

**ADULTS AND COMMUNITY  
 WELLBEING SCRUTINY COMMITTEE  
 4 SEPTEMBER 2019**

**PRESENT:**

Councillors Mrs E J Sneath (Vice-Chairman, in the Chair), B Adams, R J Kendrick, Mrs J E Killey, Mrs M J Overton MBE, C E Reid and C L Strange

Councillor Mrs P A Bradwell OBE attended the meeting as an observer

Officers in attendance:-

Glen Garrod (Executive Director - Adult Care and Community Wellbeing), Tracy Johnson (Senior Scrutiny Officer), Carl Miller (Commercial and Procurement Manager - People Services), Katy Thomas (Programme Manager (Health Intelligence)), Professor Derek Ward (Director of Public Health) and Rachel Wilson (Democratic Services Officer)

19 APOLOGIES FOR ABSENCE/REPLACEMENT COUNCILLORS

Apologies were received from Councillor Mrs C J Lawton and Councillor C E H Marfleet.

Councillor Mrs E J Sneath (Vice – Chairman) in the Chair.

20 DECLARATIONS OF COUNCILLORS INTERESTS

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

21 MINUTES OF THE MEETING HELD ON 3 JULY 2019

RESOLVED

That the minutes of the meeting held on 3 July 2019 be signed by the Vice-Chairman as a correct record

22 ANNOUNCEMENTS BY THE EXECUTIVE COUNCILLOR AND LEAD OFFICERS

There were no announcements.

23 WELLBEING SERVICE - FIRST YEAR UPDATE

Consideration was given to a report which set out the performance for the first year of the new delivery model for the Wellbeing Service. It was reported that the Wellbeing

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Service was re-commissioned by Lincolnshire County Council and successfully went live on 1 April 2018. The service was delivered by Wellbeing Lincs, a consortium of all seven district councils as described in the previous report to this Committee on 28 November 2018. East Lindsey District Council (ELDC) was the contracted lead provider.

The service was available to individuals aged 18 years and over who were resident within Lincolnshire and met the eligibility criteria. The Wellbeing Service was designed to promote confidence and resilience to support individuals to live independently for longer. Following assessment, the range of services offered included individualised generic support, simple aids to daily living, minor adaptations, 24-hour responder provision and signposting.

Members were advised that the contract started in April 2018 and would end in March 2023 with the opportunity to extend for a further five years pending review.

The Committee was 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 the Committee had been informed of a lot of aspects which were going well with the Service, such as the performance, but it was queried if there was anything that was not working quite as well. It was commented that this was the first year of transition and when moving from three providers to one there would always be challenges, for example getting the staff to work in a consistent way across the service.
- A pressure on the service had been demand, as the referral rate had been far in excess of what was expected. It was acknowledged that this had been a challenge and managers had to continually adjust procedures in order to manage this.
- It was queried whether there had been any liaison with medical crisis teams, acute hospitals, the Peter Hodgkinson Centre and other mental health units. Members were advised that there were not individuals specifically working on these wards but if it was identified that there was a need for support with mental health concerns then the Service would act as the enabler in getting the necessary services involved.
- Work was being done to ensure that the right referral pathways were in place and there were positive relationships with other services.
- It was queried whether there was any working with voluntary organisations. It was reported that when ELDC led the initial bid, they put together a team to develop networks and referral pathways. It was ensured that there was a seamless transition to services that could support that person.
- It was noted that in terms of the key referral pathways, they were not 'one way traffic'. For example, when Fire and Rescue Advocates went to visit people for a fire check, if they had a wellbeing need, they would be referred through to the Wellbeing Service. The customer did not need to have an assessment.
- In response to a query it was stated that the Wellbeing Service worked well with the NHS in Lincolnshire.

