



**ADULTS AND COMMUNITY  
WELLBEING SCRUTINY COMMITTEE  
15 JANUARY 2020**

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

Councillors Mrs E J Sneath (Vice-Chairman), R J Kendrick, Mrs C J Lawton, Mrs M J Overton MBE, C E Reid, R A Renshaw and L Wootten

Councillor Mrs P A Bradwell OBE, Executive Councillor for Adult Care, Health and Children's Services attended the meeting as an observer.

Officers in attendance:-

Pam Clipson (Head of Finance, Adult Care), Alex Craig (Commercial and Procurement Manager - People Services), Simon Evans (Health Scrutiny Officer), Glen Garrod (Executive Director - Adult Care and Community Wellbeing), Alina Hackney (Senior Strategic Commercial and Procurement Manager - People Services), Justin Hackney (Assistant Director, Specialist Adult Services), Carl Miller (Commercial and Procurement Manager - People Services), Carolyn Nice (Assistant Director, Adult Frailty & Long Term Conditions), Professor Derek Ward (Director of Public Health) and Rachel Wilson (Democratic Services Officer)

**46 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS**

Apologies for absence were received from Councillors B Adams, Mrs J E Killey, C L Strange and M A Whittington.

The Chief Executive reported that having received notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, she had appointed Councillors R A Renshaw and L Wootten as replacement members of the Committee in place of Councillors Mrs J E Killey and B Adams respectively, for this meeting only.

**47 DECLARATION OF MEMBERS' INTERESTS**

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

**48 MINUTES OF THE MEETING HELD ON 27 NOVEMBER 2019**

**RESOLVED**

That the minutes of the Committee held on 27 November 2019 be signed by the Chairman as a correct record.

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

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

**50 ADULT CARE AND COMMUNITY WELLBEING BUDGET PROPOSALS  
2020-2021**

Consideration was given to a report which detailed the Council's budget proposals for Adult Care and Community Wellbeing (ACCW) for the financial year 1 April 2020 – 31 March 2021. The report detailed the ACCW position within the Council Position and the assumptions made given the national context.

Members were advised that the directorate had proposed a balanced budget for 2020-21. There had been an assumption that the £14.7m allocated for Adults' and Children's Social Care for 2019-20 was one off funding for one year only. However, since publication of the report, it had been announced that this funding would be allocated for every year of this Parliament. This would be factored into future budgets.

Pressures and savings in each of the delivery strategies had been identified, but they were not highlighting any risks, and a balanced budget continued to be forecasted. It was confirmed that this was a one year budget, but the finance team was working with the assistant directors on a medium term financial strategy which would run to 2023.

Members were guided through the report and 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 queried why the Carers Service had been transferred into Public Health during 2019-20, and it was noted that a number of services had been consolidated into three delivery strategies for 2020-21. However, this did not materially affect the proposed funding levels for the service. The three delivery strategies reflected a connection between the services. For example, Public Health had a lot of experience around prevention, which was an important aspect of a carer's role. It was also highlighted that the Wellbeing Service was located within Public Health and the Carers Service worked closely with this Service.
- In terms of the proposed savings from reduction in staffing costs, it was queried how this would be achieved, and members were advised that these were being brought about as a service was due to be transferred to a different directorate.
- In terms of the increase in service user contributions, it was queried what this increase would equate to per service user. It was reported that the authority had overachieved in terms of service user contributions, and the income which was generated helped to manage the overall budget expenditure. Members of the Executive had been vigilant that the authority was not overcharging people, and charges had been set in the mid-range.

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- It was reported that there had been improvements in the financial assessment process, so there were now not as many outstanding.
- In relation to the costs of delivering existing services using technology, it was queried how this would be funded. It was noted that this would just be a different way of procuring the existing service, and the majority of the funding would come from the Council's capital budget; using existing funds differently or grant funding. However, a lot of the technology had already been paid for, and in some cases, the authority was taking part in a pilot of different models of working.
- As the authority was over-performing in terms of charges, it was queried whether as a result, some people would be able to pay less. Members were advised that the charging policy was specified by the Care Act 2014 and the County Council had to follow this legislation in developing its charging structure. It had been calculated that about 137 service users would need to pay slightly more than previously, but officers were working with these families on a one to one basis.
- There would be continued funding of £5.7million for social care support grant and the winter pressures grant; the latter of which would be consolidated into the improved Better Care Fund and would continue at 2019/20 levels.
- In relation to the Public Health Grant, it was noted that a final announcement of the amount was still awaited. However, officers were confident that the authority would not see a reduction in the amount of funding, but it was expected to contain a real terms increase of one per cent and so officers had been very cautious in their assumptions when preparing the budget proposals.
- Details on the Government's Comprehensive Spending Review were now expected later in the year, and would not be included within the Chancellor's February budget statement. It was hoped that the Comprehensive Spending Review would include reference to things such as the fairer funding campaign, and also recognition of the costs of running services in rural areas.
- In relation to the Wellbeing Service, it was queried whether if everyone knew they could access it, would it need a bigger budget. Members were advised that it was a targeted service, it was expected that over 8000 people would access this service. It was noted that the contract had been let to the district council, and it was expected that they would promote it.
- It was queried how the Executive Director would spend any additional money if it became available. Members were advised that some large scale contracts were due for renewal during 2012/22 and could increase the scale of financial pressure. These were included in the proposed 2020/21 budget.

