



**ADULTS AND COMMUNITY
WELLBEING SCRUTINY COMMITTEE
10 OCTOBER 2018**

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

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

Councillors: Mrs P A Bradwell OBE attended the meeting as an observer

Officers in attendance:-

Simon Evans (Health Scrutiny Officer), Steve Houchin (Head of Finance, Adult Care and Community Wellbeing), Emma Krasinska (Commissioning Manager, Adult Care & Community Wellbeing), Carolyn Nice (Assistant Director, Adult Frailty & Long Term Conditions), Gina Thompson (Commissioning Manager, Adult Frailty and Long Term Conditions), Professor Derek Ward (Director of Public Health) and Rachel Wilson (Democratic Services Officer)

30 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors A P Maughan and M A Whittington.

The Chief Executive reported that having received a notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, he had appointed Councillor P Skinner as a replacement member of the Committee in place of Councillor M A Whittington for this meeting only.

31 DECLARATIONS OF MEMBERS' INTERESTS

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

**32 MINUTES OF THE MEETING OF THE ADULTS AND COMMUNITY
WELLBEING SCRUTINY COMMITTEE HELD ON 5 SEPTEMBER 2018**

RESOLVED

That the minutes of the meeting held on 5 September 2018 be signed by the Chairman as a correct record.

**33 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR
AND LEAD OFFICERS**

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

34 INTEGRATED LIFESTYLE SUPPORT SERVICES

The Committee received a report which provided members with the opportunity to consider a report on the commissioning and procurement of Integrated Lifestyle Support Services (ILS) which was due to be considered by the Executive Councillor for Adult Care, Health and Children's Services between 12 and 19 October 2018.

Members were advised that the Council currently commissioned a range of services for the prevention and management of unhealthy lifestyles. These services were commissioned to address single lifestyle issues or with a particular intensive focus, such as smoking cessation, NHS Health Checks and alcohol treatment services.

It was noted that the existing stop smoking services delivered an evidence based intervention, but it was queried whether this provided value for money. Members were also informed that obesity and being overweight was as much of an issue for the population in general as smoking was. The authority was keen to review the stop smoking service as it was coming to the end of its contract with the current provider. It was highlighted that there was a particular issue with people who had long term conditions and continued to smoke, as any surgery and anaesthesia represented a risk due to their unhealthy lifestyles.

The conclusion of the current Local Stop Smoking Service provided an opportunity to develop a more holistic approach which supported people with multiple unhealthy behaviours to improve their health and wellbeing through the commissioning of an Integrated Lifestyle Support (ILS) service. The aim was to fundamentally change the approach. Whilst people who wanted to quit smoking would continue to be supported the support would be broadened out to help people with diet, exercise and alcohol consumption. It was reported that people who smoked would more often be overweight and/or would drink too much alcohol, as it had been found that people tended to have more than one unhealthy behaviour.

In relation to the contract structure, members were advised that the contract would be a 3 +1 + 1 years, as this would be a new service to Lincolnshire, and there was a need to ensure that it delivered value for money. It was noted that the proposed maximum annual funding for the contract would be £2.75m per annum, and the contract would be made up of a block payment amount to cover core costs of delivering the service, with the addition of performance related payment linked to the delivery of contract outcomes in order to retain an incentive for the provide to drive improvements in the delivery of outcomes and performance. In terms of next steps, the Committee was advised that an 'Invitation to Tender' would be issued in November 2018, followed by a process of evaluation. It was expected that the contract would be a consortium model, with a lead provider working with a number of partners. The contract would be awarded in March 2019, and the service would go live in July 2019.

