



**ADULTS AND COMMUNITY WELLBEING  
SCRUTINY COMMITTEE  
23 FEBRUARY 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 and M A Whittington

Councillors: C Matthews, E J Sneath and Melanie Weatherley attended the meeting as observers

Officers in attendance:-

Pam Clipson (Head of Finance, Adult Care and Community Wellbeing), 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), Caroline Jackson (Head of Corporate Performance), Emma Krasinska (Commissioning Manager, Adult Care & Community Wellbeing), Lisa Loy (Programme Manager - Public Health), Carl Miller (Commercial and Procurement Manager - People Services) and Emily Wilcox (Democratic Services Officer)

57 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Councillor T V Young.

58 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of interest.

59 MINUTES OF THE MEETING HELD ON 12 JANUARY 2022

RESOLVED:

That the minutes of the meeting held on 12 January 2022 be approved as a correct record and signed by the Chairman.

60 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR AND LEAD OFFICERS

Members were reminded that a training session on Community Strategy and Voluntary Sector Funding was scheduled 6 April 2022, following the meeting of the Committee.

The Chairman congratulated the Director for Public Health on his appointment to the post of Director of Public Health for Greater Lincolnshire on a temporary basis, which had become effective from 21 February 2022.

61      SERVICE LEVEL PERFORMANCE AGAINST THE CORPORATE PERFORMANCE  
FRAMEWORK – QUARTER 3

Consideration was given to a report by the Head of Corporate Performance, which invited the Committee to consider the Service Level Performance against the Corporate Performance Framework – Quarter 3, in relation to the Adult Care and Community Wellbeing Service.

The Committee was advised that out of 18 measures which could be reported in quarter 3, 12 either achieved or exceeded their target and 6 measures had not achieved the targets set.

The measures which had met or exceeded their target were highlighted.

Further detail was also provided for the reasons that 6 measures had not achieved their target:

- People in receipt of long term support: Teams which undertook reviews had seen significant pressure due to Covid and therefore prioritisation of work had seen unplanned review and reviews of new packages of care a priority over stable packages of care.
- Carers being supported: There was an upward trend in carers being supported since quarter 2 but the target had not been met
- Carers who have received a review of their needs
- Adult Safeguarding concerns that led to a safeguarding enquiry: The Council continued to work with partners to improve the adult safeguarding concerns that led to a safeguarding enquiry. Outcomes of a recent audit confirmed decision making was sound in relation to whether to progress to an enquiry.
- The percentage of alcohol users that left specialist treatment successfully: There was a move within the service to fully open and to increase face to face appointments. The presentations to the service continued to be more complex with clients having multiple issues which required more intense residential services and was impacting on discharge rates as treatment were taking longer and were less likely to be successful straight away. The service had seen a 10% increase in successful discharges this reporting year against a 34% increase in new clients.
- People supported to successfully quit smoking: this target had been impacted by Covid with no GP subcontractors delivering smoking cessation in this quarter. One You Lincolnshire continued to support this shortfall with good quality service provision which was having an impact.

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

Adult Safeguarding concerns that lead to a Safeguarding enquiry

- Members questioned why audits had concluded that the progress to enquiries were adequate but the measure continued to not reach the target.
- Officers confirmed that they were working with partners to ensure that safeguarding concerns were reported appropriately.
- There was a significant variance between benchmarking data for other Local Authorities and as a result Officers would review the target.
- Pressures felt by Covid-19 had generated a higher levels of referrals, many of which had been inappropriately reported.
- The Committee emphasised the importance of ensuring that changes to the reporting of concerns did not result in legitimate concerns being missed.
- Reassurance was provided that the Council's safeguarding team undertook regular audits to ensure that the triage had made the correct decision on whether to refer safeguarding matters.
- Preventative safeguarding work was a wider partnership responsibility.
- It was suggested that the Performance Measure should be reviewed, and a report should be shared with the Committee to consider the findings of the review as well as to provide more information on relevant statutory safeguarding duties

Percentage of alcohol users that left specialist treatment successfully

- Members were supportive of the target to improve the number of alcohol users that had left specialist treatment successfully, but also recognised that many of the individuals requiring support had complex needs and may require additional support.
- The positive impact on people's lives for those who receive support with alcohol and substance abuse was emphasised. However, it was acknowledged that there would be always be some people who did not wish to receive support for substance abuse or smoking. In supporting people to stop using substances it also improved the lives of the individuals and their families.
- Covid-19 had led to an increase in alcohol use but it was not yet clear whether this would be a long term impact.

Requests for support for new clients, where the outcome was no support or support of a lower level

- The change in how referrals were made into adult social care meant that re-referrals occurred until the service had capacity. It was clarified that when a service became available, a re-referral would need to be made.
- This indicator related to clients aged 65 or over as referrals for those people aged 18-64 as referrals were processed in a different way and referrals were made directly to services. Data was still collected in relation to this age group.

