qualifies this as being a disability referring, “to any work and not to a person’s own occupation”.

Deaf and hard of hearing

There are a number of different terms to describe deaf and hard of hearing people. There is some disagreement within the deaf community about these terms, such as if people with some hearing can claim to be deaf. The Department of Health states that there is no formal examination procedure to determine if a person is deaf or hard of hearing (Local Authority Circular (93) 10 Appendix 4 - relating to section 29 of the National Assistance Act 1948). They categorise deaf and hard of hearing people as follows (Circular 25/61):

- Deaf without speech - Those who have no useful hearing and whose normal method of communication is by signs, finger spelling or writing
- Deaf with speech - Those who (even with or without a hearing aid) have little or no useful hearing but whose normal method of communication is by speech and lip-reading
- Hard of hearing - Those who (with or without a hearing aid) have some useful hearing and whose normal method of communication is by speech, listening and lip-reading

Dual impairment

Deafblindness is a distinct impairment that is more than ‘just’ the loss of your vision and hearing. It is a unique impairment. The impact of a dual loss is significantly different from a single loss as the individual’s ability to compensate is greatly reduced. People are regarded as deafblind if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility.

The description of ‘deafblind’ may be misleading as the severity of impairment for each separate sense, and the relationship between the two, can vary considerably with individuals. The term therefore ranges between the partial and complete loss of one or both senses. It is however, usually people with more complex and extensive needs who register for specialist services and are completely identified as ‘deafblind’.

Lincolnshire County Council has a statutory duty to provide Sensory Impairment Services under the following legislation as a minimum:

- The National Assistance Act 1948;
- The Chronically Sick and Disabled Persons Act 1970;
- The Disabled Persons Act 1986;
- Section 7 of the Local Authority Social Services Act 1970;
- The Equality Act 2010;
- The Care Act 2014;
- The Children and Families Act 2014 and
- Accessible Information Standard.

The Care Act 2014 statutory guidance places a number of expectations on the Council which the Council must meet unless it has cogent reasons for not doing so including:

For people who are sight impaired and severely sight impaired:

- Ensure that any self assessment is provided in an accessible format.
 - Ensure that assessments are carried out by a person who has the necessary skill, knowledge and competency.
 - Have due regard for the needs of people with a visual impairment in the provision of information and advice services.
 - Maintain registers for the sight impaired and severely sight impaired people.
 - Contact an individual within two weeks of the CVI (Certificate of Visual Impairment) being issued.
 - Provide appropriate services for those who are sight impaired and severely sight impaired.
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- **For people who are deaf or deaf blind :**
 - Make contact with and keep a record of all deafblind people.
 - must ensure assessments of need for care and support are carried out by people with specific training and expertise.
 - Provide appropriate services for deafblind people.
 - Provide specially trained one-to-one support workers when necessary.
 - Provide accessible information for deafblind people.

In addition to the Care Act 2014 the service needs to ensure it provides high quality support to Children and complies with the Children and Families Act 2014.

1.3 The Invitation to Tender Document (ITT)

The ITT will include the following:

- A revised specification will be drafted incorporating key findings and lessons to be learned identified through the review and feedback from stakeholder consultation;
- A specification that is clear in scope, interpretation and expectations;

- Bespoke terms and conditions;
- Appropriate award and evaluation criteria;
- A realistic, appropriate and robust performance management framework; and
- An emphasis on partnership working and effective referral mechanisms.

1.4 Commercial Model

Evidence collected on the current service indicates that where provision has taken place it has been to a good standard. The single provider model with an emphasis on delivery of outcomes will help ensure that the future contract is sustainable.

Whilst it is the intention that the Council will be contracting with a single provider, the market engagement has indicated that the delivery model may include consortium partnership or sub contractual arrangements. In this case the single provider will be responsible for the management of all partners or/and subcontractors. The delivery capability and cohesiveness of any proposed partnership arrangement will also form part of the tender evaluation. In determining a single provider the service model depends upon a number of factors as set out below.

1.5 Cost and Duration

A core principle of the single provider model is that a commitment of demand creates a strong commercial base for a provider and as such will help support them to deliver better value back to the Council. Similarly by guaranteeing this demand for a long period of time this would further strengthen a provider's ability to establish a sound base of business. This commitment will increase economies of scale for a provider, providers may wish to sub contract to, as well as allow them to build better business plans, optimise resources, better manage recruitment and the opportunity to plan re-ablement routes better, thus improving efficiency and lowering costs.

1.6 Budget and Payment Mechanism

The current budgets and funding for the services for 2020-21 are set out in Table 3 below.

Table 3 – Current Funding of Services

Lincolnshire Sensory Services	Area of Funding	20-21 Budget Per Annum	% of Budget Per Annum
	Adult Care	£427,590	72%
	Children's Services	£32,430	5%
	Public Health	£136,305	23%
TOTAL		£596,325	100%

Value for money can be illustrated by the following:

- The Provider has constantly met increased demand within a fixed budget. The service has never had a waiting list until 2020-21 and this was solely down to the pandemic and backlog of home visits following government restrictions. There is a

roadmap to unlock services that will ensure this waiting list is cleared by the end of the contract.

