



**ADULTS AND COMMUNITY  
WELLBEING SCRUTINY COMMITTEE  
27 FEBRUARY 2019**

**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, C E Reid, C L Strange and M A Whittington

Officers in attendance:-

Simon Evans (Health Scrutiny Officer), Glen Garrod (Executive Director of Adult Care and Community Wellbeing), Steve Houchin (Head of Finance, Adult Care and Community Wellbeing), Katy Thomas (Programme Manager (Health Intelligence)) and Professor Derek Ward (Director of Public Health)

**58 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS**

There were no apologies for absence.

The Chief Executive reported that having received notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, she had appointed Councillor C L Strange as a replacement member of the Committee in place of Councillor A P Maughan until further notice.

**59 DECLARATIONS OF MEMBERS' INTERESTS**

There were no declarations of interest at this point in the meeting. However, Councillor M A Whittington wished it to be noted that his mother was now in residential care which was being funded by the local authority.

**60 MINUTES OF THE MEETING HELD ON 16 JANUARY 2019**

RESOLVED

That the minutes of the meeting held on 16 January 2019 be signed by the Chairman as a correct record.

**61 ANNOUNCEMENTS BY THE EXECUTIVE COUNCILLOR AND LEAD OFFICERS**

There were no announcements by the Executive Councillor or lead officers.

62 NHS LONG TERM PLAN

The Committee received a presentation by the Executive Director for Adult Care and Community Wellbeing in relation to the NHS Long Term Plan which provided detailed information in relation to the following areas:

- Some background: the Green Paper, the NHS plan and the Spending Review – it was anticipated that the Green Paper would either be released by the end of March or in May. It would be a consultation document which would feed into the Spending Review. There had been £20.5bn allocated to the NHS. It was noted that the Plan had been produced following an intensive 12 week engagement period.
- How the NHS Long Term Plan was developed – members were advised that this was a very engaging process, partly due to it being so intense.
- Background – it was noted that the increase in funding of 3.4% per year was not what the NHS had asked for. 4.1% had been requested, which meant that the NHS was already working with less than it was thought was needed. The Prime Minister had also announced a number of conditions on which the £20.5bn would be dependent, including improved NHS efficiency and elimination of the NHS deficit. The Long Term Plan's reference to 'integration' mostly referred to integration within the NHS rather than with adult social care, as the NHS was currently very fragmented and there would be a need to re-integrate the NHS (for example in Lincolnshire there were 4 Clinical Commissioning Groups and 3 NHS provider trusts). There was also an expectation to deliver significant improvements for patients.
- What the NHS Long Term Plan will deliver for patients
- Making sure everyone gets the best start in life
- Delivering world-class care for major health problems...- it was noted that some respiratory conditions, such as asthma, were being exacerbated by cold, damp housing. There was also an increasing number of elderly people moving to the county to retire, who had pre-existing health conditions.
- Supporting people to age well... - this was the area of greatest interest for councils, as the NHS had historically invested more money on acute care than primary care.
- Delivering the ambitions of the NHS Long Term Plan:-
  - 1. Doing things differently
  - 2. Preventing illness and tackling health inequalities
  - 3. Backing our workforce
  - 4. Making better use of data and digital technology
  - 5. Getting the most out of taxpayers' investment in the NHS
- What this means for staff, patients and the public
- How did the Association of Directors of Adult Social Services assess the Plan – ADASS had stated that the Green Paper and the NHS Long Term Plan should have been developed in parallel and a major opportunity had been missed; the absence of clarity and certainty about future social care funding represented a major risk to the ambitions of this NHS Plan. However, ADASS had been positive about the proposed shift of resources to community and primary care; and the emphasis on personalisation and choice.

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- Reference was made in particular to paragraph 1.57 of the NHS Long Term Plan which stated:

*"Both the wellbeing of older people and the pressures on the NHS are also linked to how well social care is functioning. When agreeing the NHS funding settlement the government therefore committed to ensure that adult social care funding is such that it does not impose any additional pressure on the NHS over the coming five years. That is the basis on which the demand, activity and funding in this Long Term Plan have been assessed."*

