Lincolnshire COUNTY COUNCIL
Working for a better future

Open Report on behalf of Martin Samuels,
Executive Director - Adult Care and Community Wellbeing

Report to:	**Executive**
Date:	**5 December 2023**
Subject:	**Wellbeing Service Recommissioning**
Decision Reference:	**I029631**
Key decision?	**Yes**

Summary:

The Lincolnshire Wellbeing Service is one of a range of services commissioned by the Council to help local people maintain their independence and prevent escalation of their needs. It is a service which contributes significantly to the Council's prevention duties within the Care Act and the Council's aspirations for local people expressed in local strategies.

The County Council has commissioned a Wellbeing Service since 2014. The service was last recommissioned in 2018. The current contract has been extended to 30 September 2024 subject to a review during 2022-23.

The current service comprises these key elements: Assessment, Generic Support, Telecare Response, Small Aids for Daily Living (SADL), Resettlement and Hospital In-reach. Each of these is described in the body of this report.

To support decision making about the future scope, commissioning and procurement of this service, a commissioning review has been undertaken covering: learning from current service delivery, performance against contract measures and assessment of future demand alongside benchmarking against similar services elsewhere.

Initial market engagement has also been undertaken to understand market attitude to the service model. The review findings have been considered alongside stakeholder feedback, best practice guidance, current legislation, local and national strategies and the development of other local services during the life of the current contract.

The report presents the case for recommissioning a countywide Wellbeing Service, but with changes to the elements of the service to incorporate the findings of the review. The report seeks approval from the Executive to procure a new contract for a revised Wellbeing Service commencing October 2024.

Recommendation(s):

That the Executive:

1. Approves the commissioning of a countywide Wellbeing Service for people aged 18 and above, generally as described in section 1.6 of the Report.

2. Approves the undertaking of a procurement to establish a contract to be awarded for this service, effective from October 2024.

3. Delegates to the Executive Director for Adult Care and Community Wellbeing, in consultation with the Executive Councillor for Adult Care and Public Health, the authority to determine the final form, and approve the award of the contract.

Alternatives Considered:

1. **Recommission the service on a like for like basis**
   - Whilst the review indicated the current service performed well against the contract and specification, some elements of the service are sub-optimal and pathways into it have become outdated.
   - Like for like recommissioning, or extending existing contracts, would be a lost opportunity to redesign the service in line with the review findings.
   - The demand for the current service model is forecast to increase to beyond the capacity of the current model, so redesign and efficiencies are required to mitigate this risk.

2. **Bring all, or some components, of the current service in-house**
   - The assumed best fit would be with elements of adult care, but this approach would blur the boundaries between statutory and non-statutory services. This risks referrals for non-statutory services moving into statutory provision at a faster rate than an external delivery model.
   - Integrating functions with existing internal services would result in disruption to those service structures and models.
   - Significant TUPE liability and capacity risks would arise from mandatory transfer of staff into the organisation.
   - From the analysis undertaken a robust business case for in-house provision cannot be evidenced.

3. **Do nothing – no longer commission a Wellbeing Service in Lincolnshire**
   - Whilst this would deliver short term saving, it will lead to a proportion of the 9,000 people referred to the service each year entering higher-cost regulated services immediately, or earlier than if the Wellbeing Service support were available.

- The service supports the Council to deliver a range of its prevention duties, the outcome and value of which are clear in the service review findings.
- The service is highly regarded by service users and stakeholders and ceasing it would be unpopular and damage the Council's reputation.

Reasons for Recommendations:

1. The Wellbeing Service is an established and valued component of the prevention offer to Lincolnshire's residents. It supports the Council's prevention responsibilities under the 2014 Care Act and the Corporate Plan priority of enabling people to have fulfilling lives with independence and access to the right support at the right time. The service is equally aligned to the prevention and tackling inequalities shared aims of Better Lives Lincolnshire and the Joint Health and Wellbeing Strategy The service is ideally positioned to support future integration initiatives that improve the population's health and wellbeing.

2. The service has evidenced its contribution to reduce and delay deterioration into higher-cost services across the current contract term. It has diverted and managed the needs of significant numbers of people, benefitting individuals as well as reducing costs to social care and the NHS.

3. Service user and stakeholder engagement has demonstrated clearly that a service of this type offers significant support to service user outcomes. The current service has consistently demonstrated that 98% of service users are successfully supported, with support to 'maintain independence' the most requested outcome area.

4. The revised service model proposed seeks to focus resources on the elements that are performing well, are proven in evidence base and best aligned to the strategic aims of the service. It will help reduce duplication with services commissioned elsewhere and release some resources to assist in management of demand and cost pressures.

5. The redesign will help to release some resources by removing less effective elements of the service, seeking to divert some routine needs to other services and building in more controls to access, enabling the service to be recommissioned within the existing budget.

1. Background

1.1 Legislation and National Guidance

The Care Act 2014 places a 'prevention duty' on local authorities which requires them to help to improve people's independence and wellbeing. It makes clear that local authorities must provide or arrange services that help prevent people developing needs for care and

support or delay people deteriorating such that they would need ongoing care and support. In taking on this role, local authorities need to work with their communities and provide or arrange services that help to keep people well and independent. This should include identifying the local support and resources already available and helping people to access them.

Local authorities should also provide or arrange a range of services which are aimed at reducing needs and helping people regain skills, for instance after a spell in hospital. They should work with other partners, like the NHS, to think about what types of service local people may need now and in the future.

The NHS Long Term Plan 2019 sets out the long-term ambitions for preventative services like the Wellbeing Service. One of these ambitions, reflected in the aims of the Lincolnshire Integrated Care System (ICS), is to support people to age well by bringing together different professionals to coordinate care better, helping more people to live independently at home for longer, developing more rapid community response teams to prevent unnecessary hospital spells, speed up discharges home, and give more people more say about the care they receive and where they receive it.

The Wellbeing Service is a central mechanism for meeting the Council's prevention duty by supporting residents to identify and access local support and resources with an explicit focus on and evidenced improvement in independence for service users.

The Health and Care Act 2022 put the Care Quality Commission's (CQC's) assurance of adult social care authorities on a statutory footing from 1 April 2023. This assurance framework includes a range of themes which relate to the 2014 Act's prevention duty. They include: 'Supporting People to Live Healthier Lives; Prevention; Wellbeing and Information and Advice'. The Wellbeing Service has recently been part of a pilot review of the Council's adult care provisions, alongside other services designed to support this prevention duty and initial feedback is expected soon, although it seemed to be very well received by inspectors.

1.2 Lincolnshire Business Drivers

Lincolnshire County Council's Corporate Plan identifies key ambitions, one of which is to enable everyone to enjoy life to the full. This is underpinned by the design of an accessible and responsive health and care system within local communities, protecting people, and promoting wellbeing, whilst promoting the support offered to our communities to enable them to be self-sufficient and thriving. The Wellbeing Service provides an 'anchor' set of services and pathways to support local people achieve these ambitions.

The Integrated Care Partnership Strategy's (2023) emerging shared ambition for Better Lives Lincolnshire, by 2030, is: 'For the people of Lincolnshire to have the best possible start in life, and be supported to live, age and die well.'

The aims of the Strategy that set the strategic direction up to 2025 are to:

- Focus on prevention and early intervention.
- Tackle inequalities and equity of service provision to meet population needs.
- Deliver transformational change to improve health and wellbeing.

- Take collective action on health and wellbeing across a range of organisations.

The NHS Lincolnshire Joint Forward Plan 2023–2028 describes the priorities that Lincolnshire's NHS and its partners will jointly focus on over the next five years to meet the population's physical and mental health needs, in the context of the overall ICS ambition and aims. These priorities are a new relationship with the public; living well, staying well; Improving access; Delivering integrated community care; and a happy and valued workforce.

1.3 Current Services Summary

Lincolnshire's Wellbeing Service (WBS) provides a range of component service elements designed to promote adults' (aged 18+) ability to live fulfilling, active and independent lives.

The WBS is preventative in focus, and aims to:

- Improve or prevent the deterioration of individuals' health, wellbeing, and overall quality of life;
- Enhance independence at home, improve individuals' ability to self-care and access appropriate supporting structures and community resources;
- Reduce or delay escalation to statutory support services.

The service currently comprises the following elements, delivered countywide:

- **Assessment** - A person-centred and strength-based assessment of all eligible individuals referred into the service, exploring the needs and outcome areas they are seeking support to improve. The assessment informs the development of a tailored support plan.
- **Generic Support** - Up to 12 weeks of generic support based on the individual's self-identified outcomes and needs identified through their assessment. This may include advice, connection and signposting to community resources, other relevant services and/or direct support to meet individual needs.
- **Telecare Response Service** - Provision of a visit to the home of a service user, who has subscribed and pays for this service, in response to a request from a telecare monitoring provider. For subscribed service users this is offered 24 hours, 7 days per week (generally where no informal carer has been or can be identified to attend). The countywide deployment of trained responders can assess and assist with a range of needs including non-injury falls, as well as providing support and reassurance in emergency situations.
- **Small Aids for Daily Living** - Rapid installation of items of preventative equipment, known as small aids for daily living (SADLs), and installing minor adaptations which are supportive to the wellbeing and independence of the service user. The costs of the equipment are met by the individual, who may source these independently or through stocks held and supplied by the Provider. Installation and support to utilise them is provided by the service free of charge.
- **Resettlement Service** – Working with health and care partners to visit and support individuals returning from a hospital stay to resettle into their home. Activities might include turning on the heating, ensuring food and drink is available, unpacking

belongings and medication. This service is available between the hours of 10am to 10pm daily via referrals from acute and community hospital teams countywide.

