



To be submitted to the Council at its meeting on 28th July 2022

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

30th March 2022 at 4.00 p.m.

Present:

Councillor Hudson (in the Chair)
Councillors Astbury, Boyd, Brasted, Croft, Sandford (Substitute for Furneaux) and Wilson.

Officers in attendance:

- Bev Compton (Director of Adult Services)
- Eve Richardson-Smith (Legal Team Manager and Deputy Monitoring Officer)
- Zoe Campbell (Scrutiny and Committee Advisor)
- Mark Nearney (Assistant Director for Housing, Planning and Transport)
- Paul Thorpe (Operation Director - EQUANS)
- Guy Lonsdale (Finance Group Manager)
- Diane Halton (Assistant Director of Public Health)

Also in attendance:

- Councillor Cracknell (Portfolio Holder for Health, Wellbeing and Adult Social Care)
- Dr Peter Reading (Chief Executive - Northern Lincolnshire and Goole NHS Foundation Trust)
- Dr Kate Wood (Medical Director - Northern Lincolnshire and Goole NHS Foundation Trust)
- Kishore Sasapu (Deputy Medical Director - Northern Lincolnshire and Goole NHS Foundation Trust)
- Hayley Garrod (Head of Quality Assurance - Northern Lincolnshire and Goole NHS Foundation Trust)
- Jan Haxby (Director of Quality and Nursing - North East Lincolnshire Clinical Commissioning Group)

SPH.56 APOLOGIES FOR ABSENCE

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

SPH.57 DECLARATIONS OF INTEREST

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

SPH.58 MINUTES

RESOLVED – That the minutes of the Health and Adult Social Care Scrutiny Panel meeting held on the 2nd February 2022 be agreed as an accurate record.

SPH.59 QUESTION TIME

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

SPH.60 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.61 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.62 EAST MIDLANDS AMBULANCE SERVICE (EMAS) - PERFORMANCE AND RECRUITMENT

With the permission of the Chair, this item was deferred to the meeting of this panel in July 2022, due to unforeseen work pressures faced by EMAS.

SPH.63 DISABLED FACILITIES GRANT FUND SPEND

The panel received a briefing paper on the disabled facilities grant (DFG) spend for 2020-2021 and future activities to deliver an improved service.

Members were extremely concerned about the length of time it was taking for assessments to be made and adaptations to be completed and felt it was unacceptable when the money was available in the budget. The panel wanted reassurance from officers that the process would be

made quicker to enable residents to live in their own homes with the adaptations to improve their quality of life.

A member referred to the introduction of improvements to the process that had been ongoing for a long time and the member was struggling to understand why the length of time to deliver an adaptation had not reduced. Mr Nearney explained that delivering some adaptations was a very complex issue because it involved various teams from different organisations including EQUANS, the clinical commission group and the Northern Lincolnshire and Goole NHS Foundation Trust (NLAG). A chronic shortage of occupational therapists and building surveyors also hampered performance, with demand outstripping supply, which had been the case for many years on the back of a pandemic. A recent change in governance arrangements had taken place, with Mr Nearney being charged with pulling together a combined working group from all those key stakeholders to establish an agreed DFG process, that could be identified, measured and assessed. This in turn would highlight key delays/bottlenecks in the entire end to end DFG process and in time would deliver efficiency options, streamlining the process. There was now a clear understanding of the problem, which was capacity and resource. He confirmed the commitment to reduce the delays was there and was moving in the right direction. He confirmed officers would come back to the panel at a future date with evidence that the process and performance measures to reduce the delays had worked.

Members highlighted the lean process that was referred to in the presentation and that it was key for officers to have the processes in place, act on them and go back and review to make sure they were working. Mr Nearney reassured the panel that was the role of Operational Group going forward and there would be regular reviews.

Due to the increase in material costs, the members wanted reassurance that if the surplus in the budget shrunk would this be monitored and additional money available if needed. Mr Thorpe confirmed that the DFG budget was monitored on a monthly basis and if additional budget was required there was the option to refer to the capital monitoring group, which met on a quarterly basis. He reassured the panel that any overspend would be highlighted to the Operational Group in the first instance.

Referring to examples of major works a member queried how many houses for these types of adaptations were in the system. Mr Thorpe explained that the figures only included the number of referrals not properties.

Members were concerned and disappointed to hear 81 referrals had cancelled their adaptations. Mr Thorpe explained this could be for a variety of different reasons and members questioned if officers expected this number to reduce now the process was under review and

there was increased scrutiny. Mr Thorpe agreed to provide an overview of the reason why cancellations had occurred.

A member queried why it took so long for an assessment to be made. Mr Thorpe confirmed it was an average of 60 days, which was above the national average. Members were alarmed at this and felt it was an unacceptable timescale, especially if someone was in urgent medical need. Mr Nearney advised that EQUANS were not responsible for delivery of clinical assessments, but it was key all relevant teams were fully integrated.

