Adults and Health Committee Minutes

Date: Thursday 14 July 2022

Time: 10.00 am – 16.20 pm

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

Present: Councillors David Ambrose Smith, Chris Boden, Sam Clark (Appointee, Part 2 only), Steve Corney, Adela Costello, Claire Daunton, Corinne Garvie (Appointee), Jenny Gawthorpe-Wood (Appointee, Part 2 only), Nick Gay, Bryony Goodliffe (Part 2 Only) Anne Hay, Mark Howell, Richard Howitt (Chair), Steve McAdam (Appointee), Edna Murphy, Lucy Nethsingha, Kevin Reynolds, Philippa Slatter, Susan van de Ven (Vice-Chair).

Part 1: 10.00am – 12.15pm

91. Apologies for Absence and Declarations of Interest

Apologies received from Councillor Graham Wilson, Councillor Lucy Nethsingha attending as substitute and Councillor Gerri Bird. Apologies were also received in advance for the afternoon from Councillors Lucy Nethsingha, Susan Van de Ven, David Ambrose Smith, Mark Howell, Kevin Reynolds and Nick Gay.

Councillor Howell declared a non-statutory interest in item 6 'Suicide Prevention Strategy' as he had been a member of the Samaritan's for many years. Councillor Slatter also declared a non-statutory interest in this item as she was a member for the Campaign for Dignity in Dying. Councillor Van de Ven also declared a non-statutory interest in this item as she chaired the Meldreth, Shepreth and Foxton Community Rail Partnership, and they have worked with CPSL Mind in response to suicide on the railway.

Councillor Howell declared a non-statutory interest in item 8 'Modification to the Integrated Drug and Alcohol Treatment System' as he had volunteered at a street drug and needle exchange.

Councillor Daunton also declared a non-statutory interest in item 15 'Cambridge Children's Hospital Update' as she was an elected Member representing the Fulbourn Division and was a representative on the Cambridgeshire and Peterborough NHS Foundation Trust.

In relation to the action log a Member requested that if there was more than one item under a particular item number that it be labelled a, b, c etc. ACTION

92. Minutes – 17 March 2022 and Action Log

The minutes of the meeting held on 17 March 2022 were agreed as a correct record and the action log was noted.

93. Petitions and Public Questions

There were no petitions or public questions.

94. COVID-19 Update

The Committee received a report that focused on learning from the COVID- 19 pandemic response in Cambridgeshire and Peterborough.

In particular, the Director of Public Health highlighted:

- That since writing the report the covid infection rates were rising again and 1 in 30 people were testing positive as estimated by the ONS Covid infection survey with Omincron variants BA.4 and BA.5, which were not causing severe infections but were causing business continuity issues and pressures on the health service.

- There had been a number of debriefing exercises carried out through the Local Health Resilience Partnership, the Cambridgeshire and Peterborough Local Resilience Forum, and the Local Outbreak Management and Health Protection Boards.

- Common themes identified that worked well were:
    - system partnership and system working and that the authority was able to draw on a wide breadth of skills and experience in shaping the response.
    - the coordination of communications and the success of communications across partners
    - strong engagement with local communities

- Areas for improvement identified were:
    - Greater clarity on roles and responsibilities
    - More thought on how the authority strengthens its sustainability of response and supports wellbeing of staff
    - More regular reviewing of actions would be of benefit

- Had responded to some of the requirements already and had kept a small health protection team to deal with covid related work including continuing to work with the UK HSA to develop a strong memorandum of understanding and would build in more reviews and reflections moving forward.

- Mindful that there could be a new variant that escaped vaccines and there was also the threat of a flu pandemic in the winter.

- Continued to drive vaccine uptake and it was likely that there would be a further covid vaccine offer and flu vaccine offer.

- The CCG had made an offer of a staff wellbeing programme that could be tailored for different staff groups that was being taken up.

Individual Members raised the following points in relation to the report:

- Highlighted the devastating impact on Care Homes of the initial Hospital Discharge Policy at the start of the pandemic. The Chair stated that there was a 40% increase in deaths in care homes at the start of the pandemic against pre covid figures. A Member queried the figure. The Chair explained that he was happy to share the figure following the meeting.

- Noted that at the start of the pandemic there had been a vacancy in Public Health Protection that had proven difficult to fill and highlighted the overall issues with workforce and the development.

- Drew attention to the success of communications by Public Health Colleagues throughout the pandemic.

- Acknowledged that there was a danger of being too negative when reflecting on lessons learnt and that it was important to highlight what went well, particular joint working across organisations and partners.

