

To

Martin Samuels
Executive Director of Adult Care and Community Wellbeing
Lincolnshire County Council
County Offices, Newland, Lincoln LN1 1YL
Email: martin.samuels@lincolnshire.gov.uk

Cllr Sean Matthews
Leader, Lincolnshire County Council
County Offices
Newland
Lincoln
LN1 1YL

24th October 2025

Dear Cllr Matthews,

Letter of Support for 'Your Lincolnshire', Lincolnshire County Council's Local Government Reorganisation Proposal

As the Executive Director for Adult Care and Community Wellbeing in Lincolnshire, I am writing to express my support for 'Your Lincolnshire', on the basis that this proposed Local Government Reorganisation (LGR) model offers a practical approach to secure the benefits of establishing unitary local government for the county, while minimising the risks associated with disaggregation.

I am proud to lead our Adult Care and Community Wellbeing services, serving people across the entire county of Lincolnshire, promoting independence, choice and control for all our residents

From a leadership perspective, disaggregation of Lincolnshire into multiple authorities could result in fragmenting senior leadership, potentially resulting in the need for multiple Directors of Adult Social Care (DASS) or interim appointments. There is also the risk that existing senior leaders might be drawn into discussions and decisions that are outside their normal remit (such as how assets should be divided between new councils) that could divert attention and resource away from the primary focus on the delivery of adult social care.

Splitting services would require each new authority to establish its own Safeguarding Adults Board (SAB), as mandated by the Care Act 2014. Smaller authorities may struggle to sustain robust SABs with the necessary statutory partner representation, risking a dilution in safeguarding oversight. This might well be overcome through the establishment of joint arrangements across the new authorities, but that in itself would be to question the benefit of disaggregation.

Each new authority would need to re-baseline performance data. Data discontinuity could obscure trends and make it harder to identify risks early, weakening strategic planning and accountability. In addition, disaggregation could require each new authority to go through a fresh inspection from the Care Quality Commission (CQC), potentially losing the continuity of existing improvement trajectories.

Crucially, there is a need to ensure authorities serve a diverse range of communities with a mixture of health, wealth and age profiles and to avoid creating highly concentrated units of need. This is required to allow new councils to have a good basis on which they can balance demand for services with the ability of local populations to help pay for them. An area with a high proportion of older people and high levels of deprivation is likely to have low client financial contributions, increasing the

dependency ratio on both local and national funding sources. This also opens the potential for long-lasting issues relating to Ordinary Residence, because differences in land prices tend to mean care homes are more concentrated in some areas than others, driving unequal distribution of people requiring care. This is a key point, as existing large councils are likely to have an element of geographical cross-subsidisation, due to uneven distribution of need, provision, and self-funders. Unwinding this would require careful analysis and action.

The fragmentation of existing countywide services could hinder the consistency and quality of care for Lincolnshire residents. The current unified commissioning framework allows us to leverage economies of scale, enabling certain specialist services and more integrated workforce planning. There is also a risk of “postcode lottery” in care quality and access, with standards varying by geography rather than need, while residents moving across boundaries between new authorities, which may have little meaning for them, might experience gaps or interruptions in care continuity. In addition, fragmentation may have negative consequences for the local care market. Differing commissioning policies, fee structures, and contracts could create confusion and undermine provider confidence.

Disaggregation also introduces significant financial risks, resulting from the need to duplicate systems, contracts, and teams. The scale of work required to disaggregate data from current single systems should also not be underestimated. Transitional disruption could delay critical functions such as assessments and safeguarding investigations, heightening risk for vulnerable adults.

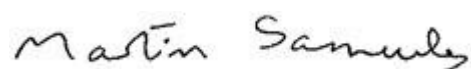
Adult Care in Lincolnshire has been closely aligned with NHS partners through the Integrated Care System (ICS). The changes in the NHS, with ICBs clustering into new, larger, sub-regional footprints, already risk weakening these relationships. Sub-dividing local authorities in this context has the potential to further complicate joint commissioning and hinder seamless service delivery—especially for those with complex needs.

The opportunities that a unitary authority covering the county of Lincolnshire provides to our residents is something we are keen to embrace. Closer alignment and relationships with existing community services and local neighbourhood hubs have the potential to support improved early intervention and prevention, delaying the point at which people need to draw on care and support. Bringing housing and adult social care under the same authority would be a particular benefit, given the recognition that ‘every care decision is also a housing decision’. Greater connection would allow for easier alignment of processes, especially around housing alterations and allocations. This creates a clearer, more consistent pathway for people, reducing confusion and delay.

In summary, disaggregation of adult care services poses substantial risks to statutory compliance, service quality, workforce stability, and financial sustainability. It has the potential to fragment leadership, disrupt integrated care, and create inconsistencies in care standards and access. There are clear opportunities for innovation and integration offered through the establishment of unitary local government for the county, but these can best be realised through robust planning, clear governance, and strong partnership working.

If you would like a more detailed breakdown on any of these themes, please do not hesitate to contact me.

Yours sincerely

A handwritten signature in dark ink, reading "Martin Samuels". The script is cursive and fluid, with the first name "Martin" and last name "Samuels" clearly distinguishable.

Martin Samuels
Executive Director of Adult Care and Community Wellbeing
Lincolnshire County Council