

**ADULTS AND COMMUNITY  
 WELLBEING SCRUTINY COMMITTEE  
 13 JANUARY 2021**

**PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)**

Councillors E J Sneath (Vice-Chairman), R L Foulkes, R J Kendrick, Mrs J E Killey, Mrs C J Lawton, Mrs M J Overton MBE, C E Reid and M A Whittington

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

Officers in attendance:-

Pam Clipson (Head of Finance, Adult Care and Community Wellbeing), Roz Cordy (Interim Assistant Director of Safeguarding), Simon Evans (Chief Operating Officer, United Lincolnshire Hospitals NHS Trust), Gareth Everton (Head of Integration and Transformation), Glen Garrod (Executive Director - Adult Care and Community Wellbeing), John Giblin (Communications) (Strategic Communications Team Leader), Lorraine Graves (Interim Head of Mental Health Services), Justin Hackney (Assistant Director, Specialist Adult Services), Nick Harrison (Democratic Services Officer), Kevin Kendall (Assistant Director - Corporate Property), Emma Rowitt (Project Manager), Professor Derek Ward (Director of Public Health)

Also in attendance:-

Claire Derbyshire (Deputy Director of Strategy, Lincolnshire Partnership Foundation Trust) and Rachel Redgrave (Head of Mental Health Commissioning, NHS Lincolnshire CCG)

**34 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS**

An apology for absence was received from Councillor B Adams.

**35 DECLARATIONS OF MEMBERS' INTERESTS**

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

**36 MINUTES OF THE MEETING HELD ON 25 NOVEMBER 2020**

**RESOLVED**

That the minutes of the Adults and Community Wellbeing Scrutiny Committee meeting held on 25 November 2020 be agreed and signed by the Chairman as a correct record.

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13 JANUARY 2021****37 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR  
AND LEAD OFFICERS****Urgent Decision on Community Coronavirus Testing Facilities**

The Chairman reported that in his capacity as Chairman of the Committee he had been consulted on whether he considered a proposed decision on Community Coronavirus Testing Facilities was urgent. After following the Rule 17 process in the Constitution, he confirmed that the decision was urgent, which enabled the Chief Executive to make the decision on Friday 8 January 2021.

Councillor Mrs P Bradwell, Executive Councillor Adult Care, Health and Children's Services, stated that she fully supported the decision. She paid tribute to home care and residential staff as well as front line council staff for their hard work in meeting demand and keeping services going during the ongoing Covid-19 pandemic.

The Executive Director of Adult Care and Community Wellbeing, reported that the programme to vaccinate home care workers would commence the week commencing 11<sup>th</sup> January and that the care homes vaccination programme was already underway.

**38 MENTAL HEALTH UNIVERSAL OFFER AND COMMUNITY BASED  
MODEL**

The Committee received a report from the Assistant Director Specialist Services, which provided an update on the ongoing work to develop and implement a Universal Offer and Mental Health Community Based Model in Lincolnshire. The Committee also received a presentation from Claire Darbyshire, Deputy Director of Strategy, Lincolnshire Partnership NHS Foundation Trust, Rachel Redgrave, Head of Mental Health Commissioning NHS Lincolnshire CCG, Lorraine Graves, the Interim Head of Mental Health Services and the Roz Cordy the Interim Assistant Director of Specialist Services on the Mental Health Universal Offer and Community Based Model.

It was noted that the NHS Long Term Plan, published January 2019, had made a commitment to transforming mental health services so that people with severe mental illness were able to access better care, closer to home. Lincolnshire's approach to supporting people with serious mental illness had been bolstered over the previous two years, thanks to it being one of twelve areas across the country to benefit from significant additional national funding via the NHS. As a health and social care 'system' Lincolnshire was an 'early implementer' site for testing new models of care for young, working age and older adults who had moderate to severe, long term mental health problems. As well as radically redesigning how community mental health services operated and integrated dedicated mental health workers within local primary care and neighbourhood teams, the money had also helped to develop new dedicated support for people with a personality disorder, as well as those transitioning from mental health rehabilitation services back into the community.

The Universal Offer started with Community Crisis Care transformation funds of £543K in 2019/20 and £680K 2020/21 to fund three initiatives: A 24/7 mental health helpline; Increasing the current crisis vehicular response, consisting of a crisis nurse

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and a driver operating from 2pm to 10pm seven days a week to provide one vehicle 24/7; £245K allocated to support the third sector to develop crisis cafés in neighbourhoods. Reference was made to the launch of a confidential mental health and emotional wellbeing helpline in November 2019 which was a joint initiative across health, social care and the third sector, available 24/7. The Covid-19 pandemic had accelerated the need for this work as mental health issues were one of the impacts of this.

Key features of the new community based mental health services were a new place based mental health workforce that was integrated and co-located with Neighbourhood Teams (NTs) and Primary Care Network's (PCNs). This was not a separate service or team, but a constituent part of the existing NTs which already included GPs, social care, emergency services, substance misuse workers and third sector providers.

