



**ADULTS AND COMMUNITY WELLBEING
SCRUTINY COMMITTEE
8 SEPTEMBER 2021**

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors A M Key (Vice-Chairman), T A Carter, M R Clarke, Mrs N F Clarke, R J Kendrick, K E Lee and T V Young

Councillor C Matthews attended the meeting as an observer

Councillors E J Sneath and Mrs S Woolley also attended the meeting remotely via Microsoft Teams as observers

Officers in attendance:-

Pam Clipson (Head of Finance, Adult Care and Community Wellbeing), Roz Cordy (Interim Assistant Director of Safeguarding), Alex Craig (Commercial and Procurement Manager), Simon Evans (Health Scrutiny Officer), Lucy Gavens (Consultant - Public Health) Professor Derek Ward (Director of Public Health) and Emily Wilcox (Democratic Services Officer)

The following officers attended remotely via Microsoft Teams:

Glen Garrod (Executive Director - Adult Care and Community Wellbeing), Justin Hackney (Assistant Director, Specialist Adult Services) and Marie Kaempfe-Rice (Senior Commercial and Procurement Officer), Caroline Jackson (Head of Corporate Performance), Catherine Kinnaird (Senior Commercial and Procurement Officer) and David Postle (Service Manager – Wellbeing Lincs)

17 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors B Adams, Councillor A Hagues, Councillor M J Overton MBE, R A Wright and W Bowkett (Executive Councillor for Adult Care and Public Health).

18 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of interest.

19 MINUTES OF THE MEETING HELD ON 14 JULY 2021

In response to a question, the Head of Finance – Adult Social Care and Wellbeing confirmed the council was on target to distribute letters to all individuals who had been overcharged as a result of changes in the Adult Care Charging Policy by the end of 2021. 199 families had

already responded and been issued with refunds, and the council was awaiting confirmation of the addresses of 407 families. It was clarified that the council owed £384,000 in overcharges, of which £67,000 had been distributed to date. It was agreed that The Head of Finance – Adult Social Care and Wellbeing would provide a breakdown of these figures to the committee.

RESOLVED:

That the minutes of the meeting on the 14 July 2021 be approved as a correct record and signed by the Chairman.

20 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR AND LEAD OFFICERS

The Executive Director – Adult Care and Community Wellbeing referred to the comments made by the Prime Minister in relation to the Social Care Reform and would provide further details on the impact to Lincolnshire in due course.

The committee was pleased to see the issue was finally being considered and welcomed an update on the Social Care Reform that had recently been announced by the Prime Minister.

The Chairman welcomed Lucy Gavens, the newly appointed consultant to Public Health to the meeting.

21 OVERVIEW OF PREVENTION SERVICES

The committee received a presentation from the Director of Public Health, which provided an overview of prevention services for Lincolnshire, including:

- Population health management
- Signposting and advice
- NHS Health check programme
- One You Lincolnshire
- The Wellbeing Service
- Lincolnshire Community Equipment Service
- Remote monitoring
- Support to unpaid family carers
- Wider determinants of health
- Homes for Independence blueprint
- Centre for Ageing Better Rural Partnership

The committee welcomed the informative and interesting presentation and during the discussion the following points were noted:

- The committee thanked officers for their valuable work on prevention services.

- The committee were advised that Lucy Gavens, Consultant to Public Health, had recently been appointed as the lead officer for mental health for Lincolnshire and would work alongside the Lincolnshire Partnership NHS Foundation Trust on preventing mental ill health.
- The population health management programme would connect data to better understand the experience of health and social care provided. A pilot programme of work would commence in October 2021 with a hope to have secured some early outcomes by December 2021. Findings of the pilot would be reported to the committee in 2022.
- As the integrated care system developed in 2022/23, population health management would form a fundamental aspect of public health within Lincolnshire.
- The diagram on page 22 of the report, which set out prevention and public health activities, had been circulated to partners.
- Public Health were working with the council's communications team to further public engagement and provide a variety of useful health information. Officers were looking to use infographics and videos as well as using TikTok, YouTube and other social media platforms to increase engagement.
- The occupational therapy service operated by Wellbeing Lincs was heavily subsidised by the council and therefore operated at a charge of only £2.50 per week to the user, the cost of which would not increase throughout the duration of the contract. The service would work with customers in financial difficulty and would not take enforcement action to recover monies if it was clear that individuals were in severe financial difficulty. The main priority of the service was to ensure that the most vulnerable were receiving the care they required.
- The Service Manager – Wellbeing Lincs emphasised that the service worked to empower the customer to address their own needs.
- The Wellbeing Lincs service worked to a seven day turnaround. However, if a customer had more in depth needs and required further assessment, the service would work directly with the occupational therapy team to put in place a temporary solution.
- Waiting lists for the service had decreased significantly. There was no national benchmarking data available but officers understood that Lincolnshire was high performing in comparison.
- Officers were investigating ways to relieve the pressures caused by the national shortage of occupational therapists.
- A presentation on the Occupational Therapy service had been scheduled to be reported to the committee in December 2021.
- Over a twelve month period, the wellbeing service had reached around 7,000 people as well as providing covid-19 support to around 6,500 people.
- The committee highlighted the opportunity to collect abandoned health equipment for re-use, for both environmental and monetary value. It was suggested that household waste and recycling centres could be used as a collection point for equipment that was no longer used. Members were advised a number of solutions were being considered, with household waste and recycling centres being used as a short term solution. Officers emphasised the need for a long term solution which

