



**ADULTS AND COMMUNITY WELLBEING
SCRUTINY COMMITTEE
12 JANUARY 2022**

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, Mrs M J Overton MBE, M A Whittington and T V Young

Councillors: Mrs W Bowkett, C Matthews 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), Professor Derek Ward (Director of Public Health) and Emily Wilcox (Democratic Services Officer)

Officers in attendance via Microsoft Teams:-

Pam Clipson (Head of Finance, Adult Care and Community Wellbeing), Roz Cordy (Interim Assistant Director of Safeguarding), Tracy Perrett (Head of Hospitals and Special Projects), Paul Bassett and Gareth Everton (Head of Integration and Transformation)

48 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

There had been no apologies for absence received. However, it was noted that Councillor Mrs M J Overton OBE had advised that she would be arriving late to the meeting.

49 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of interest at this point in the meeting. All declarations of interest will be recorded within their relevant items.

50 MINUTES OF THE MEETING HELD ON 1 DECEMBER 2021

RESOLVED:

That the minutes of the meeting held on 1 December 2021 be approved as a correct record and signed by the Chairman.

51 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR AND LEAD OFFICERS

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During this item, Councillor K E Lee declared a personal and pecuniary interest as an employee of the National Health Service at Lincoln County Hospital and therefore did not take part in the discussion for this item.

The Executive Director – Adult Care and Community Wellbeing advised the Committee that Christmas and New Year had been a challenging time for health and social care staff, with a number of incidents affecting Lincolnshire's Hospitals. Covid-19 and winter-related pressures at Pilgrim Hospital, Boston including the level of staff absences, were showing the initial signs of easing. Lincoln County Hospital had also declared a major incident as a result of pressures face by Covid-19. It was also noted that there had been an incident with the loss of water supply at Grantham Hospital, but the situation was improving.

Despite pressures within the care sector, the service remained stable. Vaccination rates provided a level of protection and covid related absences were gradually improving.

The Committee supported the Executive Councillor for Adult Care and Public Health in thanking the Council's homecare, occupational therapy and social care staff for their work over the Christmas period to keep services running.

Members were reminded that a briefing on the adult social care reform white paper - people at the heart of care, would take place following the meeting.

The Chairman also informed the Committee that the Free Sugars Working Group would be initiating discussions on the possibility of preparing a series of emotional material which would raise awareness on the sugar content in common foods, working alongside the Council's Communications Team.

52 ADULT CARE AND COMMUNITY WELLBEING BUDGET PROPOSALS 2022/23

Consideration was given to a report by the Head of Finance – Adult Social Care and Wellbeing, which invited the Committee to consider a report on Adult Care and Community Wellbeing Budget Proposals 2022/23 which was due to be considered to the Executive on the 8 February 2022.

It was forecasted that the service would remain within the proposed budget for 2022-23, subject that the subject to the Council's approval of the introduction of a deferred 3% adult social care applied to cover the cost pressures at any costs arising from the social care reforms in 2023 which were currently covered via a dedicated grant.

She outlined the proposal which detailed that the proposed budget would be sufficient for the Adult Care and Community Wellbeing Service,

The main increases in cost within the budget were:

- £6.262m in respect of the financial rate paid to providers. The largest cost pressure facing adult social care related to the rate paid for care across all services and service types, with a rise in the National Living Wage to £9.50 per hour
- £3.507m reflecting demand across adult social care, particularly in working age adults and mental health, with around a 4% increase in demand for services
- £2.273m new costs arising from the Market Sustainability and Fair Cost of Care Fund 2022 to 2023 published December 2021, in which the Council had received a grant to support the market and move towards paying the fair cost of care. There were conditions alongside the grant that would be predominantly to support the market to move towards paying the fair cost of care as per the social care reforms in the 'Build Back Better'

The Committee was advised of the key improvements within the service which were underway or due to commence in 2022/23, which included:

- Continued investments in front line services including housing, reablement, digital technology and community-based services
- Financial Assessment Improvement Programme which aimed to make the process easier to navigate for the individual and provide clarity on the charges through its charging policy
- Continuing to utilise the Better Care Fund (BCF)/Improved Better Care Fund (iBCF) as the vehicle which brought NHS and local government together and delivered the core conditions of the grant

The Council were yet to receive the national guidance which would provide further details of what would be included within the Better Care Fund. However, confirmation had been received that the iBCF would include an inflationary uplift paid directly to the Council of just over £1m.

