



To be submitted to the Council at its meeting on 16th December 2021

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

29th September 2021 at 4.00pm

Present:

Councillor Hudson (in the Chair)

Councillors Brasted, Furneaux, Robinson (substitute for Astbury), Rudd, Wilson and Woodward.

Officers in attendance:

- Bev Compton (Director of Adult Services)
- Eve Richardson-Smith (Deputy Monitoring Officer)
- Geoff Barnes (Interim Director of Public Health)
- Joanne Robinson (Assistant Director for Policy, Strategy and Resources)
- Guy Lonsdale (Finance Group Manager)
- Zoe Campbell (Scrutiny and Committee Advisor)

Also in attendance:

- Councillor Margaret Cracknell (Portfolio Holder for Health, Wellbeing and Adult Social Care)

SPH.19 APOLOGIES FOR ABSENCE

Apologies for absence from this meeting were received from Councillors Astbury and Croft

SPH.20 DECLARATIONS OF INTEREST

There were no declarations of interest received in respect of any item on the agenda for this meeting.

SPH.21 MINUTES

RESOLVED – That the minutes of the Health and Adult Social Care Scrutiny Panel meeting held on 4th August 2021 and the special meeting on the 19th August 2021 be agreed as an accurate record.

SPH.22 QUESTION TIME

There were no questions from members of the public for this panel meeting.

SPH.23 FORWARD PLAN

The panel received the published Forward Plan and members were asked to identify any items for examination by this Panel via the pre-decision call-in procedure.

RESOLVED – That the forward plan be noted.

SPH.24 TRACKING THE RECOMMENDATIONS OF SCRUTINY

The panel received a report from the Statutory Scrutiny Officer tracking the recommendations previously made by this scrutiny panel, which was updated for reference at this meeting.

RESOLVED – That the tracking report be noted.

SPH.25 FINANCIAL MONITORING REPORT 2021 – QUARTER 1

The panel received a report from the Executive Director of Environment, Economy and Resources providing key information and analysis of the Council's position and performance for the first quarter of the 2021/22 financial year.

Mr Lonsdale referred to the adult social care budget and explained that there was a balanced budget due to the reduction of the residential care placements because of the COVID-19 pandemic and the government continued to provide additional funds to support COVID measures needed. He confirmed that as part of the process for the next financial year, model scenarios were being looked at in terms of what the adult social care demand would look like when things returned to normal. The living wage, recruitment of staff and increased costs of care would all have an impact on the budget.

Members queried if the budget forecast was realistic because of COVID support and when it ended would this impact on the budget. Mr Lonsdale confirmed the COVID-19 funding was channelled towards adult social care and support providers as well as health funding to support pressures from hospital discharges. In terms of demand during the

pandemic, it had reduced because people were delaying taking up placements in care homes or suspended packages of care at home, due to family members being able to provide support during lockdown, Sadly, a large number of deaths that had occurred in care homes as a result of COVID had seen a reduction in residential care costs. This reduced level of demand together with additional external funding had led to the overall balanced position.

Members referred to reserves and whether there was any hidden funding that was being used to help balance the budget. Mr Lonsdale confirmed that the council held strategic health reserves on behalf of the CCG under our local partnership section 75 arrangements. This was used to invest in the adult social care system. NHS bodies were not in a position to hold reserves and, in partnership with the CCG, the council managed the budget.

RESOLVED – That the report be noted.

SPH.26 COUNCIL PLAN

The panel received the Council Plan as referred by Cabinet on 8th September 2021, seeking engagement and feedback prior to Full Council adoption.

Members queried why in the vital signs, under 75 all-cases mortality there were no indicators attached and members felt these needed to be included so they could see what they were scrutinising. Ms Robinson agreed for this information to be included.

The panel felt that it would be beneficial to include information on direction of travel so that progress could be tracked and scrutinised. Ms Robinson confirmed that the vital signs were being developed and were in draft. When the plan was launched it would include a performance framework, and performance against the vital signs would be reported through that framework. Members were concerned that they had not had chance to scrutinise the performance framework before the report went onto Cabinet. Ms Robinson advised members that at this stage, while the plan was in draft format, it was important that members were satisfied that the vital signs reflected the performance information that members required. The detail behind the vital signs would be shared through performance reporting arrangements, when members scrutinised progress. Ms Robinson agreed to include the vital signs milestones in the quarterly monitoring report as requested by a member of the panel.

