



County Offices
Newland
Lincoln
LN1 1YL

11 October 2022

Adults and Community Wellbeing Scrutiny Committee

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 19 October 2022 at 10.00 am in the Council Chamber, County Offices, Newland, Lincoln LN1 1YL** for the transaction of the business set out on the attached Agenda.

Yours sincerely

A handwritten signature in black ink that reads 'Debbie Barnes'. The signature is written in a cursive, flowing style.

Debbie Barnes OBE
Chief Executive

Membership of the Adults and Community Wellbeing Scrutiny Committee (11 Members of the Council)

Councillors C E H Marfleet (Chairman), A M Key (Vice-Chairman), T A Carter, M R Clarke, Mrs N F Clarke, R J Kendrick, K E Lee, Mrs M J Overton MBE, S R Parkin, M A Whittington and T V Young

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 19 OCTOBER 2022**

| Item | Title | Pages |
|-------------|--|--------------|
| 1 | Apologies for Absence/Replacement Members | |
| 2 | Declarations of Members' Interests | |
| 3 | Minutes of the previous meeting held on 7 September 2022 | 5 - 10 |
| 4 | Minutes of the meeting held on 28 September 2022 | 11 - 14 |
| 5 | Announcements by the Chairman, Executive Councillor and Lead Officers | |
| 6 | Care Quality Commission - Adult Social Care Inspection Update <i>(To receive a report by Cat Eglinton, Inspection Manager – Care Quality Commission, which provides the Committee with an update on local and national Care Quality Commission (CQC) operations and strategic direction)</i> | 15 - 22 |
| 7 | ACCW Budget Monitoring 2022-23 <i>(To receive a report by Pam Clipson, Head of Finance – Adult Social Care and Wellbeing, which invites the Committee to consider the budget for the Adult Care and Community Wellbeing directorate)</i> | 23 - 28 |
| 8 | Adults and Community Wellbeing Scrutiny Committee Work Programme <i>(To receive a report by Simon Evans, Health Scrutiny Officer, which invites the Committee to consider its work programme)</i> | 29 - 34 |

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Please note: for more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting

- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details set out above.

Please note: This meeting will be broadcast live on the internet and access can be sought by accessing [Agenda for Adults and Community Wellbeing Scrutiny Committee on Wednesday, 19th October, 2022, 10.00 am \(moderngov.co.uk\)](#)

All papers for council meetings are available on:
<https://www.lincolnshire.gov.uk/council-business/search-committee-records>



**ADULTS AND COMMUNITY WELLBEING
SCRUTINY COMMITTEE
7 SEPTEMBER 2022**

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, S R Parkin and T V Young

Councillors: attended the meeting as observers

Officers in attendance:-

Andy Fox (Consultant in Public Health), David Boath (Corporate Performance Manager, Adult), Care and Community Wellbeing), Derek Ward (Director of Public Health), Glen Garrod (Executive Director of Adult Care and Community Wellbeing), Simon Evans (Health Scrutiny Officer) and Thomas Crofts (Democratic Services Officer)

17 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor M A Whittington.

18 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of interest.

19 MINUTES OF THE MEETING HELD ON 6 JULY 2022

RESOLVED:

That the minutes of the meeting held on Wednesday 6 July 2022 be approved as a correct record and signed by the Chairman.

20 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR AND LEAD OFFICERS

The Chairman advised the Committee that there was nothing specific to announce at this point.

21 ALL AGE OBESITY

Consideration was given to a report by Derek Ward, Director of Public Health and Andy Fox, Consultant in Public Health, on the challenges faced in Lincolnshire arising from growing overweight and obesity rates. The following matters were highlighted:

- Causes of obesity were multifaceted. As such, the main challenge to treating obesity was identifying the most effective and efficient methods of helping people lose weight.
- Obesity was a primary cause of poor health.
- Lincolnshire reflected the national picture regarding levels of obesity.
- Levels of obesity had increased over the past 30 years, as did associated health care and labour costs. As such, increasing levels of obesity also had an economic and environmental impact.
- Pandemic public health measures had been linked to a sharp increase in inactivity among children; however, the impacts were less significant in Lincolnshire compared to the national picture.
- More privileged sections of the population had become healthier in recent years, and obesity rates had fallen. As such, health inequalities had widened.
- Lincolnshire public health commissioned the integrated lifestyle service model – One You Lincolnshire. This was an innovative support model based on behaviour change for physical inactivity, smoking and risky alcohol use, all of which contributed to Lincolnshire’s obesity burden. Research by the University of Lincoln had demonstrated that this care model outperformed non-integrated models on every measured metric. This service was set to be recommissioned in 2024.
- Lincolnshire did not deliver the National Child Measurement Programme (NCMP) in 2020/21, due to the pandemic. A new Child and Family Weight Management Service (CFWM) was to be piloted in September 2022.
- Body Mass Index (BMI) was a useful measure of societal obesity but was not an accurate measurement for individuals. As such, BMI thresholds for accessing services were not to be used to preclude people from support.
- No Tier 3 or Tier 4 services were currently provided in Lincolnshire.

Consideration was given to the report and during the discussion the following points were noted:

- Work was underway to locally map levels of physical activity and find ways to maximise benefits and opportunities for exercise.
- Deprivation was found to be a primary cause of lower levels of physical activity among children and families.
- Public health authorities were working with the food industry to find a way forward regarding advertisement of unhealthy food.
- An integrated model for solving low levels of physical activity was being pursued, which targeted societal factors rather than individual lifestyles.

- Increased communication and publicity were needed to encourage more people to pursue healthier lifestyles.
- The promotion of healthy lifestyles would see both immediate and long-term benefits in terms of people's health and savings in health care costs.
- Additional pressure needed to be put on developers and businesses in terms of licensing and planning, to encourage more active travel and healthier hospitality.

