

## Adults and Health Committee Minutes

Date: 5 October 2023

Time: 10.00 am - 4.02 pm

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

Present: Councillors Chris Boden, Mike Black, Alex Bulat, Adela Costello, Steve Count Claire Daunton, Jose Hales (Co-optee sub, part 1 only), Anne Hay, Keith Horgan (Co-optee, part 2 only), Mark Howell (part 1 only), Richard Howitt (Chair), Dr Haq Nawaz (Co-optee, part 2 only), Lucy Nethsingha, Geoffrey Seeff, Philippa Slatter.

### 192. Apologies for Absence and Declarations of Interest

Apologies were received from Councillor Susan van de Ven (Vice Chair), Councillor Graham Wilson (substituted by Councillor Lucy Nethsingha), Councillor Kevin Reynolds (substituted by Councillor Steve Count), Councillor Mac McQuire.

Part 2: Councillor Corrinne Garvie, (Councillor Garvie's substitute Councillor Jose Hales), Councillor Mairead Healy and Councillor Mark Howell.

There were no declarations of interest.

The Chair explained that item 8 on the agenda 'Adult Social Care Local Government Association Peer Review Update' would now be considered before item 7 'Rough Sleeper Drug and Alcohol National Grant Funding'.

The Chair stated that the report presenter for the 'Cambridgeshire and Peterborough Integrated Care System (ICS) Winter Plan 2023/24' report due to be heard in the afternoon scrutiny session was unwell and that it would be agreed by the Committee at the afternoon session how this would be taken forward. He also stated that agenda item 8 'Ombudsman Report on Prescribing in Drug and Alcohol Services' would be heard before agenda item 7 'Rough Sleeper Drug and Alcohol National Grant Funding'.

### 193. Adults and Health Committee Minutes 29 June 2023 and Action Log

The minutes of the meeting on 29 June 2023 were approved as an accurate record. The action log was noted.

Under matters arising, a member highlighted the report on Integrated Tobacco Control in the Cambridgeshire and Peterborough, which was discussed at the last committee meeting, and welcomed the recent announcement from the Prime

Minister regarding increasing the smoking age on an annual basis. The Chair acknowledged that there was cross party agreement on the proposals in Westminster.

#### 194. Petitions and Public Questions

No petitions or public questions received.

#### 195. Adult Social Care Workforce Provider Support Plan

The committee considered a report that summarised details and sought approval for the next steps and commissioning approach of the Adult Social Care Provider Workforce Support Plan 2023 – 2028.

The presenting officers highlighted;

- the plan covered the external workforce that sat with private providers that provided care and support for adults within the community, including residential care homes and within their own home.
- support to invest in the work programme and had an opportunity to invest a further £845,000 over a two-year period to bring a further skills intervention to the workforce.
- challenges in the workforce including poor recruitment and retention and there was no standardised baseline of skills.
- wanted to make the best use of council resources to intervene and strengthen skills. Have already done work around the real living wage.
- the work would be lead jointly with the Cambridgeshire and Peterborough Combined Authority, and have drawn in partners from health, skills for care and Healthwatch.
- the report gave an update on the programme progress to date targeted initially around the care certificate and now wanted to go beyond that in areas where there were pressures including where individuals with complex needs are supported to live in their own homes.
- corrected an error on 5.1 of the report that stated that one of the funding targets was for May 2023, and should say May 2024.

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

- queried whether there would be further opportunity to influence the choice of name covered in the branding options. Officers explained that they were happy to pick up any suggestions with members outside of the meeting.

- questioned whether partners that were involved in chair-based exercise and walking partnerships in the districts would be involved. Officers explained that they had links through to these partnerships through public health colleagues and were looking to strengthen these links.
- highlighted the staffing turnover of 40% every year and queried where these individuals moved to and whether there was a danger creating a hybrid certificate would encourage individuals then to take their qualifications elsewhere. Officers stated that two-thirds of the 40% stayed in the care sector and there was a lot of movement between providers. When the workers move the next employer can have confidence in the individual's skills.
- sought clarity on whether there was a link in gaining a certificate to increase in pay on individuals that worked for external providers and if there was a link to reach a certain target. Officers explained that that currently there was not a direct link but they were looking to leverage influence by strengthening contractual arrangements.
- requested a comparison of figures for the programme quantitative KPIs against statistical neighbours as well as the national average. **Action Required**
- queried if the programme would also include those who support people with individual budgets. Officers explained that the programme was open to these individuals and there was ongoing work within the programme to prioritise where support needed to be focused.
- questioned whether there was collaboration with Cambridgeshire Skills and the ESOL programme. Officers stated that this had not been picked up currently but that they would include this in the international work that was being done regionally.
- sought clarity on if there was an update on the central government commitment for funding and if officers had been given a timeline. Officers highlighted that there had been a reduction in the funding since the government initiative had been launched in 2021 and that currently there was still no implementation plan for the funding.
- highlighted that the vacancy rate was lower than the national average and stated that the authority needed to also look at what it was doing right and how it could be built on.

