

**ADULTS AND COMMUNITY
 WELLBEING SCRUTINY COMMITTEE
 26 JULY 2017**

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

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

Councillors: Mrs P A Bradwell and P M Key attended the meeting as observers.

Officers in attendance:-

Andrea Brown (Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Glen Garrod (Executive Director of Adult Care and Community Wellbeing), Steve Houchin (Head of Finance (Adult Care)), Theo Jarratt (County Manager - Performance, Quality and Development) and David Laws (Adult Care Strategic Financial Adviser)

7 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors P M Key and B M Dobson.

The Chief Executive reported that, under the Local Government (Committee and Political Groups) Regulations 1990, he had appointed Councillor Mrs A M Austin to the Committee in place of Councillor P M Key for this meeting only.

8 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of Members' interests at this point in the proceedings.

**9 MINUTES OF THE MEETING OF THE ADULTS AND COMMUNITY
 WELLBEING SCRUTINY COMMITTEE HELD ON 15 JUNE 2017**

RESOLVED

That the minutes of the meeting of the Adults and Community Wellbeing Scrutiny Committee held on 15 June 2017 be agreed as correct record and signed by the Chairman.

**10 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR
 FOR ADULT CARE, HEALTH AND CHILDREN'S SERVICES AND
 EXECUTIVE DIRECTOR FOR ADULT CARE AND COMMUNITY
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The Executive Director of Adult Care and Community Wellbeing advised the Committee that concern had been raised in the Press following guidance from HMRC regarding penalties to social care providers who had failed to pay workers on 'sleep-in' shifts the minimum wage. Government had since announced that it would waive the HMRC requirement for back pay which would give two months for providers to work with Government to find a long-term solution. The effect to providers in Lincolnshire, some of whom were specialist providers, could potentially result in bankruptcy.

There were no announcements by the Chairman or Executive Councillor for Adult Care, Health and Children's Services.

11 BETTER CARE FUND

Consideration was given to a report by the Executive Director of Adult Care and Community Wellbeing which invited the Committee to consider a report on the Better Care Fund due to be considered by the Executive Councillor for Adult Care, Health and Children's Services during August 2017.

At 10.07am, Councillor Mrs P A Bradwell joined the meeting.

Glen Garrod (Executive Director of Adult Care and Community Wellbeing) introduced the report and gave a short presentation which provided background information on the following areas of the BCF:-

- The BCF and Lincolnshire: 3 years on;
- ITF/BCF Funding;
- Where did the money go?
- Disabled Facilities Grant (DFG) funding;
- Signatories;
- Getting Approval;
- National Conditions;
- Planning Overview;
- Metrics; and
- Delayed Transfers of Care (DTC);

It was acknowledged that hospitals were under pressure to clear beds as soon as patients no longer required hospital care. However, there remained a concern that some of these patients would require home care following discharge from hospital and that this took time to arrange. During that interim period, these patients needed care and it was the decision of social care professionals to confirm if the discharge was appropriate. Under the Choice Directive, patients also had the right to opt to stay in hospital or accept the care package offered to them.

Members were invited to ask questions, during which the following points were noted:-

- Members agreed that a convalescent type facility appeared to be a potential solution to alleviate the issue of Delayed Transfers of Care (DTOC);

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- The Committee was advised that this type of provision would require a considerable amount of capital investment, something which the NHS had included within the Sustainability and Transformation Plan (STP). It was noted that the final decision for this request would be for Ministers to make;
- Lincolnshire had submitted a capital bid for £205m although it was noted that the STP in Lincolnshire was moving forward at a slower rate than other areas which gave the Committee cause for concern that the county would miss out on vital capital investment;
- It was confirmed that a commitment had been made to spend money on a recurrent basis to ensure services continued. However, some of the BCF funding was non-recurrent and, as some local systems would have used the supplementary BCF funding to clear the deficit, further funding would be required next year to be able to continue. A Government Green Paper would be required for Adult Care Funding to produce a solution by 2019/20 otherwise there was a real possibility that some services would cease;
- It was suggested that, in order to develop the STP, health colleagues had focussed on the issues presented at Lincoln County Hospital rather than all facilities in Lincolnshire but that CCGs were now considering how to develop existing hospitals to further support communities;
- Community Nurses would also be a key element to the health care structure to provide patients with the ability to go home;
- The BCF submission included two year funding for MOSAIC which would support adult care, children's services and public health commissioned services. Strategic partners, including Carers First and the sensory impairment service, would also use MOSAIC;
- Tablet technology was key to relieving pressure on the council and investment in a Airedale was being investigated. This system was created by the Airedale Hospital in partnership with Immedicare to provide a range of telemedicine technology (Skype like technology) services including live 'face-to-face' meetings, consultations and training. Diagnostic images could also be transmitted in real time plus vital signs and/or video clips could be monitored and shared remotely resulting in patient data being captured for review without delay;
- This technology had been trialled in America, Canada and Australia where patient assessment had increased from 30-40 patients per day to 70-80 patients per day. The system had also been trialled in northern Scotland where GPs were required to fly or use boats to reach patients in remote areas therefore this system had been more efficient for both GP and patient;
- The Committee was advised that they would be given an opportunity to speak with the Chairman of the provider organisation at its meeting in January 2018;
- Nursing homes had indicated that they would be keen to use this type of technology and it was explained that LCC would purchase the equipment but the maintenance cost would be the responsibility of the NHS;
- Airedale/Immedicare clinical staff would respond to any call initially whilst clinical staff locally were trained to a safe standard;
- The biggest cost to the council was the implementation of MOSAIC and the purchase of the new equipment but it was stressed that the majority of these funds were non-recurrent;

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- The Committee intended to consider an item on the Housing, Health and Care Delivery Group, a sub-group of the Lincolnshire Health and Wellbeing Board, at the meeting in November 2017; and
- In relation to recommendation 3(a) [*Adult Social Care Needs*], the Committee suggested that consideration be given to extending the list to include assessments due to the fact that assessments were driven by an IT platform.

