



**ADULTS AND COMMUNITY WELLBEING
SCRUTINY COMMITTEE
17 JANUARY 2024**

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors A M Key (Vice-Chairman), T A Carter, M R Clarke, Mrs N F Clarke, R J Kendrick, Mrs M J Overton MBE, M A Whittington and T V Young

Officers in attendance:-

Simon Evans (Health Scrutiny Officer), Martin Samuels (Executive Director - Adult Care and Community Wellbeing), Pam Clipson (Head of Finance, Adult Care and Community Wellbeing), John Giblin (Communications) (Strategic Communications Team Leader), Alina Hackney (Senior Strategic Commercial and Procurement Manager - People Services), Professor Derek Ward (Director of Public Health) and Rachel West (Contract Manager) and Jess Wosser-Yates (Democratic Services Officer)

46 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received by Councillor K E Lee and S R Parkin.

47 DECLARATIONS OF MEMBERS' INTERESTS

No interests were declared at this point in proceedings.

48 MINUTES OF THE MEETING HELD ON 29 NOVEMBER 2023

RESOLVED:

That the minutes of the meeting held on 29 November 2023 be approved as a correct record and signed by the Chairman subject to the amendment of the following (page 1):

- *'The Chairman announced that he had met with Martin Samuels, the recently appointed Executive Director for Adult Care and Community Wellbeing, on 22 November 2022 for a discussion' be changed to '22 November 2023'.*

49 ANNOUNCEMENTS/UPDATES

The Chairman encouraged Members of the Committee to attend the Technology Enabled Prevention and Care (TEPAC) Engagement Event being held in Committee Room 4 after the meeting.

The Executive Councillor for Adult Care and Public Health thanked hospital staff at Pilgrim Hospital and Lincoln County Hospital for their work during the junior doctors strikes.

The Executive Director of Adult Care and Community Wellbeing informed Members that the Executive had considered the recommissioning of the Wellbeing Service at its meeting on 5 December 2023, and had approved delegating the decision on this matter to the Executive Councillor for Adult Care and Public Health.

50 ADULT CARE AND COMMUNITY WELLBEING BUDGET PROPOSALS 2024-25

The Head of Financial Services and the Executive Director of Adult Care and Community Wellbeing introduced a report outlining the budget proposals for Adult Care and Community Wellbeing services for the upcoming financial year. Members were informed that the net budget had increased by 12% to £24.6 million, which was driven by increased demand for services, Lincolnshire's ageing population, inflationary pressures, and the 9.8% uplift in the National Living Wage (NLW). In addition, the Council proposed to increase its unit rates by an additional 3% for non-pay elements to reflect the Bank of England's inflation forecast for 2024-25 financial year.

Overall, the effectiveness of early intervention and preventative measures led Lincolnshire to benchmark as one of the lowest spending local authorities per adult in the country. This had led to a reduction in the Public Health Grant to £476,000 although the Head of Financial Services assured that public health continued to forecast the ability to deliver services within the reduced allocation. Adult Care would continue to encourage a strength-based approach to maximise independence of service users.

Members were informed that if inflation did not fall to the anticipated 3%, the rates proposed within the budget would change, consequently generating significant insecurity regarding medium-term spending. It was also reported that the 2024-25 budget forecasted to deliver an underspend of £500,000, although this only equated to the price of half a day of adult care.

During consideration of the report, the following matters were highlighted:

- The Committee acknowledged the financial pressure of £9.4 million associated with the increased demand for services.
- In response to the Care Quality Commission (CQC) 2023 Assessment, an Adult Care and Community Wellbeing Improvement Plan was being compiled and would include service transformation activities, of which multiple could contribute towards additional spending efficiencies.
- It was suggested that existing buildings could be used to create community hubs, from which multiple providers could offer services for a lesser cost.
- The Executive Director for Adult Care and Community Wellbeing drew a distinction between the rates that were the council's statutory responsibility to pay for its

residents versus the significantly higher rates paid by 'self-funders'. Despite the low price of units in Lincolnshire, the Committee was assured that care tourism was not prevalent.