Members felt that it was a good idea to show their commitment to encouraging healthy lifestyles by engaging with weight loss and physical activity programmes themselves. Members were also interested to understand the differences between rural and urban communities.

RESOLVED:

1. That the report and comments be noted.
2. That a joint working group be set up, including Members from this Committee, the Children and Young People Scrutiny Committee and the Health and Wellbeing Board, to further investigate issues and challenges faced in Lincolnshire arising from growing overweight and obesity rates.

22 GREATER LINCOLNSHIRE PUBLIC HEALTH ARRANGEMENT UPDATE

Consideration was given to a report by Derek Ward, Director of Public Health, on the Greater Lincolnshire Public Health arrangements. The following matters were highlighted:

- The Greater Lincolnshire Public Health Pilot ('the pilot') began on 22 February, for 18 months, with a review and decision point at 12 months.
- The benefit of the new governance arrangements of the pilot were evaluated against whether a single point of oversight over the three public health authorities was better than having three separate points of oversight. Measurable benefits were starting to emerge as a consequence of the pilot.
- It was anticipated that the winter season would present strains on public health services, including new covid waves.
- The pilot was being reviewed by independent evaluation.
- Once evaluations of the pilot had concluded, a report would be brought back to this committee for scrutiny.

Consideration was given to the report and during the discussion the following points were noted:

- Lincolnshire was a vast geographic area with dispersed and diverse communities. Communities were largely many miles away from each other and conditions varied vastly between market towns, manufacturing towns and coastal resorts. Additional resources had to be made available to provide for these conditions.

- The public health arrangements for Lincolnshire were complex and consisted of three different types of authorities, two different regions and one partnership.
- New levelling up proposals were anticipated, which could change the current arrangements.

Members noted that pursuing savings and a one-size-fits-all approach may impact the performance of the service.

RESOLVED:

That the report and comments be noted.

23 LINCOLNSHIRE INTEGRATED CARE SYSTEM

Consideration was given to a report and presentation by Glen Garrod, Executive Director of Adult Care and Community Wellbeing on the integrated care system (ICS) arrangements for Lincolnshire, which came into effect on 1 July 2022. The following matters were highlighted:

- The ICS established joined up working across councils, the NHS, and other partners. It removed traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services.
- Four core purposes of an ICS were:
 - Improve outcomes in population health and healthcare
 - Tackle inequalities in outcomes, experience and access
 - Enhance productivity and value for money
 - Help the NHS support broader social and economic development
- ICSs looked to establish the following principals:
 - Decisions taken closer to, and in consultation with, the communities they affect.
 - Collaboration between partners
 - Local flexibility to allow the system to identify the best way to improve the health and wellbeing
- The Lincolnshire ICS comprised of an integrated care board (ICB), the Lincolnshire Health and Care Collaborative (LHCC), an integrated care partnership (ICP) and the Health and Wellbeing board (HWB) – the make up of which was explained in the report.
- The Lincolnshire ICS was named Better Lives Lincolnshire (BLL)
- BLL's priorities were as follows:
 - Successfully recover from Covid
 - Start to turn the wellbeing dial
 - Build confidence amongst partners and citizens
- Population health management was implemented to inform intelligence-led decision making for the ICS.

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
7 SEPTEMBER 2022

- The ICS was building on existing primary care services, bringing together GP practices, community, mental health, social care, pharmacy and voluntary services.

Consideration was given to the report and during the discussion the following points were noted:

- There was no wrong place to influence in order to develop care services.
- More joined up working between local authorities and the NHS was being pursued to make best use of resources and encourage public engagement and accountability.
- Local Authorities were best placed to drive joint work with the NHS, as they more were experienced in public engagement and democratic governance arrangements.
- The ambition of greater joint working was to ensure that the care system be suitable for Lincolnshire and its residents and afford more localised decision making.
- Preventative care was always cheaper than treatment in terms of resourcing and work was needed to develop this aspect of care.

Members agreed that the ICS provided a good opportunity to establish an aspirational care system that was tailored to the needs of local residents.

RESOLVED:

That the report and comments be noted.

24 ADULT CARE AND COMMUNITY WELLBEING SERVICE LEVEL PERFORMANCE
2022/23 QUARTER 1

Consideration was given to a report by Avid Boath, Corporate Performance Manager, Adult Care and Community Wellbeing on service level performance for Adult Care and Community Wellbeing. The following matters were highlighted:

- With direct reference to the report, performance in Adult Care and Community Wellbeing for Q1 was summarised and explained, which included the following:
 - 2 measures had exceeded the target (above the target tolerance)
 - 9 measures had achieved the target (within the target tolerance)
 - 6 measures did not achieve their target (below the target tolerance)
 - 17 measures reported in total for Q1 2022/23
- Carer budget reviews showed as not achieved (74.8% against a target of 85%); however, evidence showed that the carers service was reviewing the vast majority of carers who were eligible for the review. 78% of carers who received a personal budget in the last 12 months, were still in receipt of that service at the end of the period and therefore required an annual review. Consequently, the maximum performance was fixed as 78%, so the current target of 85% was unattainable. The committee was asked to reflect on the options below:
 - a) The measure remain the same, but the target be adjusted accordingly

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
7 SEPTEMBER 2022**

- b) The cohort of carers in the denominator be adjusted to only those currently in receipt of a personal budget, and where they had been in receipt of the service for 12 months

Consideration was given to the report and during the discussion the following points were noted:

- The percentage of people who were asked what outcomes they wanted to achieve during an Adult Safeguarding enquiry was measured by a target of 85% as, unfortunately, not all clients and carers could be feasibly reached for feedback.
- A pilot was planned for later in the year to target and proactively support more carers initially in coastal areas of the county.
- Additional support for substance misuse was provided for by grant funding from central government, and additional support for carers had been provided for by funding from the NHS.
- The use of intermediate care beds had increased in order to ensure appropriate discharges from hospitals, with residential care being made a priority for recovery.
- Fewer residential care units with more beds were found to be the most efficient form of care provision. However, care homes faced financial pressures over winter, and an oversupply had to be ensured to meet anticipated pressures.

