



County Offices
Newland
Lincoln
LN1 1YL

10 October 2023

Adults and Community Wellbeing Scrutiny Committee

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 18 October 2023 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

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, 18 OCTOBER 2023**

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declarations of Members' Interests	
3	Minutes of the meeting held on 6 September 2023	5 - 12
4	Announcements by the Chairman, Executive Councillor and Lead Officers	
5	Care Quality Commission - Adult Social Care Inspection Update <i>(To receive a presentation by Nina Eastwood, Inspection Manager – Care Quality Commission and Michele Hurst, Inspection Manager Care Quality Commission, which invites the Committee to consider an update by the Care Quality Commission (CQC))</i>	13 - 36
6	Potential Topics for Scrutiny Review by Scrutiny Panel A <i>(To receive a report by Simon Evans, Health Scrutiny Officer, which invites the Board to consider whether it wishes to identify a topic that would benefit from an in-depth scrutiny review by Scrutiny Panel A)</i>	37 - 44
7	Adult Care and Community Wellbeing Budget Monitoring 2023-2024 <i>(To receive a report by Pam Clipson, Head of Finance – Adult Care and Community Wellbeing, which invites the Committee to consider the Adult Care and Community Wellbeing Budget Monitoring report for 2023-24)</i>	45 - 50
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>	51 - 58

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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

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, 18th October, 2023, 10.00 am \(modern.gov.co.uk\)](#)

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



**ADULTS AND COMMUNITY WELLBEING
SCRUTINY COMMITTEE
6 SEPTEMBER 2023**

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, M A Whittington and T V Young

Councillors: C Matthews and E Sneath attended the meeting as observers.

Officers in attendance:-

Simon Evans (Health Scrutiny Officer), Caroline Jackson (Head of Corporate Performance), Linda Mac Donnell (Head of Safeguarding - Adult Care and Community Wellbeing), Richard Proctor (Chairman of the Lincolnshire Safeguarding Adults Board), Afsaneh Sabouri (Assistant Director - Adult Frailty and Long Term Conditions) and John Waters (Day Opportunities Manager) and Jess Wosser-Yates (Democratic Services Officer)

21 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies were received from Councillors Mrs N F Clarke, Mrs M Overton MBE and S R Parkin.

22 DECLARATIONS OF MEMBERS' INTERESTS

No interests were declared at this point in proceedings.

23 MINUTES OF THE MEETING HELD ON 28 JUNE 2023

RESOLVED

1. That the minutes from the previous meeting held on 28 June 2023 be approved as a correct record and signed by the Chairman.

24 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR AND LEAD OFFICERS

The Chairman informed the Committee that Tony Atkinson, the former Chairman of the Boston Carers Group had passed away. He praised his work in his community, most notably supporting the activities of Day Centres.

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

25 LINCOLNSHIRE SAFEGUARDING ADULTS BOARD UPDATE

Consideration was given to a report from the Independent Chair – Lincolnshire Safeguarding Adult Board and the Head of Safeguarding – Adult Care and Community Wellbeing which provided an update on the current position of key areas of work being undertaken with the Lincolnshire Safeguarding Adults Board (LSAB)

Members received the report and during the discussion the following points were noted:

- It was reported that ‘neglect and acts of omission’ contributed towards 29% abuse cases; members were informed that this was a broad category and data was analysed to identify themes and patterns of abuse to enable the LSAB to respond accordingly.
- All ACCW staff received training on the influence of coercive control and the Adult Safeguarding team ensured potential abuse victims were alone when conducting interviews, including via telephone, where necessary.
- Assurance was provided that practitioners were displaying ‘professional curiosity’ when enquiring about cancelled medical appointments. There was multi-agency ‘Did not attend or was not supported to attend’ guidance in place.
- As part of ‘Priority 4: Making Safeguarding Personal’, LSAB coordinated meetings with Lincolnshire Police and the East Midlands Ambulance Service to offer guidance on when a Safeguarding Concern should be raised in accordance with Section 42 of the Care Act 2014. The Head of Safeguarding clarified to Members that this collaboration fell under the remit of Priority 4 as it empowered LSAB partners to initiate conversations and responses to safeguarding situations in the correct manner.
- Alleged perpetrators of abuse were contacted by the Adult Safeguarding team and given the right to respond to the allegations when a safeguarding concern was raised, unless this increased risk.
- The Significant Incident Review Group was independently chaired and received all Significant Incident Notifications from the LSAB and these would include feedback and recommendations from the coroner if relevant. It was assured the Safeguarding Team and the Coroner’s Office maintained a strong working relationship.
- Safeguarding processes had become more person-centred and less process-led since the implementation of the Care Act 2014.
- The steady increase in safeguarding referrals nationally was a positive indication that there was a greater understanding and awareness of safeguarding and that people understood how to raise concerns.
- A key challenge was working with adults who had capacity and chose to make what may be considered as unwise decisions and remain in situations that placed them at risk. It was noted that it was important for these individuals to retain choice and control and ensure they know how they can access support.

RESOVLED

That the report be noted.

26 DAY SERVICES UPDATE

Consideration was given to a report from the Service Manager – Day Services, Innovation & Development, which provided the Committee with an update on the progress in delivering the ambitions outlines in the In-House Day Services plan '*Living Life to the Full*'.

The Service Manager guided the Committee through the report and summarised the strategic direction and priority actions for the development of the service up to 31 March 2024. During consideration of the report, the following points were highlighted:

- Members were invited to annual event organised by Day Services alongside partners in Skegness on 18-22nd September 2023. It was noted that Wednesday 20th September was the most appropriate day for Members to attend.
- Direct payments were considered empowering for individuals in receipt of them, and it was questioned whether there was a specific job role responsible for signposting to various provisions available to them. The Service Manager agreed direct payments were empowering in collaboration with Day Care services and provision, and ensured individuals in receipt of direct payments were invited into the Service to share potential opportunities with them.
- Members considered whether there were disused buildings previously used for Day Centres, and whether these could be used for alternative purposes.
- The Executive Councillor for Adult Care and Public Health was working to ensure a community-based offer was available; these services were popular among those without a disability and provided a positive environment for staff and users alike.
- Day Services was working with Health colleagues to introduce no smoking sites to promote good health outcomes for users in January. Changes to the location of smoking shelters to render them less accessible had already reduced onsite smoking.
- Some Members had visited Day Centres and praised the work undertaken there.
- Day Services were working with Transport Services Group (TSG) to improve capacity. A pilot was successful and opened future opportunities for travel provision to be extended for Day Service users. Additionally, the service was supporting those who could be empowered to eventually travel independently to reduce pressure on the service.
- The Service was publicising positive case studies and regularly utilising social media, as well as a County News article to showcase positive changes.
- The attendance figures within the report reflected Service users from Monday to Friday and a significant number of users attended multiple times per week.
- The drop-in offer responded to the individual needs of service users and not all required to spend a full day at a centre. Drop-in attendance had decreased which indicated the expansion of the service and developing partnership arrangements who hosted other events through District Councils.
- The Day Service in Grantham had relocated after the pandemic and was unsuccessful in acquiring another site which had left users and staff disappointed. The Service

Manager assured that work was underway to identify a suitable site and offered to discuss progress with the local Member.

- Members questioned whether the payment and financial assessment processes could be streamlined to benefit users; the Service Manager clarified that any change would need to align with charging rates cross the County as well as national charging regulations.

RESOLVED

1. That the Committee notes the report.
2. That the Committee receives a further update on In-House Day Services in one year's time.

27 SERVICE LEVEL PERFORMANCE AGAINST THE CORPORATE PERFORMANCE FRAMEWORK 2023-24 QUARTER 1

Consideration was given to a report by the Head of Corporate Performance which summarised the service level performance for quarter 1 of 2023/24 for the Adult Care and Community Wellbeing Directorate, as detailed in the report.

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

- It was requested that Performance Reports included both figures and percentages moving forward.

PI 60 Permanent admissions to a residential and nursing care home aged 65+

- The Assistant Director - Adult Frailty and Long-Term Condition assured spare capacity was utilised and that LCC did not incur a cost from vacant beds.

PI 59 Carers supported in the last 12 months

- This measure did not achieve its target although it was assured this data applied to the previous contract, and the Data Team were working closely with the service to ensure data was up-to-date and accurate.
- The Service were currently working closely with the Carer Service to introduce new support services and to ensure data referred to the correct cohort.

PI 111 People supported to successfully quit smoking.

- A 12 week delay in data for this measure was noted to accommodate the completion of service interventions.

- Support was initiated with a phone call where the appropriate professional to offer support was identified. Resultantly, users were offered one to one bespoke treatment, or group support depending on their preferences.
- Members welcomed the holistic approach to smoking and alcohol support as those suffering with addiction often had other issues such as poor mental health; it was noted that patients typically had a dedicated psychiatric nurse.
- The Committee highlighted the potential danger of electronic cigarettes and vapes when supporting people quitting cigarettes. The Assistant Director – Adult Frailty and Long-Term Condition also informed that some people relied on e-cigarettes to eventually become tobacco free.
- Members and officers expressed concern regarding single use vapes due to their accessibility, especially to young people.
- There was a referral route to smoking services via inpatient mental health support; this reflected that depression and anxiety sometimes led to smoking and there was a need to tackle the initial issues that lead to dependency.

