HEALTH AND SOCIAL CARE SCRUTINY PANEL ADULT

18th March 2026 at 4.30pm

Present:

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

Officers in attendance:

- Paul Bassett (Assistant Director of Adult Social Services)
- Geoff Barnes (Assistant Director of Public Health)
- Katie Brown (Director of Adults, Housing and Communities)
- Zoe Campbell (Senior Scrutiny and Committee Advisor)
- Diane Halton (Associate Director Public Health)
- Guy Lonsdale (Section 151 Officer)
- Eve Richardson Smith (Head of Law and Assurance)
- Amy Tyman (Digital Lead)
- James Steer (Senior Public Health Officer – Children and Young People)

Also in attendance:

- Councillor Shreeve – Portfolio Holder for Health Wellbeing and Adult Social Care
- Helen Kenyon (Director of Place – Integrated Care Board)
- Debbie Leadbetter (Primary Care Programme Lead – Dental and Optometry
- Lee Mair – Chief Executive (Focus)
- Jo Nejrup (Dental Programme Lead Yorkshire and Humber)
- Alex Seale (North Lincolnshire Place Director)

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

SPH.50 APOLOGIES FOR ABSENCE

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

SPH.51 DECLARATIONS OF INTEREST

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

SPH.52 MINUTES

RESOLVED – That the minutes of the Health and Adult Social Care Scrutiny Panel meeting held on 28th January 2026 be approved as an accurate record.

SPH.53 QUESTION TIME

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

SPH.54 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.55 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.56 2025/26 QUARTER 3 COUNCIL PLAN RESOURCES AND FINANCE PERFORMANCE

The panel considered a report from the Leader of the Council and Portfolio Holder for Economy, Regeneration, Devolution and Skills that provided information and analysis of the Council's financial performance during the third quarter of 2025-26.

A member referred to the overspend in Adult Social Care. Ms Brown explained that while the current forecast overspend in Adult Social Care was accurate, the change programme for strengths based practice had started and during this time the financial position had stabilised. However, it was challenging to confidently attribute this given the limited data (six weeks). She noted that, compared to other local authorities, the overspend remained relatively lean but there was still a commitment to ensure that Adult Social Care was within budget.

Mr Lonsdale acknowledged the impact of demographic trends, including increased complexity of care packages and demand for support at home. He confirmed a 6% increase had been factored into the 2026/27 budget and subsequent years, but stressed the ongoing need for digital initiatives and practice changes to manage costs. He highlighted that this was a national issue.

A member expressed a counter-intuitive sense of confidence in the overspend, suggesting that fluctuations in a demand-led services indicated a more realistic financial management approach compared to previous years where budgets consistently appeared on target. Ms Brown clarified that a forecast overspend in the previous year was unexpectedly mitigated by a difficult winter with higher mortality rates in residential care, rather than planned activities.

A member enquired about the impact of the multi-year financial settlement. Ms Brown explained that the three-year settlement provided stability, enabling the service to plan measures to stay within budget. She praised the finance team's reasonable approach in reflecting demographic data but acknowledged the challenge to implement different ways of working, particularly through the transformation programme and social work practice. She highlighted a concerning trend in North East Lincolnshire with an increase of individuals aged 40-55 entering adult social care, correlating with public health data on multiple health conditions in the working-age population. This necessitated earlier intervention, particularly through neighbourhood health initiatives. Mr Lonsdale reiterated that demographic trends represented the most significant area of financial risk, requiring careful control to maintain balance across all council responsibilities.

A member raised concerns regarding discrepancies in reported figures for social care as a percentage of turnover (72% versus 67.1%), a projected £2 million overspend, and a recent reduction in council tax. He questioned how the council intended to achieve a balanced budget and the source of funding for the £2 million overspend.
Councillor Shreeve clarified that the budget for the upcoming year had already factored in the anticipated year-end position for adult social care. He stated that the council expected to report a balanced overall result, achieved through a combination of underspends in other departments or the utilisation of reserves, confirming that reserves were adequate.

The member requested further clarification on the 67% figure. Mr Lonsdale committed to clarifying the differences in percentage figures, noting that variations could arise from using budget figures versus actuals, or focusing on service spend versus total budget.

A member advocated for prioritising service provision for residents, suggesting that councillors should accept that overspends might be necessary in demand-led services and felt that it was the responsibility

of finance teams to manage the funding implications, preferring that services be provided first, with budget reconciliation following. Ms Brown concurred, emphasising the importance of achieving the right outcomes for individuals, which sometimes required longer-term engagement and broader support beyond social care packages.

RESOLVED –

1.That the report be noted.

2. That clarification be provided on the differing percentage figures cited for social care.

SPH.57 ORAL HEALTH

The panel considered a report that provided an overview of oral health in North East Lincolnshire and highlighted the impact of poor oral health.