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

- It was clarified that councillors were included within the offer of free flu jabs for the County Council workforce.
- Correlations had been made between physical issues such as smoking and alcohol use and mental health. It was queried whether there were any linkages with mental health services. Members were advised that there would be linkages with the CCG's and there were referral pathways if it was felt that someone needed additional help. It was reported that there would be a meeting with GP's regarding referral pathways and to highlight how people could be referred into other services.
- Members commented that it was positive that it would be an outcome based contract.
- Concerns were raised regarding the possibility of someone's operation being delayed due to their weight. However, members were advised that this would be a clinical decision made by GP's and the CCG. What the Council would offer through this service would be the provision of support if that decision was made. It was noted that this service would also be able to help people with mobility issues.
- In terms of alcohol misuse, it was noted that this service would be aimed at supporting those with low level alcohol consumption. There were other services available for those who were considered to have alcohol dependencies, as there could be a clinical risk in severe cases.
- It was noted that in some areas of the county there were large proportions of migrants, and a large number of this group would smoke, however, they tended to be physically active and did not have weight issues. It was queried whether this could have skewed the smoking prevalence rate for the county and also how would this part of the population be engaged with. Members were advised that as there would be an outcome based approach to this service, it would allow for the provider to deliver different levels of service according to demand. This should provide flexibility to deliver what is needed in each area. It was also noted that these services would be available in appropriate languages for an area.
- It was queried whether there was a different way to reach these population groups, such as by taking the campaign to the workplace, rather than waiting for them to go to the GP. It was also highlighted that many migrant workers were not registered with a GP.
- Members were pleased to see that this would be a jointly funded project. It was recognised that this contract related to services for adults, however, it was also highlighted that there was a significant problem with children's mental health, and there was a need to look carefully at mental health issues.
- It was commented that this was a really useful and important service, but it was thought there may be a need to increase the availability of mental health services to complement the service.
- It was noted that this contract was focussed on preventative services and in many instances an individual's mental health could be improved by improving

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their lifestyle, but in other instances an individual mental wellbeing contributed to their lifestyle choices.

- This service would mainly be about providing low level support, there was evidence that improvements to lifestyle could improve wellbeing.
- It was noted that in terms of migrant workers, some outreach had been carried out through major employers, mainly focusing on lifestyle advice around obesity.
- It was commented that a holistic and countywide approach was positive.
- It was commented that some comfort could be taken from the suggestion that young people were drinking less, and that smoking rates were reducing.
- Members were advised that it was much more efficient and effective to help those people that were ready to change. As the Public Health Directorate, it was necessary to look for the best outcomes for the people of Lincolnshire as a whole.
- It was commented that although this service would be aimed at those aged 18 and over, there were now a number of primary school children who were classed as overweight or obese. It was suggested that this was an issue of education, as if someone started over eating as a child, by 18 years of age, this would be an ingrained behaviour.
- The Committee agreed that it was an excellent report, and it was also commented that the four criteria outlined in the report were the key primary drivers for a healthy life. It was considered important that GP's supported this.
- It was suggested whether the county council should take more of a lead with this with its own staff. Members were advised that one of the referral groups was the County Council's own staff. There was a possibility of having this conversation with the NHS regarding the involvement of their staff. However, the county council would not be able to fund this.
- It was requested whether, once the procurement process was complete, the Committee could receive some feedback regarding interest and engagement, and also if it could come back to the Committee in a years' time when the service had had a chance to settle in.

RESOLVED

1. That the Adults and Community Wellbeing Scrutiny Committee supports the recommendation to the Executive Councillor as set out in the report.
2. That the following comments be passed onto the Executive Councillor:-
 - The linking of services addressing four lifestyle behaviours (smoking; physical activity; food, nutrition and weight; and alcohol consumption) is strongly supported, as a means of improving overall health and wellbeing.
 - The support of Primary Care, including GPs, in guiding people to integrated lifestyle support services is stressed.
 - Although not part of the proposed integrated lifestyle support services, the Committee was supportive of the relevant staff groups at the County Council promoting a healthy lifestyle; and in turn the Committee urged that these staff groups should be supported in attaining a healthy lifestyle.

35 COMMUNITY WELLBEING COMMISSIONING STRATEGY

Consideration was given to a report which provided the Committee with an opportunity to provide feedback on the current Community Wellbeing Commissioning Strategy 2017 – 2020. It was reported that the purpose of this commissioning strategy was to improve and protect the health and wellbeing of the people in Lincolnshire. It was thought this could be best achieved when people were supported to be independent, make healthier choices and live healthier lives.

Members were advised that this was the strategy that was currently in existence and officers would value the views of the Committee of how it could be changed over the next 12 months, for example, what was useful in the current strategy and what may be useful in the future.

In terms of the actions in the current strategy, all actions were either in progress or nearing completion. A conversation had also commenced regarding understanding what the core duties were and what could be delivered by the authority, and what services were bought in.