Members agreed that option b was the best means to measure carer budget reviews as it ensured that monitoring of support packages were in line with client review measures.

RESOLVED:

1. That the report and comments be noted.
2. That the Committee support changes to the monitoring of the Carers' Review Performance Indicator as outlined in option b.

25 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE WORK
PROGRAMME

Consideration was given to a report by Simon Evans, Health Scrutiny Officer, which invited the Committee to consider and comment on the content of its own work programme for the coming year.

RESOLVED:

That the work programme and additional items identified in discussion, be approved.

The meeting closed at 12.51 pm



**ADULTS AND COMMUNITY WELLBEING
SCRUTINY COMMITTEE
28 SEPTEMBER 2022**

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors A M Key (Vice-Chairman), T A Carter, M R Clarke, R J Kendrick, K E Lee, S R Parkin and T V Young

Councillors Mrs W Bowkett (Executive Councillor - Adult Care and Public Health) and C Matthews (Executive Support Councillor - NHS Liaison, Community Engagement, Registration and Coroners) attended the meeting as observers

Mrs S Woolley (Executive Councillor - NHS Liaison, Community Engagement, Registration and Coroners) also observed the meeting via Microsoft Teams

Officers in attendance:-

Kiara Chatziioannou (Scrutiny Officer), Pam Clipson (Head of Finance, Adult Care and Community Wellbeing), Glen Garrod (Executive Director - Adult Care and Community Wellbeing), Lucy Gavens (Consultant - Public Health), Alina Hackney (Senior Strategic Commercial and Procurement Manager - People Services), Natalie Liddle (Acting Head of Service - Health Protection), Carl Miller (Commercial and Procurement Manager - People Services) and Emily Wilcox (Democratic Services Officer)

Officers in attendance via Microsoft Teams:

Simon Evans (Health Scrutiny Officer)

26 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor Mrs N F Clarke and Councillor M A Whittington.

27 DECLARATIONS OF MEMBERS' INTERESTS

All declarations of interest will be recorded within the relevant minute item.

28 EXTENSION OF THE SUBSTANCE MISUSE TREATMENT SERVICES CONTRACT

Consideration was given to a report by the Head of Health Protection and the Commercial and Procurement Manager which invited the Committee to comment on the report prior to its consideration by the Executive on 4 October 2022. The report sought authorisation for an

exception to the Council's Contract Regulations to enable the extension of the Council's Substance Misuse Treatment Contract for a period 6 months to 31 March 2024.

The Committee was advised that the current length of the contract would not permit full and proper consideration of emerging considerations and would impact the future design and delivery of substance misuse treatment services in Lincolnshire. An extension of Lincolnshire County Council's commissioned Substance Misuse services contracts for a further six month period would maintain the coterminous alignment of contracts whilst emerging considerations were addressed, and recommissioning continued.

The Committee was advised that services were performing well and officers had not identified any issues in relation to provider performance.

The potential opportunity in the recommissioning of substance misuse treatment and recovery services to collaborate on a more efficient and effective model as a result of the extension was highlighted. Benefits of the contract extension included a reduction in duplication and economies of scale in certain aspects of service delivery. The extension would also allow time to consider emerging developments in particular the forthcoming implementation of the Provider Selection Regime as part of the Health and Care Act 2022 and the 2021 national drug strategy and subsequent local guidance to establish combating drugs partnerships in the finalisation of the new services.

Consideration was given to the report and during the discussion the following points were noted:

- The Committee requested an item involving the existing provider contractor, *We Are With You*, no earlier than its November 2022 meeting with a view to exploring in further detail key performance indicators and detail on what was provided to service users; as well as its county-wide offer. It was suggested that there may be benefit in an all Councillor briefing session to provide detail into the services available.
- The Committee also requested an item on the procurement process for the new contract (expected to begin in March 2024) no earlier than May 2023 meeting, which would provide the Committee with an opportunity to consider the proposed content of the new contract.
- Members supported collaborative work with other agencies, such as the Police and the local NHS, in particular focusing on the needs of children and young people. There was also collaboration at a regional level, where good practice and learning were shared.
- The Council provided operated a three-tiered support offer: a universal offer, bespoke preventative services and specialist services which were managed by *We Are With You*. The substance misuse treatment services provided by *We Are With You* are focused on those people with the highest needs. Those with lower treatment needs, such as supporting changes in behaviour, were normally addressed by *One You Lincolnshire*.

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
28 SEPTEMBER 2022

- Individuals were able to self-refer to each service. Officers continued to work with GP's on promoting the current service offer.
- Referral statistics were monitored and any significant changes in referral rates would be investigated.
- Concerns were raised over the performance of the service provider *We Are With You* over recent months. It was noted that the last six to nine months reflected some staffing challenges and complexities of need. The Committee was reassured that following recruitment, these measures were expected to improve.
- Lincolnshire Partnership NHS Foundation Trust provided a service supporting the mental health needs of armed forces veterans and their families.
- The importance of assertive outreach services, particularly for rough sleepers, were commended.

RESOLVED:

- 1) That the recommendations to the Executive be supported;
- 2) That a summary of comments made be passed on to the Executive as part of its consideration of this item.

29 EXTENSION OF THE LINCOLNSHIRE INTEGRATED SEXUAL HEALTH SERVICES CONTRACT

10:51 – Councillor C E H Marfleet left the meeting.

