Lincolnshire COUNTY COUNCIL
Working for a better future

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
10 APRIL 2019

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

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

Councillors: Mrs P A Bradwell OBE attended the meeting as observers

Officers in attendance:-

Glen Garrod (Executive Director of Adult Care and Community Wellbeing), Simon Evans (Health Scrutiny Officer), Alina Hackney (Senior Strategic Commercial and Procurement Manager - People Services), Justin Hackney (Assistant Director, Specialist Adult Services), Carl Miller (Commercial and Procurement Manager - People Services), Sarah-Jane Mills (Chief Operating Officer, Lincolnshire West CCG), Carolyn Nice (Assistant Director, Adult Frailty & Long Term Conditions) and Rachel Wilson (Democratic Services Officer)

66 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Mrs C J Lawton and M A Whittington.

The Chief Executive reported that having received a notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, she had appointed Councillor B Adams as a replacement member of the Committee in place of Councillor M A Whittington for this meeting only.

67 DECLARATIONS OF MEMBERS INTERESTS

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

68 MINUTES OF THE MEETING HELD ON 27 FEBRUARY 2019

RESOLVED

That the minutes of the meeting held on 27 February 2019 be signed as a correct record by the Chairman, subject to it being noted that Councillor Mrs M J Overton MBE submitted her apologies.

69 ANNOUNCEMENTS BY THE EXECUTIVE COUNCILLOR AND LEAD OFFICERS

There were no announcements by the Executive Councillor and Lead Officers.

70 INTEGRATED COMMUNITY CARE PORTFOLIO

Consideration was given to a report by Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group, on behalf of the Lincolnshire Sustainability and Transformation Partnership in relation to the Integrated Community Care Portfolio. It was reported that the Lincolnshire health and care community had all committed to working in partnership to realise the ambition that the default position was that care would be provided in the community unless there was a clinical need or value for money reason that care and treatment should be provided in an acute hospital setting.

The Committee was advised that neighbourhood working was the foundation for making this happen and across Lincolnshire, twelve neighbourhood areas had been identified. In these neighbourhoods colleagues from all agencies, statutory and voluntary, would come together to support the needs of the local population. The term neighbourhood team was used to describe how professionals worked together to support the needs of an individual. It was a way of working that was similar to the 'team around the child' framework, not as single team rather than teams of professionals providing co-ordinated, person centred care to an adult with complex needs.

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 14% of the population of the Skegness area had been diagnosed with type 2 diabetes. However, it should also be remembered that a lot of people had moved into this area after retiring.
- Resilient communities were about building relationships within a community to support people to manage their own conditions.
- Neighbourhood teams had consistently been one of the key developments recognised to improve integration since Lincolnshire Health and Care was initiated six years ago.
- It was queried what feedback from GP's had been like, and members were advised that this had been very positive, and the more they engaged then the more they saw benefits in terms of serving the local population.
- It was commented that liaison was very important, including with the third sector and smaller community groups, and it was queried how this was being addressed. Social prescribing played an important part in the NHS Long Term Plan, particularly around identifying those smaller local groups in an area so that teams could understand the smaller but valuable things that were taking place. It was noted that there was a lot of work taking place with staff, and if they were out in the community and noticed information about a community group they would pass on that information.
- It was noted that 'micro-commissioning' was taking place in other rural locations so that people could make the best use of services.