PI 121 Carers who have received a review of their needs.

- It was noted that there were 814 carers on the review list last financial year, of which 604 had successfully completed a review in the past 12 months.
- Reviews could take varying amounts of time depending on the individual and their needs.
- Regarding payments to both patients and carers, it was noted that Lincolnshire County Council exceeded audit expectations and payments were closely monitored.
- It was suggested the target for this measure be changed to make it more achievable.

PI 33 Percentage of people aged 40 to 74 offered and received an NHS health check.

- The Head of Corporate Performance agreed to circulate information regarding the number of adults who experienced health issues following an NHS health check which resulted in the illness not being identified.
- Information regarding adults who regularly visited their GP was not included the data set to avoid duplication of information such as heart rate, weight and blood pressure.
- Members suggested it was limiting that people could only receive a health check from Monday to Friday between 9am and 5pm.
- The proportion of women who accepted a health check was around 60%, whereas the approximate percentage of men who accepted was 40%

It was noted that Councillor T V Young left the meeting at 12:03

RESOLVED:

1. That the report be noted
2. That the Committee's suggestion be recorded that where a target was consistently not being achieved, consideration be given to whether the target had been set at the appropriate level.

28 ACUTE HOSPITALS - ADMISSION TO DISCHARGE CARE PATHWAY AND WINTER PLANNING 2023/4

Consideration was given to a report from the Head of Service – Hospital Social Work Teams, Prison and Brokerage, and the Assistant Director – Adult Frailty and Long Term Conditions, which provided an update on the Acute Hospitals – Admission to Discharge Care Pathway.

The Committee was guided through the report, and during the discussion the following points were highlighted:

- The Executive Councillor for Adult Care and Public Health praised the Hospital Discharge Reablement Service, which was leading nationally.
- The Head of Service agreed to a Committee site visit to a Care Transfer Hub.
- Members were informed that discharge planning began as soon as the patient was physically able, and it was unlikely that the process could be streamlined any further.
- In collaboration with EMAS, a group had been established to monitor delays of patients waiting for transport home following discharge.
- Initially, 80 active recovery beds (ARBs) were available before the pre-procurement process; there were now 40 ARBs available, and 60 expected as of 1 January 2024.
- Members were informed that virtual wards involved an assessment to determine whether patient needs could be supported at home. It was assured that patients were contacted by video call and a home visit occurred if there were any concerns for their wellbeing. Access to ARBs was dependent on the preference of the individual or input from the family. It was assured that the geographical placement of Care Homes across Lincolnshire enabled patients to recover as close as possible to their home. Alternatively, the benefits of ARBs were explained thoroughly, meaning that often patients and families were willing to travel if needed.
- Members congratulated the Service.

RESOLVED

1. That the progress made by the County Council in supporting hospital discharge be noted.
2. That the Committee supports the plans for the winter 2023/24.

29 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to a report from the Health Scrutiny Officer, which invited the Committee to consider its work programme.

The Committee was informed that there would be an item scheduled for the meeting due to be held on 18 October 2023 to consider potential subject matters for a Scrutiny Review.

RESOLVED

That the Committee's forward work programme, as set out in the report, be noted.

The meeting closed at 12.36 pm

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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:	18 October 2023
Subject:	Care Quality Commission - Adult Social Care Inspection Update

Summary:

Each year, this Committee receives an update from the Care Quality Commission (CQC), focusing on its monitoring and inspection of adult social care providers in Lincolnshire. Representatives from the CQC will be present to give a presentation to the Committee and answer questions on the activities.

Actions Required:

To consider the presentation from representatives of the Care Quality Commission on their monitoring and inspection of adult social care services in Lincolnshire to date.

1. Background

The Role of the Committee

When considering this item, it is important for the Committee to bear in mind that the Care Quality Commission (CQC) is not subject to local authority scrutiny, and in terms of the CQC's role in monitoring and inspecting adult social care providers in Lincolnshire the relationship between the CQC and the County Council is based on an understanding, trust and joint aspiration to improve these services by sharing insight and complementing each other's roles. Furthermore, the CQC is neither a commissioner nor a provider of adult care services.

The Role of the Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England, with the aim of ensuring that these services meet fundamental standards of quality and safety within the framework of the Health and Social Care Act 2008. The purpose of CQC is thus to ensure health and social care services provide people with safe, effective, compassionate, high-quality care.

As part of its regularity activities, the CQC focuses on five headline questions:

- Are services **safe**?
- Are services **effective**?
- Are services **caring**?
- Are services **responsive to people's needs**?
- Are services **well-led**?

Services are given a rating for each of the above and also given an overall rating. There are four ratings that CQC give to health and social care services:

- **Outstanding**
- **Good**
- **Requires Improvement**
- **Inadequate.**

In addition to rating services, the 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. The CQC regulates approximately 25,000 adult social care services across England.

The CQC's Fundamental Standards

The CQC's fundamental standards are:

- Care and treatment must be appropriate and reflect the service user's needs and preferences.
- Service users must be treated with dignity and respect.
- Care and treatment must only be provided with consent.
- Care and treatment must be provided in a safe way.
- Service users must be protected from abuse and improper treatment.
- Service users' nutritional and hydration needs must be met.
- All premises and equipment used must be clean, secure, suitable and used properly.
- Complaints must be appropriately investigated and appropriate action taken in response.
- Systems and processes must be established to ensure compliance with the fundamental standards.
- Sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed.
- Persons employed must be of good character, have the necessary qualifications, skills and experience, and be able to perform the work for which they are employed.
- Registered persons must be open and transparent with service users about their care and treatment (the duty of candour).

2. Lincolnshire Adult Social Care

Care Homes without nursing in Lincolnshire

Number of locations	Total Number of beds
226	5489

Care Homes with nursing

Number of locations	Total number of beds
67	3264

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: 122
- Supported living: 33
- Other: 18
- 11 services remain dormant (three of which have been dormant for over 12 months)

	% Rating			
	Outstanding	Good	Requires improvement	Inadequate
Lincs (2023)	6.5%	73.2%	17.7%	2.4%
England (2022)	5.0%	79.0%	15.0%	1.0%

Ratings in Lincolnshire are broadly aligned with the national picture; however, the split of good / requires improvement 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
2023	24	268	65	9	366

As of 30 September 2023, nine locations were rated inadequate, all of which are care homes. Three have recently been re-inspected and will see improved ratings to either good or requires improvement. However, another two locations have been inspected and rating will be inadequate due to poor care being delivered.

The above figures show that over the last three years the ratings have been consistent.

Eleven services are dormant, so not providing any regulatory activity as yet, however they remain registered with the CQC. These are being monitored and contacted on a quarterly basis by our support services.

When broken down by the five key questions, 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 (for example inspection activity has covered safe and well-led only). This will continue over the coming months as we undertake further transformation.

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 35 locations without a registered manager in Lincolnshire. This is a slight decrease from 38 in 2020/21 which may reflect recruitment and retention difficulties in the sector.
- Financial stability has been a factor in five care homes closing since April 2023, with low occupancy being a factor.

3. State of Care report 2021/2022

The State of Care report is the CQC annual assessment of health care and social care in England. The report looks at the trends, shares examples of good and outstanding care, and highlights where care needs to improve. The most recent report was published in October 2022 and states:

Today, our health and care system is in gridlock and this is clearly having a huge negative impact on people's experiences of care.

People in need of urgent care are at increased risk of harm due to long delays in ambulance response times, waiting in ambulances outside hospitals and long waiting times for triage in emergency departments.

Large numbers of people are stuck in hospital longer than they need to be, due to a lack of available social care. And people's inability to access primary care services is exacerbating the high pressure on urgent and emergency care services.

At the heart of these problems are staff shortages and struggles to recruit and retain staff right across health and care.

One major survey shows the proportion of people satisfied with the NHS overall dropping from 53% to 36%. More people (41%) were dissatisfied with the NHS than satisfied. Another survey shows that the proportion of people who reported a good overall experience of their GP practice went down from 83% to 72%.

Summary of people's experience of care

- People are struggling to access care.
- Our health and care system is in gridlock. People in need of urgent care are at increased risk of harm due to long delays in ambulance response times, waiting in ambulances outside hospitals and long waiting times for triage in emergency departments.
- Large numbers of people are stuck in hospital longer than they need to be, due to a lack of available social care.
- People's inability to access primary care services is exacerbating the high pressure on urgent and emergency care services.
- Staff shortages and struggles to recruit and retain staff are widespread throughout health and care.
- Public satisfaction with NHS health care and with social care has plummeted in 2021/22.

Inequalities pervade and persist

- In our survey of people aged 65 and over who had recently used health or social care services, more than a third (37%) who said they were on a health waiting list did not feel well supported. Two in five (41%) said their ability to carry out day-to-day activities had got worse while they were waiting.
- There is variation across the country in waiting times for elective care and cancer treatment. People living in the worst performing areas were more than twice as likely to wait more than 18 weeks for treatment as people in the best performing areas.
- In our Community Mental Health survey 2021, 41% of all respondents reported feeling they had 'definitely' seen NHS mental health services often enough for their needs in the last 12 months. This was the lowest score across the period from 2014 to 2021.
- Over a third of people did not see or speak to anyone when they could not get an appointment at their GP practice. More than 1 in 10 went to A&E.
- There has been a significant reduction in the availability of NHS dental care, particularly for children and young people.
- Around half a million people may be waiting either for an adult social care assessment, for care or a direct payment to begin, or for a review of their care. In the first three months of 2022, 2.2 million hours of homecare could not be delivered because of insufficient workforce capacity, leading to unmet and under-met needs.

