



To be submitted to the Council at its meeting on 24th July 2025

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

19th March 2025 at 4.30pm

Present:

Councillor Wilson (in the Chair)
Councillors Henderson and Kaczmarek (substitute for Jervis)

Officers in attendance:

- Katie Brown (Director of Adult Services)
- Zoe Campbell (Senior Scrutiny and Committee Advisor)
- Helen Kenyon (Place Director – Humber and North Yorkshire Integrated Care Board)
- Diane Lee (Director of Public Health)
- Stephanie Ledgerwood (Head of Professional Services – EQUANS)
- Guy Lonsdale (Assistant Director Finance)
- Stephen McGrath (Strategic Special Projects Lead – Leadership Team)
- Eve Richardson-Smith (Service Manager – Consultancy, Law and Governance)
- Joanne Robinson (Assistant Director Policy Strategy and Resources)
- Jacqui Wells (Head of Housing Strategy)

Also in attendance:

- Councillor Shreeve (Portfolio Holder for Health, Wellbeing and Adult Social Care)
- Simon Buckley (Care Group Nurse Director – Northern Lincolnshire and Goole NHS Foundation Trust)
- Jill Cunningham (Senior Manager Urgent Care – Health and Care Partnership)
- Karen Grimsby (Operational Manager - Northern Lincolnshire and Goole NHS Foundation Trust)
- Dr Anwer Queshi (Care Group Medical Director - Northern Lincolnshire and Goole NHS Foundation Trust)
- Dr Vijay Singh – Consultant Acute Care Physician - Northern Lincolnshire and Goole NHS Foundation Trust)
- Amy Twyman (Digital Lead – Health and Care Partnership)

There was one member of the press and two members of public present at the meeting.

SPH.39 APOLOGIES FOR ABSENCE

Apologies for absence were received for this meeting from Councillors Cairns, Clough, Freeston, Jervis and K Swinburn.

SPH.40 DECLARATIONS OF INTEREST

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

SPH.41 MINUTES

RESOLVED – That the minutes of the Health and Adult Social Care Scrutiny Panel meeting held on 29th January 2025 be agreed as an accurate record.

SPH.42 QUESTION TIME

Mr Dicker asked that noting the ill-informed, unqualified comments made by Councillor Freeston at the last meeting, whilst acting as Chair of this panel, did the panel agree with the comments he made?

The Chair explained that the panel had not discussed or formed a view on the comments made by Councillor Freeston at the panel meeting on the 29th January 2025 and therefore neither agreed or disagreed with the comments made.

SPH.43 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.

RESOLVED – That the forward plan be noted.

SPH. 44 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.45 DISABLED FACILITIES GRANTS (DFG)

The panel received a report providing an update on the delivery of the Housing Assistance Policy (HAP) and associated action plan which aims to improve performance in respect of Disabled Facilities Grant (DFG) applications.

A member asked what was driving the increase in Occupational Therapy referrals. Ms Brown confirmed that there had been a year-on-year increase and that it was a clear priority set by the Government to reduce the waiting times. She took this as a positive that residents were using the service, and the adaptations would help them in their daily lives.

Referring to the waiting times decreasing, a member asked if officers felt these times would continue to decrease or plateau. Ms Brown explained that the times would continue to drop because of the improvement journey we were on but was unsure where the plateau was until the backlog was cleared and the service received a constant number of referrals.

A member felt the process with Equans was getting slicker and queried what the impact of the in-house services was likely to be post July 2025. Ms Ledgerwood explained that as part of the improvement journey, the new framework implemented in April 2024 included a direct delivery option where simple grants would be carried out by contractors from design to completion, which meant that Equans staff were able to focus on the more complex cases that required more time and resources.

Following this a member asked what controls and checks were put into place for work carried out by the contractors on the framework. Ms Wells confirmed that through the trusted assessors, they carried out checks and then signed the work off once completed, which was a slicker process and enabled adaptations to be carried out in shorter timescales.

With new standard operating procedures being introduced a member queried how many improvements to the standard operating procedure had been made. Ms Wells confirmed that it was a live document and would continue to change when improvements to processes were made.

A member requested in future reports that they would like to see a graph to show the improvement journey.

The panel praised the officers for the report and thanked them for all the hard work that had gone into the improvement journey for residents and agreed that they would receive a briefing paper in six months' time and report to Panel by exception.

RESOLVED –

1. That the report be noted.
2. That members of this panel receive a briefing paper in September 2025 by way of update and that associated matters only be reported to this Panel by exception.

**SPH.46 COUNCIL PLAN RESOURCES AND FINANCE REPORT
QUARTER 3 2024/25**

The panel received a report from the Portfolio Holder for Finance, Resources and Assets presenting the Council Plan Resources and Finance report for quarter three of 2024/25.

At the last scrutiny panel meeting members noted that budget was expected to be 38% of council spend this year and asked if the Council would achieve a balance, at this level, or were we likely to need more in hard cash as a percentage of Council spend. Ms Brown explained that the budget was rising to 38% and this year was 34%. With this year's winter trends being the opposite to what was expected the service would still be under budget at the year end. However, in next year's budget setting, members would see something different around tracking trends closely.

A member highlighted that the number of household in worklessness was rising and queried how did that correlate to the demand for adult social care. Ms Brown confirmed the worklessness was not looked at alongside adult social care and it would be difficult to extract that data, but it may be something to track in a few years' time. Ms Lee explained that there were a number of different programmes running around work and health and this could be brought back to a future meeting. From a public health point of view life expectancy had gone down again and worklessness could have an impact over time on adult social care.