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

- A requirement for the funding was that the NHS must not have a deficit, and therefore much of the remainder of the funding would be taken up by this.
- It was noted that 5200 clinical grades left the NHS every year but there were training places for 4,500 trainees. The remainder would be filled by staff from overseas. However, it was noted that India was developing its own primary care system which could impact on the numbers of staff coming to the UK to work.
- It had been highlighted that there were staff recruitment and workforce challenges in Lincolnshire, and it was queried whether anything could be learned from the way that Children's Services had been recruiting. It was noted that some things did have to be done differently, and the Care Providers Association (LINCA) had been a good strategic partner to the Council. Members were informed that the Care Association employed over 20,000 care assistants.
- It was commented that the current NHS structure could not deliver this Plan and if it did not change the way it did things then it would still be in deficit. However, the direction of travel that the Plan laid out was good, but the local authority would need to deliver its part. It was commented that a fundamental change in the approach to the management of the health service would be required for this Plan to be effective.
- There was support for the idea that a fundamental change in approach was needed.
- Concerns were raised regarding the attitudes around Type 2 diabetes, as in the majority of cases it was linked to lifestyle and was a preventable. It was highlighted that the case of Tom Watson, a Labour MP, was a good example of how people could 'reverse' their type two diabetes by making health and lifestyle changes. Treating type 2 diabetes used an enormous amount of resources, but it was something which was largely preventable.
- Members were informed that there was a national diabetes prevention programme and it was starting to look at aspects of health and lifestyle. Nine out of ten new cases of diabetes were Type 2, and 90% of these cases were preventable.
- The Integrated Lifestyle Support Service was due to launch in July 2019 and would involve work to change behaviours over a 12 month period. People with Type 2 Diabetes would be one of the priority groups.

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- Public Health was still a priority area, and a Green Paper on Prevention was expected which would bring together the NHS, social care and Public Health.
- In terms of the digital platform, it was noted that a design was being worked on for the website.
- As part of the Integrated Lifestyle Support Service, an individual would meet with someone on a regular basis to ensure they continued to follow the guidance.
- It was queried whether there would be an opportunity on the new website to promote self-help options.
- The Connect to Support website was separate to the Council website at present but would be integrated in due course, and would give information on how individuals and communities could help to support themselves without going to the council.
- The local NHS would shortly be launching its own engagement plan, which would include self-help and the role of community pharmacies. There was an opportunity over the next year to pull a lot of this together so there could be one common approach.
- It was queried how the message could be communicated to people who wanted to help themselves. It was suggested whether the Committee should have a 'deep dive' of these issues another time.
- It was commented that cultural change took a long time, but it was something that needed to be done. For example, obesity often started in childhood due to not having the right diet, and there was a need to address this early on.
- In terms of reducing childhood obesity there was a need to work much better with schools and children's centres.
- It was important to note that you could not make people change their lifestyle if they did not want to. There was a real opportunity when people had a baby as that often prompted them to make that change.
- Concerns around the ability of the NHS to deliver on this Plan were supported and there was not the same degree of accountability that local authorities had. It was highlighted that one of the biggest impacts on health care was substance misuse. Members were advised that a substance misuse service was currently commissioned to provide this service. Substance misuse was often wrapped up in lots of other issues, in particular mental health, as well as housing and chaotic lifestyles.
- The number of people diagnosed with autism was now as high as the numbers with dementia. Members were advised that there were a lot of people who had not previously been known to the SEND team who were now coming to adult services needing help. These were adults who had been in mainstream education and college but not previously needed support. Officers were carrying out a piece of work to understand why this was now happening.
- The headline figures were that 12.3 children per 1000 pupils in Lincolnshire were diagnosed on the autistic spectrum, compared to 11 in the East Midlands and just under 11 nationally. Less than 5% of adults with autism received support from Adult Social Care. The prevalence did match that of dementia, but different resources were required. There was a pathway for children and young people into work following school.

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- In terms of home learning, by law, the authority could only go into the home once per year for school age children. There was no requirement for parents to get a tutor for their children and could teach them themselves.
- It was queried whether the authority was rigorous with GP's in terms of antibiotic resistance and opioid addiction through prescription. Antibiotics over prescription were one of the priorities for the Chief Medical Officer. This was about the impacts on health rather than money. This also included antibiotic use in farming and other industries. It had improved but work needed to continue.
- There was an increasing number of people with addiction to prescription drugs and would be seen through the substance misuse service. This was not a national priority at the moment so more work was needed to push this forward. An integrated pain management approach was required and a new service was being developed which would help people to deal with pain without substances for support.
- In terms of the increase in demand for autism services, it was queried whether other parts of the country were experiencing the same sort of increase, or historically whether the authority had not had the resources to pick up the extra cases. Members were advised that there were a lot of young people that had a statement with a diagnosis of autism but did not need any additional services. It was also noted that autism had such a wide spectrum of needs.