Specific concerns

- The quality of maternity care is not good enough. Action to ensure all women have access to safe, effective and truly personalised maternity care has not been sufficiently prioritised.

- Women from ethnic minority groups continue to be at higher risk of dying in pregnancy and childbirth than white women, and more likely to be re-admitted to hospital after giving birth.
- We are prioritising our operational and inspection resources to ensure we and others have an up-to-date and accurate view of the quality and safety of maternity services.
- The care for people with a learning disability and autistic people is still not good enough. Despite multiple reviews and reports, people continue to face huge inequalities when accessing and receiving health and social care.
- Our review of the care in hospital for people with a learning disability and autistic people will highlight how they are not being given the quality of care they have a right to expect.
- Mental health services are struggling to meet the needs of children and young people, increasing the risk of their symptoms worsening and reaching crisis point, and being cared for in unsuitable environments.
- Ongoing problems with the Deprivation of Liberty Safeguards process mean that some people are at risk of being unlawfully deprived of their liberty without the appropriate legal framework to protect them or their human rights.

Depleted workforce

- In many cases, providers are losing the battle to attract and retain enough staff.
- The persistent understaffing across health and social care poses a serious risk to the safety and wellbeing of people who use services.
- More than 9 in 10 NHS leaders have warned of a social care workforce crisis in their area, which they expect to get worse this winter.
- Care homes have found it very difficult to attract and retain registered nurses. We have seen nurses moving to jobs with better pay and conditions in the NHS, and care homes that have had to stop providing nursing care.
- Of the providers who reported workforce pressures having a negative impact, 87% of care home providers and 88% of homecare providers told us they were experiencing recruitment challenges. Over a quarter of care homes that reported workforce pressures told us they were actively not admitting any new residents.
- Only 43% of NHS staff said they could meet all the conflicting demands on their time at work. Ambulance staff continue to report high levels of stress.

Challenges and opportunities in local systems

- Understanding the health and care needs of local people is paramount for integrated care systems, and each one faces a different challenge in meeting those needs.
- Good leadership will be vital for local systems as they become established during challenging times for all services.
- Local partnerships are starting to make a positive difference – they must be focused on outcomes for people.
- System-level planning should include all health and care services to address population needs and health and care inequalities and do their best to keep people well.

4. The future direction of the Care Quality Commission

In May 2021, the 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 is not changing, but how we work will be different.

Progress to date:

- Our teams within operations have moved into new teams – Integrated Assessment and Inspection Team (IAITs). Within Lincolnshire, there are two teams headed and lead by two Operations Manager – Nina Eastwood and Michele Hurst.
- Provider portal is being renewed and updated to support more effective registration and updates to registrations by providers. This includes submission of notifications and changes.
- More stringent assessment of providers wishing to register services for people with a learning disability and Autism, some having a restriction on their registration.

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 are 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.

The CQC is currently reviewing timelines for implementation. So far, teams have been realigned with local authority areas.

The CQC took on new powers in April 2023 which enabled us to inspect local authority adult social care functions and integrated care boards (ICBs). Lincolnshire was one local authority that has been piloted first and was inspected in July 2023. The report is due out at the end of October 2023 and will be considered by this Committee at a later date. ICBs will be inspected next.

5. Conclusion

This report provides an update on local and national CQC operations and strategic direction. The Committee is 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.

6. Appendices

These are set out below and attached to the report.

Appendix A	Presentation from the Care Quality Commission
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7. 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 Nina Eastwood (Operations Manager CQC) and Simon Evans, Health Scrutiny Officer, who can be contacted via Nina.Eastwood@cqc.org.uk or Simon.Evans@lincolnshire.gov.uk

CQC update

9 October 2023

Nina Eastwood
Operations Manager

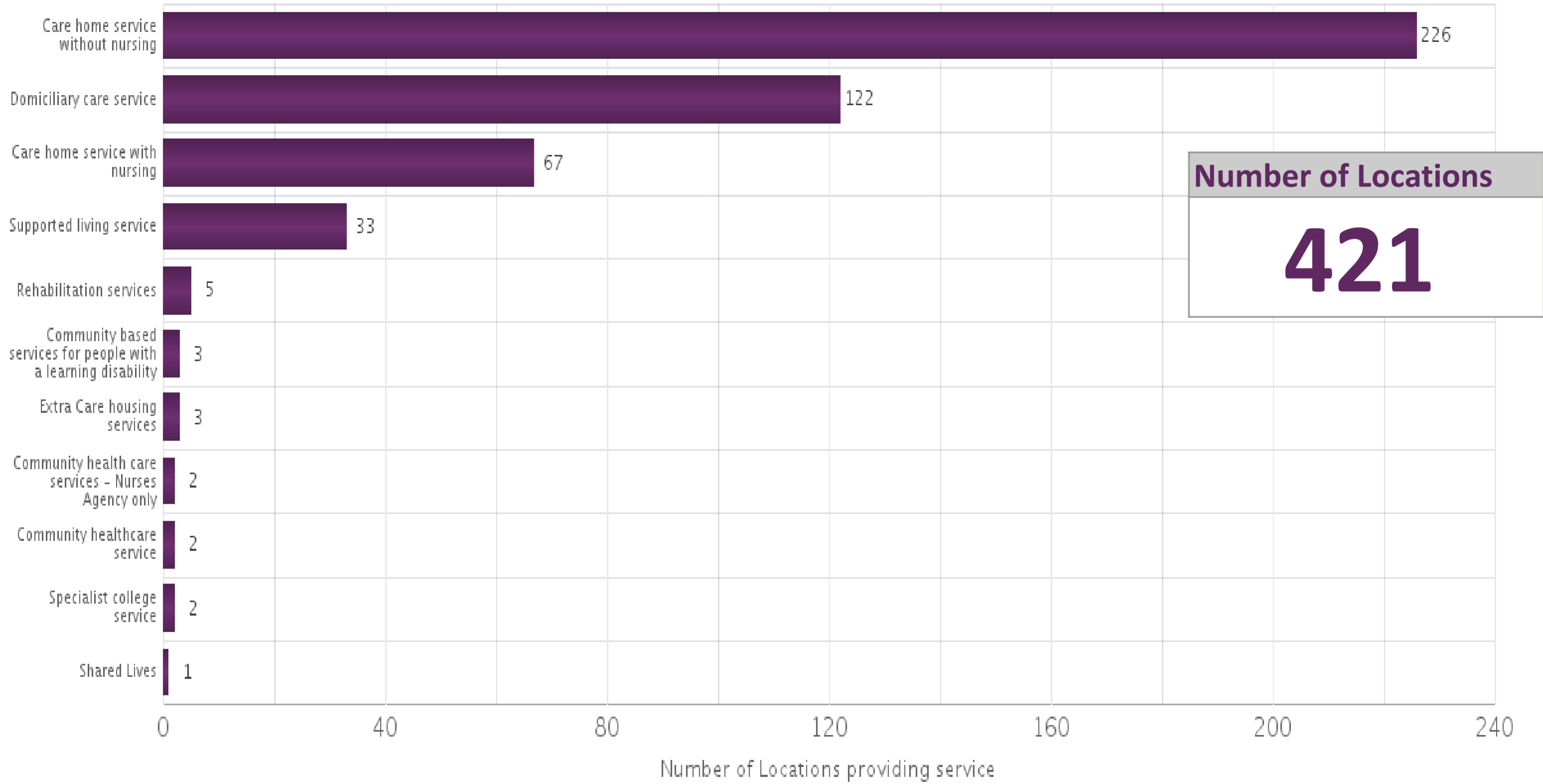
Lincs 1 IAIT



Active Locations in Lincolnshire providing the following services

NB: Locations can provide more than one type of service

Date run: 30/06/2023



Care Homes without nursing in Lincolnshire

Number of locations	Total Number of beds
224	5489

Care home with nursing

Number of locations	Total number of beds
67	3264

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

- Care Homes (without nursing): 226
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- Domiciliary care agencies:122
- Supported living: 33
- Other: 18
- 11 services remain dormant (3 of which have been dormant for over 12 months)

Number and percentage of rated Social Care Org services by latest published ratings and Key Question, in Lincolnshire

Not all services have a rating for all Key Questions so totals for individual Key Questions or Overall may be different.

