Lincolnshire Wellbeing Service

Interim Evaluation - Summary Report,

June 2015

Undertaken by

RoseRegeneration

For

LINCS INDEPENDENT LIVING PARTNERSHIP

Rose Regeneration

Rose Regeneration is an economic development business with considerable experience in evaluation. In undertaking this commission it has followed the good practice set out in HM Treasury Magenta book in the context of process, impact and economic evaluation. Key previous assignments completed by Rose Regeneration and their partners include:

- **2014/15 -** Rural Direct evaluation of the national funding advice service for rural communities in Scotland – Scottish Government
- **2014/15 -** Development of a Social Return on Investment Toolkit – East Riding of Yorkshire
- **2014 -** Day of the Region – evaluation of a community development programme run by Dumfries and Galloway Council
- **2014 -** Social Return on Investment Analysis for Hull Harp (E Riding homelessness project)
- **2014 -** Social Return on Investment Analysis for Menphys (Leicestershire based project supporting children with learning difficulties)
- **2014 -** Social Return on Investment Analysis for Courtyard Centre (Migrant Worker Project – Goole)
- **2013/14 -** The Copeland Community Fund – evaluation of the nuclear community benefit fund run by Cumbria County Council and Copeland Borough Council
- **2013/14 -** Evaluations of the following LEADER Programmes: Ceredigion, Cumbria, Fells and Dales, Solway Borders and Eden, North York Moors Coast and Hills, Yorkshire Dales, North Pennine Dales, Coasts, Wolds, Waterways and Wetlands, Northumberland Uplands, Northern Lincolnshire, Ayrshire, Dumfries and Galloway
- **2013 -** Review of the Impact of LEADER in England for Defra
- **2013 -** Evaluation of the Impact of Farmer Networks – Royal Agricultural Society of England
- **2012 -** Ex-ante evaluation of Pembrokeshire Produce Direct for Welsh Assembly Government
- **2012 -** Evaluation of the impact of Farm Cornwall
- **2010/11 -** Evaluation of the County Durham Farmers of the Future Project - Lantra

Summary

Rose Regeneration was asked by Lincs Independent Living Partnership (LILP) to carry out an evaluation of the Lincolnshire Wellbeing Service as delivered by LILP. The evaluation is intended to help the organisations which deliver the Service chart progress so far and plan for its future development.

The evaluation found:

The Service is delivering what is intended

LILP has delivered an approach which fits with the original plan for the Service. This has been enhanced through a process of 'co-design', with ideas from LILP, commissioners at Lincolnshire County Council and feedback from the people who use it. All those involved are committed to providing fresh insights and continuing improvement to further strengthen the Service.

The Service is seen as effective

The Service is popular with those who fund it, refer people to it and receive support from it. It is pioneering, both in terms of the range of people it helps (anyone over 18 years of age) and the bodies delivering it (a partnership of four established, local charities from a wider consortium of six local charities).

There is a gap between the estimated number of people expected to use the Service and those supported so far.

There is scope to increase the number of people supported through changes to the referral process.

The Service delivered by LILP operates in Boston Borough, Lincoln, South Holland, South Kesteven and West Lindsey, with the addition of the Home Safe element of the Service (supported hospital discharge) also operating in East Lindsey and North Kesteven, i.e., countywide. East Lindsey and North Kesteven District Councils each operate a smaller version of the Wellbeing Service, without the Home Safe element, in their respective districts.

A number of people we interviewed would like to see a single service operating at a county-wide level. They feel it would make it easier for them to refer people, understand how the Service works and see consistent outcomes for those it supports. There are a number of new service add-ons, which could deliver yet more preventive and health benefits to Lincolnshire.

The Service is performing well and making a difference

The Service has made a life-changing contribution to the 4,442 vulnerable people it has supported so far.

A strong case can be made that 3706 would not have been supported in any significant way if it had not helped them.

The Service has reduced the number of people needing acute health and wellbeing support

The Service is delivering a broad range of outcomes which – using robust data and evidence - can be ascribed a Social Value. Social Return on Investment (SROI) is a way of taking account of social, economic and environmental factors which are not considered in simple costs and price. Our analysis of the Service shows a social return of £4.15 for each £1.00 invested in it.