VICE-CHAIRMAN IN THE CHAIR

Consideration was given to a report by the Consultant in Public Health and the Commercial and Procurement Manager, which invited the Committee to consider the report prior to consideration by the Executive on 4 October 2022. The report sought approval to extend all of Lincolnshire County Council's commissioned sexual health services contracts for a further 12 month period.

The report outlined the commissioning arrangements of the current contract; commissioning considerations; provider performance and the cost implications of the proposed extension.

Officers emphasised that current contracts were performing to a high standard. Benefits of the proposed model would allow for greater efficiencies at no extra cost whilst also providing an opportunity for the contract to be developed in line with the National strategy which was due to be published at the end of the calendar year.

The Committee noted that there was no provision to extend the current contract beyond 31 March 2023 and any decision to extend further would need to be managed by making variations to existing contracts.

The Committee supported the recommendations to the Executive.

RESOLVED:

That the recommendations, as set out in the Executive report, be supported.

30 CONSIDERATION OF EXEMPT INFORMATION

RESOLVED:

That in accordance with Section 100 (A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item on the grounds that it is considered to contain exempt information as defined in paragraph 3 of Part 1 of Schedule 12 A of the Local Government Act 1972, as amended.

31 MARKET SUSTAINABILITY, FAIR COST OF CARE

During this item, Councillor T A Carter declared a non-pecuniary interest as a trustee of a local hospital which would receive funding from the Fair Cost of Care scheme.

Consideration was given to an exempt report which was due to be considered by the Executive on 4 October 2022.

11:38am – Councillor H Marfleet re-entered the meeting.

Following consideration of the report, the Committee supported the recommendations to the Executive, as set out in the exempt report.

RESOLVED:

1. That the recommendations to the Executive, as set out in the exempt report, be approved.
2. That a summary of the comments made be passed on to the Executive as part of their consideration of this item.

The meeting closed at 12.26 pm



Open Report on behalf of the Care Quality Commission

| | |
|------------|--|
| Report to: | Adults and Community Wellbeing Scrutiny Committee |
| Date: | 19 October 2022 |
| Subject: | Care Quality Commission - Adult Social Care Inspection Update |

Summary:

This is a short report to provide the Adults and Community Wellbeing Scrutiny Committee with an update on local and national Care Quality Commission (CQC) operations and strategic direction.

When considering this report it is important for the Committee to bear in mind that the CQC is not subject to Local Authority Scrutiny, and the relationship is an informal one based on an understanding, trust and joint aspiration to improve services by sharing insight and complementing each other's roles. The Committee is asked to bear in mind that the CQC is neither a commissioner nor a provider of services. The role of the Care Quality Commission is to monitor, inspect and regulate all health and social care services in England to ensure that they meet fundamental standards of quality and safety within the framework of the Health and Social Care Act 2008.

Actions Required:

To consider the information presented on the themes arising from the Care Quality Commission's inspections of Adult Social Care services in Lincolnshire to date.

1. Background

1.1 The role of CQC

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. The purpose of CQC is to ensure health and social care services provide people with safe, effective, compassionate, high-quality care.

CQC registers care providers, monitors, inspects and rates services and takes action to protect people who use services. Once a service has registered with CQC, data and intelligence is used to monitor risk and performance.

CQC consider five key questions when inspecting, these are; Is the service safe; effective, caring, responsive and well led. Services are awarded a rating in each area and an overall rating. There are four ratings that CQC give to health and social care services: outstanding, good, requires improvement and inadequate. CQC has a range of civil, and criminal, enforcement powers that are used to ensure the safety of people using services and to hold providers to account.

CQC regulate approximately 25,000 adult social care services across England.

1.2 Current inspection and regulation methodology

Over the pandemic CQC evolved to respond to risk and ensure safety. During this period, data and intelligence systems were enhanced leading to a more insight driven approach to regulation.

Inspection prioritisation and scheduling is now driven by insight. At present inspections are scheduled based on the following factors;

- New and emerging information of concern
- Registered locations which are not yet rated
- Known risk / enforcement follow up
- Improvement
- Quality assurance

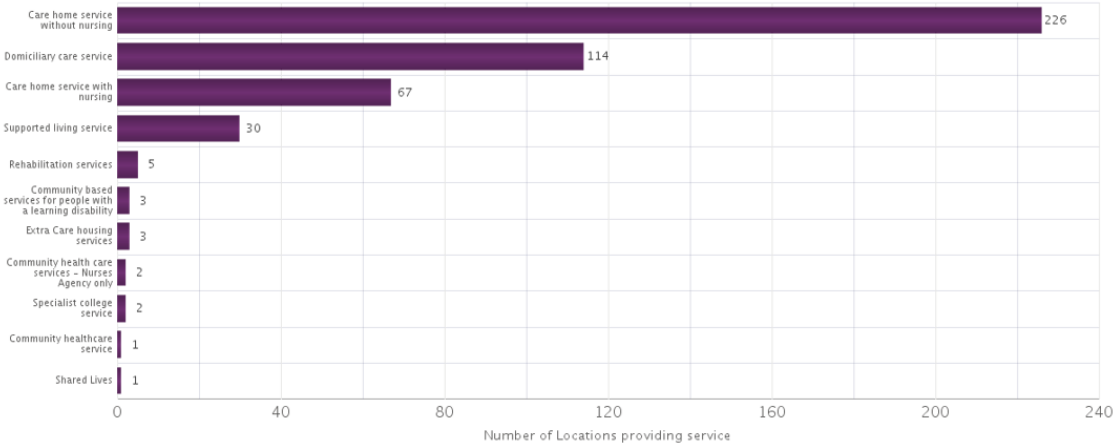
In addition, CQC continue to use the direct monitoring approach to monitor services between inspections. This approach helps CQC prioritise regulatory activity and can lead to an inspection where risk is identified. Where no risk is identified CQC publish a statement on the website which lets providers and the public know that the current intelligence held by CQC does not indicate any risk.

