Adults and Health Committee Minutes

Date: 14 December 2023

Time: 10.00 am – 4.00 pm

Venue: New Shire Hall, Alconbury Weald, PE28 4XA

Present: Councillors Chris Boden, Mike Black, Alex Bulat, Adela Costello, Steve Count, Claire Daunton, Corinne Garvie (Co-optee, part 2 only) Anne Hay, Keith Horgan (Co-optee, part 2 only), Mark Howell, Richard Howitt (Chair), Steve McAdam (Co-optee, part 2 only) Susan Van de Ven (Vice Chair) Graham Wilson, Geoffrey Seeff and Philippa Slatter.

209. Apologies for Absence and Declarations of Interest

Apologies received from Councillors Steve Corney, Dr Haq Nawaz (Part 2 only) and Rachel Wade (Part 2 only).

Councillor Claire Daunton declared an interest in item 13 on the agenda as she was the Council Representative Governor for the Cambridge and Peterborough Foundation Trust.

The Chair, on behalf of the committee, extended his best wishes to Councillor Mac McGuire who was currently unwell and was being replaced by Councillor Steve Count on the committee.

A member raised the issue of the closure of Beaumont Health Care and sought an update on the support that both the residents of the care homes and health workers, working for the company were receiving. He stated that he believed that there were 40 health workers still looking for positions. He asked that officers provide an update on the situation. The Chair stated that officers had been keeping both himself and the Vice Chair up to speed with the situation. The Executive Director, Adults, Health and Commissioning stated that the authority had been working with the provider and had reassigned all of the packages of care to other providers. He stated that 95% of the workers were through international recruitment and the authority had been working with external providers and the NHS to support these staff to be redeployed into other provision, and where possible, this has been successful, recognising that not all individuals had been able to find a role. He stated that Beaumont Care was a private company and whilst the authority had done all it could to maintain the workforce in a social care setting, they were not obliged to provide more support

than what they had already provided. The Chair stated that a communication was provided at the time and thanked the staff that had to move very quickly to help in this situation. A member queried if there was anything further the authority to do to go the extra mile to support workers that were still looking for positions as they had 60 days and queried whether there were any temporary positions they could be put in to. Officers stated that they made it their priority to retain as many of the staff locally as possible. They had engaged with the unions, other providers, health and other council services to recruit and retain as much of the workforce as possible and would be happy to provide the numbers to members. **Action Required.**

210. Adults and Health Committee Minutes 5 October 2023 and Action Log

The minutes of the meeting on 5 October 2023 were approved as an accurate record. The action log was noted.

211. Petitions and Public Questions

No petitions or public questions received.

212. Procurement of All-Age Carers Service

The committee received a report that set out the proposed approach to recommissioning of the all-age carers service.

The presenting officers highlighted;

- the report sought approval for the general procurement approach and the overall value of £6,315,616 based on (2023/24 values) over 3 years + up to a 12-month extension period if required of the all-age carers service and to delegate responsibility for awarding and executing contracts for the provision of the all-age carers service and extension periods to the Executive Director, Adults, Health and Commissioning in consultation with the Chair and Vice-Chair of the Adults and Health Committee.

- the tender needed to be published in January 2024 to ensure a continuity of service and would have three lots: Adults, Children and Young People and Adult Mental Health.

- a number of innovations would be introduced that had been developed by individuals with lived experience and highlighted in the ambitions of the All-Age Carers Strategy.

- unpaid carers had been invited to participate in the procurement process and would set an evaluate a question as part of the process.

Individual members raised the following points in relation to the report;

- queried if young carers, thrust into a situation in an emergency manner, were helped to deal with household insurance and budget and where they also given an opportunity to enhance their skills which would help them into employment in later life. Officers explained that they were focusing the re-procurement on a risk-based approach with good response times to ensure support for young carers so that there is also independent access into all of the areas were young carers need support including schools. Officers explained that there was a specific service provided for young carers through Centre 33.

- questioned how the procurement of the service fitted in with the Care Together programme. Officers explained that the service was the foundation of the support for carers and that there were other elements that worked around the service such as emergency planning, counselling, short breaks and respite. Officers explained that around this there was also care together, which was a place-based service and looked for support in particular districts. Officers highlighted that the service was evolving to bring all of the different elements together in a more coherent process for carers.

- sought clarity on to what extent the authority satisfying the statutory obligation with the amount of money proposed. Officers explained that carers were offered an informal assessment around their support needs. Officers highlighted that across quarter 1 and 2, there had been 1,314 new referrals into the services for assessments and 1407 active carers within those organisations. Officers stated that they had last year's report that showed contacts and activity levels, and this could be circulated to members. **Action Required**

- queried what the outcomes would the service achieve and how will we know if we are getting value for money, and what data would be available to support this. Officers stated that through the service specifications they were looking at key performance indicators including focusing on the impact of services and feedback from the carers. Officers were working with carers to look at feedback loops through the service provision, ensuring that it was innovative and independent from the service providers.