While data is not formally collected on preventive cost savings – because contract data is collected on outcomes - information has been provided from which the evaluation can calculate potential savings for Adult Care, Public Health and Health sectors. For example, if 5% of clients (221) avoid one hospital stay and were able to remain in their own home for one extra year rather than going into residential care, the savings would be more than £6,000,000.

Introduction – What is the Wellbeing Service?

The Wellbeing Service was set up to help people to remain independent at home for as long as possible, reducing hospital admissions and the need for long-term residential care.

Anyone over 18 years of age who needs help can be referred to the Service. Following an assessment, an individual can access a range of support, including: short-term support to ensure clients feel safe, secure and can manage in their own home (generic support); installation of simple aids and adaptations to their home; TeleCare; a 24 hour 365 day responder service; and referrals to other agencies.

The Service is delivered by four of the six established, local charities who comprise Lincs Independent Living Partnership (LILP): Lincolnshire Home Independence Agency, Age UK Lincoln, LACE Housing, and Boston Mayflower Housing.

About the evaluation

The evaluation set out to answer 4 questions:

1. Has the Service been delivering against the contract?
2. What do those involved with the Service (from clients to health and social care organisations) think of it?
3. What progress is the Service making in terms of the number and range of people it is supporting?
4. Is the Service value for money?

This document sets out our findings against each of these questions, along with some overarching reflections and recommendations.

1. Has the Service been delivering against the contract?

Background……

Lincolnshire County Council funds the Service. It wanted to provide a person-centred approach to help clients remain independent at home for as long as possible. The Council let the contract for the Service to LILP in February 2014. Since commencement in April 2014, LILP has been offering the following support:

- **Support Coordination**
  administration, contract reporting, and ensuring all four LILP organisations deliver activities in line with an individual's support plan – Lincolnshire Home Independence Agency.
- **Trusted Assessment**
  a rounded assessment of an individual's needs and their circumstances, creating a person-centred support plan – Lincolnshire Home Independence Agency & Age UK Lincoln.
- **Generic Support**
  short-term help for approximately 6 weeks to help clients feel safer in their own home and/or engage in community activities. – Lincolnshire Home Independence Agency & Age UK Lincoln.
- **Equipment (simple aids for daily living)**
  installation of low-cost equipment such as raised toilet seats, bath seats / boards, shower seats, chair raisers – Lincolnshire Home Independence Agency.
- **Minor adaptations**
  simple repairs, maintenance and minor adaptations in the home such as fitting grab rails, hand rails, banister rails and alterations to steps – Lincolnshire Home Independence Agency.
- **TeleCare**
  fitting key safes, installation, programming, training for users, battery changes, updates and replacing TeleCare equipment – Age UK Lincoln & Boston Mayflower.
- **Wellbeing Response**
  Stay Safe - 24 hr/ 7 day a week responders who will go out to the person's home if an alarm is activated and provide a handover service for people leaving hospital via the Home Safe service – Age UK Lincoln.
  Home Safe - transporting home and supporting patients when they leave hospital - LACE Housing.

The support listed above operates in Boston Borough, Lincoln, South Holland, South Kesteven and West Lindsey, with the addition of the Home Safe element of the Service (supported hospital discharge) also operating in East Lindsey and North Kesteven, i.e., countywide. The latter was facilitated in July 2014 through additional funding from Lincolnshire County Council and Lincolnshire Community Health Services NHS Trust (LCHS). Referrals to the Wellbeing Service are handled through a customer service centre at Lincolnshire County Council.

Findings…

- The Service is new and a significant change from previous support, which focused more narrowly on elderly people in supported housing.
- LILP was established and had been working on projects prior to the Wellbeing Service being commissioned.
- The Service is universal in terms of Lincolnshire but in North Kesteven and East Lindsey the Service is delivered through a different approach led by the District Councils, with the exception of Home Safe.
- Lincolnshire County Council has been imaginative and open in commissioning the Service working with LILP and service users to 'co-design' the Service in a cost- effective way that achieves real outcomes for users.
- LILP has invested considerably in setting up thorough systems and processes to deliver a brand new Service.
- In the first year of operation, the Service has delivered added value.
- The Chief Executives of the four LILP members involved meet regularly as a group and with Lincolnshire County Council to monitor the contract. LILP also has an operational group which meets monthly to review the Service.
- The focus on individual needs rather than providing one standard approach, promoting independence and remaining in the community, and delaying the need for an individual to enter hospital or long-term residential care mean the Service is distinctive and attracting national attention.

