



To be submitted to the Council at its meeting on 26th September 2024

## **HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL**

**24<sup>th</sup> July 2024 at 4.30pm**

### **Present:**

Councillor Wilson (in the Chair)  
Councillors Cairns, Clough, Henderson, Jervis and Parkinson.

### **Officers in attendance:**

- Katie Brown (Director of Adult Services)
- Zoe Campbell (Senior Scrutiny and Committee Advisor)
- Guy Lonsdale (Deputy Section 151 Officer)
- Joanne Robinson (Assistant Director Policy, Strategy and Resources)
- Eve Richardson-Smith (Service Manager – Consultancy, Law and Governance)

### **Also in attendance:**

- Councillor Shreeve (Deputy Leader and Portfolio Holder for Health, Wellbeing and Adult Social Care)

There were no members of the press and three members of public present at the meeting.

### **SPH.1 APPOINTMENT OF CHAIRMAN AND DEPUTY CHAIRMAN**

It was noted that at the Annual General Meeting of the Council held on 23rd May 2024, Councillor Wilson had been appointed the Chair and Councillor Freeston the Deputy Chair of the Health and Adult Social Care Scrutiny Panel for the ensuing Municipal Year.

### **SPH.2 APOLOGIES FOR ABSENCE**

Apologies for absence were received for this meeting from Councillor K. Swinburn.

### **SPH.3      DECLARATIONS OF INTEREST**

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

### **SPH.4      MINUTES**

A member referred to actions from the minutes in the tracking, Ms Campbell confirmed that she would cross reference the minutes from the last meeting to ensure all actions were captured in the tracking report.

RESOLVED – That the minutes of the Health and Adult Social Care Scrutiny Panel meeting held on the 20th March 2024 be agreed as an accurate record.

### **SPH.5      QUESTION TIME**

There was one question from a member of the public for this panel meeting.

Mr Nunn asked whether, given the recent experiences I have had with my father's social care in Grimsby, the panel was aware of how the denial of choice, and abject failure to communicate with those they had a duty of care to, as well as their families, was causing harm, increasing the risk of ongoing burden to services and exposing the council to legal liabilities.

Ms Brown replied that she was concerned about residents' recent experiences and that although the panel were unable to discuss individual cases in public, she would be happy to pick this up outside of the meeting, especially if there were any safeguarding concerns.

### **SPH.6      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.

Regarding the North East Lincolnshire All Age Housing with Care Strategy, members queried the implications on the delay with the report going to Cabinet. Ms Brown confirmed the delay was to align with the other strategies that were relevant and were still being finalised, particularly the Homelessness Strategy. The panel agreed for the report to be added to a future agenda for pre-Cabinet scrutiny.

RESOLVED –

1. That the forward plan be noted.

2. That the All Age Housing with Care Strategy be submitted to the meeting of this panel in September 2024 for pre-decision scrutiny.

## **SPH.7      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.

Ms Lee confirmed to the panel that the tracking item SP.33, Public Health workshop, was scheduled for the 30<sup>th</sup> July 2024 and would cover services budgets and grant spend.

At SPH.35, Section 75 Agreement, members queried what mechanisms were in place to ensure that the adult social care budget would not be adversely impacted by any cost cutting measures in the North Lincolnshire and Goole Hospital Trust. Councillor Shreeve explained that the Place revenues were made up from contributions from the local authority and health. The mechanism for the governance of this was through the Joint Committee that was made up of officers from the Integrated Care Board (ICB) and Members and officers from the Council.

RESOLVED – That the report be noted.

## **SPH.8      2023/24 COUNCIL PLAN YEAR END PERFORMANCE AND PROVISIONAL FINANCIAL OUTTURN REPORT**

The panel received a report from the Portfolio Holder for Finance, Resources and Assets providing key information and analysis of the Council's plan year end performance and provisional financial outturn review 2023/24.

A member queried what checks and balances were carried out in terms of the number of home care visits for residents and how often care packages were being reviewed. They felt there was no incentive for people to cancel their care if it was not required. Ms Brown explained that 92% of support at home across the borough was delivered via the contracted framework which was a high percentage when compared to other councils. Focus carry out annual reviews where there was challenge around the service that was delivered.

Ms Brown agreed to look at the data and pick out any trends to see if there were any systemic issues that would correlate that a high proportion of home care visits were being cancelled. The panel agreed to receiving this data before deciding whether their concerns should be referred to the Audit Governance Committee.

The panel were reassured by Mr Lonsdale that officers carried out bench marking when it came to budget setting which took into account cost, performance and demographics. The information was fed back to services to act as a starting point to help with budget setting and address some of the challenges around efficiency and effectiveness to overall service delivery rather than case by case.

Members were keen to understand how much of the reserves drawn down and how much of the receipts from sale of capital assets went into adult services. Mr Lonsdale explained that the flexible use of capital receipts policy was approved by Full Council. He highlighted that £3m went to support transformation activities in adult social care and this was funded from reserves and flexible use of capital receipts.

The panel enquired about risk movement and mitigation measures. Mr Lonsdale explained that the main concern was the aging population, and this was supported by a finance resilience assessment. Mitigation included liaising with Government about the local government funding model and fair funding, and this was linked to funding mechanisms for adult social care.

Ms Brown explained that there was a focus on preventative services particularly rehabilitation and enablement service reviews and the introduction of strength-based practice. She highlighted that the aim was to intervene before someone became eligible for long term care and support services.

