



**ADULTS AND COMMUNITY
WELLBEING SCRUTINY COMMITTEE
26 FEBRUARY 2020**

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors E J Sneath (Vice-Chairman), B Adams, R J Kendrick, Mrs J E Killey, Mrs C J Lawton, C E Reid, C L Strange and M A Whittington

Officers in attendance:-

Andrew Appleyard (Inspection Manager Lincolnshire, Care Quality Commission), Paul Basset (Head of Adult Frailty and Long Term Conditions), Pam Clipson (Head of Finance - Adult Care and Community Wellbeing), Chris Erskine (Lead Professional and Principal Social Worker), 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), Theo Jarratt (County Manager, Performance Quality and Development) and Rachel Wilson (Democratic Services Officer)

56 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor Mrs M J Overton MBE.

An apology for absence was also received from Councillor Mrs P A Bradwell OBE, Executive Councillor for Adult Care, Health and Children's Services.

57 DECLARATIONS OF MEMBERS' INTERESTS

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

58 MINUTES OF THE MEETING HELD ON 15 JANUARY 2020

RESOLVED

That the minutes of the meeting held on 15 January 2020 be signed by the Chairman as a correct record.

59 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR AND LEAD OFFICERS

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

**60 CARE QUALITY COMMISSION - ADULT SOCIAL CARE INSPECTION
UPDATE**

Consideration was given to a report by the Inspection Manager Lincolnshire from the Care Quality Commission (CQC) which provided the Committee with a position statement on the progress and themes coming out of the CQC's inspections of Adult Social Care services in Lincolnshire.

The Inspection Manager reported that he had been in post for five months, and managed a team of nine inspectors for Lincolnshire. It was highlighted that the role of the CQC was to monitor, inspect and regulate all health and social care services in England and ensure that they met fundamental standards of quality and safety within the framework of the Health and Social Care Act 2008. Members were advised that there were 422 locations registered in Lincolnshire for the provision of adult social care and the CQC had inspected and published ratings on 385 of these 422 services.

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 queried if a service had been rated as good by the CQC and through council monitoring it was found to be not doing as well, was the Council able to contact the CQC to request a visit. Members were advised that the contract officers were in regular contact with the CQC, and if concerns were raised about a provider, then either the Council would carry out a visit, or the CQC could bring forward an inspection. It was noted that the Council had the ability to go into a provider more regularly than the CQC.
- It was noted that having a consistent Registered Manager in post had a positive influence. There were currently 25 locations in Lincolnshire without a registered manager. Members were advised that where a registered manager had left one establishment and moved to another, this would generate a visit. It would be possible to check how quickly a provider improved if they got a new registered manager.
- In terms of small, unregistered providers, it was queried how they were engaged with, as if financial risk was recognised, there was the potential for people to be exploited. It was highlighted that registration was not due to the size of the organisation, but whether it was providing a regulated activity.
- In terms of Registered Managers, it was queried whether there was the possibility of having affiliated managers where they covered, for example, 3 smaller homes, and it was confirmed that this was possible.
- It was noted that organisations would have a registered manager and there were registered providers. GP surgeries may also have a registered person. It was highlighted that the registered manager was someone that was accountable for the delivery of the regulated activity.
- It was commented that elderly people would advertise for people to help them, including live in help, which could include a friendship element. However, there was no requirement for people responding to these adverts to be CRB checked. It was noted that where help included assistance with

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washing/dressing or helping with medication, this would then become a regulated activity.