Summary

LILP has delivered an approach which is fully consistent with the original plan for the Service. There has been an ongoing process of 'co-design' between LILP, Lincolnshire County Council and users to develop the service and make it a success. All are committed to providing fresh insights and continuing improvement to further strengthen the Service.

2. What do those involved with the Service (from clients to health and social care organisations) think of it?

Approach…

31 people involved in the Service – including staff managing the contract at Lincolnshire County Council, as well as professionals in social care, public health, NHS and wider public services – were interviewed. A survey of 79 clients that have used the Service was carried out in late 2014/early 2015. People involved in delivering or receiving the Service provided the following insights:

How the Service has been designed…

The Service takes a holistic and rounded view of the needs of an individual rather than just concentrating on their immediate needs. The Service promotes independence and is seen to be managing down demand for statutory services (e.g. health care, adult care and support), thereby delivering long term value for money. The Service supports unpaid carers in line with the Care Act 2014.

Lincolnshire County Council is not obliged to fund the Service. They have commissioned it because its outcomes are core to their vision of health and social care priorities for the future.

How the Service is delivered…

There is a view at Lincolnshire County Council that without LILP submitting a bid, the Service wouldn't have been able to be commissioned. LILP was already established, had a track record of project work and was offering a more holistic and effective approach than might have been offered by an organisation with a purely commercial focus.

The contract is not monitored in terms of meeting volume targets or outputs (the volume of people using the Service) but by the speed of delivery and the outcomes achieved for individuals.

The Service is available to anyone over 18 years of age – helping new client groups to remain in their own homes – rather than previous focus of other services on the elderly.

The Service is delivered by four established, local charities that are part of LILP. Building the capacity of local organisations to deliver larger health and social care contracts is good for the local economy.

The Service provides a very tailored approach to helping people. Often several organisations are involved in delivering parts of an overall plan of support. This means that individuals get specialist care to address each specific aspect of their needs. Some of those looking in at the Service sometimes find this hard to follow. There is more work to do to strengthen their understanding of the benefits of such an approach, which delivers results for people through getting Service providers to work together to meet their needs.

The Service has had a positive impact in terms of replacing/updating/ integrating some existing services such as the arrangements for TeleCare.

The Service has quick turnaround time for initial assessments (with most visits made by a trained assessor within 3-5 days).

Awareness of the Service is increasing but it needs to be further promoted within organisations. Some people have circulated information about the Service (e.g. leaflets) and others have made referrals. Stakeholders told us:

"Community nursing teams report positive use of the Service and in particular like the one number contact point".

"The GPs are very interested and see it being potentially very helpful to them and some have used the Service and say that it has had a positive impact on their patients. But generally GPs also seem unaware of the Service even though they have been told about it".

There is scope to simplify communications with health professionals to increase the number of referrals.

The outcomes being achieved by the Service…

4,442 clients were supported in the first year. This includes 1,384 established clients and 1,466 Adult Care TeleCare clients.

The Service has been described as "good", "fair", "equitable", "reliable" and "credible", with people identifying benefits around widening the number of people able to receive support (anyone over 18 years of age) and the ease of receiving support through one assessment process. A survey of clients highlighted high levels of satisfaction.

Users of the Service made a number of very positive comments about it including:

"John, Generic Support Worker, needs a gold star."
"The Wellbeing Service is very caring."
"The Wellbeing Service has been very kind and wonderful."
"First class, very helpful."

LEVEL OF SATISFACTION	VERY SATISFIED	FAIRY SATISFIED	NEITHER	FAIRLY UNSATISFIED	VERY UNSATISFIED
Telephone call to introduce ourselves	75	19	6	0	0
Visit to complete the assessment	73	21	6	0	0
Help to set up services	69	23	6	0	2
Minor adaptations	72	22	6	0	0
TeleCare fitting	76	19	4	0	0
Response service	68	25	7	0	0
Other organisations referred to	76	21	3	0	0
LACE Service	67	27	6	0	0
Overall satisfaction	66	26	8	0	0
	EXTREMELY	LIKELY	NEITHER	UNLIKELY	EXTREMELY UNLIKELY
How likely to recommend to others	60	30	10	0	0

Where next?

