



HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

29th July 2026 at 4.30pm

Present:

Councillor Wilson (in the Chair)

Councillors Augusta (substitute for Kaczmarek), Charlesworth (substitute for K Batson), Henderson, I Oliver, Lindley and Shreeve.

Officers in attendance:

- Paul Bassett (Assistant Director for Adult Social Care)
- Katie Brown (Director of Adults, Housing and Communities)
- Chris Cook (Senior Public Health Officer)
- Diane Halton (Assistant Director of Public Health)
- Lindsay Hudson (Assistant Director of Public Health)
- Helen Johnson (Scrutiny and Committee Advisor)
- Guy Lonsdale (Section 151 Officer)
- Nic McVeigh (Assistant Director for Transformation and Integration)
- Eve Richardson-Smith (Head of Law and Assurance)
- Jo Robinson (Assistant Director for Policy, Strategy and Resources and Statutory Scrutiny Officer)

Also in attendance:

- Zoe Campbell (Senior Scrutiny and Committee Advisor)
- Helen Phillips (Director of Commissioning Partnership and Engagement Integrated Care Board)

There were no members of the press or 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 21st May 2026, Councillor Wilson had been appointed the Chair and Councillor Henderson, 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 Councillors K Batson, Kaczmarek and Russell.

SPH.3 DECLARATIONS OF INTEREST

Councillor Lindley declared that he is an employee of the Northern Lincolnshire NHS Trust. He stated that he would declare a pecuniary interest if any financial matters related to the Trust were discussed during the meeting.

SPH.4 MINUTES

RESOLVED – That the minutes of the Health and Adult Social Care Scrutiny Panel meeting held on 18th March 2026 be approved as an accurate record.

SPH.5 QUESTION TIME

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

SPH.6 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 report be noted.

SPH.7 TRACKING THE RECOMMENDATIONS OF SCRUTINY

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

At item SPH.56 (2025/26 Quarter 3 Council Plan Resources and Finance Performance Report), Members received a response and agreed to remove this item from tracking.

At item SPH.57 (Oral Health), an update would be provided on this item in due course.

At item SPH.58 (Dental Commissioning), an update would be provided on this item in due course.

At item SPH.61 (Health and Adult Social Care Scrutiny Panel Work Programme Review 2025/26 and Work Programme 2026/27), Ms Phillips agreed to provide an update on the delays to obstetric ultrasounds, once available. The panel agreed to remove the promotion of Marmot from tracking as it was now a standing item on this panel's work programme.

RESOLVED –

1. That the report be noted.
2. That item SPH.56 (2025/26 Quarter 3 Council Plan Resources and Finance Performance Report) be removed from tracking.
3. That item SPH.61 (Health and Adult Social Care Scrutiny Panel Work Programme Review 2025/26 and Work Programme 2026/27) point three, Marmot promotion, be removed from tracking.

SPH.8 COUNCIL PLAN PERFORMANCE AND FINANCIAL REPORT

The panel considered a report from the Portfolio Holder for Finance, Resources and Assets providing information and analysis of the provisional financial position for quarter four of the 2025/26 financial year.

Mr Lonsdale reported that the Council ended the year with a balanced financial position, an improvement of £0.7m since Quarter 3. He welcomed the outcome but highlighted ongoing financial pressures, particularly within Adult Social Care, driven by rising demand, increasing complexity of need and market challenges. He stressed that long-term financial sustainability depended on the successful delivery of transformation programmes, planned savings and measures to support independence.

In recognition of the critical role these programmes played in managing future demand and financial pressures, a panel member requested a mid-year update on the progress of transformation schemes.

A panel member questioned whether the balanced position had been achieved largely through one-off funding awards and budget reallocations, expressing concern about the long-term sustainability of maintaining both the quality and volume of social care services. In response, Ms Brown noted that Adult Social Care had supported over 100 additional people during the previous year while continuing to meet its statutory Care Act duties. She highlighted significant progress in strengthening practice, including reducing the number of people moving from short-term to long-term care from 16-20 per month to just four, which demonstrated the positive impact of early intervention and independence-focused support. While acknowledging that social care pressures were a national challenge, she advised that North East Lincolnshire was now experiencing demand pressures that many authorities had faced for several years.

