

**ADULTS AND COMMUNITY
 WELLBEING SCRUTINY COMMITTEE
 27 NOVEMBER 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, M A Whittington and S P Roe

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

Officers in attendance:-

Pam Clipson, Alex Craig (Commercial and Procurement Manager - People Services), Simon Evans (Health Scrutiny Officer), Glen Garrod (Executive Director - Adult Care and Community Wellbeing), Theo Jarratt (County Manager, Performance Quality and Development), Tracy Perrett (Head of Hospitals and Special Projects), Katy Thomas (Programme Manager (Health Intelligence)) and Rachel Wilson (Democratic Services Officer)

36 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors B Adams and Mrs C J Lawton.

The Head of Paid Service reported that having received notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, she had appointed Councillor S P Roe as a replacement member of the Committee in place of Councillor B Adams for this meeting only.

37 DECLARATIONS OF MEMBERS' INTERESTS

Councillor M A Whittington wished it to be noted that his mother was resident in a care home in Grantham.

38 MINUTES OF THE MEETING HELD ON 9 OCTOBER 2019

RESOLVED

That the minutes of the meeting held on 9 October 2019 be signed by the Chairman as a correct record.

39 ANNOUNCEMENTS BY THE CHAIRMAN, LEAD OFFICERS AND EXECUTIVE COUNCILLOR

The Committee was advised that a new occupational therapy service had been launched on 4 November 2019, with the teams now aligned to the district councils to

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improve partnership working. Councillors Mrs P A Bradwell OBE and Mrs S Woolley had received an update on the progress with the new occupational therapy service and had indicated that they were pleased with the progress so far. Additional staff were being recruited. It was a two year programme and its impact would be reviewed in the middle of 2021.

There was also a 'grow your own' programme for apprenticeships which was working very well and there were between 12 – 15 staff per annual cohort being trained as social workers or occupational therapists to work in vacant professional grades within the Directorate through this programme.

The Committee would be receiving a report on the budget in the New Year and it was recognised that there was a need to consider how these services would be funded in the future. It was highlighted that Lincolnshire was due to receive NHS funding to support mental health schemes. Lincolnshire was working well together with the NHS commissioners and Lincolnshire Partnership Foundation Trust. The Committee would be receiving updates at future meetings in relation to mental health services.

40 DIRECT PAYMENT SUPPORT SERVICE

It was reported that the Direct Payment Support Service (DPSS) was the Council's dedicated service contract that helped support service users who had a direct payment with a range of activities. The current contract had had its full extension, which meant the current provision must come to an end on 31 March 2020. A new service would have to be procured to start on 1 April 2020.

The Committee was invited to consider a report on the Direct Payment Support Service on which a decision was due to be made by the Executive Councillor for Adult Care, Health and Children's Services between 2 – 3 December 2019.

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 whether there should be a KPI to encourage a lower percentage of fully managed accounts.
- There were quite a few people receiving direct payments who also received Personal Health Budgets (PHB).
- There was a need for a mechanism to allow the number of controls to be more streamlined without having to add another layer of bureaucracy. It was hoped that this was what the authority was moving towards with the pre-paid cards and virtual wallet. It would be possible to set trigger points with tolerances for spending by clients which was either too low or too high. The bank accounts did allow trigger points that would alert the finance team and social workers.
- Discussions were taking place around whether health partners would also be able to make use of the virtual wallet as they were keen to be involved as some people had social care needs and health needs, which currently needed

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to be administered separately. It would be an opportunity for an individual to have one place where they could keep their money but could portion it out.