The following potential future developments were identified:

- Enhance the existing offer by developing Home Safe and improving TeleCare installation.
- Target new client groups (e.g. young parents, obesity, Parkinson's, diabetes, bereaved).
- Support carers (e.g. provide a sitting service) so they can get out of the house.
- Provide enhanced home safety advice (e.g. fire safety checks) and/or installation of specialist equipment (e.g. smoke alarms).
- Create closer linkages to NHS Neighbourhood Teams.
- Undertake cross-boundary working (with Cambridgeshire and Norfolk – hospital discharge).
- Eligibility Criteria – support people with moderate and higher needs, acknowledging some patient/client needs will be too complex for the Wellbeing Service.
- 'Map of Medicine' – an IT system used by GPs which helps plan the support needs of individuals. It is important to ensure the Service comes up during keyword searches.
- Provide transport – for shopping/retail and social activities as well as health – how can the Service link to community transport providers?

Summary

The Service is popular with those who fund it, refer people to it and receive support from it. It is pioneering and innovative, both in terms of the range of people it helps (anyone over 18 years of age), and in the support it provides.

There is a gap between the estimated number of people expected to use the Service and those supported so far. There is scope to increase the number of referrals through changes to the referral process and by working with health professionals.

The Service operates in Boston Borough, Lincoln, South Holland, South Kesteven and West Lindsey. A number of people we interviewed would prefer to see the Service operating at a county-wide level. They feel it would make it easier for them referring people to it, to understand how the Service works and deliver more consistent outcomes for those it supports.

3. What progress is the Service making in terms of the number and range of people it was set up to support?

Numbers of people supported…

To get to the heart of this question, it is useful to think about how many of those helped would not have been supported under any previous arrangements.

In the first year 4442 clients were supported including reassessments of established clients. All those not living in social housing would not have been supported under the previous arrangements.

In addition 904 Wellbeing clients are under 65 and unlikely to have been supported under the previous arrangements.

We have not been able to identify the number of individuals not living in social housing from the performance data. Notwithstanding this, it is not an unreasonable assumption that at least 1500 (including the 904 under 65s), a third of all those supported, are completely new to any form of support.

