

**ADULTS SCRUTINY COMMITTEE
 8 JULY 2015**

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors R C Kirk (Vice-Chairman), W J Aron, S R Dodds, B W Keimach, J R Marriott, Mrs H N J Powell, Mrs A E Reynolds, Mrs N J Smith and Mrs S M Wray

Councillors: R G Fairman, C R Oxby and Mrs J M Renshaw attended the meeting as observers;

Officers in attendance:- Simon Evans (Scrutiny Officer), Nigel Gooding (Head of Portfolio & Programme Management Office, Lincolnshire Health and Care), John Griffin (Adult Workforce Quality & Development (Practitioner), Emma Scarth (County Manager Performance, Quality & Development), Pete Sidgwick (Frail, Elderly and Long Term Conditions), Gary Thompson (Chief Officer, South Lincolnshire Clinical Commissioning Group & Lincolnshire Health and Care Transformation Director), Catherine Wilman (Democratic Services Officer).

11 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

No apologies were received.

12 DECLARATION OF COUNCILLORS' INTERESTS

Councillor Mrs S M Wray declared an interest in item 15 – Neighbourhood Teams as she was the County Organiser for the Lincolnshire Neurological Alliance.

13 MINUTES OF THE MEETING HELD ON 27 MAY 2015

RESOLVED

That the minutes of the meeting held on 27 May 2015 be approved and signed by the Chairman as an accurate record.

14 RESEARCH IN PRACTICE FOR ADULTS - DEMONSTRATION

The Committee received a demonstration from John Griffin, Adult Workforce Quality and Development (Practitioner), of the Research in Practice for Adults website – www.ripfa.org.uk.

As the County Council subscribed to the website, it was available to members of staff and councillors, provided they had a County Council email address. Through the site, users could access to a range of resources which could be accessed and downloaded as part of the Council's subscription. In some instances, there was a charge for paper copies of certain documents.

The site operated on a subscription basis, which the Council paid for and members of the Committee could access the website using their County Council email address. The Council had had a subscription since April 2014, which would be due for renewal in April 2016. There were currently 118 user accounts across the authority under the Council's subscription. Membership cost £30,000 for two years.

Within the site, there were opportunities to discuss issues with other users and also view the work of other councils and the subscription entitled the Council to two days of tailored support each year.

Members of the Committee were asked to have a look at the website, using their login, and report back their views at the next Committee.

RESOLVED

That the report be noted.

15 NEIGHBOURHOOD TEAMS

Consideration was given to a report which informed and updated the Committee on the implementation of Neighbourhood Teams across the county. Gary Thompson, Transformation Director, Lincolnshire Health and Care (LHAC), and Nigel Gooding, Head of Portfolio & Programme Management Office, LHAC were present to address the Committee.

Neighbourhood Teams were a key component of the Proactive Care Programme and were absolutely fundamental to the delivery of the Lincolnshire Health and Care vision. LHAC aspired to a population-based model of health where wellbeing was maximised through communities, voluntary and statutory services working together.

Lincolnshire's health care faced a number of challenges and the current system of health and social care in the county was not sustainable.

A Communications Plan was currently being developed in collaboration with all partners and there would be a formal public consultation beginning in December 2015 on the elements of Lincolnshire Health and Care, where formal public consultation was required.

The Neighbourhood Team approach would move care wherever possible closer to home through the creation of neighbourhood teams. The aim of which was to reduce the number of situations where a journey to an acute hospital was required.

An early group of implementer Neighbourhood Teams had been set up in 2014 in four areas of the County. There were now Neighbourhood Teams operating in Skegness, East Lindsey Coastal, Sleaford, Grantham Town/Grantham Rural, Stamford, Long Sutton/Sutton Bridge, Lincoln City South and Lincoln City North. Current proposals were for an additional four teams in the County by September

2015. Each team will have a number of Multi-Disciplinary staff within them. Providers were aligning their service to fit the Neighbourhood Team model.

The benefits of the system for the patient, were a single integrated system where only one assessment would be required. This would create one record and one plan for the patient. The system would also help to stop weekend admissions to hospital as the team would ensure the patient was receiving care closer to home, 24 hours a day, 7 days a week.

