



**ADULTS AND COMMUNITY
WELLBEING SCRUTINY COMMITTEE
28 NOVEMBER 2018**

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors Mrs E J Sneath (Vice-Chairman), Mrs J E Killey, Mrs C J Lawton and Mrs M J Overton MBE

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

Officers in attendance:-

Simon Evans (Health Scrutiny Officer), Theo Jarratt (County Manager, Quality & Intelligence), Tony McGinty (Interim Director of Public Health), Carl Miller (Commercial and Procurement Manager - People Services), Carolyn Nice (Assistant Director, Adult Frailty & Long Term Conditions), Emma Scarth (Head of Business Intelligence and Performance), Katy Thomas (County Manager - Performance and Intelligence) and Rachel Wilson (Democratic Services Officer)

41 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors R Kendrick, A P Maughan and M A Whittington.

42 DECLARATIONS OF MEMBERS' INTERESTS

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

43 MINUTES OF THE MEETING OF THE ADULTS AND COMMUNITY
WELLBEING SCRUTINY COMMITTEE HELD ON 10 OCTOBER 2018

RESOLVED

That the minutes of the meeting held on 10 October 2018 be signed by the Chairman as a correct record.

44 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR
AND LEAD OFFICERS

The Committee received an update in relation to the situation with Allied Healthcare, who had been contracted to provide the county-wide assessment and re-ablement service in Lincolnshire. It was reported that the Council's Commercial Team had been working hard over the past ten days to find a resolution, and as of 2.00pm the previous day, Libertas had agreed to take on the contract from Allied Healthcare. It was expected that the transfer would be straightforward and it would be 'business as

usual'. Allied Healthcare would cease trading on 14 December 2018. It was noted that it was realised that a decision would need to be taken locally and so meetings had been set up with staff to reassure them and advise that the service would be maintained. It was highlighted that the staff had shown huge loyalty to Lincolnshire, which was worthy of recording.

It was queried whether there would be cost implications and members were advised that some funds had been ring fenced in the event of extra costs being incurred, but so far these funds had not been required. Any costs would be met from existing budgets. It was noted that if there were any additional costs, it was likely that they would be around the assets that Allied Healthcare owned, such as laptops and mobile phones.

It was confirmed to Members that Allied had only provided the assessment and re-ablement service for the Council.

The Executive Councillor for Adult Care, Health and Children's Services and officers gave their thanks to the Commercial Team for its work in ensuring the contract transferred as smoothly as possible. It was acknowledged that there had been a risk that if the Council had not acted quickly some of the staff could have been lost.

Officers were confident that the quality of care would continue, as the staff had remained in place, which was very reassuring.

45 WELLBEING SERVICE AND TELECARE UPDATE

Consideration was given to a report which provided the Committee with an update of the Wellbeing Service and Telecare Service. It was reported that the Wellbeing Service had recently been re-commissioned by Lincolnshire County Council and had successfully gone live on 1 April 2018, delivered by Wellbeing Lincs. Wellbeing Lincs was a consortium of all seven district councils with East Lindsey District Council (ELDC) being the contracted lead provider. The service continued to operate with a preventative focus, reducing and delaying the need of the local population for more costly Adult Care and Acute Hospital services.

It was also reported that the authority's contracted telecare service was now delivered separately to the Wellbeing Services by NRS Healthcare (NRS) as part of the Integrated Community Equipment Services (ICES). In addition, there remained a number of commercial telecare services locally and nationally, promoting customer choice.

Members were informed that referrals into the Wellbeing Service averaged 27 per day during November, which was an increase in the number stated in the report (21 per day). This figure was across the county. The service was achieving a high level of outcomes and user satisfaction with 95% of service users reporting positive improvements across their self – determined outcomes.

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Members received a short presentation from two of the district council representatives which provided further information in relation to the following areas:

- District Council Delivery
- Our Strengths
- Service Development

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

- It was noted that this service was also assisting with winter pressures, by helping people to get out of hospital and also by keeping them out of hospital and in their own home.
- This service was also finding people who could be stuck in the system, and it gave an opportunity to flag up such individuals and refer into the service.
- Talks were about to commence with Fire and Rescue to see whether there was an opportunity for responders to be co-located.
- There was an awareness that in some areas of the county a response could take longer.
- It was commented that the Wellbeing Service was an excellent service.
- It was also commented that trying to keep people in their own homes was commendable and it was queried whether there was any analysis of post code information.
- It was noted that the service was now receiving a large number of referrals, and it had been estimated how many would come from each district, to help inform staffing structures etc. Referrals would be mapped out by post code to determine whether there were any hot spots, then officers would be able to review where staff should be based. It was important that this was carried out continuously, and it was noted that district council boundaries were not taken account of when calculating the distribution of staff. Resources would be moved where they were needed regardless of location.
- Efficiency improvements were continuously sought, and it was confirmed that it would be possible to identify any 'cold spots' as well to ensure that the people who needed the service were being reached.
- The contract was very clear in expecting the provider to target hospitals, where there would be those people that would need the service. However, the Service did not want hospitals to be the only source of referrals, particularly as an added challenge with hospitals was the high staff turnover.
- It was also important to use community hospitals too, as there were a lot of services they could offer which would be available more quickly than the larger hospitals.
- It was queried whether there was the capacity to increase the service if required, it was confirmed that if there was higher than expected demand it would be possible to generate extra funding in order to meet that demand.
- It was noted that the Commercial Team met on a monthly basis to review the contract, including how staffing was deployed as well as if there were any hot or cold spots.

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- It was noted that this was a unique partnership. As pressures developed, districts could work together to work out how best to deal with them and transfer resources to meet those pressures.
- It was queried how the service was promoted and whether the message was getting out to the population well enough. Members were advised that there was a single phone number and all referrals went through the Customer Service Centre. Officers were confident the message was being publicised, including an item in County News to publicise the service. It was likely that the number of referrals would exceed the initial targets. It was also confirmed that there was a communications plan to ensure that the message was publicised. It was noted that there would always be hot and cold spots.
- The relationships with other organisations were key, and it was highlighted that the service would be supporting Fire and Rescue with its home safety work. The Wellbeing Service would train Fire and Rescue in wellbeing and Fire and Rescue would train wellbeing service staff in home safety.
- It was highlighted that work was ongoing with the ambulance service so that people could be taken straight to a community hospital following a fall. There was a need for a whole system response to falls.
- It was queried whether there would be an issue with what agencies knew about people if every agency and organisation were talking to each other.
- It was noted that referrals into the wellbeing service were by consent, and were very outcome focused, but there was eligibility criteria which needed to be met.
- People were offered services for between six and twelve weeks, as it was not the intention for people to keep re-entering the service, however, if their needs changed then they may require the service again. It would very much be in the individual service user's control.
- It was confirmed that this would be connected to the integrated lifestyle support contract.
- By the end of the twelve weeks, connections should have been made with other services.
- It was queried whether the service was free, and it was noted that there may be slight costs for any equipment or Telecare response. It was noted that the Service did try and keep the cost for any equipment as low as possible, and would also install any equipment for free. There was a focus on keeping it affordable for people. There was a facility for people to be able to pay in instalments if they would find it difficult to pay all in one go. It was also noted that if someone was really struggling to afford it and they needed the equipment, the costs could be written off.
- It was commented that if someone was living alone and the Wellbeing Service could offer a fitting service, this would give peace of mind.
- It was noted that there would be an annual review of how the service was performing and whether demand was growing.
- It was noted that the Service had been shortlisted in the LGC awards, and winners would be announced in March 2019. It was highlighted that the national recognition for the service was positive.

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- It was commented that the single delivery model was the right way forward and the service represented a good model of integrated working between the district councils and the county council.

RESOLVED

That the Committee note the successful re-procurement of the Wellbeing Service and the transfer of the Telecare Services to the Integrated Community Equipment Service contract.

46 LONG ACTING REVERSIBLE CONTRACEPTION (LARC) AND
EMERGENCY HORMONAL CONTRACEPTION (EHC) - COMMISSIONING
OPTIONS

The Committee received a report which provided members with the opportunity to consider a report on the commissioning and procurement of Long Acting reversible Contraception (LARC) and Emergency Hormonal Contraception (EHC), which was due to be considered by the Executive Councillor for Adult Care, Health and Children's Services between 3 and 7 December 2018.