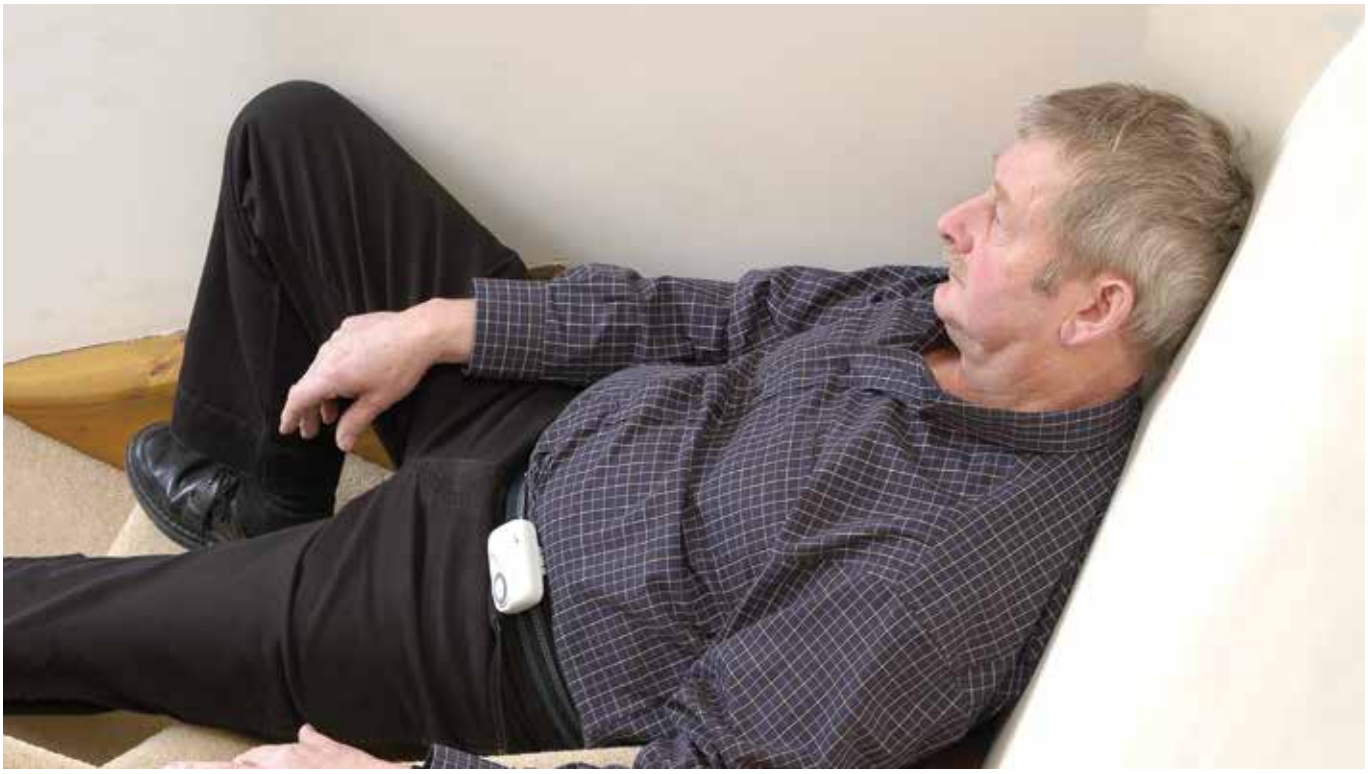
The Table below shows where clients came from in the first year of operation:

DISTRICT	UNDER 65	OVER 65	TOTAL	POPN	% POPN	% CLIENTS < 65
Boston	165	330	495	65,900	0.8	33
Lincoln	267	805	1072	95,600	1.1	24
South Holland	97	728	825	89,200	0.9	11
South Kesteven	244	1399	1643	136,400	1.2	15
West Lindsey	131	768	899	90,700	1	15
Total	904	4030	4934	477,800	-	-

The highest numbers of users have been in South Kesteven and Lincoln. There is an urban focus to younger clients (under 65 years) – with 33% in Boston and 24% in Lincoln.

The Table below shows how LILP has performed against its contract, from July 2014 – March 2015:

SERVICE ELEMENT	INDICATOR (PI)	WORKBOOK RETURNS					ACTUAL		
(Support services)	Within...	Cases			Exceptions		Performance		
		Gross total	No. in PI	%	Total	%	Net total	No. in PI	%
Assessments	3 days of referral	1284	541	42	312	24	615	438	71
Assessments	5 days of referral	375	252	67	117	31	265	252	95
TeleCare (urgent)	5 days of assessment	303	208	69	72	24	231	208	90
TeleCare (non-urgent)	7 days of assessment	1346	1032	77	239	18	1107	1032	93
SADLs (urgent)	2 days of assessment	0	0	0	0	0	0	0	0
SADLs (non-urgent)	7 days of assessment	86	27	31	26	30	37	27	73
Minor Adaps (urgent)	2 days of assessment	0	0	0	0	0	0	0	0
Minor Adaps (non-urgent)	7 days of assessment	280	117	42	92	33	157	114	73
Short-term intervention - start	10 days of assessment	523	211	40	80	15	348	146	42
Short-term intervention - end	6 weeks of start	344	146	42	137	40	217	139	64
Average	-	-	-	59	-	-	-	-	86



There is a significant difference between exception reporting (explaining how unavoidable factors relating to the client have affected performance and giving a true picture of what would have happened without them) and non-exception reporting levels of achievement – this suggests that some of the current contract indicators should be reconsidered.

There is a gap between the projected and actual numbers of service users. The original contract estimated 6369 clients would be supported. Actual clients supported in the first year of the programme were 4442.