The Portfolio Holder for Health, Wellbeing and Adult Social Care referred to a report that went to Cabinet on 11th March 2026 seeking approval for the local authority to procure a range of oral health services and it was anticipated that the successful provider would lead oral health services, ensuring that support was visible and embedded in North East Lincolnshire, reducing stigma and promoting good practice both by directly working with families and through excellent reputation with professionals in a wide variety of partner agencies. He explained that the services would deliver both statutory and regulated functions to a national standard, and tailored interventions that addressed oral health promotion needs locally.

A member referred to patient attitudes towards oral health services and the challenges they faced and feedback to Cabinet that they receive more assurance on those views of the public making their way into commissioning intentions and procurement whilst thinking about the impact on patients. Ms Halton explained that previously the Integrated Care Board (ICB) had dedicated funding to insight work by Healthwatch to look at dental access issues and confirmed there was commitment there.

The member asked for assurance that the decisions made by Cabinet were going to take into account the wishes of the residents that the commissioning intentions would be informed and based on those views and not just on the price.

Ms Halton explained that the oral health promotion services procurement was about promoting good oral health and not providing any dental services but about building system capacity, raising awareness about dental access, and outreach work into family hubs and older people residential homes. From an ICB perspective, Ms Kenyon agreed that all of the above needed to be taken into account

when commissioning services across the South of the Humber, how residents would access the services and that deprivation was not a barrier. She felt it was a fair challenge by the panel and something the ICB would take away and work on.

The panel agreed to add an action to the tracking that the Portfolio Holder for Health and Adult Social Care under the delegated powers from Cabinet seek further assurance that the procurement being undertaken was being conducted in a balanced way with full regard to the experience of patients and residents and that was reflected in the scoring of the tenders that came in.

A member could see the usefulness of the 5 year old survey that could inform the data and queried if there were any plans to carry out a survey on teenagers with adult teeth. Ms Halton confirmed that the 2027 survey would be on 12 year olds which may highlight the longer-term effect of the pandemic with the reduced access to dental services during that time, and ongoing work force issues not just locally but nationally as well. Ms Halton referred to the adolescent life style survey where 91% of respondents had accessed dental services over the past two years.

Members were concerned about those children living in deprived areas and the impact poor oral health would have on their futures and how this could be prevented. Ms Kenyon highlighted the need for instilling good tooth brushing habits at an early age so that this continued when they had their adult teeth.

Mr Steer explained that there were initiatives within schools to highlight the importance of children brushing their teeth and how to brush their teeth. There was work in family hubs working with parents to give advice on the importance of good oral health. Officers were looking to see how toothbrushes and toothpaste could be supplied to foodbanks, which the panel welcomed.

Ms Halton reassured members that the health visiting services gave oral health advice, the benefits of fluoridation through toothbrushing, together with recommendations on where and how to access dental services.

A member felt there was an increased access to sweet shops and fast-food outlets which could be a contributory factor to poor oral health and that the number of these shops opening up should be restricted.

The panel welcomed the report and noted the overall position of oral health in North East Lincolnshire and the progress that was being made in relation to oral health improvement.

RESOLVED –

1.That the report be noted.

2. That procurement being undertaken be conducted in a balanced way with full regard to the experience of patients and residents and that be reflected in the scoring of the tenders that came in.

3. That oral heath be added to this panel's work programme to receive a progress update in relation to oral health improvement.

SPH.58 DENTAL COMMISSIONING UPDATE

The panel considered a report updating members on the current local and national position for NHS dental services as commissioned by the Humber and North Yorkshire Integrated Care Board.

Noting the challenges in this area, a member asked if there was any targeted activity that the panel could focus on.

Ms Leadbetter felt it was good to link in with the local authority to see what impact local contracts and projects were having and identify the focus and priorities for ICB commissioning. Using the example of the child only contract, did the ICB need a different route and year on year focus in terms of access, time frames, approach to risk, project length and next steps and priorities.

Ms Halton explained that a needs assessment carried out a couple of years ago covered all places across the Humber North Yorkshire ICB footprint. There was a need for a needs assessment for NEL beyond 5-year-olds, to include other age groups and in particular adults in residential settings and over 65 would be beneficial. She explained that the local authority had unique data access through the public health intelligence team and using the data would be beneficial to share with the ICB to inform service provision going forward.

A member was concerned that immediate minor oral surgery had moved to Scunthorpe General Hospital and with North East Lincolnshire having some of the poorest wards in the country, transport could be a barrier to access this service, therefore what transport provision was being put in place to enable residents to travel to Scunthorpe for this treatment. Ms Seale explained that a transport service was available on a needs assessment basis. Members were concerned that residents may not be aware of the service and welcomed any communication with patients to highlight the transport service that was available.

Children accessing dental services was a concern raised by members especially in deprived areas and felt it would be useful at a future meeting to receive a break down by wards of the numbers of children not accessing services.

A member queried if officers linked in with hospital data in terms of understanding the number of patients who attended A&E with dental problems or related issues. Ms Seale confirmed that when people visited A&E their visit was coded therefore this data could be extracted, however, it would be more general, for example 'oral health' rather that specific data.