**RESOLVED**

1. That the Committee support the cogent budget proposals for 2020-21 for Adult Care and Community Wellbeing.
2. That the Committee's congratulations be recorded for Adult Care and Community Wellbeing for consistently balancing its budget for the last seven completed financial years, with an expectation that 2019-20 would represent an eighth year; given the challenges and demands facing the service, and the

overall reduction of funding from local government, this represented a significant achievement.

#### 51 HEMECARE

The Committee received a report which invited members to consider the case for re-commissioning the existing homecare contracts on a broadly similar model however with a small number of significant changes to how the service functioned. It was reported that the Council currently commissioned twelve zone based contracts to deliver Homecare across the County. These arrangements were due to come to an end on 30 June 2020.

Members were guided through the report and 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 commented that the paper was excellent and the changes to allow extra time for personal care calls and time for travel were welcomed and demonstrated initiative in terms of how the authority was trying to tackle some of the rurality issues in delivering homecare.
- It was encouraging to see engagement with both providers and service users.
- It was noted that turnover of staff was one of the major problems for providers. It was acknowledged that making social care an attractive proposition as a job was a challenge, and there were a number of initiatives to encourage retention. The nature of what the job entailed meant that pay wasn't always a driving force in encouraging people into these roles. The offer from organisations was critical (training etc.), and retention was monitored closely, along with the staff turnover rate as it gave an indication of quality.
- It was clarified that the extra rural rate was an enhanced rate. The Authority would make the decision on whether this rate should be applied based on the location of the calls and the number of calls in that area. It was possible to see where it was more challenging to commission care.
- It was suggested that there was a need to promote more courses that would encourage people into social care work. Linca (Lincolnshire Association of Carers) was a strategic partner of the Council and they had a range of programmes and skills for care work, however, it was mainly care workers that accessed these courses. There was a need for the development of a career path nationally as it could be difficult for home care workers to gain these qualifications.
- There was also community learning available, which focused on people who had not had a job, or had stopped working due to family circumstances.
- It was commented that there was a stigma attached to this type of work, and it was felt that the importance of the role was not highlighted enough, and there were many other opportunities which could come from this experience.
- Nationally and locally Linca and the County Council had been leaders in the Nursing Associate Programme. There was a need to look at what could to give people a different role and how to make this work a viable and attractive option.

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- It was commented that things were moving forward in a positive way, and being a carer was a vocation rather than 'just a job'.
- Carers would have their fitness assessed for a range of factors including moving and handling. Every home care provider was contract managed on a monthly basis, and spot checks would be carried out on different areas, such as training of carers. It was highlighted that carers would not be asked to lift people, in cases where people may need that type of assistance, an occupational therapist would attend to assess their needs.
- There was a need to raise the status of carers, but it was difficult to make people realise that they did a valuable job.
- It was confirmed that the additional rural rate was a supplementary payment, and anything that would raise the profile of the sector was positive.
- One member commented that she had attended some of the events that were held to celebrate the work of carers and had found that approximately 90% of the people she spoke to said they loved their job.
- Where a call was relating to personal care, it was important that a person was assessed according to their needs.
- In terms of procurement, the UK law had the same requirements European Union law, but there was also Social Care law to take into account, and aspects of that meant that some of the normal steps did not need to be followed.
- It was queried whether there would be a cost to the authority for the increase in the national minimum wage. Members were advised that that the budget did take into account things such as this increase. The market was very supportive and responded well. It was noted that the government compensated councils for this increase by introducing the adult social care council tax precept. The challenge was that the precept did not apply equally across the country. Lincolnshire was somewhere in the middle in terms of where its precept was set. It was also an issue that the council tax precept was slightly under the living wage growth, and if it was not factored into future funding it would become a cost pressure.
- The Committee welcomed this piece of work and acknowledged that the procurement team had worked really hard on this, and had got a good model in place.