The Universal Offer and the Community Mental Health Model would continue to be developed, and over time, as more NTs and PCN's developed, the two models would become one as they worked together and complemented each other's work which was starting to show in the four accelerator sites of Boston, Gainsborough, Grantham and Lincoln South. It was anticipated that by 2023/24 there would be countywide integrated place based MH teams, Countywide Community Rehab - 3 teams and a Countywide Personality Disorder Service – 2/3 teams.

The Executive Director of Adult Care and Community Wellbeing, reminded the Committee that demand for mental health services was increasing as was the complexity of cases being presented. Resources in the service were mostly locked into funding institutional care which included mental health in patients and residential and nursing care. It was because of this that there was a deficit of community provision and accommodation creating a cycle of dependency which was a major challenge. He reported that a report on the future joint commissioning arrangements would be presented to a meeting of the committee later in the year.

During discussion, the Committee raised the following points:

- The Committee congratulated and thanked all those involved in developing the Mental Health Universal Offer and Community Based Model. This was seen as a good example of partnership working in Lincolnshire.
- The Committee welcomed the digital offer for mental health, including cardiac rehabilitation, which had received excellent feedback. It was recognised that during the current pandemic there was still a demand from those who were unable to access services digitally.
- It was recognised that the programme had been developed to connect organisational resources to work together to support people and in some circumstances would be dependent on the ability and speed of response from job centres. It was noted that the Department for Work and Pensions had increased their number of employment advisors recently. It was confirmed that there was the ability to connect to other health and other relevant agencies across county borders in order to support individuals.
- Members were pleased to note the funding allocated to perinatal care.

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- The 24/7 mental health helpline was particularly welcomed and members requested copies of the poster to be emailed to them and for the service to be publicised as widely as possible. It was noted that latest information showed that 40% of callers were new callers. A call plan was being developed to assist regular callers obtain the support they required.
- The simple visual messages posted on Facebook promoting services were supported as an excellent idea.

RESOLVED: That the report be endorsed and the comments made as outlined above be noted.

39 ADULT CARE AND COMMUNITY WELLBEING BUDGET PROPOSALS  
2021/22

The Committee received a report from the Head of Finance – Adult Care and Community Wellbeing (ACCW), which detailed the budget proposals for Adult Care and Community Wellbeing for the financial year 1 April 2021 – 31 March 2022 and the assumptions made given the national context. The report stated that current indications highlighted the potential for ACCW to deliver services within its financial allocation for 2021-22. However, the Local Government Financial Settlement was awaited and the effects of Covid-19 were still being felt.

The Government's spending review had encompassed the following key aspects relating to social care and public health:- Councils would have access to an additional £1bn for social care next year - made up of a £300m social care grant and access to up to 3% adult social care (ASC) precept. The latter could be deferred to 2022-23. The additional £1bn of grant funding announced in the spending review 2019 for Adult and Children's Social Care would continue. The National Living Wage rate for 2021-22 was expected to be £8.91 as opposed to the originally planned (pre Covid-19) £9.21. There was no increase in the public health grant to local councils. The improved Better Care Fund grant would continue in 2021-22, maintained at its current level. The Disabled Facilities Grant would be worth £573 million. The Clinical Commissioning Group (CCG) contribution would again increase by 5.3% in line with the NHS Long Term Plan settlement. The coronavirus pandemic had impacted significantly on the 2020/21 financial year, and central Government had provided grant funding to cover costs and losses arising directly from the pandemic. It was assumed that where direct impacts carry on into 2021/22 these would continue to be funded by Government grant.

Members considered the report, and during the discussion the following comments were noted:-

- The Committee was pleased to see that Adult Care and Community Wellbeing had performed well in managing and delivering an anticipated balanced budget for 2020/21, especially during such a challenging year because of the Covid-19 pandemic. The Committee also acknowledged the work of all those in Adults Care and Community Wellbeing involved in delivering balanced budgets for the last nine years, up to and including 31 March 2021.

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- It was expected that 2021/22 would be a similar challenging period, but the proposed balanced budget for 2021/22 was welcomed.
- In response to a question on the social care precept, it was stated that proposals for its use in 2021/22, would be included in the report due to be submitted to the Executive on 2 February 2021.

RESOLVED:

1. That the budget proposals be supported;
2. That a summary of the above comments be passed on to the Executive as part of their consideration of the final budget proposals.

40     EXTRA CARE HOUSING SCHEME AND COMMUNITY SUPPORTED LIVING UNITS FOR WORKING AGED ADULTS AT THE HOPLANDS SLEAFORD WITH NORTH KESTEVEN DISTRICT COUNCIL

Consideration was given to a report from the Assistant Director Property Services the Interim Assistant Director – Adult Frailty and Long Term Conditions and the Head of Integration and Transformation on the *Extra Care Housing Scheme and Community Supported Living Units for Working Aged Adults at the Hoplands, Sleaford, with North Kesteven District Council (NKDC)*, which was due to be considered by the Executive on 2 February 2021. The views of the Committee would be reported to the Executive as part of its consideration of this item.