- stated that it was difficult to value the current service and whether the authority was satisfied with the service provided now and how many people were currently employed by the service.

- sought clarity as to what extent there had been consideration of bringing the service in house and why this had not been recommended, and what in-house services currently supported unpaid carers. A member stated that they would like to see the in-house bid, including what it was and why it failed and what the plans were to ensure that in house bids would be successful in the future.

- highlighted that the report was not called unpaid carers and there needed to be further clarity on who the services covered. Officers explained that they had taken a decision to change the language to unpaid carers and were in the process of updating all of the authorities' systems and forms to reflect this.

- queried what would be different about what would be commissioned over and above the existing service. Officers stated that new elements of the service would include ensuring that transition for young carers into adulthood was clearer and also focusing on parent supporting carers of young disabled people. Officers explained that there was also a strategic aim for supporting domestic abuse in carers and recognising the prevalence of this in caring roles. Officers stated that they were taking a whole family approach in order to meeting changing needs of carers over time.

- sought clarity on why this was referred to as an “All Age” service but it was actually in three lots and questioned where the integration was. Officers stated that there was support for young carers transitioning into adulthood and was one of the strategic aims within the all age carers strategy. Officers explained that through the strategy there were seven clear intentions and needed specialist response to these intentions with the right connections across the community. Officers stated that this all reported into the Carers Board.

- questioned how listening to and learning from lived experience contributed to what was being commissioning and to give assurances that this was not just a tick box exercise. Officers explained that people with lived experience would be involved in the procurement exercise and that it would be more than a tick box exercise.

- the chair stated that he welcomed the fact that there has been a period of action from officers on how carers were supported and that they had been self-critical and accepted the challenge. He stated that it was good that the authority offered carers assessments and that the authority needed to be better at listening to carers support needs. He hoped that officers would reflect on this in the contracting in terms of following through the principal and aspiration. Officers explained that they were working with carers to develop key performance indicators so that improvements were targeted in the right areas.

- questioned the strength of the market and sought clarification on how market engagement would be carried out and the types of organisations that might be interested. Officers commented that the procurement was kept within three lots as the providers were mainly voluntary sector organisations and the market was therefore quite small. Officers had carried out some soft market testing as it was a niche market. Officers explained that it was difficult to know how many carers were out there and that most individuals would become a carer at some point in their lives.

- highlighted the need for more advanced forward planning in relation to contracts coming to an end. The chair also stated that in future contract reports officers needed to be clear about what was new and have an appraisal of the existing service and how improvements are built in, as a good learning point. Officers clarified that the strategy had been to the previous committee meeting and in terms of the forward procurement, this had been on the forward agenda plan since September 2023. Officers stated that spokes meetings would be used to discuss procurement in more detail and that if members had specific questions or comments on commissioning intentions at any time then they could be raised

with officers. Officers explained that for all recommissioning activity officers were agnostic about whether it was delivered in house or externally and the reports summarised the position and value for money. A member stated that he did not see the evidence that an in house bid had been considered. The chair asked officers to clarify whether it was the policy of the council to insource services were possible. Officers clarified that insourcing was considered as part of the procurement process. Officers stated that they could share the information with member on how they reached the conclusions and recommendations in the report .**Action Required** The Executive Director, Adults, Health and Commissioning stated that the questions brought forward by members had been helpful and insightful and that officers would review how they prepared reports in the background when we are asking for decisions and understanding the statutory obligations of the authority.

- stated that there was no clear justification on how the figure requested in the report had been derived and what the cost benefit margins were. Officers explained that the budget was around the engagement of the market itself and providers and the engagement of individuals with lived experience and allowed to change and flex the service through the contract. The chair requested an item at the next spokes meeting on the budget and value for money on the contract. **Action Required.**

- a member suggested the authority called the service 'Unpaid Carers Advice Service' and not 'Care Together'.

The chair brought the debate to a close and moved to the report recommendations.

- a member stated that there were a lot of unanswered questions and suggested that members did not approve the recommendations at this stage. The Executive Director, Adults, Health and Commissioning stated that not approving the recommendations now would cause difficulties as the authority had to recommission now, and they did not have the skills currently to bring the service in house and there was a need to progress with the procurement as there was a danger the authority would be in breach of contract.

- another member commented that they could not agree to a three-year contract at this stage but would be willing to agree to a shorter period.

Councillor Boden proposed the following amendment to the recommendations, seconded by Councillor Seeff.

~~a) approve the general procurement approach and the overall value of £6,315,616 based on (2023/24 values) over 3 years + up to a 12-month extension period if required of the all-age carers service.~~

~~b) delegate responsibility for awarding and executing contracts for the provision of the all-age carers service and extension periods to the Executive Director, Adults, Health & Commissioning in consultation with the Chair and Vice-Chair of the Adults & Health Committee.~~

defer the decision to the next committee in January 2024 due to the issues raised during the meeting.

