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Health and Social Well-Being Overview and Scrutiny Commission
10.00am on Friday 7 February 2025

Room 77, The Guildhall, Alfred Gelder Street, Hull and MS Teams

Present: Councillors Burton (C), Dolman (DC), Henry, Payne, Randall and Wood.

In attendance:

C. Jenkinson (Humber Foundation Trust - Deputy Chief)
A. Button (Operational Lead Social Work)
J. Rooke (General Manager of Children's and Learning Disability Services, HFT)
A. Couch (Operational Service Manager, Older Peoples Community Mental Health Services)
E, Daley (NHS Hull Place Director)
E. Butters (Assistant Director of Strategic Planning, ICB)
T. Meyerhoff (Statutory Director Adults Social Care (Non Exec))
G. Laister (Strategic Lead for Improvement and Assurance, ASC)
T. Whitehurst (Business Partner, Financial Planning)
F. Harbord (Scrutiny Officer)

Apologies:

Apologies were received from Councillor Matthews.

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47	DECLARATIONS OF INTEREST	
Declarations of a personal interest were made by a number of Councillors in relation to Minute 49, these being Cllr Wood insofar as she works at Down to Earth and at Ganton Special School; Cllr Henry insofar as she has children who are diagnosed ADHD and have EHCPs; Cllr Randall insofar as she has a grandchild with ADHD; Cllr Payne insofar as she has a grandchild in receipt of support; and, Cllr Dolman insofar as he has a sibling who works in familial delivery in the City.		
Recommendations:	Reasons for Recommendations:	Officer Assigned
a) N/A	a) N/A.	a) N/A
48	MINUTES OF THE MEETING OF 17 JANUARY 2025	
The Scrutiny Officer submitted the minutes of the meeting of Friday, 17 January, 2025 for approval.		
Recommendations:	Reasons for Recommendations:	Officer Assigned
a) That the minutes of the meeting held on the 17 January 2025 having been printed and circulated, be noted.	a) N/A	a) Scrutiny Officer (FH)
49	OVERVIEW OF MENTAL HEALTH SERVICES FOR HULL	
C. Jenkinson (Humber Foundation Trust - Deputy Chief), A. Button (Operational Lead Social Work), J. Rooke (General Manager of Children's and Learning Disability Services, HFT) and A. Couch (Operational Service Manager, Older Peoples Community Mental Health Services) attended the meeting to update the Commission on the current position of services managed by Humber Teaching		

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Foundation Trust (HTFT) which served the emotional and mental health needs of children, young people and adults living in Hull.

The Deputy Chief summarised the report, highlighting:

- i. The importance of emotional well-being.
- ii. The challenges faced by the population of Hull.
- iii. That the impact of Covid continued to be felt.
- iv. The co-relation between mental health and deprivation.
- v. The stark increase of referrals in relation to ADHD, autism and other neurodiverse issues.
- vi. The resultant expected increase in waiting lists for support services.
- vii. Family support being offered in anticipation of long waiting lists.

The Commission discussed:

- i. The adult ADHD referral system and support available to those who were not in a position to make their own choices.
- ii. People on medication whose medication had been stopped and had been put on the bottom of the waiting list for re-assessment.
- iii. People just receiving a letter from their GP withdrawing medication; and, that ADHD was covered by only one GP in the City.
- iv. That choice for the assessment for ADHD was not there, as there was a three year wait unless the assessment was carried out electronically, and many people with ADHD did not have the patience to complete the assessment electronically; and, the possibility of getting feedback from those who had completed the assessment electronically.
- v. The impact on children and adults of being on the assessment waiting list and sourcing alternative support; and, the potential negative impact on mental health of moving around support.
- vi. The impact of NEET on young people's mental health; whether mental health issues stemmed from the lack of support from schools; that schools received funding for affected pupils but often the young people were seen as a "nuisance"; and, a lot of parents were dedicated to their young people but schools were unwilling to work with them.
- vii. Whether the service thought that, with reference to the changes detailed in the last bullet point on page 21 of the pack, the plans to enhance triage and offer a non-pharmacological ADHD service was the best way forward.
- viii. Whether the strict rules for young people in academies made mental health issues worse; that schools had frustrations at changes made without their input; and, the capacity of schools to deliver support.
- ix. The conflict of systems, one of which was trying to support young people, but the other of academies having to hit targets; that children could be in meltdown but were isolated due to their behaviour; rules were brought in for restriction, but this broke trust; and, SENCOs were trying their hardest to support but targets had to be hit.
- x. Government rules about children having to be in school, but children were often not happy and were underachieving; and, an environment needed to be created where a child wanted to go to school.
- xi. The pressures on children going to school, but who were told to leave the classroom or forced to remain seated; and, the potential for children to be suspended due to mental health issues.