Date run: 30/06/2023

Rating	Safe	Effective	Caring	Responsive	Well-led	Overall
Outstanding	4	2	22	25	28	24
Good	365	404	433	415	323	352
Requires improvement	106	86	43	54	123	101
Inadequate	26	7	1	5	27	24
Total	501	499	499	499	501	501

Rating	Safe	Effective	Caring	Responsive	Well-led	Overall
Outstanding	0.8%	0.4%	4.4%	5.0%	5.6%	4.8%
Good	72.9%	81.0%	86.8%	83.2%	64.5%	70.3%
Requires improvement	21.2%	17.2%	8.6%	10.8%	24.6%	20.2%
Inadequate	5.2%	1.4%	0.2%	1.0%	5.4%	4.8%

	% Rating			
	Outstanding	Good	Requires improvement	Inadequate
Lincs (2023)	6.5%	73.2%	17.7%	2.4%
England (2022)	5.0%	79.0%	15.0%	1.0%

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. However, need to note that CQC has not been able to re-inspect a number of the good and outstanding services due to a number of factors.

	# Rating				Total
	Outstanding	Good	Requires improvement	Inadequate	
2021	24	273	59	9	365
2022	23	267	67	8	365
2023	24	268	65	9	366

As of 30 Sept 2023 nine locations were rated inadequate, all of which are care homes. Three have recently been re-inspected and will see improved ratings to either good or requires improvement. However, another two locations have been inspected and rating will be inadequate due to poor care being delivered.

The above figures show that over the last three years the ratings have been consistent.

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 35 locations without a registered manager in Lincolnshire, this is a slight decrease from 35 in 2020/21 which may reflect recruitment and retention difficulties in the sector. (a point of note is that some may have registrations in progress at the time of writing this report)
- Financial stability has been a factor in 5 care homes closing since April 2023. Low occupancy being a factor.

■ **State of Care report 2021/2022**

Today, our health and care system is in gridlock and this is clearly having a huge negative impact on people's experiences of care.

People are struggling to access care

Inequalities pervade and persist

Specific concerns

Depleted workforce

Challenges and opportunities in local systems

The future direction of the Care Quality Commission

Our new strategy



Lincolnshire

Page 30

Greg Rielly
Deputy Director
of Operations

Nina Eastwood
Operations Manager

Michele Hurst
Operations Manager

Inspectors/Assessors
Regulatory Coordinator
Regulatory Officer

Inspectors/Assessors
Regulatory Coordinator
Regulatory Officer

Our new roles — operations staff will move into new roles next year 2024

Inspector

Completes all onsite inspection activities and works with the Assessor to assess risks, write the inspection report and take necessary action.

Assessor

To continually monitor and assess risk across the IAIT and use this to decide regulatory response. To carry out off-site evidence collection. To work with the Inspector and IAIT to complete assessments and support enforcement action as needed.

Regulatory Coordinator

Main point of contact the IAIT. Manages ongoing engagement & intelligence sharing with providers, stakeholders and local public representatives. Supports the IAIT to ensure that there is an oversight of risk from provider, public and stakeholders.

Regulatory Officer

To work with IAIT colleagues to support in scheduling, preparing and completing assessments.

Our Single Assessment Framework

- We've developed a single assessment framework. This will replace the current four separate frameworks and we'll use it to assess all service types and as the basis for assessing local authorities and integrated care systems
- We confirmed that our ratings and five key questions will stay central to our approach
- We're replacing our existing key lines of enquiry and prompts with 'quality statements'
- We're moving away from separate 'monitor', 'inspect' and 'rate' steps.
- We will assess providers in a more flexible way to provide an up-to-date view of quality

A single assessment framework

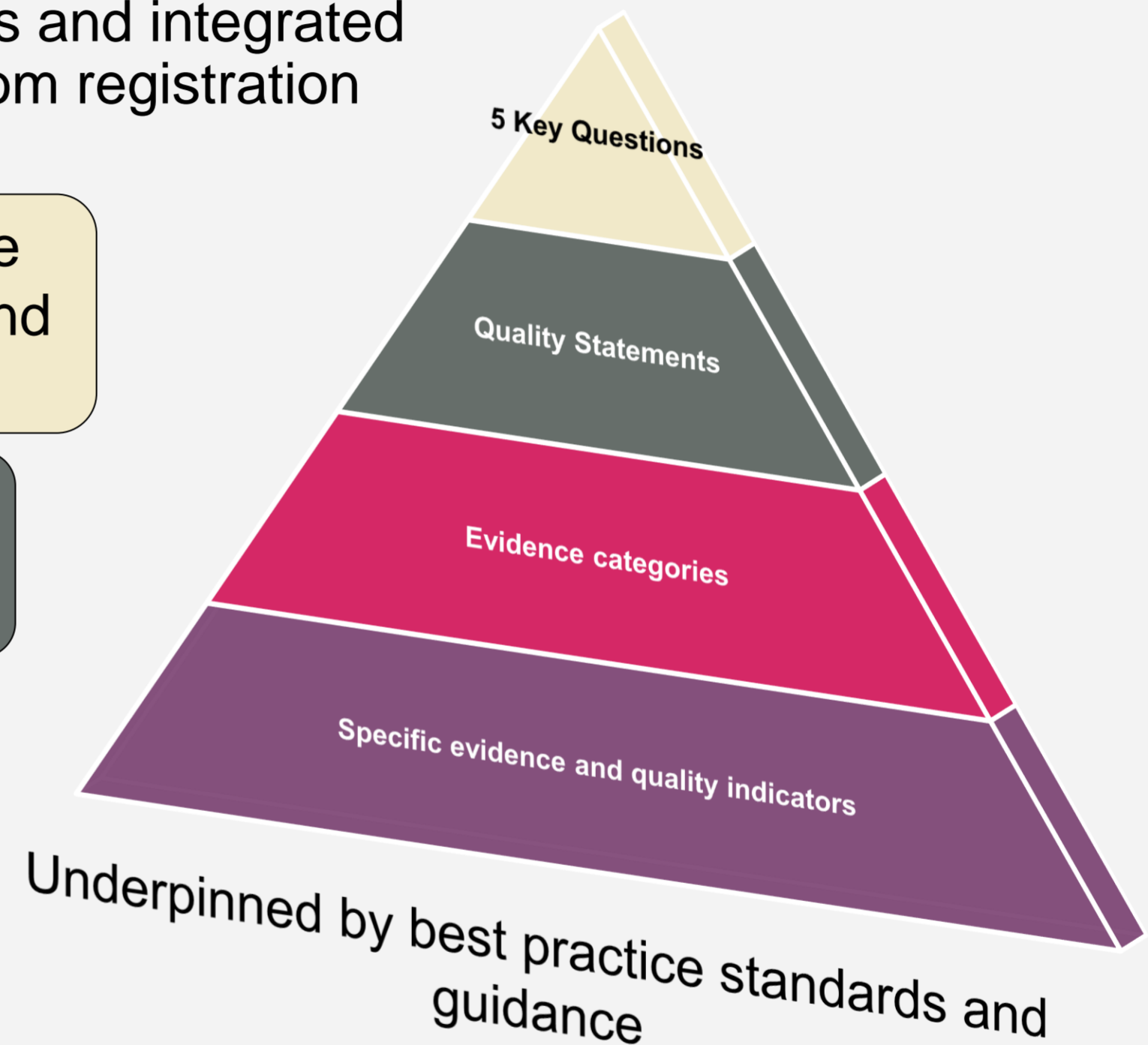
Our framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment

Aligned with “I” statements, based on what people expect and need, to bring these questions to life and as a basis for gathering structured feedback

Expressed as “We” statements; the standards against which we hold providers, Local Authorities and Integrated Care Systems to account

People’s experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes

Data and information specific to the scope of assessment, delivery model or population group



<https://www.cqc.org.uk/page/single-assessment-framework>

The 5 key questions and topics

Safe

- Learning culture
- Safe systems, pathways and transitions
- Safeguarding
- Involving people to manage risks
- Safe environments
- Safe and effective staffing
- Infection prevention and control
- Medicines optimisation

Effective

- Assessing needs
- Delivering evidence-based care and treatment
- How staff, teams and services work together
- Supporting people to live healthier lives
- Monitoring and improving outcomes
- Consent to care and treatment

Caring

- Kindness, compassion and dignity
- Treating people as individuals
- Independence, choice and control
- Responding to people's immediate needs
- Workforce wellbeing and enablement

Responsive

- Person-centred care
- Care provision, Integration, and continuity
- Providing information
- Listening to and involving people
- Equity in access
- Equity in experiences and outcomes
- Planning for the future

Well-led

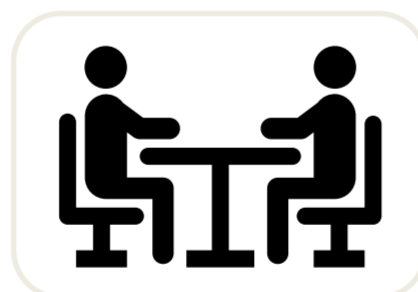
- Shared direction and culture
- Capable, compassionate and inclusive leaders
- Freedom to speak up
- Governance and assurance
- Partnerships and communities
- Learning, improvement and innovation
- Environmental sustainability
- Workforce equality, diversity and inclusion

Evidence categories

- We have defined six evidence categories: People's Experiences, Feedback from Staff and Leaders, feedback from Partners, Observation, Processes and Outcomes
- All evidence we collect will fit into one of these categories
- Not all categories will be required for all quality statements – this will be tailored to service type and quality statement
- Evidence categories will be assigned a score on a four point scale for each quality statement (where they apply)
- We will specify which evidence is key to assessment for each service – our starting point is our current frameworks and guidance but **we are seeking stakeholder input on this**