On being put to the vote, the amendment passed and became the substantive recommendation.

A member requested that the questions raised by members be captured and circulated to the committee. **Action Required.**

It was resolved unanimously to;

defer the decision to the next committee in January 2024 due to the issues raised during the meeting.

213. Commissioning Prevention in Primary Care Update

The committee received a report that asked members to consider Primary Care prevention interventions and the proposal to commission them through a Section 76 agreement with the Cambridgeshire and Peterborough Integrated Care Board (ICB).

The presenting officers highlighted;

- commissioning GPs to undertake prevention of obesity and its associated clinical risks such as high blood pressure had the advantage of their unique position, in terms of access to high risk patients, and through their ownership of data which could also identify patients at risk.

- proposed to establish a Section 76 with the ICB for it to commission this work, which aligned with ongoing work that the ICB was undertaking with primary care and would support the engagement of GP practices.

- There would be close scrutiny of the work as the Deputy Director of Public Health co-chaired the ICB Cardiovascular Disease Prevention Group. In addition the Director of Public Health co-chaired the Population Health Improvement Board which would also have oversight of the work.

- the ICB had provided additional funding which would enable a new data management system to be used that could more effectively target individuals and allow for monitoring of the services.

Individual members raised the following points in relation to the report;

- queried where the cost benefit of the programme was evidenced in the report. That the evidence had been provided when the funding had first been allocated for Prevention in Primary Care. However the officer explained that there is a table that outlined all of the interventions and their cost benefits that could be circulated on request.

- highlighted the split in costs between the authority and the ICB.

- queried how the one-off investment would become embedded into the system when the funding finished. Officers stated that the funding would make sure that the ICB had the systems in place to take the programme forward and was effectively testing the model.

- questioned how the dedicated manager would work across a whole range of practices to ensure the programme was delivered. Officers explained that there was a whole team that worked with commissioning prevention and cardiovascular disease interventions, and this worked alongside Primary Care.

- queried how the funding would allow for additional access to offer the service as GPs time was scarce. Officers stated that cardiovascular disease had a high profile and this had benefitted the NHS Health Check activity which was making good recovery following the decrease during the pandemic. Officers also highlighted that there was a whole team at GP practices that could follow up on this type of intervention.

- a member stated that they did not understand why the authority was paying for this service and not the NHS and questioned what other things the money could be spent on. Officers explained that the service fitted with the Health and Wellbeing and Integrated Care Partnership work and was a priority. Officers highlighted that it was not just about obesity but the poor health outcomes that came with it, including high blood pressure. Officers stated that that over 60% of the population were obese or overweight and there were many people with high blood pressure, often as a consequence of being overweight or obese.

- welcomed the normalisation of the struggle to stay a healthy weight and establishing good habits.

- a member commented that the report did not show how many people would change their habits so it was not clear how effective this programme would be.

- questioned whether there was an opportunity to refer on to the public health services around weight management. Officers stated the Healthy You service was embedded in local practises and the referral rate was high at the moment.

- the chair stated that he felt that asking GPs to provide this service was the right thing to do and contracting this through the ICB. He explained that the ICB were putting more money into the scheme to make it more effective. He highlighted that the change in procurement rules by the government might affect the contracting and a report would be coming to members in the new year, outlining the changes when they were known.

- queried how practical the timeline was in relation to the signing of the section 76 agreement by 1 January 2024. Officers had already spoken to GPs as part of the consultation process and a draft section 76 document had already been prepared.

It was resolved unanimously to agree:

a) the Primary Care prevention interventions.

b) the establishment of a Section 76 with the ICB for Cambridgeshire County Council (CCC) and on behalf of Peterborough City Council (PCC) through a Delegation and Partnering Agreement.

c) a Section 76 with a value of £1,000,000, £800,000 from CCC and £200,000 from PCC for it to commission the proposed prevention interventions.

d) delegate responsibility to the Executive Director of Public Health for awarding and executing a Section 76 with the ICB for it to commission primary care prevention services starting January 1, 2024, and ending December 31, 2025.

214. Public Health Primary Care Commissioning and Procurement

The committee received a report that asked members to consider the proposals for the commissioning of public health services from primary care and approve the existing contractual arrangements.

The presenting officers highlighted;

- the arrangements currently in place went back to when Public Health was transferred to the Local Authority in 2013 as part of the Health and Social Care Act. Legal advice at that time was to use a waiver process and then make a direct award.

- in January 2024 the authority would be moving to the new Providers Selection Regime. This governance was to be used specifically for the procurement of health-related services. Public Health colleagues were working with colleagues in procurement on putting together guidance on this approach, which would affect the commissioning from primary care in 2024/25.

