



To be submitted to the Council at its meeting on 17th March 2022

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

24th November 2021 at 4.00pm

Present:

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

Officers in attendance:

- Rob Walsh (Chief Executive)
- Geoff Barnes (Interim Director of Public Health)
- Simon Jones (Assistant Director of Law, Governance and Assets)
- Guy Lonsdale (Finance Group Manager)
- Zoe Campbell (Scrutiny and Committee Advisor)
- Mike Hardy (Public Health Commissioning Lead)

Also in attendance:

- Councillor Margaret Cracknell (Portfolio Holder for Health, Wellbeing and Adult Social Care)
- Linsey Cunningham (Coms and Engagement Lead – Hull CCG)
- Ivan McConnell (Programme Director – Humber Acute Service Review)

SPH.32 APOLOGIES FOR ABSENCE

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

SPH.33 DECLARATIONS OF INTEREST

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

SPH.34 MINUTES

Councillor Wilson asked for his feedback at the meeting on the 29th September under item SPH.26 that the use of SMART or aspirational targets be used within the performance framework to help during the scrutiny process to be included.

RESOLVED – That the minutes of the Health and Adult Social Care Scrutiny Panel meeting held on the 29th September 2021 be agreed as an accurate record subject to the amendment of item SPH.26 as set out above.

SPH.35 QUESTION TIME

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

SPH.36 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.37 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.38 HUMBER ACUTE SERVICE PROGRAMME

The panel received an update on the Humber Acute Service Programme.

Members queried if patients would be required to travel out of area for treatment under the new proposals. McConnell explained that a geo-mapping exercise had been undertaken to establish what patients were seen for, where they were seen and where they received treatment. The next task was to consider where people may be displaced and what support could be offered to enable them to access services, including treatments out of area, where required. He confirmed that the plan was, wherever possible, to ensure services were provided locally, which the panel welcomed.

Mr McConnell confirmed that there was an exercise taking place to map ambulance journeys and hand over times if making journeys to emergency centres. He confirmed this piece of work would be shared at a future meeting as part of the consultation with members.

Staff shortages was raised as a concern by a member who queried what were the plans to recruit staff. Mr McConnell reassured the panel that recruitment and retention was a priority, and he explained several options were being explored, including recruiting from overseas. However, he confirmed that historically very few staff stayed locally once they had finished their initial training. One of the past areas of feedback was the staff accommodation and since the building of the new 248 bed accommodation block at the Diana Princess of Wales Hospital in Grimsby, the feedback amongst junior doctors was extremely positive and the trust were hoping that this would encourage trainees to come to the area and stay long term. Another aspect that Mr McConnell highlighted was that the NHS was one of the biggest employers in the area with 150 different skills and as part of overall workforce development approach, consideration was being given to how the local NHS could utilise a variety of skills that could be transferred into the NHS, together with looking at school leavers and the way in which they could develop a career within the NHS.

RESOLVED – That the report be noted.

SPH.39 INTEGRATED CARE SYSTEM

The panel received a verbal update on the progress of the integrated care system agenda.

Members noted the latest developments, including the ongoing progress of the North East Lincolnshire place based partnership arrangements. A member queried how public health arrangements would operate both locally and regionally. Mr Walsh explained that public health was a key component of the local and regional arrangements.

RESOLVED – That the update be noted.

SPH.40 FINANCIAL MONITORING REPORT 2021/22 - QUARTER 2

The panel considered 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 second quarter of the 2021/22 financial year.

Referring to the overspend in Children's Services, a member asked if that would affect the adult social care budget. Councillor Shreeve agreed it was a concern and that there would be no specific impact on

adult social care. He explained that all services were being asked to review their budgets to contribute savings to help with the overall financial position.

RESOLVED – That the report be noted.

SPH.41 GAMBLING

The panel received a report and presentation on the scale and effect on gambling across North East Lincolnshire.

Members were concerned about the increase in people buying scratch cards and the potential for under 18's to go into betting shops. Mr Barnes explained that the monitoring would come under the trading standards team and he agreed to come back to the panel with an update on the activity undertaken by the team. Mr Hardy highlighted that the effects of gambling had an impact on the wider family in terms of suicide, alcoholism and financial problems, which was a great concern.

Members queried if there was information out there to establish what drove people towards gambling. Mr Hardy explained that with the increase in social media and TV adverts it enabled information to be trickle fed via social media. Game aware messages on advertising had to be included and people could opt out of receiving emails that were linked to betting sites. It was evident that all the above impacted on people's mental health.

A member referred the density of betting shops in some areas of the town centre, and felt it was misleading when reporting the ranking in deprived areas. The member explained that if you took the town centre out where the density lay it would give a different picture across the borough.

Members queried if there was any analysis carried out on the impact of gambling on the local authority in terms of providing health services to help them with their addiction and how much it cost. Mr Barnes explained that to get a true picture of gambling and health you would need to look at services such as alcoholism and domestic violence because there were several factors and therefore it was difficult to give an accurate cost.

Young gamblers and online betting concerned a member of a panel and queried if there was any intention to investigate the future problem so young people didn't get addicted to gambling. Mr Hardy explained there was a review of the Gambling Act because it needed to consider online betting. Officers were waiting for the report to come out from central government.

RESOLVED –

1. That the report be noted.

2. That the panel received information about how the Trading Standards team were enforcing underage attendance in betting shops and the purchase of scratch cards.

SPH.42 ADULT SOCIAL CARE & HEALTH STATUTORY ANNUAL COMPLAINTS REPORT

The panel considered the adult social care and health statutory annual complaints report for 2020/2021.

Members queried if the staffing levels within care homes had an impact on the current number of complaints. Ms Wray explained the main concerns were around domiciliary care and in particular when staff didn't turn up or were late for care calls. She confirmed that a lesson learnt was about reinforcing the need to communicate with service users to let them know if they were running late.

The reduction in the number of complaints was welcomed by the panel and members queried if this was due to Covid or other factors. Ms Wray explained there was no specific individual reason. Members asked if there was discretion when dealing with a complaint that referred to an incident in the past. Ms Wray confirmed that the regulations stated a complaint should be made within 12 months of the incident or within 12 months of being aware of the need to complain. There was the option to exercise discretion and extend the time limit if there was a good reason for bringing a complaint late.

RESOLVED – That the report be noted.

SPH.43 QUESTIONS TO PORTFOLIO HOLDER

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

SPH.44 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 6.10 p.m.