



To be submitted to the Council at its meeting on 20th March 2025

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

29th January 2025 at 4.30pm

Present:

Councillor Freeston (in the Chair)
Councillors Cairns, Crofts (substitute for Parkinson), Henderson, Jervis,
Kaczmarek (substitute for Wilson) and K Swinburn

Officers in attendance:

- Katie Brown (Director of Adult Services)
- Zoe Campbell (Senior Scrutiny and Committee Advisor)
- Helen Kenyon (Place Director – Humber and North Yorkshire Integrated Care Board)
- Diane Lee (Director of Public Health)
- Eve Richardson-Smith (Service Manager – Consultancy, Law and Governance)
- Stewart Watson (Safeguarding Adult Board Business Manager)

Also in attendance:

- Sue Cousland (East Midlands Ambulance Service)
- Chief Superintendent Paul French (Humberside Police)
- Katrina Goodhand (Health Care Partnership Project Manager – Mental Health)
- Ann Morgan (NAVIGO)
- Alistair Smith (East Midlands Ambulance Service)
- Janice Smith (NAVIGO)
- Councillor Shreeve Portfolio Holder for Health, Wellbeing and Adult Social Care

There was one member of the press and no members of public present at the meeting.

SPH.27 APOLOGIES FOR ABSENCE

Apologies for absence were received for this meeting from Councillors Clough, Parkinson and Wilson.

SPH.28 DECLARATIONS OF INTEREST

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

SPH.29 MINUTES

RESOLVED – That the minutes of the Health and Adult Social Care Scrutiny Panel meeting held on 25th September 2024 be agreed as an accurate record.

SPH.30 QUESTION TIME

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

SPH.31 FORWARD PLAN

The panel received the current 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.32 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 report be noted.

SPH.33 EAST MIDLANDS AMBULANCE SERVICE

The panel received a presentation from East Midlands Ambulance Service (EMAS) updating the panel on performance, training and recruitment.

A member referred to mental health emergency care and queried if there was a car operating in across Lincolnshire. Ms Cousland confirmed that this vehicle pilot scheme was based in Nottingham and there was no plans to introduce this service with EMAS locally.

There were concerns raised by a member about the high number of perceived repeat callers to the 999 emergency number for mental health issues and queried how these cases were being managed. Ms Cousland highlighted that there were staff within the call centre that were trained specialised mental health technicians and were able to triage those patients, via video triage if required, to the appropriate services and pathway.

Ms Cousland reassured the panel that every caller to the 999 emergency number was treated the same no matter how many times they called. She explained there were specialist intervention services that could help and advice these types of callers to use specialist pathways rather than emergency departments.

A member queried whether there was a delay in transferring patients into the acute hospital, and whether there was any issue with corridor care. Ms Cousland explained that it was a whole system issue and that EMAS was working closely with the Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG) to reduce hand over times down to a maximum of 45 minutes initially, with a view to then reducing the handover time down further. She reassured the panel that critical cases were phoned ahead in advance and the A&E team would then be ready for the patient so there was no wait or hand over delay. Ms Cousland also explained that there was an agreement with NLAG that if there were category one calls (most life threatening) and no ambulances available because they were waiting at the hospital to hand over patients, there was a procedure in place to allow them to handover patients immediately and release the ambulance to enable it to attend the emergency.

Following on from this question, the effect on the workforce was queried by a member. Ms Cousland agreed it did affect the workforce and that senior managers were visible to support staff. This included visiting the A&E department to check on the welfare of their staff and the introduction of a "Chatty Café" for staff to drop in and talk to them. There was also a direct line to managers if the team had dealt with a difficult call out, and the reintroduction of the Station Manager role was extremely successful for welfare and support of staff. Mr Smith noted that the attrition rate was the lowest across the division and felt that the welfare of staff was reflected in that.

A member raised concerns, based on figures provided, that the workforce was under established. Mr Smith confirmed the reported data was out of date. This information would be updated and recirculated to the panel.

Ms Cousland explained that EMAS had received additional funding for rapid recruitment, but it could take 2 years for someone to gain all the experience required to become fully proficient.

The category one responses times were raised as a concern by a member as they were not in line with the national average requirements. Mr Smith explained that it was not where they wanted to be and that a lot of work was taking place to ensure that, where appropriate, people were passed to other services using agreed pathways. This would ensure that the individual received the right service to meet their need, and the ambulance service was able to then focus on category 1 and 2 calls, the most clinically and critically urgent. Mr Smith confirmed that the focus was on category 1 calls, however, patients who were classified as another category following initial assessment were regularly reviewed and reprioritised if their condition got worse.

A member highlighted a spike in calls in January 2025 when there were 466 calls without responses. Ms Cousland explained that EMAS declared a critical incident on 5th January 2025 due to the extremely high numbers of callers compared with the number of ambulances. As a result, they received support from the system and ensured that ambulance hand over times were no more than 20 minutes to release crews to go to other calls. Ms Cousland noted that the management by EMAS and support from partners in relation to the critical incident had been well coordinated and communicated.

Members were keen to understand how councillors could help to get people the treatment they needed. Ms Cousland explained it was about educating people in their communities to use the right service at the right time. Making every contact count, explaining other options and passing the word around.

RESOLVED – That up to date attrition data for 2023/2024 be circulated to members of this panel.

SPH.34 ALL AGE MENTAL HEALTH STRATEGY 2023 – 2028 – UPDATE

The panel considered a report updating them on the implementation of the All Age Mental Health Strategy across the Health and Care Partnership and the wider voluntary and community sector.

