



To be submitted to the Council at its meeting on 14<sup>th</sup> December 2023

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

**29<sup>th</sup> November 2023 at 4.30pm**

### **Present:**

Councillor Hudson (in the Chair)  
Councillors Croft, Haggis, Sandford, Reynolds (substitute for K Swinburn) and Wilson.

### **Officers in attendance:**

- Katie Brown (Director of Adult Services)
- Zoe Campbell (Senior Scrutiny and Committee Advisor)
- Diane Holton (Associate Director of Public Health)
- Guy Lonsdale (Deputy Section 151 Officer)
- Eve Richardson-Smith (Service Manager – Consultancy, Law and Governance)

### **Also in attendance:**

- Councillor Shreeve (Deputy Leader and Portfolio Holder for Health, Wellbeing and Adult Social Care)
- Rebecca Clarke (Expert by Experience)
- Sarah Wrigley (Expert by Experience)
- Alicia Clarke (Expert by Experience)
- Janet Burrows (Head of Public Health Nursing)
- Katrina Goodhand (Project Manager Mental Health - Health Care Partnership)

There were no members of the press and one member of the public present at the meeting.

### **SPH.26 APOLOGIES FOR ABSENCE**

Apologies for absence were received for this meeting from Councillors Astbury and K Swinburn.

## **SPH.27 DECLARATIONS OF INTEREST**

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

## **SPH.28 MINUTES**

RESOLVED – That the minutes of the Health and Adult Social Care Scrutiny Panel meeting held on the 4<sup>th</sup> October 2023 be agreed as an accurate record.

## **SPH.29 QUESTION TIME**

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

## **SPH.30 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.31 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.

It was agreed that members who wished to take part in observing EMAS on a shift that this was carried out on an individual basis. Ms Campell agreed to send the panel members the contact information.

RESOLVED – That the report be noted.

## **SPH.32 MENTAL HEALTH STRATEGY 2023-2028**

The panel considered the Mental Health Strategy 2023-2028. Ms Brown gave the panel the background to how the strategy was developed. She introduced the experts by experience to the meeting and explained that they had equal vote and voice when incorporating into the strategy.

A member asked the experts by experience what difference did they feel the strategy would make. Ms Clarke explained that the strategy would improve the services for patients now and in the future.

Ms Wrigley felt that it was important for the voice of the service users be heard whilst appreciating that there was not a blanket solution when it came to mental health.

Ms Clarke highlighted that some people's mental health didn't fit into certain criteria and the new strategy looked at the communication and sign posting between services so that individuals' needs were better understood.

Members were staggered and concerned about the number of suspected suicides in North East Lincolnshire. A member referred to the use of social media and queried if it would hamper people in that mindset. Ms Goodhand explained that there were some suggestions that people presented feeling suicidal were advised to stay off social media however the stats did not include those people using social media who were undiagnosed with a mental health condition. She highlighted that the concern was how we got hold of these people before they come to crisis point. She confirmed that the Delivery Board had three work streams and one of those was targeting communications such as looking after your neighbours, be aware of people around you for example to train platforms to educate people to be aware of people around them who may need help.

Members welcomed the early intervention and queried if there could be a QR label that was widely advertised such as train stations where vulnerable people could be diverted for help and support. Ms Goodhand agreed there was no reason why the Health and Care Partnership could not share their own OQ codes.

It was noted by a member that gaps in services were massive especially when people were dealt with by the Police or in A&E. An example being when vulnerable people were sent back home with no support package in place, and it was queried if the strategy would pick these people up. Ms Wrigley explained a lot of work had been undertaken within the voluntary and community sector when developing the strategy including information sharing with mental health alliance, public health commissioner for mental health services and issues were discussed and solutions made within the strategy. There was an expert with lived experience on each of the three work streams and some of those key themes were prevention, waiting well and no wrong door culture.

The issue of stigma around mental health was raised by a member who felt the phrase 'it is good to talk' should be promoted within workplaces. Ms Goodhand explained that within the strategy, there was a five year plan which included an action to reduce stigma and promote kindness in work places.

Members were concerned about the increasing numbers of children aged 5 -11 seeking help or being diagnosed with a mental health

condition. Ms Goodhand confirmed that there was a young peoples strategy being developed which would incorporate SEND needs.

A member highlighted loneliness within older people could lead to mental health issues especially if people were not used to reaching out to the community for help and support. Members suggested it would be nice to see an action plan to reach out to older people to see the options available to them for self-help. Ms Brown confirmed that this was one of the key Integrated Care Boards (ICB) priorities with a focus around looking how we connected with people within local communities and local need. Ms Brown gave an example of using local GP surgeries for multi discipline services and where there was no clinical diagnosis, people could be sign posted where there was a solution.

The panel welcomed the new strategy and acknowledged the tremendous work by the experts by experience. Members requested that a progress update on the strategy comes back to a future panel meeting.

RESOLVED –

1. That the Mental Health Strategy 2023-2028 be noted.
2. That a progress update on the strategy comes back to a future panel meeting.

### **SPH.33 COUNCIL PLAN RESOURCES & FINANCE REPORT – QUARTER TWO 2023/24**

The panel considered a report from the Leader and Portfolio Holder for Economy, Net Zero, Skills and Housing and Portfolio Holder for Finance, Resources and Assets providing key information and analysis of the Council's finance and resources position at the end of quarter two.

