



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

**28<sup>th</sup> January 2025 at 4.30pm**

### **Present:**

Councillor Lindley (in the Chair)  
Councillors Augusta (substitute for Wilson), Crofts, Freeston, Henderson,  
Kaczmarek and K. Swinburn

### **Officers in attendance:**

- Paul Bassett (Assistant Director of Adult Social Services)
- Katie Brown (Director of Adults, Housing and Communities)
- Liz Brummer (Strategic Lead – Finance and Deputy 151 Officer)
- Zoe Campbell (Senior Scrutiny and Committee Advisor)
- Helen Kenyon (Director of Place – Integrated Care Board)
- Diane Lee (Director of Public Health)
- Joanne Robinson (Assistant Director Policy Strategy and Resources)
- Eve Richardson Smith (Head of Law and Assurance)
- Stewart Watson (Safeguarding Adult Board Business Manager)

### **Also in attendance:**

- Councillor Shreeve – Portfolio Holder for Health Wellbeing and Adult Social Care
- Lee Mair – Chief Executive (Focus)

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

### **SPH.38 APOLOGIES FOR ABSENCE**

Apologies for absence were received for this meeting from Councillor Wilson and Councillor Clough.

### **SPH.39 DECLARATIONS OF INTEREST**

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

#### **SPH.40 MINUTES**

RESOLVED – That the minutes of the Health and Adult Social Care Scrutiny Panel meeting held on 26<sup>th</sup> November 2025 be approved as an accurate record.

#### **SPH.41 QUESTION TIME**

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

#### **SPH.42 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.43 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.44 ADULT SAFEGUARDING**

The panel considered the adult safeguarding data from FOCUS who provide adult social care across North East Lincolnshire.

A member raised concerns about service user outcomes, perceptions, unmet expectations, and the potential for early case closure or inappropriate triage. Mr Mair clarified that cases were closed when safeguarding work was complete, with further support potentially transitioning to general social work. He acknowledged that full satisfaction was not always achievable due to the emotive nature of safeguarding. Ms Brown explained commissioner oversight was achieved through the Social Work Assurance Board and the close working relationship between the Principal Social Worker and the safeguarding team. She emphasised the importance of professional curiosity beyond strict thresholds and connecting information from multiple low-level notifications.

A member enquired about dispute or legal cases. Ms Brown confirmed awareness of one long-standing case, noting such cases were rare.

A member praised the clarity of most graphs but highlighted that the "Decision Making at Triage" graph lacked numerical values for some categories.

Regarding open cases, a member questioned why approximately a dozen cases were over a year old. Mr Mair attributed this to holding cases, police interventions, and complex family disputes, acknowledging a need to review how such cases were categorised such as those awaiting coroner or court outcomes.

On the desired outcomes (not known), concern was expressed by a member about the significant proportion in this category. Mr Mair explained this often related to capacity issues or refusal to share views, and confirmed work was underway to disaggregate this category and explore alternative information sources, for example, family advocacy.

A member noted the difficulty of triage and the value of "professional curiosity" and asked if open cases were categorised by risk level and if data could be provided on high-priority cases experiencing delays. Mr Mair confirmed that cases were prioritised and allocated based on complexity and worker experience, with daily team meetings reviewing categorisation. He agreed to provide numerical data on high-priority delayed cases.

A member raised concerns about the reassessment of care packages and accountability for public funds, citing anecdotal evidence of unnecessary care or service refusal. Mr Mair stated that Focus monitored care packages, with reviews typically annual or more frequent if situations were unsettled. He noted that care providers did report when care was no longer needed. The member challenged this, citing anecdotes from carers about clients refusing entry but still receiving paid visits. He proposed inviting frontline carers (anonymously) to the panel.

Ms Brown outlined recent process changes to intermediate care and acknowledged a backlog of reviews (identified through vital signs). She referred to the transformation programme, which was aimed at improving review processes and promoting strengths-based practise. She also mentioned the single-handed care programme, which reduced care package costs for those who require two carers for every support call.

In response to inviting frontline carers, the Chair expressed reservations about exposing individuals and suggested that officers provide feedback first.

A member made a counter-proposal requesting data on instances of people being turned away from front doors to establish facts rather than relying on anecdotes, which was supported by the panel.

A member suggested the data should also encompass the need for double-up care versus single-handed care. Ms Brown offered for the Assistant Director overseeing contract monitoring to present data on provider performance and contract monitoring visits.

RESOLVED –

1. That numerical data on high-priority delayed cases be provided to the panel in a briefing paper.
2. That the Assistant Director overseeing contract monitoring present data on the breadth of performance from contract monitoring visits and collected data regarding care package efficiency and service refusals at a future meeting of this panel.

## **SPH.45 SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2024/2025**

The panel considered the Safeguarding Adults Board annual report 2024/2025.

A member enquired about the measurement of resident satisfaction/dissatisfaction and its consequences. Ms Brown explained the challenges of managing expectations (e.g., unrealistic demands for legal action) and measuring satisfaction for individuals without capacity. She stressed the importance of balancing legal procedure with empathetic support.