- In terms of the powers that the CQC held, it was noted that it could carry out targeted and focused inspections, as well as issuing warning notices. The CQC could also hold registered managers and providers accountable for both civil and criminal matters. It worked closely with the Police and the UK Border Agency.
- Members were advised that the Council had seen a huge increase in compliance with contracts. Over the last 18 months improvements had been seen where providers had gone from 'Requires Improvement' to 'Good'. It was noted that targeted support and intervention had made a significant difference.
- It was confirmed that visits by the CQC to providers were not announced, but inspections would generally take place within set timescales. How the Commission asked for provider information returns had recently changed, and they were now requested on an annual basis. However, small providers may be given 24 hours' notice to ensure that there were staff available.
- It was queried whether the CQC had any powers of intervention with non-registered services. Members were advised that there was scrutiny from the Council and officers would be looking for assurance that the provider was compliant with the contract. If a safeguarding risk was identified then it would be referred to the safeguarding team. The Council was working with the CQC and police in terms of criminal prosecutions. If there were concerns, the Council could contact the CQC.
- It was reported that the CQC did have a non-regulated services team, who could take action against non-registered providers who were delivering regulated services.
- Members were advised that the CQC did not use 'mystery shoppers' to check on services. However, there were assistant inspectors, and conversations were taking place around their roles, and the carrying out of welfare visits. There may be a change to the way that reports were written. It was also noted that the Council's contracts officers could visit providers and would observe practices. Sometimes, feedback would also be received from utilities companies, and a lot of information was also received from the general public.
- One member commented that they had visited a number of care homes and had noticed how things had improved in recent years, and were moving in the right direction.
- It was queried what percentage of the elderly population went into residential care. However, it was noted that the trend for the past 10 – 20 years had been to help people to stay in their own homes. There was however, still a large number of working age people with disabilities entering residential care settings. The availability of suitable housing was currently a big topic, and it was important that closer working with district colleagues continued in order to address this.
- It was highlighted that as people stayed in their homes for longer, the care that was being delivered changed and it was likely they would need more complex care, and most of this care was being delivered by family members.
- It was suggested that there could be increased demand for non-regulated services such as shopping/cleaning as peoples care needs changed.

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Members were advised that where these services were part of someone's care package, they would be commissioned by the Council who would have oversight of how they were delivered.

- If a new registered manager was appointed to a provider, it would be between six months and a year before the CQC would visit to take account of any notice period they may have to serve at their previous provider and also to allow time to complete their induction period. The CQC would try to be flexible with these circumstances and seek to understand the whole situation.
- It was queried whether there was a career path for registered managers, and it was noted that there was a lot of development of staff within the industry, which was important. It was noted that the CQC had been to Boston College to speak to a group of registered managers who were holding a day of training.

RESOLVED

That the information presented be noted.

61 NEW WAYS OF WORKING IN SOCIAL CARE

Consideration was given to a report which provided an overview of the development of initial conversations and assessments to support Adult Care and Community Wellbeing to build upon work to embed strengths and assets based working.

A presentation was received from Chris Erskine, Lead Professional and Principal Social Worker, which provided the Committee with detailed information on the following areas:

- Initial conversations - supporting and empowering people to recognise their own strengths and make choices about their care; shift the focus to the person as a whole; focus on achievements and how best to meet their needs;
- Initial conversation – progress so far
- Key messages – Initial Conversation
- What are the benefits?
- Next Steps

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

- One member commented that they used to run a befriending service for LPFT, and became aware of how little clinicians knew about their patients as a person. Health was about more than systems and processes.
- There was a need for a community ambassador to ensure younger people continued to join community groups to ensure they were sustainable.
- There were a number of teams who undertook assessments that did not lead anywhere, and so it was possible that practitioners were not being used to best effect.
- Since the introduction of Initial Conversations there had been a reduction in waiting lists and people were being contacted sooner by a social worker.

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There had also been a reduction in complaints received around waiting times. Staff workloads had also reduced, and they were able to go out to see people and spend the right amount of time with them.

- It was commented that this was very positive work and that staff were being invited to lead the change. However, it was queried whether there were any potential barriers in terms of legislation. Members were advised that the Care Act was facilitative rather than prescriptive in this area and gave authorities a broad remit.
- There was a need to keep note of the successes so that they could be used to encourage people.

RESOLVED

That the report and future planned actions be noted.

62 ADULT CARE AND COMMUNITY WELLBEING PERFORMANCE REPORT
- QUARTER 3 2019/20

Consideration was given to a report which presented performance information against Council Business Plan targets for the Directorate as at the end of Quarter 3 2019/20. A summary of performance against target for the year was provided in Appendix A to the report and a full analysis of each indicator over the year had been provided in Appendix B of the report.