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- It was queried whether there was any work with hospitals in Peterborough and Grimsby as Lincolnshire residents would travel cross-border if it was their nearest hospital. It was noted that this was something that the Service wanted to develop going into its second year. There was however, a range of other staff operating in hospitals in and out of the County who had been fully briefed on this Service. There was still some work to be done on how people were to be referred and establishing the referral pathways.
- Work was underway to create an integrated system as far as possible to enable the right level of support to be provided to the individual.
- Over 300 agencies referred into the Wellbeing Service.
- It was queried if there was someone with total responsibility for the Service to ensure that people did not fall through the gaps, and Members were advised that this would be the Executive Director for Adult Care and Community Wellbeing. It was important that the Council did not over prescribe and tell people what they should do, as the aim was for colleagues to work together on the ground as people lived complicated lives. The Wellbeing Service would provide a wraparound service and needed to be able to work locally to make the right decisions to help people.
- It was queried how people could contact the service, and it was reported that this could be done through the Customer Service Centre which was open Monday-Friday from 8.30am – 5.00pm, but there was also an emergency duty team. The general policy was to not have a dedicated number for the service, it did not matter which number a person rang, it was about getting into the system. It was difficult to rely on one number and one team in a place like Lincolnshire.
- It was commented that the work of the Service was very encouraging and positive.
- The resettlement service operated 24/7 and provided extended cover for those who needed support to settle back at home. This would then be fed back into the Wellbeing Service.
- The eligibility for this Service was being a Lincolnshire resident, and was not affected if their GP surgery was across the border. There was a need to ensure that Adult Social Care staff in these areas knew how to refer people into this service.
- Members were very pleased with the performance of this service.
- The Executive Councillor for Adult Care, Health and Children's Services wished that her thanks to the team be recorded. It was not thought that there were any other authorities that carried out this type of preventative work. Lower numbers of people coming into Adult Social Care that needed intensive support had been seen. However, it was too soon for there to be any evidence that this was due to this Service.

**RESOLVED**

That the Committee note the performance of the first year of the new delivery model of the Wellbeing Service and request that a further update be brought at the end of the second year.

**24 HOUSING RELATED SUPPORT SERVICE**

The Committee received a report which invited members to consider a report on the commissioning and procurement of housing related support services which was due to be considered by the Executive on 1 October 2019.

It was reported that the Council commissioned a number of contracts to deliver housing related support services to adults. These contracts comprised of:

- Emergency accommodation based support – this offered intensive support for up to three months in designated accommodation;
- Non-emergency accommodation based support – this offered support for up to six months in designated accommodation;
- Floating support – this offered support for up to six months (not linked to designated accommodation); and
- Rough sleeper street outreach – which offered assertive outreach and targeted support for up to a maximum of 18 months.

Members were advised that the services worked together to form a structured model of support for people who were currently homeless or at risk of losing their home. The support helped people with their immediate housing need and to regain or sustain their independence.

The Council also commissioned the following services, linked to housing, which were packaged together with housing related support services when they were last commissioned in 2015:

- Two domestic abuse refuges – offering a place of safety and support for up to six months for victims of domestic abuse; and
- Mental health crisis houses – offering a step down from hospital admission or a preventative stay for up to 10 days.

With the exception of the floating support and rough sleeper street outreach elements, which concluded on 31 March 2021, the contracts were all due to end on 30 June 2020, and as a consequence decisions needed to be made about the future commissioning of the services. The report presented the case for re-commissioning a reconfigured housing related support service for adults in Lincolnshire (Re-commissioning of Children's Services housing related support was the subject of a separate report to the Executive).

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

- It was noted that this was tied into the Wellbeing Service and it was about support and prevention.
- Since the model was last commissioned in 2015, legislation had changed and there was a new duty to refer on all public authorities. The role of district councils had also changed and there was now an overlap with some of the County Council's services.

