

**ADULTS AND COMMUNITY
 WELLBEING SCRUTINY COMMITTEE
 5 SEPTEMBER 2018**

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors Mrs E J Sneath (Vice-Chairman), R J Kendrick, Mrs J E Killey,
 Mrs C J Lawton, A P Maughan and C E Reid

Councillors: attended the meeting as observers

Officers in attendance:-

Dave Culy (Lincolnshire Safeguarding Adults Board Manager), Simon Evans (Health Scrutiny Officer), Justin Hackney (Assistant Director, Specialist Adult Services), Theo Jarratt (County Manager, Performance Quality and Development) and Rachel Wilson (Democratic Services Officer)

20 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor Mrs M J Overton MBE and Councillor M A Whittington.

It was also noted that Councillor M T Fido had stood down from the Committee leaving a vacancy.

An apology for absence was also received from Councillor Mrs P A Bradwell, Executive Councillor for Adult Care, Health and Children's Services.

21 DECLARATIONS OF MEMBERS' INTERESTS

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

22 MINUTES OF THE MEETING OF THE ADULTS AND COMMUNITY
 WELLBEING SCRUTINY COMMITTEE HELD ON 4 JULY 2018

RESOLVED

That the minutes of the meeting held on 4 July 2018 be signed by the Chairman as a correct record.

23 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR
 AND LEAD OFFICERS

The Chairman advised that there had been some debate nationally about whether the Government's Green paper on social care for older people would actually be

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released in the autumn of 2018. It was also commented that the suggestion of setting up ISA's to pay for future care needs would not be feasible for those on low incomes.

Another member commented that they had been looking into approaches that other countries had taken in relation to care for older people. For example, in Japan, everyone over 40 paid a tax which paid for care. It was noted that there were various approaches that could be taken but something would need to be done to change the way that care was provided in this country in order to cope with the increasing demand.

24 SPECIALIST ADULT SERVICES COMMISSIONING STRATEGY 2018 -
2021

Consideration was given to a report which provided the Committee with details of the current Specialist Adult Services Commissioning Strategy 2018-2021. It was noted that the Council was a Commissioning Council and was organised in line with 17 Commissioning Strategies, which were in different stages of implementation and review.

It was highlighted that there was a joint commissioning approach in terms of this strategy, involving several partners, but particularly the NHS. It was also noted that there were joint strategies in place. In relation to the Specialist Adult Services Commissioning Strategy, it was noted that the Council was the lead for this, and also that officers worked very closely with the Learning Disabilities Partnership. Members were advised that a technical version and an easy read version of the document had been produced. It was noted that the work programme for the next couple of years for the Strategy was set out in Appendix One of the document (p.36-37 of the agenda pack).

Lorraine Abbott was introduced to the Committee, and provided a brief summary of some of the work that she had been involved in. She was an Expert by Experience and had been working with the CCG for two years, and had been a member of the Learning Disabilities Partnership for 10 years, as well as also chairing the Board. She mainly worked with people with mental health issues.

Officers advised that Lorraine had made a significant contribution over the years in terms of how the authority worked to make services better for people with learning disabilities. Work had been undertaken to break things down into understandable sections and develop different ways of talking about things such as direct payments.

Lorraine informed the Committee she had been involved in the annual health care strategy, as people with learning disabilities often missed annual health checks as the GP's lists tended not to record whether individuals had a learning disability, and they may not push themselves forward to say they are entitled to a health check.

Members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

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- It was confirmed that many people with learning disabilities would be registered with GP's, but they may not be coded to say that the person had learning disabilities. It was also possible that the GP surgeries were not signed up to the annual health check scheme. CCG's were being asked to assert pressure on GP's to sign up for the annual health check scheme. It was noted that this was continually raised by the Learning Disabilities Partnership as an issue.
- It was commented that it was good to hear that the Experts by Experience were making a real difference and were highly involved in service development.
- It was noted that the commissioning strategy read very well. It was noted that Appendix 1 mapped out a direction of travel. It was suggested that a summary should be included which set out what had been achieved during the year.
- In terms of promoting the take up of direct payments, it was commented that there was a limitation of what could be achieved as it would not be a suitable way for some people to manage their finances. There was agreement that there people should be given a choice on whether they wanted to switch to direct payments.
- One of the Key Commissioning Actions highlighted in Appendix One was to 'agree and implement a new operating model for In-House Day Services'. It was commented that the day care model and community hubs would be a good approach to take.
- It was commented that some residential homes were boring for adults with learning disabilities (for example those adults who had to spend some time in a residential placement for medical reasons) as there were few activities or opportunities to mix with people in their own age group. It was noted that the activities offered could be strengthened through the contract management process.
- It was queried whether the voluntary sector had a part to play, and it was confirmed that it was a possibility and it was something that the commissioning teams were exploring.
- Links with the Managed Care Network was something that officers were keen to expand, particularly for working age adults in residential placements.
- There was a need for residential homes to be more of a part of the local community.
- It was queried whether there was a need for contracts to be more specific about the activities which would be provided, however, it was commented that the more detail which was specified made it more likely that costs would rise.
- It was thought that it would be beneficial to highlight some examples of good practice, as activities did vary from provider to provider.