- **Hospital in-reach** – A supporting role in hospital discharge pathways where service users' discharges could be supported by elements of the Wellbeing Service or connection with wider services.

1.4 Eligibility for Service

The core service eligibility criteria apply to the assessment, generic support and SADL adaptations components of the WBS. To be eligible for these components an individual will have met four or more of the criteria below:

- Over 65 years old
- Unable to manage a long-term health/medical condition
- Regular GP visits for the same medical condition or for non-medical reasons
- Unplanned hospitalisation/A&E attendance within the last 90 days
- Accessed/made use of the Council's social care service in preceding 12 months (assessment, day care, home care, reablement or residential care)
- Bereavement of spouse or partner or divorce within the past year
- A fall in the past three months (either at home or away from the home)
- Unable to manoeuvre around the home safely
- Lack of social support and/or interaction with family, friends, carers, or experiencing feelings of isolation
- Experiencing feelings of stress, depression or anxiety affecting mental health and wellbeing
- Work, education, or volunteering cannot be sustained
- Unable to manage money or in considerable debt

Analysis of referral data indicates that well over 90% of individuals seeking or referred to the service are eligible for support, with individuals on average meeting 5.8 service criteria in the last two contract years.

The most identified criteria during this period remained consistent as stress related concerns, mobility around the home and being over the age of 65. During the initial contract term service eligibility was amended to enable people with a learning disability and/or Autism to access the service irrespective of the above criteria as part of a joint initiative between the Provider and LCC Practitioners to improve awareness and utilisation of the service.

Eligibility for the resettlement service is at the discretion of hospital discharge teams and partners for people who are leaving hospital with relevant needs. The telecare response service is available to Lincolnshire residents who receive telecare and subscribe to the service.

The current service Provider has also played a significant role as a strategic partner in supporting the local government, health, and care system to support vulnerable people in emergency situations. These include flooding incidents, the Coronavirus pandemic response and support to Afghan refugees and Ukrainian guests in Lincolnshire.

1.5 Commissioning Review

Contract Utilisation

Over the initial 5-year contract period from April 2018 to March 2023, there have been over 39,000 referrals into the core elements of the Wellbeing Service (i.e., Assessment, which may lead to a period of generic support and/or SADLs).

Figure 1: Core Service Referral Volumes Contract Years 1 to 5

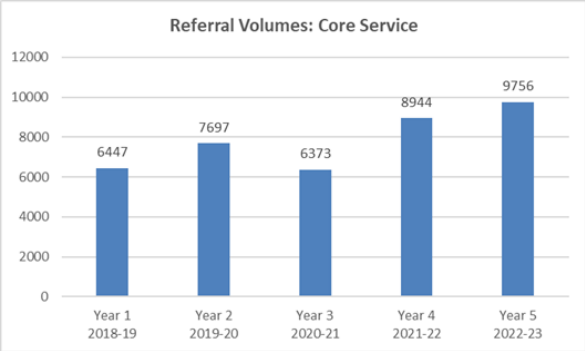


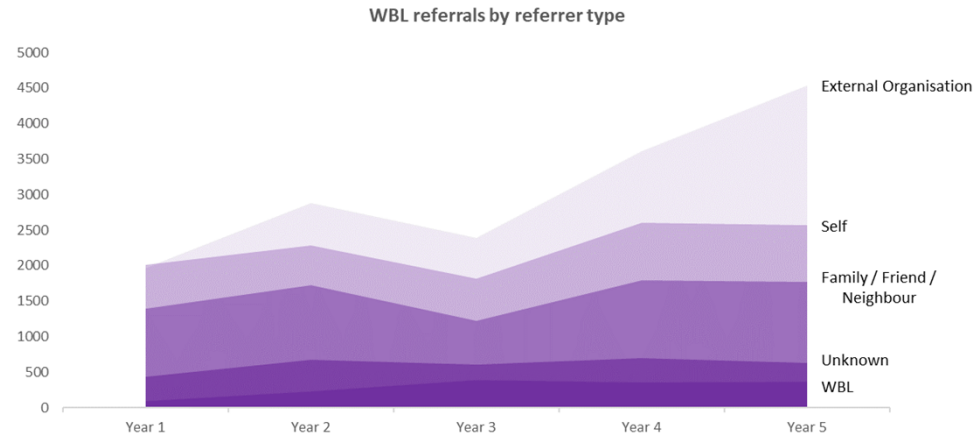
Figure 1 presents the trend of referral volumes increasing year on year, except for 2020-21 due to the Coronavirus pandemic. Referrals increased 40% from Year 3 to Year 4 as the service and referral partners recovered from the disruption caused by the pandemic. Further increases of 9% were experienced between Year 4 and 5 with the highest referral volumes to date recorded in March 2022, potentially linked to recent cost-of-living challenges.

Overall, the service has experienced a 51% growth in referrals from Year 1 to Year 5. Referral volumes show some seasonal variation but are consistent across the year.

Referral pathways into the core service have evolved during the lifetime of the current service. At contract commencement, the predominant referral route (for both professional and self-referrals) was via the dedicated service telephone line, managed through the Customer Service Centre (CSC). As the service transitioned to full case management via Mosaic in 2019 this facilitated direct (in system) referrals from some professionals. As a result, professionals completing Mosaic screening has increased from 9% in Year 2 to 13% in Year 5.

The service has also introduced electronic referrals for professionals who do not currently have access to Mosaic (including GPs). This referral route has also increased from 3% of all referrals when launched in Year 3 to 13% in Year 5.

Figure 2: Core Wellbeing Service Referrals Year 1 to 5



During the initial 5-year contract term, 39% of people have been referred into the service by professionals. The top 5 teams/organisations referring into the service are Adult Care, GPs, LPFT, Occupational Therapy and United Lincolnshire Hospital Trusts (ULHT). Self-referrals account for 28% of total referrals followed by referrals made by family/friend/neighbour. Over the past five years there has been an increase in the proportion of referrals being referred by professionals and a decrease in the proportion of self-referrals and referrals by friends and family. External organisations have an average annual growth rate (AAGR) of +26% which is greater than the +13% AAGR of overall referrals.

This growth reflects how the service has become embedded across the health and social care landscape supported by the work of the Wellbeing Service's Partnership and Network Development Officers and improved referral pathways.

Assumed volume projections for some of the service elements were established at contract commencement in 2018. These were based on a predicted growth of 2.5% per component per year and were informed by previous service data. Figure 3 below sets out the percentage of projected volumes realised over the initial five-year contract term.

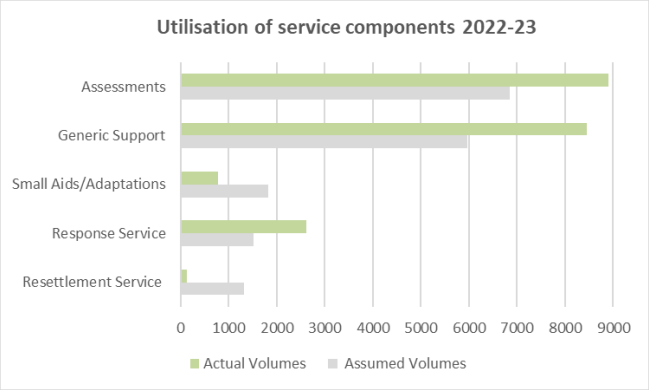
Figure 3: Percentage of Assumed Service Volumes Realised

Service Element compared to original volume levels	**Year 1 2018-19 %Volumes**	**Year 2 2019-20 %Volumes**	**Year 3 2020-21 %Volumes**	**Year 4 2021-22 %Volumes**	**Year 5 2022-23 %Volumes**
Assessments	82%	90%	76%	115%	130%
Generic Support	94%	103%	87%	134%	142%
Small Aids/Adaptations	34%	47%	28%	50%	43%
Response Service	55%	98%	110%	146%	172%
Resettlement Service	5%	7%	2%	13%	10%

Analysis of utilisation within the service components has highlighted that elements of Assessment, Generic Support and Telecare Response have exceeded projected volumes in the previous two contract years. In 2022-23, 8,900 assessments were conducted by the

service, over 2,100 more than projected representing a 7% increase on the previous year, well above the 2.5% year on year growth modelled in the contract. Conversely, the resettlement and SADL service elements have experienced lower than anticipated demand as illustrated in Figure 4 below.

Figure 4: 2022-23 Volumes and Utilisation of Service Components



Contract Performance and Outcomes

The current Wellbeing Service contract is monitored against seven Key Performance Indicators (KPIs) the annual performance of these across the initial contract term is set out in Table 1 below. Overall, the Provider has maintained a good level of performance across the range of stretching targets. This includes strong delivery against the timescale indicators despite the increased demand outlined above for Assessments, Generic Support and Telecare Response.

The proportion of individuals referred during each contract year who subsequently receive long term funded support and/or adult care support has remained below the target level of less than 5%. This suggests, given the demographic profile of those accessing the service, the service positively contributes to preventing or delaying escalation to statutory support services.