- Praised the remarkable work on the vaccination roll out and asked officers to continue to drive take up of first, second and booster doses. A Member asked that the Director of Public Health get on to regional television to continue to communicate the importance of take up of vaccinations. He also highlighted the need for the public to continue to have confidence in Public Health and to reflect on messaging and the levels of restrictions at points within the pandemic. The Director of Public Health explained that proportionality of response would be considered as part of the National Public Covid Inquiry. She stated that the success of the vaccine roll out had been due to strong partnership working with the CCG and the Think Communities team. She explained that there was behavioural insights learning that could be drawn on to encourage further vaccine uptake. A member queried if there would be anything coming on to the market that was an alternative to the vaccine for those with needle phobias. The Director of Public Health commented that she was not aware of an alternative.

- A Member also highlighted the need to encourage and reassure those who had not felt safe going out for their vaccinations at the height of the pandemic.

  Queried whether the level of Public Health Reserves could be further reviewed in the light that money would come from central government in a pandemic situation. The Director of Public Health stated that the plan was to spend the reserves.
- A Member queried whether COVID should be removed as a standing item on the agenda yet. The Director of Public Health clarified that it would be good

for the Committee to reflect on pandemic response going forwards. The Chair commented that he would be happy to review the agenda in Spokes meetings.

- Queried whether the authority would be able to draw on the expertise of volunteers in the light of staff shortages if there were issues in the winter period with both flu and covid. The Director of Public Health explained that they had shored up the Health Protection workforce in advance of the winter.

- Highlighted that there would be may people that had worked throughout the pandemic reconsidering their roles and where they went to next. Queried whether the authority was being proactive in highlighting the courses that Anglia Ruskin provided in light of the staff shortages that were being encountered. The Executive Director: People and Communities explained that the authority had good links with local universities as well as regionally.

- A Member commented that they felt it was too early to be looking at a full lessons learnt exercise but welcomed the initial report. She focused on the importance of the highlights that could help during the next phase of the pandemic and how some space and time could be given for reflection and recovery, and focusing on wellbeing. The Executive Director: People and Communities stated that there was an awareness of the level of trauma that some staff had experienced throughout the pandemic and that some individuals were taking up a bespoke support offer. The authority was currently in discussions with the CCG who had an excellent clinically lead offer from psychologists. She explained that there would be a webinar for a wide range of staff which would then signpost individuals who needed more bespoke support.

- Highlighted the importance of encouraging the uptake, particularly in older people, of the flu vaccine.

In bringing the debate to a close the Chair explained that he sat on the Local Outbreak Group with the Vice Chair, and wanted to give his personal thanks, as he was able to see first-hand the hard work throughout the pandemic. He thanked officers for an honest and balanced report that would inform decision making. He explained that he wanted to highlight the positive and innovative system partnership working. He flagged the issues highlighted in the report including some of the preparedness plans and that there needed to have been better reflection on redeployment and the impact this had on services. He highlighted the national public inquiry in to covid and that Public Health colleagues would be inputting into the inquiry on the authorities behalf, as required. He explained that he would keep covid reporting under review at the Committee. He placed on record on behalf of the Committee thanks to all staff, partners and volunteers throughout the pandemic.

It was resolved unanimously to:

Note the update on the current Coronavirus pandemic, notably the lessons learned to inform future response.

95. Customer Care Annual Report 1 April 2021– 31 March 2022

The Committee considered the Adult Social Care Customer Care Annual Report 2021-2022 which provided information about the complaints, compliments, representations and MP enquiries received for adult social care and the learning from this feedback and actions taken to improve services.

Individual Members raised the following points in relation to the report:

- Questioned whether many of the complaints stemmed from the complexity of the Adult Social Care system and difficulties in accessing it and queried whether there were actions that could be taken to make access simpler and better signposting. Officers explained it was the complexity of the health and care system as a whole that was a challenge for people to understand at times. The authority worked closely with partners to ensure the right information was accessible redirected queries were required.

- Sought clarity on how learning was captured from the informal complaints process as not all individuals were inclined to go through the formal complaints procedure. Officers stated that this was an area for further development, as there was a need to deal with enquires at the lowest level in order to resolve them as quickly as possible. The customer care team were currently undertaking some bespoke training with practitioners.

- Looked forward to hearing more about the joint working protocol later in the year.

- A Member requested that the word ‘expect’ be used instead of ‘hoped’ in term of receiving a smaller number of complaints next year. Another Member commented that they wished to flag that it was unlikely that the number of complaints would reduce going forwards, in light of the pressures on services and staffing issues. Also in light of changes coming from central government in terms of additional measurements required to assess individual’s finances and ability to pay for their own care.

- Stated that it was important to focus on the individuals concerned as making a complaint could be a stressful experience. A Member explained there had been a particular case in his division that had been very traumatic for the individual concerned. He asked officers if the individual could have the opportunity to explain their experience to a senior officer, if they wished to do so. Officers stated that they would contact the Member to make arrangements for a meeting to take place. ACTION

- Questioned how the Virtual Room had been used so far and if it had been going well. Officers stated that the virtual room was working well and was being used were officers felt that individuals were not being discharged to the correct hospital discharge pathway and discussions could take place virtually via teams to ensure the correct arrangements were made for them.