Members were provided with an opportunity to ask questions to the officers present regarding the information contained within the report and some of the points raised included the following:

- It was queried whether large companies could be engaged with more to promote wellbeing initiatives to their staff. It was commented that large supermarkets such as Tesco had engaged with the authority in the past.
- It was commented that there were a lot of facilities within communities, such as village halls, and there was a need to connect and engage with these facilities in order to make better use of them.
- It was noted that the Director of Public Health had spoken with the Chief Executive of Lincolnshire Co-op regarding the flu jabs for staff, and they had picked up the co-ordination of the county wide programme. It was noted that this scheme was a payment by outcome, and therefore it did not matter where someone would get their flu jab. It was believed that this approach provided better services for the people of Lincolnshire.
- It was queried whether there was evidence to show that smoking e-cigarettes made a difference to smoking rates and a person's health. It was noted that if someone who smoked traditional cigarettes completely switched to e-cigarettes there was a significant reduction in risk. However, the best option was still to stop smoking completely. It was reported that smoking prevalence across the country had dropped significantly, however there were still comparatively high levels of smoking in Lincolnshire. It was not possible at this time to answer whether the use of e-cigarettes was reducing the smoking rate.
- It was suggested that there was a need to speak with United Lincolnshire Hospitals NHS Trust regarding enforcing their ban on smoking at the entrance

to hospitals, and it was thought that this was one area where staff could lead by example.

- It was noted that one of the areas being picked up was obesity and physical activity, and a member of staff had been seconded to start conversations with facilities such as Louth swimming pool about the classes they could offer, as it was noted that all would offer slightly different activities.
- There was also work to be done on how the County Council could work more closely with districts and the Director of Public Health would be attending the Lincolnshire Chief Executives meeting to examine how engagement could be further improved.
- CCG's spent £1.1bn on NHS health services in Lincolnshire.
- It was commented that this should not necessarily be about offering everything for free, as if people had to pay for some of the services e.g. fitness classes, they would be more likely to continue attending. It was agreed that there was a psychological aspect to this. It was also noted that when schemes had been opened up so that attendees could 'bring a friend' then this also showed an increase in completion rates for a programme.
- It was commented that in evening classes, it had been noted that those people who did not have to pay were the first to leave the course.
- There was a need for more low key exercise classes and activities for elderly residents.
- It was suggested that it was more effective to build exercise into daily life by increasing walking for example, rather than by setting aside time to go to the gym. It was suggested that communities should be encouraged to set up walking groups.
- There was a need to ensure careful scheduling of community activities to ensure they did not clash with things such as parish council meetings.
- It was suggested that there was a need to engage with community group leaders on how to ensure the continuity of their group and how to incorporate new members.
- It was noted that the need for activities within care homes had been included within the residential contract. It was also suggested that care homes should be encouraged to become engaged with their local community.

RESOLVED

1. That the content of the current Community Wellbeing Commissioning Strategy be noted.
2. That the following feedback be provided to the Council's Executive:
 - Benefits of engaging with district councils, businesses and others to support approached to wellbeing;
 - Importance of making use of the County's assets, as part of a mixed economy supporting healthy lifestyle behaviours;
 - Creativity around charging policies to encourage take up
 - The importance of community groups developing and supporting healthy activities.

Consideration was given to a report which provided the Committee with the opportunity to comment on the current content of the Carers Commissioning Strategy 2017-2020. The purpose of this strategy was to support the health and wellbeing of carers of all ages in Lincolnshire. It was believed that there were around 80,000 carers in Lincolnshire, but of these only around 30,000 of these were known to the County Council.

The Committee was guided through the report and some of the statistics highlighted were as follows:

- 85% of carers co-habit with the person they support
- 62% of carers had a disability or long standing illness
- 19% of carers were not in paid employment because of their caring responsibilities
- 37% of carers had as much social contact as they would like (although it was noted that this also meant that over 60% were not getting as much social contact as they would like)

It was reported that all the actions were either in progress or complete, but it was acknowledged that there was a need for more work around this agenda. Carers support now reported to the Director Public Health and considerations for those with caring responsibilities were being incorporated into every aspect of the directorate's work.

It was highlighted that one area where more work was required was around the employers of carers, and how they were taking care of those of their workforce who were carers. It was queried whether there were things that should be picked up around this area.

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

- For every instance where a carer asked for help, it was likely that there would be 10 who did not. The care system would not survive without those carers, therefore it was important that they were supported.
- In terms of carers and employment, it was noted that where people were desperate to get back into the job market, early outreach was important. It was also very important to ensure that any carers who were also in employment managed to keep that job. A big part of the work being done with Carers First was getting people back into employment and helping people who were struggling.
- It was important to note that a person could become a carer in an instant, for example if a loved one had an accident, or a stroke.
- People who had been a carer for a long time may be unsure about re-entering employment, particularly if they had to also rely on day centres, as the hours were not always employment friendly.
- It was commented that it was important to realise that caring for someone did not need to be a full time role, although in a lot of cases it would be.