Table 1: Contract Performance Year 1 to Year 5

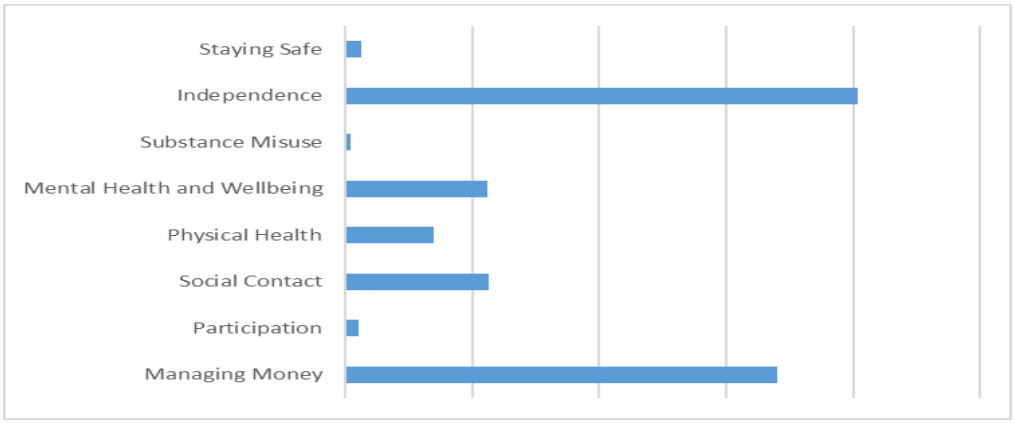
Key Performance Indicator	Target	Year 1 18-19	Year 2 19-20	Year 3 20-21	Year 4 21-22	Year 5 22-23
Service users supported to achieve an overall improvement across their outcomes	98%	96.4%	97.3%	99.4%	99.1%	98.9%
Overall improvement in all outcomes across all service users	200%	180.1%	305.3%	315.3%	338.2%	330.2%
Service users who go on to receive long term support from ASC post service intervention	>5%	3.1%	0.4%	2.6%	0.7%	TBC
Telecare call outs attended within 45 minutes of alarm being notified	90%	48.3%	80.3%	86.2%	90.6%	88.6%
Assessments which take place within 7 days of referral	90%	51.5%	53.3%	97.7%	88.8%	92.8%
Generic support sessions which take place within 10 days of assessment	95%	81.4%	86.6%	98.1%	94.0%	89.7%
Non-urgent SADLs installations fitted within 7 days of referral	90%	51.4%	70.8%	88.6%	83.3%	72.8%

The key service user outcome measure, linked to the Council Business Plan, has consistently demonstrated that individuals are achieving an overall improvement in their outcomes

through service interventions. Service users' outcomes are self-identified as part of their assessment across the eight domains shown in Figure 5.

This identifies the outcomes of 'independence' and 'managing money' are overwhelmingly the most frequent outcomes individuals seek support with. The overall pattern identified within this analysis can inform the priorities of the service going forward.

Figure 5: Outcome domains by frequency of identification Year 1-5



Engagement Findings

Over 300 responses (ranging from those aged 18 – 84) were received through the engagement activities carried out as part of the service review. Overall, feedback was very positive, and the service considered well run, supportive and appreciated by service users and professionals. The work the service provides to keep people independent, prevent hospital admission and relieve pressure on higher cost health and care services was valued greatly. The importance of the role the service plays in keeping people safe at home and avoiding or delaying the need for a more costly package of care was flagged.

Engagement with the market was undertaken in June 2023 and responses were received from six organisations. The participation and feedback from the market was broadly positive and indicative of the likelihood of there being market interest in delivering the service. Existing contract principles of a single provider model, block payment with volume-based targets and additional unit costs to support exceptional demand, and outcome focussed performance management approach were all supported as appropriate and viable. A longer-term contract (minimum 5 years initial term) was also preferred to support the development and growth of services.

Stakeholder engagement about the current service and its future was positive about the role the service plays and can continue to play. There was a view that the service would be beneficial to even more local people than had accessed it to date, should there be resources to maximise marketing and meet the demand generated.

Benchmarking activity did not identify any directly comparable services, packaged 'as a whole' in the way the Lincolnshire Wellbeing Service is currently designed. Comparison of key components of the Lincolnshire service with those components elsewhere identified that the Lincolnshire model was equivalent or better than models elsewhere with comparable costs. The main area of practice found in other areas, which warrants

development in any revised local service, was around ‘true’ trusted assessor approach to SADLs and minor adaptations.

Key Findings of Review in Summary

The review of the current service has involved analysis of performance, management information and several focus sessions with the delivery teams of the various service components to capture their insights and explore the learning from the past five years as well as benchmarking, literature review, market engagement and stakeholder feedback. The key findings of the review were as follows:

- Eligibility and user outcomes should be revised to re-focus future resources and interventions allowing for targeting of specific cohorts and maximising service impacts.
- A remodelling of service entry and access points incorporating digital, self-screen/assessment options and promoting self-serve/information for commonly identified needs i.e., benefits advice, local social support groups and activities.
- Moving to a mixed model of delivery (telephone and face-to-face) has improved efficiency without impacting the ability to capture the needs of individuals. Moving forward, incorporating a risk stratification tool would bolster assurance that face-to-face interventions are being used when necessary.
- The Resettlement Service element has been poorly utilised despite service efforts to embed awareness in discharge pathways. Equally, the Hospital In-reach function has struggled to evidence impact within a ‘crowded’ and complex hospital discharge landscape. Continuing to allocate resources to these elements would not constitute value for money for the Council.
- Telecare Response has consistently delivered timely support which best practice guidance tells us prevents deterioration and mitigates risk for those seeking help through their telecare systems. The 45-minute response time drives the current delivery model requiring staff to be on standby to deploy from around the county and could be lengthened to 60 minutes without significant deterioration in outcomes.
- There is an opportunity to broaden the scope of SADLs to include assistive technologies and closer alignment with Occupational Therapy teams to maximise the utilisation of adaptions and aids to maintain individuals' safety and independence at home.
- The service has made a valued contribution to respond and flex to emergencies such as the Covid-19 pandemic, flooding incidences and assisting the arrival of refugees, and has supported the Council to react and divert resources at pace. Formalising this within a revised service scope would support future resilience and emergency planning.

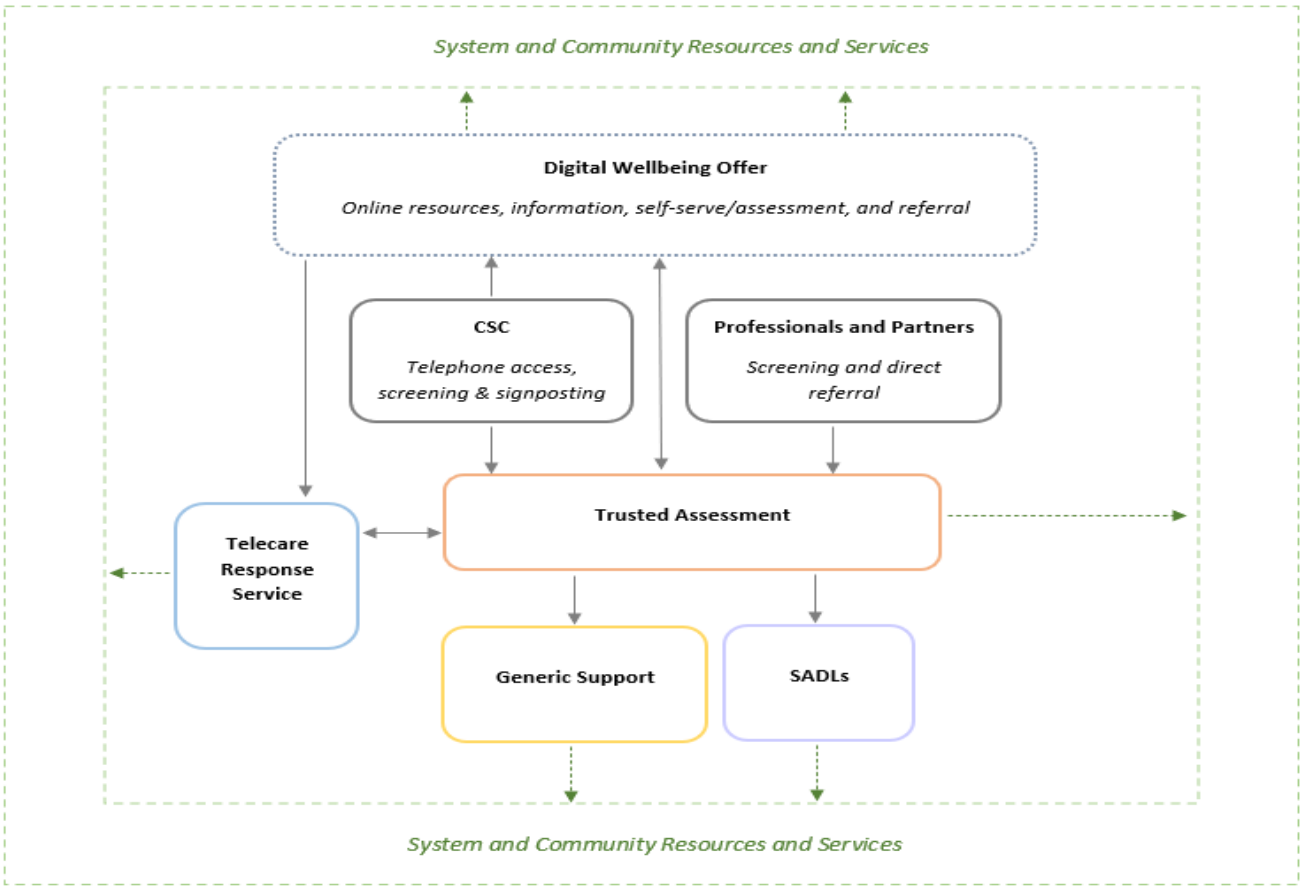
1.6 Proposed New Service Model

Referral demand has consistently increased year on year since 2018 (except for 2020-21 due to the pandemic). Projections suggest this trend will continue should eligibility and entry pathways remain unchanged. Forward modelling indicates ongoing growth in referral for assessment and subsequent intervention, especially in 65- to 84-year-olds and 85+ year olds at rates of 10.1% and 14.7% over the next 5 years.