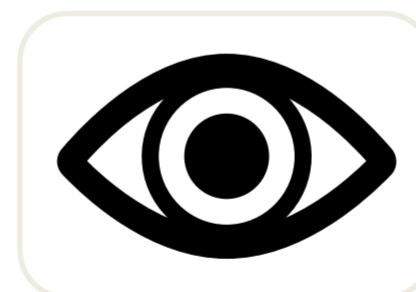
People's Experiences



Feedback from staff and leaders



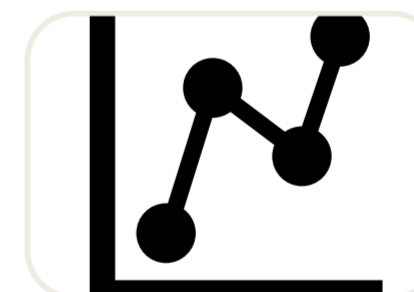
Feedback from partners



Observation



Processes



Outcomes

More information about the Single Assessment Framework

[Single assessment framework - Care Quality
Commission \(cqc.org.uk\)](https://www.cqc.org.uk)



**Open Report on behalf of Andrew Crookham,
Deputy Chief Executive and Executive Director - Resources**

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	18 October 2023
Subject:	Potential Topics for Scrutiny Review by Scrutiny Panel A

Summary:

On 28 September 2023, the Overview and Scrutiny Management Board requested each overview and scrutiny committee to consider whether it has identify a topic that would benefit from an in-depth scrutiny review by Scrutiny Panel A. The Overview and Scrutiny Management Board is due to evaluate the suggestions at its meeting on 21 December 2023.

This Committee is requested to consider whether it would wish to make a suggestion for a potential scrutiny review topic to the Overview and Scrutiny Management Board.

Actions Required:

To consider the request from the Overview and Scrutiny Management Board for a suggestion for an in-depth scrutiny review by Scrutiny Panel A, bearing in mind the following criteria (as detailed in Appendix A):

- (a) Would the proposed review topic add value?
- (b) Is the proposed review topic of concern to local residents?
- (c) Is the proposed review topic a priority for the Council or partner agency?
- (d) Would the proposed review topic avoid duplication with any other reviews or actions?
- (e) Is the proposed review topic unlikely to be affected by new legislation or guidance in the coming year?
- (f) Is the review topic sufficiently focused to be completed within an appropriate timescale?

1. Scrutiny Panel A and Scrutiny Panel B

Scrutiny Panel A and Scrutiny Panel B have recently completed their respective reviews of Town Centre Improvements and Lincolnshire Agricultural Sector Support, which have each been presented to the Council's Executive. The Overview and Scrutiny Management Board, which is responsible for allocating topics, has already assigned the topic of Traffic Management in Lincolnshire to Scrutiny Panel B as its next review, and is seeking a topic for Scrutiny Panel A to undertake.

As has previously been reported, Scrutiny Panels conduct their reviews in accordance with the following principles:

- Scrutiny panels should aim to collect a broad range of evidence on the particular review, interviewing interested parties, and engaging local communities, where this is feasible.
- Scrutiny panels should focus on developing realistic recommendations for improvement in relation to the topic under review.
- Scrutiny panels will submit their draft reports to the relevant overview and scrutiny committee for consideration, approval and onward referral as appropriate.

Scrutiny Panels undertake their reviews in accordance with the terms of reference and timetable determined for each review by the Overview and Scrutiny Management Board.

One of the essential roles of overview and scrutiny is to carry out in-depth reviews where the outcomes can clearly influence and improve policy and service delivery for the people of Lincolnshire. In accordance with the Council's constitution, this role is undertaken by the two scrutiny panels.

These two scrutiny panels provide an opportunity for scrutiny councillors to consider a particular topic in detail, for example by engaging with a range of individuals in less formal settings, which is not always possible in the formal setting of a committee meeting. Based on the evidence received, a report is compiled, with the panel making recommendations for possible improvement.

2. Identifying Potential Scrutiny Review Topics

A Scrutiny Panel should only be set up when a suitable topic for a scrutiny review is identified by the Overview and Scrutiny Management Board using the Prioritisation Toolkit. Suggestions for scrutiny reviews may come from a variety of sources such as the scrutiny committees, other non-Executive Councillors, Executive Councillors, and senior officers.

When considering a potential topic for a scrutiny review, it is important that the Board ensures that the potential scrutiny review will not be duplicating any review work that is being undertaken by officers or external partners. The remit for the potential scrutiny review should be focused and not too broad, so that an in-depth review can be completed within a set timescale and will lead to achievable outcomes.

3. Role of Overview and Scrutiny Management Board

The Overview and Scrutiny Management Board is responsible for making decisions about whether a scrutiny panel is merited, and in so doing the Board applies the guidance in the prioritisation toolkit attached at Appendix A.

Once a potential topic for a scrutiny review has been identified by the Overview and Scrutiny Management Board and assigned to a scrutiny panel, the terms of reference will be drafted by the Scrutiny Panel and submitted to the Overview and Scrutiny Management Board, if they have not already been approved by the Board. This does not prevent the panel from undertaking initial work on its topic.

4. Composition of Scrutiny Panels

Each scrutiny panel may comprise up to eight members including its chairman and vice chairman appointed by the County Council. The remaining members of each panel are appointed for each particular review, and there is an aim to make the membership politically inclusive. All non-executive councillors are eligible, with nominations for membership being sought from the leader of each political group.

5. Role of Overview and Scrutiny Committees – Approval of Final Report

As stated above, when each scrutiny panel completes its review, its draft report is submitted to the relevant overview and scrutiny committee for consideration and approval. Following its approval, the final report, including any recommendations, is submitted to the relevant decision-making body, which in most instances would be the Executive for matters relating to the County Council's executive functions. The relevant scrutiny committee is responsible for receiving the response to the review and for any future monitoring of recommendations.

6. Commentary from the Executive Director of Adult Care and Community Wellbeing

The Executive Director of Adult Care and Community Wellbeing, states that his advice to the Committee on potential scrutiny reviews comes at a point in time where he is soon to relinquish his role as the Executive Director. The new Executive Director is due to take on the role in the coming weeks.

The Executive Director of Adult Care and Community Wellbeing is in possession of the draft report from the Care Quality Commission (CQC), following its inspection of Lincolnshire County Council in July 2023 as the first of five local authorities piloting the CQC's new assessment framework. It is usual practice for the CQC to circulate their reports in draft to the organisation inspected, so they can be checked for factual accuracy. Unfortunately, this means the CQC's report is not yet in the public domain, though the Executive Director anticipates that it will be presented to this Scrutiny Committee by the new Executive Director before Christmas 2023. Accordingly, the advice to the Committee is to delay taking a view, until the Committee has had the benefit of being able to consider the final CQC report.

7. Conclusion

Following the decision by the Overview and Scrutiny Management Board on 28 September 2023, this Committee is being asked to consider whether it wishes to suggest a scrutiny review topic, for the Board to assign to Scrutiny Panel A in December. In responding to the Board, the Committee may wish to be mindful of the criteria set out in Appendix A to this report.

8. Appendices

These are listed below and attached at the back of the report	
Appendix A	Scrutiny Prioritisation - Prioritisation Toolkit

9. 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 Nigel West, Head of Democratic Services and Statutory Scrutiny Officer, who can be contacted on 01522 552840 or by e-mail at nigel.west@lincolnshire.gov.uk

Scrutiny Prioritisation

Prioritisation is a key tool for successful scrutiny. Selecting the right topics where scrutiny can add value is essential for scrutiny to be a positive influence on the work of the Council. Scrutiny committees must be selective about what they look at and need to work effectively with limited resources. Scrutiny activity should be targeted, focused and timely and include issues of corporate and local importance, where scrutiny activity can influence and add value.

The questions below are a guide to help members and officers consider and identify key areas of scrutiny activity for consideration.

Will Scrutiny input add value?

- Is there a clear objective for scrutinising the topic?
- What are the identifiable benefits to residents and the council?
- Is there evidence to support the need for scrutiny?
- What is the likelihood of achieving a desired outcome?
- Is the topic strategic and significant rather than relating to an individual complaint?
- Are there adequate resources to ensure scrutiny activity is done well?

Is the topic a concern to local residents?

- Does the topic have a potential impact for one or more section(s) of the local population?
- Has the issue been identified by Members through surgeries and other contact with constituents?
- Is there user dissatisfaction with service (e.g., increased level of complaints)?
- Has the topic been covered in the local media or social media?

Is it a Council or partner priority area?

- Does the topic relate to council corporate priority areas?
- Is there a high level of budgetary commitment to the service/policy area?
- Is it a poor performing service (evidence from performance indicators /benchmarking)?

Are there relevant external factors relating to the issue?