A panel member described the current position as one of “getting ready to succeed”, reflecting ongoing improvements to referral management, quality assurance and partnership working. Ms Brown added that the service had managed a period with more than 200 additional cases, and highlighted the exceptional pressures faced by teams.

Ms Brown confirmed an error in the Disabled Facilities Grant (DFG) indicator and advised that a revised measure would be introduced from Quarter 1 of 2026/27. Mr Lonsdale confirmed that earmarked reserves had not been required during 2025/26 but noted that reserves were only a temporary solution to demand pressures.

The Chair sought clarification on the Adult Social Care finance indicator being rated red. Ms Brown explained that this reflected a £1.9 million overspend against the service's budget for the year.

A panel member requested that future reports present Housing and Adult Social Care figures separately to avoid misrepresenting Housing's financial position.

Responding to concerns regarding Public Health nursing recruitment, Ms Halton advised that challenges were linked to geographical factors, training pathways centred in Hull, workforce skill mix requirements and the time needed to develop and retain local talent.

RESOLVED –

1. That the report be noted.
2. That a mid-year report on the progress of transformation schemes be provided to members of this panel.
3. That a correction be actioned on DFG indicator ready for Quarter 1

4. That future quarterly reports present Housing and Adult Social Care figures separately to avoid misrepresenting Housing's financial position.

SPH.9 REABLEMENT REVIEW

The panel considered a report from the Director of Adult Social Care on the Reablement Review.

Ms Brown introduced the report and recognised Ms McVeigh's leadership of the Association of Director of Adult Social Services' Accelerate-supported review. Ms McVeigh reported that, despite less favourable national benchmarking, local reablement outcomes remained strong. Home-based reablement resulted in around 80% of people requiring reduced or no ongoing care, while bed-based reablement also demonstrated positive outcomes, supporting people to return home and reduce care requirements. The review identified average savings of £235 per person per week in domiciliary care fees. This review approach would now be applied to other transformation programmes, beginning with hospital discharge pathways.

Members welcomed the findings and highlighted the importance of evidencing wider social and economic benefits, including support for unpaid carers. It was confirmed that current demand was being met, though any service expansion would require a business case.

Discussion also covered the rebranding of the service as 'Reablement at Home'. Members advocated partnership working with Citizens Advice and Age UK to enhance support for individuals whose needs extended beyond reablement and required access to wider community services.

The Panel received assurance regarding performance monitoring arrangements and supported the inclusion of a dedicated reablement indicator within the Adult Social Care performance dashboard. Members also noted ongoing work on digital inclusion, with a further report expected following completion of internal governance processes.

RESOLVED –

1. That the report be noted.
2. That the reablement service engage with both the Citizens Advice Bureau and Age UK to assist residents to access entitlements post reablement.
3. That a clearer indicator for reablement be added to the Adult Social Care performance dashboard.

4. That an update be provided to members of this panel on Digital Inclusion.

SPH.10 STRENGTHS BASED APPROACHES IN ADULT SOCIAL CARE

The panel considered a report from the Director of Adult Social Care explaining the Strengths Based Approach Programme and its outcomes.

Ms Brown updated the panel on the strengths-based transformation programme, developed in response to findings from the CQC inspection. She reported that a diagnostic review had been completed and implementation was underway, with early indications of positive progress. Members requested that a progress report be provided. Mr Bassett emphasised the importance of embedding a strengths-based culture across adult social care to maximise individual and community assets, noting opportunities to improve efficiency through measures, including the use of Artificial Intelligence (AI).

In response to questions, Ms Brown stressed that the approach focused on improving outcomes and independence rather than reducing support, with appropriate quality assurance and safeguarding arrangements in place. Members welcomed the approach and suggested that strengths-based practice be promoted more widely across partner organisations.

The Panel received assurance that continuous improvement was embedded through regular review processes and were aligned to wider priorities including prevention, neighbourhood health, the Marmot agenda and CQC compliance.

RESOLVED –

1. That the report be noted.
2. That a mid-year update on service transformation be provided in response to the diagnostic review.