Ms Robinson explained that the report was going to Full Council on the 16th December 2021 where members would have another opportunity to see the final draft and it would be monitored quarterly through the existing resources reporting arrangements.

Working with families and offering peer support to vulnerable mothers was welcomed by members. Mr Barnes confirmed that officers had recognised that the additional resource to support the enhanced model would be beneficial to this cohort of women in disadvantaged areas.

Members welcomed the work to reduce health inequalities across the borough and it was requested by a panel member that the age of death be included within the vital signs performance data.

Teenage pregnancy figures had historically been high within North East Lincolnshire and members queried why it was not mentioned in the plan. Mr Barnes confirmed there had been a general decline in teenage pregnancy, however, the figures remained high compared to other local authorities.

Smoking, specifically in pregnant women, was a concern to members who felt this needed to be reflected within the vital signs. Mr Barnes confirmed that there was not enough reliable data from the hospitals in the last year due to the pressure of COVID-19 and he explained that anyone in hospital who smoked would now be referred to the stop smoking service for help, advice and support.

Members requested to see the death rates of people who had died within 30 days of coming out of hospital. Mr Barnes said it was above expected levels but had improved in recent years. A member felt the panel had lost focus on these figures and would welcome an update at a future meeting on the mortality figures and the progress made against these results.

It was suggested by a member that the use of SMART or aspirational targets be used to within the performance framework to help during the scrutiny process.

RESOLVED –

1. That the draft council plan be noted.
2. That the feedback from the panel be referred to Cabinet for consideration in the final version of the Council Plan.
3. That updated mortality figures be submitted to a future meeting of this panel.

SPH.27 COVID-19 – IMPACT ANALYSIS

The panel considered a report which provided a narrative summary of the key points of the impact of COVID-19 in North East Lincolnshire and which formed a significant part of the Joint Strategic Needs Assessment for 2021.

Mr Barnes explained the COVID impact analysis assessed impact over a number of areas and the highest impact on health was the increase in mental health, diagnosis of long terms conditions, exacerbation of existing medical conditions and an increase in alcoholism. He reassured the panel that officers were working with the cancer teams to look at the emerging data of diagnoses that occurred because of the pandemic.

The report highlighted that adult social care as a system had suffered and had been under pressure with the additional processes and PPE guidelines that care and nursing homes had to follow if there was an outbreak of COVID-19. He also highlighted the impact felt on residents (and people in the communities) through loneliness and isolation.

The drop in face to face GP appointments was a concern for members and they asked what assurance officers could give that they would return to normal, especially given the increase in attendance at Accident and Emergency (A&E) and the concern that GP's could be using A&E as a default. Mr Barnes understood the panel's concerns and confirmed that there had been a discussion with GP's. He explained that a communication was going out to all households across the borough advising residents when to contact their GP or attend A&E.

Members queried how the system coped with the increase demand in mental health services and was their enough capacity. Mr Barnes confirmed the services were under pressure and particularly in children's mental health services. Mr Barnes felt it was not an ideal situation for people to have to wait to access services. The council's well-being services provided support with low level mental health issues and he appreciated that the long-term solutions needed to be addressed moving forward.

Members asked for a briefing at a future meeting to reassure them how effective how our mental services were compared with the demand.

RESOLVED – That a briefing on mental health services be received at a future meeting of this panel.

SPH.28 WINTER PLANNING

The panel received a verbal update on the plans being made to prepare for the winter pressures across adult social care within North East Lincolnshire.

Ms Compton talked the panel through the work that was ongoing around protecting the workforce and people from infection. Supporting access to the best quality of care as close to home as possible and sustaining the care that residents received was critical over the winter period.

Infection control in home care was a concern raised by a member and Ms Compton provided reassurance that fresh PPE was used for each

call and disposed of safely afterwards to reduce the risk of infection being picked up and transmitted.