1.3 Inspection and regulation in Lincolnshire

There are currently **409** registered adult social care locations in Lincolnshire, **365** of which are rated, the remaining **44** are either dormant or not yet rated.

Active Locations in Lincolnshire providing the following services

NB: Locations can provide more than one type of service
Date run: 10/3/2022



Services in Lincolnshire are split as follows (some locations registered for more than one service type);

- Care Homes (without nursing): 226
- Care home with nursing: 67
- Domiciliary care agencies:114
- Supported living: 30
- Other: 17

| | % Rating | | | |
|----------------|-------------|-------|----------------------|------------|
| | Outstanding | Good | Requires improvement | Inadequate |
| Lincs | 6.3% | 73.3% | 18.3% | 2.1% |
| England | 4.5% | 78.9% | 15.4% | 1.2% |

Ratings in Lincolnshire are broadly aligned with the national picture, however the split of good / requires improvements differs slightly and there are slightly more outstanding and inadequate locations in Lincolnshire than the national average.

| | # Rating | | | | Total |
|-------------|-------------|------|----------------------|------------|-------|
| | Outstanding | Good | Requires improvement | Inadequate | |
| 2021 | 24 | 273 | 59 | 9 | 365 |
| 2022 | 23 | 267 | 67 | 8 | 365 |

Eight locations are rated inadequate, all of which are care homes. Four have recently been re-inspected and will see improved ratings. One location is dormant and subject to cancellation. Three are awaiting re-inspection.

Broken down by key question, local services perform best in effective, caring and responsive. Whilst in safe and well led services perform less well. This is due to our ongoing focus on risk in these areas.

Key themes from inspections and regulatory activity;

- Staffing continues to be a key pressure point locally and nationally. Issues with recruitment, retention and the availability of agency staff in some rural areas are driving the ongoing staffing difficulties faced by adult social care providers.
- The ratings profile of safe and well led continue to be the most poorly performing areas.
- Having a consistent, effective registered manager in post remains key to the quality and safety of services. There are 38 locations without a registered manager in Lincolnshire, this is an increase from 34 in 2020/21 which may reflect recruitment and retention difficulties in the sector.

1.4 State of Care report

The State of Care report is the CQC annual assessment of health care and social care in England, the most recent report was published in October 2021 and focused heavily on the impact of the pandemic. The report looks at the trends, shares examples of good and outstanding care, and highlights where care needs to improve.

People's experience of Care

- The impact of the pandemic on many who use health and social care services was intensely damaging. Many people struggled to get the care they needed and some did not seek care and treatment as a result of COVID-19.
- CQC have previously highlighted the ongoing issues that people from some groups have faced in accessing and receiving high-quality care. The pandemic has further exposed and exacerbated inequalities.
- People with a learning disability faced increased challenges as a result of the pandemic.
- The need for mental health care increased, with children and young people particularly affected.
- The strain on carers intensified. Carers UK estimated in June 2020 that an additional 4.5 million people became unpaid carers since the pandemic began.
- Health and social care staff became exhausted and the workforce depleted. People across all professions, and carers and volunteers, worked tirelessly to help those who needed care. The negative impact of working under this sustained pressure, including anxiety, stress and burnout, cannot be underestimated.
- Despite the widespread disruption caused by the pandemic, when people were able to access the care they needed, they were often positive about that care.

Flexibility to respond to the pandemic

- After the initial prioritisation of urgent care, there was a gradual push to bring systems back in line with pre-pandemic levels. Cancer services achieved the best response and recovery.
- The NHS was able to expand its critical care capacity to respond to the needs of the patient population at a time of crisis, although it put extra pressure on staff and other types of care and treatment.
- There were serious concerns about ambulance handover delays at hospitals, which put the safety of patients at risk.
- The 'discharge to assess' model for managing transfers of care helped to support services in both health and social care, although greater consistency was needed in implementation.
- The vital role of adult social care was made clear during the pandemic, but urgent action needed to tackle staffing issues and the increased pressures and stresses caused by staff shortages.
- GP practices moved to a more remote model of care in the pandemic. This did not benefit everyone and some struggled to get the appointments.

- Access to NHS dental care was an issue since before COVID-19, this was compounded by the pandemic.

Ongoing quality concerns

- Through reviews of high-risk mental health services, we were concerned that people were at risk in a small number of services where there were warning signs of closed cultures.
- Improvements in maternity care were too slow, with continuing issues around staff not having the right skills or knowledge, poor working relationships, and not learning from when things go wrong.
- While services largely maintained levels of Deprivation of Liberty Safeguards during 2020/21, they needed a continued focus on people subject to a deprivation of liberty. There were continued concerns about delays in authorisations, which meant that individuals were deprived of their liberty longer than necessary, or without the appropriate legal authority and safeguards in place.

Challenges for systems

- Collaborative working was varied among the local systems reviewed. Cross-sector working was helped by good communication, information sharing and shared values.
- There was a lack of integration of adult social care providers into system-level planning and decision-making.
- Most systems had some understanding that inequalities in care that existed in their areas before the pandemic, as well as how they had worsened or changed due to the pandemic. But tackling these inequalities was often not a main priority for them.
- Workforce planning was identified as a major priority and challenge for local systems and providers. Recruitment and staff retention continue to be severe problems.
- In adult social care, the situation is serious and deteriorating. The report concluded that there must be a sharp focus on developing a clearly defined career pathway and training, supported by consistent investment to enable employers to attract and retain the right people.