The service and demand review, benchmarking, market engagement, stakeholder feedback and a review of how this service should sit within the Lincolnshire 'system of services' has refined the proposed future Wellbeing Service model as depicted below. The broad strategic aim of the service should remain to promote independence and prevent deterioration of need for adults of all ages across Lincolnshire. The key features of the proposed revised commercial model are summarised as follows:

Specification Improvements

- Continuation of an accessible service, but with access criteria that can be flexed to support demand management and targeting of resources.
- Refined strength-based eligibility criteria aligned to the purpose and functions of the service, to prevent or delay need or deterioration in the independence of residents through personalised short-term support.
- Enhanced digital access including self-serve/assessment and resources to enable people to access frequently identified information and signposting advice negating the requirement for a full trusted assessment in some cases. This shift would have some dependence on our CSC capability and capacity.
- Adoption of a full 'trusted assessor' role to initially enable assessment of need for SADL and 'prescription' of a defined range of equipment and adaptations currently requiring occupational therapy referral.
- SADL service element to align closely with occupational therapy teams with a renewed emphasis on defined 'preventative adaptations and retail tech-based solutions'. The existing charging system for service users should remain unchanged.
- Dedicated Hospital In-reach should not be recommissioned as provision within the system is now widely available. Assessments may be conducted in all settings, including hospitals in line with service user needs. However, resources will no longer be based within hospitals.
- The resettlement service should also not be recommissioned as it is poorly utilised and other such provision is available in the wider system.
- A Telecare Response service should continue to be specified as part of the service provision with a range of service user contribution levels for different levels of service e.g. introducing new offers such as temporary cover for carer's respite or holiday.



Service Delivery Model

Delivery will be by a single countywide Wellbeing Service. The competition phase will not preclude bids from consortia and sub-contracting models, which should maximise the level of competition and potential range of solutions.

Contract Duration

The contract term will be a period of up to 10 years, with an initial period of 5 years and opportunities to extend by up to a further 5 years. A longer duration offers greater stability for both Council and Provider, with reduced risk around market volatility and enabling stronger partnership and strategic relationships. Market engagement was supportive of this approach.

Payment Mechanism

Payment will be by way of a fixed sum (block payment) for the delivery of core service volumes. Bidders will submit costs up to but not exceeding the fixed sum confirmed by the Council prior to publication. Included as part of their pricing submission bidders will be required to submit details of the service volumes and outcomes achievable within their respective delivery solutions and pricing proposal, subject to the minimum expectations set by the Council. Unit prices for specific service elements will also be established and used as the basis for an additional payment mechanism, should demand exceed the service delivery volumes finalised during the tender process. Payment for any services beyond the

maximum available budget will be subject to prior approval by the Council's representative. The Council will reserve the right to prioritise service element streams should costs approach the available budget threshold.

Open Book Accounting Approach

The contract will be monitored as an open book arrangement. This will enable the Council to develop a full understanding of the costs of delivery for discrete elements of the service and to understand how costs link to volumes of service delivery. This will also offer visibility of any efficiencies achieved in delivery of the core service elements, which will then be apportioned via a gain share mechanism.

1.7 Budget and Cost Implications

The current contract price was set at tender for each of the initial five-year periods ranging from £3.2 to £3.3 million across the contract term. During this time the provider has absorbed significant cost of living increases, a proportion of which were planned for within a dedicated staffing contingency element of the budget and through utilising underspend accrued during the initial mobilisation of the service. The provider has also managed between 30-40% higher than projected volumes for some core service elements in recent years through service efficiencies, lower than expected volumes of activity in some elements of service and moving to a hybrid model of delivery (online, telephone and face-to-face).

The revised model does provide potential further cost efficiencies through the removal of the Hospital In-reach and resettlement service elements. However, because of the growth in service demand, projected demographic, and cost of living inflationary pressures, any efficiencies resulting from the removal of these service elements should remain within the service budget to be targeted at those highest priority components and cohorts to ensure the service delivers the greatest impact.

The effect of redesign and demand management changes on the costs of the service will need to be kept under close review, and decisions made about the balance between additional investment and demand management over the life of the contract.

In addition to the potential efficiencies, the service contains elements attracting income from service user charges and adjustments to the Council's approach to those aspects will be further considered as the detailed model is developed.

The competitive tendering process will test the deliverability of the revised service model within the constraints of the available confirmed budget to determine the service volumes and outcomes achievable within the respective delivery solutions.

1.8 Risk and Dependencies

Accurate future demand projections are inherently challenging to predict in broad scope preventative support services. An increasing proportion of current service referrals (40% in

2022-23) are via professionals and external agencies making the service vulnerable to changes in the referring patterns of key partners.

The Integrated Care Board (ICB) social prescribing model is currently being recommissioned which may increase flow into the Wellbeing Service as practice in primary care evolves within a revised model. Maintaining flex in eligibility thresholds during a future contract term will assist with dynamic intelligence driven demand management, whilst maintaining strong strategic links with key partners will be critical to navigating service interdependencies.

Population and demand projections, coupled with high inflation may impact the future sustainability of service costs for providers within the available service budget. This will be partly mitigated by efficiencies gained from ceasing some elements and testing the deliverability of the revised service with the market. Any future integration schemes may equally attract funding from system partners.

Any significant changes in service user fees for Telecare Response may result in service users withdrawing or transferring to other providers. Where this is the case, this may increase risk for them. Where such service users are receiving this element of service as part or in support of a regulated care package this will impact the workload of case workers in managing the risk. Ensuring fees do not exceed the market rate should assist in mitigating this risk alongside close working with practitioners during service mobilisation to identify such cases.

1.9 Public Services Social Value Act

In January 2013 the Public Services (Social Value) Act 2013 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. In considering this issue the Council must be aware that it remains bound by EU procurement legislation which itself through its requirement for transparency, fairness and non-discrimination places limits on what can be done to achieve these outcomes through a procurement.

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 incentivise the delivery of a skilled and trained workforce.

Under section 1(7) of the Public Services (Social Value) Act 2013 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. Best practice adopted elsewhere has been reviewed. This and the market 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 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.

The purpose of the service being reviewed is to address a range of needs for every person aged 18 and above who is resident in the county with certain needs. In reviewing the service, particular analysis has been undertaken to understand if the service impacts differently on any groups with protected characteristics by the eligibility, design or delivery of services.

Some of the changes proposed for the redesigned service are linked to this assessment, for example removing reference to age, other than that this being a service for all adults from access criteria, to avoid prioritisation of access on this basis alone.

The service design proposed, however, remains deeply personalised supporting all individuals with protected characteristics which require adjustments to the service offer to be supported.

A full Equality Impact Assessment can be found at Appendix A of this report.

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

The Council must have regard to the JSNA and the JHWS in coming to a decision.

Lincolnshire JSNA clearly identifies the ageing population of the County as a significant challenge facing the County as a whole and the demand for health and care services. It identifies interventions which should be implemented to both prevent poor health and slow the loss of health and independence people experience as they age.

Lincolnshire JHWS aims to inform and influence decisions about health and social care services in Lincolnshire so that they are focused on the needs of the people who use them and tackle the factors that affect the population's health and wellbeing.

The themes of the Strategy are to:

- Embed prevention across all health and care services;
- Develop joined up intelligence and research opportunities to improve health and wellbeing;
- Support people working in Lincolnshire through workplace wellbeing and support them to recognise opportunities to work with others to support and improve their health and wellbeing;

- Harness digital technology to provide people with tools that will support prevention and self-care;
- Ensure safeguarding is embedded throughout the JHWS.

The Wellbeing Service is a core contributor to the addressing of the needs identified within the 'Age Well' area of the JSNA and contributes significantly to the embedding of prevention, technology-based prevention and care development and safeguarding into the Lincolnshire system.

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.

The service does not directly contribute to section 17 duties, although elements of it will certainly increase the security of people's homes and their sense of safety. This will be achieved through the installation of small aids for daily living and security, safety and alarm technology where these are identified as aiding the independence of service users.

3. Conclusion

The review of the current service and contract included; learning from service delivery, service user and stakeholder feedback, performance against contract measures and a review of demand and utilisation overall and within discrete commissioned elements. It has concluded that the current service is working well, is valued by service users, stakeholders, and partners, and is delivering good outcomes for individuals and against performance metrics.

The proposed new model of delivery will ensure that these positive outcomes and benefits continue and in addition, through a re-focus of those most in need of the Wellbeing Services, ensure that the impact to end users is maximised, as well as improving the ability to evidence value for money.
Entry pathways and eligibility criteria redesign will enable the service provider and Council to control costs over the life of the proposed new contract. A new contract should be let by competitive tender to implement the remodelled service recommended by the review activity so that improvements are achieved as early as possible.

