



To be submitted to the Council at its meeting on 16<sup>th</sup> December 2021

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

**29<sup>th</sup> September 2021 at 4.00pm**

### **Present:**

Councillor Hudson (in the Chair)  
Councillors Brasted, Furneaux, Robinson (substitute for Astbury) Rudd, Wilson and Woodward.

### **Officers in attendance:**

- Bev Compton (Director of Adult Services)
- Eve Richardson-Smith (Deputy Monitoring Officer)
- Geoff Barnes (Interim Director of Public Health)
- Joanne Robinson (Assistant Director for Policy, Strategy and Resources)
- Guy Lonsdale (Finance Group Manager)
- Zoe Campbell (Scrutiny & Committee Advisor)

### **Also in attendance:**

- Councillor Margaret Cracknell (Portfolio Holder for Health, Wellbeing and Adult Social Care)

### **SPH.19 APOLOGIES FOR ABSENCE**

Apologies for absence from this meeting were received from Councillors Astbury and Croft

### **SPH.20 DECLARATIONS OF INTEREST**

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

### **SPH.21 MINUTES**

RESOLVED – That the minutes of the Health and Adult Social Care Scrutiny Panel meeting held on 4<sup>th</sup> August 2021 and the special meeting on the 19<sup>th</sup> August 2021 be agreed as an accurate record.

## **SPH.22 QUESTION TIME**

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

## **SPH.23 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 forward plan be noted.

## **SPH.24 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 tracking report be noted.

## **SPH.25 FINANCIAL MONITORING REPORT 2021 – QUARTER 1**

The panel received a report from the Executive Director of Environment, Economy and Resources providing key information and analysis of the Council's position and performance for the first quarter of the 2021/22 financial year.

Mr Lonsdale referred to the adult social care budget and explained that there was a balanced budget due to the reduction of the residential care placements because of the Covid-19 pandemic and the government continued to add additional funds to support COVID measures needed. He confirmed that as part of the process for the next financial year, model scenarios were being looked at in terms of what the adult social care demand would look when things returned to normal. The living wage, recruitment of staff and increased costs of care would all have an impact on the budget.

Members queried if the budget forecast was realistic because of covid support and when it ended would this impact on the budget. Mr Lonsdale confirmed the Covid-19 funding was channelled towards adult social care and support providers as well as health funding to support pressures from hospital discharges. In terms of demand during the pandemic, it had reduced because people were delaying taking up placements in care homes or suspended packages of care at home, due to family members

being able to support during lockdown, Sadly, a large number of deaths that had occurred in care homes as a result of covid had seen a reduction in residential care costs. This reduced level of demand together with additional external funding had led to the overall balanced position.

Members referred to reserves and were there any that we didn't see, that were being used to help balance the budget. Mr Lonsdale confirmed that the council held strategic health reserves on behalf of the CCG under our local partnership section 75 arrangements. This is used to invest in the adult social care system. NHS bodies were not in a position to hold reserves, in partnership with the CCG, the council managed the budget

RESOLVED – That the report be noted.

## **SPH.26 COUNCIL PLAN**

The panel received the Council Plan as referred by Cabinet on 8<sup>th</sup> September 2021, seeking engagement and feedback prior to Full Council adoption.

Members queried why in the vital signs, under 75 all-cases mortality were there no indicators attached and members felt these needed to be included so they could see what they were scrutinising. Ms Robinson agreed for this information to be included.

The direction of travel members felt would have been a benefit to be included so progress could be tracked and scrutinised. Ms Robinson confirmed that the vital signs were being developed and were in draft. When the plan was launched it would include a performance framework, and performance against the vital signs would be reported through that framework. Members were concerned that they had not had chance to scrutinise the performance framework before the report went onto Cabinet. Ms Robinson advised members that at this stage, while the plan was in draft format, it was important that members were satisfied that the vital signs reflected what performance information members required and that the detail behind the vital signs would be shared through performance reporting arrangements, when members scrutinised progress. Ms Robinson agreed to include the vital signs milestones in the quarterly monitoring report as requested by a member of the panel.