would target equipment on a daily basis and work to bring unused equipment back for re-use, supporting the increase in demand through a better recycling rate. It was agreed that this issue could be explored as part of the item on community equipment services, which had been listed for the committee at its meeting in December 2021.

- The council had been in contact with neighbouring councils and councils with a similar demographic to discuss the Homes for Independence Blueprint.
- The Centre for Ageing Better Rural Partnership was funded by a lottery grant and Lincolnshire County Council.
- In Lincolnshire, around a quarter of reception children were classed as obese, which increased to around a third by year 6. Around 60% of adults were also classed as being obese. These figures were in line with national averages.

RESOLVED:

That the presentation and comments made be noted.

22 ROLE OF DIRECTOR OF PUBLIC HEALTH AND SERVICE AREAS

Consideration was given to a presentation by the Director of Public Health which outlined the role of the Director of Public Health and the service areas within, including the following:

- The role of the public health service, which was to provide health improvement, care and protection.
- The aims of the joint public health and wellbeing strategy
- An update on the health and social care white paper
- Transforming the Public Health System in England Policy Papers

It was noted that Lincolnshire's public health budget for 2020/21 was £44.79m, which included £33.9m Public Health Grant & £10.89m Lincolnshire County Council core funding, which was used for statutory functions and health improvements.

The Director of Public Health emphasised the importance of prevention within the health service, emphasising that investing in protection could protect individuals and their health as well as parts of the wider economy.

The committee welcomed the informative presentation and during the discussion the following points were noted:

- Members emphasised the strong need for preventative health services and a need for a 'prevention over cure' approach.
- The single biggest driver for illnesses within Lincolnshire was deprivation.
- Officer emphasised a need for the delivery of fundamentally different services as the NHS was already overwhelmed.

- In terms of alcohol abuse, the most at risk group was middle class, middle aged woman who did not recognise that they were drinking to excess but had not reached a point where they needed specialist care for alcoholism.
- The committee agreed that there was a strong need for education around health and nutrition to reduce obesity, particularly in relation to a high sugar intake. Many adults were unaware of the amount of sugar they were consuming which was contributing to a number of health issues. Members suggested the establishment of a working group to investigate the health risks associated with a high sugar intake. It was noted that the Executive Councillor: NHS Liaison, Community Engagement, Registration and Coroners was also working on this through the healthy weight partnership and as part of the Health and Wellbeing Board. It was suggested that the two could be aligned to avoid duplication.
- In relation to the Public Health Division Budget 2021/22 set out in appendix B to the report, the Director for Public Health explained that the 'Misc Public Health Services' was a heading created in line with reporting to central government. A breakdown of the £5.8m of expenses could be provided following the meeting.
- Dealing with substance misuse was a statutory responsibility of the council and services had to be provided to those in need, therefore there was little control over the level of spending. If funds were to be provided from central government for substance misuse, the council would look at more preventative work, ideally reducing the need for the services.

RESOLVED:

1. That the presentation and comments made be noted.
2. That consideration be given to establishing a working group, with Councillors R J Kendrick, A M Key and C E H Marfleet recording their interest in being members of the working group.

23 REPORT BY THE LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN

Consideration was given to a report by the Roz Cordy Assistant Director of Adult Care and Wellbeing and Pam Clipson, Head of Finance, Adult Care and Community Wellbeing which invited the committee to consider a report on the Local Government and Social Care Ombudsman which was due to be considered by the Executive on 5 October 2021.

Members were advised that the Ombudsman had issued a report, attached at Appendix A, following an allegation of maladministration by the Council in the exercise of its adult social care functions. The Ombudsman had concluded that the Council was guilty of maladministration and that this caused injustice and included recommendations that he considered would be necessary to remedy the injustice in this case.