Officers talked through the report and 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 queried how much it had cost the authority to carry out a full procurement rather than use a light touch regime. Members were advised that the difference was very little, and would not impact significantly in terms of cost and timescale. It was commented that it was good practice to test the market.
- It was noted that a lot of the organisations that provided this service were small, e.g. GP surgeries etc., but they needed to have an accreditation to be able to administer these treatments, and fit devices.
- It was queried what proportion of GP's provided these services and it was noted that there were contracts with 69 of the 83 surgeries in the county. It was also queried whether the surgeries providing these services were evenly distributed or if there were any 'cold spots'. Members were advised that officers were not aware of any cold spots within the county. Between the Lincolnshire Integrated Sexual Health service (LISH) and GP clinics, it was thought that no one should be very far from access to these services.
- It was thought that it could be difficult for some practices to engage with training for administering these devices.
- It was confirmed that this was a mandatory service.
- Work was ongoing to encourage pharmacies to join the scheme to offer the morning after pill. It was noted that this was already available from GP surgeries, so work was being focused on take up in pharmacies.
- It was important to ensure the service was cost effective, and members were advised that the service had been benchmarked nationally. It was noted that the cost of the medication and devices were reimbursed directly at the prices

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the practice had paid for them. The practices were not restricted in what they chose to issue.

- It was clarified that under the current contract, it was not necessary for young women to pay for pregnancy testing.
- It was queried by how much the number of tests requested had decreased over time, and it was reported that there used to be between 110 – 120 per year, and this number had reduced to around 13 per year.
- Concerns were raised about those girls who lived in particularly rural areas and may not find it easy to access these services, and it was queried whether anything was offered in schools. It was noted that LISH did run specific clinics including 'fly-by' clinics.
- It was queried why the EHC service stopped after the age of 19, and it was noted that this was due to a judgement of the age at which a woman should be able to look after this herself.
- It was noted that if someone was presenting at age 21 -25 for EHC they would be referred to LISH for more long acting methods. It was not the intention that someone should repeatedly be accessing EHC.

RESOLVED

That the Adults and Community Wellbeing Scrutiny Committee supported the recommendations to the Executive Councillor for Adult Care, Health and Children's Services as set out in the report.

**47 ADULT CARE AND COMMUNITY WELLBEING PERFORMANCE REPORT
- QUARTER 2 2018/19**

Consideration was given to a report which presented the performance against the Council Business Plan targets for the Directorate as at the end of Quarter 2 2018/19.

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 the majority of targets were being achieved or exceeded. Therefore the report focused on exceptions and it was reported that there were only four of the indicators that were not reaching target.
- It was noted that there was a lot of discussion around mental health services nationally and locally, and how public health services linked into primary care. One issue that would need to be addressed was that some people may not want to engage with their GP and work would need to be done on how to target those people who were traditionally hard to reach.
- It was queried what the impact was of not achieving the target in relation to direct payments (per cent of clients in receipt of long term support who received a direct payment ASCO F1C (2a)). It was noted that this measure had been in place for a long time, and there were a lot of older people in particular who did not want the complications that came with direct payments. Work was continuing on the take up of pre pay cards and the authority was trying to make this as simple as possible.

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- There were an increasing number of younger people with physical disabilities who were choosing to take direct payments.
- There were about 2000 people who chose to take direct payments, which was a sizeable number when compared to other areas of the country.
- Concluded enquiries where the desired outcomes were achieved – it was noted that the measure was 5% down on the previous quarter, and it was queried whether there was any reasoning for this. It was noted that this was likely to be due to the measure only relating to a small number of people. It was also noted that safeguarding had changed a bit in terms of Making Safeguarding Personal, and so people may be choosing a different outcome.
- It was queried if a target was deemed to be not appropriate, did that mean it was not achievable. It was intended that some of the measures would have stretch targets, but if there was a capacity issue, it may not be possible to achieve. It was for a service to decide if a target was inappropriate and would then need to go through official routes to change that target.
- It was clarified that the substance mis-use service was for those people with severe problems, and the integrated lifestyle service which was coming online in summer 2019, would be for people to be referred into that service at an early point before issues developed.
- Carers supported in the last 12 months – it was noted that Cumbria's performance had exceeded all its other comparators, and it was suggested it may be useful to highlight some of the activities that were being carried out. However, caution was advised that Lincolnshire was very specific about what was termed 'carers support', and that performance would be very much dependent on definition. It was felt that good practice should be highlighted.

RESOLVED

That the comments made in relation to the performance information for Quarter 2 be noted.

