



**ADULTS AND COMMUNITY  
WELLBEING SCRUTINY COMMITTEE  
11 APRIL 2018**

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

Councillors Mrs E J Sneath (Vice-Chairman), R J Kendrick, A P Maughan, R B Parker, C E Reid and M A Whittington

Officers in attendance:-

Sue Cecconi (Programme Officer), Simon Evans (Health Scrutiny Officer), Philip Garner (Health Improvement Programme Manager), Lorraine Graves (General Manager, Specialist Adult Services), Justin Hackney (Assistant Director, Specialist Adult Services), Cheryl Hall (Democratic Services Officer), Simon Hallam (Projects Co-ordinator for Tonic Health), Theo Jarratt (County Manager, Performance, Quality and Development), David Jones (Lincolnshire Partnership NHS Foundation Trust), Jane Marshall (Director of Strategy and Performance, Lincolnshire Partnership NHS Foundation Trust) and Carl Miller (Commercial and Procurement Manager - People Services).

**53 APOLOGIES FOR ABSENCE/REPLACEMENT COUNCILLORS**

Apologies for absence were received from Councillors M T Fido, Mrs J E Killey and Mrs C J Lawton.

It was noted that the Interim Chief Executive had advised that having received a notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, he had appointed Councillor R B Parker as a replacement member of the Committee in place of Councillor Mrs J E Killey, for this meeting only.

**54 DECLARATIONS OF COUNCILLORS' INTERESTS**

Councillor A P Maughan declared an interest in agenda item 8 – *NHS Health Checks Re-Procurement*, as the accountancy company that he was an employee of provided accountancy services to a number of GP practices in Lincolnshire. Councillor Maughan advised that he would not take part in the discussion nor vote on this item of business.

**55 MINUTES OF THE MEETING OF THE COMMITTEE HELD ON  
14 FEBRUARY 2018**

**RESOLVED**

That the minutes of the meeting held on 14 February 2018 be signed by the Chairman as a correct record.

**56 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR AND LEAD OFFICER**

There were no announcements by the Chairman, Executive Councillor or lead Officer.

**57 LINCOLNSHIRE'S MANAGED CARE NETWORK FOR MENTAL HEALTH**

Consideration was given to a report from Jane Marshall (Director of Strategy, Lincolnshire Partnership NHS Foundation Trust (LPFT)) and Lorraine Graves (General Manager, Specialist Adult Services), which detailed the latest developments in the use of the Mental Health Promotion Funded Managed Care Network (MCN), which was run by LPFT.

It was noted that the network was set up in response to reductions in the Adult Social Care budget. The aim of the network was to "improve people's mental health and quality of life by helping them to find personally relevant, safe and effective support".

The Committee received a presentation which provided members with more detailed information in relation to the following areas: -

- What we do;
- How we are different;
- Wave 7;
- The Managed Care Network for Mental Health;
- Social Determinants;
- System Working: Self Care and Prevention Strategy;
- Health and Social Care: Nottingham University Independent Evaluation 2015;
- Impact Assessment 2015: Phase 2 – Achievement of Strategic Objectives;
- Before the MCN;
- Joining the Dots;
- Personal Outcomes;
- Key Opportunities;
- Key Challenges;
- Current Strategic Developments; and
- MCN Activities.

The Chairman invited Simon Hallam (Projects Co-ordinator for Tonic Health) to address the Committee about the work of Tonic Health, which had received support and funding through the MCN to provide Dementia Support in South Holland. The ways in which dementia services were provided by Tonic Health were discussed, including Tonic Health's staffing arrangements.

The Projects Co-ordinator invited Members of the Committee to attend one of Tonic Health's weekly Focus Clubs in Spalding, which provided support to patients and/or their carers with dementia. Members of the Committee welcomed this invitation.

Members were provided with the opportunity to ask questions to the officers present in relation to the information contained with the report and presentation, and some of the points raised included the following: -

- It was recognised that the concept of the MCN was an innovative one, which aimed to "improve people's mental health and quality of life by helping them to find personally relevant, safe and effective support";
- It was confirmed that the services provided by Tonic Health were not fully funded by the MCN. In addition to the funding received through the MCN, users of Tonic Health contributed £20 per person, per Focus Club meeting. It was noted that Tonic Health received 75% of its funding via the MCN;
- The Projects Co-ordinator advised that in recent years the diagnosis rates for dementia were on the increase and therefore there was an increase in demand for support services for dementia care;
- It was advised that the employees of Tonic Health were employed on a self-employed or voluntary basis. It was advised that this was owing to the non-recurrent nature of the funding received through the MCN and therefore the service being unable to commit to any ongoing contracts of employment;
- The Committee was advised that it was typical for organisations that were funded through the MCN to have a combination of both paid employees and volunteers;
- Members were advised that Tonic Health publicised its services via its Facebook page; the Johnson Hospital's Memory Team; its website; through the local free newspaper; and via promotion through local community groups;
- It was advised that funding decisions were made on an annual basis and rolled out via funding waves. The MCN was part way through delivering wave 7 of funding and details of waves 1 – 6 were provided as part of the Committee's report. It was queried whether there were any waves beyond 1 – 7, and if there were any examples of projects which had since become self-sufficient. Members were advised that the Shine Network was a good example which had been established through an earlier wave and had recently received charitable status. It was hoped that there would be further waves of funding. However, this was dependent on the MCN continuing to receive funding. It was noted that the MCN was funded through the Better Care Fund (BCF), but that the Committee was advised of the uncertainty about the future of the BCF;
- The Projects Co-ordinator advised that he would be willing to assist any community group in establishing a similar organisation to Tonic Health in another area of the County. It was also advised that the Shine Network could also offer this kind of support;
- It was commented that there appeared to be an issue with the equality of the geographic distribution of funds. Members were advised that the map on page 16 of the report only detailed wave 7 funding and it was highlighted that there had been six previous waves, which had distributed funds equitably across the County. Officers offered to circulate a map detailing the distribution of funding across the county for the previous waves;
- It was confirmed that the non-recurrent funding provided by the MCN to the projects in each wave should be used as 'kick-start' funding with an aim of