4. Legal Comments:

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

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

5. Resource Comments:

Adult Care and Community Wellbeing has a budget of £3.3m allocated for the Wellbeing Service. The increase in costs reflected in this report arising from demand and inflation are forecast to be funded through the service efficiencies also reflected in this report, specifically the removal of the Hospital in-reach and resettlement services. The expectation therefore is for the service to be delivered within the existing £3.3m budget and this is reflected in the medium-term financial plan.

6. Consultation

a) Has Local Member Been Consulted?

Not applicable.

b) Has Executive Councillor Been Consulted?

Yes.

c) Scrutiny Comments

The decision will be considered by the Adult Care and Community Wellbeing Scrutiny Committee on the 29 November 2023 and the comments of the Committee will be reported to the Executive.

d) Risks and Impact Analysis

See body of report and Appendix A Equality Impact Assessment

7. Appendices

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

8. Background Papers

The following Background Papers under section 100D of the Local Government Act 1972 were used in the preparation of this Report

Document title	Where the document can be viewed
NHS Long Term Plan	NHS England » The NHS Long Term Plan
Integrated Care Strategy	https://lincolnshire.icb.nhs.uk/documents/strategies-and-plans/integrated-care-partnership-strategy/integrated-care-partnership-strategy-january-2023/?layout=default

This report was written by Tony McGinty, Consultant in Public Health who can be contacted on anthony.mcginty@lincolnshire.gov.uk or 07741885115.

Appendix A: Equality Impact Analysis
Wellbeing Service Recommissioning

Purpose

The purpose of this document is to:

(i) help decision makers fulfil their duties under the Equality Act 2010 and
(ii) for you to evidence the positive and adverse impacts of the proposed change on people with protected characteristics and ways to mitigate or eliminate any adverse impacts.

Using this form

This form must be updated and reviewed as your evidence evolves on proposals for a:

- project
- service change
- policy
- commissioning of a service
- decommissioning of a service

You must take into account any:

- consultation feedback
- significant changes to the proposals
- data to support impacts of the proposed changes

The key findings of the most up to date version of the Equality Impact Analysis must be explained in the report to the decision maker. The Equality Impact Analysis must be attached to the decision-making report.

****Please make sure you read the information below so that you understand what is required under the Equality Act 2010****

Equality Act 2010

The Equality Act 2010 applies to both our workforce and our customers. Under the Equality Act 2010, decision makers are under a personal duty, to have due (that is proportionate) regard to the need to protect and promote the interests of persons with protected characteristics.

Protected characteristics

The protected characteristics under the Act are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race

- religion or belief
- sex
- sexual orientation

Section 149 of the Equality Act 2010

Section 149 requires a public authority to 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 relevant protected characteristics and persons who do not share those characteristics.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The purpose of Section 149 is to get decision makers to consider the impact their decisions may or will have on those with protected characteristics. By evidencing the impacts on people with protected characteristics decision makers should be able to demonstrate 'due regard'.

Decision makers duty under the Act

Having had careful regard to the Equality Impact Analysis, and the consultation responses, decision makers are under a personal duty to have due regard to the need to protect and promote the interests of persons with protected characteristics (see above) and to:

(i) consider and analyse how the decision is likely to affect those with protected characteristics, in practical terms.
(ii) remove any unlawful discrimination, harassment, victimisation, and other prohibited conduct.
(iii) consider whether practical steps should be taken to mitigate or avoid any adverse consequences that the decision is likely to have, for persons with protected characteristics and, indeed, to consider whether the decision should not be taken at all, in the interests of persons with protected characteristics.
(iv) consider whether steps should be taken to advance equality, foster good relations and generally promote the interests of persons with protected characteristics, either by varying the recommended decision or by taking some other decision.

Conducting an impact analysis

The Equality Impact Analysis is a process to identify the impact or likely impact a project, proposed service change, commissioning, decommissioning or policy will have on people with protected characteristics listed above. It should be considered at the beginning of the decision-making process.

The Lead Officer responsibility

This is the person writing the report for the decision maker. It is the responsibility of the Lead Officer to make sure that the Equality Impact Analysis is robust and proportionate to the decision being taken.

Summary of findings

You must provide a clear and concise summary of the key findings of this Equality Impact Analysis in the decision-making report and attach this Equality Impact Analysis to the report.

Impact

An impact is an intentional or unintentional lasting consequence or significant change to people's lives brought about by an action or series of actions.

How much detail to include?

The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this ask simple questions:

- who might be affected by this decision?
- which protected characteristics might be affected?
- how might they be affected?

These questions will help you consider the extent to which you already have evidence, information and data. It will show where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.

You must consider both obvious and any less obvious impacts. Engaging with people with the protected characteristics will help you to identify less obvious impacts as these groups share their perspectives with you.

A given proposal may have a positive impact on one or more protected characteristics and have an adverse impact on others. You must capture these differences in this form to help decision makers to decide where the balance of advantage or disadvantage lies. If an adverse impact is unavoidable, then it must be clearly justified and recorded as such. An explanation must be stated as to why no steps can be taken to avoid the impact. Consequences must be included.

Proposals for more than one option

If more than one option is being proposed, you must ensure that the Equality Impact Analysis covers all options. Depending on the circumstances, it may be more appropriate to complete an Equality Impact Analysis for each option.

The information you provide in this form must be sufficient to allow the decision maker to fulfil their role as above. You must include the latest version of the Equality Impact

Analysis with the report to the decision maker. Please be aware that the information in this form must be able to stand up to legal challenge.

Background information

Details	Response
Title of the policy, project or service being considered	Wellbeing Service Recommissioning
Service area	Adult Care and Community Wellbeing- Public Health
Person or people completing the analysis	Andrea Ball, Shirlene Hodgins
Lead officer	Anthony McGinty
Who is the decision maker?	Executive
How was the Equality Impact Analysis undertaken?	An ongoing desktop exercise based on service user and stakeholder engagement
Date of meeting when decision will be made	5th December 2023
Is this a proposed change to an existing policy, service,	Proposed change to existing service

project or is it new?	
Version control	V0.1- Document Created – 15/09/2023. V0.2 – Revised to reflect feedback- 05/10/23. V0.3 – Additional information added for withdrawal of 2 elements 26/10/23. V0.4 - Revised to reflect feedback from HR and Community Engagement – 30/10/23. V0.5 - Additional information added ref the response service element 31/10/23. FINAL Version – Completed 31/10/23.
Is it LCC directly delivered, commissioned, recommissioned, or decommissioned?	LCC Recommissioned
Describe the proposed change.	**<u>Current Service Description</u>** Lincolnshire's Wellbeing Service (WBS) provides a range of component elements designed to promote adults' (aged 18+) ability to live fulfilling, active and independent lives. The WBS is a preventative service and aims to: • Improve or prevent the deterioration of individuals' health, wellbeing, and overall quality of life. • Enhance independence, improve individuals' ability to self-care and access appropriate supporting structures and community resources; • Reduce or delay escalation to statutory support services. • The service currently comprises of the following elements delivered countywide: • **Assessment** – Conducting a person-centred and strength-based assessment of need of all eligible individuals referred into the service. • **Generic support** – Providing up to a maximum of 12 weeks personalised generic support based on the individual's self-identified outcomes and needs identified through their assessment. This may include advice,

	connection and signposting to community resources, other relevant services and/or direct support to meet individual needs. • **Telecare response service** – Provision of a visit to the home of a service user, who has subscribed, and pays for this service, in response to a request from a telecare monitoring provider. For subscribed service users this is offered 24 hours, 7 days per week generally where no informal carer has been or can be identified to attend. The countywide deployment of trained responders can assess and assist with non-injury falls, provide support and reassurance in emergency situations. • **Small aids for daily living** - Rapid installation of items of preventative equipment, known as small aids to daily living (SADLs), and installing minor adaptations which are supportive to the wellbeing and independence of the service user. The costs of the equipment are met by the individual who may source these independently or through stocks held and supplied by the Provider. Installation and support to utilise them is provided by the service free of charge. • **Resettlement service** – Working with health and care partners to visit and support identified individuals returning from a hospital stay to resettle into their home. Activities might include turning on the heating, ensuring food and drink is available, unpacking belongings and medication. This service is available between the hours of 10am to 10pm daily via referrals from acute and community hospital teams countywide. • **Hospital in-reach** – Taking a supportive role in hospital discharge pathways where service users' discharge could be supported by elements of the Wellbeing Service or connection with wider services. **<u>Proposed Changes</u>** The key features of the revised model summarised below with the key changes in bold text: • **Continuation of the service having a low threshold for entry and eligibility criteria being worded to enable the threshold to be tightened to support demand management.** The re-commissioned service will utilise strength -based approaches at the front door (CSC). • **The wording of the eligibility criteria will be refined to better reflect the purpose and functions of the service. The wording will reflect strength-based practice** • **Enhanced digital access** including self-serve/assessment and resources to enable people to access frequently identified information and signposting advice negating the requirement for a full trusted assessment in some cases.