It was reported that out of the 23 measures, 18 were either on target or exceeding target. Direct payments was still one of the top performers in terms of other local authorities. Of the ones that were below target, it was noted that some had a time lag on the data, such as 'percentage of alcohol users that left specialist treatment successfully' had a three month lag time, however data that was being received on a weekly basis was showing lower re-presentation rates.

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:

- In terms of the chlamydia diagnoses, new ways of doing this were being explored, such as sending out home testing kits. The provider has been asked to be as inventive and creative as possible. Members were happy to accept this performance data at this time.
- It was queried whether there were any plans to include obesity as a measure, as there was now the One Lincolnshire approach. It was noted that how this could be reflected would be discussed with the Director of Public Health.
- It was noted that to change people's attitudes and behaviours was one of the hardest things to change, and it could take a significant amount of time.
- It was highlighted that indicator 117 – '% of adults in contact with secondary mental health services living independently with or without support' was another area which needed to be looked at. However, it was noted that this indicator referred to very low numbers of people. To put it into context, this involved 55 people, and therefore any slight change to the numbers would have a big impact.

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- It was queried what secondary mental health services were, and it was noted that these were services supplied by the trust, such as clinical mental health services.
- It was requested that a note in relation to the indicators which were not at target was prepared for the Overview and Scrutiny Management Board.

RESOLVED

That the performance of Adult Care and Community Wellbeing for Quarter 3 be noted.

**63 ADULT CARE AND COMMUNITY WELLBEING BUDGET MONITORING
2019/20**

Consideration was given to a report which provided the Committee with an opportunity to review the outturn projection for 2019-20. It was reported that the Adult Care and Community Wellbeing Budget was £227.396m. For the period up to and including 31 December 2019, the information available projected the outturn to deliver an underspend of £1.040m for the 2019-20 financial year.

It was reported that there continued to be a strong financial performance across Adult Care and Community Wellbeing for 2019/20 and there had been an increase in underspend from November 2019.

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 queried why there was expected to be a large number of new service users, and it was noted that in 2020-21 there would be a number of transitions from Children's Services.
- It was noted that it was estimated that there were around 14,000 people in Lincolnshire with learning disabilities, but only around 2000 presented to Children's and Adult Services.
- It was noted that the prevalence and awareness of autism was growing, and clinical colleagues were diagnosing more regularly than they used to. The clinical aspect was beginning to strengthen, and people were being diagnosed more accurately.
- One member commented that they had gone through the budget with the Head of Finance and her team to model all activity and cost pressures and how they tried to project demand for services. All activity had been modelled through the system.

RESOLVED

That the Committee note the outturn projection for 2019-20.

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WORK PROGRAMME

Consideration was given to a report which set out the Committee's work programme and included a list of probable items up to and including 21 October 2020. The report also included a scheduled of previous activity by the Committee since June 2017.

The Committee was also requested to note the three decisions made by the Executive on 4 February 2020, following consideration by this Committee on 15 January 2020.

It was reported that there were two items coming off the agenda for the 1 April 2020, and two further items being added.

Members were advised that the Day Opportunities item was moving to the May meeting and it was planned for that the Chairman would visit Ancaster Day Centre in the afternoon. Any other Committee members were welcome to attend. Dates for visits to other day centres would also be circulated to local members in the event that they also wanted to attend. It was also noted that there would be an article in County News about day services. This would also be circulated to the Committee as background information.

RESOLVED

That the work programme be noted.

65 CONSIDERATION OF EXEMPT INFORMATION

RESOLVED

That, in accordance with Section 100A of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that if they were present there could be a disclosure of exempt information as defined in paragraph 3 of Part 1 of Section 12A of the Local Government Act 1972, as amended.

66 NEW LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST
MENTAL HEALTH SECTION 75 PARTNERSHIP AGREEMENT

Consideration was given to an exempt report in relation to the new Lincolnshire Partnership NHS Foundation Trust Mental Health Section 75 Partnership Agreement.

Officers responded to a number of questions from members in relation to the report.

RESOLVED

That the Committee support the recommendations as set out in the exempt report.

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The meeting closed at 1.03 pm