48 DIGITAL ROADMAP FOR ADULT CARE AND COMMUNITY WELLBEING

Consideration was given to a report which provided members with an overview of the Digital Roadmap which aimed to set out how Lincolnshire County Council's vision for Adult Care and Community Wellbeing could be supported by harnessing new ways of working and digital technology innovation. The Committee also received a presentation which demonstrated progress made to date and future plans. It focused on the following key elements of the roadmap:

- Library of Information & Services Connect to Support
- Digital Self-Serve – Financial Assessments
- NHS Digital Security and Protection Standard for Providers
- Planned Developments to Mosaic Case Management System.

(NOTE: Councillor M J Overton MBE left the meeting at 12 noon)

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

- It was reported that the Connect to Support service was due to go live the following week, and changes were currently taking place on the website. The telephone and online support service was being hosted by Age UK through an established service called Lincs2Advice and so there was a wider availability of support that was able to be offered to all Lincolnshire residents who needed information and advice about care, support and Health Services.
- Members were advised that good progress was being made on the offer which helped independent care providers in Lincolnshire achieve an NHS data security standard. This would allow those providers to access an NHS secure e-mail address where it was expected that the flow of information would be improved between NHS organisations and care providers. The majority of these improvements would not be visible to the customer, and it would enable the authority to offer a much more seamless service for the end user.
- Members were updated on the progress of the project to introduce an online self-service Financial Assessment form, which was being funded through LGA/NHS Digital funds. It was queried how, once the customer had provided the information through the system, how it would all be checked. It was reported that when staff came to assess this information, instead of having a pile of paper, a picture of the document could be attached and sent through electronically, either by the service user or a family member or a social worker, and there would be support for people to be able to do this. It was also noted that it would be a 'smart form' which also ensure that all necessary documents were included therefore also saving time from people needing to make multiple submissions if documents were missing.
- It was recognised that this would not work for everyone, but at the moment there were a lot of people who were able to submit this information digitally. This would also free up staff to help those customers who needed extra assistance.
- Social workers would be trained to use the form so they could help people as required.
- There was a growing expectation from the public of tasks which should be able to be completed online.
- It was queried whether it would be possible to send a bank statement from an online bank account to the form, and it was confirmed that this would be possible, as the statement could be attached as a PDF document to the form.
- It was highlighted that other local authorities had already expressed an interest in what had been done so far and how it had been done. It was planned to hold some events in 2019 to promote the system.
- It was commented that the key thing with this system was that it provided people with choice.
- It was also noted that as families could now be quite dispersed it would allow for other family members to be involved and provide support.
- Members were updated on the development plans for Mosaic in 2019. This included the new Carer's Assessment, Plan and Review Workflow, which would go live in early 2019. There would be further integration work with

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District Councils for Disabled Facilities Grants. The Mosaic team would continue to work on a potential integration with Police systems with Servelec and also integration with LPFT's new Rio system. Finally, Public Health's new integrated Lifestyle Service would use Mosaic to deliver its prevention services.

- Members were updated on the plans for the new Mosaic Portals, known as Finestra, which would be delivered in phases throughout 2019. The portals would deliver new ways for customers, workers and LCC's partners to send and receive information to each other. An example of this was the ability for the public to self-refer via the portal, rather than contacting the CSC or being sent paper forms in the post to complete. Work was also ongoing to integrate Mosaic with the STP Care Portal. It was highlighted to members that the delivery of these elements would be dependent on the suppliers.
- Finally, members were updated on 2019's plans for Mosaic Finance. This work had already commenced with an improved Financial Assessment Referral pathway going live in November 2018. Block payments would be provided through Mosaic in early 2019. Further finance service deployments would be delivered at regular intervals throughout 2019.

RESOLVED

That the presentation and progress made to date be noted.

49 WORKING GROUP - GOVERNMENT GREEN PAPER: CARE AND SUPPORT FOR OLDER PEOPLE

It was reported that the Committee had established a working group to consider the background to the Government Green Paper on Care and Support for Older People, the publication of which was originally expected in the autumn of 2018.

Consideration was given to a report which set out the proposed terms of reference and proposed that the next meeting of the working group took place in January 2019.

It was suggested that members of the working group make notes on the discussion papers which had been produced by local government organisations in advance of the publication of this green paper, and at the next meeting of the working group those notes could be reviewed.

RESOLVED

That the draft terms of reference of the Government Green Paper Working Group as set out in the report be noted.

50 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to a report which enabled the Committee to consider and comment on its work programme for the coming year.

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It was noted that there was a need to look in more detail at the issues around rurality and neighbourhood teams.

RESOLVED

That the work programme, as presented, be noted.

The meeting closed at 1.05 pm