1.5 The future direction of the Care Quality Commission

In May 2021 CQC launched a new strategy. This strengthened the CQC commitment to deliver our purpose: to ensure health and care services provide people with safe, effective, compassionate, high-quality care and to encourage those services to improve. The CQC purpose and role as a regulator isn't changing – but how we work will be different.

Single assessment framework

Our new framework is for providers, local authorities and systems. It focuses on what matters to people who use health and social care services and their families. It will let us provide an up-to-date view of quality. It covers all sectors, service types and levels – from registration, to how we look at local authorities and integrated care systems.

Our framework

- Ratings and the five key questions remain
- Quality statements will focus on specific topic areas under key question. They set clear expectations of providers, based on people's experiences and the standards of care they expect. They replace our key lines of enquiry (KLOEs), prompts and ratings characteristics.
- We're introducing six new evidence categories to organise information under the statements
- Registration is also based on this framework. It is the first assessment activity for providers in an integrated process.

How we will use it

We will;

- use a range of information to assess providers flexibly and frequently. Assessment is not tied to set dates or driven by a previous rating
- collect evidence on an ongoing basis and can update ratings at any time. This helps us respond more flexibly to changes in risk
- tailor our assessment to different types of providers and services
- score evidence to make our judgements more structured and consistent
- use inspections (site visits) as a vital tool to gather evidence to assess quality
- use data and insight to decide which services to visit. When on site, we will observe care and talk to staff and people who use services
- produce shorter and simpler reports, showing the most up-to-date assessment

CQC is currently reviewing timelines for implementation.

CQC takes on new powers in April 2023 which will enable us to inspect local authority adult social care functions and integrated care boards. Our approach to regulating local authorities and IBCs is currently being piloted.

3. Conclusion

This report provides update on local and national CQC operations and strategic direction. The Committee are requested to note the information presented on the themes arising from the Care Quality Commission's inspections of Adult Social Care services in Lincolnshire to date.

4. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Cat Eglinton, Inspection Manager (Adult Social Care), Lincolnshire, who can be contacted via Catriona.eglington@cqc.org.uk or 07903501686/03000 616161

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**Open Report on behalf of Glen Garrod,
Executive Director - Adult Care and Community Wellbeing**

| | |
|------------|--|
| Report to: | Adults and Community Wellbeing Scrutiny Committee |
| Date: | 19 October 2022 |
| Subject: | ACCW Budget Monitoring 2022-23 |

Summary:

The Adult Care and Community Wellbeing (ACCW) budget for 2022-23 is £255.308m net. As of 30 September 2022, ACCW is forecasting a year end spend of £254.798m, a forecast underspend of £0.510m.

Actions Required:

The Adult Care and Community Wellbeing Scrutiny Committee is asked to note financial performance and the financial drivers.

1. Background

Adult Care and Community Wellbeing (ACCW) continues to operate its Medium-Term Financial Plan (MTFP) which underpins the wider Council's. The MTFP brings together the revenue and capital resources available to support the forecast activity for each of the services and forecasts forward to 31 March 2027. Through its MTFP, ACCW can prioritise its resources and enable teams to take action as early as possible to build upon financial opportunities and minimise financial risk.

The table below shows the forecast position for 2022-23 for each of the areas within ACCW based on the financial performance through to 30 September 2022.

| Delivery Strategy | Annual Budget (£m) | Projected Outturn (£m) | Over/(Under)Spend (£m) |
|--|---------------------------|-------------------------------|-------------------------------|
| Adult Frailty & Long-Term Conditions | 124.345 | 124.186 | (0.159) |
| Specialist Adult Services & Safeguarding | 94.106 | 94.106 | 0.000 |
| Public Health & Community Wellbeing | 31.788 | 31.437 | (0.351) |
| Public Protection | 5.069 | 5.069 | 0.000 |
| Sub Total | 255.308 | 254.798 | (0.510) |
| Better Care Fund Grant | -54.336 | -54.336 | 0.000 |
| Public Health Grant | -34.847 | -34.847 | 0.000 |
| Total | 166.125 | 165.615 | (0.510) |

1.1 Adult Frailty and Long-Term Conditions (AF<C)

Adult Frailty and Long-Term Conditions delivers services to both older people and adults with physical disabilities as well as hosting the Directorate budgets for back-office functions. The financial areas of focus are -

- Interim beds. During Covid-19, Lincolnshire saw an increase in usage of interim beds resulting from increased demand from hospitals and community capacity challenges. 2022-23 budget was built based on a 20% reduction in cost. Performance during the early stages of the year highlight delivery of the reduced usage. This area of spend will continue to be monitored as we head into the 'winter' months when we usually experience heightened demand.
- Residential care. Aligned to the strategic vision of maximising people's independence, the 2022-23 budget included the assumption of a continued 1% reduction in residential care. Performance during the early stages of the year again highlight delivery of a shift away from residential care for older people.
- Debt review. ACCW has had a Debt Review Programme in operation for the last 12-18mths with AF<C impacted the most as carrying the majority of ACCW debt. As of 31 July 2022 95% of the debt has been reviewed, with more than £2.2m paid. The priority is to strengthen those processes highlighted during the review which will support a reduction in the debt levels and move to embed the new ways of working as we enter 2023-24.

1.2 Specialist Adult Services and Safeguarding

Specialist Adult Services & Safeguarding budgets support delivery of services for adults with learning disabilities, autism and/or mental health needs. The financial areas of focus are -

- Continued growth in demand for mental health care coupled with increases in unit cost of care. £1.1m of non-recurrent reserves are supporting the reported position. To minimise future financial impact of demand growth and better share risk, the exploration of a pooled budget across organisations continues to be the focus with it currently operating in shadow form as operational policy and practice is aligned.