Key factors affecting the number of clients include:

- The projected client group was based on an assumption that all previous recipients of a previous Service called Supporting People Service would transfer across. In practice this has not happened. Some clients stayed with the organisations previously supporting them rather than transferring to the new arrangements.
- There is some ongoing confusion on the part of referral agencies as to the geographical boundaries of the service which is leading some to disengage from the referral process.
- There is evidence of limited knowledge of the Wellbeing Service as a referral option for those responsible for hospital discharge in the NHS, especially in hospitals outside Lincolnshire.

The range of people the Service is supporting…

It is very clear that this Service delivers a significant number of preventive outputs and outcomes in terms of both health and adult social care. A detailed discussion with those delivering the service suggests that at least one third (1500) of all those supported are completely new, having been unable to get support under any previous arrangements.

Having discussed the distinctive contribution in the round with Service providers and users, it seems reasonable to assume that at least ¾ of the remaining Service users can have their outputs and outcomes attributed specifically to the Service rather than other services which are open to them.

This leads to the following assumption:

From the overall cohort of 4442 clients 1500 can have their outputs and outcomes directly attributed to the Service.

Of the remaining 2942 – 75% can have their outcomes confidently attributed to the Service – 2206.

Bringing all those for whom the Service can claim direct provision of outputs and outcomes together involves a figure of 3706 from the 4442 recipients of the Service overall.

This enables us to confidently say that only 17% of those who have been supported by the Service would probably have found help without it. Our experience of evaluations of other projects including those with health and social care features indicates this is very positive. Some schemes have figures as high as 25 – 33%.

Added Value…

The Service is delivering the following added value:

- employment of local staff and engagement of local trustees;
- creation of a supply chain of only local contractors and labour;
- a significant contribution to the local economy;
- the development of new health and wellbeing operational partnerships; and
- the development of new health and wellbeing strategic partnerships.

The way the Service has been delivered has been innovative, particularly around:

TeleCare

LILP delivers everything in the contract and has also made 1,466 TeleCare installations for Adult Care clients.

Equipment Supply

LILP provides a discounted price for aids for daily living, adaptations and TeleCare equipment.

Trusted Assessment

LILP has organised and delivered a large amount of in-house and external training. This includes arranging for Trusted Assessors to undertake an NVQ qualification delivered by the Disabled Living Foundation.

Short-term intervention

LILP has developed a wide generic support which enables triaging to focus on users' needs. Part of this includes helping users to navigate the health, care, benefits and housing systems.

Wellbeing Response

LILP is in the early stages of developing a full community development approach to Wellbeing Response as well as enhancing referral pathways. LILP now delivers Home Safe in East Lindsey and North Kesteven districts.

Summary

The Service has made a distinctive and value added contribution to the lives of 4,442 vulnerable people in need of support.

3,706 of these people would have been unlikely to have received help from another service.

LILP has met its contractual requirements in delivering the Service.

There is a gap between the projected and actual numbers of service users – with the original contract estimating 6,369 users. This is because some potential clients have chosen to remain with an existing provider rather than transfer across and/or there is confusion about the boundaries covered by the Service and the referral process by some organisations.