Councillor Howitt (Chair) proposed the following amendment to the recommendations, seconded by Councillor Nethsingha.

- d) agree to add to the strategy seeking to work in partnership with providers and trade unions, to promote an enabling environment for local social care workers to be able to access union protection, where they choose.

Members raised the following points in relation to the amendment:

- a member question if there had been an error in the drawing up of the report as the chair was bringing this as an additional recommendation and sought clarity on whether there was any evidence that individuals were not able to access unions were they chose.
- a member highlighted that the average hourly rate in this sector was lower than the national average and many were not on the minimum wage. He stated that he had witnessed individuals who were frightened to speak out about the conditions they worked under and that he supported this amendment.
- a member stated that she hoped this would also include professional associations as it was not just about money but safeguarding individuals. She stated that some unions did not have graded subscriptions which could be a deterrent.
- a member stated that being a member of a union was a luxury for some individuals and that the care work was a transient profession.

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

In debating the report;

- the Chair stated that he hoped the authority could lead authority on this issue and that the authority had sought feedback from the Department for Health and Social Care on this initiative. He stated that if the funding was agreed at committee, then it would pay itself back and would be healthier for finances. He highlighted the ongoing target for all care roles to be paid the real living wage currently this stood at 84% of roles and it was hoped that the target could be reached by next year.
- a member commented that it was a matter of public perception, and it was a duty of all members to promote training and skills development and to recognises and mark achievements.
- a member explained that clear stretch targets were important in order that achievements and progress could be measured against the funding. He commented that current international recruitment failed to target some groups particularly eastern europeans who were a dedicated workforce and worked in lower paid jobs that did not always equate to the qualifications that they held.
- a member commented that that individuals who were currently in the care profession needed to be involved in pulling together the marketing content.
- a member highlighted that it was unclear what the £800,000 would be spent on and that it was important that clear targets were set and agreed for the

initiative and circulated to the committee. Officers agreed to review and come back to committee on progress. **Action Required.**

- a member stated that it was important to highlight that it was a choice to join a union. She explained that it was crucial to make the opportunities available where the communities as this would give access to hard to reach groups including migrant communities.

It was resolved unanimously to:

- a) approve the procurement of further skills interventions, up to the value of £845k, to support the ambitions in the Workforce Plan and to delegate the awarding and executing of contracts to the Executive Director of Adults, Health & Commissioning.
- b) fully support the initiatives by Cambridgeshire County Council to support the workforce now, developing local initiatives to strengthen the workforce based on specific challenges faced by care professionals, providers, and individuals in the area. Committee are asked to note this report and approve the continued focus of the Adult Social Care Workforce Programme Board on the priorities identified.
- c) to delegate the approval of the branding of the Adult Social Care Provider Workforce Programme to the Executive Director of Adults, Health and Commissioning in consultation with the Committee Chair.
- d) agree to add to the strategy seeking to work in partnership with providers and trade unions, to promote an enabling environment for local social care workers to be able to access union protection, where they choose.

## 196. Adult Social Care Local Government Association (LGA) Peer Review Update

The committee considered a report that detailed the key recommendations of the LGA Peer review for Adult Social Care and the progress to date on the recommendations.

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

- a member explained that he had raised the issue of employment opportunities for individuals with learning disabilities and autism, part of recommendation 9, on numerous occasions. He commented that he felt the authority was still failing to provide leadership in this area and there were no measures or targets in place for improvements. The Chair stated that there was also a cross party discussion on this subject at the last full council meeting as part of the People Strategy around this aspiration and an update on this would be included in the People Strategy Report going to the next Staffing and Appeals Committee.

- queried what was being done in terms of transport.
- sought clarity on how 'Care Together' was being rolled out. The Executive Director for Adults, Health and Commissioning explained that an update report on 'Care Together' and Market Shaping was scheduled for the December committee meeting.
- questioned if there was a strategy to target qualifications in the area of financial assessments.
- the Chair stated that more could be done in the voluntary sector with regards to care together and a report on this would be coming to the next meeting. He stated that he would like to see officers meeting major leaders in the voluntary sector to discuss the findings and seeing their response.