Mr Mair detailed that satisfaction was assessed through making safeguarding personal outcomes at the conclusion of Section 42 cases, evaluating whether desired outcomes were achieved. A trial for general feedback was currently underway.

A member requested a follow-up in six months on person satisfaction from both commissioner and provider perspectives, and how the issue was being addressed. Ms Brown agreed, noting that the ADASS self-assessment tool and the input of a new Head of Service for safeguarding would contribute to this.

A member asked about the process of setting end goals and defining satisfaction. Mr Mair confirmed that desired outcomes were agreed at the outset and re-evaluated at the end of the process. Ms Brown clarified that making safeguarding personal encompassed involvement throughout the process, not solely the achievement of outcomes.

A member questioned the low number of enquiries and concerns compared to similar councils, asking if this indicated a lack of issues or insufficient publicity. Ms Brown stated that the full picture was not yet clear; Focus could be recording data differently, potentially leading to an under reporting. The 2024/2025 data (yet to be published) showed

improvement, but benchmarking could only take place when national figures had been published.

The Chair expressed disappointment regarding the delayed national data, which hindered effective scrutiny. Ms Brown committed to reissuing the report once the data became available.

A member asked who was responsible for the data delay (DHSC) and what actions could be taken to apply pressure. Ms Brown confirmed that officers were actively asking.

A member enquired whether a "snowball effect" of unaddressed cases was anticipated. Ms Brown indicated that current data would be provided later in the meeting to assess service pressure.

A member commended the "Year Ahead" section for its narrative and clear priorities, acknowledging areas for improvement and planned actions.

Ms Brown added that the Board now benefitted from an independent scrutineer to provide external accountability, whose assessment would be included in next year's report.

RESOLVED –

1. That the report be reissued with updated 2024/2025 national data once it was published.
2. That an update be provided to this panel in six months on how person satisfaction with safeguarding services was measured and addressed, from both commissioner and provider perspectives.

## **SPH.46 CARE QUALITY COMMISSION (CQC) INSPECTION OUTCOME REPORT**

The panel received an overview of the CQC assessment report with a view to determining scrutiny oversight moving forward.

A member enquired about potential cost efficiencies from reducing handoffs within the collaborative care model. Ms Brown acknowledged potential process efficiencies and indicated exploration of end-to-end responsibility for organisations initiating a process e.g., pathways between Care Plus Group and Focus.

The Portfolio Holder for Health and Adult Social Care noted that while the 'requires improvement' score was anticipated, achieving a score of 59 which was very close to the "good" threshold of 62 was positive. He mentioned challenges during the factual accuracy review of the draft

report. He reiterated long-standing difficulties with advocacy and peculiarities in declaration of liberties (DoLS) data comparison.

A member requested a logical timeline or graph of development areas to enable scrutiny to track progress and identify areas falling behind. Ms Brown suggested that information from the improvement board, which the scrutiny chair would attend, would provide a high-level strategic overview and highlight exceptions. The panel agreed that updates from every improvement board would be provided to scrutiny as information within meeting papers, allowing members to raise specific questions as needed.

The Chair echoed the Portfolio Holder's comments, acknowledging both good work and areas for improvement. He asked if any areas were retrospectively identified as needing more attention. Ms Brown confirmed that issues with informal carers and low national data had been known and previously discussed, requiring agreement and action from partners.

A member noted that the report had been presented to the Audit and Governance Committee, which felt comfortable with the improvement plans and suggested that the panel might focus on one specific area for in-depth scrutiny, while maintaining general oversight.

Other members of the panel preferred to wait for data on areas falling behind before selecting a specific focus area. The member then suggested deferring this discussion to the work programme meeting at the start of the next municipal year. Ms Brown confirmed that a high-level overview of progress against all CQC improvement areas would be provided at the next meeting of this panel.

RESOLVED –

1. That updates from every improvement board be provided to this panel as information within meeting papers, allowing members to raise specific questions as needed.
2. That a high-level overview of progress against all CQC improvement areas be provided at the next meeting of this panel.

## **SPH.47 COUNCIL PLAN REFRESH**

The panel considered a report from the Leader of the Council and Portfolio Holder for Economy, Regeneration, Devolution and Skills presenting a refresh of the Council Plan.

Referring to the Health and Social Care Workforce Strategy, a member suggested this should be explicitly included in the plan, highlighting recruitment and retention challenges and the opportunity to promote the area as a desirable place for health and social care careers.

Referring to opportunities in technology, a member suggested including more aspirational examples in this section.

A member noted that in the Social Care Budget (finance section), that there was a lack of clarity. Previous discussions indicated the combined adult and children's social care budget was 72% (forecast to rise to 74%), with a wider view of 80% by the end of the decade. The plan stated 67% and the member requested clarity on the percentage specifically attributable to adult social care.

A member emphasised the positive nature of the Marmot theory/thread throughout the plan, urging other scrutiny groups to implement its principles and be more proactive in updating procedures (e.g., licencing) to address health inequalities.

RESOLVED – That the feedback from the panel be fed into the report to be considered by Cabinet on 11<sup>th</sup> February 2026.

### **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 6.22 p.m.