The Ombudsman's recommendations to the Council could be found in the report attached at appendix B. It was also accepted that there was a requirement for the Council to act with all possible urgency to move from a net to a gross payment arrangement consistent with properly managing the risks of the change for the Council, providers and service users, and therefore the report recommended that the Executive approved the actions taken to implement change in systems to bring about the changes required to its payment mechanism.

Members supported the recommendations as set out in the Executive report and during the discussion the following points were noted:

- The committee was reassured that adequate testing carried out before the new payment system was officially launched in April 2020. Weekly testing was already taking place between the council's finance and IT departments and external service providers.
- The amount each individual paid towards their care was the assessed contribution financially. For instances where another party chose to top up their care, it was not necessarily paid by the service user.
- The council covered any core payments and any third party top ups were paid to the provider directly.
- Officers did not expect a large increase in care home beds so did not foresee there being an issue with dealing with capacity for processing the payments.
- Going forward, the council would be bringing in whole person reporting, meaning that service users would have one point of contact within the council, rather than being involved with a large number of departments. It was hoped that this would improve the service for individual service users and minimise errors leading to ombudsman complaints.
- The complexity of the system for assessing the financial eligibility of people for social care funded by the local authority was acknowledged.
- It was a benefit of the new arrangements that the pressures on care providers would be alleviated.
- There was a suggestion that training for all relevant staff should be reviewed. Practitioners, who were experts in the assessment of care needs, were not necessarily experts in finance. Members were reassured that dedicated phone lines and email accounts had been set up to assist service users, with support available from adult care and finance backgrounds to assist. It was wished to be noted for the record that two members of the committee raised a specific need for training for staff who provided advice on the service.
- It was confirmed that the local authority was always responsible for accrued arrears, even if the council had not been informed. However, providers could only claim for the arrears of those who were currently in care.
- There was a suggestion that where arrears in payments for 'top up' payments were accruing, support and advice could be provided to families at an earlier stage.

RESOLVED:

1. That the committee support the recommendations to the Executive, as set out in the report;
2. That a summary of the above comments be passed on to the Executive as part of their consideration of this item.

24 LINCOLNSHIRE SENSORY SERVICES RE-COMMISSIONING

Consideration was given to a report by the Commercial and Procurement Manager, which invited the committee to consider a report on the Lincolnshire Sensory Service Re-Commissioning, which was due to be considered by the Executive Councillor for Adult Care and Public Health between 13 and 17 September 2021.

The Lincolnshire Sensory Services (LSS) was a preventative and re-ablement service for both adults and children with a sensory impairment, both cognitive and acquired and their associated disabilities where applicable.

The current contract had been delivered by RNID since April 2016 but had exhausted all options for extension within the current contract, it was therefore proposed that the Executive approve that a procurement be undertaken to deliver a contract to be awarded to a single provider of county-wide sensory services for adults and children for a period of three years, with the possibility of a further two year extension on a one plus one basis.

Members supported the recommendations set out to the Executive and during the discussion the following points were noted:

- Any feedback provided by service users would be considered when procuring the new contract.
- It was noted that there was not a KPI to measure a decrease in activity in individuals, which could potentially highlight an area for concern. It was explained that some of this information was contained within other KPI's, but acknowledged that it may be useful to have an individual KPI to monitor this data. Areas such as increased opportunities for paid work; reduced isolation; and the number of volunteer hours were suggested as items where the procurement process might seek improved performance
- Members acknowledged the advantages of the service being provided by just one provider.
- Members welcomed the results of the survey in which 100% of service users were happy with the service provided.
- The committee emphasised the need for the alignment of services with the NHS, such as the low vision service and the eye care liaison officer. The council were working on the alignment of services to ensure that the service was as efficient as possible which involved joining up machinery and a referral pathway.
- It was suggested that the targets for the 'Individual Outcomes Increased Opportunities of Paid Work' were extremely low.

- Covid-19 had slightly impacted on the drop in volunteer hours, but there were also a range of other factors. In general, it was difficult to secure volunteers. A breakdown of the relationship between a joint group of providers had resulted in a direct impact on volunteers and it had not felt appropriate to penalise the provider for this.
- Volunteers were primarily those which were already registered to local charities and organisations. The council actively worked to meet targets but there were difficulties recruiting volunteers as a county.

RESOLVED:

1. That the recommendations to the Executive Councillor, as set out in the report, be supported;
2. That a summary of the comments made, as above, be reported to the Executive Councillor as part of their consideration of this item.

12:15 Cllr T Young left the meeting and did not return.

25 STRATEGIC MARKET SUPPORT SERVICES RE-PROCUREMENT

Consideration was given to a report by the Commercial and Procurement Manager, which invited the committee to consider a report on the Strategic Market Support Services Re-Procurement which was due to be considered by the Executive Councillor for Adult Care and Public Health between the 13 – 17 September 2021.

