

**ADULTS SCRUTINY COMMITTEE
 19 OCTOBER 2016**

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 N J Smith, M A Whittington, Mrs S M Wray and C E D Mair.

Councillors: Mrs P A Bradwell (Executive Councillor - Adult Care, Health and Children's Services), J Kirk (City of Lincoln Council representative on the Health Scrutiny Committee for Lincolnshire), C R Oxby (Executive Support Councillor - Adult Care, Health and Children's Services) and Mrs J M Renshaw (Lincolnshire County Council representative on the Health Scrutiny Committee for Lincolnshire) attended the meeting as observers.

Officers in attendance:-

Lynne Bucknell (County Manager, Special Projects and Hospital Services), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Alina Hackney (Senior Strategic Commercial and Procurement Manager), Judith Hetherington Smith (Chief Information and Commissioning Officer), Deanna Westwood (CQC Inspection Manager for Lincolnshire), Emma Krasinska (Commissioning Manager, Adult Care & Community Wellbeing), Linda Harrison (Business Operations Manager, SERCO), Gill King (Carer), Jane Mason (County Manager, Adult Care & Community Wellbeing) and Malcolm Ryan (Operational Services Manager (Lincolnshire) Carers FIRST).

31 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Councillor Mrs A Reynolds.

It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, had appointed Councillor C E D Mair as a replacement member of the Committee in place of Councillor Mrs A E Reynolds for this meeting only.

32 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of interest made at this point in the meeting.

**ADULTS SCRUTINY COMMITTEE
19 OCTOBER 2016****33 MINUTES OF THE MEETING OF THE ADULTS SCRUTINY COMMITTEE
HELD ON 7 SEPTEMBER 2016****RESOLVED**

That the minutes of the Adults Scrutiny Committee meeting held on 7 September 2016 be agreed and signed by the Chairman as a correct record.

34 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed to the meeting the Executive Councillor and Executive Support Councillor, Officers, and Councillors Mrs Judy Renshaw and Jackie Kirk, (two members from the Health Scrutiny Committee for Lincolnshire).

The Chairman extended thanks to two members of the Committee, Councillors S R Dodds and H N J Powell, who together with Executive Support Councillor for Adults, Councillor C R Oxby had visited Carers FIRST on Tuesday 11 October 2016.

A reminder was also given to members concerning the Committee's budget workshop on Wednesday 30 November at midday. It was noted that the Committee's formal meeting would be on the 30 November as planned at 10.00 am.

The Chairman invited Councillor H N J Powell to update the Committee following her attendance at the Bourne Carers Association meeting at Scott House, Bourne. Councillor Powell advised that the meeting had also been attended by Justin Hackney, Joint Commissioning Specialist Services, and Barbara Simpson, Independent Social Worker. The Committee noted that the main issues raised were: the availability of television points; the security on the front door; the reception arrangements; and the space available for service users. Overall, a lot had been achieved within the space available. The Committee noted further that with some alterations more could be achieved, for instance moving the workshop to the outside area, which would free up the old workshop space to be used as a dining room. It was noted that Officers would be looking into the issues raised.

35 LINCOLNSHIRE CARERS SERVICE: SERCO AND CARERS FIRST

The Chairman welcomed to the meeting Malcolm Ryan, Operational Services Manager (Lincolnshire) Carers FIRST, Gill King, Carer, Linda Harrison, Business Operations Manager, Serco, and Jane Mason, County Manager, Adult Care & Community Wellbeing, Lincolnshire County Council.

The County Manager, Adult Care & Community Wellbeing introduced the item, advising the Committee that over the last five months the new Lincolnshire Carers Service had been delivered by Serco and Carers First.

It was reported that the Care Act 2014 had introduced new legal rights for carers to obtain support; and that the Children and Families Act 2014, also entitled parent carers and young carers to an assessment of their needs. It was reported further that

more carers in Lincolnshire were being identified and this was in line with the national trend.