each project becoming self-sufficient going forward. The Committee raised concerns over whether this would be achievable and suggested that the MCN should continue to support each project to enable this to happen;

- It was confirmed that LPFT would continue to monitor the impact of the projects in the future and report to Lincolnshire County Council as part of ongoing monitoring and reporting. It was suggested that any measurable outcomes from each project was included as part of the reporting process to enable the MCN to demonstrate the benefits of this way of working;
- It was suggested that the MCN could hold an annual awards ceremony to celebrate the work of the projects;
- The MCN benefited both the NHS and adult social care;
- It was highlighted that NHS England would be visiting Lincolnshire County Council in April 2018 and the MCN would be promoted to NHS England as part of their visit;
- It was noted that the Committee would be considering an item on *Obesity* at a future meeting and the Director of Strategy (LPFT) offered, to attend to discuss connection between mental health and obesity, should this be required;
- It was requested that a further update was provided to the Committee in six months, which would also include information on the benefits of each project and how LPFT would enable each project to become self-sufficient; and
- The Chairman thanked Simon Hallam (Projects Co-ordinator for Tonic Health) for attending the meeting.

#### RESOLVED

(1) That the information presented be noted.

(2) That a further update be presented to the Committee in six months.

#### 58 SHARED LIVES SERVICES RE-PROCUREMENT

Consideration was given to a report by Carl Miller (Commercial and Procurement Manager – People Services) and Justin Hackney (Assistant Director – Specialist Adult Services), which invited the Scrutiny Committee to consider a report on the *Shared Lives Service Re-Procurement*, which was due to be considered by the Executive Councillor for Adult Care, Health and Children's Services between 13 and 17 April 2018.

It was reported that the Shared Lives services offered people an opportunity to receive their care and support in a family based environment. This was often an alternative to residential care, or a person living independently with support. Shared Lives services could also be utilised when placements with the service user's own family come under pressure or completely break down.

It was noted that the Council's existing contract for Shared Lives services was approaching its maximum duration, which coupled with the lack of growth, had necessitated a review of the contract scope and a re-procurement of the service in

2018. The report presented to the Committee provided an update on the proposed re-commissioning and sought approval to proceed with re-procurement.

Members were provided with an opportunity to ask questions, where the following points were noted:-

- There had been extensive market engagement which started in September 2018. It was expected that the contract would be a three year initial term with an option to extend by up to 2 years;
- The Committee explored the option for the service to be brought in-house and the reasons for not pursuing this further were explained to the Committee;
- It was noted that paragraph 4.1.4 did not seem to align with paragraph 7 of the report, but it was highlighted that the issue was covered under paragraph 7.1.1 which included reference to care, short term placements etc;
- The key parts of the process for any provider was recruiting people to provide the service; and ensuring referrals were made to the most appropriate placements;
- The benefits of expanding the service, as detailed in the report, were acknowledged;
- The Committee was assured that the contract arrangements would be 'future proofed' so that if a provider increased the contract value, any challenges could be avoided;
- The Committee advised that it was imperative for the contractor to be aware and understanding of the rurality issues in Lincolnshire.

#### RESOLVED

- (1) That the recommendations to the Executive Councillor, as set out in the report, be supported.
- (2) That the comments of the Committee be presented to the Executive Councillor for her consideration.

#### 59 ADULT CARE AND COMMUNITY WELLBEING QUARTER 3 2017/18 PERFORMANCE

Consideration was given to a report by Theo Jarratt (County Manager, Performance) and Sue Cecconi (Programme Officer), which presented the performance against Council Business Plan targets for the Directorate as at the end of Quarter 3 2017/18. It also continued the theme of a focused look at the performance of a function of the Directorate. It was advised that in the report for quarter 3 the performance focus was on the health checks programme. The programme was at the end of its current contract and had performed well during this time.

Members were guided through Appendix A to the report which provided an overview of the Adult Care and Community Wellbeing council business plan measures.