Ms Robinson explained that the report was going to Full Council on the 16<sup>th</sup> December 2021 where members would have another opportunity to see the final draft and it would be monitored quarterly with through the existing resources reporting arrangements through Cabinet and scrutiny panel meetings.

Working with families and offering peer support to vulnerable mothers was welcomed by members. Mr Barnes confirmed that officers had recognised that the additional resource to support the enhanced model

would be beneficial to this cohort of women in the disadvantaged areas.

Members welcomed the work to reduce health inequalities across the borough and as requested by a member, that the age of death be included within the vital signs performance data.

Teenage pregnancy figures had historically been high within North East Lincolnshire and members queried why it was not mentioned in the plan. Mr Barnes confirmed there had been a general decline in teenage pregnancy however the figures remained high compared to other local authorities.

Smoking, specifically in pregnant women was a concern to members who felt this needed to be reflected within the vital signs. Mr Barnes confirmed that there was not enough reliable data from the hospitals in the last year due to the pressure of covid-19 and he explained that anyone in hospital who smoked would now be referred to the stop smoking service for help, advice and support to stop smoking.

Members requested to see the death rates of people coming out of hospital and died within 30 days. Mr Barnes said it was above expected levels but had improved in recent years. A member felt the panel had lost focus on these figures and would welcome an update at a future meeting on the SHIMI and the progress made against these results

RESOLVED –

- 1) That the draft council plan be noted.
- 2) That the feedback from the panel be included in the Cabinet report for consideration in the final version of the council plan.
- 3) That the panel received the SHIMMI figures at a future meeting.

## **SPH.27 COVID-19 – IMPACT ANALYSIS**

The panel considered a report which provided a narrative summary of the key points of the impact of COVID-19 in North East Lincolnshire and formed a significant part of the Joint Strategic Needs Assessment for 2021.

Mr Barnes explained the covid impact analysis assessed impact over a number of areas and the highest impact on health was the increase in mental health, diagnosis of long terms conditions, exacerbation of existing medical conditions and an increase in alcoholism. He reassured the panel that officers were working with the cancer teams to look at the emerging data of diagnoses that occurred because of the pandemic.

The report highlighted the adult social care as a system had suffered and had been under pressure with the additional processes and PPE guidelines that care and nursing homes had to follow if there was an outbreak of Covid-19. He also highlighted the impact felt on residents

with loneliness and isolation and the same with people in the communities.

The drop in face to face GP appointments was a concern for members and they asked what assurance officers could give that they would return to normal especially as there had been an increase in attendance at A&E and members were concerned that GP's could be using A&E as a default. Mr Barnes understood the panels concerns and confirmed that there had been a discussion with GP's and explained that a communication was going out to all households across the borough advising residents when to contact their GP or attend A&E.

Members queried how the system coped with the increase demand in mental health services and was their enough capacity. Mr Barnes confirmed the services were under pressure and particularly in children's mental health services Mr Barnes felt it was not an ideal situation people having to wait to access services that were not a high priority. The council's the well-being services supported with low level mental health issues and he appreciated that the long-term solutions needed to be addressed moving forward.

Members asked for a briefing at a future meeting to reassure them how effective how our mental services were compared with the demand.

RESOLVED – That the panel received a briefing on mental health services at a future meeting.

## **SPH.28 WINTER PLANNING**

The panel received a verbal update on the plans being made to prepare for the winter pressures across adult social care within North East Lincolnshire.

Ms Compton talked the panel through the work that was ongoing around protecting the workforce and people from infection. Supporting access to the best quality of care close to home as possible and sustaining residents care they received was critical over the winter period.