- It was noted that an annual survey had also been conducted in May 2019, and the results of this could be provided to members as a follow up. In terms of the 2018 survey, the response rate indicated 70% approval for the account set up process. This was tracked against the national picture. On average, the Lincolnshire service was performing better than the national average. The 2019 survey showed a similar trend with very similar satisfaction levels.
- In terms of KPI's which were being developed it was queried whether they should already have been in place for the existing contract. There were new requirements to focus on where people sit within the support spectrum and how often they should be reviewed. This would ensure that the money was being spent more effectively.
- It was queried whether there was still a way of ensuring that things were done correctly if people preferred to withdraw money to pay carers. Were there checks on this such as who was being paid etc.? Members were advised that the Direct Payment Policy was clear that where someone was employing a person directly, i.e. not through an agency, the DPSS was there to provide support and advice. There was also an audit function that would check that people were acting appropriately.
- Becoming an employer could be quite frightening to most people, and support would be provided by the DPSS.
- It was noted that the current budget was £485,000 and the actual spend for 2018/19 was £466,000. It was queried what the spend would be for 2019/20. It was hoped to manage all costs within £420,000.
- It was noted that around 100 new direct payments were set up every month, and around a third now chose to take the pre-paid card option.
- It was queried what would happen if more people came into the system than expected. Members were advised that the contract would cover the fixed overheads and some of the tier one activity, the rest would be paid on a by volume basis.
- In terms of the pre-paid card and the virtual wallet, it was queried what would happen if the service user passed away, and how would the authority retrieve the money. It was possible to set trigger points, such as if it was no longer needed or if there was misuse there was the ability to claw back the funds to the council's accounts. However, there was a need to ensure that this happened in the right way. There was more confidence in this method.
- It was queried how often payments were made to the pre-paid cards and virtual wallet, and it was noted that it would be the same as direct payments, so every four weeks.
- One role of the DPSS was to help people in the first few weeks to set up payments and tax etc.

(NOTE: Councillor Mrs M J Overton MBE left the meeting at 10.55am and did not return)

- The virtual wallet and pre-paid card was welcomed and it was commented that it gave audit accountability.
- There was a need to bring in the health element to strengthen it and reduce duplication.

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- The new contract would evolve from the last one with better outcomes for service users.
- It was noted that there had been two cases in the last 18 months of deliberate misuse.
- A minimum of 10% of sub-contracts were to local businesses.
- The Executive Councillor commented that she was pleased the service would be receiving more support in terms of IT, and developing this had been one of the first things that the new Commercial Executive Director was tasked with. For younger people particularly, this was a good development.

RESOLVED

1. That the Committee support the recommendations to the Executive Councillor for Adult Care, Health and Children's Services as set out in the report.
2. That the following comments be passed to the Executive Councillor for Adult Care, Health and Children's Services:
 - *The proposed joint working with the NHS and the third sector is particularly welcomed.*
 - *The development of initiatives such as the virtual wallet and the pre-payment card is strongly supported, as these initiatives should support the overall up-take of direct payments.*
 - *Paragraph 1.4.2 of the report refers to a 2017-18 annual survey of users of direct payments. The Committee has suggested that a summary of the findings of this survey, and the 2018-19 survey if available, are presented to the Executive Councillor, at the time she makes the decision. (The 2017-18 survey of users from Penderels Trust is attached as an appendix to this statement.)*
 - *The Committee is pleased to see that the proposed contract will include a requirement for local sub-contractors providing a minimum of ten per cent of the service, on the basis that this would be a stimulus for other providers.*

In addition to the above, it was also confirmed to the Committee that:

 - *The performance indicators would reflect an increase in the overall up-take in the number of people using direct payments as a positive; and*
 - *The level of misuse of direct payments was very low, and monitoring was in place to prevent this.*

41 BLOCK TRANSITIONAL CARE AND REABLEMENT BEDS RE-PROCUREMENT

Consideration was given to a report which invited the Committee to comment on a report on Block Transitional Care and Reablement Beds Re-Procurement, on which a decision was due to be made by the executive Councillor for Adult Care, Health and Children's Services between 2 and 9 December 2019.

It was reported that the procurement rounds undertaken in respect of the two separate lots of County Council beds and also on behalf of health partners (Lincolnshire's Clinical Commissioning Groups and Lincolnshire Community Health

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Services NHS Trust (LCHS)) resulted in contracts totalling 86 beds (35 LCC and 51 LCHC) as of August 2019. This provision was situated within 26 care homes across the county. There was a Section 75 agreement established and since 2016 the County Council had undertaken the contract management function for both Council and health contracts.

The initial term of these contracts had expired on 7 August 2019 and had subsequently been extended until 31 March 2020 to allow adequate time to review the service and options available in respect of a re-procurement of these services.