1.3 Public Health and Community Wellbeing

The financial allocation of this delivery strategy supports delivery of Adults Public Health services funded by the Public Health Grant and Adult Wellbeing Services. Wellbeing includes community equipment, the wellbeing service and housing related support. Children's public health expenditure is reported within the Children's Directorate. The financial area of focus are -

- Community Equipment Service. This is a service which is expected to grow as services work to support more people in the community where it is appropriate and safe to do so. Service developments appropriately driving £0.384m increase in demand include 'Enabling Independence' which is designed to better equip people in receipt of homecare and reduce the number of double handed visits needed. The initiatives are an invest to save with the funding transferring into the equipment budget.

1.4 Public Health Grant

The 2022-23 Public Health Grant is £34.837m, a £0.952m increase. This grant supports adults and children's services. The 2022-23 increase has funded those services that have previously been supported by non-recurrent funding or by council funding. It is the latter that is driving the underspend in the Public Health budgets.

1.5 Public Protection

Public Protection services have transferred into the Directorate during 2022-23, ACCW MTFP now also comprises community safety, trading standards, registration and coroners' services and emergency planning. The financial areas of focus are -

- Registration services. Over the coming months, the service is rolling out its system of on-line bookings which will deliver the financial benefits contained within the Council's transformation programme.

1.6 Better Care Fund

The Lincolnshire Better Care Fund (BCF) is an agreement between the Council and Lincolnshire CCG and is overseen by the Health and Wellbeing Board. The BCF pools funds from the organisations to aid the objective of integrated service provision.

The 2022-23 Better Care Fund Policy Framework was published in July 2022. Based upon the headlines in the Policy Framework we are expecting a Better Care Fund value for Lincolnshire of approx. £279.5m for 2022-23.

The table below shows the forecast spend across the fund for 2022-23.

| BCF Summary by Service Provided | 2022-23 |
|---|---------|
| Learning Disabilities | 87.801 |
| Adult Mental Health Services | 90.454 |
| Social Care workforce | 22.805 |
| Social care provider market | 21.910 |
| Intermediate Care | 13.028 |
| Child & Adolescent Mental Health Services | 13.028 |
| Proactive Care | 10.302 |
| Disabled Facilities Grant | 6.976 |

| | |
|---|----------------|
| Integrated Community Equipment | 6.577 |
| Adult Social Care Needs including seasonal winter pressures | 3.489 |
| Transitional Beds | 2.750 |
| Integrated Staffing | 0.205 |
| Surge Capacity | 0.169 |
| Total | 279.495 |

1.7 Homes for Ukraine Scheme

The Homes for Ukraine scheme was launched on 14 March 2022. The scheme provides financial support to Ukraine nationals who are being sponsored to come to the UK. The government is providing funding at a rate of £10,500 per person to councils to enable them to provide support to families to rebuild their lives and fully integrate into communities. The government is also providing funding for councils to administer the optional ‘thank you’ payments at the £350 per sponsoring household per month rate. ACCW is administering the grant across the council, the districts and organisations supporting the families arriving. Lincolnshire received £4.720m for quarter one relating to 443 guests supported by 196 sponsor families. Forecast costs for the year total £4.357m. With over 948 guests now arrived in Lincolnshire, we are forecasting a doubling of the income for the second quarter.

1.8 Covid-19

ACCW carried forward £4.558m of covid-19 grant funding into 2022-23. Whilst the government published its plan to live with Covid-19 in April 2022, we continue to see financial consequences of the pandemic. It is these consequences that the funding we have carried forward into 2022-23 will continue to support. We are forecasting to utilise all of the funding carried forward within the financial year.

1.9 Capital

Following the completion of DeWint Court Lincoln, the final contribution has been paid. In addition, the council has received funding towards the digital roadmap. These changes provide a capital balance of £11.965m. This balance has been allocated to further support the housing agenda across Lincoln (£10.2m), investment in day centres (£1.46m) and progressing the digital roadmap (£0.260m) and smaller projects within Public Protection.

2. Conclusion

ACCW is forecasting financial balance within 2022-23 however the Directorate is reliant on the drawdown of non-recurrent reserves to deliver this.

The Medium-Term Financial Plan is forecasting increased pressures of approx. £11m per year from 2023-24. This forecast is driven by the forecast increase in national living wage and forecast growth in demand across working age adult services. This forecast is before any new funding announcements both locally and nationally for 2023-24 onwards.

3. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Pam Clipson, Head of Finance – Adult Social Care and Wellbeing, who can be contacted on 07775 003614 or via email at pam.clipson@lincolnshire.gov.uk.

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**Open Report on behalf of Andrew Crookham,
Executive Director – Resources**

| | |
|------------|---|
| Report to: | Adults and Community Wellbeing Scrutiny Committee |
| Date: | 19 October 2022 |
| Subject: | Adults and Community Wellbeing Scrutiny Committee - Work Programme |

Summary:

The Committee's forward work programme is set out in this report. The report also includes the relevant extracts from latest version of the forward plan of key decisions due to be taken from 1 November 2022. The Committee is requested to consider whether it wishes to make any suggestions for items to be added to its work programme.

The Committee is also invited to note the decisions on three items made by the Executive on 4 October 2022.

Actions Requested:

- (1) To review the Committee's forward work programme, as set out in the report.
- (2) Following consideration by this Committee on 28 September 2022, to note that on 4 October 2022 the Executive approved the recommendations as submitted on the following three items:
 - (a) Extension of the Substance Misuse Treatment Services Contract;
 - (b) Extension of the Lincolnshire Integrated Sexual Health Services Contract; and
 - (c) Market Sustainability, Fair Cost of Care.