	• **Adoption of a full 'trusted assessor' role** to initially enable 'prescription' of a defined range of equipment and adaptations currently requiring occupational therapy referral. • **Bolstering the role and scope of generic support** to meet diverse needs. The provider will be expected to monitor referrals and support provided to ensure that they are providing the service equitably (including geographically and to all those with protected characteristics) compared to the needs of the population. If there are gaps in provision, they will be required to work with the commissioner to ensure that gaps are met. • **SADL service element to align closely with occupational therapy teams with a renewed emphasis on retail tech-based solutions**. The existing charging system for service users should remain unchanged. • **The Dedicated Hospital In-reach Service should not be recommissioned** as provision within the system is now widely available. Trusted Assessments may be conducted in all settings, including hospitals in line with service user needs, however, resources will no longer be based within hospitals. The provider of the new service will still be required to promote the service to all partners and ensure referral pathways are set up and working efficiently. • **The Resettlement Service should not be recommissioned** as it is poorly utilised and other such provision is available in the wider system. Generic support will be provided in both hospital and home settings and will cover some elements of support. It will not be provided in the same timely way as currently though. This has not been identified as a gap during engagement. • **A Telecare Response service should continue** to be specified as part of the service provision with all service users paying a **market level fee**. The maximum response time specified for the provider will change from 45 mins to 1 hour.

Evidencing the impacts

In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics.

To help you do this, consider the impacts the proposed changes may have on people:

- without protected characteristics
- and with protected characteristics

You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify, please state 'No perceived benefit' under the relevant protected characteristic.

You can add sub-categories under the protected characteristics to make clear the impacts, for example:

- underage you may have considered the impact on 0–5-year-olds or people aged 65 and over
- under Race you may have considered Eastern European migrants
- under Sex you may have considered specific impacts on men

Data to support impacts of proposed changes

When considering the equality impact of a decision it is important to know who the people are that will be affected by any change.

Population data and the Joint Strategic Needs Assessment

The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. Visit the LRO website and its population theme page.

If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.

Workforce profiles

You can obtain information on the protected characteristics for our workforce on our website. Managers can obtain workforce profile data by the protected characteristics for their specific areas using Business World.

Positive impacts

The proposed change may have the following positive impacts on persons with protected characteristics. If there is no positive impact, please state *'no positive impact'.*

Protected characteristic	Response
Age ***Over 65 Years***	**Refined strength-based eligibility criteria and enhanced digital access** The current service has 11 eligibility 'triggers' and individuals must meet 4 or more of these to be eligible for service. There is currently a trigger '65 or over', this trigger will be removed from the future service and there will no longer be any age specific criteria. This means that eligibility will no longer be biased towards older adults and will purely be based on need. The council will place a requirement in the new service specification to offer an equal and accessible service, which will be monitored through

	contract management. Therefore, individuals with this protected characteristic will not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic. The new service will have increased accessibility as a new digital offer will be developed. Enhanced digital access including self-serve/assessment and resources to enable people to access frequently identified information and signposting advice negating the requirement for a full trusted assessment. During recent times it is proven that online services are now an essential requirement, for example, to keep in touch with each other, order shopping and health supplies, access services or information etc. *(Lincs Digital)* This offer will not limit accessibility but will increase choice. Those who cannot or do not wish to access the service digitally will be able to access using more traditional methods. The service will also work with Lincs Digital to improve individuals' ability to access and use digital technology. We do not believe that the changes will negatively impact those over 65 years old. **Adoption of a full 'trusted assessor' role and SADL service element to align closely with occupational therapy teams with a renewed emphasis on retail tech-based solutions.** Information from the service shows that the average age of a person accessing the SADLs service is 79 years old. There will be a positive impact of implementing a full trusted assessor model for people with age as a protected characteristic as it will improve service user access to minor adaptations and small aids for daily living and reduce the need for multiple assessments of need from the WBS and the Occupational Therapy Service. This will save time for the individual to receive a SADL. Individuals with this protected characteristic will not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic. Evidence from stakeholder engagement highlighted the need to improve working relationships between the WBS (Wellbeing Service) and the OT Team (Occupational Therapy), particularly with more complex cases, to the benefit of individuals with this protected characteristic. The recommissioned service will offer support with retail tech-based solutions to enhance independence. This will therefore have a positive

	impact on individuals both with and without this protected characteristic. **Bolstering the role and scope of generic support** Enhancing the scope of the generic support service to meet those with more diverse needs will impact positively on individuals with this protected characteristic. The scope of generic support will cover elements of the hospital in-reach service and resettlement services that are due to be decommissioned, for example, generic support can be delivered in a hospital setting if appropriate. This will mitigate the negative impact of removing these services for individuals with this protected characteristic. A range of service delivery methods will be offered in the new service model such as a digital offer. This will be led by the needs and preferences of service users. **Dedicated Hospital In-reach should not be recommissioned** [No positive impact] **The resettlement service should also not be recommissioned** [No positive impact] **A Telecare Response service should continue with all service users paying a market level fee.** Continuing a service which was valued by people with this characteristic is positive for them, and will make this opportunity available to others who need it in future.
Disability	**Refined strength-based eligibility criteria and enhanced digital access** The current service has 11 eligibility 'triggers' and individuals must meet 4 or more of these to be eligible for service. Although eligibility will not specifically targeted at adults with disabilities it will be based on need and people with disabilities should be expected to meet the eligibility criteria and receive a service. The council will place a requirement in the new service specification to offer an equal and accessible service, which will be monitored through contract management. Therefore, individuals with this protected characteristic will not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic.

	The re-commissioned service will utilise strength-based approaches at the front door (CSC) through a strength-based conversation. Strength-based approaches help individuals to realise their own strengths to address their needs. This approach is personalised and will therefore benefit all people approaching the service. A range of ways of interacting with the service will be offered, this will include making a referral, assessment and generic support. Service users will be offered support via a delivery method that suits their needs and preference. For example, workers may recommend a home visit – to enable a richer assessment of need. As stated above, during recent times it is proven that online services are now an essential requirement, for example, to keep in touch with each other, order shopping and health supplies, access services or information etc. *(Lincs Digital)* Due to the broad demographic area of Lincolnshire and most people within the service being over 65 (81%) and/or have a physical disability (43%) *WBS Engagement Survey* then the ability to access digital technology in these protected characteristics (as well as any other age/disability) is key. Enhanced digital access including self-serve/assessment and resources to enable people to access frequently identified information and signposting advice negating the requirement for a full trusted assessment will have a positive impact on individuals with this protected characteristic. It means that individuals' signposting needs will be dealt with quicker as they won't have to come into the WBS only to be signposted onto another service or have an unnecessary assessment of need. The 2021 census shows 7.8% of usual residents in Lincolnshire to be disabled under the Equality act with day-to-day activities limited a lot. Within the county, East Lindsey has the highest proportion of disabled residents with day-to-day activities limited a lot (9.9%) compared to the lowest in South Kesteven (6.6%). The re-commissioned service will be open to adults from the age of 18 following a strength-based conversation. The council will place a requirement in the service specification to offer an equal and accessible service when it is re-procured, which will be monitored through contract management. Therefore, individuals with this protected characteristic will not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic.

	Adoption of a full 'trusted assessor' role and SADL service element to align closely with occupational therapy teams with a renewed emphasis on retail tech-based solutions. There will be a positive impact of implementing a full trusted assessor model for people with this protected characteristic as it will improve service user access to minor adaptations and small aids for daily living and reduce the need for multiple assessments of need from the WBS and the Occupational Therapy Service. This will save time for the individual to receive a SADL. Individuals with this protected characteristic will not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic. Evidence from stakeholder engagement highlighted the need to improve working relationships between the WBS and the OT Team, particularly with more complex cases, which will benefit individuals with this protected characteristic. The recommissioned service will offer support with retail tech-based solutions to enhance independence and will therefore have a positive impact on individuals both with and without this protected characteristic. **Bolstering the role and scope of generic support** Enhancing the scope of the generic support service to meet those with more diverse needs will impact positively on individuals with this protected characteristic. The scope of generic support will cover elements of the hospital in-reach service and resettlement services that are due to be decommissioned. This will mitigate the negative impact of removing these services for individuals with this protected characteristic. A range of service delivery methods will be offered in the new service model. This will be led by the needs and preferences of service users. **Dedicated Hospital In-reach should not be recommissioned** [No positive impact] **The resettlement service should also not be recommissioned** [No positive impact]

	<u>A Telecare Response service should continue with all service users paying a market level fee</u> Continuing a service which was valued by people with this characteristic is positive for them, and will make this opportunity available to others who need it in future.
Gender reassignment	No positive impact
Marriage and civil partnership	No positive impact
Pregnancy and maternity	No positive impact
Race	No positive impact
Religion or belief	No positive impact
Sex	No positive impact
Sexual orientation	No positive impact

If you have identified positive impacts for other groups not specifically covered by the protected characteristics in the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

Positive impacts
<u>Unpaid Carers</u> – There are an estimated 70,391 unpaid family carers in Lincolnshire (Source: Census 2021). Given the county's ageing population, this number is predicted to increase. The Wellbeing Service can signpost any unpaid carers to Lincolnshire's Carers Service which promotes and supports health and wellbeing of carers, helping prevent, reduce, and delay escalation into formal care services of the adult or child with needs. **<u>People living in rural areas</u>** – Lincolnshire is a rural county. The Wellbeing Service will have a range of differing delivery methods available to service users depending on need or preference. An example of this is a digital offer for people with low needs. The provider will be required to monitor and evidence equitable delivery to the commissioner.