- Public Health services commissioned from primary care included the provision of medicines and devices. Practices provided the items that were funded by the Integrated Care Board which afforded the advantage of bulk NHS purchasing arrangements. The current re-charge arrangements had been the recommended route in 2023. However officers had sought legal advice regarding this approach. Although there was no clear legal route, the advice was to establish a Section 75 or an appropriate arrangement that would act as a local agreement for continuing this approach.

Individual members raised the following points in relation to the report;

- commented that primary care was evolving in different ways and queried whether it fitted in to this space. Officers explained it was not a static situation and there was flexibility in the Provider Selection Regime to be flexible. There was a wider question regarding the implication in changes to primary care.

- sought confirmation that some of the longer term contracts may be caught by some of the provisions of the Provider Selection Regime. Officers stated that contract variations would be subject to the Provider Selection Regime regulations.

It was resolved unanimously to agree:

a) the use of a waiver process to directly award contracts to individual primary care providers for delivery of Public Health services for 2023/24 and for future years in line with the Procurement Regulations current in the contractual period.

b) to directly award contracts to primary care if in line with the regulations of the new Provider Selection Regime from 2024/25 onwards.

c) the adoption of a Section 75 for the recharging of medicines and devices that are prescribed as part of the public health services provided by primary care.

215. Falls Prevention Strategy

The committee considered a report that asked them to endorse Cambridgeshire County Council's role within the Cambridgeshire and Peterborough Falls Prevention Strategy to enable the provision of clear strategic direction to prevent falls and falls-related injuries across the Integrated Care System.

Individual members raised the following points in relation to the report;

- highlighted that the strategy was a good example of joint working with the integrated care system. Sought further clarity on how this related to care together. Officers stated that there was a prevention workstream in the Care Together Programme. This workstream was joint working with public health and adult social care on physical activities and increasing the number of over 65's who are accessing the services. Officers were looking at how community inclusion grants could be built into this work.

- queried if the strategy would consider public spaces and access to services, in particular issues with footpaths. A member queried how many falls took please outdoors on footpaths and whether there was joint working with the local highways officers. Officers explained that the Health in All Policy team were just starting work on a built environment needs assessment, and the impact on older adults and health was one aspect of the assessment, helping to build on evidence to prompt some recommendations going forward. Officers stated that there was some national data on fall and half of falls happen outdoors and half indoors and older adults were most likely to fall indoors in their home environment.

- requested more information in the strategy on the causes of falls and what the biggest causes were. Officers stated that a section 2.3 of the strategy covered

this but acknowledged that this information could be highlighted more within the strategy.

- sought clarity on how the authority could work with charities to promote the opportunities for scaling up physical activity. Officers explained that they had been working with Living Sport to look at how grass roots physical activity could be promoted across Cambridgeshire.

- highlighted the 'Health in All Policy' and queried whether there was cross committee work on this, working with the active travel and highways maintenance teams.

- a member noted that the report recommendation was around the authority's role within the system and sought clarity on whether there was an issue with the recommendation as the authority was not leading on the strategy. Officers explained that the strategy sat across the system and each organisation had an articulated role in the strategy. Officers explained that the recommendation was asking members to support the strategic approach the to the overarching strategy and the roll the authority played within it. Officers stated that Public Health chaired the systems Fall Prevention Strategy Group and gave advice on falls prevention.

- commented that no financial implications had been highlighted in the strategy. Officers stated that the actions would be built into business as usual. If as part of the actions, there were areas identified that required funding then this would be taken through the appropriate governance route.

- the chair highlighted that the council's lifeline service was one of its most successful services and this built on this strategy and really make a difference to people's lives.

- a member commented that they had seen a good package of information at a warm hub which included information on falls prevention and asked who distributed the pack and how widely available it was. Officers commented that this would have been the 'Stay well this winter' communications pack and officers could direct members to where this was made available. **Action Required.**

- questioned whether the county council should have its own strategy and what the strategy was across the county for fall prevention.

It was resolved unanimously to:

endorse Cambridgeshire County Council's role within the Cambridgeshire and Peterborough Falls Prevention Strategy.

216. Public Health Risk Report

The committee received a report that set out the Public Health risks.

Individual members raised the following points in relation to the report;

- a member queried the likelihood score of risk H ‘There is a risk of contract failure in our commissioned services’ as he felt the score was too low.

- a member highlighted that there were increasingly overdue audit items of high importance that were not included on the risk report around the Integrated Drug and Alcohol Contract and the Healthy Child Programme Contract. He stated that both issues were raised at the last Audit and Accounts Committee and had been reported to the Audit and Accounts Committee on three separate occasions. He also stated that for the first time in many years that the issue was referred from the Audit and Accounts Committee to this Committee, and noted the referral was made on 1 December and that he was surprised that nothing had been included in the reports published for this committee on 8 December. The chair queried whether there could be an extra risk on budget management on the register. The Director of Public Health stated that she would add further information on budget management into risk H and stated that Public Health had satisfied all of the audit recommendations bar one which was reconciling accounts to original source data and officers had met with the Audit Manager to agree a plan to address this issue which required some of the Public Health team to take some training. She stated that this had been raised with NHS providers and that the authority was getting a lot of push back from them as they were not used to working in this way. The chair queried how this could be reported back and suggested that this was included in a future finance and performance report.

