



**ADULTS AND COMMUNITY WELLBEING
SCRUTINY COMMITTEE
7 SEPTEMBER 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, Mrs M J Overton MBE, S R Parkin and T V Young

Councillors: attended the meeting as observers

Officers in attendance:-

Andy Fox (Consultant in Public Health), David Boath (Corporate Performance Manager, Adult), Care and Community Wellbeing), Derek Ward (Director of Public Health), Glen Garrod (Executive Director of Adult Care and Community Wellbeing), Simon Evans (Health Scrutiny Officer) and Thomas Crofts (Democratic Services Officer)

17 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor M A Whittington.

18 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of interest.

19 MINUTES OF THE MEETING HELD ON 6 JULY 2022

RESOLVED:

That the minutes of the meeting held on Wednesday 6 July 2022 be approved as a correct record and signed by the Chairman.

20 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR AND LEAD OFFICERS

The Chairman advised the Committee that there was nothing specific to announce at this point.

21 ALL AGE OBESITY

Consideration was given to a report by Derek Ward, Director of Public Health and Andy Fox, Consultant in Public Health, on the challenges faced in Lincolnshire arising from growing overweight and obesity rates. The following matters were highlighted:

- Causes of obesity were multifaceted. As such, the main challenge to treating obesity was identifying the most effective and efficient methods of helping people lose weight.
- Obesity was a primary cause of poor health.
- Lincolnshire reflected the national picture regarding levels of obesity.
- Levels of obesity had increased over the past 30 years, as did associated health care and labour costs. As such, increasing levels of obesity also had an economic and environmental impact.
- Pandemic public health measures had been linked to a sharp increase in inactivity among children; however, the impacts were less significant in Lincolnshire compared to the national picture.
- More privileged sections of the population had become healthier in recent years, and obesity rates had fallen. As such, health inequalities had widened.
- Lincolnshire public health commissioned the integrated lifestyle service model – One You Lincolnshire. This was an innovative support model based on behaviour change for physical inactivity, smoking and risky alcohol use, all of which contributed to Lincolnshire’s obesity burden. Research by the University of Lincoln had demonstrated that this care model outperformed non-integrated models on every measured metric. This service was set to be recommissioned in 2024.
- Lincolnshire did not deliver the National Child Measurement Programme (NCMP) in 2020/21, due to the pandemic. A new Child and Family Weight Management Service (CFWM) was to be piloted in September 2022.
- Body Mass Index (BMI) was a useful measure of societal obesity but was not an accurate measurement for individuals. As such, BMI thresholds for accessing services were not to be used to preclude people from support.
- No Tier 3 or Tier 4 services were currently provided in Lincolnshire.

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

- Work was underway to locally map levels of physical activity and find ways to maximise benefits and opportunities for exercise.
- Deprivation was found to be a primary cause of lower levels of physical activity among children and families.
- Public health authorities were working with the food industry to find a way forward regarding advertisement of unhealthy food.
- An integrated model for solving low levels of physical activity was being pursued, which targeted societal factors rather than individual lifestyles.

- Increased communication and publicity were needed to encourage more people to pursue healthier lifestyles.
- The promotion of healthy lifestyles would see both immediate and long-term benefits in terms of people's health and savings in health care costs.
- Additional pressure needed to be put on developers and businesses in terms of licensing and planning, to encourage more active travel and healthier hospitality.

Members felt that it was a good idea to show their commitment to encouraging healthy lifestyles by engaging with weight loss and physical activity programmes themselves. Members were also interested to understand the differences between rural and urban communities.

RESOLVED:

1. That the report and comments be noted.
2. That a joint working group be set up, including Members from this Committee, the Children and Young People Scrutiny Committee and the Health and Wellbeing Board, to further investigate issues and challenges faced in Lincolnshire arising from growing overweight and obesity rates.

22 GREATER LINCOLNSHIRE PUBLIC HEALTH ARRANGEMENT UPDATE

Consideration was given to a report by Derek Ward, Director of Public Health, on the Greater Lincolnshire Public Health arrangements. The following matters were highlighted:

- The Greater Lincolnshire Public Health Pilot ('the pilot') began on 22 February, for 18 months, with a review and decision point at 12 months.
- The benefit of the new governance arrangements of the pilot were evaluated against whether a single point of oversight over the three public health authorities was better than having three separate points of oversight. Measurable benefits were starting to emerge as a consequence of the pilot.
- It was anticipated that the winter season would present strains on public health services, including new covid waves.
- The pilot was being reviewed by independent evaluation.
- Once evaluations of the pilot had concluded, a report would be brought back to this committee for scrutiny.

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

- Lincolnshire was a vast geographic area with dispersed and diverse communities. Communities were largely many miles away from each other and conditions varied vastly between market towns, manufacturing towns and coastal resorts. Additional resources had to be made available to provide for these conditions.