Members were referred to the table at paragraph 5.1 of the report, which summarised the social care reform announcements to date, highlighting Lincolnshire County Council financial allocation, where it was known. Of the £5.3bn that had been included within the Building Back Better fund within the Autumn statement, £3.6m had been allocated for the fair cost of care in the capital thresholds, and £1.7m had been allocated to support the Council's wider social care system.

In order for the Council to ensure that they were eligible to continue to receive the grant funding for the next two years, local authorities would need to submit a cost of care exercise and a provisional market sustainability plan setting out a local strategy for the next three years to the Department of Health and Social Care.

Work was ongoing to understand how systems and processes could be amended to introduce the care cap which would be introduced in October 2023.

Consideration was given to the report and during the discussion, the following points were noted:

- The Committee unanimously supported the budget proposals for Adult Care and Community Wellbeing. The Committee also supported the proposed increase of 3% in the social care precept for 2022-23
- The Government had announced the social care charging system with the intention to address what was commonly seen as an unfair and unequitable system for charging social care between those who paid privately and those who received public support. Officers were working to identify what the differential looked like for both the private and public sector within Lincolnshire. There would be a cost reduction for people paying privately for their care, once the changes were introduced in 2023. However, the cost reduction was not likely to be as great as anticipated as there would be a higher threshold before people received state subsidy, and also a cap on how much people paid. It was emphasised that changes only related to personal care costs and not 'hotel costs', which would still be borne by the individual.
- It was highlighted that the number of financial assessments that the Council would have to undertake would likely double from 10,000 to 20,000 a year, as there would be a need to assess privately funded residents and to address the long-standing differential between funded and private costs, which would be costly. Analysis had indicated that a large proportion of the extra money received by the government would largely subsidise people who were currently paying privately for care.
- The Committee recorded its appreciation to all the officers who had managed the cost pressures on the service over recent years.
- The Committee also acknowledged the future costs pressures on Adult Care and Community Wellbeing, as a result of the proposed reforms of adult social care, would be substantial, as well as cost pressures on other council services. The Committee noted that all these pressures would be reflected in the Council's medium term financial strategy.
- The Committee recognised the importance of innovation as one way of addressing the budget pressures, and suggested that items be included on future agendas which would look at ways to be more innovative in their approach and included the Improvement Programme for working practices, including initial contact, signposting, assessment and wellbeing services; reviewing the process for financial assessments, including the proposed cap on individual costs and changes to the assessment process; the use of digital technology; and the opportunities arising from the introduction of the integrated care system in Lincolnshire, including consolidating neighbourhood team working.
- The Committee welcomed the innovative approach that the Council had taken to address staffing issues within the care sector, in particular attracting young people to consider a career in care. It was noted that the Council had been successful in working with organisations within the hospitality industry to attract employees to work in the care sector during downturns in demand within the hospitality sector and upskilling care workers to allow them to take on more responsibility or to train to become nursing staff.

- The Committee raised concerns that social care reforms would lead to an increase in demand for residential care and a significant impact on the Council's budget for adult care.
- The changes around government policy on integrated care systems had been deferred to July 2022.
- The Better Care Fund remained a significant element in the Council's ability to manage budgets in future years.
- The Committee highlighted the importance of ensuring that adult care staff had sufficient training and development opportunities and that the Council were stimulating the labour market financially.
- The Committee recognised the cost pressures that were faced within the adult care and community wellbeing directorate and emphasised the importance of innovation within the sector.
- It was vital that the processes for assessing and signposting people to financial assessments for care were efficient.
- The Committee were encouraged by the expansion of digitalisation and using technology as a way of communicating within communities.

RESOLVED:

1. That the recommendations to the Executive be supported;
2. That a summary of the comments made be passed on to the Executive as part of their consideration of this item.

53 PUBLIC HEALTH ARRANGEMENTS FOR GREATER LINCOLNSHIRE

Consideration was given to a report by the Executive Director – Adult Care and Community Wellbeing and The Director for Public Health, which invited the Committee to consider a report on Public Health Arrangements for Greater Lincolnshire, which was due to be presented to the Executive on the 8 February 2022.

The report sought the Executive's approval for a pilot scheme of Public Health arrangements across Greater Lincolnshire which would see the Lincolnshire County Council (LCC) Director for Public Health to be formally seconded on a fixed term basis to both North Lincolnshire and North East Lincolnshire Councils as the Director for Public Health for each authority. A management structure would be put in place to ensure all other staff were in a position to be effectively managed. The Director for Public Health would undertake the statutory duties for each authority and put in place a governance structure to ensure political scrutiny and engagement in decision making.