- a member highlighted risk E ‘There is a risk that system staffing capacity will be insufficient to implement or maintain commissioned services’, as there had been a debate at Full Council about the expected changes to the immigration system around the banning of dependants and that this risk needed to be reviewed in relation to the impact this would have on international recruitment in social care. Another member suggested that in light of these changes the impact score should be higher and that this needed to be highlighted as a risk across the whole authority. The Director of Public Health stated that there was a shortage of workforce in the healthy child programme and there were a lot of reasons behind this including training for specialist nurses and the attractiveness of the offer. She stated that they were looking at introducing a skills mix which would help to address the shortages and stated she would be happy to raise the impact score to four. **Action Required**.

- The chair queried whether the Adult and Public Health risk reports could be dealt with jointly and some of the risks applied to both.

It was resolved unanimously to note the Public Health risk.

217. Finance Monitoring Report – October 2023

The committee considered a report that set out the financial position of services within its remit as at the end of October 2023.

The presenting officers highlighted;

- in relation to public health reserves, the committee had previously had a delegation from the Strategy, Resources and Performance Committee around the use of reserves, but this delegation had now run out.

- that an update on debt reporting would be included in reports going forwards.

Individual members raised the following points in relation to the report;

- a member noted that the public health reserve was increasing but welcomed the additional decisions for expenditure on public health which would almost keep up with the increases in reserve.

- a member noted the £365,000 projected shortfall on budget and the proposal to vire this from adults to children's budgets and also commented that he would expect to see more underspends on budget and stated that there was a proposed £10.8 million reduction in budgets for the next year and that this had not yet been debated and he could not see where the reductions would be coming from. The chair stated that no decisions had been taken about the budget and an overall set of proposals was going to the Strategy, Resources and Performance Committee in the next week, subject to the input of service committees in January where the proposals would be scrutinised ahead of Full Council in February. He clarified that in relation to the virement to children's budgets that it worked both ways in relation to balancing budgets within the authority. A member also commented that the authority was about to go out to consultation on the business planning proposals and he felt that the savings had been agreed already along with the fees and charges without any debate at committee. Officers explained that the transfer of budget was part of the social care grant and this covered children's and adults. Officers explained that the adults budgets had received funding from a number of different grants and children's was in a very different position. Adults were forecasting an underspend with the additional funding. Officers explained that many of the business planning proposals were about efficiencies and not cuts and this was the debate to be had in January.
-
- a member questioned if it was reported anywhere in relation to what debt was written off throughout the year and concern was whether financial assessments were being done extensively enough at the beginning of the process. Officers explained that following a financial assessment, if a client is then assessed not to be able to afford the contribution, this was not written off, it was cancelled off the system. Officers stated that often they had to invoice for the money in order to get clients to engage with the authority to complete the assessment, so it was a difficult balance. Officers agreed to go back and find out the Adult Social Care debt write off figure for members. **Action Required**.

- the chair stated that it was the will of members that they would like to scrutinise the debt implementation plan but had been told by the Monitoring Officer that this was not the role of this committee. A member highlighted that the discussion at the last Audit and Accounts Committee that they would hear the issues raised by audit in relation to debt management and that then the directors in the relevant

service areas would feedback to the relevant service committee on the actions identified and progress with notification to Audit and Accounts Committee. The Chair commented that the Monitoring Officer stated that the scrutiny of the debt implementation plan could only take place at the Strategy, Resources and Performance Committee. Officers stated that the overall council debt was in a good place whereas the adult social care debt was in a more difficult place. The two largest areas of Adult Social Care debt were court of protection debt that had gone up significantly over the past few years, which was a national issue, and also debt awaiting probate which was another difficult area. Officers explained that many of the business planning proposals were about efficiencies and not cuts and this was the debate to be had in January 2024.

It was resolved to:

note the Adults, Health and Commissioning and Public Health Finance Monitoring Report as at the end of October 2023.

218. Adults Corporate Performance Report

The Chair announced that the report would be deferred to the January 2024 meeting.

219. Adult and Health Committee agenda plan, training plan and committee Appointments

The agenda plan, training plan and committee appointments were noted.

Members noted the following reports had been added to the agenda for the January 2024 meeting.