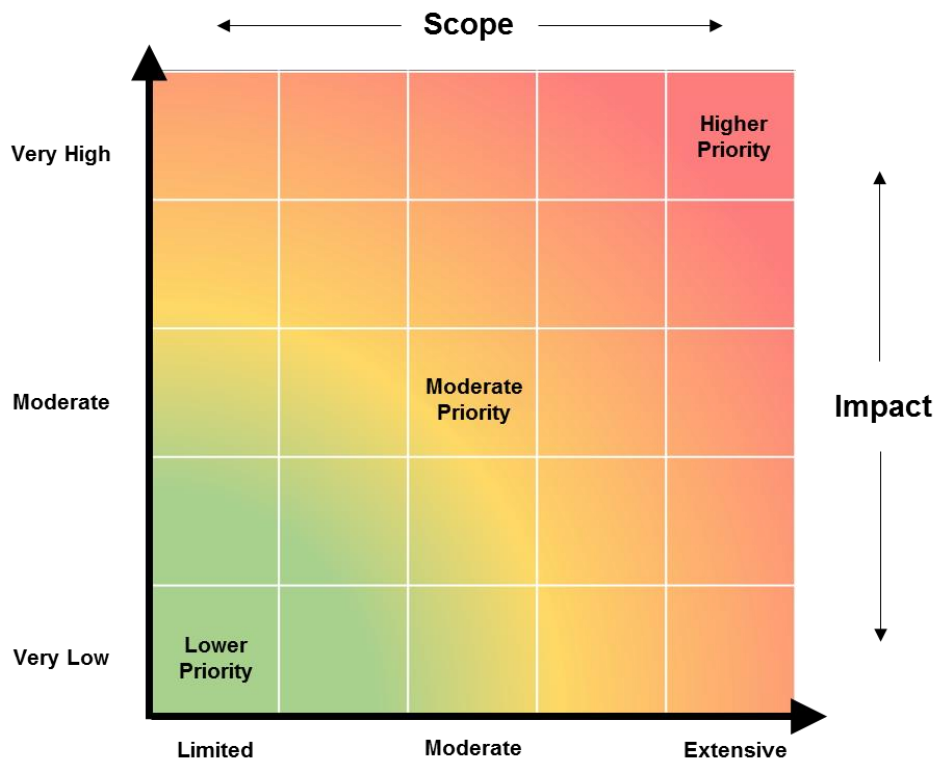
- Central government priority area.
- New government guidance or legislation.
- Issues raised by an internal or external audit or from formal inspections, etc.
- Key reports or new evidence provided by external organisations.

Criteria for not considering topics

- There is no scope for scrutiny to add value/make a difference or have a clear impact.
- New legislation or guidance is expected within the next year.
- The issue is being examined elsewhere - e.g., by the Executive, working group, officer group or other body.
- The objective of scrutiny involvement cannot be achieved in the specified timescale required.

Prioritisation Matrix

The prioritisation matrix shown below is a framework to aid in prioritising a number of scrutiny options or topics. Each topic should be assessed in terms of the impact it would have and the overall scope of the activity.

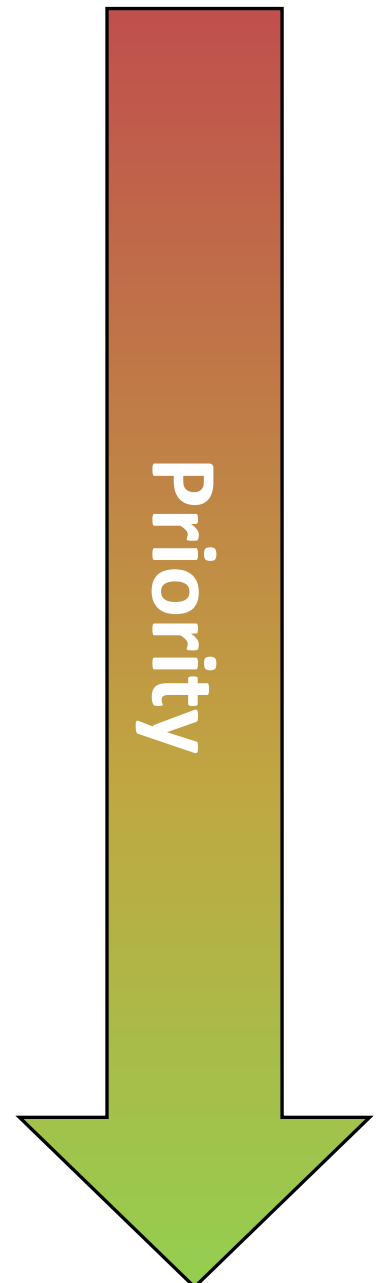
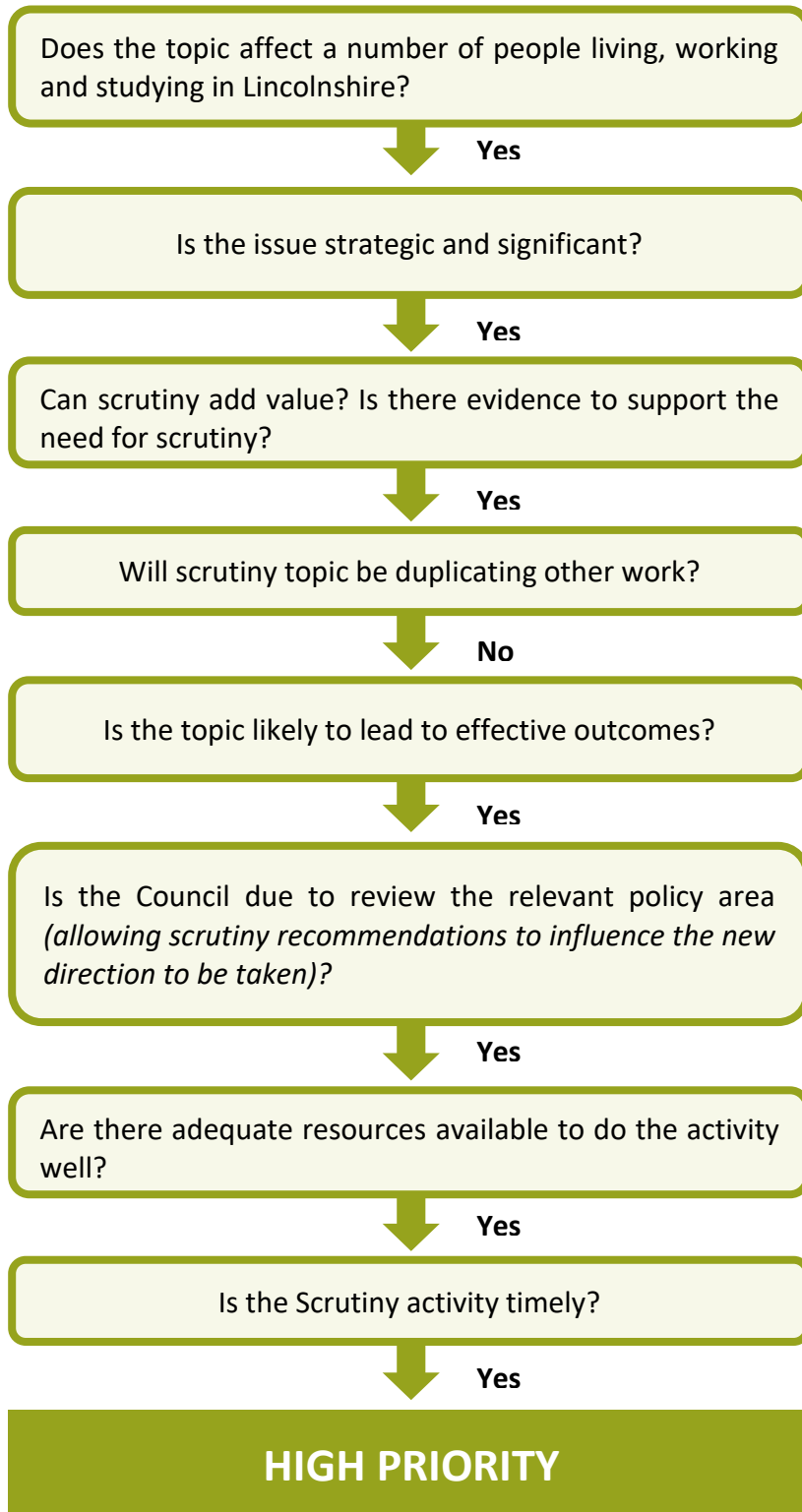


When considering the scope and impact of a Scrutiny item it is important to consider the following areas:

- People / Communities
- Assets / Property
- Financial
- Environmental
- Reputation
- Likelihood of Impact
- Resource Required
- Cost Effectiveness

Prioritisation Tool

The prioritisation tool below can be used in deciding on whether an issue would warrant being considered by Scrutiny or the subject of a Scrutiny Review.



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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:	18 October 2023
Subject:	Adult Care and Community Wellbeing Budget Monitoring 2023-2024

Summary:

The Adult Care and Community Wellbeing (ACCW) budget for 2023-24 is £177.767 net. As of 31 August 2023, ACCW is forecasting a year end spend of £177.062, a forecast underspend of £0.705m.

Actions Required:

The Adults and Community Wellbeing Scrutiny Committee are asked to:

1. note the financial performance in 2023-24 and its drivers
2. notes the addition of key benchmarking information

1. Background

We set our spending plans for 2023-24 in the context of increasing costs across the sector arising from the cost-of-living crisis, growing cost pressures from demand led services especially in working age adult services, and the Council's responsibility to pay the National Living Wage.