It was resolved to note and comment on the information outlined in this report.

#### 197. A review of the Learning Disability Partnership Section 75 pooled budget financial risk share arrangements

The committee considered a report which sought agreement to a partial or full termination of the Section 75 partnership agreement between Cambridgeshire County Council and Cambridgeshire and Peterborough Integrated Care Board for the Learning Disability Partnership dependent on continuing discussions between the Council and the ICB.

The presenting officers highlighted;

- a report was presented to committee in March 2023 outlining the current position of the partnership and how it was run and how the budgets were pooled.
- the main issues were outlined in section two of the report. Since March 2023 there had been attempts to resolve the relationship, but this had not been successful, and notice had been given for the Section 75 Agreement to cease on 31 August 2024 if nothing changed.
- In March 2023, the Committee was informed about the potential savings of £7.1m which were already built into the Business Plan. Following the response by the ICB, resulting in the entirety of Section 75 Agreement being terminated, the savings could potentially rise. Work undertaken by an independent review suggested an additional saving to the authority of circa £1.55m.
- The potential would remain for agreements to be made for specific shared arrangements – e.g, shared funding of a joint commissioning team or a jointly funded community learning disabilities team could still be included within a Section 75 agreement.

- a new model of working would be developed over the coming months. This work would be led by the Executive Director of Adult Social Care (DASS). There was a meeting with the ICB on 25 September 2023 to agree the programme for the next 12 months. A co-production approach would be adopted to ensure that people with lived experience are involved in the development of the new model.

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

- highlighted that the issues had been ongoing for a long period of time and had been hampered by COVID.
- a member expressed disappointment that the ICB had not shown partnership engagement and feared that the service would be diminished and the potential for the service to cost more in the long run. He stated that he felt that certain elements of the integrated care system were inadequate. Officers explained there would be no loss to the quality or support to the service users and that both sides had a responsibility to maintain this position, and the authority would be consulting individuals with lived experiences to shape the new service.
- a member highlighted that it was an indication of the financial and bureaucratic pressures across the whole system.
- a member commented that the losers will be the people that use the services provided by the partnership arrangement and sought further information regarding what partial termination of the agreement would involve and whether there would still be some sharing of budget. Officers explained that the ICB have included everything in scope so this had been superseded.
- a member queried what the savings would cover and that there was assurance that individuals would receive the same level of service that they were entitled to expect. A member commented that the savings had already been assumed in the business plan and therefore would show as a negative in the next financial year.
- the Chair explained that the service had received a requires improvement inspection report and that the authority had a responsibility for the quality of service. He commented that he was disappointed that a cost sharing arrangement had not been reached and that the ICB had indicated that they also wished to withdraw from providing and integrated service. He hoped that through discussions this could be reviewed and hear input from the voluntary sector. He also questioned whether there would be implications in relation to other collaboratives that had been set up with the ICB. The Executive Director: Adults, Health and Commissioning explained that the ICB had been clear that they wanted to continue to work with the authority in a collaborative and integrated way and the opportunities to work with the accountable business units to work on collaborative solutions. He explained that in terms of the LDP section 75 agreement the pooled fund officers needed to be

mindful of the financial challenges when looking at collaborative ways of working.

It was resolved unanimously to:

- a) delegate all necessary legal steps to facilitate termination of the section 75 Agreement to the Executive Director.
- b) note the potential financial impacts as set per para. 2.11 of this report.
- c) allow the DASS to proceed and terminate arrangement and put in a new model of working as per section 3 of this report.
- d) support the Council in seeking to retain the management of Integrated Health and Social Care Teams for People with Learning Disabilities.

## 198. Rough Sleeper Drug and Alcohol National Grant Funding

The Committee considered a report on the additional Rough Sleeper Drug and Alcohol Treatment Grant and the impact on commissioned services.

The Director of Public Health highlighted;

- this was a targeted grant funding to support people who were already addicted, on the streets to get into treatment. The grant would pay for outreach workers.
- it was proposed that the additional funding would go to 'Change Grow Live' the current providers of the service as this would allow for continuity of service provision.
- the timing of the grant may raise some concerns in relation to the ombudsman report on the committee agenda. Officers were confident that all of the issues raised by the Ombudsman in relation to 'Change Grow Live' had been addressed and their services outcomes were good, and they were in the best place to continue service provision.