- Queried how the number of councillor enquires was captured and whether the numbers were accurate. The Chair commented that it stated on the report that there were many more informal enquires by Councillors that did not get dealt with by the customer relations team but by the relevant manager.

- Highlighted the need to have good systems in place to respond to complaints informally so that there was not a need to deal with them through the formal process.

Bringing the debate to a close the Chair commented that the authority should welcome complaints it was dealing with many complex issues. He highlighted that the culture should be one that accepted that there would be errors and use the learning from complaints for continuous improvement of services. He stated that officers should take pride that they had received double the number of compliments than complaints. He explained that he was particularly pleased with the quote that 'staff regularly had time to listen and to explain'. He highlighted the attempts to move towards Care Together and Decentralisation as more joined up working at a local level was fundamental to change. He applauded the honesty in the report in terms of the issues in relation to the timeliness of responses.

It was resolved unanimously to:

a) Note and comment on the information in the Annual Adults Social Care Customer Care Report 2021-2022.

b) Agree to the publication of Annual Adults Social Care Customer Care Report 2021-2022 on the Council's website.

96. Suicide Prevention Strategy

The Committee received a report on the progress of the Joint Cambridgeshire and Peterborough Suicide Prevention Strategy 2022-2025 which would go to the Health and Wellbeing Board for final approval.

In particular, the presenting officer highlighted:

- The six key recommendations within the strategy detailed at 2.6 of the report.

- The strategy was for all ages and covered Cambridgeshire and Peterborough and would be implemented alongside a Children and Young Peoples Mental Health Strategy and a Public Mental Health Strategy.

- Measurement of the success of the strategy would be through a number of outcomes: a significant reduction in in patient suicides, a significant reduction of patients in contact with mental health services who die by suicide and generally reducing the rates of suicide in Cambridgeshire and Peterborough in line with the national average.

Individual Members raised the following points in relation to the report:

- Welcomed the strategy and targets set.

- Highlighted the influence of social media, which could at times intensify and escalate problems with some individuals. A Member felt that this had not been mentioned specifically in the report . Officers stated that social media was briefly mentioned under 'access to means within the home and in a digital world' . Officers explained that a big part of the work would be around engaging with the online hubs bill, ensuring that the strategy was in line with the national guidance and sharing resources for healthy online behaviour. Officers stated that they would add further information to the strategy in relation to this to make it more explicit. ACTION

- Noted that 46% of suicides were not known to mental health services. A member queried whether this figure included individuals that were on the waiting list for support.

- Highlighted that attempted suicides were not mentioned in the strategy. Officers acknowledged the omission and explained that there were currently difficulties in the recording of attempted suicides. Officers stated that they had recently received some funding to improve real time suicide surveillance data and within this there was a requirement to look into recording attempted suicides.

- A Member commented that the definition of suicide did not currently include individuals with terminal illnesses that had taken their own lives and coroners did not usually record these cases as suicide. He asked that these individuals be excluded from the figures as part of the strategy. The Chair explained that there was currently a national policy debate on assisted dying. Officers stated that this was a complex issue, euthanasia and physician assisted suicide was against the law so could not be explicit within the strategy. Officers acknowledged the need for further discussion by the suicide prevention group on this matter and that they were taking every step to ensure that those suffering with long term and terminal issues were support with both their physical pain as well as their mental health.

- Queried the target audience for the strategy and how it would be distributed. Officers explained the document was focused on the mental health system, so professionals delivering services. Officers explained that they had discussed about producing an alternative version for the public in an easy read format.

- Highlighted the better information sharing and no blame culture as an important part of the strategy.

- Welcomed the points raised regarding appropriate steps taken regarding the effect on the community following a suicide, as this was often missed.

- Queried who would carry out the action points identified throughout the strategy. Also, with regards to the actions around training, would this be one off or continuous training?. Officers stated that it was a joint strategy working with partners in CPFT, the Integrated Care Board, the Police, Education and Voluntary Sector. Officers clarified that there were six steering groups for each of the priority areas that would lead on each area and take forward the actions identified. Officers explained that training had been delivered for several years already, including the stop suicide training delivered by CPSL Mind as well as the GP training programme which was currently being funded by external NHS funding for the next three years at least, with the expectation that it would continue.

- A Member stated that there was a need to be careful how statistics were viewed to be successful, as to maintain the statistics as they were today would be a success, to lower them would be ideal. The Chair commented that a zero-suicide ambition was aspirational but was important to strive for.