- It was noted that communication was critical. If a health and care professional, had access to all the relevant information their decision making for a patient would be improved.
- It was also highlighted that councillors knew their communities well and if they became aware of any small community groups or events to pass on this information.
- It was highlighted that work had been taking place around prevention for a long time, and it was queried how the current work was different from work which had been done before. There was a need for caution that major problems were not being overlooked.
- Assurances were sought that the move towards neighbourhood teams would not be a replacement for proper care provided by GP's. Members were advised that this was not the intention, and there was a need to need create local services so that if people needed to see a GP or other health professional that they were able to quickly get an appointment. The neighbourhood teams would not replace that, they would identify those individuals that had more complex needs and required a more personalised care plan.
- It was emphasised that these teams would not replace urgent health care services, but would complement those services already in existence and would help people in those situations where there was more of a social care need rather than a health need, and services would be designed around the individual rather than their disease.
- It was noted that GP's and health professionals spent a lot of time seeing people who did not have an actual health need at that time.
- It was commented that the north of Lincolnshire, particularly around Caistor was not served well medically, and it had been hoped that a new medical centre would be built in the next two to three years and that this would encourage more doctors to come to the area. It was also reported that many carers in this area worked from Market Rasen, and this highlighted the difficulties that those living in the more isolated hamlets faced, as they may only have access to call connect or rely on neighbours to access services.
- It was suggested whether services could be made better use of if they were clustered.
- It was noted that cross boundary working was not just an issue in the north of the county. People tended to cluster around primary care networks rather than the county or district boundaries. Health colleagues were working with partners over the borders, and work was underway to try and resolve these complexities with CCG partners.
- In relation to the map provided in Appendix 1 to the report, concerns were raised that there was a large disparity in the figures when looking at population numbers for each neighbourhood. Members were advised that the Primary Care Network (PCN) would help to address some of the issues as a PCN should serve between 30,000 – 50,000 people. For example, one network would cover Gainsborough, and in the Grantham and Stamford area there would be at least two.
- The services provided in a particular area would be shaped and influenced by demographic need. For example, in Skegness and Mablethorpe there was a

higher need for diabetes services. The complexity was in terms of community assets. It was possible that there could be one area with a lot of community groups and another with very few. There was a need to look at how these areas could work together so these assets could be built up in other areas.

- It was queried how this would work for rural areas, as it could take between 30-45 minutes to get to the person. It was noted that capacity and demand would be important. From a management perspective, there was a need for a culture shift to think about the needs of an individual rather than what the organisation could do. To work in a way that was focused around the person, and not just their medical condition.
- Capacity would be released by managing staff more efficiently, for example, by having one person travelling to see all patients in one area rather than three travelling separately to the same area.
- It was noted that neighbourhood teams were made up of those people that already worked in those areas.
- It was commented that this was a good initiative and needed to gather more momentum.
- Digital technology would be a big part of supporting integrated community care.
- The work by KPMG would provide the basis for a vision where the details could be developed further. It was the staff on the ground that understood the detail, and the critical issue was how this detail could be included in the process and understanding what it would mean for people using the service.
- It was noted that KPMG had brought technical skills in terms of modelling and analysing data and providing that expertise that was needed. There had been a lot of engagement with the people involved in delivering services.
- It was commented that this had been a long time coming, but was not quite there yet. Neighbourhood teams would not work unless there were health services there to back them up.
- It was confirmed that there were no changes planned to the services that GP's provided, however, there may be changes to the number of outlets.

RESOLVED

That the comments made in relation to the Lincolnshire Sustainability and Transformation Partnership's Integrated Community Care Portfolio be noted.

71 HOME BASED REABLEMENT SERVICE

Consideration was given to a report which provided the Committee with an overview of the Home Based Reablement Service. Members were advised that the aim of this service was to maximise a person's independence whilst enhancing their quality of life, with the intention of reducing the need for care and support in the future. An effective reablement service was vital in supporting people to gain or regain the skills necessary for daily living, which had been lost through illness, deterioration of health and/or increased support needs.

Additionally, at time of market failure within the homecare market Lincolnshire County Council could request the Home Based Reablement Service provider to act as 'the provider of last resort' and use their capacity to support people with long term needs in their own homes on a short term basis.

Members were advised that the contract for the Reablement Service had been awarded to Allied Healthcare in 2015 for a period of three years with the opportunity for a further two year extension. However, at the beginning of November 2018, the Care Quality Commission (CQC) had written to 84 affected local authorities to make them aware of significant and immediate concerns regarding Allied Healthcare's financial viability. Lincolnshire's contract was the fourth largest in the country. Following extensive discussions with a number of organisations, including Allied Healthcare, the contract was successfully transferred to Libertas. It was noted that one of the immediate actions taken was to reach out to the workforce across the county to keep then updated of the situation. The transfer of staff from Allied to Libertas was undertaken within 10 days.