Since the contract was awarded on 1 June 2016, Carers FIRST had focussed on the operational aspects of the service. It was also noted that a quality assurance and performance programme and framework had been designed to ensure a quality service. It was noted further that a service review of the Serco Carers Service had been completed to evaluate how the commissioned service met carers' needs effectively and efficiently in terms of practice and process in the context of the requirements of the Care Act and the Children and Families Act.

Malcolm Ryan, newly appointed Operational Services Manager (Lincolnshire) Carers FIRST introduced himself to the Committee; and provided some background information pertaining to the Lincolnshire's Carers Service, which made reference to:-

- Prevention – This identified that there needed to be earlier identification; and more promotion and publicity through various means;
- Referral for statutory assessment or universal support – The Committee was advised that the service was a collaborative service between the customer service centre and Carers FIRST, which provided one gateway whereby a carer could self refer, or be referred by a professional;
- Direct Support – It was noted that carers support co-ordinators undertook statutory carer's assessment. A wellbeing summary was also completed with all carers to check that the carer was healthy, coping; and that staff were able to provide them with additional information, and signpost the carer for help and further advice. It was also highlighted that the service provided emotional support, and that data had identified that of the carers in the east of the county, a high number accessed mental health services. As a result of the findings the service was looking at holding some themed workshops to address some of these issues. The Committee were also advised that in Kent Carers FIRST operated a support plan (referred to as 'Carers Star'), which was a way of identifying what was needed for carers. It was noted that the plan was being implemented in Lincolnshire and the data captured would then be used to evaluate the Carers Strategy and inform future service planning; and
- Governance – The Committee was advised that Carers FIRST made sure that whatever was done was for the best for carers. Some case studies were provided for the Committee's consideration.

The Committee received a short address from the carer representative, who had been a carer for some 20 years for 50 plus hours a week. The carer had juggled the needs of two children growing up who had neurological issues as well as caring for a parent with dementia. The Committee was advised that four years ago, she had attended a carers meeting, and had never looked back, as she had been able to find herself again. The Committee noted that having volunteered for Carers FIRST, had enabled her to get her identity back. Further confidence had then been gained after being invited to be a member of a panel interviewing staff for Carers FIRST, this had also provided her with the chance to see how things worked; and the opportunity to have some input into future developments for Carers FIRST. The carer extended her

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appreciation to Carers FIRST for everything that they do for carers. The Committee was advised that if there was one thing that would improve things for carers going forward was to ensure that paper work was kept simple; and focussed, and that information provided was shared to prevent carers being asked to provide the same information more than once.

The Operational Services Manager (Lincolnshire) Carers FIRST highlighted to the Committee that the information, they received arrived from the County Council performance information, which was then supplemented by data held on the Carer FIRST Blue Box. The Committee noted that all support workers based in the community had tablets, which enabled them to complete assessments, be able to book in when lone working etc., which meant that the Blue Box was continually updated and remained current at all times.

Linda Harrison, Business Operations Manager, Serco advised the Committee that the staff in the Customer Service Centre and Carers FIRST worked very closely to ensure that the carer receive a seamless service throughout their journey. The Committee noted that the customer service team were going to receive joint training with Carers FIRST to help develop working arrangements further. Overall, the Committee was advised that the Customer Service team were looking forward to further developing their working arrangements.

The Chairman invited Councillors S R Dodds, H N J Powell, and C R Oxby to update the Committee on their visit to Carers FIRST on Tuesday 11 October 2016.

Councillor Dodds advised the Committee that the visit had been very beneficial as it provided members of the Committee the opportunity to put things in to context and to gain a better understanding of what was involved. The Committee was advised further that the most noticeable aspect of the visit was that the atmosphere, which had been very relaxed and officers seemed very happy in their work. The agile working arrangements for officers had resulted in the data base being kept continually up to date. It was suggested that the County Council should look to mirroring some of the working methods, which had improved quality and efficiency of Carers FIRST. A request was made for the Committee to visit the customer service centre, and speak to call handlers to see first-hand how the interface with Serco and Carers FIRST was working.