Members were provided with the opportunity to ask questions, where the following points were noted: -

- It was reported that the drug and alcohol programme had seen an uplift in performance since switching provider;
- Collecting data on *Chlamydia diagnoses per 100,000 15-24 year old* was a government requirement, and it was also noted that the latest data was almost nine months old. It was hoped that the quarter 4 data would be on target, following an increase in more accurately focusing on the target age range. It was noted that the 15-24 year old age bracket was measured upon as this group saw the highest prevalence of chlamydia. It was reiterated that this was a nationally set target;
- The Committee was advised that although the performance for the measure on the *percentage of people in receipt of long term support who have been reviewed in the period (adult frailty clients)* was likely to increase in Quarter 4, but it was unlikely it would achieve its target;
- Members were advised that the drug and alcohol programme was delivered by Addaction Lincolnshire. It was noted that the 40% target was based on a national standard;
- Concerns were raised that whilst Mosaic had been in place for a while, the percentage of reviews for adult frailty had not increased as previously expected. In response, the Committee was advised that there was a need for the year end performance to be reviewed, and officers suggested that an update on this could be provided at a future meeting. It was confirmed that the target would be reviewed by the Adult Care Executive DMT;
- SAS4 – *percentage of people in receipt of long term support who have been reviewed in the period (learning disability, 18+ plus mental health, 18-64)* - it was queried why the target had increased from 63% in quarter 3 to 100% by quarter 4. It was noted that this would need to be taken forward as the target should be 95% target;
- It was commented that the delay in reporting performance in some instances of up to nine months made it difficult for scrutiny committees to influence performance. It was therefore requested that performance information be made available as soon as possible and be considered by the relevant scrutiny committee. It was also requested that in addition to the performance data, a short summary of performance for each target be provided as context for the reader, including any information on benchmarking;
- The frustrations with reporting timescales were shared by officers, but all areas within the organisation were facing challenges with IT, which was having an impact on the ability to report timely performance information;
- The main purpose of the health checks programme was enabling early intervention where this was required; and
- The national picture had shown that Lincolnshire continued to perform better than the national average for the percentage of eligible people invited for an NHS Health Check; and for people receiving their NHS Health Check. It was noted that Lincolnshire was in the top 10% in England in terms of performance.

RESOLVED

- (1) That the Quarter 3 performance and the performance focus on Health Checks be noted.
- (2) That a short summary of performance, including information on benchmarking, for each indicator as requested above be included in future performance reports.

60     NHS HEALTH CHECKS RE-PROCUREMENT

Consideration was given to a report by Carl Miller (Commercial and Procurement Manager – People) and Phil Garner (Health Improvement Programme Manager), which invited the Scrutiny Committee to consider a proposed decision on the re-procurement of the NHS Health Checks programme, which was due to be considered by the Executive Councillor for Adult Care, Health and Children's Services between 13 – 17 April 2018.

It was reported that the NHS Health Checks Programme had been procured using an Open Select List restricted to GP Practices in Lincolnshire. Each GP practice on the list had an individual contract with the County Council. The contracts would come to an end on 31 July 2018, subject to four month contract extensions being approved by the Executive Director for Adult Care and Community Wellbeing.

Given the statutory obligation on the Council to provide the programme, the Council intended to re-commission the NHS Health Checks Programme and in doing so, advertise the opportunity to the wider market.

Members were provided with the opportunity to ask questions, where the following points were noted: -

- The Committee commented that it would be beneficial if the outcomes from the health checks programme could be analysed to see anything further could be learned, for example in terms of lifestyle choices;
- The Committee was advised that the health check programme tended to avoid duplication, so where individuals were already in receipt of regular health monitoring for certain conditions, such as diabetes or a cardiovascular condition, they would not be invited for a health check; and
- The re-procurement of the service was fully supported by the Committee.

RESOLVED

- (1) That the recommendations to the Executive Councillor, as set out in the report, be supported.
- (2) That the comments of the Committee be presented to the Executive Councillor for her consideration.

61 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE  
WORK PROGRAMME

Consideration was given to a report by Simon Evans (Health Scrutiny Officer), which enabled the Committee to consider its work programme for the coming year.

During consideration of the Committee's work programme, the following suggestions were made: -

- An item on *Obesity and Lifestyle Impacts* would be added to the agenda for the meeting on the 4 July 2018;
- The items in relation to *Community Hospitals – Making the Most of the Sites and Facilities* and *Local Government Association: High Impact Model* should be removed from the work programme until further notice;
- It was confirmed that the meeting of the Committee scheduled for 4 July 2018 would now be held at County Offices, Lincoln rather than in Skegness, as had been previously suggested. This was owing to the Committee being unable to visit an extra care facility on a whole and that smaller groups of 3-4 members would be preferred to minimise disruption. It was suggested that the dates on which the smaller visits would take place would be discussed by the Committee at its meeting on 30 May 2018.

## RESOLVED

That the work programme be approved, subject to the above amendments being made.

The meeting closed at 1.20 pm.