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 2028. Through its MTFP, ACCW can prioritise its resources and enable teams to act as early as possible to build upon financial opportunities and minimise financial risk.

The table below shows the forecast position for 2023-24 for each of the areas within ACCW based on the financial performance through to 31 August 2023.

Service Budget	Budget	Actual	Variance
Adult Frailty & Long-term Conditions	137.918	137.658	-0.260
Adult Specialties	100.206	100.029	-0.177

Public Health & Community Wellbeing	31.632	31.499	-0.133
Public Protection	5.407	5.272	-0.135
Public Health Grant	-35.984	-35.984	0.000
Better Care Fund	-61.412	-61.412	0.000
Adult Care & Community Wellbeing	177.767	177.062	-0.705

The Adult Frailty and Long-term Conditions strategy brings together older people and physical disability services as well as hosting the Directorate budgets for back-office functions in infrastructure budgets.

Adult Specialties financial allocation supports delivery of services for eligible adults with learning disabilities, autism and/or mental health needs.

Public Health & Community Wellbeing allocation supports delivery of Adults Public Health services funded by the Public Health Grant and Adult Wellbeing Services.

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

Public Protection reports into the Public Protection and Communities Scrutiny Committee.

2023-24 Financial Headlines

The underspend is driven by a 6% vacancy rate (47 FTE posts) across ACCW. The financial position includes the costs of maintaining Lincolnshire's low waiting times across adult social care assessments and occupational therapy.

Residential care volumes have increased driven by demand from hospital discharges. Adult social care financial plan forecast this and allocated sufficient funding from the 2023-24 discharge funding to support.

Specialist adult services continues to see growth in demand for mental health care and community supported living services. The cost of this increase in demand is within the financial forecast set through the 2023-24 budget setting.

Public Health and Wellbeing continues to tailor its financial resources to meet the needs of the population as Lincolnshire. Continued maximisation of the public health grant income is enabling the services to deliver within their resources.

Adult social care received a £7.9m Market Sustainability Grant in 2023-24. This grant was used to: -

- continue the four-tier homecare rate introduced in 2022-23 following a comprehensive market assessment.
- introduce a two-tier community supported living rate to reflect the costs of delivering the service in the more rural parts of Lincolnshire, as confirmed through a market assessment.

- increase in rate paid to residential providers aligned to the indicative cost of care completed during 2022.

In August, the Government announced a second tranche of Market Sustainability Grant funding with a further £5.1m allocated to Lincolnshire adult social care. Discussions are underway to agree the best use of the funding to increase workforce and/or further support reduction in waiting times, market sustainability.

Adult Social Care Investment

ACCW commenced a £15m programme of investment supporting developments in extra care, working age adults housing and day services. This is a programme delivered in partnership with District Councils.

To date £3.281m has been spent which includes securing nomination rights in the new extra care housing development, DeWint Court in Lincoln.

The Council has approved a further £7.339m investment into extra care and working age adult accommodation and day services across Lincolnshire over the coming years.

Service Transformation

ACCW has a programme of transformation underway which focuses on maximises an individual's independence. This includes having a strengths-based conversation throughout the persons adult social care journey, increasing capacity in the reablement service, and introducing the active recovery service. The latter of these are in their infancy but all are reducing the scale of forecast cost increases during the life of the medium-term financial plan.

Financial Benchmarking

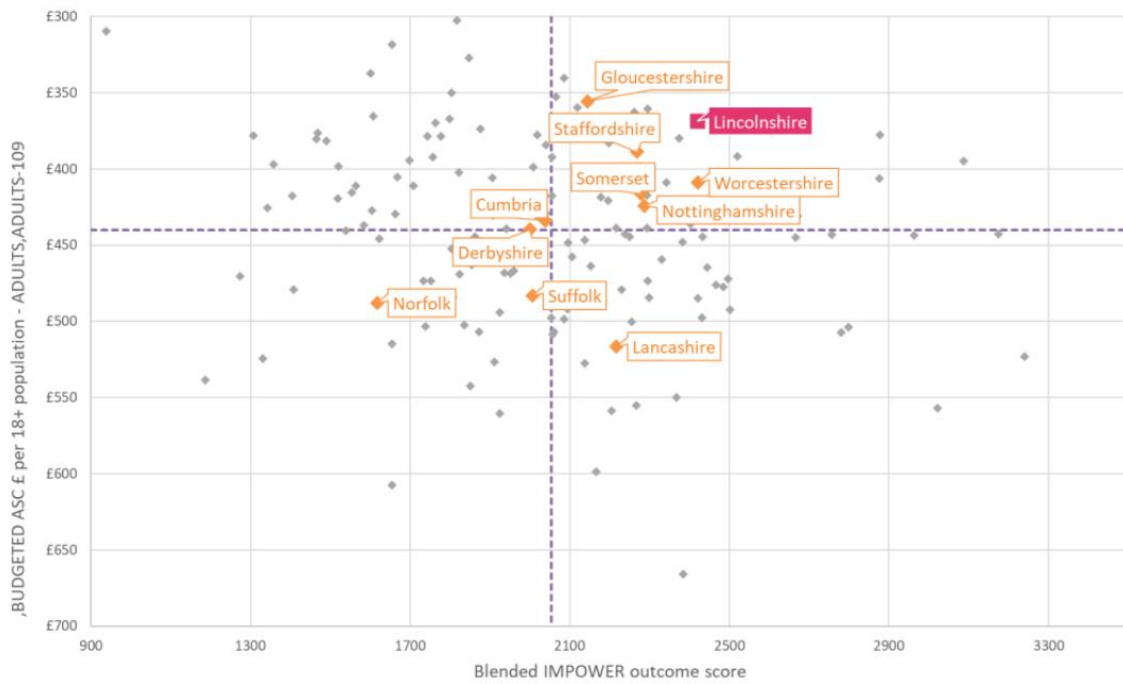
Lincolnshire Adult Social Care carries out benchmarking of costs through use of externally available regional and national data / reports as well as service specific cost comparisons when procurement exercises are run to demonstrate value for money. Two most recent external reports include: -

- The Impower Index
- Use of Resources

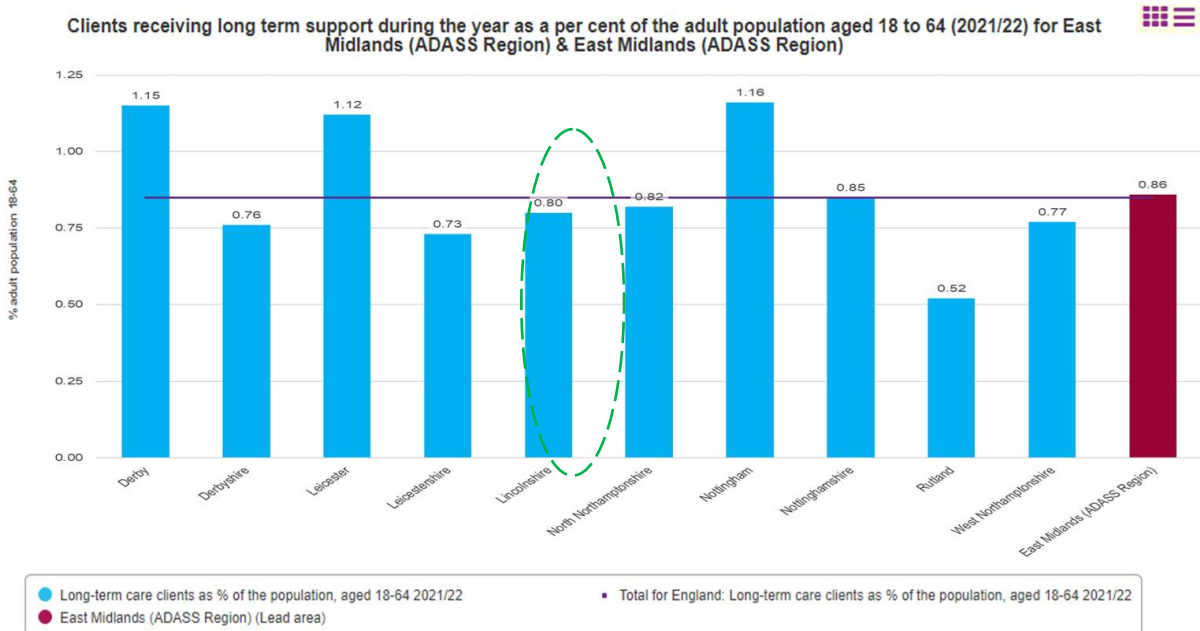
The Impower Index is a benchmarking tool that takes publicly available outcomes data and, looks at the value that councils are delivering when ASCOF measures are combined and measured against budget.

