



**ADULTS AND COMMUNITY WELLBEING
SCRUTINY COMMITTEE
1 DECEMBER 2021**

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors A M Key (Vice-Chairman), M R Clarke, Mrs N F Clarke, R J Kendrick, K E Lee, Mrs M J Overton MBE and 1 Vacancy

Councillor E J Sneath attended the meeting as an observer

Councillors in attendance via Microsoft Teams: Mrs W Bowkett, T A Carter, C Matthews, E J Sneath and Mrs S Woolley attended the meeting as observers via Microsoft Teams

Officers in attendance:-

Simon Evans (Health Scrutiny Officer), Glen Garrod (Executive Director - Adult Care and Community Wellbeing), Justin Hackney (Assistant Director, Specialist Adult Services), Heather Roach (Independent Chairman, Lincolnshire Safeguarding Adults Board) and Emily Wilcox (Democratic Services Officer)

Officers in attendance via Microsoft Teams:

Gareth Everton (Head of Integration and Transformation), Caroline Jackson (Head of Corporate Performance), Samantha Neal (Assistant Director, Prevention and Early Intervention), Prashant Agrawal (Partnership Manager, LCES), Sarah Connery (Chief Executive, Lincolnshire Partnership NHS Foundation Trust) and Lucy Gavens (Consultant - Public Health)

39 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Councillor K E Lee wished for it to be noted that she had requested that all those in attendance to wear a face covering as a precautionary measure against Covid-19. Officers explained that face covering were advised when moving around the Council Chamber, but were not mandatory. It was agreed that the Democratic Services Officer circulate a copy of the risk assessment for the Council Chamber to members of the Committee.

Apologies for absence were received from Councillors T A Carter and T V Young. However it was noted that Councillor T A Carter was present via Microsoft Teams as an observer.

40 DECLARATIONS OF MEMBERS' INTERESTS

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
1 DECEMBER 2021**

With great sadness the Chairman announced the passing of Councillor Bob Adams. The Chairman paid tribute to Councillor Bob Adams and offered his condolences to his family.

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

41 MINUTES OF THE MEETING HELD ON 20 OCTOBER 2021

RESOLVED:

That the minutes of the meeting held on 20 October 2021 be approved as a correct record and signed by the Chairman.

42 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR AND LEAD OFFICERS

Free Sugars Working Group

The Chairman announced that the working group on free sugars had met on 11 November 2021 and the next meeting was planned for 17 December 2021. The group had found that diet and in particular the sugar content in foods was a very complex topic.

The Chairman was also considering the topic of social isolation as another topic for a future working group.

Visits to Care Homes

The Executive Support Councillor for Adult Care and Public Health advised Members that due to the vulnerability of residents it was not appropriate to visit care homes at the current time and they would look to arrange visits at a later date.

Councillor Bob Adams

The Executive Councillor for Adult Care and Public Health offered her condolences following the sad loss of Councillor Bob Adams. The Executive Councillor for Adult Care and Public Health then advised Members that the Council were still awaiting the release of the Adult Care White Paper on Social Care – People at the Heart of Care in which they hoped to receive a good settlement. The care industry was still facing recruitment challenges.

Mental Health

The Committee was informed that the Council were working to address mental health within Lincolnshire and were determined to make changes which would make positive changes within Lincolnshire.

Government White Paper = People at the Heart of Care

The Executive Director for Adult Care and Community Wellbeing announced that the Government were due to release the White paper on Social Care – People at the Heart of Care and the Committee would be advised of its implications for Lincolnshire when the details are released.

43 OVERVIEW OF ADULT MENTAL HEALTH SERVICES IN LINCOLNSHIRE

The Committee received a presentation from the Chief Executive of Lincolnshire Partnership NHS Foundation Trust (LPFT) which could be found at appendix A to the report which provided an overview of Adult Mental Health Services in Lincolnshire which provided detail on the following:

- An overview of the services provided by Lincolnshire Partnership NHS Foundation Trust, included a breakdown of the services provided for Adult Inpatients, Adult Community, Specialist and Older Adult Services
- Details of the Trust's Covid-19 response and recovery
- Transformation work, including community mental health transformation
- Investments into new patient environments
- Areas which had seen an increase in demand for mental health services
- The section 75 agreement adopted by the Council in partnership with the LPFT, which allowed better operational co-ordination of support for people needing care and support
- The work of the joint accommodation strategy group