At 11.25am, Councillor Mrs P A Bradwell left the meeting and did not return.

RESOLVED

That the report, presentation and comments be noted and that any relevant comments be passed to the Executive Councillor for Adult Care, Health and Children's Services as part of her consideration of this item.

12 2016/17 QUARTER 4 PERFORMANCE

Consideration was given to a report by the Executive Director of Adult Care and Community Wellbeing which provided an update on 2016/17 Q4 performance of the Adult Council Business Plan measures within the four Commissioning Strategies. The report also provided an update on the progress of the Better Care Fund with reference to Health and Social Care metrics.

Theo Jarratt (County Manager – Performance, Quality and Development) introduced the report and explained that Adult Care activities were arranged under the following four commissioning strategies:-

- Safeguarding;
- Adult Specialist Services;
- Carers; and
- Adult Frailty and Long Term Conditions

Members were invited to ask questions, during which the following points were noted:-

- In regard to safeguarding and "People who report they feel safe", the Committee was advised that adults do make unwise decisions at times and so a visit would take place. For example, an elderly lady may intimate that her son was taking money and not leaving enough food but may prioritise the relationship over her wellbeing. This then left a level of risk which would form part of the 20% of people who suggested they did not feel safe. It was stressed that this indicator did not always relate to social care and that exposure to the media had been found to have caused people to feel unsafe;
- Members referred to street lighting in the county and highlighted that some elderly residents who were self-sufficient and independent, were worried on the possible increase in crim due to the lights being turned off. This was thought to have a detrimental impact on their health and wellbeing;
- The statutory survey included a question which was more targeted at people who were in receipt of social care services;

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- The Committee noted that the report lacked context which increased the number of questions being asked of officers. It was suggested that a summary of the report which contextualised the performance data would be helpful at future meetings;
- Although reporting figures were generally taken from reviews, the Committee was advised that this was difficult to do within adult care as there were a variety of different types of people with different needs. Performance reporting continued to evolve but the last quarter performance was a prediction only following the implementation of MOSAIC;
- It was confirmed that the Carers budget had not been cut and that the BCF included substantial growth for this budget area;
- The Committee agreed to consider the performance report as the first agenda items at future meetings followed by the "theme" item;
- Homecare was cheaper than residential care, however the cut off of 26.5 hours of homecare resulted in it becoming more cost effective to enter residential care. For planning purposes for the BCF, 1160 permanent admissions had been included for 2017/18 which demonstrated a rise in numbers. These demographic pressures had been recognised;
- It was explained to the Committee that there was a sophisticated model in relation to the block purchase of beds but that the rate of return had been minimised as a result. This was a three year agreement which was currently under review prior to the need for a new agreement for 2018/19.

At 12.30pm, Councillor P M Key left the meeting and did not return.

The Committee was asked to note that work was ongoing to provide a reporting solution from MOSAIC which would provide the information required to produce summaries within the performance report. It was expected that the new format would be presented in the Autumn.

RESOLVED

That the report and contents of Appendix A (Adult Care Infographic) and Appendix B (Better Care Fund Performance) be noted.

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WORK PROGRAMME

Consideration was given to a report by Simon Evans (Health Scrutiny Officer) which provided the Committee with an opportunity to consider its work programme for the forthcoming year.

Simon Evans (Health Scrutiny Officer) introduced the report and advised the Committee, following discussion at minute number 12, that the Performance Report to be considered at the meeting on 6 September 2017 would include a summary to contextualise the performance data presented.

The Committee agreed the following themes at future meetings:-

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- Theme to focus on IT, including MOSAIC, broader IT investment, mental health awareness training, assessments which were driven by an IT platform and telecare (10 January 2018); and
- Carers (February 2018).

The Health Scrutiny Officer advised the Committee that the Overview and Scrutiny Management Board would be asked to consider and approve two scrutiny reviews at its meeting on 27 July 2017, one of which was entitled "Impact of IT Provision on Operational Field Workers in Adults and Children's social Care". The scrutiny panels would conduct this scrutiny review on behalf of this Committee and the Children and Young People Scrutiny Committee and it was suggested that appropriate input and feedback could be provided by the Committee if it wished.

The Committee expressed concern that it may be too early to review the IT systems, i.e. MOSAIC, before it had been fully implemented and working for a period of time and suggested that this particular review be delayed until a more suitable time. The Chairman was asked to relay these comments to the Overview and Scrutiny Management Board.

RESOLVED

That the Adults and Community Wellbeing Scrutiny Committee Work Programme, with the additional items noted above, be agreed.

The meeting closed at 12.50 pm