- Expressed concern regarding the gaps in workforce including in education, and that the ambitions in the strategy were going to be challenging as the workforce issues would continue. Officers explained that in the development of the strategy they have been very aware of this as it is a national issue.

- Expressed concern in relation to the wording around promoting the use of safety plans in order to keep people safe until they can access mental health services. A Member explained that they were worried that this implied that there could be quite a wait for services. Officers acknowledged the concerns raised and explained that the strategy was about using a wider range of resources and support within the community to bolster the current support available whilst waiting lists were long and officers agreed to feed this back to the suicide prevention group. ACTION

- Queried the point 'Reduce access to means within the home and in a digital world' under recommendation 3 and what this meant. Officers explained that the majority of deaths were in the home and the recommendation aimed to equip individuals with the means to stay safe in the moment, during difficult periods of mental health.

Bringing the debate to a close the Chair commented that there was a previous suicide strategy and queried what was different about this strategy and would the new strategy succeed as suicides had increased. Officers explained that the priorities that were identified in the previous strategy were taken from the National Strategy and for the new strategy they had carried the priorities forward and added an additional layer which was the lifespan suicide prevention model, developed in Australia which had more of a community focus. The Chair stated that with the relaunch of the Health and Wellbeing Board there will be careful consideration regarding reports in order that the least bureaucratic approach was taken and that reports only came to both meetings when it was crucial to avoid duplication.

It was resolved unanimously to:

Discuss and agree the Joint Cambridgeshire and Peterborough Suicide Prevention Strategy 2022-2025, for final approval by the Health and Wellbeing Board.

97. Section 75 Extension Sexual and Reproductive Health Services

The Committee considered a report detailing an extension of the current Section 75 agreement with Cambridgeshire Community Services to provide Sexual and Reproductive Health Services across Cambridgeshire and Peterborough for two years. The current contract expired on 31 March 2023. The extension would mean that the Section 75 would end on 31 March 2025.
In response to the report, Members:

- Queried if council assets were being utilised as safe spaces for individuals to talk and seek confidential support. Officers explained that as part of the prevention work in the community the use of different venues, including council owned venues, was a key part of the strategy.

It was resolved unanimously to:

a) Commission a Sexual and Reproductive Health Needs Assessment to inform the commissioning of Sexual and Reproductive Health Services.

b) Extension of the current Section 75 agreement with Cambridgeshire Community Services for the provision of Integrated Sexual and Reproductive Health Services across Cambridgeshire and Peterborough until 31 March 2025 at a value of £5,100, 249 per annum, to enable the Sexual and Reproductive Health Needs Assessment to be undertaken

c) Authorisation of the Director of Public Health, in consultation with the Chair and Vice Chair of the Adult and Health Committee to award a contract to the successful provider subject always to compliance with all required legal processes.

d) Authorisation of Pathfinder Legal Services Ltd. to draft and complete the necessary documentation to extend the Section 75 agreement.

98. Modification to the Integrated Drug and Alcohol Treatment System

The Committee received a report that provided an overview of the new drugs strategy and associated new national investment in treatment and recovery services, as well as information on the new grant monies from central government and the impact on commissioned services.

In particular, the presenting officer highlighted:

- The additional investment of £1.8 million from central government as a consequence of Dame Carol Black's report in to the shortcomings of the drug treatment services.

- Recommended that the current provider continued to deliver the service with additional services added on, highlighted in 2.6 of the report.

- Pressures to spend the additional funding as quickly as possible.

- Money is tied to certain delivery requirements and did not allow for any flexibility, with very strict reporting requirements, and there would be a challenge in relation to the current workforce pressures.

Individual Members raised the following points in relation to the report: :

- Welcomed the funding as a result of Dame Carol Black's report.

- Highlighted the importance of Housing in providing a new start for individuals and queried whether there was enough funding or availability of housing to tackle this issue. Officers stated that there was a need to work with partners across the system to make sure that services were joined up. Officers worked very closely with housing colleagues in the districts. Officers explained that during covid there had been a lot of work ensuring that individuals were supported in coming out of the prison system were possible, which was a challenge and was an ongoing process. Officers stated that one of the main challenges was ensuring that when an individual came out of prison they had somewhere to go.

- Commented on the delay in receiving the funding from central government and the restrictions and short timescales within which to spend the funding. A Member commented that this was not a one off and had been happening in many services and was not good governance.

- A Member commented on 1.6 bullet 2 of the report 'A treatment place for any offender with an addiction' in terms of re offences when offenders were unable to get a treatment place, that might result in a small increase in crimes.

- Queried if the service did not manage to get the staff would some of the money need to be refunded?. Officers stated that they only usually know if the money can be carried over a few months before the deadline and the approach did vary.

- Congratulated partners CGL on the work that they had been undertaking.