- In terms of the amount of social contact carers received, it was highlighted that some of the South Holland District Councillors were using part of their allowances to take carers out for a Christmas lunch.
- In terms of young carers, it was reported that this was often an unknown area for a lot of young people.
- Members were advised that this was an all age commissioning strategy, and support for young carers was being provided through the early help service which included working with schools to help them to identify and provide support for carers in schools.
- Taking a whole family approach was one of the priorities for the strategy. For example, a young person with caring responsibilities may want to go to their nearest university. Work had been carried out with the University of Lincoln so that it could be included on the admissions form if someone was a young carer so they could receive welfare and support from the university.
- Members were informed that there were strong links with housing companies and district councils in relation to housing.
- It was hoped that a Carers Portal could be created where carers would be able to connect with each other.
- Members were informed that Carers First had been shortlisted for a national award through the Health Service Journal. The organisation was well recognised for the work it did and raised the profile of the support that was available.

RESOLVED

That the content of the current Carers Commissioning Strategy be noted and feedback considered by the Executive.

37 ADULT FRAILTY AND LONG TERM CONDITIONS COMMISSIONING STRATEGY

Consideration was given to a report which contained the key strategic aims of the Adult Frailty and Long Term Conditions Commissioning Strategy 2016 – 2019 and set out what had been achieved since the implementation in 2016. It was reported that the Strategy and associated activities supported people with eligible needs as outlined by the Care Act 2014. The customer groups supported by this strategy were Older People, People with Physical Disabilities and People with Sensory Impairments. It was noted that this Strategy was due to be refreshed and officers were keen to receive feedback on what the Committee would like to see included going forward.

It was noted that there were a number of areas where there had been some success and good achievements. There was a need to ensure that the strategies linked together, as people will pick up one strategy but not necessarily another. Members were advised that the home care contract had been re-procured since the strategy was introduced, and personal budgets had been introduced which were to help people make more informed choices about their care. It was also noted that pre-paid

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cards had also been introduced to make the personal budgets easier for people to manage.

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

- It was clarified that in relation to personal budgets, a person would have an assessment and the results would then give an indication of what their personal budget would be. A social worker would then go through the support plan with the person and the personal budget may then increase or decrease based on the person's needs. The personal budget would cover the cost of the care and the person would then have a number of options on how to spend it, they could either opt for commissioned services or a direct payment. A person receiving a direct payment was able to spend that money in a way that met the outcomes of their support plan. It was noted that they did have to submit receipts and the receipts would be audited, as the authority tracked what people were buying with their direct payments. A lot of people would purchase agency support. There was a need to look at whether people were getting the best they could for their direct payment.
- There was a need for balance between the choice of direct payment and commissioning responsibilities.
- There was a need to ensure that the care provided was suitable for a person's needs.
- It was considered important that when people came out of hospital they were able to return to independence. Members were advised that there were teams based within hospitals who would assess patients as to whether they would require any adaptations or home care. In relation to adaptations it was noted that people would not stay in hospital whilst these were carried out if they were able to be discharged. There were various things that health colleagues needed a person to be able to perform before they could be discharged.
- It was commented that Pendrells seemed to be a key player in terms of care, and members were advised that they tended to be the favoured choice for most local authorities, it was suggested this maybe because they have many years of experience.
- It was queried why there had been a decrease in convalescent homes, and it was noted that most people did not want to go into care and wanted to receive care in their own home. Now there was a need to determine how to put a team around a person in order to support them to the level they need.
- Reablement provided a level of control over demand, and enabled the support to be front loaded, so a person would receive more care visits for example when they first came out of hospital, and gradually reduce the number or frequency of visits to get someone back to independence as much as possible.
- It was commented that there were a lot of opportunities around day care, and they could be more focused around certain issues e.g. cooking. It was suggested that people wanted to engage with like-minded people.

- It was noted that work was underway with the Director of Public Health and the Assistant Director Specialist Adult Services on how the authority could make better use of its assets (buildings).
- It was noted that there were very few homes suitable for people with disabilities, and so it was essential that the Strategy linked in with housing.
- There were some people whose needs were so complex that they would need specialist care.
- There was a need for more creative options to ensure people remained independent, for example it was commented that in Cambridgeshire, supermarkets were sponsoring buses to pick people up so they could do their shopping.
- Rurality was key factor as the cost of getting into town if there were no or limited bus services could be prohibitive for some people. It was noted that in Somerset, micro commissioning of services was taking place, which enabled a few people to get together to jointly commission a service. There was a need to look at how the authority could help people to be more creative.
- There was also a need to incorporate more digital engagement as well as the promotion of self-care and supporting people to look after themselves.