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

- highlighted that there was a need to record the results of the programme so that there could be learning for the future, as currently success rates were low in this area.
- the Chair stated that he had every confidence in 'Change Grow Live' and that this would be the best use of the grant funding and would lead to better outcomes.
- commented that it was key to give support in the early stages to stop people requiring ongoing interventions.



- Requested further detail on the outcomes of the programme as it developed, including how many individuals removed from homelessness, how many individuals taking up the programme etc. The Chair stated that it was key to understand the effectiveness of these programmes to affect these issues. The Director of Public Health stated that officers would come back to a future committee meeting with an update on the programme and outlining the key outcomes for the programme. **Action Required.**

It was resolved unanimously to:

- a) the proposal for investing the additional grant funding into continuation of services to support rough sleepers/homeless or at risk of homelessness.
- b) the commissioning of the current provider of the Drug and Alcohol Services, Change Grow Live (CGL) to provide the rough sleeper treatment provision of the service for an additional year (2024/25).
- c) approve a contract variation for the estimated value of £499,190 for the current CGL integrated treatment contract (subject to confirmation of the final value of the Rough Sleeper Drug and Alcohol Grant).

## 199. Ombudsman Report on Prescribing in Drug and Alcohol Services

The committee considered a report which outlined the Local Government and Social Care Ombudsman (LGSCO) investigation Report into prescribing practice within the commissioned Drug and Alcohol Services.

The Director of Public Health highlighted;

- The investigation by the LGSCO involved a previous case for an individual dating back to 2022 which was then linked to the current case which had seen an audit of nine client records.
- Commissioned a specialist pharmacist to review the prescription records and they recommended improvements in the recording of client and clinician conversations. The authority had worked with CGL to review and improve its procedures and update its guidance in line with the NHSE guidelines and CGL had audited all of its clients in receipt of a benzodiazepine prescription. the authority would monitor that CGL continued to adhere to the recommendations.
- The committee were asked to refer the report to Full Council for consideration. There was also a requirement to publish the link to the ombudsman's report in the local press.

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

- a member sought assurances that by Full Council officers were confident that our service providers have correct procedures in place and that the authority has correct auditing mechanism in place to audit service providers.

- a member queried what was meant by new investment, outlined at 3.3 and 3.4 of the report. The Director of Public Health stated that there had been considerable additional investment into these services through the national harm to hope policy and the report on this agenda.
- the Chair stated that that it was important that the committee welcomed the report as part of democratic checks and balances. He explained that he had through conversations with officers on the matter and commended that an independent pharmacist had been brought in to review procedures. He stated that he was confident that CGL had followed national guidance and policy and that the failure was in relation to the record keeping.

It was resolved unanimously to:

- a) consider the findings and requirements of the LGSCO Report.
- b) note the actions proposed and already undertaken by Public Health in collaboration with the provider.
- c) recommend referral to Full Council to consider the report.

## 200. Customer Care Annual Report 01 April 2022 – 31 March 2023

The Committee received the Adult Social Care Customer Care Annual Report 2022-2023 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;

- a member requested that the format be reviewed so that the data remained but so that the same format and wording was not used year on year and also to include the voices of those that had complaints that still had not been satisfied. Officers agreed to review the format of the report and include the voice of complainants. **Action Required.** He also queried what was being done to review transfers of care as this had the highest percentage of complaints at 72%. He commented that the authority should not have any complaints upheld by the Ombudsman and that there had been six in total. The chair stated that the authority had to accept that that they run complex services and that mistakes happen and that there should be a culture where it was accepted that mistakes would be made but lessons learnt.
- a member requested bar charts to show percentage terms. **Action Required.** He queried whether the authority requested proactive feedback. Officers explained that come feedback forms had recently been developed and officers were looking to roll them out shortly. The Executive Director: Adults Health and Commissioning commented that one of the challenges in this area

was around technology and capturing live feedback, and this was part of a piece of future work to explore this.

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.

## 201. Adults, Health and Commissioning Risk Register Update

The committee considered a report that gave an overview of the current risks in relation to Adults, Health and Commissioning.