The Committee were invited to ask questions, in which the following points were noted:

- Members welcomed the mental health support that was being provided to veterans.
- The Executive Councillor for Adult Care and Public Health was working hard to make positive changes for mental health support in Lincolnshire to ensure that Lincolnshire's residents could access the correct mental health support when they needed it.
- Members expressed the importance of face to face support for mental health.
- The Executive Councillor for Adult Care and Public Health was working closely with NHS colleagues to ensure that there was suitable support groups available across all areas in the County.
- Duties carried out by LPFT for Mental Health support under the Section 75 agreement were funded by the County Council as they were a statutory function.
- It was confirmed that around 80% of mental health nurses in Lincolnshire were employed directly by the NHS, with around 20% being employed by agencies. The Trust were working to implement a number of solutions to staffing issues including international recruitment and shared rotation posts
- There was a target of 18 weeks for access to community mental health services within Lincolnshire, which was also the national target. The implementation of the

Community Transformation project meant that support needs could be assessed sooner than the 18 week target.

- Members were encouraged by the additional resources that were being offered to improve the accessibility of mental health support such as the 24/7 mental health helpline. Mental health helplines were advertised through the Council's social media platforms as well as on posters in GP surgeries. LPFT were working closely with local Clinical Commissioning Group (CCG) to ensure that GP surgeries were aware of the phone numbers for the mental health helplines and that GPs were referring people to the service when necessary.
- The mental health helpline was also used as part of LPFT's escalation process, which would ensure that a referral was made for anybody in need of more urgent help in the form of crisis services.
- Members highlighted the importance of voluntary and community groups for social isolation.
- LPFT worked alongside Shine network as the umbrella company for charity and voluntary organisations within Lincolnshire supporting the mental health agenda. The managed care network process allowed voluntary sector groups to bid for funding for community transformation. It was agreed that further information on how to apply for funding be circulated to the Committee.
- It was agreed that the helpline numbers also be circulated to the Committee.
- There had been a significant prolonged increase in referrals to the Sexual Assault Referral Clinic along with an increase in domestic abuse referrals. Investment had been made into both services which would increase capacity to be able to cope with the demand.
- The Discovery House Ward had been turned from an open rehabilitation ward into a reablement ward which had helped reduce our out of area patients.
- One member of the Committee raised concerns regarding feedback received from her residents on mental health services that residents had difficulty accessing the system and were not kept up to date on the current process.
- Plans were being mapped out to ensure that there was crisis support spread across the County.
- The target for responding to those in crisis was four hours and targets were currently being met. A Patient Experience Lead had been recruited to offer support for those on the 18 week waiting list for support that felt that their mental health was deteriorating. It was agreed that the LPFT integrated performance report be circulated.
- The Committee were pleased to see that the targets for wait times were being met.
- The mental health investment standard had been put in place nationally to ensure that there was a parity of esteem between physical health and mental health services in Lincolnshire, which was expected to be an investment of around £12 million by the end of the roll out in 2024.
- The new dementia home treatment team pilot scheme was proving to be successful, with a reduction of care home admissions by 91% in adult services. The vision for the trust was to support people to live well in their communities.

RESOLVED:

That the report be received and the comments made by the Committee be noted.

44 OCCUPATIONAL THERAPY, DISABLED FACILITIES GRANTS AND THE LINCOLNSHIRE COMMUNITY EQUIPMENT SERVICE

During this item, Councillor T A Carter declared a personal interest having previously accessed the service.

Consideration be given to a report by the Assistant Director - Prevention and Early Intervention, which provided an update on the three areas of the Occupational Therapy, Disabled Facilities Grants and the Lincolnshire Community Equipment Service.

Covid-19 had impacted the delivery of services but services had been maintained throughout and improvements had been made in some areas as a result of the pandemic.

The Committee was advised that the current system for occupational therapy and equipment services was complicated, disjointed and did not provide a service that aimed to help people stay independent and well when coming home from hospital. There was an ambition within the corporate strategy to make the system simpler in order to improve outcomes and improve timeliness of support and delivery as well as a need to ensure that support was not just isolated to the specialised equipment but a wider vision and longer term aspirations had been considered where appropriate. Members were referred to page 36 which provided further information about the principles that had been tested through the Housing, Health and Care Delivery Group which included a wide range of partner organisations. A project officer had been appointed to oversee the work.