Tom Carter, Managing Director and Claire Lee, Head of Operations at Libertas were in attendance for this item and provided updates to the Committee and the following points were noted:

- It was a joint approach between the County Council and Libertas in offering reassurance to the workforce, and there were some significant practical changes which had to be overcome, such as the loss of IT systems. The aim was to achieve stability for the service, and the organisation was able to deliver that stability. Work had continued over the previous three months, and work was now underway to think about the development of the service and what could be delivered in the future.
- The primary focus had been to connect with everyone in the service and inform them of what was going to happen and the expected timeline. New systems were brought in and the staff undertook training on the new systems. All staff were supported through this change so that reassurance could be given to service users that the only changes they would see would be the uniform and name. It was important that the workforce was behind Libertas, and therefore there was normal working from day one of the contract.
- It was highlighted that the work which had taken place to make this happen could not be underestimated, and despite the changes in provider Delayed Transfers of Care (DToC) continued to reduce. Members were also reminded that this had happened at one of the most difficult times of the year.

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 reablement was a very important service for people and it needed to be in place for when they came out of hospital and it was highlighted that it was not thought that there had been any complaints during this time.
- The Executive Councillor for Adult Care, Health and Children's Services thanked all those involved for their work during this time.

- The Executive Director for Adult Care and Community Wellbeing summarised for members the process undertaken when it became clear that there were questions regarding the financial viability of a provider such as Allied Healthcare.
- It was noted that Libertas had increased the percentage of people reabled to no service from 71.7% service users to 91.3% in February 2019. It was queried what Libertas were doing differently to Allied and members were advised that they were working with the reablement service closely and each referral was being looked at individually, and each one which was declined was also looked at.
- Officers were congratulated for the work they had carried out in ensuring the service had continued uninterrupted.
- It was queried whether there had been an increase in costs and members were advised that the contract had transferred to the new provider at the same cost. It was noted that Libertas had stretch targets in place for monitoring performance.
- It was queried what happened when something that needed changing was observed, it was confirmed that this feedback would be passed on and there was a good working relationship with this provider. It was also noted that Libertas was a prime provider for home care in two zones (Louth and Gainsborough).
- It was commented that it was thought that the service had got back into a good state in a relatively short space of time. There was a need for stability in order to grow and develop the service. In the future it was hoped that there would be an integrated reablement service, which would be similar to what is set up a few other areas of the country.
- It was suggested that the Committee may want to think about where this service should go in the future and what did 'good' look like.
- At this time it was not clear what the timescales would be for integrating the reablement service, as it was the NHS' intention to invest more in primary care. However, there was a question of whether more should be invested into reablement as the Council had evidence to show that it commissioned well and had a good commercial offer. It was acknowledged that it could sometimes take some time to persuade partners that this was the path to follow.

RESOLVED

That the information presented within the report be noted.

72 COMMUNITY BASED SUPPORT SERVICE FOR PEOPLE WITH DEMENTIA AND THEIR FAMILIES

The Committee received a report which invited members to consider the a report on the re-commissioning of a community based Dementia Support Service, which was due to be considered by the Executive Councillor between 15 – 29 April 2019.

Members were advised that the Council currently commissioned a dementia Family Support Service, which was provided by the Alzheimer's Society and the contract was due to end on 30 September 2019. It was reported that the aim of the service was to offer support and guidance for people with dementia to live at home independently for longer and to ensure that people were better enabled to live well with dementia through provision of meaningful support and services, in turn preventing crises, unscheduled hospital admissions and premature transition in long term residential care. The current service provided support to only those people who had a diagnosis of dementia. The service also provided support and guidance to family and carers of people with dementia so that they could support the person with dementia to continue in their caring role and maintain their own health and wellbeing.

Members were provided with an 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 whether it was correct that people who had a diagnosis of dementia or were caring for someone with dementia were eligible for an exemption from council tax. It was confirmed that this was true, and it was the sort of information that the service would help people to find out.
- When people were diagnosed early, they would be sign posted to this service, as there was a lot that could be done to help people live well with dementia.
- This service would allow flexibility, and assurance was sought that both the elements proposed would not exceed the budget allowance. It was noted that there would be a need for a conversation with health colleagues if there was a spike in the diagnosis rates, and an increase in funding would be requested. However, there was capacity within the existing budget. Early diagnosis was stressed.
- It was queried why the cost per person was so much lower in east Sussex, and it was noted that they were achieving better value through delivering to more people. East Sussex was used as an example as it was the most comparable to Lincolnshire in terms of the service to be commissioned. There were particular challenges in relation to Lincolnshire's Rurality.
- It was hoped that this service would also benefit those people with a mild cognitive impairment as well as those with a diagnosis of dementia.
- Members were advised that it was a complex process to get a diagnosis of dementia and involved a series of scans, and often by the time that people got diagnosed it was too late to get the support that could prevent the serious complications. There was a lot that could be done in the early stages, such as advice and planning and the patient being able to make decisions for their future.
- It was queried whether people with dementia were able to access grants for improving their home, however, members were advised that this sat outside of the budget for this service but they could be signposted to relevant services.
- It was important that the service was measured by robust performance indicators.
- It was commented that there seemed to be an increasing number of people needing the service, but not an increasing budget. It was noted that the challenge was that the Council did not make the diagnosis, and NHS