A member queried what the impact of people with experience had on the development of the strategy. Ms Goodhand explained that it had been extremely useful in terms of their knowledge and experience was invaluable. She referred to how the voluntary and community sector had supported them to attend meetings and be part of the resident listening events.

Members queried the waiting times for mental health service appointments. Ms Goodhand explained that the appointments could vary depending on which mental health services patients were accessing. She confirmed that the purpose of 'waiting well' was so that

patients understood why there were delays and to allow advice and self-help to be provided during their wait.

A member queried the cost of implementing the policies. Ms Kenyon referred to the importance of the policies and targets and explained that the services really wanted to make a difference. This strategy was a reminder to all services about how they improve services and use the principles in everything they did.

Members thought the strategy was clear and accessible. It referred to the next steps and communication was a priority. A member asked if this was used by partners. Ms Goodhand explained that the biggest focus was the way organisations communicated with each other so that people only told their story once. It was key that partners didn't work in silos and by working together it would help to achieve outcomes set out in the strategy.

RESOLVED – That the update be noted.

SPH.35 NAVIGO

The panel received a presentation explaining how NAVIGO were supporting mental health across our community.

Members referred to the rise in caseloads and whether expectations of services levels amongst service users were realistic. They appreciated that demand levels were high and asked what the plan was and how could members help. Ms Smith confirmed that there had been an increase in mental health referrals since Covid. She highlighted that it was everyone's business, and that working with the wider system to address people's mental health needs was crucial. Ms Morgan explained that they had completed a detailed capacity analysis to understand the demand, complexity and capacity of services. This highlighted that community based services and support were crucial.

A member asked from an Integrated Care Board (ICB) perspective, what was the response to mitigate the demand. Ms Kenyon explained that the ICB had been working with the Health and Care Partnership (including the voluntary and community sector) as part of the North East Lincolnshire mental health alliance to co-design services and, where appropriate, access additional funding streams to support service delivery. It was noted that, as a community interest company, Navigo was not always seen as a member of the NHS and therefore couldn't always apply for national funding. However, the ICB had been working with the national teams to ensure that this anomaly was corrected as NAVIGO was very much seen as a part of the NHS by the ICB.

The current wait times for children's neurodiversity being over a year was a concern for the panel and a member queried if there

was support for the wider family during this time and how could the wait time be reduced? Ms Smith said there were issues with capacity versus demand. In January 2025 a new pathway was launched with efficiencies built in to reduce the wait times and for people waiting there were support groups and regular calls to them in the interim.

Ms Smith explained that the impact of the new pathway would be seen over the next few months and that they were still performing better than other areas for the under 5 year olds, where it was important to try to get in early so they got the right start in life.

The panel discussed funding and appreciated that being a social enterprise whilst still being part of the NHS family had its challenges and complexities. Ms Smith reassured the panel that it was the right model for NAVIGO.

RESOLVED – That the updated be noted.

SPH.36 SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2023/2024

The panel received the North East Lincolnshire Safeguarding Adults annual report 2023/2024.

A member of the panel was concerned about services being over stretched, especially for police officers, due to the increase use of resources to deal with challenging and complex mental health cases.

Chief Superintendent French explained that in those cases where there was a risk but that person was not an emergency, the police worked with other agencies to provide individual support. He explained that the strategic plan within the report was about assurance to the community that services were safe by having evidenced based guidance and being clear about the board's expectations. This was welcomed by the panel.

RESOLVED – That the report be noted.

SPH.37 QUESTIONS TO PORTFOLIO HOLDER

There were three questions for the Portfolio Holder for Health and Adult Social Care from Councillor Henderson.

Can the Portfolio Holder give an update on the outputs from the NHS service review in the patch, and in particular comment on the implications of the potential closure of Goole Hospital?

Councillor Shreeve, Portfolio Holder for Health and Adult Social Care, confirmed that no decision had been taken to close Goole Hospital

which was a national centre for recuperation with a number of specialist areas.

Can the Portfolio Holder give an update on the Adult Social Care budgetary position at end of December with reference to whether we were on plan, forecasting closing the year within budget and providing an update on actions to use surpluses or mitigate risk of deficits?

The Portfolio Holder was unable to talk about the specifics until the budget had been published. However, he explained that there had been a significant improvement and the deficit was much lower than in previous years. He reassured the panel that adult social care officers were working hard to manage the deficit by the end of the year.

Recent Member training highlighted the growth in the percentage of council budgets that were being allocated to Adult Social Care. Can the Portfolio Holder share his views on the extent to which the percentage allocation is expected to rise next year, based on current indicative plans?

The Portfolio Holder explained that the budget process was underway and would be going to full Council in February 2025 for sign off. He referred to the graphs that showed the increase in life expectancy and the demands on adult social care. It was understandable that the percentage over the overall budget would increase over the coming years. He explained that, indicatively, the budget envelope next year was predicted to be about 38% of the total budget, compared to the current year which was 34.5%. Given the development of the 10 year plan by the current Government was evolutionary and there were three platforms from that, which were digital from analogue, prevention rather than treatment and community. Joining all that together would be a challenge for the system especially having proper triage in the primary area of health and adult social care, which the Portfolio Holder felt would be the big challenge going forward and the only way to see the percentages stabilise and maybe reduce if that challenge was met.

SPH.38 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 6.16 p.m.