It was resolved unanimously to:

a) The investment proposals for the Drug and Alcohol Services

b) The commissioning of the current provider of the Drug and Alcohol Services, Change Grow Live (CGL) to provide the additional services.

c) Approve a contract variation for the estimated value of £1,779,998 to the current CGL integrated treatment contract (subject to confirmation of the final value of the Rough Sleeper Drug and Alcohol Grant).

99. Tier 3 Weight Management Services Procurement

The Committee considered a report that sought procurement of additional Tier 3 Weight Management Services to meet the increased demand.

In response to the report, Members:

- Queried whether there were issues in relation to the weight management service in terms unequal access in particular in relation to poverty. Officers stated that in Cambridgeshire over 60% of people were considered to be overweight or obese, so the services was offered as widely as possible. Officers stated that were they knew of greater pressures in certain areas they provided additional services to be more proactive in recruiting people. Officers explained they also enlisted leisure services run by the districts, building in a full range of physical activities. Officers also stated that they looked at referral routes though partner organisations so that they identified people and gave them support and encouragement to access services.

- Noted the decision not to extend the contract but to retender.

It was resolved unanimously to:

a) A competitive procurement for additional Tier 3 Weight Management Service capacity.

b) Authorisation of the Director of Public Health, in consultation with the Chair and Vice Chair of the Adults and Health Committee to award a contract up to the value of £1.465m to the successful provider subject always to compliance with all required legal processes.

c) Authorisation of Pathfinder Legal Services Ltd. to draft and complete the necessary contract documentation.

100. Finance Monitoring Report – March 2021/22

The Committee considered a report on the financial position of services within its remit as at the end of March 2022.

In particular, the presenting officer highlighted:

- At the end of March, Adults, including Adults Commissioning, ended the financial year with an underspend of 4.6% of budget (£9,497k), and Public Health, excluding Children's Public Health, ended the financial year with an underspend of 9.8% of budget (£3,965k) which has been transferred to Public Health reserves.

- As the impact of the pandemic continued, there remained uncertainty around the position going into the 2022/23 financial year. It was particularly unclear if, and at what point, demand-led budgets would return to expected levels of growth in spend. Officers would continue to keep activity and spend levels under review to determine if demand growth was returning to pre-pandemic levels or increasing faster or more slowly.

Individual Members raised the following points in relation to the report:

- Acknowledged that it had been extraordinarily difficult to budget for Adults Social Care over the last few years due to the pandemic.

- A Member commented that a significant proportion of the Public Health underspend was caused by a failure to have the number of staff necessary to carry out the services required and this was an ongoing issue. He queried how much of an issue in terms of contractors and vacancies would be carried forward in to the next financial year?. The Director of Public Health stated that they had generally re-invested the money and with the Health Visiting Service they had agreed a package of training so the money would be reinvested to help deliver it.

- Highlighted that recruitment and retention was extremely difficult across the country in all sectors, where there any opportunities to put more funding into training and retraining packages to draw on a wider pool of potential employees. Officers stated that there was a workforce fund across the Eastern Region and had received funding from NHS England last year which had allowed the authority to fund some work in social care. The Executive Director of People and Communities explained that an Apprenticeship Scheme had been set up and officers were looking at a 'Grow your own' programme for Social Workers. She stated that a clear progression route had been developed for staff and had a good internal training offer and were currently developing ability to bring in newly qualified social workers. She explained that she sat on the ICS People Board and they had recently produces a draft Workforce Strategy. The Director of Public Health highlighted that there had been some movement on recruitment into Public Health post pandemic and they were currently successfully recruiting to vacant posts. She was more concerned with vacancies with partner providers in particular in the Health Visiting Service. The Chair commented that there appeared to be a bottleneck in the work on workforce recruitment and retention across the authority as a whole and this needed to be addressed strategically. He stated that a joint initiative with Health Partners should be set up to tackle this issue.

- Highlighted the work of the Combined Authority who had invested in facilities in Peterborough in order to train more Health and Social Care staff and the pandemic had an impact on being able to bring the staff in for training. A Member highlighted the work by the Combined Authority on the Employment and Skills Strategy and the potential links into tackling the issues that were being faced.

- The Chair commented on point 2.4.6 of the report in terms of the continued pressures on the Hospital Discharge System with substantial cost increases as both NHS funding was being unwound at the end of March 2022, and there was a need to think carefully about future funding in this area in discussions with partners. He stated that partners had commissioned CPFT on hospital discharge work that they might have commissioned the Council to do and that both he and the Vice Chair were in discussions with the ICS on this issue. He stated that the Charging Policy predated the current administration and that with the Anti-Poverty Policy and the cost-of-living crisis it may be that the Committee would have to review some of the decisions

It was resolved unanimously to:

Review and comment on the relevant sections of the People and Communities and Public Health Finance Monitoring Report as at the end of March 2022.