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

- a member queried why there was not a risk on the register in relation to the outstanding internal audit issues that related to the services covered by this committee, including the healthy child programme and drugs and alcohol treatment and queried if the Head of Internal Audit fed into the development of the risk register. The Executive Director for Adults, Health and Commissioning stated that this report was in relation to Adults, Health and Commissioning risks only whereas the outstanding audit actions were in relation to Public Health. He acknowledged that there was an outstanding action in relation to the direct payments policy and this was currently being worked on.
- a member questioned why risk I, in relation to provider failure, was green and commented that he felt that this was underreporting. The Executive Director of Adults, Health and Commissioning explained that the focus for the Council was the risk in relation to the quality of in-house providers. He explained that risks in relation to external providers were covered in a number of the risks on the register.
- a member queried if any of the risks on the register had materialised and if the mitigations in place had worked.
- a member questioned why there was not a risk on the register on the physical condition of care homes and queried if there were regular inspections. The Executive Director for Adults, Health and Commissioning explained that the Care Quality Commission (CQC) were responsible for inspecting care homes and the authorities responsibilities were around quality of care. He explained that there was a council team that inspected homes alongside the CQC and this was done on a continual basis. He explained that he would add some relevant wording in to the quality of care risk. **Action Required.**

- a member queried in relation to risk D 'The internal AHC workforce does not meet the business need', where Cambridgeshire stood in relation to approved social workers. The Executive Director of Adults, Health and Commissioning stated that workforce remained a constant challenge and there had been ongoing work to upskill approved mental health practitioners in the workforce.
- a member stated that there was not a risk on the register that covered the situation with the NHS including the effects of the scale of industrial action and workforce crisis and the ongoing impact this had on the social care sector. The Executive Director of Adults, Health and Commissioning explained that he continued to review the impact overall and there was not a specific risk on the register. He explained that the authority monitored delayed discharges of care and they were relatively low at the moment.
- a member questioned how the financial risk H in relation to the Councils financial position and the continued pressures in Adult Social care finances had played out in terms of the triggers and the mitigating actions that had been in place over the last few years and how this had affected the likelihood. The Executive Director for Adults, Health and Commissioning commented that there had been a deep dive recently on debt risk and concerns in this area had been addressed. He explained that he could report back on the mitigations in this area. **Action Required.**
- the Chair commented on risk L in relation to the shared care record and that more work needed to be done in this area. The Executive Director for Adults, Health and Commissioning explained that there had been IT issues but that these challenges had been overcome and the programme was moving forwards.

It was resolved to note the updated Adults, Health and Commissioning Risk Register.

## 202. Finance Monitoring Report – August 2023

The committee received a report that outlined the financial position of services within its remit as at the end of August 2023.

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

- a member raised his ongoing concerns regarding the Public Health reserves and failure to anticipate increases. He also raised concerns in relation to areas where no variances were shown on the report including around the drug and alcohol contract. The Chair stated that there had been a productive spokes meeting where this issue had been addressed. Officers stated that a huge amount of work went into forecasting outturns by the finance team. Officers stated that as had been discussed at previous committees there was a particular issue around Public Health billing from health partners and the finance team had been focussing on this issue. Officers explained that the underspends on smoking services had related to GPs and Pharmacies being

unable to take the service on in some areas and there was ongoing work to look at how these services could be done differently, which had been discussed at the last committee meeting. The Director of Public Health stated that payments on activity- based contracts were made on a quarterly basis. Officers explained that there was an option to have open book reporting in contracts but that there was a need to be proportionate and that this was a corporate wide issue.

- a member queried the black coding against the expansion of direct payments on the savings tracker. Officers stated that currently the savings had not yet been delivered but that there would be a clearer picture on this in the next report to Committee. The Executive Director for Adults, Health and Commissioning explained that there had also been significant changes in personnel in the direct payments team.

It was resolved to:

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

### 203. Public Health Key Performance Indicators

The committee received a report that gave an overview of the Public Health Performance indicators as at the end of Quarter one which was to the end of June 2023.

In discussing the report,

- a member highlighted that the indicators that covered certain time frames such as the Health Visiting mandates where they were shown as red should be shown as amber as the clarifications stated that if the timescales were extended by a few days they would show as green. The Director of Public Health stated that indeed most of these targets were met in a couple of extra days and that one of the reasons the indicators were showing as red was the difficulty in recruiting Health Visitors and the time spent on the higher end of need.

It was resolved to:

note and comment on the performance information outlined in this report and recommend any remedial action, as necessary.

### 204. Adult and Health Committee agenda plan, training plan and committee Appointments

A member requested a report at the December Committee on the resolution to the three outstanding recommendations overdue by three months in the actions in relation to the internal audit progress report that went to the last Audit and Accounts

Committee, in relation to the Healthy Child Programme and the Integrated Drugs and Alcohol Contract. **Action Required.**

A member requested that a report come to committee on the council's strategy as a major employer on employing individuals with learning disability and autism, following a previous motion at Full Council. The Leader of the Council confirmed that this would be on the agenda for Staffing and Appeals Committee in November 2023. **Action Required.**

## Health Scrutiny

### 205. Chair's announcements

The order of business was revised from the published agenda due to officer illness and availability.