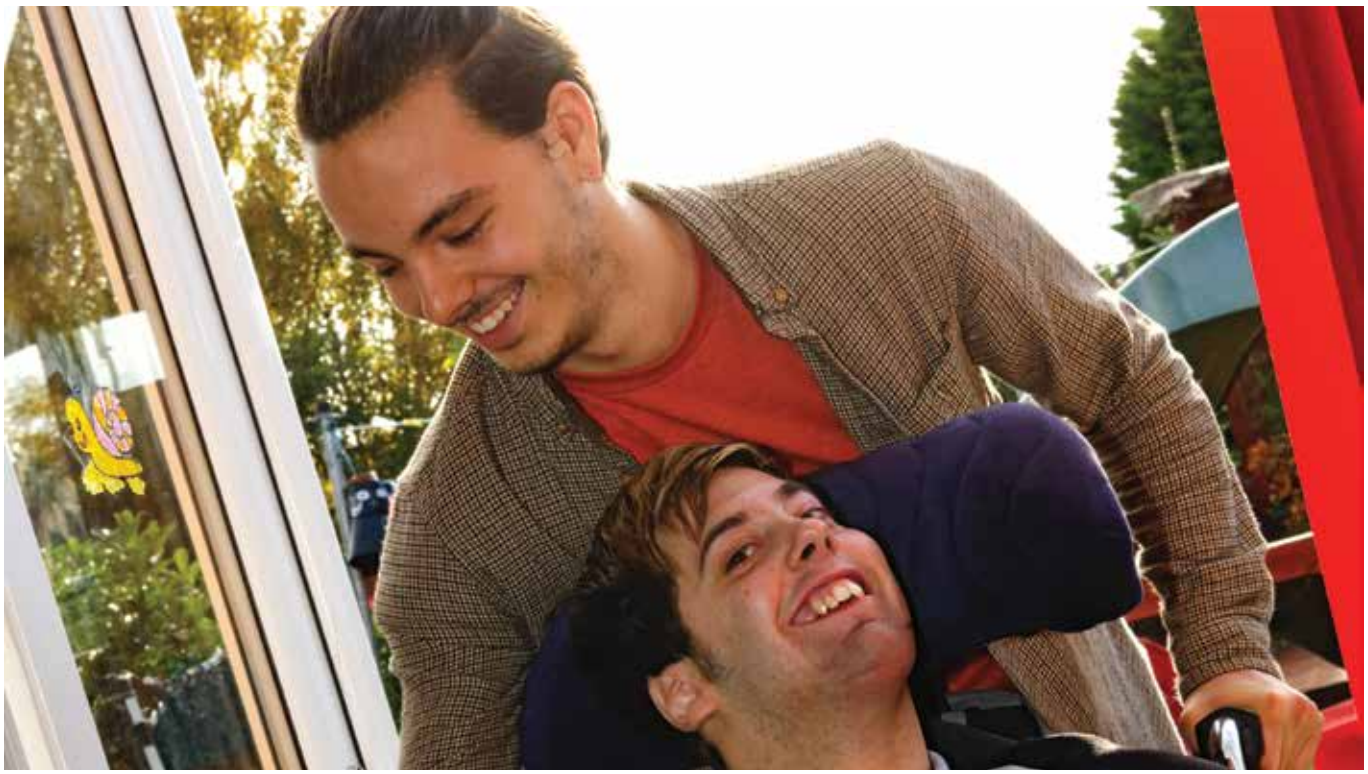
4. Is the Service value for money?

For this part of the evaluation we have considered the Social Value delivered by the Service.

Social Return on Investment (SROI) is a way of measuring and accounting for value. It measures changes in ways that are relevant to people using the Service (outcomes) rather than focusing on cost. SROI uses monetary values to represent these changes because money is a widely accepted way of conveying value.

The Service records information on short-term outcomes achieved by users. The Table below sets out these outcomes during the first year of operation:

SHORT TERM OUTCOMES	ACHIEVING OUTCOME
Achieve Economic Wellbeing	
Did the client need support to maximise their income including receipt of the correct welfare benefits?	321
Did the client need support to reduce their overall debt?	26
Did the client need support to obtain paid work (now in paid work)?	4
Did the client need support to obtain paid work (participate in paid work whilst in receipt of service)?	3
Enjoy and Achieve	
Did the client need support to participate in training and/or education (participated in training/education)?	15
Did the client need support to participate in training and/or education (achieved qualifications)?	2
Did the client need support to participate in leisure/cultural/faith and/or informal learning activities?	89
Did the client need support to participate in any work-like activities?	14
Did the client need support to establish contact with external services/groups?	214
Did the client need support to establish contact with friends or family?	14
Be Healthy	
Did the client need support to better manage their physical health?	126
Did the client need support to better manage their mental health?	64
Did the client need support to better manage their substance misuse issues?	0
Did the client need assistive technology/aids and adaptations to maintain independence?	582
Stay Safe	
Did the client need support to maintain their accommodation and avoid eviction?	35
Did the client need support to secure/obtain settled accommodation?	33
Did the client need support to comply with statutory orders and related processes in relation to offending behaviour?	0
Did the client need support to better manage self harm?	0
Did the client need support to avoid causing harm to others?	0
Did the client need support to minimise harm/risk of harm from others?	0
Make a Positive Contribution	
Did the client need support in developing confidence and ability to have greater choice and/or control and/or involvement?	91
Total	1633



It is possible to give a value to the outcomes listed above. We have identified a proxy for each one and projected it over one year. To get a social return figure we divided the total value of the outcomes by the total cost of the Service. This shows the value to society of the Service for each £1.00 of public investment.