111. Finance Monitoring Report – May 2022/23

The Committee received a report which detailed the financial position of services within its remit as at the end of May 2022 and the use of unallocated Public Health reserves.

In particular, the presenting officer highlighted:

- The work being carried out in relation to demand in reviewing the re-baselining of budgets

- The decision made by the Strategy and Resources Committee to delegate approval of the use of the current £2.6m uncommitted Public Health reserve balance to Adults and Health committee, with the proposals on how it would be spent set out in the report. She stated that if all of the proposals were agreed this would leave £45,000 in the reserve. She highlighted that not all of the funds allocated would be spent in the current financial year as some proposals were multi-year settlements.

Individual Members raised the following points in relation to the report:

- Welcomed the additional information provided in the report.

- A Member commented that there had been a systemic underspend in Public Health over the past six years which was mainly in relation to the capacity of contractors not being able to carry out work. He stated that he was not convinced that the systemic underspend had been changed and moving in to a period of high inflation it was not known what affects this would have on the budget. Officers explained that there was always a risk underspend, at this stage there was nothing to suggest that there would be an underspend at this stage of the year.

- Queried which areas the officers saw looking forward as the most potentially volatile areas in terms of expenditure. Officers explained that inflation was extremely volatile and this affected care packages across the board . In particular officers were seeing pressures on high-cost Learning Disability packages. Officers also stated there was a risk around demand picking up in a way that was not seen last year. Officers stated that one of the biggest concerns was around the provider market and sustainability in terms of acute workforce shortage during the pandemic, and very significant costs to retain workforce as well as inflationary costs. These pressures would inform the business planning process. Officers were also mindful of the importance of ensuring that workforce issues did not translate into quality issues.

- The Chair observed that the Public Health underspend was not out of line with other areas in the authority due to Covid. He stated that he had confidence in the way that the underspend was being managed by the Public Health team. He highlighted the list of items in section 2.7 of the report to improve health outcomes. He explained that he was uneasy with the £3million baselining although accepted that it was the right thing for officers to do. He highlighted that the uncertainties were so great that they should not be permanent baselining decisions and which he had highlighted at Strategy and Resources Committee, and that we must be prepared as an authority to review the baseline as a whole. He explained that further finances may be needed to help support the recruitment and retention issues. He stated that there was also a need to look at how permanent some of the covid loss was, in terms of how much was the authority not properly identifying need and funding it. He explained that officers had started work looking at need and Needs Assessments, to look at if there was any gaps in demand that were being missed. Officers stated that the authority was aware of unmet need throughout the pandemic, and that post pandemic there had been changes to demands in relation to some of the services. Officers were keeping a watchful eye on the changes both in the short and medium term and looking a trends and would bring the findings back to committee.

- A Member highlighted in the appendix at 1.2.2 (page 254) the actual amount was a minus, and wondered what the value was in giving this information was in financial reports at committee across the board as he believed many of the Councillors did not understand what it meant and how the number was derived. He had raised the same issue at Strategy and Resources a week earlier and asked that this be changed across the council for the next financial year. Officers stated that the figure showed the real position of the budget taking in to account invoices that they had not yet received from health

partners. The Chair commented that reports should be as accessible and understandable for decision making and of a change on reporting was going to be made it would need to be authority wide.

It was resolved unanimously to:

i. Review and comment on the relevant sections of the People and Communities and Public Health Finance Monitoring Report as at the end of May 2022; and

ii. Approve the use of £2.55m from Public Health reserves as set out in section 2.7.

112. Key Performance Indicators

The Committee considered a report that set out a proposed list of performance indicators to be reported to the committee going forwards.

Individual Members raised the following points in relation to the report

- Thanked officers for the considerable amount of work that had gone into compiling the proposed list of indicators.

- Queried if the indicator in relation to long term care and support which showed the number of carers assessed, included informal carers or not. Officers stated that the indicator was a standard indicator used across the country and showed the number of people receiving support with their care. Officers stated that the best source of information in relation to informal carers was through the results of the 2021 census which officers were just starting to get the data through for.

It was resolved unanimously to:

Consider the proposed list of Key Performance Indicators and confirm the indicators it wishes to receive reports on.

113. Adults and Health Committee Agenda Plan and Training Plan

The Committee noted its agenda plan and training plan.

Part 2 – 14:00pm - 16:20pm

The Chair resumed the meeting, welcoming the newest co-opted Member Councillor Steve McAdams, who also attended the morning session, and Co-opted Councillors

Clarke, Gawthorpe Wood and Every, who were attending virtually. Councillors Goodliffe and Taylor from the Children and Young People's Committee were also welcomed for item 15, Cambridge Children's Hospital.

