



To be submitted to the Council at its meeting on 18th March 2021

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

20th January 2021 at 4.00pm

Present:

Councillor Hudson (in the Chair)

Councillors Furneaux, Hyldon-King, Green, Rudd, Silvester, Wilson and Woodward.

Officers in attendance:

- Bev Compton (Director for Adult Social Care)
- Stephen Pintus (Director for Public Health)
- Zoe Campbell (Scrutiny and Committee Advisor)
- Helen Kenyon (Chief Operating Officer of North East Lincolnshire Clinical Commissioning Group)
- Helen Isaacs (Assistant Chief Executive)
- Jan Haxby – Director of Quality and Nursing at North East Lincolnshire Clinical Commissioning Group)

Also in attendance:

- Councillor Margaret Cracknell (Portfolio Holder for Health, Wellbeing and Adult Social Care)
- Professor Stephen Eames (Hull University Teaching Hospital)

SPH.39 APOLOGIES FOR ABSENCE

There were no apologies for absence received for this meeting.

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 11th November 2020 were agreed as an accurate record.

SPH.42 QUESTION TIME

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

SPH.43 FORWARD PLAN

The panel received the published 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.44 TRACKING THE RECOMMENDATIONS OF THE SCRUTINY PANEL

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 INTEGRATED CARE SYSTEM (ICS) NEXT STEPS

The panel considered a verbal update on the next steps for the Integrated Care System (ICS).

Mr Eames explained that with the changes that were taking place it was important to build back from local places because that is where the action and the communities were. He explained that the ICS had set out seven steps as they moved towards an integrated healthcare model which would improve the health of local people, improve access to health services and the NHS integrated with local government on the local social and economic response to national and local health issues. He confirmed the ICS wanted to work in partnership with the local authority, community, and voluntary organisations.

The NHS had consulted on the changes that were proposed and the legislative changes were expected to be in place from April 2022 with transition taking place from May 2021. Mr Eames highlighted that the ICS would work with partners across the Humber to look at what the arrangements should be and operate where they could in shadow form leading up to the changes.

Mr Eames explained that the given for the ICS was that there were six places that reflected the local government boundaries. He confirmed that when the clinical commissioning groups go this could translate into new local arrangements. There was more work to be done around this but approximately 80% of current NHS activities should still be enacted locally and be part of local government building on the Union that is currently in place with the other 20% being taken into the ICS.

He confirmed that the governance arrangements needed to be looked at in terms of how money be allocated. The ICS would have a board and work was still required around how that would operate; work with local government and how the different partner voices were represented within the ICS. He confirmed that within NEL there was an integrated structure and a framework that could be built on.

The role of the ICS and the 28 organisations should be involved in large scale programmes such as digital; workforce and estates. Mr Eames gave examples of campaigns such as climate change, smoking and alcohol abuse, obesity and vaccination programmes.

The Chair welcomed the presentation and was pleased to hear that the ICS were not blinkered and open to suggestion on how things might work locally. He felt it was important that we retained staff and carried on funding where we had good examples of joint working and needed to ensure that carried on. Mr Eames recognised that work had been done locally over a number of years and the ICS wanted to build on it and this strong principle to applied to all the places. There was an opportunity to transform the way the NHS operated which was traditionally command and control and he wanted to see more control locally.

Members referred to the location of North East Lincolnshire and the area was renowned for being independent and members asked for reassurance that the area would not be forgotten and be at the centre of the transformation. Mr Eames confirmed that the ICS would build on the good work and relationships that had built up locally as part of the governance arrangement within the ICS. He explained that the ICS worked across six places and North East Lincolnshire was an important component. He also noted that for some things the NHS would also have to work on a Humber footprint particularly around patient flow. He confirmed the infrastructure around how the workflow was organised should go into the ICS leadership and they would have more control over deployment of the workforce.

Recruiting medical staff had always been difficult within North East Lincolnshire and members queried if there would be regional contracts so that medical staff could transfer regionally where the demand was. Mr Eames felt there was challenges around workforce and there would be a trade-off between what could be carried local and what needed to be done at scale. He confirmed that the strategy was to provide as many services as possible locally.