There was also a number of considerations as to what should be included within the Council's equipment service, prior to the re-commissioning of the service, such as whether stair lifts could be provided.

The service was moving towards implementing service change. The Head of Integration and Transformation acknowledged the work that been carried out on the project to develop a discretionary housing policy which would sit alongside disabled facilities grants, which were covered by a quite specific guidance. It was noted that Council's had flexibilities which they could use in relation to their discretionary powers it was reported that at the last Housing, Health and Care delivery group all seven District Councils have signed up to a discretionary housing policy and that means that they were able to act flexibly with the funding that they had allocated to support hospital discharge.. The changes also included proposals in the re-commissioning of the equipment service for the incentivised the return of equipment which represented significant cash value.

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

- A benchmarking exercise had been undertaken with neighbouring authorities to investigate the level of return of equipment and had concluded that a similar incentivised service had been successful in Hull. In the immediate short term, the service would run an equipment amnesty using collection points at the seven recycling centres in the County where members could deposit small pieces of equipment which were not necessarily financially viable for the Council to collect. Efforts would be made to ensure that the public were aware of the new service as it was beneficial for the council's green agenda as well as having a positive cost impact. Members welcomed the introduction of the incentivised return of equipment.
- It was confirmed that there was currently an element in the service in which larger pieces of equipment were brought back by providers.
- The Executive Councillor for Adult Care and Public Health thanked the officers for their hard work carried out on the Community Equipment Service.
- It was suggested that improvements could be made to the occupational therapy service to ensure it was more personalised and consider the wider impact of peoples lives.
- Officers acknowledged that visits from the equipment service and occupational therapy service were sometimes separate as the referral routes were separate. The Committee was assured that where possible, referrals were joined up to minimise visits.
- The Council was leading on work with occupational therapists to implement a more seamless pathway, working with occupational therapy colleagues at the hospitals and in primary care networks to ensure a more joined up and person centred approach.
- Members welcomed the joining up of services.
- It was suggested that more investment into more extra care housing which would already provide many of the adaptations and facilities needed as standard may be more beneficial over the long term and would meet the needs of more people.
- Officers sometimes had issues as they were working under legislation that was out of date however where possible the Council lobbied for change. The Chairman highlighted the opportunity for the Committee to be involved in lobbying for change on issues which were effecting the Council.
- The Head of Integration and Transformation emphasised the importance of working together with other organisations to address the wider conversation. Officers acknowledged the need for more extra care housing but recognised that the situation was complex, and many people wished to remain in their own homes due to social connections and family support networks. There was a risk in moving people that they would become more dependent on services and perhaps lose those.
- District Council's had initially been hesitant to be flexible with their DFG budgets as they had to deliver their mandatory grants. Gathering robust evidence meant District Council's now had the confidence that they could have a discretionary policy which they used to fund works without losing the ability to fulfil their mandatory commitment.

- Funding for the Better Care Fund was typically received around December, which was late in the financial year, meaning that District Council's were usually unable to spend all of the money in the same financial year.
- Council's were not generally able to obtain funding for assisted housing schemes through Section 106 agreements, however individual District Council's sometimes worked with developers on new housing developments to build houses with adaptations in the initial stages, if they knew of somebody who was able to apply for a disabled facilities grant. Relationships between local planning authorities and local builders were beneficial to the process.
- The County Council worked with some District Council's to allocate monies received from section 106 agreements to support extra care contributions.
- It was suggested that it would be useful to have a way of measuring equipment to ensure the Council were providing an efficient equipment and adaption service.

RESOLVED:

1. That the report be received and the comments made be noted;
2. That support be given to the in principle plans for future alignment of occupational therapy, DFG and LCES services through a Good Homes Agency.