Councillors H N J Powell and C R Oxby echoed these comments and agreed that the day had been amazing to see the fluidity of system; and the professionalism of the officers. The three members extended their thanks to officers for providing a very impressive service.

During discussion, members of the Committee raised the following issues:-

- The need to keep paperwork simple – One member advised that the Lincolnshire Neurological Alliance had been working with the NHS on a passport idea, to avoid duplication and that the member was more than happy to share the idea with Carers FIRST;

- Getting the message out in the Community – It was highlighted that if Carers FIRST needed help to get information out to local communities, then County Councillors could help with this process, particularly with the dissemination of information within their electoral divisions. Officers had provided members of the Committee with a starter pack of information, which could be copied, or extra copies provided for handing out within their divisions. It was suggested that a starter pack should be issued to all County Councillors; and a request was made from a member at the meeting for officers to arrange a briefing to members of the City of Lincoln Council;
- That the County Council had a long standing commitment to providing help to carers;
- A suggestion was made for a Councillor Development session concerning Carers FIRST. The Chairman agreed to raise this matter at the next Councillor Development session;
- Evaluation of calls received at the customer service centre – The Committee noted that all call types were logged and then passed to the County Council. It was noted that since June 2016, 875 carers had contacted Carers FIRST and that all information was recorded on the Blue Box; and
- Confirmation was given that there was not a need for the What's on Guide containing information about services as these were not organised/facilitated by Carers FIRST. The Committee noted that this was because Carers FIRST did not have any control over the reliability of the information/group.

In conclusion, the carer representative advised the Committee that Lincolnshire County Council had made tremendous strides; and that they were totally focussed on; and for making life better for carers.

RESOLVED

That the report be noted.

36 ADULT CARE ACUTE DELAYED TRANSFERS OF CARE - FIRST QUARTER 2016

In the absence of the speaker for the Care Quality Commission – Adult Social Care Inspection report, the Chairman agreed to take item 7 next.

The Committee gave consideration to a report from Lynne Bucknell, County Manager, Adult Care and Community Wellbeing, which highlighted current delayed transfer of care for the first quarter of 2016/17. It was noted that there was an improvement in performance for Adult Care, but that the arrangements in United Lincolnshire Hospitals NHS Trust continued to need further support to significantly improve performance, in particular around the flow of people through the acute hospitals.

Appendix A to the report provided the Committee with details of the transitional care pathways in Lincolnshire, which had been shared with the Adults Scrutiny Committee at its April 2016 meeting.

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Page 25 provided the Committee with information as to what was happening locally. It was reported that since 10 April 2016 the average days delayed per week attributable to Adult Care had dropped from 50 to 12, this was a 75% reduction in days delayed attributed solely to Adult Care. It was noted that the main reasons for adult care delays were the Reablement and Home Care services not being available for a person when they were medically fit for discharge. The other reason for delays was attributed to having to wait for care homes to assess.

The Committee noted that work was ongoing with health colleagues, Age UK and a whole range of organisations and providers across the County to focus everyone on HOME FIRST. The principles being agreed were detailed on page 26 of the report presented; and that Appendix B to the report provided a copy of a document to define HOME FIRST. It was highlighted that this was the start of a whole social care movement in Lincolnshire and that it would be an ongoing target for all Adult Care and Health Practitioners to challenge each other to achieve more people going HOME FIRST.

It was reported that Healthwatch Lincolnshire had recognised the challenges delayed transfers of care placed on services and the impact of patients and families.

In conclusion, the Committee noted that there was an improving position for Adult Care in Lincolnshire, but there was still a great deal of work still to be done to support partners and the whole system to improve flow and further reduce delays.