- Members expressed caution regarding cost pressures associated with the recruitment and retention of carers and were assured the Council worked closely with the Lincolnshire Care Association (LCA) to promote careers in the care sector and was also involved in the programme for international improvement to support those seeking employment in the sector from overseas. Additionally, most care homes in Lincolnshire did not experience any difficulty in securing care placements; vacancies had reduced from 19% to 12%.
- The Executive Director of Adult Care and Community Wellbeing planned to update the Supported Living Strategy to better identify those in need of supported living, although it was noted that it was necessary any service remained economically viable.
- The Executive Councillor for Adult Care and Public Health encouraged good communication with District Council's due to concerns that they were building and facilitating private care facilities which were unaffordable for most residents.
- Members questioned whether benchmarking exercises were undertaken on the costs and delivery of services nationally. The Executive Director of Adult Care informed that Principal Social Workers shared information and best practice with other authorities. The Council also engaged with a peer-review process whereby each Director led a review on another local authority informed by an audit of case files; the Executive Director noted that Lincolnshire's outcome of the peer review would be considered by the Committee in due course. The CQC also conducted a robust external assessment of services, and the report produced was in the public domain.
- Members acknowledged cost pressures associated with the aging population, and subsequently questioned how general practitioners (GPs) promoted healthy aging. The Director of Public Health noted that this was not within the scope of GP's responsibilities and requiring them to do so would not be economically viable. There were various programs in place in Lincolnshire to promote healthy aging, although financial pressures emphasised the importance of early intervention.
- The Head of Financial Services informed that the remaining £5 million of the capital allocation would not be available to use this financial year, although it was assured the money was ring-fenced and would remain in the Adult Care budget.
- It was requested that the Committee received an update on the Adult Care Transformation programme at its June meeting.

RESOLVED

1. That the Committee supports the proposed budget for the service areas within the Committee's remit.
2. That the Committee's comments be captured and shared with the Executive ahead of a decision on 6 February 2024.

51 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023 - ADDING LIFE TO YEARS

Consideration was given to a report from the Director of Public Health which invited the Committee to consider the Director of Public Health's Annual Report 2023. The report was a statutory requirement and focused on the topic 'Adding Life to Years'.

The report explored a range of policy, political and medical interventions that helped people live longer. Older individuals were more likely to develop (multiple) conditions, whereas the health system was modelled to address one condition at one age. It was reported that Lincolnshire demography presented unique challenges in rural and coastal areas; the vastness and scattered population rendered it difficult for older adults to access essential services. In addition, approximately 27% of adults aged 65 and older had a limiting long-term illness, which was projected to increase to 40% by 2040.

The Council was piloting a programme to help residents manage risks associated with ageing, and the Director for Public Health emphasised the system ought to be holistic and underpinned by strong communication between partners and districts. The report recommended focusing on localities that would have the biggest impact, and to utilise digital inclusion to limit demand. The Executive Councillor for Adult Care and Public Health chaired the Housing Health and Care Delivery Group and would help enact the recommendations outlined in the report.

During consideration of the report, the following matters were highlighted:

- It was suggested that existing buildings and infrastructure could be used to create community hubs in line with the holistic approach to ageing services outlined in the report.
- Members agreed that befriending services were low cost and had a positive outcome in combatting social isolation. The Director for Public Health also acknowledged its beneficial role, however emphasised that a strength-based approach could reduce reliance on services by supporting the independence of adults. Typically, service users preferred making friends rather than using the befriending service.
- Officers and Members agreed that the health service required modernising to fulfil the needs of Lincolnshire's population more efficiently.
- Members suggested that the County News magazine be utilised to promote public health messages around healthy ageing.
- There had been changes to national government grants that helped warm homes. It was noted a lot of older houses in Lincolnshire would be difficult to keep warm, and the matter would involve communication with District Councils as planning authorities.
- Members were directed to the Lincolnshire Health Intelligence Hub website [www.LHIH.ORG.UK] to access further information about specific areas in Lincolnshire.

RESOLVED

1. That the Committee notes the Director of Public Health's Annual Report for 2023.
2. That the Committee supports the five recommendations on page 31-32 of the report.

[Councillor T V Young left the meeting at 11:36am]

52 PROPOSED ACTIONS IN RESPONSE TO CQC ASSURANCE PILOT 2023

Consideration was given to a report from the Executive Director of Adult Care and Community Wellbeing which provided the Committee with details of the proposed actions for the Council in response to the Lincolnshire Care Quality Commission (CQC) Assurance Pilot completed in 2023. It was noted that Lincolnshire was one of five authorities to be assessed by the pilot and was the only authority involved in the pilot that achieved an overall 'good' rating and was rated 'good' in all 45 elements.

The CQC had identified three additional authorities to be included in the official rollout of the assessment, and the intention was 20 authorities per quarter which would ensure all authorities were assessed within two years.