The red indicators on our scorecard seemed like only a minor percentage drop and a member asked why they were red. Ms Robinson explained that her team were relying on other officers working with services on the new dash board and also relying on national data sets. She confirmed live data was something the team did not have access too but were working on and this could affect the status of the indicators.

A member referred to the one-off settlement from central government for adult social care that meant the service came under budget and queried what was the future plan to make the service more viable especially with the rise in the older population putting more strain onto the system. Ms Brown explained that the service was in a better position because of the integration the council did with other services

A concern was raised by a member about the big step change in the number of domestic abuse cases. Ms Lee explained that she would need to go back and check the data and how it was reported.

Members were disappointed in the increase in the number of residents smoking. Ms Lee confirmed that the figures were stubbornly persistent at the current level. Ms Robinson explained it could be that the figures were for one quarter but she would check and report back to the panel.

RESOLVED –

1. That the report be noted.
2. That clarification be sought on the rise in domestic abuse cases and the outcome reported back to members of this panel.
3. That clarification be sought on the performance figures relating to smoking and the outcome reported back to members of this panel.

SPH.47 FUTURE USE OF ARTIFICIAL INTELLIGENCE (AI) ACROSS HEALTH AND ADULT SOCIAL CARE

The panel received an update on the future use of artificial intelligence (AI) across health and adult social care.

Referring to the trial of the public sector AI tool which recorded conversations between the individual and social worker to reduce the need for social workers to type up their hand written notes, members were impressed that this trial into a new way of working would lead to a more efficient use of time. The panel requested an update on the outcome of the trial at a future panel meeting.

Members welcomed the update and were pleased that there were conversations taking place across the authority and with partners about what AI transformation looked like, the impact and the most effective use in prevention and transformation.

Members felt AI was developing at fast pace and should be added to the panel's work programme for 2025/26.

RESOLVED –

1. That the update be noted.
2. That an update on the public sector AI tool trial be received by this panel.
3. That the development of AI across health and adult social care be added to this panel's work programme for 2025/26.

SPH.48 URGENT AND EMERGENCY CARE

The panel received an update on the status post covid and the impact on the Accident and Emergency Department (A&E) waiting times on patient outcomes.

Members felt there was a perception of long delays in A&E for minor cases and asked what procedures were put into place to reduce these waiting times. Dr Queshi explained that in urgent care, 87% of patients were seen within 4 hours. Where the delays came from was if the patient needed further investigation or a CT scan. However, he highlighted that the wait prevented further hospital appointments because the patient was seen by a specialist and a treatment plan was created. If patients didn't need urgent scans they would be booked an appointment the next day and then have a virtual follow-up appointment to reduce the time and cost to travel to the hospital.

A member asked about the staff experiences and how intense unscheduled care impacted patients and staff. Dr Queshi confirmed that the new way of working had transformed the patient and staff experience and now attracted new employees from other areas across the country.

It was asked how the public were being educated to use other services if their condition was not deemed an emergency. Ms Kenyon explained the different route patients could take which included dialing the 111 non-emergency number and the Single Point of Access (SPA) or visiting their local pharmacy. She confirmed there were advertising campaigns and there was more that could be done but there was a natural gravitation towards the emergency department because there was a perception that, despite the wait, people would be seen.

A member queried if there were any connections with GPs redirecting patients to A&E and was there a more streamlined approach to educate people on the way. Ms Kenyon agreed this was a good point and she explained that a lot of work was carried out with GPs around an enhanced advice and guidance which would reduce the need for an unnecessary appointment with a consultant at the hospital. Ms Kenyon also highlighted that through the SPA, Doctors could make a call and arrange for nurse to go out and see the patient.

Patients being admitted to hospital from care homes was questioned, in particular around whether or not care could be provided within the care home, for example services going to the care homes to avoid patients needing to attend A&E unless an emergency. Ms Kenyon explained that the need for oxygen and pain relief was often the cause for attendance at A&E. Palliative care was provided within care homes but further work was needed to be carried out to look into providing oxygen and pain relief given by community nursing within care homes.

In a response to a question raised by a member about the numbers of ambulance attending A&E from other areas, Ms Kenyon explained the figures were static but not reducing the overall number.

She highlighted that there was more work to do around the under 5's attending A&E and that required work with health visitors to increase awareness for parents around the common messages for A&E attendance and other support channels.

The effectiveness of the hospital discharge process was discussed. Members requested a briefing paper around comparative data from other areas for people waiting for to be discharged.

RESOLVED –

1. That the update be noted.
2. That a briefing paper be sent to members of this panel with comparative data from other areas for numbers of people waiting to be discharged from hospital.

SPH.49 WORK PROGRAMME 2024/25

The panel received a report from the Statutory Scrutiny Officer which reflected on the 2024/25 municipal year and the work undertaken by the Health and Adult Social Care Scrutiny Panel.

The panel made the following suggestions for items to be included in the 2025/26 work programme:

- Adult safeguarding and how the outcomes were met.
- Focus on two areas of health inequalities within North East Lincolnshire and what can be done to improve these.
- Impact of the lack of oral health services on residents health.
- The impact of the NHS reorganisation on local services.

RESOLVED – That the items above be added to this panel's 2025/26 work programme.

SPH.50 QUESTIONS TO PORTFOLIO HOLDER

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

SPH.51 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.