## RESOLVED

1. That the Committee supported the recommendations to the Executive as set out in the report.
2. That the following additional comments be passed to the Executive in relation to this item:

*The Committee recognised the extensive work which had been undertaken in preparation for this procurement exercise, including the engagement which had taken place both with service users and the potential providers of these services. The proposed contract would build on the strengths of the existing contract, and a contract period of five years, with an option for two further years, was supported.*

*The Committee was pleased to see the proposed contract including a minimum of thirty minutes for a visit where a service user required personal care. The proposed introduction of extra rural rates and a floating support team was strongly supported, as they would provide sustainability and resilience for the service.*

## 52 HOME-BASED REABLEMENT SERVICE PROCUREMENT

The Committee received a report which invited members to consider the commissioning and procurement of the Home Based Re-ablement Service, which was due to be considered by the Executive on 4 February 2020.

It was reported that the Home Based Re-ablement Service was designed to help people learn or relearn the skills necessary for daily living which had been lost through illness, deterioration of health and/or increased support needs. The service offered outcome focussed, person centred care and support in the service users own home, designed to optimise their independence for a period of up to six weeks per user episode.

Members were guided through the report and 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 commented that this was an excellent piece of work particularly including the pilot scheme within the procurement and that the report was well written and thought out.
- One member commented that they were very supportive of the pilot to increase the eligibility for the re-ablement service.
- It was commented that the success of re-ablement depended on how the individual responded as well as the quality of the support to encourage the person to participate.
- The performance with the existing provider was very good, and was above target. This was a measure of the quality of the service that the provider was providing. The cohort of staff had moved in its entirety across to Libertas (current provider) after the previous provider, Allied Healthcare, had gone into administration in December 2018. This had meant that a successful balance of the home care offer and re-ablement had been achieved.
- In terms of re-ablement in a bed based setting, the transitional care beds were used as step up/step down beds. The specification for these beds was very different. The aim of re-ablement was to encourage people to return home and remain independent.

## RESOLVED

1. That the Committee support the recommendations to the Executive as set out in the report.
2. That the following additional comments be passed to the Executive in relation to this item:

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*The re-ablement service supported the principles of prevention and early intervention and aimed to improve the quality of life of individuals and reduce more intensive (and costly) interventions at a later stage. In line with these principles, the Committee welcomed the proposed pilot scheme, outlined in section 5.3 of the report, which would broaden the eligibility for the re-ablement service. The Committee looks forward to a positive outcome from the pilot scheme.*

*The Committee also recorded its gratitude to the officers, whose prompt and decisive action during the existing contract period ensured minimal disruption to service users, following the withdrawal of Allied Healthcare and the novation of the contract to Libertas.*

**53      RE-PROCUREMENT OF COMMUNITY SUPPORTED LIVING SERVICES**

The Committee received a report which invited members to consider the re-procurement of Community Supported Living services which was due to be considered by the Executive on 4 February 2020.

It was reported that the Community Supported Living – Open Select list was a framework agreement of approved providers who could meet care and support, and if appropriate, accommodation needs for vulnerable adults across Lincolnshire. The current framework had 38 providers approved to deliver services, and there were 21 active at this time.

Members were guided through the report and were provided with an 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 commented that the nomination rights and sharing the costs of voids were very important.
- It was queried how this service worked in practice to help someone, and members were advised that it would be used by an individual, living in the community independently, and they may receive personal care but they may also want to go on shopping trips. This service would help them to achieve this by helping them understand public transport for example. It can also help people to access opportunities for volunteering. Staff would work with an individual to design a support plan and work with them to make their aspirations a reality.
- This service was about empowering people to make a contribution to the community.
- It was noted that most people using this service were working age adults.
- It was queried whether there was anything further in relation to sleep in support. Members were advised that the way that the authority supported sleep in support was supportive of the market. If the supreme Court were to uphold the Court of Appeal's ruling that sleep-in support should be considered as working time then the authority's current position would still be tenable. However, there would be two elements to consider, one would be around revenue costs, and the other around back dated pay, which could be up to six

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years. The Council had set aside a contingency fund for this. The judgement from the Supreme Court was expected by July 2020.

- It was commented that it was not always helpful to compare rates with what other authorities paid for care, as there were other aspects to consider.
- It was noted that the authority was about to embark on a residential rate review. The rates were critical, however, this time officer would also be looking at a number of other factors as there was a need for the services to be sustainable.