Members were informed the CQC identified six areas in total for improvement; the Council had subsequently produced an action plan despite there being no statutory requirement to action any CQC recommendations. It was noted the proposed actions would feed into the plan for the Adult Care directorate as a whole as part of self-assessment exercise.

During consideration of the report, the following matters were highlighted:

- Questions were raised regarding the safeguarding referral criteria, and it was noted that the Council often was inundated with requests as partner organisations were flagging safeguarding matters that clearly fell below the threshold for investigation. The Executive Director of Adult Care and Community Wellbeing intended to write to the Chief Executive of each partner on the Lincolnshire Safeguarding Adults Board (LSAB) to raise this issue and would circulate details on when a safeguarding concern should be raised. He further noted that work would be undertaken to understand why so many inappropriate referrals were made and to identify potential relevant remedial training opportunities.
- Members welcomed the introduction of Autism Champions as detailed within the report.
- Some Members challenged the interpretation that safeguarding assessment waiting lists were short within the report as this contradicted the experience of some residents.
- The Executive Director of Adult Care and Community Wellbeing agreed to provide an update on transitional services to the Committee at a later date.

[Councillor A M Key left the meeting at 12:54pm]

RESOLVED

1. That the Committee notes the proposed actions as outlined in the report.
2. That the feedback from the Committee is provided to relevant officers for their consideration.

53 OVERVIEW OF CARE PROVIDER CONTRACT MANAGEMENT

The Head of Commercial Services – People Services and the Senior Strategic Contract Manager introduced a report which updated the Committee on the contract management arrangements for all Adult Care and Public Health commissioned activity.

The Committee was subsequently guided through a presentation on the responsibilities of the Commercial Team and their approach to Contract Management. Within the presentation, it was noted that the Commercial Team oversaw 600 individual contracts. Additionally, the dedicated Contract Management Team sustained a vibrant market and supported commissioned providers to deliver effective service.

During consideration of the report, the following matters were highlighted:

- Members questioned how best to strengthen central community-based assets, and were subsequently informed that the approach adopted with joint clinics was a prime example of the multi-commissioned approach with many organisations working under one central service. The Senior Strategic Contract Manager informed the Committee that there was a clear expectation built into contracts that providers worked collectively and strategically to ensure their relationships were strong and effective.
- Officers were proud of the relationship that was cultivated with commissioned providers.
- Members and officers agreed that the health system needed to modernise nationally; the Committee was assured that the Council sought to influence the health system through investment propositions and by resisting the centralising approach adopted by Adult Care nationally - rather, a localised response was preferred to ensure systems reflected local variations and ensured regions were accountable. Face-to-face meetings had been held between the Executive Director for Adult Care and Community Wellbeing, senior civil servants, and the Secretary of State on this matter.
- Further detail was requested regarding the actions taken in care provision settings where contract escalation occurred. Members were informed that where the CQC deemed a provider as 'inadequate', the matter was investigated to understand chronologies and identify possible instances where intervention could have occurred.

[Councillor T A Carter left the meeting at 1:12pm]

- The contract procurement process relied on strong partnership working with the Lincolnshire Care Association (LCA). The 'no surprise' culture often meant difficult conversations and negotiations sometimes had to occur with partners.
- Members questioned whether there were financial penalties for non-compliance of contracts; these penalties were built into contracts and aligned with the correct measures that had the most significant impact on service delivery. The Council did not penalise regularly as it could cause providers to question the sustainability of the contract, although it was assured improvement plans were enacted before penalties were issued.
- It was questioned whether work could be undertaken with the NHS to clear the backlogs of hospital beds and subsequently fill vacancies in care homes. It was noted that there was not a significant number of people waiting to be discharged to a care bed in Lincolnshire and the active recovery 'best first' principle sought to keep people out of hospital where possible. Officers highlighted that alternative services covered discharges with better outcomes.
- The Team usually staggered commissions to ensure the market was able to respond effectively.
- The Head of Commercial Services – People Services agreed to investigate what services would be commissioned to support a community hub.

RESOLVED

1. That the report be noted.
2. That the Committee's support for the action taken improving the quality of care provided, in particular those providers who have encountered challenges, be recorded.

54 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to a report from the Health Scrutiny Officer, which invited the Committee to comment on the contents of its work programme. The Health Scrutiny Officer agreed to liaise with the relevant officers to schedule the requested items that arose from proceedings during the meeting.

RESOLVED

That the Work Programme be agreed.

The meeting closed at 1.32 pm

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