- Adult Social Care reassessment work procurement for older people and for people with learning disabilities
- All Age Carers Service Tender
- Public Health - Performance Monitoring Report – Quarter 2
- Adults Performance Monitoring Report – Quarter 2

The Chair also requested that a report be brought to committee around the relevant Debt Implementation Plan but that this be reviewed to deem what would be appropriate for the committee to review. **Action Required**

The Chair also sought a report on the procurement process to include a preview looking at the year ahead so that the committee could give a steer. **Action Required**

Members sought further information on Care Together and it was clarified by the Chair that this would be included in the Care Together report scheduled for the March committee.

A member stated that he hoped the referral from the Audit and Accounts Committee would be considered separately in relation to the Healthy Child Programme Contract and the Integrated Drug and Alcohol Contract, and this was unusual to take place under the constitution and stated that it deserved a separate paper. The Chair explained that he had stated earlier in the meeting that this would be included in a future finance and performance report and hoped this would be acceptable. The members suggested that the Chair check with the Monitoring Officer whether this would be acceptable. **Action Required**. The Chair asked the committee if they wished to have a separate report on this which was agreed. **Action Required.**

In relation to the training plan, the Vice Chair stated she had asked the Executive Director to put some training/ seminar in place to discuss Care Together. **Action Required.**

A member requested training on care packages. The Chair commented that this was already scheduled in to take place in February 2023.

It was resolved unanimously to appoint Councillor Rachel Wade of Cambridge City Council as a non-voting co-opted member of the committee for health scrutiny business only.

Health Scrutiny

220. Improving Health Outcomes for People with Learning Disabilities

The Committee welcomed Carol Anderson, Chief Nursing Officer for the Cambridgeshire and Peterborough Integrated Care Board. Children and Young People Committee Spokes had also been invited to join the session.

The Chief Nursing Officer reported that disparities in health outcomes for people with learning disabilities and autism had been recognised for some time. Despite work to address this that disparity remained evident in the latest needs assessment by the Public Health team.

The Chair read from a written submission from Healthwatch Cambridgeshire and Peterborough which contained feedback on people's lived experience which had been obtained through the Learning Disability Partnership Board. This highlighted the importance of annual health checks and providing healthcare information in an accessible format.

In discussion of the evidence presented individual members of the committee:

- welcomed the recognition that people with learning disabilities were not an homogenous group, but were individuals with different needs.

- suggested that carers receive enhanced training to enable them to carry out basic health checks such as mouth care and foot care inspections and to support good eating techniques to reduce the risk of aspiration. The Chief Nursing Officer welcomed the opportunity to explore this further with Council officers.

- noted that some communities might be less aware of the services available to support people with learning disabilities or less comfortable asking for support, and asked what steps were being taken to address this. The Chief Nursing Officer spoke of the importance of listening to different groups and hearing their experience and concerns. Good relationships had been built with a number of groups, but it was proving more difficult to build relationships with some Eastern European communities. Work was being taken forward with providers on how to meet that need.

- expressed shock at the disparity in premature mortality rates for people with learning disabilities in comparison to the general population in Cambridgeshire. The Chief Nursing Officer stated that co-morbidity and mortality figures for people with learning disabilities was a problem nationally, not just in Cambridgeshire. It was known that people were not taking up health screening opportunities and health service staff were looking at how this could be fed into annual health checks. Respiratory disease and cancer were the highest causes of mortality in people with learning disabilities and services were focusing on proactive and reasonable adjustments to encourage people to take up vaccinations and screening opportunities.

- noted that GPs were being encouraged to carry out annual health checks around a person's birthday. This enabled families to help people prepare for the check and talk through any questions or concerns they might have and gave primary care teams time to think about what adjustments would make the visit easier for that person. It also spread the workload more evenly across the year. So far, practices trialling the new approach were reporting a better process and better outcomes.

- noted the work being done around reasonable adjustments and ways of making practical improvements to individual's experience of health care, like creating a quiet space or looking at which times of the day worked better for them. The Chief Nursing Officer stated that work was taking place with PinPoint and Voiceability in relation to providing information in easy read and accessible formats.

- learned that transformational monies were being used to fund a pilot project to allocate key workers to people with learning disabilities and behavioural issues. Initial results were encouraging, with none of the people in the pilot study having needed hospital admissions during the period of its operation. The trial would be extended in the next financial year using funding from NHS England. The Chair of the Children and Young People Committee questioned whether the current service design model included sufficient focus on avoiding the cliff edges in the transition from children's to adult services, and encouraged the introduction of keyworkers earlier to support this transition. Another Member noted that children's care tended to be delivered by a consultant while adults were support by GP and primary care services, and suggested that primary care becoming involved earlier would ease the transition to adult services.

The Chief Nursing Officer stated that the key worker programme would be available to both adults children, and it was hoped that young people would transition with the same key worker. Mandated annual health checks started at 14 and the aim was to identify individual needs and risks and create an annual health plan to help people understand what would be happening and why in their health care during the following year. There were currently around 35 adults and 10 children in the key worker pilot project and it was hoped to triple that number next year, although this was dependent on recruiting the right people as key workers. This included attracting people with lived experience and from diverse communities.

