



HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

26th November 2025 at 4.30pm

Present:

Councillor Lindley (in the Chair)

Councillors Clough, Crofts, Freeston, Henderson, Kaczmarek, K. Swinburn and Wilson.

Officers in attendance:

- Paul Bassett (Assistant Director of Adult Social Services)
- Liz Brummer (Strategic Lead – Finance and Deputy 151 Officer)
- Zoe Campbell (Senior Scrutiny and Committee Advisor)
- Lindsay Hudson (Acting Consultant in Public Health)
- Diane Lee (Director of Public Health)
- Joanne Robinson (Assistant Director Policy Strategy and Resources)

Also in attendance:

There was one member of the press or public present at the meeting.

SPH.25 APOLOGIES FOR ABSENCE

No apologies for absence were received for this meeting.

SPH.26 DECLARATIONS OF INTEREST

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

SPH.27 MINUTES

RESOLVED – That the minutes of the Health and Adult Social Care Scrutiny Panel meeting held on 1st October 2025 be agreed as an accurate record.

SPH.28 QUESTION TIME

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

SPH.29 FORWARD PLAN

The panel considered 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.30 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.31 COUNCIL PLAN PERFORMANCE REPORTING

The panel received a report that outlined the steps that were being taken to improve the quality of performance reporting and the context for scrutiny members.

Members praised the recent training session on the dashboard and highlighted the importance of clear background wording on reports.

A member cautioned against using RAG (red, amber, green) ratings for enforcement indicators, suggesting that factual numbers and commentary would be more appropriate to avoid implying targets.

A member questioned the 44% of indicators without targets, suggesting that if an indicator could not be appropriately managed with a target, it should be removed. It was suggested reducing the total number of dashboard indicators from 120 to around 80.

The member also suggested adding a list of dashboard enhancements to the dashboard itself for transparency and requested the inclusion of historic data for footfall in Freshney Place to assess the impact of the Community Diagnostic Centre (CDC).

Ms Robinson explained that the upcoming Council Plan refresh was going to Cabinet in December 2025 and all scrutiny panels in January 2026 which would provide an opportunity for scrutiny panels to review and recommend changes to the supporting indicators.

RESOLVED – That the report be noted.

SPH.32 QUARTER 2 2025/26 COUNCIL PLAN PERFORMANCE AND FINANCE REPORT

The panel considered a report from the Portfolio Holder for Finance, Resources and Assets providing key information and analysis of the council's performance and financial position at the end of quarter 2 2025-26.

A member queried the adult services budget overspend asking whether support was provided regardless of budget constraints. Mr Bassett explained that pressures stemmed from individuals not moving out of services and an increase in people presenting with complex health and social care needs. A consultancy had been engaged to review front-door services, with work commencing in January 2026, aiming to optimise resource use and explore voluntary and community support options.

Concerns were raised by a member about the number of reviews undertaken which, despite increasing by over 300, remained below target. Mr Bassett explained that this was attributed partly to the re-procurement of support at home, requiring reviews for clients with agencies that lost contracts, and reassured members that this was being addressed.

A member enquired about the growth in demand for maternal mental health support. Ms Kenyon explained that increased promotion and awareness had led to more women seeking help. She detailed national statistics (1 in 5 women experiencing problems) and local contributing factors, including high deprivation, domestic abuse, substance misuse, early childhood trauma, social isolation, housing instability, cost of living pressures, birth trauma, pre-existing mental health conditions, and premature births. A comprehensive overview of available services was provided, including the Maternal Well-being Service, Growing Well Together/PAIRS, Specialist Perinatal Mental Health Service, Maternal Mental Health Service, NHS Talking Therapies, and VCSE sector support.

Ms Lee highlighted the need for a dedicated Women's Health Strategy, similar to the recently published Men's Strategy, to address broader life events impacting women's health outcomes.

A member asked about a hospital service for reviewing birth stories (post-birth debriefing), enquiring if it was still available and sufficiently promoted. Ms Kenyon agreed to investigate this.

A member referred to a specialist parent and infant relationship nurse from the Growing Well Together team, was keen to present her work to the panel or invite members to a team meeting. The panel expressed interest in this.

A member questioned why the placement of domestic abuse funding was within Public Health whilst the indicators appeared in Adult Services. Ms Lee clarified that the indicator was within the Public Health section of the dashboard and suggested reporting on the number of people accessing support, not just police incidents.

Concerns were raised by a member about sustaining the digital strategy in health and adult social care amidst ICB disruption. Ms Kenyon confirmed a Health and Care Partnership digital plan focused on key priorities (NHS app, medical systems transformation) was being developed and offered to provide an update at a future meeting.

It was suggested by a member that the panel received a briefing on domestic abuse, given its recent move under public health, with a view to potentially adding it to the work programme. A discussion ensued regarding the appropriate scrutiny panel, as portfolio holder responsibility lied with the Portfolio for Safer and Stronger Communities.

The Chair acknowledged the crossover with other panels and suggested raising the matter at the Executive and Scrutiny Liaison Board. A member strongly advocated for domestic abuse scrutiny to move within the remit of Health and Adult Social Care Scrutiny Panel.