The main aim of the pilot was to improve the offer to and health and wellbeing of the people of Greater Lincolnshire.

There were advantages and benefits of bringing the public health delivery mechanism together, including creating efficiencies and effectiveness in terms in having one approach to certain areas, such as substance abuse.

The Committee were referred to the proposed management structure and governance structure, as set out in Appendix A to the Executive report. It was proposed that a governance structure be established in which a single governance board comprising Executive Councillors and a senior lead officer from each authority to agree priorities and share decision making, with the Director for Public Health being made accountable to the governance board operationally and tactically. The DPH would be statutorily accountable to the three Leaders and Chief Executives of each Council for the discharge of all core public health functions and for the Public Health Grant allocation. It was noted that the Lead Consultants for Public Health at each authority would provide day to day management and contact within each local authority area.

It was proposed that the changes would provide a single management structure for Public Health within Greater Lincolnshire so expertise, knowledge, skills and efficiencies could be shared across the three authorities. The Director for Public Health for Greater Lincolnshire would be supported by a Lead Consultant in each of the upper tier areas, and the Lead Consultants would be the operational and tactical leads for each of the three authorities.

Each local authority would retain responsibility for the ring-fenced grant funding allocated to it by the Department of Health. However, where it makes sense to do so, grant funding would be used collectively to achieve greater efficiency or if mutually beneficial.

Consideration was given to the report and during the discussion the following points were noted:

- The Committee welcomed the proposal as a pilot scheme. It was recognised that it was a good initiative with the potential for collaboration and innovation between three local authorities.
- It was suggested that a set of criteria be developed to include a comparison between the current discharge of public health functions in the three local authorities and the discharge of these functions as a result of the pilot, highlighting the benefits to the service. The Committee also suggested that a further criterion be added, which would evaluate whether the pilot had supported opportunities to develop public health's links with the NHS and adult social care.
- It was requested that the Committee receive reports on the evaluation against the criteria as well as the criteria for progress reports during the eighteen-month pilot period.
- Members recognised the challenges facing public health and indicated that some additional resources would be required to support the Director of Public Health to deliver the pilot scheme.
- The pilot scheme provided further opportunities for the public health service in each of the three local authorities to learn and share good practice with each other.

- The outcome of the evaluation of the pilot, which would report no earlier than twelve months into the pilot, could lead to one of three actions:
 - (i) making the arrangement permanent;
 - (ii) extending the pilot for a longer period; or
 - (iii) discontinuing the pilot.
- The proposed management arrangement would include a lead consultant in each local authority, who would report to the Director of Public Health.
- The Director of Public Health would be available to provide briefings to the executive councillors in each local authority.
- The governance arrangements would be confirmed as the pilot progressed, including the development of the priorities for the Director of Public Health and the senior management.

RESOLVED:

1. That the recommendations to the Executive be approved as a pilot scheme
 That a summary of the comments made be reported to the Executive for their consideration of this item.

54 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Consideration was given to a report by the Director for Public Health, which introduced the Director of Public Health Annual Report for 2021, as set out at Appendix A. The report being a joint report between the Director for Public Health and the Executive Director – Children’s service, with the focus being the health of children and young people in Lincolnshire, and the impact of Covid-19 on this population.

The Director for Public Health emphasised the importance of delivering services designed for children and young people as well as a need to focus on improving education around physical activity, diet, nutrition and emotional and mental wellbeing, which were the three core elements that help to create a healthy child and a healthy adult..

The report referred to Child Health within Lincolnshire, in particular the burden of disease, morbidity, mortality and the health and healthcare available to young people in Lincolnshire. It was important to address the fact that the number of years lived with disability reflected the impact an illness had on the quality of a person’s life before it was resolved or led to death and to address these individual issues and the effects that they had on children.

The Committee was informed that children in deprived areas were more likely to live in an area without water fluoridation, which risk factors contributed to poorer dental health for children living in more deprived areas.

One of the most significant impact on Children and Young People which had arisen from Covid-19 was the indirect impact of the school closures and the impact on social isolation and the impact this had had on their level of education and their mental health and

wellbeing, which had led to an increase in referrals for behavioural problems, sleep difficulties, complex health issues and additional needs and speech and language.