Members were concerned that due to the current budget overspend, money would be taken out of the services to reduce over spend and they queried what effect that had on projects where the ear marked reserves were allocated. Mr Lonsdale explained that reducing reserves was not necessarily a bad thing for transformational activity. Furthermore, the Council did invest on topping up transformational reserve periodically . Mr Lonsdale confirmed that general reserves remained unchanged. Mr Lonsdale highlighted that there were challenging times ahead and it was about the ability to manage the reserves year after year.

Referring to virements in the public health revenue budget members felt it was unclear what the headlines were and requested further detail. Mr Lonsdale agreed that it was a very high level and would provide the panel with further details in a briefing paper so that members were

reassured if the variance was planned or unplanned, how they were applied and for what purpose. A member suggested a workshop for the panel to understand the public health budget and services in more detail.

A member noted public health nursing service budget was underspent. Ms Burrows explained that it was because of difficulty recruiting to public health nursing because the role required a specific additional specialist nursing qualification. She welcomed the grow our own scheme to develop staff into those roles.

Concerns were raised by a member who referred to the £12m public health budget and queried how did we know we were getting value for money that was going into other services e.g. leisure. Ms Halton explained that an internal audit was undertaken, and it was a key opportunity for the Director of Public Health to gain reassurance that the services were meeting and supporting the public health outcomes as agreed within the contracts.

RESOLVED –

- 1) That the report be noted.
- 2) That a public health workshop be set up to cover services, budget and grant spend.

## **SPH.34 SCHOOL NURSING AND PUBLIC HEALTH NURSING**

The panel received a briefing paper on children's public health nursing and the school nursing service to give the panel an overview of the service due to it being added to the panel's terms of reference in July 2023.

Members queried how the analysis of school age children was informing what school health nursing services were provided. Ms Halton explained that there were various data sets available including, rich data in the adolescent life style survey that helped to inform the provision of service for public health nursing services.

The number of younger people with mental health conditions was increasing and members asked where the team were getting the information on that demographic from. Ms Burrows confirmed that it was difficult to get the information from that particular age group and this was where help from the schools came in and that practice insight was invaluable. Infant mental health was important and a key theme within the Children's and Young Peoples Board. Ms Halton reassured the panel that the team had a good awareness of services to refer children to if required.

Referring back to the school nurse qualification courses a member asked if there were courses locally that people could access instead of going over to Hull. Ms Burrows agreed that it would be beneficial to have a course locally however there were only certain universities ran Specialist Community Public Health Nurse courses were the remit of Health Education England.

Members queried why there were no hearing test for children aged four to help with early diagnosis. Ms Halton explained that the screening committee used evidence based data so the programmes could deliver the services and outcomes. She confirmed that the current advice on hearing was not to provide national screening test for hearing based on evidence however she highlighted that any hearing concern would be picked up by parents, schools and the GP's.

Ms Burrow reassured the panel that all babies had a general health screening aged 2 years on speech and language and there was a new born hearing screening programme in place. At this stage if hearing concerns were raised the child would be referred to audiology.

A member queried about health screening for home educated children. Ms Burrows explained that the service was reliant on parents to refer into the service. She noted that the Department for Health were working with the Department for Education to look at this cohort and understand their needs.

The panel welcomed the overview and asked how they could scrutinise the service going forward. Ms Halton suggested the Care Quality Commission (CQC) recent inspection of the service would be a start.

RESOLVED –

- 1) That the update be noted
- 2) That the panel received a briefing paper detailing the outcome of the CQC inspection of the school nursing services.

## **SPH.35 SECTION 75 AGREEMENT**

The panel considered a report on the Section 75 Agreement ahead of its presentation to Cabinet on the 20<sup>th</sup> December 2023 and agreed the oversight it required of the Section 75 agreement at future scrutiny meetings as it progressed to full implementation in April 2024.

RESOLVED –

- 1) That the report be noted.

- 2) That the panel holds a special meeting at the beginning of March 2023 to consider the final Section 75 agreement before it went to Cabinet on the 13<sup>th</sup> March 2024.
- 3) That the panel continues to have oversight of the Section 75 agreement at future scrutiny meetings.

## **SPH.36 JOINT HEALTH OVERVIEW AND SCRUTINY**

The panel received a verbal update on the outcome of the joint health overview and scrutiny committee meeting to consider the Humber Acute Services public consultation proposals.

RESOLVED –

- 1) That the updated noted.
- 2) The panel agreed to hold a workshop to gather a formal response to the Humber Acute Services review public consultation proposals on behalf of North East Lincolnshire Council Health and Adult Social Care Scrutiny Panel.

## **SPH.37 REVIEW OF 2023/2024 WORK PROGRAMME**

The panel considered a report from the Assistant Chief Executive (Statutory Scrutiny Officer) providing panel members with the opportunity to reflect on the progress of the panel's work programme at the half year stage and provide a formal opportunity for the panel to update its work programme.

Members felt that at future meetings when reviewing the work programme that the panel considered what were the outcomes of the work programme, what had gone well, what could have been done differently as part of the panel's self-improvement. Ms Campbell agreed that she would feed this back to the other scrutiny officers so that there was a consistent approach across all the scrutiny panels.

RESOLVED –

- 1) That that report be noted.
- 2) That at future review of the work programme the panel look in the further details what were the outcomes of the work programme, what had gone well, what could have been done differently as part of the panel's self-improvement.

**SPH.38 QUESTIONS TO PORTFOLIO HOLDER**

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

**SPH.39 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 6:58 p.m.