- learned that two special schools were piloting the delivery of health services in school to minimise children's time out of education for healthcare. This initiative was being supported by consultants from Addenbrookes Hospital and the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

- highlighted the Integrated Care Strategy's focus on reducing inequalities and preventable deaths in under 75s, and described work to improve the health outcomes of people with learning disabilities as a prime example of this.

- learned more about expectations around the Oliver McGowan training programme. The training was not yet mandatory, although the majority of staff had done the online learning. Work was ongoing with the Integrated Care Board to identify the level of training required by different professionals and with Mencap to procure the face to face element. Much of this training would be around diagnostic overshadowing and the need to treat everyone with learning disabilities as an individual.

- learned that there had been an exponential increase in the number of mental health referrals relating to children and young people post-pandemic. There were not enough clinicians available nationally to meet this level of demand so there was a need to think about how to deliver support differently. Some families focused on the need to obtain a diagnosis as they believed this was the best way to attract additional support for their child, and healthcare professionals were working with the Director of Education to dispel this myth. This would allow those children who did need referrals to be seen quicker. The focus was on a needs-led service rather than diagnosis-led.

- welcomed the Chief Nursing Officer's acknowledgement of the contribution made by charitable organisations in supporting and advocating for people with learning disabilities, and their intention to do more work with charities in future.

- noted that The Hollies in-patient provision for people with learning disabilities had been described as not fit for purpose, and asked about in-patient provision for people with learning disabilities in Cambridge. The Chief Nursing Officer stated that the Hollies was an old building which had now closed. The aim was to move away from hospital care where possible and to think more holistically about the adjustments which could be made to support the needs of each individual. An

intensive support team and a crisis team had been created to support people who would have been placed in The Hollies.

The Chair thanked the Chief Nursing Officer for attending the session, and for the openness and candour of her answers. He placed on record the County Council's wish to make progress with Integrated Care Board partners in relation to the Learning Disability Partnership (LDP). The County Council did not want to see the LDP break up and was willing and waiting to discuss this, but had not seen the progress it had hoped in the last month. He asked that this should be fed back to the ICB.

It was resolved unanimously to delegate authority to the Democratic Services Officer, in consultation with Committee Spokes, to provide feedback and recommendations to the Integrated Care Board on improving health outcomes for people with learning disabilities.

[Councillors Boden and Goodliffe left the meeting at 3.00pm]

221. NHS Workforce Development: Primary Care and Nursing Workforce

The Chief People Officer of the Integrated Care System described a mixed picture in relation to the local primary care and nursing workforce. There was a national focus on access to primary care services, but Integrated Care Boards were under pressure to look critically at all aspects of their expenditure. Locally, the decision had been taken to maintain investment to improve access to primary care in the context of the Fuller Stocktake report. Workforce retention figures remained quite good and there had been 15% more GP contacts compared to the previous year. This compared favourably with the position in acute care. GP practice partners were an ageing demographic, but the number of GPs in training locally were at higher levels than seen elsewhere in the East of England and nationally. The local primary care nursing workforce was also growing at a higher rate than elsewhere in the region . This was attributed to the excellent work of the local training hub, which had recently received a three year quality mark for its strong performance. All integrated care systems had been mandated by the NHS to develop a system level primary care access recovery plan (PCARP) and this was strongly aligned with the NHS long term plan. This included a focus on training and retaining staff and reforming service delivery models to make the best use of primary care professionals. The challenge in communicating and re-setting expectations in order to make best use of GPs time was part of this shift to a multi-disciplinary approach to primary care.

In discussion of the evidence presented individual members of the committee:

- welcomed the focus on multi-disciplinary teams and advocated more multi-disciplinary training to develop mutual understanding and respect between professionals.

- sought clarification of the structural relationship between GPs and community nurses. The Chief People Officer explained that community nurses were employed by the Cambridgeshire and Peterborough NHS Foundation Trust

(CPFT) and were organised across nine areas of the county, working with multiple GP practices within their area. However, there was significant staff turnover within this group and learning was being taken from the arrangements for GP practice nursing.

[Councillor Reynolds left the meeting at 3.18pm]

- expressed concern at the number of GPs expected to retire in the next few years and asked whether flexible contracts were available to offer the option of reducing their working hours instead. The Chief People Officer explained that GPs were self-employed, so there was a need to make staying in practice an attractive option. Work was also being undertaken to look at ways of drawing on experienced GPs to provide training.