- Evidence of a high quality service delivering positive outcomes.
- A relatively low average hourly rate.
- Staffing costs focused upon delivery / operational staff as opposed to management.

The increase in future demand is expected at 2%-3% year on year. The current provider has historically exceeded this increase in referrals and the open book accounting approach has indicated that there was a level of underspend which would suggest that this growth can be met within the existing budget.

The provider will be paid an equal block payment monthly in arrears. For this block payment the provider will be expected to meet all the minimum indicative demand. Table 3 above represents a maximum budget. Price will be competed on at tender stage and form part of the contract award criteria.

If statutory demand exceeds these predicted volumes and additional funding is needed, this will be requested based upon the anticipated number of additional hours required multiplied by the average hourly rate as confirmed at competition. Any additional funding shall only be released following approval by the Executive Director for Adult Care and Community Wellbeing. If volumes anticipated are not realised the underutilised funds will be reinvested back into the service and/ or service credits may be applied.

1.7 Competition

Exposing the service to the open market will help to encourage improved value for money through quality, innovation, possible reduction in costs and the added value any potential providers may bring.

1.8 Risk and flexibility

The Council should also give regard to the resulting balance of risk that follows from awarding the contract to a single provider. The Council will seek assurance and conduct due diligence through its procurement processes to ensure the single provider has the capacity to deliver the volume of hours and scope required in the service specification. These assurances will increase the Council's ability to manage risk as well as provide greater flexibility of service provision.

As the market is limited there is a risk that there will be insufficient bids. This has potentially been further reduced by RNID indicating that their organisation is taking a different strategic direction and will no longer be a delivery organisation and will not therefore be bidding for the service if re-commissioned. Engagement with the market to date has however indicated there is some market interest in this service. Extensive provider engagement will be undertaken to stimulate the market and increase potential competition. In addition to this negotiations with RNID have included options of them either establishing a Social Enterprise or working with partner organisations encouraging them to take the lead in terms of bidding for future services.

1.9 Tender process

A key phase in the procurement will be in how organisations are assessed and qualified at the tender stage. As previously stated it is essential that the single provider or any organisation the provider sub contracts work to will be able deliver the required volume and outcomes. The Council must therefore have a clear understanding of the level of financial and business capacity a tenderer must have before being allowed to proceed to bid. This must be set at a level that represents an acceptable assessment of the level of risk as well as not being unreasonably burdensome and therefore restricting consortia bids.

The Procurement is being undertaken in accordance with regulations 74 to 76 of the Public Contract Regulations 2015 under "Light Touch Regime" utilising an Open Procedure method. The ultimate decision as to which provider is awarded the single provider status will be based on their evaluation performance.

ITT evaluation will focus on service quality and the capability of the single provider and any organisations they may wish to form subcontracting arrangements with to deliver the required volume and quality outcomes across the county set against clearly defined financial budgetary controls.

1.10 Scope

The full scope for these new arrangements are being developed, provider engagement and service user consultation has been undertaken to gain market intelligence and stakeholder feedback in terms of key aspects of future services.

It is the Council's intention to re-commission these services through a fully integrated model of delivery. The contract will encompass visual impairment (including severely sight-impaired and sight-impaired), hearing impairment (including those who are profoundly deaf, deafened and hard of hearing) and dual sensory impairment (deafblindness). The eligibility for the service includes all ages of adults and children who are both non registered and registered blind, sight impaired, deaf, hearing impaired or have dual sensory loss or deafblind.

The service provides the following activities:

- A single point of access to take all referrals and carry out triage;
- The assessment of need and the production of support plans;
- Setting up and maintaining homes/tenancies;
- Supporting home management and life skills;
- Providing general support and promote well-being;
- Delivering advice, guidance, advocacy and liaison.

Through these activities, where applicable, the following individual outcomes are achieved:

- Build confidence;

- Develop communication skills;
- Develop independent living skills;
- Develop mobility skills;
- Gain opportunities to employment and/or access education.

The service enables people who are sensory impaired to remain independent in their own homes and engage as active participants in the community, it empowers people to regain the ability to perform their usual activities, such as cooking a meal, paying a bill, using public transport, navigating road crossings or accessing social activities. The service focuses on maximising and sustaining choice and involvement through the use of outcome-focused support plans and person centred approaches that facilitate opportunities for people who are sensory impaired, to live fulfilled lives within a community setting. People who make use of the service remain eligible for an assessment of needs under the Care Act. Where a person has unmet needs and requires a funded long term care service, this would be arranged following a referral and assessment by the relevant adult care service.

1.11 Market Engagement and Feedback

A Prior Information Notice was published on 19th April 2019. This initiated a process of pre-tender market engagement. Feedback gained from this process has provided an understanding of the market's preferred approach to a number of important issues impacting on the commercial model, including the contract duration, market capacity and resource, payment mechanism and budget viability, contract attractiveness and mobilisation.