The report set out the proposal to re-procure the Strategic Market Support services based on a new structure and an increased transparency of provider performance, with the successful provider to actively source external funding so that the contract became self-sustaining by the end of the next contractual term. It was proposed that the contract be split into two parts, one for the core market support and workforce development requirement (Parts A and C) and the other for the Care Home Trusted Assessor service (Part B).

Members supported the recommendations as set out in the report, and during discussion the following points were noted:

- Officers felt that a two contract was felt appropriate, particularly with the level of uncertainty that remained currently. It was considered important to be able to respond to change in uncertain times.
- The council would be working to make certain elements of the service more cost neutral which would be reflected in a target set for the new provider.
- The potential for self-funding of the service could be explored further.
- The procurement might seek to identify good practice by the new contractor, such as their emphasis on recruitment and retention policies, including low rates of staff turnover.
- The committee requested an update from the new provider in October 2022.

RESOLVED:

1. That the recommendations to the Executive Councillor, as set out in the report, be supported;
2. That a summary of the comments made, as listed above, be reported to the Executive Councillor as part of their consideration of this item.

26 SERVICE LEVEL PERFORMANCE AGAINST THE CORPORATE PERFORMANCE
FRAMEWORK - QUARTER 1

Consideration was given to a report by the Head of Corporate Performance, which summarised the Adult Care and Community Wellbeing Service Level Performance for Quarter 1.

Members were advised that in Quarter 1, six measures had exceeded their target; seven measures achieved their targets; one measure was improving but did not achieve its target; 3 measures did not achieve their target and 1 measure is not reported due to definition change.

The Head of Corporate Performance provided further information on the were three measures which had not achieved their target:

- Carers supported in the last 12 months (PI 59)
- Carers who have received a review of their needs (PI 121)
- Adult Safeguarding concerns that lead to a Safeguarding enquiry (PI 130)

A summary of all target measures could be found in Appendix A to the report.

It was noted that Carers First had now informally contacted all of their carers to discuss their needs and provide reassurance.

Members considered the report and during the discussion the following points were noted:

- It was hoped that a review of the safeguarding referrals process would be concluded by the start of 2022.
- 'Carers First' commissioned a service which provided additional support to young carers. It was agreed that the committee receive a report providing further detail on the support provided to young carers at a subsequent meeting.
- Members raised concerns that only around 25% of safeguarding concerns raised had led to a safeguarding enquiry and requested further clarity on the reporting process and eligibility criteria for an enquiry. It was agreed further information on this be provided as part of the Lincolnshire Safeguarding Adults Board – Update Report to the meeting of the committee in December.
- The Assistant Director – Specialist Services emphasised that there was an ongoing audit of safeguarding referrals and it has been identified that a number of key partners were sending safeguarding information on the safeguarding concerns form. There was therefore a need to work with partners and separate out general information from legitimate safeguarding concerns. Operational meetings were being

progressed with partners including the Police, EMAS and the Care Sector in order to clarify the reporting process. Work was also being undertaken to review the Safeguarding Concern Form to make it easier for key stakeholders to use and to improve data quality.

- Care plans were reviewed annually for those receiving long term care, with further reviews provided if necessary.

RESOLVED:

That the report be noted.

27 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to a report by the Health Scrutiny Officer, which invited the committee to consider its work programme.

Members were referred to the work programme which was set out at appendix A to the report.

Following the discussion around mental health earlier in the meeting, the Health Scrutiny Officer highlighted that the Chief Executive from the Mental Health Trust was due to attend the meeting scheduled for 1 December 2021. Members welcomed reporting on mental health and emphasised a need for a preventive approach to mental health which was being adopted by the council.

RESOLVED:

That the work programme be noted.

28 CONSIDERATION OF EXEMPT INFORMATION

RESOLVED:

That in accordance with Section 100 (A)(3) of the Local Government Act 1972, the press and public be excluded from the meeting for the consideration of the following item of business as it is considered to contain exempt information as defined in paragraph 3 of schedule 12A of the Local Government 1972, as amended.

29 PROVISION OF DAY SERVICE IN GRANTHAM

Consideration was given to an exempt report by the Assistant Director - Specialist Services which invited the committee to consider a report on the Provision of a Day Service in Grantham, which was due to be considered by Councillor for Resources Communications and Commissioning and the Executive Councillor for Adult Care and Public Health between 9 and 17 September 2021.

Members considered the report and supported the recommendations.

RESOLVED:

1. That the recommendations to the Executive Councillors, as set out in the exempt report, be supported;
2. That a summary of the comments made be reported to the Executive Councillors as part of their consideration of this item.

The meeting closed at 1.30 pm

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