



To be submitted to the Council at its meeting on 15th December 2022

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

5th October 2022 at 4.00 p.m.

Present:

Councillor Hudson (in the Chair)
Councillors Aisthorpe, Astbury, Brasted, Croft, Hasthorpe, Reynolds (Substitute for Sandford) and Wilson.

Officers in attendance:

- Eve Richardson-Smith (Legal Team Manager)
- Guy Lonsdale (Finance Group Manager)
- Simon Galczynski (Interim Director of Adult Services)
- Emma Overton (Integrated Care Board)
- Bruce Bradshaw (Integrated Care Board)
- Joanne Robinson (Assistant Director Policy Strategy and Resources)
- Helen Kenyon (Place Director – Integrated Care Board)
- Zoe Campbell (Senior Scrutiny and Committee Advisor)

Also in attendance:

- Councillor Shreeve - Deputy Leader and Portfolio Holder for Health, Wellbeing and Adult Social Care.
- Sue Cousland (East Midlands Ambulance Service)
- Alistair Smith (East Midlands Ambulance Service)
- Dr Peter Reading (Northern Lincolnshire and Goole NHS Foundation Trust)
- Dr Anwer Qureshi (Northern Lincolnshire and Goole NHS Foundation Trust)
- Shaun Stacey (Northern Lincolnshire and Goole NHS Foundation Trust)

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

SPH.13 APOLOGIES FOR ABSENCE

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

SPH.14 DECLARATIONS OF INTEREST

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

SPH.15 MINUTES

RESOLVED – That the minutes of the Health and Adult Social Care Scrutiny Panel meeting held on the 3rd August 2022 were agreed as an accurate record.

SPH.16 QUESTION TIME

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

SPH.17 FORWARD PLAN

The panel received the current 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.18 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.19 EAST MIDLANDS AMBULANCE SERVICE

The panel received a presentation updating the panel on the strategy, patient service, performance, resourcing and service improvement.

Members were concerned about the statics of harm to patients because of delays/serious incidents to patients or staff. Ms Cousland confirmed that seven of these incidents were reported from April 2022 and nine reported in greater Lincolnshire which she agreed was not a comfortable position and far in excess of the norm.

Clarification on the response times was sought by a member. Ms Cousland explained that a category one response which was the category for life treating immediate response call was 7 minutes. Ms Cousland explained that if there was an ambulance waiting with a patient at DPOW and they were needed for a category one response they could hand the patient over to the hospital and be released to

responded immediately to the cat one patient which was welcomed by the panel and gave them reassurance in that situation.

Following on a member asked why this process could not be carried out for all patients taken to hospital by ambulance. Dr Qureshi explained that the process could be accommodated for a category one call where the handover was taken in the corridor, but they did not have the space and resource to follow the process for all patients unfortunately.

Members fed back concerns from residents in their wards about the delays in waiting for an ambulance and they queried how EMAS were going to improve the response times and make the service more efficient. Ms Cousland explained that there was a finite number of ambulances and staff available and that they were used to the best of their ability. She highlighted that there was more space in the new A&E department at DPOW which would improve the handover times. In the call centre there were trained clinicians, for non-emergency patients who phoned them back on a regular basis to check on their condition whilst waiting for an ambulance and if the call needed to be up graded it would be. Ms Cousland explained that the call handlers prioritised people who were on their own. There were a number of measures that were not ideal for patients and staff, but they were as a result of the position EMAS found themselves in however they were looking at alternative pathways.

The issue of resources was raised by members. Dr Qureshi explained that you could put lots of additional resources in however the problem was the availability to recruit and then the in depth training that was required. He felt that there needed to be more work around streaming the calls that came in and working with the community to use the most relevant service because going straight to A&E was not right for everyone who called an ambulance.

Ms Kenyon explained that there had been more investment and funding as part of the support to reduce the delays right across the system, not just within the ambulance sector. She highlighted it was not just a single solution and that additional investment in care was needed across the system.

Members referred to the new A&E department at DPOW and queried how long it would be until they would see the efficiencies and the waiting times being reduced. Dr Qureshi explained that 84% of people going into A&E were discharged the same day the issue arose when people were waiting for a bed because there was a delay in discharge back into patients own home or into care. He confirmed that they were trying to reduce the number of admissions through the out of hours services, pharmacies and the single point of access to signpost people to the correct place for the care they required. Mr Stacey confirmed that there was a lot of working going on around discharge with partners,

other trusts and families of patients waiting to be discharged to help the situation.