Adverse or negative impacts

You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is:

- justified
- eliminated
- minimised or
- counter-balanced by other measures

If there are no adverse impacts that you can identify, please state 'No perceived adverse impact' under the relevant protected characteristic.

Negative impacts of the proposed change and practical steps to mitigate or avoid any adverse consequences on people with protected characteristics are detailed below. If you have not identified any mitigating action to reduce an adverse impact, please state *'No mitigating action identified'*.

Protected characteristic	Response
Age ***Over 65s***	**<u>Withdrawal of the Resettlement Service</u>** **Negative Impact:** All regions are projected to have a greater proportion of people aged 65 years and over by mid-2028. Lincolnshire has an ageing population and between 2023-2028 the population of over 65s is expected to increase by 10.7% (***Subnational population projections for England: 2018-based, Office for national statistics)*** With the ageing population and the average age of all Wellbeing Service referrals being 69.3 over the last 5 years, ***(WBS Annual Report 22-23)*** then it would be fair to say there will be some negative impact for people within the older age groups when withdrawing the Resettlement Service, for example, those that are within an older age group (65+ as stipulated in the current service criteria/trigger), live alone, and who have used this service previously when returning from hospital. As stated in the WBS intelligence report, the average number of admissions to ULHT per month between 01/04/2021 and 31/03/2023 for people aged 65 and over was 6,280. In 2021/22 54.1% of admissions were patients aged 65 years and older compared to 2022/23 where 53.78% of admissions were aged 65 years and older.

The average length of stay (LoS) (Days) for patients admitted to ULHT is consistently higher in those aged 65 or over compared to those aged 18-65.

Admission Date	Under 65	Over 65
2021		
Qtr2	1.5	2.7
Qtr3	1.7	3
Qtr4	1.6	3.3
2022		
Qtr1	1.6	3.3
Qtr2	1.6	3.3
Qtr3	1.6	3
Qtr4	1.5	3.2
2023		
Qtr1	1.4	3.1

The average LoS in the over 65s has also increased from an average of 2.7 days in Quarter 2 of 2021, to 3.3 days in 2022, with a slight decrease to 3.1 days in Quarter 1 of 2023.

With the likelihood of more people over 65 being admitted to hospital and requiring support to be discharged and settled back into the home, then the impact of withdrawing this component can only be negative to that population.

For information, the percentage of people aged 65 and over who are living alone in Lincolnshire was 28.3% in 2011, which was lower than the England rate of 31.5%. Notably the 2021 census reported there were 48,155 one-person households in Lincolnshire for people aged 66 years and over, and 41,938 single family households where all residents were aged 66 years and over.
Older people living alone. ***Public health profiles - OHID (phe.org.uk)***

Mitigating Factors:

The Resettlement service has generally been underutilised and has seen a lower volume of activity than expected when the service was developed, receiving just 10% of the expected volume in 2022/23.

The table below outlines the volume of referrals for each year of the contract:

Year	Number of referrals
2018 – 2019	60
2019 – 2020	92
2020 – 2021	25
2021 – 2022	174

2022 - 2023	131

Notably, the volume of people referred to the resettlement service decreased from 2021/22 to 2022/23 by 25%.

It should be noted that the lack of referrals is not considered to be due to a lack of awareness of the service or issues with the referral process. The current service provider has undertaken considerable work, in partnership with LCC, to try to increase uptake of the service.

Another service that is available to Lincolnshire residents is 'The Discharge Buddies and Home Support Buddies Resettlement Service' delivered by Age UK. This service supports people with enabling them to be discharged from hospital quickly and safely back into their own home (a very similar service to the current wellbeing resettlement service).

Trained and experienced staff can collect patients from hospital and ensure they are settled back into their home and that their surroundings are comfortable, they have food available, and the heating is on. Shopping, prescriptions, and pensions can be collected as part of this support and resettlement service.

Having this service in place across the county will mean there is still a service out there for the older population who require support when leaving hospital and settling back into the home.

The withdrawal of the wellbeing resettlement should not impact massively, and the Age UK service should be able to meet the extra demand as it will be minimal. The remaining services will be available to support resettlement into home following assessment of need such as SADLs, generic support and telecare products and monitoring.

Withdrawal of the 'dedicated' hospital In Reach service.

Negative Impact:

The current hospital in reach component is designed to assist with the development of referral pathways into the service and assist with integration of the service into health and care settings.

Based within the hospital setting, part of the role within this component is to also assist patients with discharge planning, working with current commissioned and volunteer transport services to support the timely discharge of patients, as well as work with transport services to facilitate access to the resettlement component of the service. The additional Hospital Housing Link Workers are also part of the in-reach service where they are

based within the hospital setting to support patients on the wards immediately in readiness for discharge.

As referenced above in the resettlement element and in the WBS intelligence report, the average number of admissions to ULHT per month between 01/04/2021 and 31/03/2023 for people aged 65 and over was 6,280. In 2021/22 54.1% of admissions were patients aged 65 years and older compared to 2022/23 where 53.78% of admissions were aged 65 years and older.

The average length of stay (LoS) (Days) for patients admitted to ULHT is consistently higher in those aged 65 or over compared to those aged 18-65.

Admission Date	Under 65	Over 65
2021		
Qtr2	1.5	2.7
Qtr3	1.7	3
Qtr4	1.6	3.3
2022		
Qtr1	1.6	3.3
Qtr2	1.6	3.3
Qtr3	1.6	3
Qtr4	1.5	3.2
2023		
Qtr1	1.4	3.1

The average LoS in the over 65s has also increased from an average of 2.7 days in qtr. 2 of 2021, to 3.3 days in 2022, with a slight decrease to 3.1 days in qtr. 1 of 2023. These numbers are also likely to influence this age population within the hospital in reach element too.

With the likelihood of more people over 65 being admitted to hospital and requiring support to be discharged and settled back into the home, then the impact of withdrawing this component can only be negative to that population.

Mitigating Factors:

The Hospital In-reach function has struggled to evidence impact and was then severely hampered by the Coronavirus pandemic. The integration of the Hospital Housing Link Workers has received positive feedback; however, case volumes are small, and if needed, this work would be the duty of the District Housing authority as required by the Homelessness Reduction act 2017. Staff report a 'crowded' space to establish and maintain service awareness and engagement.

Another service that is available and delivered by Age UK is the Hospital Avoidance Response Team (HART). Receiving referrals 24 hours a day, 365 days a year, the HART offer a flexible approach to delivering short-term care and support. This is often to assist patient hospital discharges, reduce delayed transfers of care and prevent avoidable hospital admissions, whilst at

	the same time enabling people to regain and retain independence, making it almost a duplication of the work done by the hospital in reach service within the Wellbeing Service. The Discharge Buddies and Home Support Buddies Resettlement Service (which is a separate service) and described above is also delivered by Age UK and can support people in hospital to be discharged safely home with the right support. There are other services available within what has been described as a crowded space, meaning withdrawing the Wellbeing Service Hospital In reach element making little impact to this arena. **A Telecare Response service should continue with all service users paying a market level fee.** As of June 2023, there were 1,224 service users signed up to the Telecare Response Service. We have assumed that a high proportion of these service users will be over the age of 65. Service data shows that Telecare Response has experienced volumes above those originally projected for the past three contract years. Attending non-injury falls has consistently been the most common call-out tasking; representing 44% of all attendances in 2022-23, supporting on over 1,100 incidences. No response telecare activations account for 38% of all attendances over the last five years supporting risk mitigation and assisting in further instances of falls on arrival. Falls are the most frequent type of accident in people over 65. The number of injuries caused by falls increases with age. Most injuries resulting from falls are minor, however, 10% of falls result in fractures which are a major cause of mortality and morbidity amongst those aged over 65 years. For those over 75, falls are also the most common cause of death from injury (Source: Age UK). Telecare response currently costs service users £2.50 per week. This price was capped during the initial contract term and has remained unchanged to date. Research suggests that other response service providers operating across Lincolnshire charge £12 per month (£144 per year, an average of £2.77 per week) in addition to the cost of a telecare service which also needs to be in place. Therefore, individuals subscribed to the telecare response service will see an increase in price of around 27 pence per week. The price increase of telecare response may mean that some individuals do not continue to pay for the service and choose not to have the response service in place. This would have a negative impact on those with this protected characteristic and may mean that people do not have crucial

	support in place at the time they most need it, affecting their ability to continue to live independently in their own home. It could also have a negative impact on family members of the service user who rely on this service to support their loved one. Initial data review suggests there are currently 7 people who have telecare response fully funded by LCC and 108 who have telecare funded by LCC and who self-fund the response service. This means, for some, it is likely to be part of their care package. These numbers refer to those who have telecare provided by NRS. LCC will continue to fund this. The current response time as set out in the contract/spec is within 45 mins. Increasing this time to an hour could have a negative impact on the customer, however, evidence suggests that responding within an hour can still have a positive outcome. NHS evidence is that an hour is sufficient. The NHS England Going further for winter: Community Based Falls response 2022 report Emergency admissions for falls in people aged 65 have increased year on year – from 185,000 in 2010/11 to 234,000 in 2019/20. The impact of falling is significant – falls can negatively affect functional independence and quality of life, and falls resulting in a lie of **over** one hour in length, are also strongly associated with serious injuries, admission to hospital, and subsequent moves into long term care. As stated in the WBS data Response times.xlsx our current service averages 30 mins response time across the county which is within the 45-minute target. If we were to extend this to an hour, the response time is potentially still likely to be met well within the new target. The mapping of hubs and staffing structure would be reviewed to ensure the new response time works well across the county and is still as efficient as the current service. The WBS would still be offering the quickest response time in the County (Age UK has a 2hr response window) which mitigates the risk of increasing the time to an hour.
Disability	**A Telecare Response service should continue with all service users paying a market level fee.** The term disability covers a wide range of impairments. The term 'physical impairment' refers to one or more conditions or limitations which may be congenital or acquired at any age, be temporary, long-term, or fluctuating. People with physical impairments may often have unique and multi-dimensional requirements. ***(Source: Lincolnshire JSNA, accessed 05/10/23)***