RESOLVED –

1. That the report be noted.

2. That the breakdown of children accessing the service by ward be brought back to a future meeting.

SPH.59 DIGITAL OPPORTUNITIES WITHIN HEALTH AND SOCIAL CARE

The panel considered a report and update on shaping the digital future of Health and Care.

A member was concerned that in the rush to bring in AI (Artificial Intelligence) we could leave people behind because we missed where we could have intercepted a problem early and anyone missed might have needed a lot more help further down the line. It was felt that this was a challenge that should be focused on. Ms Brown highlighted that it was multi-faceted and that officers were trying to understand from the data and insights teams where AI could be beneficial and all this needed to be factored in.

A member recalled the vision from a previous meeting and it made an impression. The member wanted to get a sense of the journey so far. Ms Tyman explained that access to data was key and that officers were working together and getting help to all use the same system, which would enable teams to work efficiently.

Members were concerned about the rate of change and progression of the roll-out of AI and felt that technology may take over. Ms Brown confirmed that the council needed to ensure that digital changes considered future proofing so that any option would still meet requirements in years ahead.

Members could see the benefits of AI being used by officers to enable services to run more efficiently whilst at the same time being mindful of digital poverty and not leaving people behind on the journey.

RESOLVED – That the report be noted

SPH.60 FUTURE SECTION 75 ARRANGEMENTS

The panel considered a report submitted to Cabinet on 11th March 2026 asking scrutiny to note the historical context and positive working

relationship between North East Lincolnshire Council and the Integrated Care Board and the commitment of the partnership to preserve this as part of future joint working arrangements.

The panel were supportive of the vision for local autonomy and requested further future involvement, including clear articulation of changes, risks, opportunities, and mechanisms for budgets and ring-fencing.

RESOLVED –

1. That the report be noted.

2. That a Section 75 paper be submitted to a future meeting of this panel, ensuring clear articulation of changes, risks, opportunities, and mechanisms for budget transfer and ring-fencing.

SPH.61 HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL - WORK PROGRAMME REVIEW 2025/26 AND WORK PROGRAMME 2026/27

The panel considered a report from the Statutory Scrutiny Officer which reflected on the 2025/26 municipal year, and the work undertaken by the Health and Adult Social Care Scrutiny Panel. The panel lso considered, within its terms of reference, suggestions to be included in the 2026/27 work programme.

Following a request from Dr Peter Melton that the panel hear about the delays to non-obstetric ultrasounds, the Chair proposed this for inclusion in the work programme. Ms Kenyon suggested checking the current status of discussions before formally scheduling, as the issue may have been resolved.

A member requested a deep dive into the Community Diagnostic Centre (CDC). Ms Brown suggested broadening this to a general "diagnostics" topic to encompass both non-obstetric ultrasound and the CDC.

The Chair referred the panel to the recent announcement that Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) and Hull University Teaching Hospital (HUTH) was placed into special measures. The panel agreed to invite the trust to a future panel meeting to provide assurance regarding the ICB review, resident access to continuing health care and the quality concerns in the Trusts.

A member proposed an item on how the panel could continue to promote and empower the Marmot agenda throughout the council.

RESOLVED –

1. That the report be noted

2. That the items agreed above be added to this panel's work programme for 2026/2027.

SPH.62 QUESTIONS TO PORTFOLIO HOLDER

There was a question for the Portfolio Holder for Health and Adult Social Care from Councillor Henderson.

Councillor Henderson asked the Portfolio Holder to explain the full projected cost of health and adult social care spread across all council budget lines for the financial year 2026 compared to financial year 2025, and including a percentage of overall council spend.

Councillor Shreeve provided the panel with the following response ahead of the meeting that the only budget where there was expenditure for adult social care that was not directly accounted for in the adult social care budget was the £250k of the public health grant. This contributed to outcomes for older people across reablement and prevention services.

In 2025/26 the budget breakdown in key areas is as follows:-

£5.8m – Better Care Fund
£1.3m – contribution to shared posts in the ICB
£13.9m – Focus, Navigo and Care Plus Group (this included direct service
provision in Care Plus Group)
£31.3m – community care packages, including support at home for all people, supported living for people with learning disabilities and mental health.
£28.1m – residential care, both short and long term for all people.
£2m – prevention services
£1.4m – service delivery which included recharges for other council services e.g. legal, transformation, and standard overhead charges.

The Council was forecasting £14.1m in income from client contributions.

This year the adult social care budget was forecast to overspend by £2.1m. This was due to an increase of between 178 and 200 people requiring care and support (this changed monthly) compared to the start of 2025/26 financial year.

The adult social care expenditure at the end of 2024/25 was £63.2m against a budget with a final outturn position of £63.1m. This was 35.1% of the overall council budget.

The adult social care expenditure for 2025/26 was forecast to be £72.1m against a budget of £70m. This was 36.8% of the overall council budget.

Nationally, upper tier authorities spent between 35%-45% of the total budget on adult social care so North East Lincolnshire Council was not an outlier.

SPH.63 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 6.42 p.m.