114. Cambridgeshire Peterborough Overarching Health and Wellbeing Strategy Consultation

The Committee received a report which detailed plans for the launch of a consultation on the Health and Wellbeing Strategy developed by both the Joint Health and Wellbeing Boards and the Integrated Care Partnership. This was scheduled to occur on 15 July 2022.

In particular, the Director of Public Health highlighted:

- Prior to the pandemic, a strategy had been developed, but was not launched. A new strategy was under development, influenced by the impact of coronavirus and the new Health and Social Care Act. This strategy was developed with partners.
- The Covid Impact Assessment fulfilled the function of the Joint Strategic Needs Assessment (JSNA) and informed the development of the strategy. This assessment evidenced how inequalities had been exacerbated by the pandemic impact for those in more deprived areas, ethnic minorities, and the older population. The assessment also showed the pandemic impact on the younger population.

- The Health and Wellbeing Strategy was scheduled by December 2022.

Individual Members raised the following points in relation to the report:

- Learned that access to primary healthcare had changed following the coronavirus outbreak. In support of primary care, public health were investing more in community health checks.

- Clarified that, with health partners, the service was exploring inequalities in health outcomes and how to reduce physical illnesses in people with learning disabilities and mental health illness in order that more targeted interventions could be used.

- Expressed hope for the Government's levelling up agenda in relation to transport, particularly for Ramsey, but commented that robust solutions were needed to ensure that Local Authority intentions were manifested. This would be the responsibility of the Combined Authority with whom the Local Authority promoted travel access and affordability.

- Heard that the health service should help promote healthcare careers in schools, for example through apprenticeships; secure fair salaries in coordination with partners; and engage with internal communications and partners around market testing healthcare priorities and using publicly recognisable language.

- Requested the circulation of detailed comments on the service response to housing. ACTION

- Promoted the importance of schools, especially teachers, in recognising health concerns.

It was resolved unanimously to:

Note and comment on the proposals for engagement and consultation around the Overarching Cambridgeshire and Peterborough Health and Wellbeing Strategy.

115. Cambridge Children's Hospital Update

The Committee received a report which detailed plans for the Children's Hospital for the East of England Region, as invested in by the Government in December 2018. The hospital would be co-designed to accommodate holistic physical and mental health care and include a paediatric intensive care unit; 160 beds; seven operating theatres; and six research centres on genomic medicine, neurodevelopment and mental health, childhood cancer, diabetes and obesity, inflammation and infection, and perinatal conditions. It was anticipated construction would commence in 2024. The slide pack presented in the meeting is detailed on the Council website here.

In particular, the report presenters highlighted:

- That the hospital would have a preventative, holistic approach to healing, focussing on both mental and physical health in a single premises. Current provision did not cater for this, but there was increasing evidence that with many health concerns, such as asthma and eating disorders, the two aspects heavily impacted upon one another.

- 70-80% of patients came from out of area.

- The Building design had been modelled for 2034-5 and was located near the university to enable greater space for research.
- The new hospital was looking to mitigate concerns regarding the need for early diagnosis and intervention; paediatric provision for 16-18; the Fulbourn mental health facility closure, scheduled for 2028; specialist care provision not currently within the County; a current lack of home provision; and patient schooling using collaboration from the education sector and an increase in classroom spaces.

- The Strategic Outline case had been approved in 2020 and the Outline Business case (complete with cost estimates) would be submitted in the autumn 2022. Following that, a final business case in consultation with building contractors would be submitted. It was hoped building would commence in 2024.

- Philanthropic funding had been received from sponsors such as Addenbrookes Charitable Trust, with underwriting from Cambridge University. There would be further and more accurate cost estimates for the next stage following the outline business case.

- Public engagement was ongoing. Twelve parents and carers acted as coproduction champions and a youth advisory panel would also be formed in line with best practice seen in other counties.

Individual Members raised the following points in relation to the report:

- Pressed the importance of family socialisation within hospital units. While the hospital would be one for clinical research, the unit itself would be a therapeutic model and comprise of single rooms with the option to open walls and create a more communal space, dining spaces for families, private meeting rooms and play areas. Food would be a focal point for family activity.

- Understood that eating disorder referrals had risen and consequent research ensued at a national level. The children's hospital aimed to provide physical support to children with eating disorders through short-term admissions or day patient care. They would strengthen the community offer for home treatment to reduce inpatient stays.

- Were apprehensive with regard to the size and access to the Addenbrookes site.

- Clarified that there would be 42-day patient beds, including fourteen medical and surgical beds. Ten to twelve beds would accommodate both mental health and physical health patients.

- Showed concern that the hospital would quickly exceed capacity due to the low increase in additional inpatient beds and rising numbers of young people admitted with mental illness. Officers explained that modelling for mental health inpatients found only an additional seven to ten beds were needed to meet capacity requirements until 2034/5. This estimate recognised the strengthened crisis and community services provided in the new care model; the availability of general paediatric beds elsewhere in the region; and the decrease in inpatient demand as the single site placement of services was expected to increase productivity by 50%. This statistic had been based off modelling including regional, growth and bed closure demographics.