RESOLVED

That the Committee note the content of the current Specialist Adult Services Commissioning Strategy and provided the following feedback for the Executive:

- The importance of annual NHS/GP health checks for people with learning disabilities

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- A request for a brief annual report or position statement on this strategy (as well as other commissioning strategies)
- Consideration to be given to the new operating model for in house day services
- Support for strengthening the specification of residential care as part of the contract re-provision, possibly to address issues such as boredom for patients
- A recommendation for wider community engagement on changes to provision.

25 ADULT SAFEGUARDING COMMISSIONING STRATEGY

Consideration was given to a report which provided the Committee with details of the current Adult Safeguarding Commissioning Strategy. The report also provided information on the key strategic aims recently identified in the Lincolnshire Safeguarding Adults Board (LSAB) Strategy which would be considered when the Council refreshed the Adult Safeguarding Commissioning Strategy in 2019.

Members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- Safeguarding ambassadors were being developed.
- Work was being carried out around prevention and early intervention to try and prevent low level concerns coming in as higher level concerns.
- Making Safeguarding Personal – it was highlighted that this was more about the outcomes that people wanted to achieve rather than the processes. However, it was noted that adults did have the right to make unwise decisions.
- It was queried what would happen if a person did not want support. It was acknowledged that this was a difficulty which could be faced, and there was a need to ensure that all agencies had done everything they possibly could.
- It was noted that for children, where it was not a protection issue, a 'Team around the Child' could be put in place, but there was nothing similar in terms of adult care. It was hoped that something like this could be developed. There was often a lot of low level activity that was not necessarily being co-ordinated.
- It was commented that in rural areas, people tended 'to keep an eye on' their neighbours.
- In terms of those elderly people who did not want support, if they were in private housing health and social care colleagues did not have the right to enter the property to determine whether the person needed help.
- A lot of work was being undertaken with district councils, as a lot of frontline staff did not always know where to go for information, and it was planned to create a web portal.
- It was queried whether those people who visited people daily, such as the post man for example, would know to raise concerns if they saw a person's post piling up. There was a need to develop an early intervention and prevention network.
- In terms of alleged abuse referrals, it was queried whether there was a link between inconclusive and whether the perpetrator was known to the individual, but it was concluded that this was not generally the case, and those

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reports which were listed as inconclusive tended to be where there was no evidence or the person withdrew their complaint.

- If a referral reached the threshold for a Section 42 enquiry, it was important to first establish the facts, and in 60% of cases no further action was required.
- It was noted that the area of higher risk was those people in their homes and care was not being delivered. If there was no lead professional in a person's life, they were more vulnerable to fraud or neglect and there may be unreported crimes.
- It was queried what happened when a person was deemed to have the capacity to make decisions, but they were not making decisions of their own volition. Members were advised that the person conducting the enquiry under Section 42 would have conversations with the person on their own.

RESOLVED

That the content of the current Adult Safeguarding Commissioning Strategy be noted, and the feedback on the importance of the following items be passed to the Council's Executive:

- Making Safeguarding Personal
- Improve new ways of working
- Continue the evaluation of safeguarding
- How can early intervention and prevention be included within safeguarding practices
- There had been significant improvements in the last few years.

26 LINCOLNSHIRE COUNTY COUNCIL ADULT CARE WINTER PLAN

It was reported that Lincolnshire County Council worked with colleagues from across the health and care system throughout the year to ensure the flow of people through the hospitals and community was maintained. The pressure on the system over the winter period would very often increase and as a result additional focus was placed on increasing support over this period. Winter monies and additional funding were normally made available via the Department of Health and Social Care which were targeted towards supporting the system during this period. During the coming year, in consultation and partnership with colleagues and organisations from across the health and care system, the Council would further explore, support and deliver:

- A rapid response service to support admission avoidance and timely discharge from hospital;
- Implement specific support for care homes, including the deployment of telemedicine and direct access to other urgent care services via clinical assessment.
- The County Council would work with the reablement and home care providers to increase capacity across the County in line with demand.

Members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- It was noted that this was the Lincolnshire County Council part of a wider plan.

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- It was felt that Lincolnshire had been quite proactive in terms of adult care for the last couple of years.
- A lot of work was being undertaken around hubs at acute sites, in Lincoln, Boston and Peterborough as well as Scunthorpe and Grimsby. It was also noted that there were staff at Lincoln who were dedicated to Northern Lincolnshire and Goole acute hospital sites.
- It was commented that it looked like a good plan was in place, and that it could get representatives from different organisations around the table was also positive
- When discharging from hospital, it was queried whether there was confidence that the system would have capacity, and members were assured that staff would ensure that the necessary services were available to ensure a smooth transition.
- It was acknowledged that there were added pressures from winter weather, but it was queried whether there had been any added pressure on health care due to the warm summer. Members were advised that there had been spikes, but there was the capacity to maintain the service as staff were able to draw on existing capacity from other areas of the organisation.
- It was highlighted that joint delays had increased from May to June 2018 and it was noted that this was due to some preliminary referrals, and it was possible that some patients were being referred too early, and this was something that officers were conscious of. A lot of hard work went into keeping the number of delays as low as possible, and work was underway to resolve the current issue.
- Members were advised that it was not always in a person's best interest to go into a residential home after leaving hospital as there was a risk they may not get back to their own home. Therefore, it would sometimes take a little longer to ensure the right care package was set up for a person when they left hospital so they could go back to their own home.
- The Commercial Team worked very hard to get care packages in place and increase capacity, and interim beds could be offered, but a person did not have to accept this. Officers agreed to add in some narrative around this in future in relation to delayed transfers of care.