The external officers advised:

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- i. There were a number of organisations on the website that could offer support; everyone in the referral system received a letter and then phone calls to advise of the waiting list and options; and, there was the option to remain where they were if they did not wish to take up an option.
- ii. Issues around stopped medication and going back on the bottom of the waiting list were attributable to the lack of funding, and the need for a joined up solution.
- iii. Although some clients had IT issues, others preferred electronic information and contacts; capacity issues meant that there was a wait following assessment to receive support, but it would be fast-tracked electronically; and, in future people would be surveyed on how they felt about electronic contacts.
- iv. That, with reference to the last paragraph on page 21, it was felt that to offer enhanced triage, and a non-pharmacological ADHD service, was the best way forward.
- v. That mental health was badged up as a severe mental health issue; this meant that neurodiverse people were often put in an unsuitable environment, which was why many were not in school; once those young people were seen by CAMHS they were told that the environment was not suitable for them; by working together they made progress; and, it was intended that there would be front door pulling together, although that was not yet ready.
- vi. Although it should not be needed, there was an increase in assessments that would be reported back to schools and support resulted from them; the situation in schools was to improve due to increased funding; and, the effects of Covid were just becoming apparent.
- vii. The service tried to offer support to schools but had no financial capacity to go into schools.

The Commission continued:

- i. How the text service for keeping families updated on their progress on waiting lists was working.
- ii. That it was good that the well-being while waiting offer document was being reviewed by the Youth Parliament as young people were an important voice.
- iii. The 18 week wait for support from CAMHS; the action plan to address the wait referred to on page 24; and, where the additional staff would come from, the cost of delivery, and would it change delivery.
- iv. The graph on page 25, and that it would be more informative if it reflected an actual CAMHS waiting time rather than the 52 week measure; that CAMHS was thought of as a cover all but following assessment clients were often referred to another partner; this then led to another wait on another waiting list; and, there was a need to focus on bereavement, abuse and other trauma.
- v. Work going on in hospitals to avoid young people with mental health issues sitting in A&E unseen.
- vi. Partnership working, and information sharing.
- vii. With reference to page 34, delays in Memory Assessments and the wait for results; and, if people moved out of the area whether they dropped to the bottom of the waiting list.
- viii. Matthew's Hub, an autism support service that offered an alternative to medication. but which was struggling for funding; and,

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other alternative support.

- ix. With reference to page 35, why feedback sessions were cancelled several times.
- x. NEETS, and whether there was a single point of contact for young people to find out what was available.

The external attendees further responded:

- i. That the text service to keep contact with families on the ADHD assessment waiting list was working well; families were linked with through the Parent Carer Forum; parents were assessed to see if they were happy to receive texts every 12 weeks; and, they only ever wanted to receive updates on the wait, not on anything else.
- ii. The CAMHS Action Plan staff movement was only to cover sickness, and staff would cover triages to prevent 18 week waiting lists and keep the flow moving; and, sometimes secondment took place to give trainee staff experience.
- iii. Children could be referred without the need for CAMHS and could be investigated and directed.
- iv. Issues with young people and treatment at hospitals were currently being worked on; plans were in place for an area that young people not needing in-patient treatment could go to; as issues were often connected to neurodiversity, it would be a place for young people to calm down without interventions; and, it was similar to the Humber Suite for adults but focussed on young people.
- v. That the mapping of the local partners and offers was taking place on many different levels; record keeping and communication was bringing all information together via portals; this was administratively time saving and allowed clinicians to be clinicians: and, AI technology would increase partner sharing of information.
- vi. There were problems with the interpretation of scans in relation to the Memory Assessments and, therefore, some patients were being sent out of area; and, those moved out of area stayed at their position on waiting lists.
- vii. Where feedback sessions had been cancelled it was the result of clients not coming out of hospital as expected; the service could go into the hospital to speak with clients but they sometimes wanted their family members to be present to support them; and, what looked like a long wait could be attributable to a longer hospital stay.
- viii. Besides Council NEETS events, the best way to access what was available for NEETS was to simply carry out a google search; and, there was a need to advertise what they could access; and, Connect could also offer support.

Recommendations	Reasons for Recommendations:	Officer Assigned
<ul style="list-style-type: none"> a) That the representatives of the Humber Foundation Trust are thanked for their attendance at the meeting and for their very comprehensive paper. b) That details of the schools included under the Partnership Inclusion for Neurodiversity in Schools project will be circulated to members off-agenda. 	<ul style="list-style-type: none"> a) The paper explored in detail many aspects of the mental health offer in the City. b) Members had concerns around support offered Young People in schools so they wished to know the schools where the additional support would be offered. 	<ul style="list-style-type: none"> a) N/A b) Fiona Harbord / Claire Jenkinson

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50	INTEGRATED CARE BOARD PARTNERSHIP UPDATE	
<p>E, Daley (NHS Hull Place Director) and E. Butters (Assistant Director of Strategic Planning, ICB) attended the meeting to update the Commission on developments within the Integrated Care Board.</p> <p>The Hull Place Director advised the Commission that her presentation focussed on the progress of the development of the Albion Street Community Diagnostic Centre.</p> <p>The Assistant Director of Strategic Planning informed the Committee that:</p> <ol style="list-style-type: none">i. She was leading on the new development.ii. There would be a soft launch of the facility with a few patients being treated at the beginning of June 2025. <p>The NHS Hull Place Director advised that:</p> <ol style="list-style-type: none">i. Before patients were being treated at the Centre the Scrutiny Commission would be invited on a visit to tour the facility.ii. That the breathlessness diagnostic element of the facility would be established with support of two specialists from the hospital; all tests would be carried out together as the Hub was not large so it was not over the top; and, the service was not disconnected, with heart failure not being a stand alone element but part of the breathlessness service.iii. The Children and Young People asthma service would eventually come on line, despite not being funded.iv. Spoke was being delivered at the East Riding Community Hospital and was subcontracted from other hospitals until such time as the Hub was live.v. Feedback from patients was very good. <p>The Commission discussed:</p> <ol style="list-style-type: none">i. Potential for a backlog of results from scans carried out at the Hub and that this should be raised with the ICB to ensure patients received their test and scan results in a timely manner.ii. The need for a Travel Plan to ensure all patients could access the facility; and that the Hub and its access should be included in the City's Transport Improvement Planiii. How recruitment of staff was progressing.iv. The digital works and when they would be ready to be used at the Hub.v. Whether trans-gender patients would be considered and accommodated within the Gynaecology – unscheduled bleeding		

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pathway.

The ICB representatives responded:

- i. That discussions around scan results were concurrent with other discussions; that a plan was being put forward; it was recognised that double slots were required for elderly patients; and, this would be flagged up at the Community Diagnostics Board.
- ii. Recruitment was going to plan; the diagnostic centre would be attractive to work in, as well as providing advanced and modern equipment, which was helping to improve recruitment.
- iii. The Assistant Director of Strategic Planning was working with the Planning department on parking issues; the new Centre was planned to be close to the Interchange for public transport; parking was in short supply, but there would be a lay-by on the road next to the Centre to enable pick up and drop off; and, the numbers using the Centre and requiring parking would be monitored.
- iv. That digital access would be in place once the Hub opened, but would not be the preferred system of contact.
- v. Thoughts on transgender patients would be fed back, but the introduction of policy would change and encompass this.