45 LINCOLNSHIRE ADULTS SAFEGUARDING BOARD - UPDATE REPORT

Consideration was given to a presentation by the Chairman of the Lincolnshire Adult Safeguarding Board and the Assistant Director – Specialist Services, which provided an overview of the role and work of the Lincolnshire Adults Safeguarding Board (LSAB) including an update in relation to the Team Around the Adult project, which included further information on the:

- LSAB's requirements under the Care Act 2014
- What safeguarding is and how it aimed to protects those at risk by working with the partner agencies to protect those at risk of harm or neglect who are unable to protect themselves.
- Details of cross border collaborations used by the LSAB
- Details of the procedures that were in place which provided assurance that safeguarding arrangements were effective, included the Lincolnshire Assurance and Assessment Framework; Executive and Partner events; and the procedures that have been put in place to prevent further risk as a result of Covid-19 pandemic.
- Details of the learning resources that were available to those with a responsibility for safeguarding.
- Further detail on the Team Around the Adult Approach (TAA).

The Committee was advised that the Team Around the Adult Approach was a central element of the existing LSAB Prevention Strategy, which built upon the District Councils and Vulnerable Adult Panels or similar and focussed on people who may need help but do not meet Section 42 Safeguarding Enquiry thresholds and/or people who are not engaging with services.

The LSAB sought to expand the Prevention Strategy to cover the four strategy Boards, in order to develop the TAA initiative to ensure targeted approach to helping people at risk, in particular adults with mental illness, drug and alcohol addiction and/or homelessness who are regularly presenting to statutory agencies. The LSAB had prepared some analysis of people frequently presenting at Emergency Duty Team (EDT) and Mental Health Crisis Teams which would inform a business case.

The Committee was invited to ask questions, in which the following points were noted:

- The Committee emphasised the importance of early intervention and commended the work carried out on the TAA initiative.
- The TAA initiative was a pilot scheme meaning there had only been a small number of cases at the current time, but significant impact had been made on an individual level.
- It was acknowledged that the term ‘complex needs’ could be wide ranging and differ in individual cases. The LSAB worked with District Council’s and other wider partnerships to identify individuals with complex needs using a criteria matrix based on the individuals needs. It was agreed that the criteria matrix be circulated.
- The LSAB offered continuous training to Lincolnshire County Council officers and other organisations which provided further information on how to identify when an individual was at risk. Officers recognised a continuous need for individuals to refresh their training regularly.
- Analysis had identified the Police and East Midlands Ambulance Service the main organisations which raised the highest number safeguarding concerns which did not meet the criteria for a further action in terms of a Section 42. Plans were in place to improve the understanding of those organisations along with further work to educate the care sector. A Gold Group had been set up to look at the key themes for reporting a safeguarding enquiry and provide further training.
- Assurance was provided that the safeguarding concerns that did not make it to a Section 42 inquiry were regularly assessed and themes were identified. There was an opportunity in some cases to identify individuals who would benefit from the TAA initiative.
- The Committee raised concerns around the negative effects of social isolation and the potential for this to lead to other mental health issues. Officers confirmed that there was clear evidence that prolonged social isolation led to a deterioration of health. Prevention was therefore crucial to reduce the demand on mental health services.

RESOLVED:

That the report and presentation be received and the comments made be noted.

46 SERVICE LEVEL PERFORMANCE AGAINST THE CORPORATE PERFORMANCE FRAMEWORK - QUARTER 2

Consideration was given to a report by the Head of Corporate Performance, which summarised the Adults and Community Wellbeing Service Level Performance for Quarter 2

The Committee was referred to page 45 of the agenda which outlined the performance compared to targets set for quarter 2 and pages 49 to 87 which detailed the full information for each performance indicator.

Members were advised that there were 18 measures which could be reported in quarter 2, of which 13 had either achieved or exceeded their target and only 4 measures were not achieving the targets set.

The following three measured had exceeded their target:

- The Percentage of people aged 40 to 74 offered and received an NHS health check is 61.0%.
- Permanent Admissions to residential and nursing care home for those aged 65+ - Requests for support for new clients where the outcome was no support or support of a lower level
- Requests for support for new clients where the outcome was no support or support of a lower level

The 10 measures that had achieved their targets were listed in Appendix A to the report.