SPH.11 TEENAGE CONCEPTION

The panel considered a report from the Director of Public Health on the current position regarding teenage conception rates in North East Lincolnshire and preventative activities being undertaken.

Ms Halton presented the report, noting that although teenage conception rates had fallen significantly over recent decades, North East Lincolnshire remained above the national average, and the gap had not narrowed. She highlighted the strong association with deprivation, low educational attainment and health inequalities, and emphasised the need for strengthened targeted prevention, improved support pathways and a better understanding of young people's lived experience.

In response to questions, Ms Halton advised that the Council had no formal quality assurance role for Relationships, Sex and Health Education (RSHE) provision in academies, although it could support schools through existing networks and targeted external input where resources allowed. She explained that the current plateau in rates remained a concern, particularly given the increasing vulnerability and complexity of teenage parents and North East Lincolnshire's higher-than-average pregnancy continuation rates.

Members discussed the impact of small cohort sizes on performance data, geographical trends, and opportunities to strengthen engagement through partners such as the Youth Zone. While acknowledging the significant long-term reduction in teenage conception rates, Members agreed that new approaches were required to address persistent inequalities.

Ms Halton proposed that the refreshed Teenage Conception Strategy focused on targeted interventions, young people's voices and more integrated pathways across partner agencies. A Member suggested that the revised strategy be considered jointly by this panel and the Children and Lifelong Learning Scrutiny Panel.

RESOLVED – That the report be noted.

SPH.12 JOINT HEALTH AND WELLBENG STRATEGY AND MARMOT UPDATE

The panel considered a report from the Director of Public Health on the progress of the joint Health and Wellbeing strategy and progress towards becoming a Marmot Place.

Mr Cook updated members on the Joint Health and Wellbeing Strategy and North East Lincolnshire's progress as a Marmot Place. He noted that healthy life expectancy had fallen to 54.7 years for men and 54.9 years for women, meaning residents were spending more years in poor health. He explained that adopting Marmot principles would help tackle health inequalities through evidence-based, system-wide action, embedding prevention and reducing inequalities across council decision-making. He also reported on a recent visit from University College London's (UCL)

Institute of Health Equity, which engaged with 17 community organisations and residents across the borough.

Responding to a question about ward-level data, Mr Cook acknowledged that ward averages can mask deprivation within communities. He explained that UCL were analysing data at a neighbourhood level to better identify areas of greatest need and target support more effectively.

RESOLVED – That the report be noted.

SPH.13 HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL WORK PROGRAMME 2026/27

The panel considered a report on the work programme for 2026-27 for the Health and Adult Social Care Scrutiny Panel.

Members considered the proposed work programme and noted that it remained flexible, allowing emerging priorities to be addressed alongside standing items.

To strengthen the programme, members proposed the inclusion of:

- A mid-year update on the transformation programme.
- A report on digital inclusion within the next 3 to 6 months.
- A workshop-style discussion exploring the drivers of teenage pregnancy and opportunities for effective intervention.

Further to the discussion on the Teenage Conception Strategy at SPH.11, the Chair supported a workshop approach and recommended that participation be extended to the full council membership to encourage wider engagement and input.

The Chair also emphasised the importance of dedicated scrutiny of Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) performance beyond the planned joint scrutiny meeting, with a recommendation that two or three focused items be brought before this panel during the year. In support of this, a member proposed that scrutiny of NLAG should maintain a strong focus on the "Home First" approach and suggested an end-of-August deadline for members to submit thematic questions to inform future monitoring.

RESOLVED –

1. That the report be noted.
2. That the above bullet point items be added to this panel's work programme.

3. That the proposed workshop-style discussion exploring the causes of teenage pregnancy and opportunities for effective intervention be extended to the full Council membership, in place of the joint meeting with the Children and Lifelong Learning Scrutiny Panel discussed under minute SPH.11.
4. That NLAG be invited to attend the panel with the aim for two or three items to be addressed by this panel during the Municipal Year.

SPH.14 QUESTIONS TO PORTFOLIO HOLDER

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

SPH.15 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 6.20 p.m.