Recommendations:	Reasons for Recommendations:	Officer Assigned
a) That the Director is requested to organise a visit for Commission members to the Albion Street Diagnostic Centre prior to it opening.	a) Members were keen to see the facilities that were to be made available to residents of the City.	a) Fiona Harbord / Erica Daley

51	ADULT SOCIAL CARE PEER CHALLENGE – SUMMARY REPORT	
<p>T. Meyerhoff (Statutory Director Adults Social Care (Non Exec)) and G. Laister (Strategic Lead for Improvement and Assurance) provided an overview of the recent Adult Social Care Peer Challenge feedback, including areas of strengths and future considerations, and summary of next steps.</p> <p>The Statutory Director summarised the report and confirmed that everything that had been raised within the Peer Challenge feedback was what the service was aware of, and there was much to be proud of.</p> <p>The Commission discussed:</p> <ol style="list-style-type: none"> i. Essential partnership work; unity with the community; issues around the work of the VCS, and confusion around things such as asset transfer, that took time away from essential community work; the benefits to the wider community of community organisations; and, the need to streamline processes such as asset transfer through the Cabinet if necessary, to support community organisations. ii. The Gloriously Ordinary Language as referred to on page 44, and what position the service was at with it. 		

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<ul style="list-style-type: none"> iii. That the Council and Councillors appeared to be unseen by carers, but unpaid carers needed to know they were appreciated; whether it would be possible for Councillors to attend carer events to show their support; and, this would link with the Portfolio Holder priorities around supporting carers. iv. The delays in the Adaptations Process, which caused delays to discharge from hospital. <p>Officers responded:</p> <ul style="list-style-type: none"> i. That Housing and Regeneration were major partners to enable people to live at home for as long as possible; and, Health and Social Care was the biggest employer in the City and was important for the regeneration of the City. ii. The Peer Review linked in with both the Community Plan and the Corporate Plan. iii. It was planned that every document would be in “Easy Read” format; that all processes would be assessed and the language changed to make them more understandable; and, it was the intention to rehumanise the language used. iv. Unpaid carers felt overlooked especially; a carers group existed, although only a small number attended at any one time due to their caring commitments; meetings held in community hubs could be attended by Councillors; and, this could be used to show them some appreciation. v. That the CQC was to carry out an inspection, giving 4 to 5 weeks’ notice, possibly in June or early July; and their visits would be welcomed. 		
Recommendations:	Reasons for Recommendations:	Officer Assigned
a) That the Peer Challenge Feedback is noted and the Director is thanked for her and her team's hard work in achieving what they have.	a) Members wished for their thanks to be noted.	a) N/A

52	PUBLIC HEALTH AND ADULT SOCIAL CARE DIRECTORATE – 2024/25 PERIOD SEVEN REVENUE MONITORING	
<p>T. Meyerhoff (Statutory Director Adults Social Care (Non Exec)) and T. Whitehurst (Business Partner, Financial Planning) delivered an overview of the budget for Public Health and Adult Social Care Directorate as at Period 7, as considered by the Cabinet at its January meeting.</p> <p>The Financial Business Partner advised:</p>		

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- i. That within Adult Social Care there was an overspend on third party payments, due to the cost and volume of care needed.
- ii. There were some pressures within Public Health, but these were expected to be contained in the budget.
- iii. The Citysafe position was as the Public Health position.

The Commission discussed:

- i. Whether 3rd party providers were charging the authority for National Insurance increases already.
- ii. What would happen should providers no longer be able to afford to pay staff.
- iii. Whether changes to the Housing Support Fund and Supported Living Framework and the reduction in Winter Fuel payments had impacted on residents.
- iv. Progress with social worker and occupational therapist recruitment and retention.
- v. How employees could feed into the service ideas and thoughts on budgeting and better ways of working.
- vi. What could be done differently to address the overspent Adult Social Care and Children's budgets.
- vii. Whether demographic trends would mean that demand for Adult Social Care would reduce.
- viii. Whether alternative ways of working would address outsourcing.
- ix. Consideration of the overpayment of benefits to young people who may not then want to work.