RESOLVED

That the content and feedback on the current Adult Frailty and Long Term Conditions Commissioning Strategy be noted.

38 LINCOLNSHIRE JOINT STRATEGY FOR DEMENTIA

Consideration was given to the Joint Strategy for Dementia 2018-2021 which was a refresh of the existing Joint Strategy for Dementia Care 2014-2017 and had been developed and co-produced with strategic partners, people who lived with dementia, their families and carers to provide a strategic framework around dementia for the next three years.

It was reported that the Strategy refresh set out the vision and details of the achievements since the implementation of the Lincolnshire Joint Strategy for Dementia 2014 – 2017. It was also noted that the Strategy had been presented to the Lincolnshire Health and Wellbeing Board.

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

- It was suggested whether the questions used in the initial diagnosis of dementia could be carried out online.
- More work was needed around prevention and it was acknowledged that people were being diagnosed too late and the current system did not enable people to live well with dementia.
- There would be an easy read summary included with the Strategy. It would also include how carers could be supported and also those people with an early diagnosis of dementia, and what they should expect from the

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Lincolnshire County Council offer. It was noted that the dementia family support service was due to be re-procured.

- There was a need to be smarter about getting people to plan in advance the care they would like, as often by the time medical staff intervened it was too late for the person to make those decisions. It was important to ensure that people could have that choice about their future.
- The picture for Lincolnshire was variable in terms of care offered, and there was an aim for it to become more consistent. There was confidence that the proposed governance structure would assist in delivering the priorities of the Strategy.
- There had been comprehensive engagement with carers to get their views and address their concerns.
- It was queried how effective was counselling for someone with dementia. In terms of early intervention, it was noted that faster that the person could receive support and advice the better, it was also noted that advice for the family needed to be linked into this.
- There was a need to empower primary care providers to access these pathways and to raise awareness of dementia.

The meeting was adjourned from 12.48pm until 12.56pm

RESOLVED

1. That the draft Lincolnshire Joint Strategy for Dementia be supported.
2. That a summary document for the Strategy be developed.

39 ADULT CARE & COMMUNITY WELLBEING 2018/19 OUTTURN PROJECTION

Consideration was given to a report which set out the Adult Care and Community Wellbeing 2018/19 outturn projection. It was reported that the Adult Care and Community Wellbeing (AC&CW) net budget was £221.288m, and the gross figure for 18/19 was £281.804m. Based on current information available to 31 August 2018, it was estimated that AC&CW would produce a breakeven budget for the financial year 2018/19. The increasing strategic importance of the Better Care Fund (BCF) had also meant that the impact to AC&CW also had to be reflected in service budgets.

It was noted that corporately, the County Council was expected to balance its budget until March 2020. There was an assumption that the authority would have a balanced budget until 2022. In comparison to some other areas, Lincolnshire was doing well.

It was noted that the Executive would be meeting on 18 December 2018 to agree the budget, and the final statement figure should be received around that time.

It was queried whether the underspend and balanced budget equated to the delivery of quality services, and members were assured that it did.

RESOLVED

That the budget outturn projection for 2018/19 be noted.

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WORK PROGRAMME

The Committee received a report which enabled members to consider the work programme, which was reviewed at each meeting.

Members were invited to consider whether to establish a working group to review the information prepared by organisations such as the local Government Association and the County Council Network, in anticipation of the Government's publication of the green paper on Care and Support for Older People.

During discussion of the work programme the following issues were highlighted:

- It was expected that that the green paper would now be published in December 2018, and so would be removed from the agenda for the November 2018 meeting.
- It was commented that there was a need to expand digital development into the agenda, for the short term, medium term and long term.
- In relation to the working group, it was thought that it was likely to only consist of a small number of meetings.
- It was suggested that the issues around rurality should be added to the agenda as it impacted on so many things that had been raised during the course of the meeting.
- It was suggested that issues such as rural isolation, charging for services and income streams should be looked at as part of the working group.

RESOLVED

1. That the work programme as discussed be agreed.
2. That a working group be established to review the information prepared by the Local Government Association, the County Councils Network and any other relevant body, in anticipation of the Government's Green paper on the Care and Support for Older People.

The meeting closed at 1.30 pm