Referring to the key challenges, a member asked at what stage the council would be involved if service providers increased their prices. Ms Brown explained that the cost of care for contracted providers was set by the council. For those not on the framework then the council was not at liberty to use them. The council had received a government grant (Market Sustainability Improvement Fund) which had been used to support provider inflationary uplift. Mr Lonsdale said the two main cost increases were the minimum wage and utility costs for care homes with providers

A member queried who were the cohort out of the 47.9% who received a full assessment who then went on to receive a package of care and what was the criteria. Ms Brown explained that there was work being undertaken with Focus around the triage and front door processes to understand why this indicator was not at the required level. The approach to strength-based practice was being developed with practitioners across the community interest companies. Members asked for a briefing paper to understand further the current performance of this indicator and then, in the future, an update on how the introduction of strengths based practice had impacted.

The public health revenue budget was reported differently, and members asked why this was the case. Ms Lee confirmed that the investment was received corporately, and it covered the different services such as Healthwatch that it didn't reflect the public health grant. Mr Lonsdale explained that because it was allocated to different services it was reported on an exception basis, however, it was reported in the main budget report submitted to Full Council in February every year.

A member queried how much was spent on health advocacy services for asylum seekers. Ms Lee agreed to provide this information in a briefing paper for the panel.

RESOLVED –

1. That the report be noted.
2. That an update be provided to this panel about the issue raised by members relating to the cancellation of support at home calls
3. That a briefing paper be provided to this panel giving further detail about the indicator relating to assessments.
4. That a briefing paper be provided to this panel setting out how much was spent on health advocacy services for asylum seekers.

## **SPH.9      DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT**

The panel considered the Director of Public Health annual report which was approved by the Health and Wellbeing Board at its meeting held on the 8<sup>th</sup> July 2024.

Members were concerned about the number of section 21 eviction notice cases and asked what measures were put into place around reducing homelessness. Ms Lee explained that it was a system issue and there was work being undertaken to understand why the rates look so differently in North Lincolnshire compared with North East Lincolnshire and were there any lessons to be learnt. She agreed there was a need to focus on wider determinants of health targeted to those who need them the most to reduce health inequalities.

The Chair welcomed the report and wider determinants of health and was concerned about increasing drug scene and the impact that had on residents. He felt that there needed to be some measure in place to monitor the impact on health, the economy and victims of crime.

The panel noted that there were numerous natural assets across the borough including parks, open spaces, and beaches, to encourage and promote healthy living and suggested that this be incorporated in a future report. Ms Lee agreed and would take this forward.

Members were concerned about childhood obesity and the increase in the number of convenience stores and takeaway food outlets, especially in deprived areas of the town. Ms Lee referred to the healthy weight services that were available and agreed there was more work to be done going forward around our obsession with junk food and the availability of healthy affordable food.

Members reflected on the wider council services and queried what levers we could use, for example planning tools and the local plan, to reduce the number of fast food outlets. Ms Lee explained that there was healthy weight initiative that was not explored and that there was a framework to develop what we do in schools. She also referred to food provision in hospitals as an example that partner organisations had a role to play.

RESOLVED – That the report be noted.

## **SPH.10 HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL – WORK PROGRAMME**

The panel considered a report from the Assistant Chief Executive (Statutory Scrutiny Officer) reflecting on the work undertaken by the Health and Adult Social Care Scrutiny Panel during the 2023/24 municipal year and seeking approval of its 2024/25 work programme.

The panel agreed the work programme, subject to the inclusion of inviting NAVIGO to a future panel meeting to explain to the panel about the work going on around mental health provision, including the crisis team.

The panel agreed that a list of questions would be gathered and sent to for the East Midlands Ambulance Service in advance of them attending a future panel meeting.

RESOLVED –

- 1) That the Health and Adult Social Care Scrutiny Panel work programme for 2024/25 be agreed, subject to the inclusion of inviting NAVIGO to a future meeting of this panel to discuss mental health provision.
- 2) That a list of questions be gathered and sent to for the East Midlands Ambulance Service in advance of them attending a future meeting of this panel.

## **SPH.11 QUESTIONS TO PORTFOLIO HOLDER**

Councillor Henderson noted that the demand for Adult Social Care was rising and children were leaving care with mental health issues, lack of access to employment and training, and increasing rates of homelessness. This added further strain. This problem was being

exacerbated by the shift in our local demographics which showed our population getting older and unhealthier. The impact of this, on our local economy, was likely not trivial and there was a need to think differently. New funding models, which could support our social care were emerging. Other councils were creating sustainability funds through levies on vendors from whom they buy services. They were looking at private sector partnerships as they see, for example, Private Equity firms profiteering from the demand for social care (especially in children's services, but also in adults). Other countries were looking to new service provision models which has seen the creation of villages (such as dementia villages) where people lived together in a supportive way and received rent rebates. The Chancellor of the Exchequer had spoken of making changes to the way government pension pots could be reinvested to prime work that made a return in investment but created social value. He asked if it was now the time to look at this kind of new funding and service models to see if there was anything in them for us, and would the Portfolio holder support the creation of a working group to investigate the issue?

Councillor Shreeve felt the proposal was operational and he did not think it was for members to investigate. Like with any plan and strategies across the Council that had been developed there was an opportunity for members of the relevant scrutiny panels to input/feedback and challenge. Once the plan was in place and highlighted with risk, there were regular reports back to scrutiny panels. Councillor Shreeve was confident that the Adult Social Care and Public Health teams were constantly checking the horizon for all funding opportunities. He explained that we didn't know what policies were going to come out from the new government and this could cause a problem with timing. Councillor Shreeve reminded the panel that they had the ability to set up a working group or select committee if required.

## **SPH.12      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 6.32 p.m.