Officers were currently identifying buildings in each area which could be used as a hub, where all agencies within the team could come together. In Long Sutton, for example, a disused doctors' surgery was being used.

The impact of the neighbourhood team in Long Sutton had already seen a reduction in repeat admissions to hospital, for example. However, a key indicator of success would be a reduction in admissions during the winter months.

In response to questions from Members, the following was confirmed:

- Currently, staff time was not used as effectively as it could be, as there was sometimes duplication, and Neighbourhood Teams sought to utilise staff time better and maximise their knowledge and skills through better organisation;
- Lessons from the early implementer Neighbourhood Teams would be used to support the development of later Neighbourhood Teams;
- Community and voluntary organisations were being engaged in the process of Neighbourhood Team development;
- There were several indicators of success for Neighbourhood Teams, and the measures adopted for progress with the Better Care Fund were being used. These included a reduction in delayed transfers of care; a reduction in 91 day readmissions to hospital; and improved patient experience. There was already evidence in the South Lincolnshire Clinical Commissioning Group area of a 3% reduction in re-admissions.
- Each team would include a care coordinator who would devise and lead a care timetable;
- The reduction in beds at acute hospitals would not impact on Neighbourhood Teams as people would be cured more and more in their own homes. Dermatology was a good example of a treatment that did not need to be undertaken in hospital;
- The Committee expressed an interest in meeting front line staff and it was agreed that the Scrutiny Officer, along with Nigel Gooding would organise a visit for Committee members to see frontline workers within a Neighbourhood Team, at the appropriate time;
- Any member of the Committee wishing to see a good example of neighbourhood teams already set up and in action, were directed to look at Torbay Council.

The next step was for the Executive to consider the consultation plan at its meeting in October 2015. The Clinical Commissioning Group Governing Bodies would approve the consultation plan individually.

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The proposals for Neighbourhood Teams would also be considered at the Health Scrutiny Committee for Lincolnshire at forthcoming meetings and by the Overview and Scrutiny Management Committee at its meeting on 30 July 2015.

The Adults Scrutiny Committee would continue to receive updates on the proposals either as a specific item or as part of an update on work within LHAC.

RESOLVED

1. That the report be noted;
2. That comments made by the Committee be noted and the frequency of further updates on Neighbourhood Teams be determined.

16 QUARTER 4 PERFORMANCE REPORT

Consideration was given to a report which provided a summary of the Adult Care performance measures in the local performance framework including three Council Business Plan indicators.

Within the framework, three measures had been identified as a priority for the authority and therefore had been included in the Council Business Plan for 2014-2015. They were:

- % of people received reablement where the outcome was no ongoing support;
- Delayed transfers of care attributable to social care or jointly to social care and the NHS per 100,000 population;
- % of clients in receipt of long term support and carers who receive a direct payment.

In relation to these measures, in quarter 4 of 2014/2015;

- 57% of people reported that they required no further help from Adult Care following the receipt of reablement;
- There had been a slight dip in performance in relation to delayed transfers of care (1.66 per 100,000 population) however Lincolnshire still remained one of the best performing authorities for delayed transfers of care;
- The percentage of clients in receipt of long term support did not quite hit its target this quarter, however it had seen significant improvements in performance since the previous quarter.

The local performance framework included a total of 29 measures. In summary, 16 out of the 25 measures that could be compared to 2013/2014 had performed better than the previous year.

Overall, the customer experience was good. Of the 146 complaints received in 2014/2015, 83 were substantiated and owing to system changes and the move to Serco, further information breakdown on complaints was not available.

RESOLVED

That the report be noted.

17 ADULTS SCRUTINY COMMITTEE WORK PROGRAMME

The Committee gave consideration to a report which provided details of its work programme for the coming months.

During discussion, the following items were suggested for the work programme:

- Deprivation of Liberty Safeguards;
- Care Farming
- Better Care Fund update.

RESOLVED

That the work programme and changes made therein be noted.

The meeting closed at 1.25 pm