Carers who have received a review of their needs

- Changes to the Adult Care Review forms would provide assurance that carers' needs were being addressed and that forms were recorded effectively.

Permanent admissions to residential and nursing care homes aged 65+

- It was acknowledged that in some cases there was a need for people to be placed into residential care and it could be a positive choice for the individual.
- Some of the decrease in admissions was thought to be due to people avoiding residential and nursing care homes due to worries of outbreaks of Covid-19.
- It was confirmed that the Council operated framework contracts in which they were charged for each individual admission.

Percentage of people aged 40 to 74 offered and received an NHS health check (PI33)

- It was confirmed that NHS Health checks were delivered through NHS GP Practices.
- An explanation as to why people were not receiving health checks was agreed to be circulated to the Committee.

Carers supported in the last 12 months (PI59)

- National research suggested that carers had been significantly impacted by the pandemic and the Committee acknowledged the significant pressure that had been placed on carers.
- Assurance was provided that the Council were proactive in communicating the support available to carers. Demand for services had increased significantly and the Council would seek to support carers through the framework provided in the Carers Trust report.
- The Committee requested further detail of the level of vacancies within the care sector.

It was also suggested that the Council's providers of support service for both substance abuse and smoking be invited to a future meeting of the Committee.

RESOLVED:

That the report be noted.

62      SECTION 75 AGREEMENT FOR LEARNING DISABILITY BETWEEN LINCOLNSHIRE COUNTY COUNCIL AND LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

Consideration was given to a report by the Assistant Director - Specialist Services and Safeguarding which invited the Committee to consider a

report on the Section 75 Agreement for Learning Disability which was due to be considered by the Executive on 1 March 2022.

The Committee was advised that a Section 75 Agreement was a legal agreement between local authorities and NHS bodies which allowed one party to delegate delivery of specified functions to the other party if those arrangements would lead to improved outcomes.

The Learning Disability Section 75 was a commissioning agreement that created a pooled budget and appointed a lead commissioner and also provided for an integrated assessment and care management function for Adult Social Care and Continuing Health Care.

The report proposed that Lincolnshire County Council (LCC) be the lead commissioner and the host for the pooled budget and the associated integrated arrangements. The existing Learning Disability Section 75 agreement formally ended on 31 March 2022 and there was no provision to extend the existing agreement past this date. It was therefore proposed that a new agreement be developed and agreed for 1 April 2022 for an initial period of 5 years, with the option to extend for a further two years subject to agreement by both parties.

As part of the report, the Committee received a presentation, which included the following details in relation to report:

- Details of the commissioning of the agreement
- The expenditure and forecasted budget for 2022-23
- The individual benefits of the agreement, which included a more joined up experience of care for adults with a learning disability; an identified key worker; a single care and support plan; an integrated approach to quality assurance of care; strong assessment and review performance and promoting and supporting integrated working
- Other benefits of the agreement
- Details of the agreement between Lincolnshire County Council (LCC) as the lead commissioner and Lincolnshire Clinical Commissioning Group

The Committee supported the recommendations to the Executive and during the discussion the following points were noted:

- The section 75 agreement provided good value for money and was a showcase for close partnership working with the local NHS. This was likely to develop further as part of the Integrated Care System arrangements, where it was important that local authorities should act as equal partners with the local NHS, rather than adult care being subsumed into the NHS.
- The Committee welcomed the partnership working and the benefits of the service were emphasised
- It was hoped that a disputed case would be resolved amicably between partners, however there was an escalation process and a resolution clause in place should it need to be used.

- The section 75 agreement had the benefit getting the most from the expertise in both the County Council and the NHS.
- The section 75 agreement's resilience was demonstrated by its maturity, reflecting refinements and developments over the previous decade, which put both partners in a strong position with any future legislative changes.
- Innovation should continue be enabled in the future and the government's integration white paper (Joining up Care for People, Places and Populations, the Government's Proposals for Health and Care Integration) intended to reduce bureaucracy in future integration arrangements and not stifle innovation.
- The importance of timely and efficient assessments, both at initial contact and as a review, was stressed.
- The joint commissioning group had an equal presence from both LCC and the NHS.
- There was a termination clause in the agreement which required either party to provide 12 months' notice should they wish to end the agreement at any time.
- Members emphasised that the detail and complications of such agreements often restricted innovation.

**RESOLVED:**

1. That the recommendations to the Executive be supported;

That a summary of the comments made by the Committee be reported to the Executive as part of its consideration of this item.

**63      CARERS SUPPORT SERVICE RE-PROCUREMENT**

Consideration was given to a report by the Carl Miller, Commercial & Procurement Manager, which invited the Committee to consider a report on the Carers Support Service Re-procurement, which was due to be considered by the Executive Councillor for Adult Care and Public Health between 28 February and 4 March 2022

The Carers' Support Service supported adult carers over the age of 18, young carers transitioning from early help arrangements, parent carers, former carers, and families of substance misusers. The current contract was due to expire on 30 September 2022.