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- The existing service had several components and a number of providers. The aim was to reduce the number of providers.
- Members were advised that one element which would not be changing was the domestic abuse refuges, which were working well and were a relatively small part of the budget but were fundamental to the service.
- The time that district councils had to work with people who were at risk of becoming homeless had been extended.
- City of Lincoln, East Lindsey and Boston Borough Councils had secured funding through the government's Rough Sleeping Initiative, and Boston had secured funding for all seven Districts from the Controlling Migration Fund to help foreign nationals, however this was short term funding. It was expected that there would be more, but it was not known how much there would be or when it would be released.
- It was highlighted that the housing related support service did not pay for accommodation. It was about providing support to enable people to maintain their tenancies.
- It should complement the service provided by district councils rather than duplicate it.
- Members were advised that the primary risk was of a potential lack of interest from the market if designated accommodation was removed.
- In the past it had been difficult to get mental health representatives to attend the Vulnerable Adults Panel. However, a 'Team Around the Adult' had now been adopted (similar to the "Team Around the Child" (TAC) model in Children's Services)
- All the districts had signed up to this, and pilots were being run, which was positive as any hitches could be discovered before the start of the new contract.
- It was queried who would be providing the street outreach service after the current contract ended. The current provider would continue until March 2021, and then the districts who would need it may fund it themselves or get external funding. The key hotspots were City of Lincoln, East Lindsey and Boston and there was an ongoing conversation.
- It was highlighted that the report stated that the new eligibility criteria would restrict the number of people eligible for housing related support services in future by 37%, and it was queried where those people would be able to find help. Members were advised that those people who did not meet the eligibility criteria would need to go direct to the district council (which they should be doing already). It was noted that of the current service users, 37% would be referred straight to the district council. Not everyone covered by this service was homeless or had mental health and/or substance misuse problems.
- The people this service would target would be highly vulnerable and the service would provide a wraparound service.
- It was noted that the health service did not currently have a dual diagnosis system. The Council was working with the NHS and could provide an alcohol and substance misuse service, but not the clinical support. There was a need to make it quicker for these people to get the support they needed.

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- The service would focus on the people that needed the support the most, and they would be supported to maintain their housing (but the district council would support them to get housed).
- It was noted that there were 18 reasons why people could enter the Service, and the district council had to report back 80 pieces of information to government. The district council staff were very good at working with people, and there was a need to determine which of the criteria fell within the 'day job' of the district council. The district council would make the support plan available to the support provider of this contract. This was to ensure that the support worker did not duplicate the work of other people.
- It was noted that the Council did not currently pay for accommodation costs as it did not own the property. The property was owned by the provider.
- It was commented by one member that they would support the Council having some designated accommodation.
- This report was welcomed as was the work which was being done by the county and district councils.
- It was queried what involvement there had been with charities that worked within this field. It was noted that this was similar to the wellbeing model. When a person was coming through the Service, they needed to feel secure, and as well as when they left the Service. The charitable sector was really helpful in this area. It was also highlighted that most of the providers were registered charitable organisations as well. There was confidence that there was appropriate experience within the providers.
- It was queried how councillors could help someone to access the Service. Officers advised that they should be encouraged to contact their district council, and the duty to refer required the consent of the individual. It must also be accepted that some adults may choose to make unwise choices.

**RESOLVED**

1. That the Committee support the recommendations to the Executive as set out in the report.
2. That the following comments be passed to the Executive:
  - Rough Sleeper Street Outreach - *The current provider would continue to provide the service until the end of its contract on 31 March 2021. This service would not be included in the new service model after this date. District councils would then be the responsible for funding it themselves or seeking external funding.*
  - Eligibility for the Reconfigured Service - *The 37% of adults who would no longer be eligible for the service would be supported by the district councils as part of their housing and homelessness reduction duties. The service would be aimed at highly vulnerable adults aged over 18 years old, who required support to secure and maintain accommodation and who also had mental health needs and/or substance misuse issues. The Council was urging the NHS to introduce a new dual diagnosis service for identifying and treating mental health and substance misuse, which was not currently available.*

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- *Accommodation - The Committee supported the inclusion of some designated accommodation in the contract, if this was required to attract the market. A decision on its inclusion would be addressed by the delegated powers in Recommendation 4.*
- *Charities Sector - The charities sector was involved and provided additional services and support to these vulnerable adults.*

25     ADULT CARE AND COMMUNITY WELLBEING PERFORMANCE REPORT  
          - QUARTER 1 2019/20

Consideration was given to a report which presented performance against Council Business Plan targets for the Directorate, as at the end of Quarter 1 2019/20. A summary of performance against target for the year had been included in Appendix A of the report, and a full analysis over the year was included at Appendix B to the report.

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 commented that Lincolnshire did well when compared to other authorities, and it was queried how it was decided which counties Lincolnshire was compared with. Members were advised that this was set by CIPFA. The authority was in a group with other counties which were similar to Lincolnshire, so that like was compared with like as it was very different providing services in Lincolnshire than in Nottingham or Derby.
- Lincolnshire was the second lowest funded shire county in the country for social care.
- It was noted that targets in relation to smoking and alcohol were dealing with individuals making choices, and the target was ambitious. It was queried how Lincolnshire compared with the rest of the country. Members were advised that targets for reducing smoking were based on a national model, which could be improved, but Lincolnshire was still doing well compared to other authorities.
- It was queried how the measures reported to the Committee were chosen. Members were advised that measures were reported by exception.