RESOLVED

That the Committee supported the proposed approach to winter pressures as set out in the report.

**27 ADULT CARE AND COMMUNITY WELLBEING QUARTER 1 2018/19
PERFORMANCE REPORT**

Consideration was given to a report which presented performance against Council Business Plan targets for the directorates as at the end of Quarter 1 2018/19.

Members were advised that there had been three indicators highlighted by the Overview and Scrutiny Management Board. It was also highlighted that there were some areas where no data was available, particularly in relation to Public Health as

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there were new indicators in place. It was also noted that for some of the measures there was no current data due to a time lag in reporting times.

Members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- In terms of number of carers supported, owing to increases in overall population 10,550 carers would need to be supported by the end of March 2019 in order to achieve this target. It was noted this target had been increased from the previous year, and members were informed that a further 494 carers would need to be provided with support for the target to be achieved.
- It was commented that there were a lot of people who were not on the carer's register who probably should be. It was also noted that the information in relation to carers was not analysed by age, the work carers up to age 30, were doing would impact on their lives later on. It was noted that this information could be analysed into age bands in the future, however, it was also noted that the statistics did include those carers under the age of 18 who were supported by the Carers Service.
- It was commented that the focus on this committee was more about the adult, and was it the role of Children's Services to ensure that young carers were supported. Members were advised that there were a number of projects going on around supporting working age carers.
- In terms of the target: 'Carers who had as much social contact as they would like', it was noted that this target had been missed by a very narrow percentage. It was noted that another survey of carers would be undertaken in November 2018. However, it was noted that the older the carer, the greater the tendency to state they were happy with the level of social contact. Work was ongoing to determine what the needs of carers were.
- The target 'Adults who received a direct payment' – there would be a need to increase this number by around 240 people over the course of the next three months. It was acknowledged that this was an ambitious target.
- It was suggested whether there was a need for support for carers to be promoted better by all, including strategic partners.
- It was noted that LPFT had been through a significant staffing review, including a recruitment process, and were now back up to capacity in terms of operational teams.
- 'People in receipt of long term support who have been reviewed' - it was commented that it was good to see that this was now on track.
- 'Adults aged 18-64 with a mental health need in receipt of long term support who have been reviewed' – it was noted that this measure was not on target and it was queried what the Council's duty in relation to this was. It was noted that this was set out in the Care Act, and there was confidence that performance would increase for next quarter, as there were penalties if the target was not met.
- The target: 'Safeguarding enquiries where the 'source of risk' is a service provider' – it was noted that there had been a change to the way this was recorded. It was also this that this was the first occasion in which enquiries

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investigated by the providers had been included. This was seen as positive that providers felt able to share these incidents with the authority.

- It was commented that if officers did not feel that the right indicators were being measured then alternatives should be brought to the Committee. It was noted some of the indicators were set nationally, but they were not always the best way to measure quality of service.

RESOLVED

That the performance information presented be noted.

**28 LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB-GROUP -
UPDATE**

Consideration was given to a report which provided the Committee with an overview of the activities of the Lincolnshire safeguarding Boards Scrutiny Sub-Group, in particular the Sub-Group's consideration of adult safeguarding matters. The Committee also had the opportunity to consider the draft minutes of the Scrutiny Sub-Group held on 9 July 2018.

The Committee discussed the role and direction of the Sub-Group going forward, and agreed that it was positive that a member of the Sub-Group attended the Lincolnshire Safeguarding Adults Board (LSAB), and that good information sharing was taking place. It was highlighted that the Independent Chair of the LSAB did value the scrutiny role of the Sub-Group. The Committee looked forward to the Sub-Group developing its activities in the coming year.

It was queried why there was a representative on the Sub-Group from the Police and Crime Commissioners office rather than a representative from Lincolnshire Police, as the latter might have information on the operational activity, and it was noted that there was a Police representative on the LSAB and the role of the Sub-Group was to scrutinise the LSAB.

RESOLVED

That the work of the Lincolnshire Safeguarding Scrutiny Sub-Group be noted.

**29 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
WORK PROGRAMME**

Consideration was given to a report which provided the Committee to comment on the content of its work programme.

It was noted that the Committee may want to look at in house provision of day care and community hubs in the future.

RESOLVED

That the work programme as presented the noted.

The meeting closed at 12.15 pm