



To be submitted to the Council at its meeting on 29th September 2022

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

3rd August 2022 at 4.00 p.m.

Present:

Councillor Hudson (in the Chair)
Councillors Aisthorpe, Astbury, Brasted, Croft, Hasthorpe, K Swinburn (substitute for Sandford) and Wilson.

Officers in attendance:

- Geoff Barnes (Deputy Director for Public Health)
- Simon Jones (Assistant Director of Law, Governance and Assets)
- Amber Abernethie (Public Health Trainee)
- Guy Lonsdale (Finance Group Manager)
- Zoe Campbell (Scrutiny and Committee Advisor)

Also in attendance:

- Councillor Shreeve - Deputy Leader and Portfolio Holder for Health, Wellbeing and Adult Social Care.

There were no members of the press or public present at the meeting.

SPH.1 APPOINTMENT OF CHAIR AND DEPUTY CHAIR

It was noted that at the Annual General Meeting of the Council held on 26th May, 2022, Councillor Hudson had been appointed the Chair and Councillor Astbury the Deputy Chair of the Health and Adult Social Care Scrutiny Panel for the ensuing Municipal Year.

SPH.2 APOLOGIES FOR ABSENCE

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

SPH.3 DECLARATIONS OF INTEREST

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

SPH.4 MINUTES

RESOLVED – That the minutes of the Health and Adult Social Care Scrutiny Panel meeting held on the 30th March 2022 be agreed as an accurate record.

SPH.5 QUESTION TIME

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

SPH.6 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.7 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.8 2021/22 PROVISIONAL FINANCIAL OUTTURN REPORT

The panel received a report from the Portfolio Holder for Finance, Resources and Assets providing key information and analysis of the Council's position and performance at the end of the 2021/22 year.

RESOLVED – That the report be noted.

SPH.9 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

The panel considered the Director of Public Health Report for 2021 with a view to establishing if there were any areas of concern for the panel to focus on in its work programme for 2022/23.

Members main concern from the report was the increase in people presenting with mental health conditions and they were keen to understand the services that were in place to help and support residents.

A member referred to the new Maternal Mental Health Service that was expected to launch in May 2022 and queried how it was progressing. Mr Barnes explained that the service was developed in response to gaps in service provision. Mr Barnes confirmed that he would refer to the service provider and produce a briefing paper to update the panel on how it was developing and the impact it would have on residents.

It was noted by a member that in the more deprived areas across the borough there were high numbers of residents presenting to A&E with mental health conditions and it was felt there was a greater need in these wards to focus services. Mr Barnes explained that where there were high levels of deprivation, people were more likely to suffer acute episodes of mental health. The new Integrated Care Board would need to address the mental wellbeing of residents in the services that it provided and developed, especially in targeted areas. He referred to the 'Open Door' service that was available in the East Marsh which would help and therefore reduce the need for people to attend A&E for mental health support. It was suggested by Mr Barnes that the best approach would be to make a request to Navigo for information on what targeted work was in place to reach people most in need, hence aiming to reduce health inequalities.

A member queried whether the situation within maternity services had now returned to normal. The member was specifically interested in the limits on the amount of time birth partners could be present in the hospital and wanted to know how clear cut these limits were, for example if pragmatic decisions were made based on a woman's circumstances (such as allowing her birth partner to stay a bit longer if she had particular issues). Miss Abernethie agreed to find out if the six hours still applied. Mr Barnes explained that the timing was introduced when the restrictions in the pandemic started to lift because during the pandemic no birthing partners were allowed. He hoped that a pragmatic approach would be taken to each circumstance during and after birth.

Members highlighted the increase in dependency on alcohol and in particular as a result of the covid pandemic. Members were concerned that people had not sought help early enough because of the lockdowns and queried why this was not referred to in the recommendations. Mr Barnes agreed that alcohol dependency was a concern and he explained that an alcohol liaison nurse was based in the hospital to work with patients who were admitted to hospital who were dependent. The nurse would refer them onto Navigo services which would then be followed up in the community.

A member was concerned about how mental health could be treated among alcoholics. Mr Barnes confirmed there was a gap in service for dual diagnosis where both health problems could be sorted out together and that the Integrated Care Partnership would need to look at

the commissioning arrangements and wellbeing plans to commission future services.

The panel talked about the gap in services for people with mental health problems and in particular the need to get to the root cause of mental health problems at an early age to prevent future dependencies on drugs, alcohol and self-harm. Members were particularly concerned about young people aged 16-18 years who could slide through the gap. The panel agreed to add this to the work programme. Councillor Shreeve explained to the panel that the Integrated Care Partnership (ICP) were considering all the recommendations within the Director of Public Health report and that services needed to be interlinked with voluntary sector services.

A member referred to a table in the report which showed the main reasons for individuals attending A&E for mental health associated issues. The member queried if any of the admissions listed were also related to drug and alcohol abuse, or whether this was classed as a separate category. Miss Abernethie agreed to go back to the provider of the information on how these categorisations were made.

The report referred to an increase in domestic abuse and members asked what services were in place for men who were victims of domestic abuse. Miss Abernethie explained there was support for men offsite from the refuges. Ms Campbell explained that a report on the overview of the domestic abuse strategy 2021-24 and local approach went to the Communities Scrutiny Panel in February 2022. She agreed to forward the report, which included services provided for male victims, onto the panel for information.

An update was requested by a member on whether the health visiting service was now using the Ages and Stages Questionnaire (ASQ) emotional screening tool, as outlined in the report.

RESOLVED –

1. That the report be noted.
2. That a briefing paper on the new Maternal Mental Health Service that was launched in May 2022 be received by this panel.
3. That a request be made to Navigo for information on what targeted work was in place to reach people most in need of mental health services
4. That an update on whether limits on the amount of time birth partners could be present in the hospital had been removed or were still in place be circulated to members of this panel.

5. That mental health services for individuals aged 16-18 years be added to this panel's work programme so that members could understand if there was a gap in services.
6. That information on how A & E attendances for mental health related reasons were categorised, specifically whether attendances related to drug and alcohol abuse had their own categorisation, or whether they were represented within the complaints listed in table 4 of the report now submitted, be circulated to members of this panel.
7. That a copy of the domestic abuse strategy report that was considered by the Communities Scrutiny Panel in February 2022 be circulated to members of this panel.
8. That an update be provided to members of this panel on whether the health visiting service was using the Ages and Stages Questionnaire (ASQ) emotional screening tool.

SPH.10 HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL WORK PROGRAMME – REVIEW 2021/22 AND WORK PROGRAMME 2022/23

The panel considered a report from the Statutory Scrutiny Officer (Assistant Chief Executive) summarising the panel's agreed 2022/23 work programme and the timetable of activities to undertake this work.

The panel agreed the work programme and confirmed that they would like to focus of the October 2022 meeting to be on ambulance response times and to understand the stacking up issues when arriving at the hospital with patients. Ms Campbell confirmed that she would arrange for East Midlands Ambulance Service (EMAS) and the Chief Operating Officer from Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) to attend the meeting and present the information requested by the panel.

RESOLVED –

1. That the Health and Adult Social Care Scrutiny Panel work programme for 2022/23 be approved.
2. That EMAS and NLAG to be invited to the scheduled meeting of this panel in October 2022 to discuss ambulance response and waiting times.

SPH.11 QUESTIONS TO PORTFOLIO HOLDER

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

SPH.12 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 5.05 p.m.