Following a discussion, the panel unanimously voted to recommend to the Executive Scrutiny Liaison Board that the scrutiny of domestic abuse services fell under the remit of the Health and Adult Social Care Scrutiny Panel. It was also agreed to request a briefing paper for the panel to become fully informed on the service.

RESOLVED –

1. That the report be noted.
2. That updates on digital opportunities within health and the impact of the ICB changes be received at a future meeting of this panel.
3. That an update on the hospital service for reviewing birth stories (post-birth debriefing), if it was still available and sufficiently promoted, be received at a future meeting of this panel.
4. That this panel receive a briefing paper to become fully informed on the domestic abuse service.
5. That it be recommended to the Executive and Scrutiny Liaison Board that the scrutiny of domestic abuse services falls under the remit of the Health and Adult Social Care Scrutiny Panel.

SPH.33 JOINT HEALTH AND WELLBEING BOARD STRATEGY

The panel received the joint Health and Wellbeing Board strategy ahead of it going to Full Council at the meeting on the 11th December 2026.

A member felt that the strategy lacked a specific mention of societal drug issues. Ms Hudson clarified that drug issues fell under the community section (crime prevention/safety) and that the strategy influenced and was influenced by specific drug and alcohol services. Ms Lee offered to present the Northern Lincolnshire substance misuse strategy to the panel at a future date, which members welcomed.

It was suggested by a member that adding a line to the strategy to explicitly link it to other relevant strategies should be considered.

A member highlighted the concerning trend of a greater decline in female life expectancy. Ms Lee explained this was a complex issue linked to perinatal mental health, the need for a Women's Health Strategy, and all broader determinants of health.

The strategy was praised by a member as visionary, clear, and a strong vision statement, emphasising the importance of translating it into a clear mission, objectives, and tactical actions.

A member agreed on the necessity of a strategy and vision but questioned how key performance indicators (KPIs) would measure progress in areas like healthy life expectancy and mental well-being. Ms Hudson confirmed that measures would align with the Marmot agenda and have a dedicated dashboard.

The stark statistic of the borough being the 29th most deprived authority in England was highlighted by a panel member, who enquired about the strategy's presentation to other scrutiny panels, given its broad scope. Ms Lee clarified that it would proceed to Cabinet and Full Council, becoming a strategic council document, and then filter down to relevant scrutiny panels for their specific areas of focus. The Health and Well-being Board would be responsible for its overall monitoring.

Ms Hudson confirmed that the strategy had received input from various portfolio areas via the Assistant Directors Group, ensuring an inclusive development process.

RESOLVED – That the report be noted.

SPH.34 NHS 10 YEAR PLAN

The panel received an update to understand the impact for North East of the NHS 10 year plan.

The Chair questioned how residents, particularly in deprived areas, would be reassured that this plan represents a tangible difference, especially given ongoing GP access issues. Ms Kenyon explained that efforts included changing the narrative by highlighting successful practises with daily appointments, GPs working in children's centres, and starting with small-scale interventions for individuals with complex needs before scaling up. She noted that North East Lincolnshire's existing direction of travel aligned well with the plan.

A member expressed scepticism about repeated 10-year plans and the lack of tangible improvements in GP and dentistry access. The member suggested more direct interventions, such as penalties for missed appointments or dentists visiting schools. Ms Kenyon responded by outlining existing initiatives such as supervised toothbrushing by the neighbourhood health programme's ground-level teams and the role of the NHS app in appointment reminders.

The member also highlighted persistent IT system interoperability issues between GP practises (System One) and hospitals. Ms Kenyon explained the NHS was not a single entity, with independent providers choosing their own systems, and ongoing efforts were focused on developing single patient records and interoperability solutions (e.g., Black Pair which enables systems to "talk to each other").

A member emphasised the need for radical change and asked about the selection process for neighbourhood health programme sites. Ms Kenyon explained that selection was based on willingness from providers, discussions with public health and social care, and data indicating areas of greatest need, citing Meridian PCN and parts of the Grimsby town centre area.

A member enquired about the plan's aim for mental health emergency departments to be co-located or close to A&E units. Ms Kenyon confirmed that Grimsby Hospital and Navigo already effectively operated this model, with Navigo House providing 24/7 crisis support, meaning North East Lincolnshire already met this aspiration.

RESOLVED –That the update be noted.

SPH.35 WORK PROGRAMME UPDATE 2025/26

The panel received a report from the Statutory Scrutiny Officer providing panel members with the opportunity to reflect on the progress of the panel's work programme at the half year stage and provide a formal opportunity for the panel to update its work programme.

The panel felt that the having a theme for each meeting to focus on worked well.

Members agreed to add an update on the digital and AI strategy to be added to the Work Programme.

RESOLVED –

1. That the work programme be noted.
2. That an update on the digital and AI strategy be added to the work programme.

SPH.36 QUESTIONS TO PORTFOLIO HOLDER

There were no questions for the Portfolio Holder for Health and Adult Social Care.

SPH.37 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 6.40 p.m.