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 planned to re-procure the contract on the same terms. However, a new Section 75 agreement would be required.
- It was commented that the benefit of having more beds in fewer locations could be seen, but from a service user perspective it was queried whether people would need to be travelling further from home, and how much of an impact would this have or was it too early to know? It was acknowledged that it was too soon to know what the impact would be, but this was more about facilitating discharge from hospital and a temporary placement to help people regain their independence. Where possible people would be supported to be as close to their home as possible.
- It was noted that LCHS paid more than the County Council for beds, but now through joint procurement it would be better for all partners.
- It was planned that there would be four locations with up to 20 beds. The aim was to consolidate the available beds.
- There was an aim to retain the same number of beds, but through a 'block purchase' approach rather than paying for 'spot purchase'.
- There was due to be a residential rates review in the coming year, and therefore officers were not able to speculate on costs.
- It was noted that in the south of the county, a lot of residents went to Peterborough hospital, and it was queried whether there would be any issues with discharging patients in this area. Members were advised that there would not be any issues as the patients were Lincolnshire residents.
- There would be a fixed number of beds within each home, based on flexibility about prevailing needs. There was a need to know which beds would be most appropriate for people's needs as they were discharged.
- The beds would exclusively be for placements by Lincolnshire County Council and the NHS.
- It was queried whether if the room was unavailable or refused, would there be penalties. It was noted that LCC would make void payments if the bed was unoccupied. The home would be in breach of contract if it let the room to someone else.
- It was queried whether there was a danger of reducing the number of beds available for general residential use. Members were advised that these beds were for high need and were higher priority. There would still be capacity

elsewhere, but less choice. This would specifically be looked at as part of the rates review.

- The beds would be located in Lincoln, Gainsborough, Stamford, Grantham and Spalding.
- It was noted that it was the bigger homes which were being looked at. In the south of the county, it was acknowledged that there were problems with finding nursing beds. Discussions were taking place with CCG's.
- During 2020, between January and the autumn, members would have the opportunity to discuss market capacity and to also get a sense of how Lincolnshire fits into the national picture.

RESOLVED

1. That the Committee support the recommendations to the Executive Councillor for Adult Care, Health and Children's Services as set out in the report.
2. That the following comments be passed to the Executive Councillor for Adult Care, Health and Children's Services in relation to this item:
 - *a key benefit of the procurement would be avoiding unnecessary admissions to hospital and allowing for the earlier discharge of patients from hospital;*
 - *transitional care and reablement beds would be available in several locations across Lincolnshire to meet service user needs, but more information on the detailed locations would be provided to the Committee;*
 - *there would be an emphasis on improving capacity in the south of the county, where historically provision has been low; and*
 - *transferring patients from an acute hospital to a community hospital does not represent a hospital discharge, as patients in a community hospital would still be counted for the delayed transfer of care measure.*

42 LINCOLNSHIRE INDEPENDENT ADVOCACY SERVICES RE-PROCUREMENT

The Committee received a report which invited members to consider a report on the Lincolnshire Independent Advocacy Services Re-Procurement, on which a decision was due to be made by the Executive Councillor for Adult Care, Health and Children's Services between 2 – 9 December 2019.

It was reported that Lincolnshire County Council had two main contracts delivering advocacy – the Independent Lincolnshire Advocacy Services delivered by Voiceability and the NHS Complaints Advocacy Service delivered by POHWER. Both of these contracts would come to an end as of 30 June 2020.

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:

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- It was noted that the contract values listed on page 79 of the report were the current contract values. The spreadsheet attached as Appendix C gave information on the volumes of budgets going forward.
- There was an expectation that Liberty Protection Safeguards (LPS) in replacing Deprivation of Liberty Standards (DoLS) should have reduced costs. It was commented that the Council had provided the Executive Director for Adult Care and Community Wellbeing sufficient resources, to clear the backlog of DoLS cases, which would be of great benefit for managing the transition to the new programme. The challenge would be in managing the budget over the next 2 – 3 years.
- The government estimated that 20% of all DoLS cases were NHS related, and so the NHS would need to resource up to 20% of the cases. There were ongoing negotiations between NHS and the government.
- It was noted that DoLS required up to seven different professionals to be involved, but the new arrangements would only require three. This could have an effect on the number of advocacy requirements that the authority received.