- welcomed the positive recruitment and retention figures and asked what percentage of the local primary care workforce was recruited internationally. A response on this was offered outside of the meeting. **Action required**

- noted that there was an on-going conversation around the shape of primary care, based on the Fuller Stocktake report. The Chief Medical Officer and Chief Nursing Officer were in discussion with GP practices about this, and there was a recognition that a 'one size fits all' approach was not appropriate. It was not known whether an analysis had been done of the percentage of GP appointments which could have been handled by a different type of practitioner.

- learned that there was a strong record of apprenticeships for nurses and nurse associates. This included an increased number of placements in primary care settings, and was closely aligned to the NHS Workforce Plan which envisaged increased funding for apprenticeship routes into healthcare professions. However, the cost of living in Cambridgeshire remained a challenge.

- asked whether it would be helpful to share the list of triage questions used by the 111 service publicly. The Chief People Officer stated that the triaging protocol was currently being reviewed, but it was recognised that there were times when a flexible approach might be needed. Care and compassion should be paramount in the service being delivered.

- welcomed confirmation that the need to ensure that those experiencing digital exclusion were able to access health care information and services. This could sometimes be done by relatives or carers offering support, but it would be important to understand the proportion of people and communities affected by this.

- asked whether text conversations might have a role to play in developing a two-way interaction with GPs. The Chief People Officer stated her sense that there were other ways to have that conversation and spoke of the need to protect GPs time.

- asked whether steps were being taken to shift the focus of resourcing from acute to primary and preventative care.

- noted that around 52% of services in GP practices were now being delivered by professionals other than GPs and asked whether it was a matter of educating the public about the alternatives available or winning public trust for these to be seen as positive alternatives. The Chief People Officer stated that public trust was the bridge to moving to new ways of working. Listening to the patient voice was key to this, and the offer should be based on collaboration and co-production. It was recognised that preventative measures and primary care services could reduce pressure on acute healthcare services and improve the health of the population.

- noted the impact locally of NHS industrial action, and the unusual situation whereby healthcare provider organisations were employers but were not responsible for their staff's pay and conditions. The Staff Survey 2023 had just closed and the results would be available in the new year. Providers were committed to listening to staff concerns and to look at what could be done locally, but large elements were outside of their control.

- received confirmation that the Chief People Officer would welcome the opportunity to explore opportunities for joint working, including in the context of the Council's newly established Workforce Academy. The NHS was also looking at careers which could traverse sectors and which offered flexibility in terms of career progression and advancement.

- noted the ICB's wish to engage with local authorities around housing and accommodation issues to enable healthcare professionals to remain in the local area. The Vice Chair noted that the Committee's co-opted members represented each of the local city and district councils and asked that they should take this point back to their respective Authorities.

  The Chair placed on record the Committee's thanks for the Chief People Officer's time.

  It was resolved unanimously to delegate authority to the Democratic Services Officer, in consultation with Committee Spokes, to provide feedback and recommendations to the Integrated Care Board in relation to the primary care and nursing workforce.

222. Health Scrutiny Work Plan

Members reviewed the health scrutiny work plan and suggested the following topics be included on the long list of potential future scrutiny sessions:

i. CPFT waiting lists for those experiencing mental health issues and the referral system to access mental health support.

ii. Dentistry workforce development and contracts and/ or what could be done at a local level to improve dentistry provision in Cambridgeshire. It was suggested that this should be considered early in 2024 with input to be sought from Cambridgeshire Community Services NHS Trust. It was noted that Councillor Bulat's Motion to Council on 12th December 2023 on dentistry had received unanimous support.

The Vice Chair suggested discussing the timing of the scrutiny of dental services at the next Integrated Care Board/ Healthwatch Liaison Group. **Action required**

iii. Planned transitions to the new Cambridge Children's Hospital and Cambridge Cancer Research Hospital, including the impact on Addenbrookes Hospital during this process.

iv. Maternity Services at Cambridge University Hospital.

v. Winter planning 2024/25: To develop a more robust understanding of winter planning in Cambridgeshire. There would be a role in this for the Integrated Care Board/ Healthwatch Liaison Group.

vi. Health inequalities. The Chair would welcome the Director of Public Health's advice on how this might constructively be scrutinised. **Action required**

vii. The East of England Ambulance Service (EEAST). Members noted that a bilateral meeting was being arranged between the Chair and Vice Chair and senior leaders at EEAST. They would feedback on potential scrutiny after that meeting. **Action required**

The afternoon of 25th January 2024 was now being used for a business planning discussion so an alternative date would be arranged for the proposed health scrutiny planning workshop.

It was resolved unanimously to:

a) review and comment on the current Health Scrutiny Work Plan attached at Appendix 1.

b) provide feedback on the potential criteria for prioritising health scrutiny topics attached at Appendix 2.

c) agree to ~~use the afternoon of 25th January 2024 for~~ a virtual health scrutiny work planning workshop **in the new year, date to be arranged**.

223. Health Scrutiny Recommendations Tracker – December 2023

The Health Scrutiny Recommendations Tracker was reviewed and noted.