

**ADULTS AND COMMUNITY WELLBEING  
SCRUTINY COMMITTEE  
24 APRIL 2024**

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

Councillors 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

Councillors: Mrs S Woolley attended the meeting as observer on Microsoft Teams.

Officers in attendance:-

Simon Evans (Health Scrutiny Officer), Emily Wilcox (Democratic Services Officer), Julie Davidson (Interim Assistant Director – Adult Frailty and Long-Term Conditions), Andy Fox (Public Health Consultant), Justin Hackney (Assistant Director, Specialist Adult Services), Andrea Kingdom (Area Manager for Hospitals and Special Projects) and Carl Miller (Senior Strategic Commercial and Procurement Manager)

1 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence had been received from Councillor T A Carter, A M Key and W Bowkett (Executive Councillor – Adult Care and Public Health)

2 DECLARATIONS OF MEMBERS' INTERESTS

None were declared.

3 MINUTES OF THE MEETING HELD ON 28 FEBRUARY 2024

**RESOLVED**

That the minutes of the meeting held on 28 February 2024 be approved as a correct record and signed by the Chairman.

4 ANNOUNCEMENTS/UPDATES

There were no announcements or updates.

5 INTERMEDIATE CARE: REVIEW OF WINTER 2023/24 (ADULT FRAILTY AND LONG TERM CONDITIONS)

Consideration was given to a report by Andrea Kingdom, Head of Service – Hospital Services, which invited provided a review of the Adult Social Care service for Winter of 2023/24 and

explored the actioned to be undertaken in preparation for Winter 2024/25, as referenced within the report on pages 13-44 of the agenda pack.

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

- The Care Transfer Hub had been created to bring partners together to assess and make a decision on whether a patient was medically fit for discharge. It was clarified that this would run alongside the new 'group' model which had been designed by health colleagues and the importance of integration was highlighted. Fortunately, a one system approach had been maintained and this would continue to be monitored. It was agreed that feedback be reported to the committee at a future date to ensure that there was no duplication of work.
- Although it was acknowledged that industrial action may have had some impact, Members emphasised the impact of staff shortages within the NHS as a significant factor on service delivery.
- Members commended the use of Active Recovery Beds and highlighted the positive impact they made to the lives of individuals who did not require long term care.
- A robust review of where to place active recovery beds had been undertaken prior to the launch. Officers had tried to ensure that there was availability across the county and there were strict criteria on the accessibility of the homes to ensure that everybody had an opportunity to have an active recovery bed.
- An acute respiratory infection was defined as a bacterial or viral infection that had been diagnosed.
- Officers had not noticed any impact on services as a result of change in weather patterns and emphasised the intermediate care framework as a mechanism to pool budgets, which would allow for more flexibility for active recovery beds and be flexible and creative in responding to any changes in demand.
- Individuals returning from hospital who lived alone would be signposted to support services and given the number for adult social care in case they were in need of further support. Members highlighted the role community could play in supporting vulnerable members of society.
- Virtual wards involved a virtual consultation with individuals to monitor their condition and had consultant oversight. Assurance was provided that any concerns would be responded to within the community by the relevant team. The use of virtual wards had allowed individuals to recover at home, which was known to speed up recovery in many cases.

## **RESOLVED**

That the report be noted, and comments made be recorded for consideration.

## 6 NHS HEALTH CHECKS RECOMMISSIONING

Consideration was given to a report by Carl Miller, Senior Strategic Commercial & Procurement Manager and Andy Fox, Consultant in Public Health, which invited the Committee to consider and comment on the proposals for the recommissioning of NHS Health Checks as set out at appendix A, prior to consideration by the Executive on 8 May 2024.

The Committee supported the proposals set out in the report and during the discussion the following points were recorded for consideration:

- The Committee welcomed the initiative by the Department of Health and Social Care to pilot digital health checks in some local authorities and urged that the County Council monitors these pilot arrangements, with a view to these becoming an additional means of supporting the aims of NHS health check service in Lincolnshire. The Committee stressed the importance of all local digital platforms being aligned to support any digital service.
- Whilst the benefits of digital health checks were recognised, some committee members expressed caution in supporting a fully digital service, emphasising that many individuals did not have digital access and could often be those who were not accessing support which needed it the most, such as the elderly or those in deprived areas.
- Alternative Providers – The Committee recognised the benefits of GP practices providing the service, for example, they have local health care facilities, access to patient records, and are able to provide a near universal service to all the communities in Lincolnshire. However, the Committee believed there was potential to look at alternative providers in other local locations, such as pharmacies, supermarkets or even using mobile arrangements, with some appointments being offered outside the usual standard Monday to Friday GP hours. This could help the service reach those groups, who in the past have not taken up the invitations for health checks and help the service reach its future targets.
- The Committee highlighted wider issues with GP access and acknowledged that lack of resource could impact the availability of health checks across GP practices. Officers explained that they had seen a positive impact of offering monetary incentives offered to GP surgeries.
- It was clarified that the proposed contract length was up to ten years, comprising an initial five years, with options to extend up to a further five years. The Committee emphasised the importance of regular monitoring to ensure that any required or desirable changes could be accommodated within the current contract.
- The Committee wished to recommend to the Executive that it make arrangements for promoting the health checks service, which would help secure the plans for increased uptake in the coming years, as detailed in Appendix B of the report. This

promotional activity could be aimed in particular at those who have not previously taken up their invitation for a health check and may include high profile individuals as part of promotional campaigns.