- Learned that phase 2 of the build would consider inclusion of a single outpatient block and additional ward and theatre space. Prior to this, the Addenbrookes site outpatient services block would remain in use.

- Recommended that internal hospital design, such as colour scheme consideration, should meet the needs of children with sensory processing disorders.

- Suggested using the hospital as a template for other parts of the region.

- Clarified that strengthening existing networks with British telecom would improve countywide data sharing, aid digital access to healthcare from home, and connect with non-local specialists virtually.

- Noted that the previous cost estimate was £220m. This had increased to circa £390m following an increase in the scope, inflation, the carbon net zero initiative and the digital agenda. Costing would be broken down as follows: £100m philanthropy, £20m land sale capital receipt, £265m public dividend, and £5m local education authority.

- The Chair praised the extensive public engagement contributing to the design.

- Agreed to receive responses to further questions in writing. ACTION

- Remaining questions included:

    - How would staffing recruitment and retention be addressed?

    - Could you expand upon what the term ‘a hospital without walls’ means?

    - How would patient and visitor access to the site be managed?

    - Is there an anticipated length of build?

    - Will there be consultation rooms?

It was resolved unanimously to:

Note the content of this report, the project’s key milestones and next steps.

116. North Place Integrated Care Partnership (ICP) Update

The Committee received an update on the North Place Integrated Care Partnership which, subject to legislation, was scheduled to be established by July 2022.

In particular, the report presenters highlighted:

- The North Place Integrated Care Partnership would align with hospitals in the North Cambridgeshire catchment area and the associated district councils of Huntingdonshire, Fenland and Peterborough. This divide enabled more demographic-targeted solutions.

- In 2018, an alliance was formed with all statutory partners from health and care bodies in Cambridgeshire. It now had shared working with large stakeholders, voluntary organisations, the Local Authority, district councils, 49 GP practices and two GP federations.

- A key objective of the Integrated Care Partnership was subsidiarity. Within North Place there were thirteen primary care networks which would be developed into Integrated Neighbourhoods. In these GP practices, Think Communities programmes, providers, councils and voluntary providers would collaborate to create provision at a local level.

- The integration of care would also ensure partners could share resource, providers and reduce duplication of provision.

- The Partnership was in the process of creating a team, governance and structure under which the Integrated Care System, would be delivered and for which patients, public, partners and health committee partners would be key consultees.

- Local Authorities could be key to aid North Place Delivery in aspects such as shared management and leadership, shared priorities, communication with the local community and the amalgamation of health and social care.

In response to the report, Members:

- Agreed that movement away from the Clinical Commissioning Group model was positive. However, showed concern that health and social care reorganisations were frequent and caused political, financial and organisational disruption. Officers reassured Members of the difference: previous reorganisations had a single accountable body, while the Integrated Care Partnership relied on collaborative working.

- Stated that the new Health and Social Care Act was unambitious and failed to make significant changes to the funding structure. A change in budgetary responsibility and movement of funding allocation from acute to primary care and from health to social care would be needed prior to successful and major change. This statement gained cross party support and was corroborated by report presenters who stated that they had met with partners including NWAFT and CPFT who also supported this principle, along with resource reallocation to areas of deprivation. Another Member noted that budget pooling through partnerships would help to manipulate the current funding allocation and use local buy in to meet need.

- Were reassured that, while the North and South divide appeared generalised, more local demographics were considered through the thirteen subsidiary primary care networks within the North Place Integrated Care Partnership. It was to these networks that decisions and funding would be devolved, allowing for a person-centred approach.

- Learned that public consultation had occurred for the development of the Integrated Care System and that further consultation would occur for the Place-Based Plan using Healthwatch, public partnerships and boards. Constructive challenge on the effectiveness of engagement was welcomed.

- Offered the County Council's partnership and support for local level delivery in the system and conjoining of the Integrated Care System and Integrated Care Partnership. The officer welcomed input from the County Council on collaborative ways of working.

- Learned that using in-house, rather than out-of-house services would reduce service replication, costs and improve resilience. Ideally, private services would only be used where there were gaps in in-house service, such as for specialist services or staffing vacancies.

- Showed support for offering staff the real living wage.

- Requested addition of the thirteen North Place Neighbourhoods onto the MyCambridgeshire maps.

The Director of Commissioning commented on the good engagement and commonality between the County Council and the Integrated Care Partnership and the desire to move towards delivery.

It was resolved unanimously to:

Note and comment on the contents of the report.

117. Date of Next Meeting

It was noted that the next meeting would take place 5 October 2022.

Chair