1



ADULTS SCRUTINY COMMITTEE 9 SEPTEMBER 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 M J Overton MBE, Mrs A E Reynolds, Mrs N J Smith, Mrs C A Talbot and M A Whittington.

Officers in attendance:-

Simon Evans (Scrutiny Officer), Glen Garrod (Director of Adult Social Services), Alina Hackney (Senior Strategic Commercial and Procurement Manager), Marie Kaempfe-Rice (Senior Procurement Officer), Clair McNally (Project Manager), Jasmine Sodhi (Performance and Equalities Manager) and Catherine Wilman (Democratic Services Officer).

18 <u>APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS</u>

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 Councillors Mrs C A Talbot and Mrs M J Overton MBE as replacement members on the Committee in place of Councillors Mrs S M Wray and Mrs H N J Powell, respectively, for this meeting only.

19 DECLARATIONS OF MEMBERS' INTERESTS

No declarations of Councillors' interests were declared at this stage of proceedings.

20 <u>MINUTES OF THE PREVIOUS MEETING OF THE ADULTS SCRUTINY</u> <u>COMMITTEE HELD ON 8 JULY 2015</u>

RESOLVED

That the minutes of the Adults Scrutiny Committee held on 9 September 2015, be confirmed and signed by the Chairman as a correct record.

21 <u>CARE QUALITY COMMISSION ADULT SOCIAL CARE INSPECTION</u> <u>UPDATE</u>

Consideration was given to a report by Deanna Westwood, Inspection Manager Lincolnshire at the CQC (Care Quality Commission), which provided the Committee with a position statement on the progress and themes emerging from the CQC's inspections of Adult Social Care services in Lincolnshire.

2 ADULTS SCRUTINY COMMITTEE 9 SEPTEMBER 2015

The CQC's new inspection regime undertook to rate all services by September 2016. Services would be assessed against all key criteria and given an appropriate rating which would be one of the following:

- Outstanding;
- Good;
- Requires Improvement;
- Inadequate.

Ratings for each establishment would be published in the public domain and as of 1 April 2015, all health and care settings were required to display their ratings. In Lincolnshire, based on the inspection of 103 residential and care homes, 63 (61%) of homes had been rated as 'good', 36 (35%) had been rated as 'requires improvement', and 4 (4%) had been rated as 'inadequate'. The benefit of the new system of rating was that homes could aspire to be in 'good' and 'outstanding' categories, previously homes were merely rated as 'compliant' or not.

Under the new regime, the action taken on settings given 'Requires Improvement' or 'Inadequate' would be much tougher. 'Inadequate' services would be put into special measures and if not improved within six months, enforcement action would be taken.

Members of the Committee were given the opportunity to ask questions and the following points were confirmed:

- The results of inspection findings included in the report, detailed the number of services rated in Lincolnshire, however enquiries were made as to how many residents that represented. Deanna Westwood agreed this would be helpful in future reports;
- The CQC inspection processes and reports focused on the quality of care rather than value for money for or the costs to residents;
- During this item, the Committee reflected on broader issues, such as the challenges in recruiting and retaining staff in the health and care sectors, for example Lincolnshire had a net deficit of 500 nurses. There was a long term plan being developed to address this, but it would not tackle the issue in the short term. The Committee made an observation that the nursing profession might consider re-instating the State Enrolled Nurse role to bridge the gap between Healthcare Assistants and State Registered Nurses;
- The CQC did not give notice of their visit, as they would arrive unannounced, with the exception of domiciliary care inspections, where arrangements for the manager's presence had to be made, in which case they would only receive 48 hours' notice;
- A Key Performance Indicator for the CQC was for inspection reports to be written within 50 days of the inspection. However, if any serious breaches had been highlighted, local authorities and other relevant parties would be notified immediately;

• Services found to be inadequate or requiring improvement would be given recommendations on ways to improve from the CQC, but it was the responsibility of the care provider to seek best practice and implement it.

The Committee would receive a further presentation from the CQC once all inspections had been completed, in order to get a full picture of care services in the county.

RESOLVED

- 1. That the report be noted.
- 2. That the Committee receive a further update from CQC once all inspections have been finalised.

22 <u>BETTER CARE FUND - UPDATE</u>

Consideration was given to a report which updated the Committee on the Better Care Fund. The Lincolnshire Better Care Fund submission was made on 9 January 2015 and the required financial envelope submitted on 31 March 2015. The report detailed both national and local developments since March 2015 and the second performance report (April – June 2015) which was submitted to NHS England on 28 August 2015, following sign off by the Health and Wellbeing Board Chairman, Councillor S Woolley.

The Better Care Fund was a national policy which aimed to encourage further integration between health and social care. The policy was supported by the current government.

The financial risk agreed as part of the BCF submission to the Council was agreed at \pounds 1m against a set of specific performance measures.

The primary 'risk' for health and social care related to the pay for performance element of non-elective admissions. The total risk here was £3.75m against which a one-off contingency had been created. Failure to deliver against the target reduction of 3.5% would 'cost' £920,000 of funding each quarter that the target was not achieved.