Councillor K E Lee wished it to be noted that she did not feel the digitalisation of services was essential in the development of NHS Health Checks.

#### RESOLVED

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

*11:28 – Councillor M A Whittington left the meeting.*

#### 7 EXTERNALLY COMMISSIONED BUILDINGS BASED DAY CARE RE-PROCUREMENT

Consideration was given to a report by the Assistant Director – Specialist Service and Safeguarding, which invited the Committee to consider and comment on the proposals for the re-procurement of externally commissioned buildings-based day care as set out at appendix A, prior to a decision by the Executive on 8 May 2024.

The Committee unanimously supported the proposals set out in the report and during the discussion the following points were recorded:

- The Committee support for a wider review of both in-house and external-provided day care services, with the aim of developing a future strategy for Day Opportunities to transform the market.
- Assessment of needs will be considered when accessing day opportunities to seek to identify whether individuals were looking to be supported into volunteering or employment opportunities and would then be supported to do so where possible.
- Members were supportive of the approach that individuals should be offered as much choice as possible in what day services meet their own personal and development needs, providing that statutory needs were met.
- The committee were supportive of a community-hub approach, as far as possible, to enable easier access for service users, for example making the best use of public transport for those service users able to benefit from using public transport.
- It was felt that the role of volunteers and the voluntary sector in supporting Day Opportunities should remain as a key element in the future service model. As much as possible should be done to nurture volunteers, which applied across various adult social care services, as much as it did to day opportunities.
- It was clarified people accessing day services with eligible adult social care needs may need to make a financial contribution to their care. Members stressed the importance of ensuring that self-funding people should also be able to access and

pay for day care as easily as possible. This could also be seen as a preventative measure to support vulnerable people and may delay a need for adult social care.

- Concerns were raised over the lack of regulation for day services and the risk of signposting to external services in which the standard could not be influenced by the Council. Members were advised that safeguarding procedures were in place to protect service users and mitigate risk.

## **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 the decision.

*11:38am – the meeting adjourned for a short break and Councillor T Young left the meeting and did not return.*

*11:44am – the meeting reconvened.*

## **8      HEALTHWATCH LINCOLNSHIRE RECOMMISSIONING**

*12:22am – Councillor K Lee left the meeting.*

Consideration was given to a report by the Senior Strategic Commercial & Procurement Manager and Theo Jarratt, Head of Quality and Information – Adult Care and community Wellbeing, which invited the Committee to consider and comment on the proposals for the recommissioning of the Lincolnshire Healthwatch service, as set out at appendix A, prior to a decision by the Executive on 4 June 2024.

The Board supported the recommendations to the Executive, as set out in the report and the following points were recorded for consideration:

- In relation to section 3.5 of the report detailed the performance of the current contractor across various measures, with 92,952 Facebook hits in the July to September quarter of 2023, the Committee felt that the indicator may needed to be reviewed, as there is no longer data from Facebook on the level of engagement of Facebook users.
- The Committee had been advised of examples of positive outcomes which had been recorded. For example, Healthwatch Lincolnshire highlighted difficulties in access to dentistry services which resulted in the way the NHS 111 service handled requests for emergency dentistry. Healthwatch also made recommendations to the local NHS mental health provider, which again led to improvements. The Committee suggested that these positive outcomes should be highlighted further in future.
- The Committee supported the continued role of Healthwatch in gathering and sharing information on patient and service user views, which represented an

important source of intelligence for both the NHS and County Council. It was suggested that appropriate information should also be shared between both the NHS and the Council County and Healthwatch.

- The Committee recognised the independence of the Healthwatch service as essential. However, the Committee supported an approach whereby there was work towards a balance between its health and adult social activity, so that there would be more focus on the adult social care activity, as previously there has been more focus on health related issues.
- So far there had been three providers which had engaged as part of the market engagement exercise, and of those three, one was the existing provider. It was clarified that the service would still operate under the Healthwatch brand, regardless of provider.
- Members were reassured that there was some liaison between Healthwatch and the Patient advice and liaison service (PALS), however officers recognised a need to ensure the route to the appropriate service was clear which was something that would be progressed. The Committee emphasised a need to streamline and signposting and engagement.

**RESOLVED**

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

**9 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 it planned work programme, as set out on pages 145 – 153 of the agenda pack.

**RESOLVED**

That the report be noted.

The meeting closed at 13:02