- The public health arrangements for Lincolnshire were complex and consisted of three different types of authorities, two different regions and one partnership.
- New levelling up proposals were anticipated, which could change the current arrangements.

Members noted that pursuing savings and a one-size-fits-all approach may impact the performance of the service.

RESOLVED:

That the report and comments be noted.

23 LINCOLNSHIRE INTEGRATED CARE SYSTEM

Consideration was given to a report and presentation by Glen Garrod, Executive Director of Adult Care and Community Wellbeing on the integrated care system (ICS) arrangements for Lincolnshire, which came into effect on 1 July 2022. The following matters were highlighted:

- The ICS established joined up working across councils, the NHS, and other partners. It removed traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services.
- Four core purposes of an ICS were:
 - Improve outcomes in population health and healthcare
 - Tackle inequalities in outcomes, experience and access
 - Enhance productivity and value for money
 - Help the NHS support broader social and economic development
- ICSs looked to establish the following principals:
 - Decisions taken closer to, and in consultation with, the communities they affect.
 - Collaboration between partners
 - Local flexibility to allow the system to identify the best way to improve the health and wellbeing
- The Lincolnshire ICS comprised of an integrated care board (ICB), the Lincolnshire Health and Care Collaborative (LHCC), an integrated care partnership (ICP) and the Health and Wellbeing board (HWB) – the make up of which was explained in the report.
- The Lincolnshire ICS was named Better Lives Lincolnshire (BLL)
- BLL's priorities were as follows:
 - Successfully recover from Covid
 - Start to turn the wellbeing dial
 - Build confidence amongst partners and citizens
- Population health management was implemented to inform intelligence-led decision making for the ICS.

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- The ICS was building on existing primary care services, bringing together GP practices, community, mental health, social care, pharmacy and voluntary services.

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

- There was no wrong place to influence in order to develop care services.
- More joined up working between local authorities and the NHS was being pursued to make best use of resources and encourage public engagement and accountability.
- Local Authorities were best placed to drive joint work with the NHS, as they more were experienced in public engagement and democratic governance arrangements.
- The ambition of greater joint working was to ensure that the care system be suitable for Lincolnshire and its residents and afford more localised decision making.
- Preventative care was always cheaper than treatment in terms of resourcing and work was needed to develop this aspect of care.

Members agreed that the ICS provided a good opportunity to establish an aspirational care system that was tailored to the needs of local residents.

RESOLVED:

That the report and comments be noted.

24 ADULT CARE AND COMMUNITY WELLBEING SERVICE LEVEL PERFORMANCE
2022/23 QUARTER 1

Consideration was given to a report by Avid Boath, Corporate Performance Manager, Adult Care and Community Wellbeing on service level performance for Adult Care and Community Wellbeing. The following matters were highlighted:

- With direct reference to the report, performance in Adult Care and Community Wellbeing for Q1 was summarised and explained, which included the following:
 - 2 measures had exceeded the target (above the target tolerance)
 - 9 measures had achieved the target (within the target tolerance)
 - 6 measures did not achieve their target (below the target tolerance)
 - 17 measures reported in total for Q1 2022/23
- Carer budget reviews showed as not achieved (74.8% against a target of 85%); however, evidence showed that the carers service was reviewing the vast majority of carers who were eligible for the review. 78% of carers who received a personal budget in the last 12 months, were still in receipt of that service at the end of the period and therefore required an annual review. Consequently, the maximum performance was fixed as 78%, so the current target of 85% was unattainable. The committee was asked to reflect on the options below:
 - a) The measure remain the same, but the target be adjusted accordingly

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- b) The cohort of carers in the denominator be adjusted to only those currently in receipt of a personal budget, and where they had been in receipt of the service for 12 months

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

- The percentage of people who were asked what outcomes they wanted to achieve during an Adult Safeguarding enquiry was measured by a target of 85% as, unfortunately, not all clients and carers could be feasibly reached for feedback.
- A pilot was planned for later in the year to target and proactively support more carers initially in coastal areas of the county.
- Additional support for substance misuse was provided for by grant funding from central government, and additional support for carers had been provided for by funding from the NHS.
- The use of intermediate care beds had increased in order to ensure appropriate discharges from hospitals, with residential care being made a priority for recovery.
- Fewer residential care units with more beds were found to be the most efficient form of care provision. However, care homes faced financial pressures over winter, and an oversupply had to be ensured to meet anticipated pressures.

Members agreed that option b was the best means to measure carer budget reviews as it ensured that monitoring of support packages were in line with client review measures.

RESOLVED:

1. That the report and comments be noted.
2. That the Committee support changes to the monitoring of the Carers' Review Performance Indicator as outlined in option b.

25 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE WORK
PROGRAMME

Consideration was given to a report by Simon Evans, Health Scrutiny Officer, which invited the Committee to consider and comment on the content of its own work programme for the coming year.

RESOLVED:

That the work programme and additional items identified in discussion, be approved.

The meeting closed at 12.51 pm