Questions from the Committee confirmed the following:

- £197m of pooled funding for 2015/16 was less than that spent in 2014/15, however Officers were confident that the current level of funding was sufficient;
- A new reablement contract was currently being signed off.
- There had been a 3.5% reduction in non-elective surgery in Quarter 1;
- LHAC had secured enough neighbourhood teams, which had taken time due to the higher than average number of older people in the County and the rurality of some communities;

4 ADULTS SCRUTINY COMMITTEE 9 SEPTEMBER 2015

- There had been changes to homecare services which had seen 3,400 people being transferred from one provider to another and this was expected to help address one specific area of under-performance in Adult Care;
- Of the £53.2m budget in the Fund, £20m was secured to protect adult social care; £4m had gone into learning disabilities; £2m had gone towards Care Act requirements; and an amount of it had gone to fund various other services provided e.g. reablement (£2m).

RESOLVED

That the report be noted.

23 DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS) STATUS REPORT

Consideration was given to a report which provided an update on Deprivation of Liberty Safeguards. The Cheshire West Judgement in March 2014 had made a significant impact on Deprivation of Liberty Safeguards both locally and nationally. The number of applications to the Council to authorise deprivation had risen dramatically since the judgement was passed, from around 100-150 a year, to around 170 a month – nearly a ten-fold increase.

As a result, the legal position was considered unsustainable, and the Law Commission had been asked, by the Government, to review the safeguards and make them more proportionate – and therefore sustainable. However, it would take at least three years for the legislation to change. As part of its review, the Law Commission had published a consultation which proposed to radically change the existing scheme. Adult Care would respond to the consultation, recommending a less burdensome application of the legislation.

In the meantime, £1.9m of extra, recurring funding had been set aside within Adult Care to deal with the increase of applications.

RESOLVED

That the report be noted.

24 <u>COUNCIL BUSINESS PLAN 2015 - 2016 PERFORMANCE REPORT,</u> <u>QUARTER ONE</u>

The Committee considered a report which presented data from Quarter 1 in a new style performance report against the Council's Business Plan.

The Committee received a demonstration of the online performance portal which could be reached via the Lincolnshire Research Observatory's website.

As a result of questions from the Committee, the following was noted:

- A Councillor Development session surrounding the protection of vulnerable adults would be held on 23 September where more performance data for Adult Care would be provided to Members;
- The indicator: Safeguarding referrals where the source of risk is a service provider was 8.8% which was lower than average. Families were the primary source of abuse within Lincolnshire and provider abuse was less common.

RESOLVED

That the report be noted.

25 SENSORY IMPAIRMENT SERVICES RE-PROCUREMENT

The Committee considered a report to the Executive Councillor for Adult Care and Health Services, Children's Services on the Re-Procurement of Sensory Impairment Services, on which the Executive Councillor was due to make a decision on 14 September 2015.

For a number of years, the Council had procured a service externally from the Birmingham Institute for the Deaf. The service provided preventative and reablement provision for both adults and children with a sensory impairment. However, the existing arrangement was due to expire on 31 March 2016 and an alternative needed to be sought.

The report to the Executive Councillor recommended that procurement be undertaken to deliver a contract awarded to a single provider of a county-wide service for all sensory impairment needs within a fixed budget for a period of three years with the possibility of a further two year extension. This was an opportunity to gain some extra efficiencies.

Officers had interviewed people with sensory impairments to ascertain whether any gaps in provision existed.

The Committee supported the recommendations to the Executive Councillor; however they felt that some additional context in the report would have been helpful.

RESOLVED

- 1. That the report be noted.
- 2. That the recommendations, as set out in the report to the Executive Councillor, be supported.

26 ADULT CARE MARKET POSITION STATEMENT 2015-2016

Consideration was given to a report which presented the Adult Care Market Position Statement 2015-2016.

6 ADULTS SCRUTINY COMMITTEE 9 SEPTEMBER 2015

The Committee were supportive of the overall content of the report, but issues were raised regarding the consistency of grammar throughout the report which, it was believed did not present a good image of the Council.

The Committee observed that being consulted on the document earlier on in its production would have been helpful. Officers confirmed that the statement for 2016-2017 would begin in draft form in June/July 2016, and the Committee could be involved at that time.

The Position Statement would be published at the end of September 2015.

RESOLVED

That the report be noted.

27 <u>LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB</u> <u>COMMITTEE - UPDATE</u>

The Committee considered a report which enabled an overview of the activities of the Lincolnshire Safeguarding Boards Scrutiny Sub Group.

It was reported that Councillor Sarah Dodds was now the Vice-Chair of the Sub Group and could report back to the Committee from the Sub Group.

RESOLVED

That the report be noted.

28 ADULTS SCRUTINY COMMITTEE WORK PROGRAMME

Following a discussion, it was agreed that the Scrutiny Officer would continue to organise some visits to care homes for Councillors, where these were requested. It was noted that two members of the Committee were due to visit care homes in Lincoln on 17 September 2015.

Members also expressed an interest in visiting a neighbourhood team in action. This could be referred to Dr Tony Hill, Executive Director of Public Health to organise.

RESOLVED

That the report be noted and changes made therein agreed.

The meeting closed at 12.45 pm.