colleagues were relied on for this. There was a national focus on dementia and CCG's were under pressure to perform and meet targets for dementia diagnoses. However, it was believed that there was enough capacity within the contract to manage an increase of 2% to match the national targets. The important of integrated working with the NHS and others was stressed.

- It was confirmed that the service was free at the point of delivery.
- The figure of 11,000 people living with dementia in Lincolnshire came from a number of sources, including the historical trends, projections and hospital records etc.

RESOLVED

1. That the Committee supports the recommendations to the Executive Councillor as set out in the report, including a suggestion that the proposed service be called the 'Dementia Support Service' rather than 'Dementia Community Support Service'.
2. That the Committee's comments be passed to the Executive Councillor in relation to this item, including the importance of early diagnosis; the effect of rurality on service delivery; the importance of performance information; and the importance of integration with health and other commissioned care services.

73 MEMORANDUM OF UNDERSTANDING

It was reported that the role of housing in achieving and maintaining good health, and the need to connect Housing services with Health and Social Care was well recognised nationally and locally. The Lincolnshire Health and Wellbeing Board had included Housing as one of its seven priorities in its Joint Health and Wellbeing Strategy (JHWS) and established the Housing, Health and Care Delivery Group (HHCDG) to oversee the Housing Delivery Plan.

The HHCDG had identified the need to agree a strategic vision with principles and core values for a Lincolnshire approach to working across the Housing, Health and Care sectors. The Memorandum of Understanding (MoU) attached as Appendix A to the report articulated the benefits of collaborative working and created an opportunity for better understanding of the preventative role that housing could play in achieving good health outcomes and sustaining independence.

The Committee was advised that the MoU had been supported by the Health and Wellbeing Board on 11 December 2018. A number of partners had already formally signed up to this and others were following due process in order to do so.

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:

- A quarter of the population in any given area could have a disability currently or within the next 5 – 10 years, and currently houses were not designed to take account of this.

- If health and wellbeing was to be tackled, there was a need for open space so people could go for a walk or enjoy other activities. How modern estates were built needed to be considered so that they could include space for people to walk, play and exercise.
- It was thought essential that open space should be included within new developments and they should also include cycle paths.
- It was commented that the housing sector moved more slowly than both the NHS and social care sectors, and that it always took a number of years to implement changes. Health colleagues had engaged with the Place directorate. It was noted that open space had wellbeing value not just in terms of physical health but also benefitted mental health. The existing system, if it was left for 20 years would still not meet the needs of those people that needed it. The authority had been working with a number of districts to look at provision of extra care developments through partnerships, as there would be extra funds available which could be applied.
- It was commented that the Sincil Bank area in Lincoln was being regenerated as the need to create open space had been recognised and a pocket park was being developed, as there was very little green space in the city generally.
- It was commented that there was a need for greater emphasis on cycle routes, and it was commented that by way of example North Kesteven District Council had a condition that any larger developments must also include housing that was suitable for older people, for example have wider doorways, and this seemed to work well.
- It was also noted that there was a need to ensure that there was the right percentage of single person dwellings, as more people were living alone.
- It was commented that there were already a lot of bungalows in Lincolnshire, on the face of it this was in many instances appropriate housing for older people, and this could also be a factor in why a lot of older people moved to the county. However, whether all the bungalows were actually fit for purpose was another matter for consideration as some may be in need of modernisation.

RESOLVED

1. That the comments made in relation to the Memorandum of Understanding be noted.
2. That the actions within the Delivery Plan which was currently being refreshed by the Housing, Health and care Delivery Group be noted.
3. That the principles of the memorandum of understanding be embedded within Lincolnshire County Council's activities when scrutinising other topics.