Members queried if there had been a good response to the flu vaccine roll out. Mr Barnes said that the annual campaign had only recently begun but the early signs were positive that there would be a high uptake this year.

RESOLVED – That the update be noted.

SPH.29 MENTAL CAPACITY ACT 2005

The panel received a briefing note on the challenges arising from the pending change to the Mental Capacity Act 2005 (MCA) in the form of the Liberty Protection Safeguards (LPS) as replacement for the Deprivation of Liberty Safeguards (DoLS) and equivalent Court of Protection (CoP) processes.

Ms Compton explained the change in the MCA, and the responsibility of the local authority, the NHS and partners in implementing the changes that were to take effect from March 2022.

Members queried how long it took for the paperwork that was involved in a DoL case. Ms Compton confirmed that it would depend in the individual and whether they objected.

A member queried if the cost to implement the changes would put additional pressure on the budget. Ms Compton confirmed that there would be some additional costs to meet, which may be partly offset by savings on court costs. The council was waiting to hear about the government's proposals and guidance in relation to the implementation, then it would be clearer as to the financial implications.

Members were concerned that the NHS and children services were starting the process from scratch because of the changes to the act and they were new to the DoLS process. There was a concern that it was a lot to learn and implement within the timescale of March 2022. Ms Compton explained that adults' services within the council were familiar with the existing processes and were working on understanding the new system. The panel asked for reassurance that children's services, hospitals and the integrated care system had plans in place, how far down the line they were with the plans and would they be ready to implement the changes to the Act in time for the implementation in March 2022. As a result, it was agreed to follow this up at a future meeting with officers from each area. The panel recommended to the Children and Lifelong Learning Scrutiny Panel that it also be reassured of the same process within children's services.

The panel recommended to Cabinet that it engage with the Humber Coast and Vale (HCV) integrated care system (ICS) to highlight the existing local authority good practice in relation to the MCA and DoLS

and that Cabinet seek assurance from HCV to a “one system approach” to the implementation of liberty protection safeguards to ensure that the responsible bodies had a consistent approach to training their workforce to deliver the new guidance. The panel suggested a single approach to recruitment of Approved Mental Capacity Professionals (AMCPs) to ensure an adequate supply of appropriate workers, and a single approach to systems and data sharing, to ensure delays were avoided in placing people under the relevant safeguards. Members referred to the section 75 agreement and the panel recommended that Cabinet asked the HCV ICS to consider whether a section 75 agreement with one or more local authorities to lead the implementation of LPS would be an appropriate way forward.

RESOLVED –

1. That officers from children’s services, the NHS and other bodies be invited to a future meeting of this panel to provide reassurance on their implementation plan for the new changes to the Mental Capacity Act with effect from March 2022.
2. That it be recommended to the Children and Lifelong Learning Scrutiny Panel that it also be reassured of the same process within children’s services.
3. That Cabinet be recommended to engage with the Humber Coast and Vale integrated care system to highlight the existing local authority good practice in relation to the Mental Capacity Act and deprivation of liberty safeguards.
4. That Cabinet be recommended to seek assurance from Humber Coast and Vale to a “one system approach” to the implementation of liberty protection safeguards to ensure:
 - Responsible bodies have a consistent approach to training their workforce to deliver the new guidance.
 - A single approach to recruitment of Approved Mental Capacity Professionals (AMCPs) to ensure an adequate supply of appropriate workers.
 - A single approach to systems and data sharing, to ensure delays are avoided in placing people under the relevant safeguards.
5. That Cabinet be recommended to ask the Humber Coast and Vale integrated care system to consider whether a section 75 agreement with one or more local authorities to lead the implementation of LPS would be an appropriate way forward.

SPH.30 QUESTIONS TO PORTFOLIO HOLDER

There were no questions for the portfolio holder at this meeting.

SPH.31 CALLING IN OF DECISIONS

There were no formal requests from Members of this panel to call in decisions taken at recent meetings of Cabinet.

There being no further business, the Chair declared the meeting closed at 5.52 p.m.