RESOLVED

That the presentation and comments made be noted.

63     ADULT CARE AND COMMUNITY WELLBEING PERFORMANCE REPORT  
           - QUARTER 3 2018/19

Consideration was given to a report which presented performance against Council Business Plan targets for the Directorate as at the end of Quarter 3 2018/19. A summary of performance against target for the year had been provided in Appendix A of the report. It was also reported that a full analysis of each indicator over the year had been provided in Appendix B to the report.

It was noted that there were 26 measures across five commissioning strands. Of these, 16 measures were achieving or exceeding target, three were reported annually, and of the measures not being achieved, five fell within the community wellbeing strategy.

In relation to the measures which had not met target the following was reported:

- 31 - % of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months – this had fallen slightly but there was a 3 month reporting time lag. There had been some staffing issues, but these had started to improve and the performance was expected to stabilise between 35 – 37%. A paper would be presented to Executive Departmental Management Team outlining further options.
- 34 – Chlamydia diagnoses per 100,000 15 – 24 year old – there was an action plan in place. This measured the number of young people who had had the

diagnostic test and the proportion of positive test results. The rate of positive test results at 10.4% indicated that the targeted work was working well. Even though Lincolnshire was below target, it was noted that the current performance was the third best in its CIPFA group and was also below the regional and national target.

- 109 – Number of Health and Social Care staff trained in Making Every Contact Count (MECC) – 662 staff had now been trained, and there were no concerns that the target would be missed at the end of the quarter. It was confirmed that for 2019-20 this target would only be reported annually.
- 111 – People successfully supported to stop smoking – it was noted that this had a three month time lag. The Service was continuing to target the hardest to change groups. There were some other issues with the service that had been recognised, but there would be a switch to the integrated lifestyle support service in the summer. It was important that people were ready to change when they came to the service. With the right support, it was possible to double the numbers of those successfully quitting.

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 noted that smoking was not always linked with obesity as some used it as a substitute for eating. It was suggested whether this group could be targeted through their vanity for example how it could age them and have negative effects on their skin.
- In terms of smoking, with 20 – 23 year olds, guidance tended to talk about the costs involved and participants would be asked to put the money they would have used to buy cigarettes into a separate account and then seeing the amount go up reinforced the behaviour to quit.
- 112 – People accessing Housing related support that are successfully supported to access and maintain their settled accommodation – the reasons behind this not meeting target were being discussed with the contract provider through the contract monitoring process as it was not clear why this target had not been met and further investigation was required. Members were advised that this target was very aspirational, and there may need to be some work on how better to monitor this measure going forward.
- 114 - % of safeguarding enquiries where the 'Source of Risk' is a service provider i.e. social care support – it was noted that this indicator was not really the right measure to determine whether the work was effective. A new indicator was in the process of being agreed by the Departmental Management Team.
- 63 - % of clients in receipt of long terms support who receive a direct payment – it has been queried whether this is the correct measure and it was planned that a paper on this would be going to the Executive Departmental Management Team. It was commented that for some older people direct payments would be too complicated for them.
- There had been a government push to move more people to direct payments, but this was not suitable in every instance.

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- It was commented that drug and alcohol misuse services were at capacity and it was thought that this would only get worse, and it was queried whether there was a need to increase the service provision. Work was ongoing with the contract provider to monitor this situation. It was noted that a lot of audit work had been done and it was a very good provider. Due to the nature of the client group there were very regular contract management meetings. It was a challenge to meet to the target but it did not mean that the service was not good. There had been previously a question of capacity and issues with resources. There were also overlaps with mental health and the criminal justice system, therefore a more integrated approach could be beneficial.
- There was support for the idea of making every contact count.
- The issue of direct payments was a complex one, for example not everyone used the internet, and there was a need to make it as simple as possible.
- It was noted that people's conditions could change dramatically over a short period of time and it was queried whether there was any mechanism to pick up these changes. If things did change the family could ring the social worker who would reassess the care being provided and make changes if necessary.
- Permanent admissions to residential and nursing care homes aged 65+ - it was confirmed that the target was to keep as many out of residential care as possible and support people to stay at home. The service worked on the assumption that people wanted to live at home for as long as possible. However, if people were not safe at home a move into residential care would be recommended.
- It was noted that when the authority had to place someone in residential care, it would be in competition with those accessing it themselves. Members were advised that 40 – 45% of places were being filled by people funded by Lincolnshire County Council.
- If the plan was to reduce the numbers in residential care, it was queried whether in order for care homes to maintain occupancy levels, would they need to find additional ways to fill spaces. It was noted that a couple of homes had gone out of business but this was not due to placements, and the executive councillor commented that she could not remember the last time a residential home went out of business due to capacity. The need for adult social care was increasing.
- The authority had a statutory duty to maintain and manage the market. Occupancy was at 90% around the county. There was an aim to reduce the target, but the demand would increase.
- It was queried whether the authority promoted anything like day care facilities in residential homes. Members were advised that there were activities such as lunches or tea and cake afternoons.
- 34 – Chlamydia diagnoses per 100,000 15-24 year old – it was highlighted that there were changes in culture and there were now increases in STI's in the over 60's being reported. It was queried how responsive the indicators were to these changes. It was noted that this indicator had come from a national priority, and was still a valid target.