74 SAFEGUARDING "SOURCES OF RISK" AND REPLACEMENT BUSINESS PLAN INDICATOR

Consideration was given to a report which provided the Committee with an information briefing regarding the proposed changes to the Council Business plan measure M114 '% Enquiries Where Service Provider is the Source of Risk'.

Members were advised that the proposed measure would identify the proportion of Adult Safeguarding concerns received in the year that lead to a Section 42 (Care Act 2014) safeguarding enquiry. It was noted that in 2017/18, the number of enquiries where risk was identified and the 'source of risk' was a service provider was 337, the number of these enquiries which were upheld because abuse or neglect was likely to have occurred, on the balance of probabilities, was 132. This represented approximately 39% of enquiries which related to service providers.

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:

- There was support for the change of indicator and it was suggested that the longer version of the definition rather than the shorter version should be used.
- There was an assumption that partners had an understanding of safeguarding and there would always be referrals from them. There was an expectation that providers would understand what was a safeguarding concern and what was a concern around poor quality care.
- As the authority could identify trends and the source of concerns, it could do some work with the provider, if required.
- It was noted that there would be as much concern with a provider who did not make any reports as one who reported a high number.
- Once a concern was raised there would be an assessment of whether a safeguarding risk existed or not, and there would be support put in place even if there not found to be a safeguarding risk, as officers would want to ascertain why risks were not being assessed properly.
- It was suggested that it might be useful for the Committee to have a training session on this, and it was proposed that this took place at the end of the next meeting. It was also discussed whether this subject could be a topic for a councillor development group session at a later date.
- It was highlighted that safeguarding was everyone's responsibility and there was a need to use capacity to best effect.
- It was clarified that if the number of reports had reduced, but the number converted to safeguarding enquiries had increased, this would mean that more appropriate reporting was taking place.

RESOLVED

1. That the Committee note the change to the Council Business Plan measure and support the use of the long description of the definition "The proportion of adult safeguarding concerns received in the year that lead to a Safeguarding enquiry".
2. That consideration be given to holding a safeguarding briefing session at the conclusion of the Committee's next meeting on 22 May 2019.

75 BRIEFING ON AUTISM

The Committee received a report which provided a summary on Autism including specific information relating to autistic people presenting to Adult Social Care as well as an update in relation to Lincolnshire's All-Age Autism Strategy.

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:

- There was a need for information about the number of people with autism who were in work and the type of work they were employed in. It was acknowledged that not everyone with autism could work and would require adult care, but there was a significant percentage who could work.
- A key question was the extent of support given by Children's Services to prepare children with autism for adult life.
- It was noted that the 15th priority within the Strategy was to support people with autism to get a job and also support to enable them to stay employed.
- It was noted that there were also other elements being covered by the Strategy, such as the criminal justice system.
- A supported employment project was planned. The Department for Work and Pensions was also carrying out work through the healthy work programme.
- A scrutiny review had been carried out regarding the transition to adult services from children's services, and this would be circulated to committee members once it was finalised.
- It was hoped that the Strategy would raise awareness and highlight the adjustments that could be made to support people. There was due to be a councillor development session on the refreshed strategy.
- There was a need to make sure that every day services were accessible to all. There had been a scheme of local accreditation for businesses, and people with autism had been involved in developing this.
- Concerns were raised that there were a number of children with autism that were home schooled as some schools were not able to meet their needs. Members were advised that there was an autism education training programme and all schools were currently participating in this. It was also noted that as part of the SEND strategy there were to be all needs special schools.
- For some older people, autism would never have been diagnosed or considered as a condition.
- The National Autism Strategy was being reviewed, and would now be all-age and would contain key areas and themes to be addressed. Employment would be one of these.

RESOLVED

That the report be noted.

76 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE WORK PROGRAMME

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
10 APRIL 2019

Consideration was given to the Committee's work programme and the following was noted:

- A short briefing session on Safeguarding would be arranged to take place after the meeting on 22 May 2019.
- There would be some changes to the items on the agenda for 22 May 2019 depending on whether the green papers were published.

RESOLVED

That the work programme and the points highlighted above be noted.

The meeting closed at 1.10 pm