Further detail was provided for the 4 measure that had not achieved their target:

- Carers supported in the last 12 months, which was due to changes in practice in completion of the Adult Care Client Assessment form which had led to a reduction in the number of carers identified as part of a client assessment. A joint assessment considered both the client's needs and the carer's need and it was important to now ensure that through the client assessment questions were directly asked of the carer as to whether their needs have been assessed/met during the assessment. This had resulted in 36% (1,048) fewer Joint Assessments being counted towards this measure. 2,013 Young Carers had been included in the measure due to joined up reporting with Children's Services.
- People supported to successfully quit smoking did not achieve its target as during the pandemic One You Lincolnshire (OYL) had adapted to deliver most of the quitters with minimal support from subcontractors such as pharmacies, GPs & practice nurses who have been required to divert to covid-related activity & vaccination programmes. During Q1 GPs and Pharmacies achieved 164 set quits and 62 four week quits, a success rate of 38%. OYL was working to re-engage with the GPs and

Pharmacies to increase the number of subcontractors based quits as covid-related work settles.

- Carers who have received a review of their needs had not achieved its target of 85%. Of the 918 Carers who received a Direct Payment during the last 12 months, 693 (75.5%) received a review of their needs in the same period. 648 (93.5%) of these reviews were undertaken by the Carers Service. 45 (6.5%) were undertaken by Adult Care. Changes to the practice and the informal care section of the Adult Care Review forms are underway to improve this outcome.
- Adult Safeguarding concerns raised then lead to a Safeguarding enquiry against a target of 46.5%. This had previously been discussed by the Committee and Members were aware that previous conversations that work is ongoing to ensure that the Council's partners trained their front line teams to understand the criteria for an Adult Safeguarding Concern and Enquiry. Given the large percentage of concerns that to did not progress to an enquiry, work was underway review the referral process and to increase stakeholder understanding of care act criteria.
- Adults aged 18-64 living independently could not be reported due to a definition change. Members were assured that the Council had worked with their partners at LPFT to redefine this measure and it was hoped this could be reported again from Quarter 3.

The Committee considered the report and during the discussion, the following points were noted:

- The percentage of people aged 40 to 74 who were offered and received an NHS health check was dependent on the NHS for its delivery, so recent details on the number health checks were not always available. Once a health check had been undertaken, some individuals would be referred to other routes, which was sometimes the consequence of poor diet or a weight issue. There was some national data which indicated the relevance of a health check, particularly in certain groups such as those with a learning disability.
- Members emphasised the importance of health checks and preventative care.
- The data on p49 – permanent admissions to residential of nursing care homes for those aged 65 or over related largely to the year in which Covid-19 had made a major impact and was not considered to show a trend. It was noted that nationally the use of residential provision had dropped significantly and in Lincolnshire there had been a growth in demand for Home Care Services alongside pressures for recruitment in adult care.
- Members were reassured that the Council was working closely with the carers through the Carers First provide, in particular where carers were seeking support. Respite care was usually provided in residential settings which was currently limited due to current concerns around the transmission of Covid-19.
- It was not known whether the NHS monitored data on the number of people who were unable to access a GP appointment due to high levels of demand. It was acknowledged that there were concerns both in Lincolnshire and nationally around

access to GPs as well as difficulties in the recruitment of GPs. There were also concerns that lack of access to GP appointments was leading to an increase in people attending A&E departments, which was increasing the pressure on hospitals.

- As a result of Covid-19, the NHS had been unable to provide the same level of service in many areas which had led to longer wait times for treatment. The Chairman suggested that he liaise with the Chairman of the Health Scrutiny Committee for Lincolnshire to express the Committee's concerns on treatment waiting times and the other concerns raised.
- Members highlighted the importance of providing support to full-time carers.

RESOLVED:

That the report be received and the performance of the measures that were above or below the target range be noted.

47 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to a report by the Health Scrutiny Officer, which invited the Committee to review its work programme, which was set out on pages 89-64 of the agenda pack.

It had been agreed that the social isolation strategy be circulated to all Members and the Committee could look to whether they would like to further investigate the effects of social isolation across the County.

It had been proposed that the Committee hold a training session after every other meeting and the Chairman welcomed any topics for discussion for a training or briefing session. There would be a briefing session following the meeting in January which would provide an opportunity for Members to consider the White Paper on Social Care – People at the Heart of Care in detail.

Following agreement earlier in the meeting, a briefing paper which would provide details of the mental health support offered to veterans would be circulated to the Committee. The Committee would then be able to raise any further issues and request a report be brought to the Committee at a later date if necessary.

RESOLVED:

That the work programme be agreed.

The meeting closed at 1.13 pm

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