We have then set out this Social Value alongside the Bristol Accord. The Accord was developed in 2005 and identifies 8 characteristics that make up a sustainable community:

I. Active, Inclusive and Safe
II. Well Run
III. Environment
IV. Well Designed and Built
V. Well Connected
VI. Fair for Everyone
VII. Thriving
VIII. Well Served

The financial proxies attributed to the Wellbeing Service relate to: Active, Inclusive and Safe, Well Run, Fair for Everyone and Thriving. In addition to the specific social return on investment achieved by the Service, set out below, this provides a broader context for the particular contribution of the Service to the sustainability of the 5 districts in Lincolnshire across which it operates.

A social return on investment analysis of these outcomes (allowing 17% for those supported who might have found help elsewhere without the scheme) indicates a return of £4.15 for each £1 spent. This compares well with a national figure of £3.75 (social support increasing resilience to illness, helping recovery and improving wellbeing.) – "Making the Case for Public Health Interventions" (Kings Fund and Local Government Association).

There is no recording under the current monitoring framework of most of the Stay Safe outcomes and this under records the impact of the Service overall. If they were recorded the social return figure would be higher than £4.15.

Has the Service delivered financial efficiencies, not at the expense of or compromising quality?

The Service has records of 60 ambulance call outs/A&E attendances avoided. These are based on analysis of the case notes of the individuals concerned. At a cost of £349 per call out this represents a saving of £20,940.

The preventive impacts of the Service are not routinely recorded as part of the contract. However, a consideration of probable outcomes, using very modest estimates indicates the scale of savings that may have been made to the public purse. Most of these savings provide a direct benefit to the health sector:

- If 5% of clients avoided an average hospital stay (£3,283) = £642,976 has been saved by the public purse.
- If 5% of clients avoided a move to residential care for a year (£28,080) -=£5,499,468 has been saved by the public purse.

Summary

The Service has reduced the number of people needing acute health and wellbeing support

The Service is delivering a broad range of outcomes which – using robust data and evidence - can be ascribed a Social Value. Social Return on Investment (SROI) is a way of taking account of social, economic and environmental factors which are not considered in simple costs and price. Our analysis of the Service shows a social return of £4.15 for each £1.00 invested in it. This figure can be benchmarked positively against similar schemes elsewhere in the country.

While data is not formally collected on preventive cost savings – because contract data is collected on outcomes - information has been provided from which the evaluation can calculate potential savings for Adult Care and Health sectors. For example, if 5% of clients avoid one hospital stay and were able to remain in their own home for one extra year rather than going into residential care, the savings would be more than £6,000,000.

Final Reflections

The Service has made considerable progress over the first 14 months of its operation. It is able to begin demonstrating a number of outcomes which clearly justify its value to commissioners, users and other organisations. There is real merit in recording its achievements over the full duration of the contract. This will provide further evidence of the contribution the Service is making in promoting independence through community based support.

LILP, in partnership with Lincolnshire County Council and other service providers such as the NHS, is building the momentum necessary to increase the number of referrals. There remains some confusion in some agencies about which districts the Service operates in. If the Service is to widen its reach further, covering the whole of Lincolnshire may become a key consideration. This would remove some of the operational challenges around referrals.

When financial efficiencies need to be made in the public sector, it is inevitable that the Service will need to demonstrate it offers value for money. It is important in considering the future of the Service to recognise both the outcomes achieved by an individual user and (just as importantly) the journey travelled. The Service has also been contracted in a way that builds the local labour market and is more holistic and effective than what could be offered by other organisations with a more commercial focus. This Service is new, innovative and attracting national attention.

Going forward, there are opportunities for detailed discussions about jointly commissioning and potentially enriching the Service offer – bringing together those working in the health and adult care sectors. 'The 'Lincolnshire Health and Care' initiative provides a means of doing this.

To find out more or make a referral please contact:

Lincolnshire Wellbeing Service
01522 782140