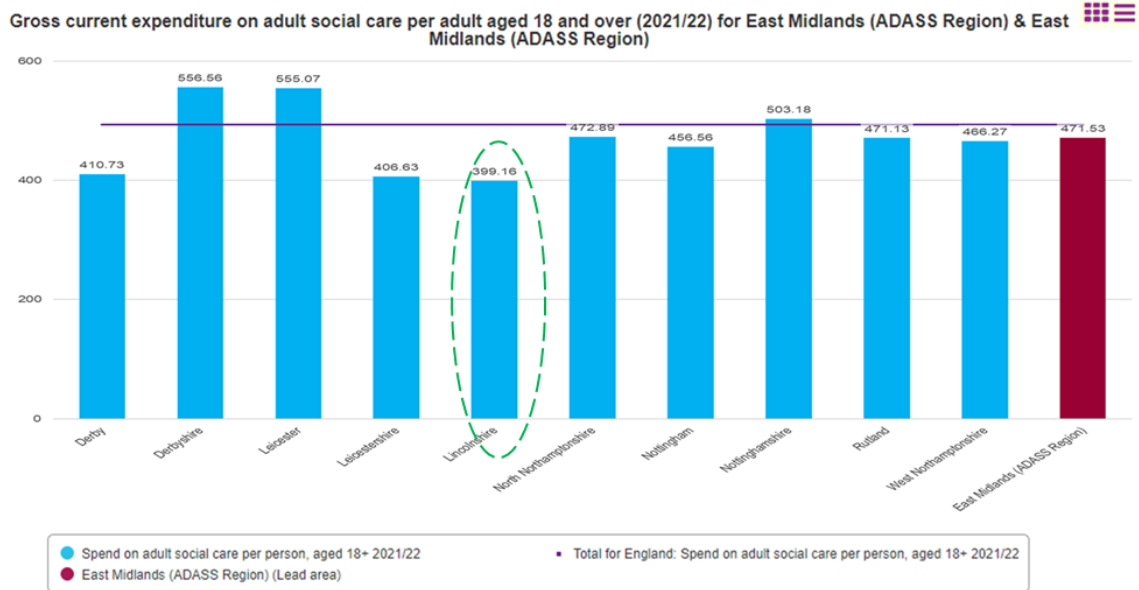
The Impower Index shows that for the second year, Lincolnshire County Council continues to deliver good outcomes for good value, Lincolnshire is achieving better outcomes for less budgeted spend than its statistical neighbours.

Adult Services - ASCOF Outcome v Budget
National Comparison - all English Local Authorities



Adult Social Care Use of Resources Reports indicate that Lincolnshire adult social care see similar volumes of clients through services as both the East Midlands and England averages whilst spending less than both the East Midlands and England averages.





2. Conclusion

ACCW is forecasting financial balance within 2023-24 however the Directorate is reliant on the planned drawdown of non-recurrent reserves to deliver this.

The Medium-Term Financial Plan is forecasting increased pressures of approx. £13.5m per year from 2024-25. This is driven by the forecast increase in national living wage and forecast continued growth in demand across services. This forecast is before any new funding announcements both locally and nationally from 2024-25 onwards. ACCW continues to seek opportunities to improve services for the people in receipt of care, reduce the forecast increase in its cost base and reduce the forecast financial gap.

3. Consultation

a) Risks and Impact Analysis

N/A

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 Pam Clipson, 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,
Deputy Chief Executive and Executive Director - Resources**

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	18 October 2023
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 2023. The Committee is requested to consider whether it wishes to make any suggestions for items to be added to its work programme.

Actions Requested:

To review the Committee's forward work programme, as set out in the report.

1. Current and Planned Items

The Committee's programme is set out below: -

A. Items to be Programmed

- (1) Day Services Update – *NO EARLIER THAN SEPTEMBER 2024* – This was requested on 6 September 2023.

B. Items Programmed

18 October 2023 – 10.00 am		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
1	Care Quality Commission Update Nina Eastwood, Inspection Manager Care Quality Commission Michele Hurst, Inspection Manager Care Quality Commission	This is the annual update provided by the Care Quality Commission on its inspection and regulation of social care services in Lincolnshire
2	Adult Care and Community Wellbeing Budget Monitoring 2023-24 Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	This is the regular budget monitoring report.
3	Potential Topics for Scrutiny Review by Scrutiny Panel A Simon Evans, Health Scrutiny Officer	Following the decision of the Overview and Scrutiny Management Board on 28 September, each scrutiny committee is being requested to consider suggestions for scrutiny review topics.

29 November 2023 – 10.00 am		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
1	Recommissioning of the Lincolnshire Wellbeing Service Derek Ward, Director of Public Health Tony McGinty, Public Health Consultant	To consider proposals for re-commissioning of the wellbeing service, on which a decision is due to be made by the Executive on 5 December 2023
2	Service Level Performance Reporting Against the Success Framework 2023-24 Quarter 2 Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.

17 January 2024 – 10.00 am			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
1	Adult Care and Community Wellbeing Budget Proposals 2024-25	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	Each year the Committee considers and prepares a statement on the budget proposals for Adult Care and Community Wellbeing
2	Director of Public Health Annual Report 2023	Derek Ward, Director of Public Health	Each year the Director of Public is required to prepare a report on a health issue impacting on the people of Lincolnshire.
3	Introduction to the Lincolnshire Carers Service	Assistant Director, Assistant Director, Prevention & Early Intervention Public Health	To receive a presentation on support to unpaid family carers, including an introduction to the new support service provider.
2	Director of Public Health Annual Report 2023	Derek Ward, Director of Public Health	Each year the Director of Public is required to prepare a report on a health issue impacting on the people of Lincolnshire.

6 March 2024 – 10.00 am			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
1	Service Level Performance Reporting Against the Success Framework 2023-24 Quarter 3	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.
2	<i>Further Items to be Programmed</i>		
3			

24 April 2024 – 10.00 am		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
1	<i>Items to be Programmed</i>	
2		
3		

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

2. Previously Considered Topics

Attached at Appendix B is a table of items previously considered by the Committee since the beginning of the Council's term in May 2021.

3. Conclusion

The Committee is invited to consider its work programme.

4. 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 2023
Appendix B	Adults and Community Wellbeing Scrutiny Committee - Schedule of Previously Considered Topics

5. 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 2023

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
Wellbeing Service Recommissioning	5 Dec 2023	Executive	Adults and Community Wellbeing Scrutiny Committee	Programme Manager Sean.Johnson@lincolnshire.gov.uk	All

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
SCHEDULE OF PREVIOUSLY CONSIDERED TOPICS

	Previous Item
D	Previous Pre-Decision Scrutiny Item
	Future Item
D	Future Pre-Decision Scrutiny Item

	2021					2022					2023					2024										
	29 Jun	14 Jul	8 Sept	20 Oct	1 Dec	12 Jan	23 Feb	6 Apr	25 May	6 Jul	7 Sept	28 Sept	19 Oct	30 Nov	11 Jan	22 Feb	5 Apr	24 May	28 Jun	6 Sept	18 Oct	29 Nov	17 Jan	6 Mar	24 Apr	
<i>Meeting Length – Hours : Minutes</i>	1:47	2:15	3:30	2:50	3:13	2:59	3:55	3:01	3:00	1:58	2:51	2:26	1:39	2:36	2:59	3:08	1:50	2:57	2:47							
Active Recovery Beds														D				D								
Acute Hospitals – Admission to Discharge Pathway																										
Adult Frailty and Long Term Conditions - Overview																										
Adult Mental Health Services - Overview																										
Adult Social Care Reform – Government Plans																										
Ancaster Day Centre Refurbishment																										
Better Care Fund																										
Budget Reports																										
Carers Support Service																										
Care Quality Commission Update																										
Community Equipment Service																										
Community Supported Living																										
Day Services																										
Digital Initiatives Supporting Services																										
Director of Public Health Role / Annual Report																										
Disabled Facilities Grants																										
Extra Care Housing - Boston																										
Extra Care Housing - Lincoln																										
Extra Care Housing - Welton																										
Fair Cost of Care / Charging for Social Care																										
Grange Farm, Market Rasen Working Age Adult Accommodation																										
Greater Lincolnshire Public Health																										
'Gross' v 'Net' – Ombudsman Report																										
Improvement and Development Programme																										
Integrated Care Systems																										
Integration of Health and Social Care																										
Introduction to Services																										
Learning Disability – Section 75 Agreement																										
Market Sustainability, Fair Cost of Care																										
Obesity																										
Occupational Therapy																										
Ombudsman Reports																										
Performance Reports																										
Prevention Services - Overview																										
Residential and Nursing Care Usual Costs																										
Respite Care Ombudsman Report																										
Safeguarding Adults Board																										
Safeguarding Services																										
Sensory Services																										
Sexual Health Services																										

	2021					2022					2023					2024											
	29 Jun	14 Jul	8 Sept	20 Oct	1 Dec	12 Jan	23 Feb	6 Apr	25 May	6 Jul	7 Sept	28 Sept	19 Oct	30 Nov	11 Jan	22 Feb	5 Apr	24 May	28 Jun	6 Sept	18 Oct	29 Nov	17 Jan	6 Mar	24 Apr		
<i>Meeting Length – Hours : Minutes</i>	1:47	2:15	3:30	2:50	3:13	2:59	3:55	3:01	3:00	1:58	2:51	2:26	1:39	2:36	2:59	3:08	1:50	2:57	2:47								
Social Connections																											
Specialist Adults Accommodation – Market Rasen																	D										
Specialist Adult Services - Overview																											
Strategic Market Support Services			D																								
Substance Misuse Treatment Services												D				D			D								
Wellbeing Service																							D				
Workforce – Capacity and Development																											

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