Officers advised:

- i. That the government would cover local authority National Insurance through increased payments; the uplift would be covered in the next year's allocation, with a £10m impact; part of the policy would be decided locally; Hull was doing the right thing by not putting pressure on providers, as providers know Hull residents; and, some of Hull's providers straddled East Riding Council, but it was unsure whether they could cover the providers' NI increases.
- ii. If a situation arose where providers could no longer afford to pay their staff, then they would no longer be able to afford to continue to deliver; ASC would step in to work with them on an exit strategy; and, this support had been delivered successfully previously, but it was not fair that clients had to be moved away from their homes.
- iii. No direct impact of the loss of the Winter Fuel payment had been seen; and, other organisations were supporting those not coming into care.
- iv. The service continued to grow its own in regard to recruitment; and, the National Workforce Strategy for Adult Social Care set out three aims that the authority was working to - attract and retain, train and transform.
- v. Employees were being encouraged to feed into transformation through various forums, including at the ASC Annual Workforce Conversation that was to take place on 7 March, which would include conversations about where efficiencies could be made; there were drop in sessions that were ideas sessions; and, there were also the "Tea with Tracy" sessions, where staff could say how things could be done differently.
- vi. Things that could be done differently and would impact on budgets depended on demand, that could not be predicted; good living was extending lives, meaning increasing multiple needs, and these would increase more in the next 10 to 15 years; although it would be easy to ask to increase the budget by £2 million per year; the answer was prevention such as improved health and improved housing and increased employment; if these were improved then there would be no need for extra

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funding; and, there were a raft of factors that made it difficult to anticipate demand.		
vii. There were no plans to further outsource; this was usually done to offer support to those with learning development and autism issues, and external costs would have been double the cost of services offered within Hull; and, the quality of support in Hull had improved.		
Recommendations:	Reasons for Recommendations:	Officer Assigned
a) Members wished for their thanks to officers to be noted.	a) N/A	a) N/A

53	THE HEALTH AND SOCIAL WELL-BEING OSC WORK PROGRAMME 2024-25	
<p>F. Harbord (Scrutiny Officer) presented a briefing to enable the Commission to consider the items within the future work programme and the meeting structure going forward.</p> <p>The Scrutiny Officer advised that she had emailed out to the members of the Commission to ask for issues to be included in a Hull Teaching Hospitals item but had received little response. Members advised of areas they wished to be included.</p> <p>The Scrutiny Officer advised that the Assistant Director of Public Health would attend the Commission's March meeting to discuss the focus of the proposed Mental Health Task and Finish.</p>		
Recommendations:	Reasons for Recommendations:	Officer Assigned
a) That Hull Hospitals will be requested to include issues around Corridor Care in their future agenda item.	a) The number of patients nationally who were being left in corridors instead of admitted to wards for treatment was receiving much publicity in the media and members wanted to explore the incidences in Hull.	a) Fiona Harbord / Lynsay Cunningham
b) In addition, Hull Hospitals will be asked to explore	b) Concerns were raised at the implications of	b) Fiona

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<p>issues experienced by Hull Hospitals with regard to having care packages in place for patients waiting to be discharged, what is working and what is not, and anything the Council can do to support the Hospital Trust.</p> <p>c) That the referral from Council for the establishment of a Mental Health Task and Finish will be considered at the Commission's March 2025 meeting.</p>	<p>"bed blocking" for Hospitals and other patients.</p> <p>c) The mental health item on this agenda had given members a lot of detail of the services being offered in the City so the Assistant Director of Public Health was to be invited to attend to guide the members on the potential focus of a Task and Finish.</p>	<p>Harbord / Lynsay Cunningham</p> <p>c) Fiona Harbord / Ali Patey</p>
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