Overall, children had faced significant challenge in terms of disruptions to learning and development as a result of the pandemic; there had been an increase in child obesity as a result of mental ill health and isolation.

The Director for Public Health emphasised the importance of ensuring that the services available for children and young people were designed specifically for them and not adopted versions of adult services, with a particular focus on physical activity, diet, nutrition, emotional and mental well being and the prioritisation of education opportunities in order to address health inequalities.

Consideration was given to the report and during the discussion the following points were noted:

- It was suggested that it would be beneficial to promote nutrition, education and health opportunities within the national curriculum so that children were educated from a young age.
- A concern was raised that children in more deprived communities with no access to fluoridated water had higher levels of dental health and it was suggested that this topic be explored further, particularly with the lack of NHS dental provision in Lincolnshire which was an ongoing concern.
- As a result of the challenges faced by the pandemic, progress on the recommendations from previous years had been slower than was hoped.
- A number of projects were in progress which sought to improve the health and fitness of people within Lincolnshire.
- The Committee agreed that diet was an important factor in the health of children and young people. However, it was acknowledged that not all families had the financial resources, education or opportunities to provide a healthy diet.
- The work of the Future 4 Me service was commended, and it was hoped that funding would continue to be provided to the service.
- The Committee praised the Children's Services team for their hard work during the pandemic.
- The Committee recognised the importance of maintaining the elevated status that the public health agenda had gained as a result of Covid-19.
- The Director of Public Health recorded his thanks to Mike Saunders, Public Health Registrar, and Andy Fox, Lead Consultant for Children's Services along with other Children's services colleagues for their work in producing the annual report.
- There has not been a large response to the consultation from the general public, however a number of comments had been received made through discussions and other mechanisms.

RESOLVED:

That the report be considered and its content be noted.

55 OVERVIEW OF ADULT FRAILTY AND LONG TERM CONDITIONS

During this item Councillor K E Lee declared a personal and non-pecuniary interest and left the meeting for the remainder of the item.

Consideration was given to a report by the Interim Assistant Director – Adult Frailty and Long Term Conditions, which introduced a presentation which provided an overview of the Adult Frailty and Long Term Conditions service area.

The Committee was informed that the service area supported all adults over the age of 65 or any adults with a disability. The service had 370 staff and a budget area of £120 million. The service worked closely with the Council's commercial team, domiciliary care providers, residential care homes and health systems, in particular acute hospitals and community health services.

The Head of Adult Frailty and Long Term conditions provided a general overview of the service, which included the following:

- The structure of the 15 adult care teams from across the county, which were divided into 3 areas West, South and East
- There were approximately 9,715 cases open to the teams in 2020/21, in which there were over 20,000 requests made to the teams and 4674 assessments completed.
- The highest age profile for the service was increasing, with the highest age profile for those between the ages of 80-99, which was increasing.
- A new concept of initial conversations based on in depth strength based conversations were introduced in 2020-21, of which only 42% of went into a full assessment.
- Of the 4,674 assessments completed, 75.13% had been completed within 28 days.
- Of the 4066 reviews that had been undertaken, 93% of all eligible customers were reviewed.

The Head of Integration and Transformation then provided an overview of the Occupational Therapy Service, which included the following:

- There were 70 whole time equivalents working across the service, which was a mix of occupational therapist and community care officers
- A skill mix had been undertaken to ensure coterminous, geographical boundaries with the districts
- The service received around 6,500 referrals within 2020-21
- Around 56% of first contacts were resolved within the first 28 days. 90% were completed within 100 days. Service pressures had meant that not all referrals could be completed within the 100 days. However, work was ongoing as an integrated pathway with NHS colleagues to better understand community provision and to increase provision and increase capacity for other things such as hospital discharge

- The also supervised extra care housing projects, the NHS Continuing Healthcare interface and was the Better Care Fund Lead

The Head of Service - Hospital and Special Projects outlined her role and provided an overview of the Hospital and Special Projects service area, which included the:

- Details of the Hospital and Special Projects team structure
- There had been 11,000 and 77 discharges from acute hospital sites in 2021, of which 22% of the discharges went on to have an assessment or review from hospital services
- Since April 2021, 4,446 patients had been discharged, with 20% of them require an assessment or review
- Staff worked seven days a week and were based at three hospitals in Lincolnshire and the neighbouring hospitals
- There were currently significant pressures for the service, particularly relating to hospital discharge
- There were six community based hospitals in Lincolnshire. The transfer of care team supported discharges from the 34 health funded transitional care beds in the County
- Further information on the Discharge to Assess model was provided

The Interim Assistant Director – Adult Frailty and Long Term Conditions outlined the key priorities for the Adult Frailty and Long Term Conditions team, which included: working with the occupational therapy to develop integrated working; developing further capacity for extra care housing; building on strength based practice within area teams and focus on the development of the physical ability team and to develop an integrated pathway within the hospital team.