**RESOLVED**

1. That the Committee support the recommendations to the Executive as set out in the report.
2. That the following additional comments be reported to the Executive:  
*In relation to the proposed changes to the contract (section 10[a]-[d]), the Committee strongly supports the proposal for a nomination agreement to proposals (section 10[c]). The Committee also welcomes the proposals for incentivising providers to bid lower than ceiling rate (section 10[b])*

*Section 8 of the report refers to court cases on 'sleep in support', with the Supreme Court expected to make a decision by July 2020. The Committee was advised that depending on the Supreme Court's decision, there were two potential financial impacts to the Council: the requirement for backdated pay to staff; and the consequences for the service's budget in the future. In relation, to the former a contingency reserve had been established by the County Council.*

54 PRESENTATION ON THE DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

The Committee received a report and presentation from the Director of Public Health on the health of the people of Lincolnshire. Members were advised that the subject of this year's report was the burden of disease in Lincolnshire.

It was reported that one of the statutory duties of each local Authority Director of Public Health was to produce an independent report on the state of the health of the people they serve on an annual basis. Local authorities had a statutory duty to publish the report. The full Annual Report document was available on the Council's website, and to support the published document, a video and slide deck had also been published and these were shown to the Committee.

The presentation provided further information in relation to the following areas:

- What is the Global Burden of Disease (GBD) Method
- Why use the Global Burden of Disease?
- The history of the Global Burden of Disease
- What makes up the Global Burden of Disease
- Lincolnshire Burden of Disease
- Disability Adjusted Life Years (DALY)

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- Years Lived with Disability (YLDs)
- Lincolnshire's Top 10 DALYs
- Lincolnshire's Top 10 YLLs (Years of Life Lost)
- Lincolnshire's Top 10 YLD
- Years Lived with Disability – top contributing conditions by age in Lincolnshire 2017
- Risk factors in Lincolnshire DALYs

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

- The video had been produced by the Communications Team and had been based on the draft report and would be circulated on social media. There was a move towards using more infographics and videos to present information to the public.
- The Stop Smoking service was doing well, and referrals were starting to come through for the weight loss aspect of the service. One You Lincolnshire was a shared campaign as it was joint funded with the NHS.
- In the NHS Long Term Plan, prevention and self-care were big priorities.
- The over 65 age group was predicted to increase by 35% in Lincolnshire.
- It was noted that there was a lot that could be done to reduce the impact of mental health conditions, and it was confirmed that this included conditions such as anxiety.
- It was confirmed that there was a link between the prevalence of musculoskeletal conditions and opioid addiction. Members were advised that the Health Scrutiny Committee for Lincolnshire were aware of this issue and the model for pain management in Lincolnshire had changed with more focus on CBT and physical activity and weight loss as much better treatments for musculoskeletal conditions. It was commented that there were some very simple exercises that could relieve back pain. It was commented that if people were able to refer themselves to a physiotherapist they would get better clinical outcomes within quicker timescales.
- It was data and evidence that drove how changes were made to services, including where they were located. However, it was commented that services were close enough for people to be able to access the services easily.
- High blood pressure and cholesterol were the biggest risk factors to health in Lincolnshire. These were predominantly affected by diet.
- In support of the NHS Long Term Plan it was proposed to have primary care networks that were GP led.
- It was suggested that if people stopped smoking, followed a healthy diet and exercised regularly, this would have a big impact on a lot of conditions.
- It was queried whether it was correct that statins worked better for men than women, and members were advised that there were other factors involved, but were highly effective when prescribed appropriately.

RESOLVED

That the report and presentation be received and contents noted.

55 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE  
WORK PROGRAMME

The Committee was requested to consider its future work programme, which included a list of probable items up to and including 1 July 2020.

It was suggested that the Better Care Fund report for the 26 February 2020 be moved to a future meeting.

RESOLVED

1. That the Committee's future work programme be noted, subject to the above amendment.
2. That two workshop meetings take place to consider the topic of rural and coastal communities; and that members of the Health Scrutiny Committee be invited to attend.
3. That it be noted that the following decisions had been made by the Executive Councillor for Adult Care, Health and Children's Services on 2 December 2019 following consideration by the Committee on 27 November 2019.
  - Direct Payment Support Service (Minute 40)
  - Block Transitional care and Reablement Beds Re-Procurement (Minute 41)
  - Lincolnshire Independent Advocacy Services Re-Procurement (Minute 42)

The meeting closed at 1.05 pm