	The term 'sensory impairment' encompasses visual impairment (including those who are blind or partially sighted), hearing impairment (including those who are profoundly deaf, deafened or hard of hearing) or with dual sensory impairment (deaf blindness). These impairments can be congenital or acquired at any age. Prevalence increases with age, often, alongside additional sensory, or other, impairments. ***(Source: Lincolnshire JSNA, accessed 05/10/23)*** As of June 2023, there were 1,224 service users signed up to the Telecare Response Service. Service data shows that Telecare Response has experienced volumes above those originally projected for the past three contract years. Attending non-injury falls has consistently been the most common call-out tasking; representing 44% of all attendances in 2022-23, supporting on over 1,100 incidences. No response telecare activations account for 38% of all attendances over the last five years supporting risk mitigation and assisting in further instances of falls on arrival. Research shows that individuals with a visual impairment are at greater risk of falling. 3.8 per cent of falls that result in hospital admissions could be directly attributed to visual impairment and cost 10 per cent of the local NHS cost of treating accidental falls ***(Source: Thomas Pocklington Trust).*** The impact of a price increase for individuals subscribed to telecare response may mean that some do not continue to pay for the service and choose not to have the response service in place. This would have a negative impact on those with this protected characteristic and may mean that people do not have crucial support in place at the time they most need it, affecting their ability to continue to live independently in their own home. It could also have a negative impact on family members of the service user who rely on this service to support their loved one. Telecare response currently costs service users £2.50 per week. This price was capped during the initial contract term and has remained unchanged to date. Research suggests that other response service providers operating across Lincolnshire charge £12 per month (£144 per year, an average of £2.77 per week) in addition to the cost of a telecare service which also needs to be in place. Individuals subscribed to the telecare response service will see an increase in price of around 27 pence per week. Initial data review suggests there are currently 7 people who have telecare response fully funded by LCC and 108 who have telecare funded by LCC and who self-fund the response service. This means, for some, it is likely to be part of their care package. These numbers refer to those who have telecare provided by NRS. LCC will continue to fund this.

Gender reassignment	No perceived adverse impact
Marriage and civil partnership	No perceived adverse impact
Pregnancy and maternity	No perceived adverse impact
Race	No perceived adverse impact
Religion or belief	No perceived adverse impact
Sex	No perceived adverse impact
Sexual orientation	No perceived adverse impact

If you have identified negative impacts for other groups not specifically covered by the protected characteristics under the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

Negative impacts
A Telecare Response service should continue with all service users paying a market level fee Carers – This demographic may rely on the telecare response service and should any price increase stop service users from having the service, this group would be negatively impacted. **Enhanced digital access** Digitally Excluded Service users who are not online, for example those in very rural areas, older people or those in poverty and without access to broadband or a device could potentially be excluded from support if it is primarily available online. Services will continue to offer an alternative, such as written correspondence, telephone interview or face to face meetings to ensure they are not further excluded. The service will also have a focus on digital inclusion to ensure, where possible, barriers to accessing online support are addressed.

Stakeholders

Stake holders are people or groups who may be directly affected (primary stakeholders) and indirectly affected (secondary stakeholders).

You must evidence here who you involved in gathering your evidence about:

- benefits
- adverse impacts
- practical steps to mitigate or avoid any adverse consequences.

You must be confident that any engagement was meaningful. The community engagement team can help you to do this. You can contact them at engagement@lincolnshire.gov.uk

State clearly what (if any) consultation or engagement activity took place. Include:

- who you involved when compiling this EIA under the protected characteristics
- any organisations you invited and organisations who attended
- the date(s) any organisation was involved and method of involvement such as:
    - EIA workshop
    - email
    - telephone conversation
    - meeting
    - consultation

State clearly the objectives of the EIA consultation and findings from the EIA consultation under each of the protected characteristics. If you have not covered any of the protected characteristics, please state the reasons why they were not consulted or engaged with.

Objective(s) of the EIA consultation or engagement activity
A range of engagement has taken place with service users, non-service users, staff, and stakeholders to: • Assess the quality of the Wellbeing Service • Assess whether services are meeting the needs of the residents of Lincolnshire • Understand how aware local people are of the Wellbeing Service • Understand how services are accessed, including preferences and barriers to accessing services • Identify opportunities to innovate and improve services • Identify key priorities for the future of the Wellbeing Service • Inform the development future service specifications Ask about protected characteristics in relation to service delivery.

Who was involved in the EIA consultation or engagement activity?

Detail any findings identified by the protected characteristic.

<table>
<tr><th>Protected characteristic</th><th>Response</th></tr>
<tr><td>Age</td><td>Information from the WBS engagement survey Report:

Which age group do you belong to?

<table>
<tr><td>Prefer not to say</td><td>3 of 333 (0.9%)</td></tr>
<tr><td>16-19</td><td>1 of 333 (0.3%)</td></tr>
<tr><td>20-24</td><td>3 of 333 (0.9%)</td></tr>
<tr><td>25-34</td><td>11 of 333 (3.3%)</td></tr>
<tr><td>35-44</td><td>13 of 333 (3.9%)</td></tr>
<tr><td>45-54</td><td>33 of 333 (9.9%)</td></tr>
<tr><td>55-64</td><td>70 of 333 (21%)</td></tr>
<tr><td>65-74</td><td>57 of 333 (17.1%)</td></tr>
<tr><td>75-84</td><td>78 of 333 (23.4%)</td></tr>
<tr><td>85+</td><td>64 of 333 (19.2%)</td></tr>
</table></td></tr>
<tr><td>Disability</td><td>Do you consider yourself to have a disability?

<table>
<tr><td>Yes</td><td>235 of 324 (72.5%)</td></tr>
<tr><td>No</td><td>77 of 324 (23.8%)</td></tr>
<tr><td>Prefer not to say</td><td>12 of 324 (3.7%)</td></tr>
</table>

Please state which of the following best describes your disability?

<table>
<tr><td>Physical</td><td>99 of 232 (42.7%)</td></tr>
<tr><td>Emotional / Mental Health</td><td>25 of 232 (10.8%)</td></tr>
<tr><td>Other – the vast majority of those that had selected this option had listed more than one disability that was available to select from the options but as the question only allowed you to select your main disability they’d chosen to enter in other instead. However,</td><td>81 of 232 (34.9%)</td></tr>
</table></td></tr>
</table>

<table>
<tr><td></td><td><table>
<tr><td>some that weren't included that were listed was: ADHD, Dementia, Autism and Epilepsy.</td><td></td></tr>
<tr><td>Learning</td><td>11 of 232 (4.7%)</td></tr>
<tr><td>Visually Impaired / Blind</td><td>9 of 232 (3.9%)</td></tr>
<tr><td>Hearing Impaired / Deaf</td><td>7 of 232 (3%)</td></tr>
</table></td></tr>
<tr><td>Gender reassignment</td><td>Not asked</td></tr>
<tr><td>Marriage and civil partnership</td><td>Not asked</td></tr>
<tr><td>Pregnancy and maternity</td><td>Not asked</td></tr>
<tr><td>Race</td><td>To which of these ethnic groups do you belong?<table>
<tr><td>White</td><td>324 of 336 (96.4%)</td></tr>
<tr><td>Black</td><td>3 of 336 (0.9%)</td></tr>
<tr><td>Asian</td><td>2 of 336 (0.6)</td></tr>
<tr><td>Mixed</td><td>1 of 336 (0.3%)</td></tr>
<tr><td>Chinese</td><td>1 of 336 (0.3%)</td></tr>
<tr><td>Other – Anglo-Indian</td><td>1 of 336 (0.3%)</td></tr>
<tr><td>Prefer not to say</td><td>4 of 336 (1.2%)</td></tr>
</table></td></tr>
<tr><td>Religion or belief</td><td>Not asked</td></tr>
<tr><td>Sex</td><td>Which of the following options best described how you think of yourself?<table>
<tr><td>Female</td><td>182 of 325 (56%)</td></tr>
<tr><td>Male</td><td>137 of 325 (42.2%)</td></tr>
<tr><td>Prefer not to say</td><td>6 of 325 (1.8%)</td></tr>
</table></td></tr>
<tr><td>Sexual orientation</td><td></td></tr>
<tr><td>Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been</td><td></td></tr>
</table>

involved in a meaningful way? The purpose is to make sure you have got the perspective of all the protected characteristics.	
Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?	Through service user engagement conducted by the provider which will be built into the contract.

Further details

Personal data	Response
Are you handling personal data?	No
If yes, please give details	

Actions required	Action	Lead officer	Timescale
Include any actions identified in this analysis for on-going monitoring of impacts.	N/A	N/A	N/A

Version	Description	Created or amended by	Date created or amended	Approved by	Date approved
V0.3	Wellbeing Service Recommissioning EIA	Shirlene Hodgins	26/10/23		