The results of this engagement exercise are summarised below:

- The contract duration of an initial three years with options to extend by a further two years was acceptable to all.
- The single provider model could involve a partnership/consortium of providers.
- A block payment was acceptable to all.
- In terms of contract mobilisation a three month timeframe was deemed adequate.

1.12 Procurement Implications

The Procurement is being undertaken in accordance with regulations 74 to 76 of the Public Contract Regulations 2015 under "Light Touch Regime" utilising an Open Procedure method.

It is the intention to issue a Find a Tender Service (FTS) Contract Notice for publication week commencing 4th October 2021 and a Contract Award Notice will be issued on any award to a successful bidder.

In undertaking the procurement the Council will ensure the process utilised complies fully with the EU Treaty Principles of Openness, Fairness, Transparency and Non-discrimination.

The procurement process shall conform with all information as published and set out in the Contract Notice.

All time limits imposed on bidders in the process for responding to the Contract Notice and Invitation to Tender will be reasonable and proportionate.

Public Services Social Value Act

In January 2013 the Public Services (Social Value) Act came into force. Under the Act the Council must before starting the process of procuring a contract for services consider two things. Firstly, how what is proposed to be procured might improve the economic social and environmental wellbeing of its area. Secondly, how in conducting the process of procurement it might act with a view to securing that improvement. The Council must only consider matters that are relevant to the services being procured and must consider the extent to which it is proportionate in all the circumstances to take those matters into account.

Ways will be explored of securing social value through the way the procurement is structured. The operation of sub-contracting and consortium arrangements will be explored as a means of ensuring a role for local small to medium-sized enterprises (SMEs) in the delivery of the services. Evaluation methodologies will be explored so as to incentivise the delivery of a skilled and trained workforce.

Under section 1(7) of the Public Services (Social Value) Act 2012 the Council must consider whether to undertake any consultation as to the matters referred to above. The service and the value it delivers is well understood. This and the market and other stakeholder consultation, carried out is considered to be sufficient to inform the procurement. It is unlikely that any wider consultation would be proportionate to the scope of the procurement.

2. Legal Issues:

Equality Act 2010

Under section 149 of the Equality Act 2010, the Council must, in the exercise of its functions, have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation.

Having due regard to the need to advance equality of opportunity involves having due regard, in particular, to the need to:

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
- Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
- Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to tackle prejudice, and promote understanding.

Compliance with the duties in section 149 may involve treating some persons more favourably than others.

The duty cannot be delegated and must be discharged by the decision-maker. To discharge the statutory duty the decision-maker must analyse all the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is identified consideration must be given to measures to avoid that impact as part of the decision making process.

A Equality Impact Assessment (EIA) has been carried out and included at Appendix A. The service enables people who are sensory impaired to remain independent in their own homes and engage as active participants in the community, it empowers people to regain the ability to perform their usual activities, such as cooking a meal, paying a bill, using public transport, navigating road crossings or accessing social activities. As such it has positive impacts on people with a disability and contributes directly to advancing their equality of opportunity.

Joint Strategic Needs Analysis (JSNA) and the Joint Health and Wellbeing Strategy (JHWS)

The Council must have regard to the Joint Strategic Needs Assessment (JSNA) and the Joint Health & Well Being Strategy (JHWS) in coming to a decision.

Adults Health and Wellbeing is a core theme of the JSNA, these services contribute towards the aims of the JHWS with a strong focus on prevention and early intervention, ensuring a focus on issues and needs which require partnership and collective action across a range of organisations to deliver and focusing on inequalities and equitable provision of services that support and promote health and wellbeing.

Crime and Disorder

Under section 17 of the Crime and Disorder Act 1998, the Council must exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment), the misuse of drugs, alcohol and other substances in its area and re-offending in its area.

This service is unlikely to contribute to the furtherance of the section 17 matters.

3. Conclusion

The service review has evidenced that the current delivery model has contributed towards a high performing quality service. Due to the reasons set out in this paper is recommended that the single provider integrated delivery model is maintained and adopted as the preferred re-commissioning option.

4. Legal Comments:

The Council has the power to commission the services and enter into the contract proposed.

The decision is consistent with the Policy Framework and within the remit of the Executive Councillor

5. Resource Comments:

Adult Care and Community Wellbeing Medium Term Financial Plan includes the budget to fund this service for the contract term.

6. Consultation

a) Has Local Member Been Consulted?

N/A

b) Has Executive Councillor Been Consulted?

Yes

c) Scrutiny Comments

The decision will be considered by the Adults and Community Wellbeing Scrutiny Committee on 8 September 2021 and the comments of the Committee will be reported to the decision-maker.

d) Risks and Impact Analysis

See the body of the Report

7. Appendices

These are listed below and attached at the back of the report	
Appendix A	Equality Impact Assessment

8. Background Papers

No Background Papers within section 100D of the Local Government Act 1972 were used in the preparation of this Report

This report was written by Marie Kaempfe-Rice, who can be contacted on 07824 803307 or marie.kaempfe-rice@lincolnshire.gov.uk.

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