Members asked how the ICS were going to engage with the public, Mr Eames reassured members that the ICS would be engaging with communities and the Council. Scrutiny had a large role to play and full details would follow.

Members were concerned that if the CCG's were abolished would that water down the local accountability. Mr Eames explained the ICS were building a local governance system over the next year or earlier if they could.

Members queried how the allocation and distribution of money would work in the new arrangements and they were concerned there was not much time before April 2022. Mr Eames explained the money would go to what replaced the CCG's and there were lots of place-based ideas about how this could work. He confirmed there had been a lot of work around population health to help with the design of the allocation system. Members asked if it was proposed to be an allocation or bidding system. Mr Eames confirmed this was being worked on at present.

The voluntary sector organisations were referred to by members as a cost effective way of delivering services, for not a lot of funding and was there a plan to include the voluntary sector to enable them to support local people conjunction with health services. Mr Eames responded that there was a lot of work with voluntary sector groups to establish the resources they needed. Mr Eames explained there was a need to up pick what funding was available and align this with the local government.

RESOLVED – That the updated be noted.

SPH.46 ADULT SERVICES ANNUAL COMPLAINTS REPORT

The panel considered the Adult Services Annual Complaints Report.

Members queried if there were any complaints received around services that were affected by Covid. Ms Compton confirmed that at present all care homes were compliant and had risen to the challenge especially around infection control and residents had reported positive experiences in care homes and supported living throughout the pandemic.

Ms Compton highlighted that during the pandemic people were choosing not to take up care and instead rely on family, friends and neighbours. She confirmed there was better engagement with providers and greater support given during the pandemic which has resulted in it being a more positive experience any many lessons learnt.

Members queried if officers were confident that local residents had the confidence to make complaints. Ms Compton confirmed she would like to think that people were able to address concerns and these concerns were dealt with before they escalated to the complaint stage. She explained that the patient advice line (PALs) was an independent service if people didn't not want to raise their concern with the providers. Members suggested that volunteers make a complaint to see if the process of making a complaint from the perspective of a member of the public. Ms Compton supported that suggestion and Ms Haxby explained that previously officers had set up a stall in Freshney Place to welcome more views from the public and to understand the barriers to someone making a complaint and as a result officer had looked further into how they could advocated for people who were house bound. She welcomed views on how the service could be improved

The idea of carrying out anonymous surveys was suggested by members. Ms Haxby confirmed that independent surveys were carried out after complaints had been made to check if people were supported though the process and this information was helpful to see how the complaints service could be improved.

RESOLVED – That the report be noted

SPH.47 SAFEGUARDING ADULTS BOARD ANNUAL REPORT

The panel considered the Safeguarding Adults Board Annual Report.

Members welcomed the report and were reassured by the good work that was been carried out by the board in safeguarding adults in North East Lincolnshire.

RESOLVED – That the report be noted.

SPH.48 HEALTH INEQUALITIES

The panel received a presentation on the health inequalities within North East Lincolnshire which covered the causes and in particular access to healthcare and social determinants of health broken down into child and adulthood. Mr Pinus explained that there were 16 recommendations that would be included in the Director of Public Health Annual Report that supported the need, in conjunction with partners to address health inequalities across North East Lincolnshire.

Members were concerned about the health inequalities that were prevalent in the deprived wards and effects this had on outcomes for children. Mr Pintus explained that there was constant monitoring of children's health in early years and their outcomes as a result. Mr Pintus explained the long-term aim was for communities to support each other and build up the skills to manage situations themselves and to become

more sustainable and not rely on NHS services. Members were pleased that children's health would be monitored throughout early years and that it was key for communities to work together and support each other.

RESOLVED – That the report be noted.

SPH.49 COVID-19

The panel received a verbal update on the latest COVID-19 epidemiology across North East Lincolnshire. Mr Pintus explained that infection rates were decreasing across the borough, the trends showed that infections were amongst the working age population and they had reduced in care homes. He highlighted that it was important not to be complacent. The mix of vaccination, testing and keeping transmission low would be a key focus for the council over the coming months.

RESOLVED – That the update be noted.

SPH.50 QUESTIONS TO PORTFOLIO HOLDER

There were no questions for the portfolio holder at this meeting.

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 6.12p.m.