A member asked what was being done to educate people, so they didn't use 999 as their first point of contact. Dr Qureshi explained that it was human nature for people, when faced with a medical situation to call 999 for reassurance and that NLAG had reviewed the walk-in service so that all patients were seen and treated if required however the service was only funded until 10pm and the trust wanted to see this service being 24/7.

Were we commissioning the right services locally to help patients be discharged from hospital who needed care. Ms Kenyon confirmed that we did commission the right services and additional support through domiciliary care providers. She acknowledged there were some delays however North East Lincolnshire were amongst the best in the country at ensuring people were discharged home quickly with the appropriate provision of care. She highlighted that residents from out of Lincolnshire were coming to DPOW and there was a delay in getting them back into area.

Members queried why people were leaving the ambulance service. Ms Cousland confirmed that some staff in their exit interviews were disgruntled at not being used for what they are trained for e.g. sat outside the hospitals for long periods of time however she highlighted that this was not just a local issues but a national issue. Other staff were leaving to go into primary care, retirement, and ill health.

The members appreciated that the issues raised needed a review of the whole system from end to end which resulted in the members requesting a briefing paper on the patient journey from calling 999, being taken into hospital and then the discharge process.

The Chair on behalf of the panel thank EMAS and NLAG for attend the meeting.

RESOLVED –

- (1) That the presentation be noted.
- (2) That a briefing paper be sent to the panel on the patient journey from calling 999, being taken into hospital and then the discharge process.

The panel considered a report on a revised approach to respite charging that was proposed, for adoption from the new financial year 2023 onwards.

A member was concerned about a potential difference in assessment of affordability between people with high levels of savings, and people with high levels of income. Ms Overton explained that the legal rules for assessing how much individuals could afford to contribute to the costs of their care appear focused on savings (because of references to 'higher capital limits' and 'lower capital limits'). However, the rules specify state that both capital and income would be taken into account as part of a financial assessment. She confirmed that people would be assessed individually and that option A in the report offered the best option to establish individual affordability. It was also noted that the capital limits were due to increase next year.

Members gave a view on the options and felt that option 'A' presented the fairest option in the context of increased pressures on household income. The panel supported the approach to consultation and agreed for the outcome of the consultation to be reported back to the meeting on the 1st February 2023.

RESOLVED –

- (1) That the report be noted
- (2) That option 'A' presented the fairest option in the context of increased pressures on household income.
- (3) The panel supported the approach to consultation and the outcome of the consultation to be reported back to the meeting on the 1st February 2023.

SPH.21 COUNCIL PLAN PERFORMANCE REPORT 2022/23 – QUARTER 1

The panel considered a report from the Leader of the Council and Portfolio Holder for Economy, Net Zero, Skills and Housing providing elected members with oversight of performance against the Council Plan.

Members requested that the red, amber, green status have the letter of the colour at the side of the tables within the report to make it easier to read. Ms Robinson confirmed this had been fed into the quarter two report.

RESOLVED – That the report be noted.

SPH.22 FINANCIAL MONITORING REPORT 2022/23 – QUARTER 1

The panel received the financial monitoring report 2022/23 for quarter one.

A member referred to the retail price index and queried if the figures were outdated. Mr Lonsdale confirmed that more detailed work for the quarter two report around inflation and the viability of delivering the capital programme would be taking place.

As part of the Adult social care predicted balance budget in a demand lead services members queried if forecasting was difficult especially with the pressure in increase in pay for staff in adult social care and what contingency was there in place if the situation occurred. Mr Lonsdale explained that there was a service based ear marked reserve (EMA) that could be called upon to manage demand on a short to medium term basis.

Members were concerned that capital projects may be at risk if they were being managed through the EMA. Mr Lonsdale confirmed that the short term impact was marginal and the local authority had to balance its budget. Ms Kenyon highlighted that the Council and NHS worked closely together and managed and mitigated the risk of financial increases. By working together the financial risk was reduced.

RESOLVED – That the report be noted.

SPH.23 FAIR COST OF CARE AND MARKET SUSTAINABILITY

The panel considered a report that provided members with an update on the steps being taken by North East Lincolnshire in response of the Government's publication of the 'Market sustainability and fair cost of care fund 2022 to 2023' guidance.

The panel welcomed the report, had no feedback to Cabinet and agreed for the final submission of the market sustainability plan to come to scrutiny for consideration before its submission in February 2023.

RESOLVED –

- 1) That the recommendations that were to be submitted to Cabinet were noted.
- 2) That the final submission of the market sustainability plan goes to a future a scrutiny panel meeting for consideration before its submission in February 2023.

SPH.24 QUESTIONS TO PORTFOLIO HOLDER

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

SPH.25 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 6.14 p.m.