During discussion, the Committee raised the following points:-

- Attendance at ward round meetings – The Committee was advised that Adult Care staff attended some ward round meetings in Lincoln;
- Discharge – One member enquired as to whether on occasions patients were actually being discharged too soon. The Committee noted that the Health Scrutiny Committee for Lincolnshire had had the information to consider at their meeting, and the Committee could not influence what hospitals do. It was therefore a matter for the Health Scrutiny Committee for Lincolnshire to scrutinise, rather than the Adults Scrutiny Committee. Some members of the Committee highlighted that there were areas which overlapped. The Committee was further advised that information had been presented to the Health Scrutiny Committee for Lincolnshire by the lead commissioner, Lincolnshire East Clinical Commissioning Group Urgent Care on a regular basis. The reason the item had been included on the agenda was because the Health Scrutiny Committee for Lincolnshire had requested that the Adults Scrutiny Committee should look at the aspects pertaining to Adult Social Care. Reassurance was given by officers that Adults Care did work very closely alongside everyone involved.

The Committee noted further that there were delays also at non acute sites. These delays were as a result of a lack of GP's and community nurses, which was reflective across the total system. It was highlighted that August had provided the worst ever figures nationally for elective care admissions;

- It was highlighted that the reduced number of care home nursing beds in the South of the County was having an effect. However, Adult Social Care were now block booking nursing beds; and were also looking out of the County for nursing beds to meet the needs;
- One member expressed support for the joined up thinking and working, but enquired as to whether EMAS were included within the group. Officers confirmed that meetings were held with EMAS, and that work was currently on ongoing to triage calls differently. It was noted that EMAS were innovative in introducing new ideas;
- An example was given of an elderly person having been discharged after 6.00pm, to an empty house, without relatives having been advised. Officers advised that was why there needed to be Adult Social Care staff to be involved earlier in the process;
- Page 25 main reasons for delay. Officers clarified that the number per day could vary;
- The Committee was advised that Lincolnshire had been the only authority to receive funding from Health Education England to introduce a scheme enabling care workers to develop into a nursing role;
- Use of temporary respite beds - The Committee was advised that respite beds would still be required for some people for a temporary period. In some cases this would be ½ days, in other cases it could be up to two weeks, especially when dealing with complex cases with a high level of need;
- Wellbeing Service – The Committee noted that the service was involved in the home service provision; and were also involved in the community as well, working alongside community health professionals and GPs;
- The issue of homeless people being discharged back on to the streets. The Committee was advised that working was ongoing with Districts regarding housing for independence; to target housing in a different way to meet housing needs. It was noted that the situation was on the increase and there was desperate need for something to be done; and
- A suggestion was made for joint working between the Adults Scrutiny Committee and the Health Scrutiny Committee for Lincolnshire, for example via a joint meeting or a joint working group. It was also suggested that visits be made to hospitals to gather more information first hand. It was important to avoid apportioning blame for delays and all partners needed to do more; but ultimately it was the role of the Health Scrutiny Committee to scrutinise the effectiveness of the NHS. The Adults Scrutiny Committee would however be willing to help on issues pertinent to Adults.

RESOLVED

That the report be noted.

37 CARE QUALITY COMMISSION - ADULT SOCIAL CARE INSPECTION UPDATE

The Committee gave consideration to a report from Deanna Westwood, Inspection Manager, Central Region, Care Quality Commission, which provided a position

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statement on the progress and themes coming out of the Care Quality's (CQC) inspections of Adults Social Care services in Lincolnshire.

The report highlighted that the Committee was to bear in mind that the CQC was not subject to Local Authority Scrutiny, and that the relationship was an informal one based on an understanding, trust and joint aspiration to improve services by sharing insight and complementing each other's roles.

It was reported that there had been a reduction of six services providing nursing care since the CQC last attended the Adults Scrutiny Committee; and a reduction of 257 nursing care beds. It was reported further that there had also been a reduction in domiciliary care provision from 85 services to 79 services.

Page two of the report provided the Committee with details of current ratings compared to those presented at the earlier meeting. The ratings as at October 2016 were:-

- Outstanding 1
- Good 199
- Requires improvement 80
- Inadequate 1

Page 3 of the report provided information relating to how Lincolnshire compared to neighbouring 'shire' authorities. The table identified that nationally Lincolnshire was working well.

It was reported that most health and adult social care services in England were providing good quality care, despite a challenging environment, but there was still a substantial variation in care. It was also noted that some services were failing to improve and therefore there was some deterioration in quality. It was highlighted that the majority of GP practices were providing good quality care and were leading the change in service design.