The report outlined a business case for The Hoplands and also highlighted the benefits and risks and potential economic, scheme and individual benefits. The Councils partnership with NKDC would enable an increase in the provision of extra care housing and community supported living for working aged adults with learning disabilities, mental health and/or physical disabilities in the county, to assist in offsetting medium and long term revenue cost increases, and facilitate Lincolnshire residents to live independently for as long as possible within their local communities; subsequently improving the wellbeing and quality of life for Lincolnshire people. The Hoplands scheme would deliver the initial need identified in the Housing LIN Report 2018.

The recommendations to the Executive were set out page 42 of the agenda and reports pack.

The Committee welcomed the recommendations and recorded their congratulations to those involved in developing the proposals. The contribution of the scheme to improving mental health was highlighted.

The Committee was also advised that accommodations for working age adults was often expensive and the provided opportunities for improved housing options. Reference was made to the work of the Health, Housing and Care Delivery Group, under the chairmanship of Councillor Mrs W Bowkett, which had supported the delivery of independent living.

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In addition to supporting the recommendations and strongly welcoming the planned development at Hoplands, the Committee stated that they would like to see similar developments progressed in the future, together with this policy commitment continuing into the new County Council electoral term. The benefit of maximising independence for people in their local communities, both in extra care housing and in accommodation for working age adults, was strongly supported.

**RESOLVED:**

1. That the recommendations to the Executive as outlined above be endorsed;
2. That a summary of the above comments be passed on to the Executive as part of its consideration of this item.

**41      DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2020**

The Committee received a report from Director of Public Health, which presented the Director of Public Health's Annual Report to the Committee. The report was on Covid-19 and the impact of the disease on health and wellbeing in Lincolnshire. He commented on the key aspects of the report and responded to a large number of questions from the Committee which covered:- the latest data on Covid-19 pandemic locally and nationally on testing; hospital admissions and deaths; how care homes had been supported; the effect on education; the Lincolnshire Resilience Forum, legal and regulatory frameworks and guidelines; the local outbreak management response; contact tracing, testing sites; Covid-19 vaccine rollout programme.

The report highlighted that the pandemic had shone a light on the many of the inequalities that existed in communities. The longer-term impacts of the disease were likely to be with us for some time. Specifically, the increasing number of people experiencing depression, anxiety, loneliness and mental health issues coupled with ongoing economic uncertainty which would impact on people's lives in terms of employment, loss of income and future opportunities for younger adults; and the increasing fatigue of having to live with the disease, especially for the most vulnerable.

It was noted that unlike other parts of the country, Lincolnshire had maintained and funded a dedicated public health team which had been important in offering help and support.

Members made the following observations:

- There were some concerns that some people were still not complying with some of the guidance and regulations particularly on mask wearing and social distancing and that there was a need to promote trusted sources of information like the NHS website as much as possible. It was recognised that the police had a challenging job in enforcing the regulations.
- The successful bid by the Council to Government for community testing sites was welcomed. There were now sites for those with no symptoms for lateral flow tests in Lincoln and Boston, with results processed within one hour.

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Those with symptoms would be directed to the Showground site or home testing.

- It was hoped that by Easter 2021 the first wave of those on the priority list above the age of 50 would have been vaccinated. This would then start to have a positive impact on reducing hospital admissions and assist with creating a vaccine based herd immunity.
- It was not possible to vaccinate people who attended sites for a test as the vaccination programme was via the priority list order.
- Work was being undertaken on protocols for vaccination of council front line workers according to the national priority list.
- It was noted that there had been delays in receiving up to date information for local areas as this information was provided and controlled by national government. Timely information was required to be able to make informed decisions. For example there was no data available for 'no show' patients who had been booked in for vaccination.
- There had been some anecdotal reports of patients being asked at short notice not to attend due to vaccine shortages. It was confirmed that sufficient stocks of vaccine had been ordered however there were occasional logistical delays which could impact on the programme of delivery.
- Early vaccination was encouraged as was staying at home where possible.
- It was noted that the current evidence suggested that the vaccine would work on the current known variants and it was likely that it could be modified if necessary in the future.

RESOLVED: That the report be noted.

42     ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE  
          WORK PROGRAMME

The Chairman invited the Health Scrutiny Officer to present the item to the Committee. The Committee gave consideration to their work programme up to 14 April 2021 and commented on the possible impact of a May election.

An additional item was noted for the February agenda which would be going to the Executive in March - *Pooled Budget and Lead Commissioner Arrangements for people with Learning Disability, Mental Illness or Autism.*

RESOLVED: That the work programme presented be received, subject to the inclusion of the additional item for the February agenda, as outlined above.

The meeting closed at 12.34 pm