Infection control in home care was a concern raised by a member and Ms Compton reassured the member that fresh PPE was used for each call and disposed of safely afterwards to reduce the risk of infection being picked up and transmitted.

Members queried if there had been a good response to the flu vaccine roll out. Mr Barnes said that the annual campaign had only recently begun but the early signs were positive that there would be a high uptake this year.

RESOLVED – That the update be noted.

## **SPH.29 MENTAL CAPACITY ACT 2005**

The panel received a briefing note on the challenges arising from pending change to the Mental Capacity Act 2005 (MCA) in the form of the Liberty Protection Safeguards (LPS) as replacement for the Deprivation of Liberty Safeguards (DoLS) and equivalent Court of Protection (CoP) processes.

Ms Compton explained the change in the mental capacity act, the responsibility of the local authority, the NHS and partners in implementing the changes that were to take effect from March 2022.

Members queried how long it took for the paperwork that was involved in a DoL. Ms Compton confirmed that it would depend in the individual and whether they objected.

A member queried if the cost to implement the changes would put additional pressure on the budget. Ms Compton confirmed that there would be some additional costs to meet, which may be partly offset by savings on court costs. The council was waiting to hear about the government's proposals and guidance in relation to the implementation then it would be clearer as to the financial implications.

Members were concerned that the NHS and children services were starting the process from scratch because of the changes to the act and they were new to the DoLS process. There was a concern that it was a lot to learn and implement within the timescale of March 2022. Ms Compton explained that adults' services within the council were familiar with the existing processes and were working on understanding the new system. The panel asked for reassurance that children's services, hospitals and the integrated care system had plans in place, how far down the line they were with the plans and would they be ready to implement the changes to the Act in time for the implementation in March 2022. As a result, the panel requested that officers from each area were invited to a future meeting to give them the reassurance and that a recommendation to the Children and Lifelong Learning Scrutiny panel that they were also reassured of the same process within children's services.

The panel recommended to Cabinet that it with the Humber Coast and Vale (HCV) integrated care system to highlight the existing local authority good practice in relation to the Mental Capacity Act and deprivation of liberty safeguards and that Cabinet sought assurance from HCV to a "one system approach" to the implementation of liberty protection safeguards to ensure that the responsible bodies had a consistent approach to training their workforce to deliver the new guidance. A single approach to recruitment of AMCPs, to ensure an adequate supply of appropriate workers. A single approach to systems and data sharing, to ensure delays are avoided in placing people under the relevant safeguards. Members referred to the section 75 agreement and the panel recommended that Cabinet asks the HCV

ICS to considered whether a section 75 agreement with one or more local authorities to lead the implementation of LPS would be an appropriate vehicle to achieve 1 and 2 above.

RESOLVED –

- 1) That officers from children’s services, the NHS and other bodies were invited to a future meeting to give them the reassurance on their implementation plan for the new changes to the mental capacity act with effect from March 2022 be approved.
- 2) That a recommendation to the Children and Lifelong Learning Scrutiny panel that they were also reassured of the same process within children’s services be approved.
- 3) That Cabinet engaged with the Humber Coast and Vale integrated care system to highlight the existing local authority good practice in relation to the Mental Capacity Act and deprivation of liberty safeguards be approved;
- 4) That Cabinet sought assurance from HCV to a “one system approach” to the implementation of liberty protection safeguards to ensure:
  - Responsible bodies have a consistent approach to training their workforce to deliver the new guidance.
  - A single approach to recruitment of AMCPs, to ensure and an adequate supply of appropriate workers.
  - A single approach to systems and data sharing, to ensure delays are avoided in placing people under the relevant safeguards be approved.
- 5) That Cabinet asked the HCV ICS to consider whether a section 75 agreement with one or more local authorities to lead the implementation of LPS would be an appropriate vehicle to achieve 1 and 2 above be approved.

### **SPH.30 QUESTIONS TO PORTFOLIO HOLDER**

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

### **SPH.31 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 5.52p.m.