Overall, the CQC had identified that Adult Social Care had been able to maintain quality, but there were indications that the sustainability of adult social care was seriously challenged in some parts of the Country. Of the care homes and home care agencies that had been rated as inadequate, 77% had improved when they had been re-inspected. It was noted that until recently, the growth in demand for care for people with greater needs had been met by a rising number of nursing beds, but it was highlighted that this bed growth had stalled since April 2015. It was also noted that hospitals were under increasing pressure; and that it would be increasingly difficult for NHS Trusts to make improvements to acute care unless they were able to work more closely with adequately funded adult social care and primary care providers.

During discussion, the following points were raised:-

- That the frequency of visits made to an establishment would be determined by the rating. If the provider was high risk, then they would be subject weekly/monthly visits. It was agreed that a printed list of the homes showing ratings would be circulated to members of the Committee;
- A question was asked as to who would be responsible for closing a provider down. The Committee noted that the local authority and the CQC worked very closely; but ultimately the CQC had the statutory power to close residential and care homes;
- The need to encourage cross fertilisation of good practice was necessary to encourage providers to improve. The Committee noted that there was reluctance for providers to learn from others. It was highlighted that the local authority worked alongside providers that were high risk. It was highlighted that good leadership was paramount to ensure a care home moved forward in a positive direction;
- Providers – It was reported that the County Council had an adequate level of funding, which had secured a good arrangement with providers. However, some providers in other parts of the Country were at tipping point;
- Governance – The Committee was advised that the CQC ensured that a quality service was provided. For example at the point of registration, the CQC ensured that the directors of a home were fit and proper people. CQC would also benchmark service quality. It was noted that the local authority held providers to account regarding safety, and assurance; and the local authority contract ensured that the provider provided training to ensure continuity and quality of service; and
- A question was asked as to whether it was the larger providers who reached outstanding status. The Committee noted that this was not always the case; as the outstanding provided in Lincolnshire was a smaller provider.

RESOLVED

That the report be noted.

38 ADULT CARE SURVEY REPORT 2015 - 16

Consideration was given to a report from Emma Scarth, County Manager, Adult Care and Community Wellbeing, which provided the Committee with results of the Adult Care User Survey 2015/16.

It was reported that the survey had been designed to cover all service users aged 18 and over receiving services funded wholly or in part by the County Council Adult Care during 2015/16; and it was aimed to learn more about whether or not services provided were helping service users to live safely and independently in their own homes; and the impact this had on their quality of life.

The six outcome measures were detailed on pages 31 and 32 of the report presented. Appendix A provided the results of the above said survey.

A summary of finding was detailed on page 32 of the report. The Committee was advised that there had been a response rate of 44%, which was higher than the 36%

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average for England. It was highlighted that overall, the survey had resulted in a positive picture.

During consideration of the results, the Committee made the following comments:-

- How did Lincolnshire compare with other authorities? The Committee was advised that the authority had performed above average; and
- Access to the survey – It was reported that the survey had been a postal survey.

RESOLVED

That the report be noted.

39 ADULT CARE ICT SUPPORT

The Committee received a short verbal update from Judith Hetherington-Smith, Chief Information and Commissioning Officer, which advised that the implementation date for MOSAIC of 31 October 2016 would not now be achieved, as a result of a third party not having undertaken the required security checks in relation to software and data storage, during the final preparations for going live. It was confirmed that over 2,300 staff had been trained on MOSAIC, and the system was ready for implementation. The implementation date was now expected to be during November 2016. Staff groups would be accessing MOSAIC at different times on the implementation date to ease in the new system and avoid breakdowns.

RESOLVED

That the verbal update be noted.

40 ADULTS SCRUTINY COMMITTEE WORK PROGRAMME

The Committee received a report which provided them with an opportunity to consider and comment on the content of its work programme for the coming year.

RESOLVED

That the Adults Scrutiny Committee Work Programme as detailed in Appendix A be noted.

The meeting closed at 1.20 p.m.