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

- The Committee expressed a view that they would like to see a more streamlined process for the assessment of adult care needs
- The Committee reiterated the need for innovation within the recruitment of adult care staff.
- There were a number of community care assistants who now worked as occupational therapy assistances to the occupational therapy team. Members welcomed the progress made on the recruitment of occupational therapists within Lincolnshire. It was noted that University Lincolnshire Hospital Trust had reorganised their occupational therapy service to concentrate almost exclusively on discharge. Officers were working to bridge any gaps within the occupational therapy service.
- The Integrated Discharge Hub involved a multidisciplinary team working together in the same room to assign individuals to a pathway for discharge and assess the level of therapy they needed. The team met in person on a daily basis.
- As it was one of the busiest areas, people on the East Coast did not need to travel for care assessments and would be met by a worker where possible.

- There were a high number of initial assessments that did not lead to a full assessment where the individual could be supported by the voluntary sector or other things within the community.
- There were seven teams with 70 members of staff within the occupational therapy service, with some members of staff covering more than one area.
- Members were reassured that plans were progressing to meet the high demand for adult care services in Mablethorpe.
- The extra care housing programme included a number of schemes that were in progress to increase the number of extra care schemes across the county. The schemes sought to develop a housing programme for older people and working age adults. There were a number of other schemes proposed across the County which would provide alternative accommodation for people who do not want to move into residential care.
- At the beginning of the pandemic, the majority of assessments within the adult frailty and long term conditions service were made by telephone, however it was now expected that most assessments for the most complex cases would be carried out face to face. Most initial assessments were carried out by telephone which was highly successful. It was agreed that a percentage breakdown of the means of assessment be provided to the Committee.
- As part of the adult care improvement programme, changes had been introduced, such as initial conversations, to ensure that there was a more proportionate response when assessing peoples needs in future.
- Officers acknowledged that there was a large drop from 20,000 contacts received to 4,764 assessments carried it. Members were reassured that many of the contacts recorded were duplication or not relevant. Information would be reviewed in future reports to ensure it is as clear as possible. The vast majority of the recorded contact would not be from individuals, but external partners that were recording information or from calls to customer service agents who were often able to signpost to further information.
- Assurance was provided that the discharge to assess model was based on acquiring the information needed to ensure that it was relevant and appropriate to enable a person to be discharged safely. This involved communicating with the people that had been involved in the individuals care and hospitals to formulate a care plan which would enable a person to be discharged safely. Each person would be contacted 24 hours after discharge to assess their arrangements and arrangements were made to complete a full assessment in the individuals own home at their convenience.
- Apprenticeships within the service had been highly successful in supporting and retaining staff within the service. All staff which had undertaken the social work degree had continued to work within the Council. The retention of people who had been trained within the Council had been excellent.
- There were currently 10 social workers undertaking a social work degree on the apprenticeship programme who would qualify in 2023; three apprentices due to graduate in 2024 and three people on an occupational therapy apprenticeship due to

graduate later in 2022; two people on an occupational therapy apprenticeship due to graduate later in 2025 and two Learning Disability nurses in training.

- Work was ongoing to look at innovating ways for recruitment within the sector. A report would be brought to the committee in the coming months.
- The Executive Councillor for Adult Care and Public Health advised the Committee that there a winter summit had taken place in which the Council worked with Council ran homecare providers, which had made available initiatives which would ensure employees felt valued for their hard work. The initiatives had included participation in pension schemes; flexible working arrangements; an increase in the hourly rate and developing training opportunities.
- The Care Awards were due to take place in March 2022 which would highlight the good work that was done by carers.

RESOLVED:

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

**56 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, as set out on pages 86-87 of the agenda pack.

The Committee noted the addition of further items on the Improvement Programme and Financial Assessments which would be added to the Work Programme accordingly.

RESOLVED:

That the work programme be noted.

The meeting closed at 12.59 pm