RESOLVED

That the performance of Adult Care and Community Wellbeing for Quarter 1 be noted.

26     ADULT CARE ACTIVITY DATA FOR 2018/19

Consideration was given to a report which provided a detailed understanding of the full year activity in Adult Care for 2018/19 via a spreadsheet attached at Appendix D to the report. Members were advised that this form of presentation had been used for four years and allowed senior officers within the Directorate to understand the

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'flow' of people through adult care and the interplay between various activities; for example the impact prevention services had on longer term care activity.

Members were guided through the spreadsheet and 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 relation to residential homes, it was queried whether there was a difference between the price that private individuals paid and the price paid by the local authority. Members were advised that the Council set a schedule of fees for residential homes and these fees were often lower than what the homes charged privately.
- It was queried what the justification was for the difference between the private fee and the local authority fee, and members were advised that this had been the subject of national debate for many years.

(NOTE: Councillor C L Strange left the meeting at 12.20pm)

- Those people who were buying their care and support privately would typically not have an assessment. However, it would be preferred if everyone had an assessment, as an assessment could indicate that the person did not need residential care at that time. A lot of people entered residential care too early.
- When the authority became involved with those people with fewer resources, the aim was to provide wraparound care to help them stay in their home.
- Residential care could sometimes be too easy an option. There was a need to ensure that the public were aware that assessments were for everyone.
- 64% of the carers supported by the County Council were caring for someone who was not receiving their own support, as they were not known to the County Council. Carers were targeted with support to prevent people going into residential care too early as the carer could no longer cope.
- In terms of people having assessments, it was commented that some people thought this process would be intrusive, particularly in terms of their finances. A new way was being piloted, which meant that a financial assessment would only be carried out if a person's needs required state support. An assessment would look at what help could be provided to help people to stay independent at home.
- It was highlighted that there were a number of school children who were carers and Members were advised that they would be covered by the Young Carers Service which was part of Children's Services.
- There were approximately 6.5million carers in the country, and of these around 10% were children.
- Support to carers was critical to preventing people going into very expensive services that they may not need. It was important to support working age adults who wanted to stay in employment.

**RESOLVED**

That the spreadsheet setting out the activity in Adult Care for 2018/19 be noted.

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27     ADULT CARE AND COMMUNITY WELLBEING SCRUTINY COMMITTEE  
          WORK PROGRAMME

Consideration was given to a report which set out the Committee's work programme for the coming year and included a list of probable items up to and including 1 July 2020.

It was noted that there would be two additional items for the meeting on 15 January 2020 – New Ways of Working in Social Care and the Better Care Fund, and a report on Day Services would be added to the agenda for 1 April 2020.

It was reported that the Chairman had suggested that it may be beneficial for members to visit some day centres prior to the report being considered at the meeting on 1 April 2020. Officers confirmed that information about the day centres would be circulated to members of the Committee to enable them to make arrangements for a visit.

**RESOLVED**

1. That the Committee's future work programme and additional items for inclusion be noted.
2. That information regarding the day centres be circulated to the Committee
3. That the following decisions made by the Executive/Executive Councillor for Adult Care, Health and Children's Services further to consideration by this Committee on 3 July 2019 be noted:
  - a) Extra Care housing – decision made by the Executive on 9 July 2019 to approve funding for the De Wint Extra Care Housing Scheme in Lincoln.
  - b) Section 117 Policy – decision made by the Executive Councillor for Adult Care, Health and Children's Services on 24 July 2019.
  - c) Short Breaks Provision in Lincolnshire – decision made by the Executive Councillor for Adult Care, Health and Children's Services on 5 July 2019 to approve the re-procurement of planned short breaks and emergency placements for Learning Disability Services at Swallow Lodge (North Hykeham) and Cedar House (Spalding).
  - d) Performance Reporting – decision made by the Executive on 5 July 2019.

The meeting closed at 12.30 pm