1. Current Items

The Committee is due to consider the following items at this meeting: -

| 19 October 2022 – 10.00 am | | |
|--|--|---|
| <i>Item</i> | <i>Contributor(s)</i> | <i>Notes</i> |
| 1 Care Quality Commission – Annual Update | Catriona Eglington, Inspection Manager, Lincolnshire Team, Adult Social Care Directorate, Carer Quality Commission | Each year the Committee considers the Care Quality Commission’s activities in relation to adult care in Lincolnshire. |
| 2 Adult Care and Community Wellbeing Budget Monitoring 2022-23 | Pam Clipson, Head of Finance, Adult Care and Community Wellbeing | This is the standard report, enabling the Committee to monitor the in-year budget. |

2. Planned Items

The Committee’s programme for future meetings is set out below:

| 30 November 2022 – 10.00 am | | |
|---|--|--|
| <i>Item</i> | <i>Contributor(s)</i> | <i>Notes</i> |
| 1 Performance Against Corporate Performance Framework – 2022-23 Quarter 2 | David Boath, Corporate Performance Manager, Adult Care and Community Wellbeing | This is the quarterly performance report. |
| 2 Day Services Update | Justin Hackney, Assistant Director of Specialist Services | To consider progress with the Council’s day services |
| 3 De Wint Court, Lincoln, Extra Care Accommodation | Emma Rowitt, Project Manager – Corporate Property | To consider an update report on the extra care accommodation at De Wint Court, Lincoln, which was opened on 22 March 2022. |

| 11 January 2023 – 10.00 am | | |
|---|--|--|
| <i>Item</i> | <i>Contributor(s)</i> | <i>Notes</i> |
| 1 Adult Care and Community Wellbeing Budget Proposals 2023-24 | Pam Clipson, Head of Finance, Adult Care and Community Wellbeing | To consider and comment on the proposed budget for Adult Care and Community Wellbeing. |

| 11 January 2023 – 10.00 am | | | |
|-----------------------------------|--|--|---|
| <i>Item</i> | | <i>Contributor(s)</i> | <i>Notes</i> |
| 2 | Annual Report of the Director of Public Health | Derek Ward, Director of Public Health | This is considered by the Committee each year. |
| 3 | Substance Misuse Treatment Services – Working Arrangements and Performance | Lucy Gavens, Consultant in Public Health | This item was requested by the Committee on 28 September 2022 |

| 22 February 2023 – 10.00 am | | | |
|------------------------------------|--|--|---|
| <i>Item</i> | | <i>Contributor(s)</i> | <i>Notes</i> |
| 1 | Performance Against Corporate Performance Framework – 2022-23 Quarter 3 | David Boath, Corporate Performance Manager, Adult Care and Community Wellbeing | This is the quarterly performance report. |
| 2 | Specialist Adults Accommodation at Grange Farm, Market Rasen | Emma Rowitt, Project Manager – Corporate Property | To consider proposals for specialist adult accommodation, on which a decision is due to be made by the Executive on 7 March 2023 |
| 3 | Langrick Road, Boston – Extra Care Housing and Working Aged Adults Accommodation | Emma Rowitt, Project Manager – Corporate Property | To consider proposals for extra care housing and working aged adult accommodation, on which a decision is due to be made by the Executive on 7 March 2023 |

| 5 April 2023 – 10.00 am | | | |
|--------------------------------|---|-----------------------|--|
| <i>Item</i> | | <i>Contributor(s)</i> | <i>Notes</i> |
| 1 | Carers Support Service – Introduction to the New Provider | To be confirmed. | To receive a presentation on the carers support service, including the new provider. |

The forward plan of planned key decisions on items within the remit of the Committee is attached as Appendix A.

3. Executive Decisions on 4 October 2022

On 4 October 2022, the Executive considered the following three items, which had been considered by this Committee on 28 September 2022:

- (a) Extension of the Substance Misuse Treatment Services Contract;
- (b) Extension of the Lincolnshire Integrated Sexual Health Services Contract; and
- (c) Market Sustainability, Fair Cost of Care (*Exempt Information Item*).

Councillor Hugo Marfleet, as chairman, attended the Executive and presented the statements prepared on behalf of this Committee. The Executive approved the recommendations as submitted on the three items.

4. Conclusion

The Committee is invited to consider its work programme and also to note the Executive's decisions from 4 October 2022 on the three items previously considered by this Committee.

5. Appendices

These are listed below and attached at the end of the report.

| | |
|------------|--|
| Appendix A | Forward Plan of Key Decisions within the Remit of the Adults and Community Wellbeing Scrutiny Committee from 1 November 2022 |
|------------|--|

6. **Background Papers** - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at Simon.Evans@lincolnshire.gov.uk

**FORWARD PLAN OF KEY DECISIONS WITHIN THE REMIT
OF THE ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE**

From 1 November 2022

| MATTER FOR DECISION | DATE OF DECISION | DECISION MAKER | PEOPLE/GROUPS CONSULTED PRIOR TO DECISION | OFFICERS FROM WHOM FURTHER INFORMATION CAN BE OBTAINED AND REPRESENTATIONS MADE | DIVISIONS AFFECTED |
|--|------------------|----------------|---|---|--|
| Specialist Adults Accommodation at Grange Farm, Market Rasen | 7 Mar 2023 | Executive | Adults and Community Wellbeing Scrutiny Committee | Senior Project Manager, Corporate Property: Emma.Rowitt@lincolnshire.gov.uk | Market Rasen Wolds |
| Langrick Road, Boston – Extra Care Housing and Working Aged Adults Accommodation | 7 Mar 2023 | Executive | Adults and Community Wellbeing Scrutiny Committee | Senior Project Manager, Corporate Property: Emma.Rowitt@lincolnshire.gov.uk | Boston North; Boston South; Boston West. |

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