The Chairman concluded by observing 16 of the 23 indicators were on target and recognised the efforts of all staff in delivering these targets

## RESOLVED

That the performance information received be noted and the efforts of all staff in meeting the performance targets be recorded.

**64 ADULT CARE & COMMUNITY WELLBEING 2018/19 BUDGET  
MONITORING REPORT**

Consideration was given to a report which set out the expected budget outturn projection for 2018/19. It was noted that the Adult Care and Community Wellbeing net budget was £221.006m, and based on current information available to 31 December 2018, it was estimated that AC & CW would produce an underspend of £0.642m for the financial year 2018/19.

Members were guided through the report and 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:

- Income lost from bad debts was £0.9m and it was queried whether there was a strategy to review the service from Serco and the credit control function. It was noted that this amount was significant but it had already been included in the budget. It was noted that the current process would be looked at.
- The delays in completing financial assessments sometimes resulted in large amounts of back dated payments being made.
- There was a need to recognise some of the good work and achievements.
- It was queried what property debtor income was and members were advised that this referred to those service users who had a property who did not want to sell it when they went into residential care. The authority would receive income from the sale of the property after the person had died. This ensured that the person did not have to sell their house in their lifetime.
- There were a number of service areas with cost pressures, and it was queried whether any of them were cyclical or recurrent. It was noted that there were built-in cost pressures into the next financial year. Adult Social Care was approaching 50% of the Council's total budget. The authority had a lot of increasing financial risk.
- Specialist Adult Services was seeing a recurring pressure and there were a number of factors which were resulting in this. One of the issues was that a lot more people were presenting with autism and mental health was also causing an increasing pressure. The budget was £5.8m but increased last year to £6.1m and was due to be increased to £6.2m the next financial year, however due to the pressures described in the report members had approved an additional £600k for mental health services.
- In terms of Learning Disabilities there was a particular increase in capacity issues as there were a lot of young people who came into the county through the education system that were not known to the authority.
- There was also an increasing complexity of needs, combined with medical advances so life expectancy for certain conditions was increasing.

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- There were cases where the service user had not been known to the authority as they had been taken care of by family members for their whole life but then they were no longer able to care for them.
- It was noted that these were not local problems, as there was information from other authorities that they were experiencing the same issues.
- It was noted that it cost £607k per day to run the adult social care service.
- It was suggested that it would be useful to have a follow up of the lessons learned in terms of winter pressures, as the winter season was coming to an end.

RESOLVED

That the budget outturn projection for Adult Care and Community Wellbeing for 2018/19 be noted.

65     ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE  
WORK PROGRAMME

The Committee received a report which provided members with an opportunity to consider its work programme for the coming year.

It was requested that brief summary reports be included with the agenda for the next meeting in relation to:

- Autism – the increase in people presenting to adult care with autism
- Type 2 Diabetes and the work going on to try to prevent it;
- Antibiotic Prescribing by GP's

The Green Paper on the Future Funding of Adult Care was still scheduled for a future agenda, and it was expected that it would be released either before or after purdah. A second Green Paper in relation to prevention was also expected, and a working group would look at the detail of that.

It was also noted that Director of Public Health's Annual Report would be on the agenda for the July 2019 meeting and not the May meeting.

RESOLVED

That the activity above be noted and the work programme updated accordingly.

The meeting closed at 12.50 pm

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