RESOLVED

1. That the Committee support the recommendations to the Executive Councillor for Adult Care, Health and Children's Services as set out in the report.
2. That the following additional comments be passed to the Executive Councillor for Adult Care, Health and Children's Services in relation to this item:
 - *Provision of the various advocacy services remains a statutory responsibility for the County Council and the NHS;*
 - *Unlike most local authorities, Lincolnshire County Council does not have any backlog in the processing Deprivation of Liberty Safeguard cases. and*
 - *There is an anticipation that the new Liberty Protection Safeguard requirements will incur lower costs than the existing Deprivation of Liberty Safeguards.*

43 ADULT CARE AND COMMUNITY WELLBEING PERFORMANCE REPORT
- QUARTER 2 2019/20

Consideration was given to a report which presented performance against Council Business Plan targets for the Directorate as at the end of Quarter 2 2019/20. A summary of performance against target for the year was provided in Appendix A of the report and a full analysis of each indicator over the year was provided in Appendix B of the report.

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:

- 18 of the 26 measures were either meeting or exceeding target, with three being survey measures which were reported annually. There were only five measures which were not achieving target; four within Community Wellbeing and one in Carers.

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- Measure 31 – Percentage of alcohol users that left specialist treatment successfully – this had declined slightly, but was expected to fluctuate around the 35% mark. Less than 1% of people re-presented who had been through the service. This service gave good value for money.
- Measure 34 – Chlamydia diagnoses per 100,000 15 – 24 year old PHOF 3.02 – this had missed target, however officers were in the early processes of recommissioning sexual health services. It was suggested that the indicator used did not accurately represent the quality of service.
- It was queried whether success in terms of chlamydia diagnoses was measured as the number of clear cases. It was also highlighted that the testing kits were sent out on request and it was queried whether any contraception was included as a way of prevention. It was noted that the indicator measured activity instead of outcomes, and this was being reviewed at a national level.
- Measure 109 – number of health and social care staff trained in Making Every Contact Count (MECC) – it was noted that this was a collective target through the year.
- Measure 111 – People successfully supported to stop smoking – it was noted that there was a three month time lag with this data, and so this data was for the end of June 2019. Members were advised that the Integrated Lifestyle Support Service had commenced on 1 July 2019 and so an increase in performance was expected. It was considered important that the smoking indicator remained.
- It was noted that the Integrated Lifestyle Support Service was badged as 'One You Lincolnshire'. There was a need to measure what people were using the service for, and it was suggested that someone from the service come to a future meeting and give an update on progress to the Committee.
- Measure 121 – Carers who have received a review of their needs in the last 12 months – it was noted that it was unusual for this to be below target, but was believed to be due to a shift in the delivery model. It was expected that by the end of the year the target would be reached.
- In terms of 'Making Every Contact Count', cumulative performance was above target. Staff could do the training, but ultimately the success depended on whether they put it into practice.
- Carers had a right to an independent assessment, and a reasonable number wanted to be seen separately from the person they cared for, and so the authority needed to offer this. Whether it was done with the service user present, was at their discretion.
- Carers could come under a lot of stress and so sometime it was quite relevant for them to have a separate review.

RESOLVED

That the performance for Adult Care and Community Wellbeing for Quarter 2 be noted.

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Consideration was given to a report which provided the Committee with information in relation to the Adult Care and Community Wellbeing Budget 2019 – 20. It was reported that the net Adult Care and Community Wellbeing budget was £227.306m. For the period up to and including 31 October 2019, with the information available, the projected outturn would deliver an underspend of £0.772m for the 2019-20 financial 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 including the following:

- Members commented that they were happy with the way the information had been laid out in the report.
- Concerns were raised regarding the future of the Better Care Fund as the authority was heavily dependent on it to fund social care. It was queried what would happen if it disappeared, members were advised that this was unlikely and it was generally believed that it would continue.
- It was reassuring to see demand management and projections included within the report. It was confirmed that implementation of mosaic was helping with this.

RESOLVED

That the outturn projection for 2019-20 be noted.

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WORK PROGRAMME

Consideration was given to a report which provided the Committee with an opportunity to consider its future work programme.

The following changes were suggested to the work programme:

- 15 January 2020 – the items in relation to the Better Care Fund, Rural and Coastal Communities and New Ways of Working in Social Care should be moved to the February agenda. An additional item in relation to Extra Care Housing would be added.
- Items on NHS Long Term Plan; the Lincolnshire Safeguarding Adults Board; and Transforming Care to be added to the 1 April 2020 agenda

RESOLVED

That the above changes to the work programme be noted.

The meeting closed at 12.12 pm