Mr Thorpe explained that the new guidance on DFG set greater targets and a review was taking place to ensure that processes were in place to achieve the targets and that they would report back the outcome at a future meeting.

A member asked for some examples of what 'wellbeing' covered and how much was spent on this from the DFG. Mr Thorpe confirmed that he would provide the panel with this information in the next presentation to members.

The panel agreed to continue to monitor the DFG overall spend and progress on reducing the waiting times with the implementation of the programme presented back to the panel at a future meeting.

RESOLVED –

1. That the panel continue to monitor the Disabled Facilities Grant overall spend and operational progress to reduce the waiting time from referral to completion of the adaptation.
2. That an overview be provided to this panel with the reason why 81 referrals had cancelled their adaptations.
3. That a briefing paper be emailed to this panel confirming what services 'wellbeing' covered and how much of the DFG was spent in this area.

SPH.64 SUMMARY HOSPITAL LEVEL MORTALITY INDICATOR

The panel received a presentation providing the latest summary hospital-level mortality indicator (SHMI) figures for Northern Lincolnshire and Goole NHS Foundation Trust (NLAG).

A member referred to the data in the SHMI and the upper quartile gap in the 30 days rule and queried if it was a flag to look at the 30 days. Dr Woods explained that the data was published nationally but by using head data they were not confident that it captured everyone. Dr Kishore was keen to point out to members that was important for the trust to understand how patients died, was it expected or unexpected and did

they get the care in end of life that they wanted. By learning from mortality and lessons learnt, new pathways had been designed and implemented which reassured members.

Members queried if there were benchmark figures to compare with other trusts. Dr Woods confirmed she would be able to provide a breakdown of the SHMI of other trusts across the region. Ms Haxby highlighted to the panel the good work that was delivered and that others trusts asked NLAG to support them to understand and present their SHMI figures.

Members queried why Scunthorpe and Grimsby hospital figures varied and why was there no data for Goole. Dr Woods explained that there was no data for Goole because they were not a primary admitting hospital. Scunthorpe had different out of hospital services, and it had prompted the trust to look at the whole system and what the differences were. She confirmed that there was more palliative care at Scunthorpe and where the leadership team was based to support people out of hospital which was one of the drivers why the SHMI's were different. A member asked when they would see the gap in the figures close. Dr Wood explained it was a multifactual issue and that recruitment was a big gap and a problem across trusts nationally.

Ms Haxby explained that there were other work streams ongoing that would contribute positively on the end of life care, including across the community to up skill people which in turn would fill job vacancies that helped to prevent patients being admitted to hospital. She also confirmed that officers were developing a model of care and developing a strategy for end of life, both of which were underway.

Ms Halton referred to the health of the populations influences and when looked at closer there were significant differences across the two areas therefore making it difficult to measure the SHMI in the same way. She gave an example that mortality from alcohol related conditions that was higher in North East Lincolnshire than North Lincolnshire and she asked members to bear this in mind when looking at the SHMI.

Ms Compton explained to members that out of hospital SHMI shined a light on other parts of the systems that were not working and that it was key for the role of community services and management of care in the community. By doing this she felt that it was critical to focus on what was effective community care to help improve the end of life care, which was welcomed by members.

RESOLVED – That the update be noted.

SPH.65 ONCOLOGY

With the permission of the Chair, this item was deferred to the meeting of this panel in July 2022, due to unforeseen circumstances.

SPH.66 QUARTER 3 FINANCE MONITORING REPORT

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 third quarter of the 2021/22 financial year.

Members queried the underspend in the adult social care budget. Ms Compton explained that the underspend was unusual this financial year. She referred to the government 'cap on care costs' exercise that was taking place which may drive up the cost of care and the subsequent white paper which would impact on the budget in the future.

RESOLVED – That the report be noted.

SPH.67 HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL WORK PROGRAMME

The panel considered a report from the Statutory Scrutiny Officer (Assistant Chief Executive) summarising the panel's agreed 2021/22 work programme and the timetable of activities to undertake this work. The panel also considered any issues it may wish to retain in or add to its work programme for 2022/23 and agreed for the following areas to be covered:

- Joint work with Communities Scrutiny Panel on monitoring the priorities in the Drugs and Alcohol Strategy.
- Continue to monitor the Disabled Facilities Grant overall spend and progress on reducing the waiting time from referral to adaptation completed.
- Consider the implications of the Cost of Care White Paper on council funding.
- Look at the impact of health inequalities on the residents of North East Lincolnshire.
- Joint work with the Economy Scrutiny Panel and/or the Communities Scrutiny Panel to look at the shortage of 3/4 bed social housing available across the borough.

RESOLVED –

1. That the report be noted.
2. That the items listed above be added to the Health and Adult Social Care Scrutiny Panel work programme for 2022/23.
3. That the items in the report be carried over to the work programme for 2022/23.

SPH.68 QUESTIONS TO PORTFOLIO HOLDER

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

SPH.69 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 6.43 p.m.