A review of the service had been commissioned, which had highlighted strong service performance and no concerns with the quality and impact of the provider's service delivery. It also highlighted the need to resolve the presentation of the perceived two provider model, with a strong, single, unified service identity moving forward.

It was therefore proposed to re-commission the service in largely the same format, with the intention that the service would continue to assist the Council in meeting its legal duties to

carers, providing services for face-to-face carer assessment, eligibility determination, the planning and provision of support, authorisation of personal budgets and review.

The working assumption was that the new service will be commissioned within the current available budget. A pooled budget with multiple income sources of £1,708,868 was potentially available from existing Public Health budgets to fund the new service.

It was proposed that the contract be awarded for five years, with the option to extend for a further two years following that.

The Committee supported the recommendations to the Executive and during the discussion the following points were noted:

- There would be an opportunity within the contract to work closely in partnership with the provider to introduce further refinements as the contract progressed
- When the contract for general support services, which was currently provided by Serco and included the customer service centre element of the carers' service, was developed, it was suggested that other options were considered such as whether the customer service centre element could be provided in-house, or form a separate contract or become part of a unified service with the carers' support service element.
- A single unified service approach was strongly supported, whilst at the same time recognising the local element to service provision.
- The importance of timely assessments, both at initial contact and as a review, was stressed.
- The provision of funding for the refurbishment of Mosaic was supported.
- Assurance was provided that the budget for the carers service was sufficient.
- A breakdown of the support provided was agreed to be circulated to the Committee.
- The importance of engaging with volunteer groups was emphasised.
- The Committee requested that a progress report on the service, no earlier than April 2023, as this would enable the new provider to settle into the service.

**RESOLVED:**

1. That the recommendations to the Executive be supported;
2. That a summary of the comments made by the Committee be reported to the Executive as part of its consideration of this item.

64      RESIDENTIAL CARE AND RESIDENTIAL WITH NURSING CARE USUAL COSTS

Consideration was given to a report by the Head of Procurement – People, which invited the Committee to consider a report on Residential Care and Residential with Nursing Care Usual Costs, which was due to be considered by the Executive on 1 March 2022.

The Committee received a presentation, which highlighted the following in relation to the report:

- An overview of the Learning Disability Service, which had an annual total spend of approximately £125m per year, being one of the council's highest spend and risk areas
- Details of the programme of review for the service
- Details of the findings from Independent review
- Details of cost modelling and market engagement
- The outcome of the review of the service

The ultimate aim of the programme was to establish a new set of contracts for residential services that were both affordable to the Council, and met the Council's legal duties, along with the necessary changes and improvements that would allow for successful operation of services over the next contract duration.

It was recommended that a Usual Cost be set for the next 12 months taking into account the likely effect of changes to providers' costs, both National living Wage and forecast inflation to address non-pay costs. Given the volatility of market cost of care following the pandemic and in lieu of full details of the anticipated social care reforms, to help ensure the level of risk to the residential market was reduced and provide assurance about future income from the largest single purchaser of such care in Lincolnshire (the Council), a three-year contract with an annual rate review for years two and three was recommended to avoid Usual Costs losing pace going forward

The Committee supported the recommendations to the Executive and during the discussion the following points were noted:

- Setting the fee rates for one year from 1 April 2022 was supported, on the basis of the present climate of uncertainty and the need to let the market settle.
- Providers were able to charge above rates that had been set, which would require a third party top up.
- The exploration of block purchasing (paragraph 6.3.1) was supported, and it was understood the use of block purchasing was more likely to focus on providers of specialised services, as this would be means of securing places for Lincolnshire residents in a local setting.
- There was concern that with the rate of inflation (4%) used in the calculation of the revised rates may not be adequate, but it was understood that the care sector would approach the Council if a higher inflation rate were to persist.



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- It was confirmed that a number of the care providers also provided day care services. The Council were looking at how they could further support local providers with establishing day care services.
- The hardship fund (recommendation 6) of £1 million was supported by the Committee as a means of supporting increased utility and insurance costs from providers and was also supported by the Chair of the Lincolnshire Care Association, Melanie Weatherley. However, some members of the Committee questioned whether this level of funding would be able to meet all the requests for funding from providers.

**RESOLVED:**

1. That the recommendations to the Executive be supported;
2. That a summary of the comments made by the Committee be reported to the Executive as part of its consideration of this item.

**65      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 the Committee's future work programme, as set out on pages 98 – 101 of the agenda pack.

Following on from discussions during the meeting, the Committee welcomed the following items to be added to the work programme

- Progress on the social care reform white paper, People at the Heart of Care
- Alcohol and smoking services
- Invitation to the new provider of the Carers Service to be invited to a meeting of the Committee no earlier than April 2023
- Volunteer recruitment
- A possible item to further analyse the performance indicate relating to the number of Adult Safeguarding concerns that lead to a safeguarding enquiry

**RESOLVED:**

That the Work Programme be agreed, subject to the amendments                      proposed.

The meeting closed at 1.55 pm

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