To make best use of the committee's time the first hour of the meeting was used to reflect on a recent health scrutiny best practice training and development session and the future health scrutiny workplan.

### 206. Cambridgeshire and Peterborough Integrated Care System Winter Plan 2023/24

Due to officer illness no-one was available to present the Integrated Care System's (ICS) report on the Winter Plan 2023/24.

The committee considered whether to:

- i. reschedule the item to December
- ii. send written questions for response
- iii. establish a rapid review group to engage with the ICS at pace and provide feedback.

Given the time-critical nature of winter planning the committee favoured the agile response afforded by the establishment of a rapid review group. This Group would pursue the lines of questioning discussed informally by committee members at their scrutiny pre-meet. A copy of these questions would be sent immediately to the ICS. **Action Required**

Members expressed concern that no-one was available from the ICS to present the report.

The Executive Director for Adults, Health and Commissioning noted that social care produced its own winter plan, and suggested it would be better to have a co-produced version with health care providers. The question for scrutiny was how the system could look at this collectively.

It was resolved unanimously to:

- a) Establish a rapid review to progress scrutiny of the Integrated Care System's Winter Plan 2023/24.
- b) Appoint Councillors Black, Costello and Daunton to that review.
- c) Delegate authority to the Democratic Services Officer or the officer supporting the review to provide feedback to the Integrated Care System on its Winter Plan 2023/24, at the direction of the Rapid Review Group and in consultation with Adults and Health Committee Spokes.

## 207. Health scrutiny training and future work plan

The committee discussed the recent training and development session on health scrutiny best practice. This had focused on the role of health scrutiny in making or enabling a positive difference to the lives of the people of Cambridgeshire. Members had discussed the pivotal role of [the Francis Report \(2013\)](#) in shaping health scrutiny practice and the more recent [Health overview and scrutiny committee principles \(2022\)](#) which stated that health scrutiny should be outcome focused, balanced, inclusive, collaborative and evidence informed. They had also discussed how this might best be embedded to further enhance the committee's own practice. A copy of the [feedback and suggestions from individual committee members](#) had been published on the meeting webpage for transparency, and members were invited to offer any further suggestions or comments.

The Chair suggested that earlier Member involvement in shaping the request to those being scrutinised, improvements in publishing the committee's findings and improved questioning skills, in addition to the new arrangements which allowed Members to ask supplementary questions to develop a line of enquiry, should also be pursued. He would also like to see background research carried out on scrutiny topics and shared with Members ahead of scrutiny sessions, and was discussing the capacity to deliver this with Democratic Services.

In discussing the outcomes of the health scrutiny training session individual members:

- felt that the long list of suggestions demonstrated Members' wish to move towards best practice scrutiny.
- expressed concern that it appeared that the quantity of health scrutiny was reducing under the current Joint Administration. The Chair stated that there was no intention to reduce the quantity of health scrutiny and suggested Spokes might review this at their next meeting. He did though note that the at the recent training session the external trainer had encouraged the committee to do less scrutiny, but to do it better. **Action Required**

- commented that it could be difficult to extrapolate health service provision from elements of the Council's own provision due to the close partnership working and co-production arrangements which existed.
- suggested a pre-scrutiny briefing session to clarify the different but complimentary roles of the County Council and the NHS in improving health outcomes for people with learning disabilities.
- spoke of the importance of questioning in scrutiny, and welcomed the ability to develop lines of questioning. The Chair stated that this issue had been raised by Spokes and the committee practice amended accordingly.
- shared their recollection that children's health issues had been analysed by the Children and Young People (CYP) Committee under the previous Administration, commenting that they saw this as a better arrangement. The Chair stated that the current arrangement was that CYP could propose items for health scrutiny and CYP Spokes would be invited to take part in the relevant meetings. He was though happy to discuss this again with the Chair of CYP. Scrutiny was inherent in the committee system, and matters could be referred to other committees for where appropriate.
- spoke of the difficult line to be balanced between the committee's role as a health system partner and its statutory health scrutiny role.
- an action-log style document would be introduced to ensure that committee recommendations were recorded and tracked. **Action Required**

The Committee reviewed the current health scrutiny workplan, and was invited to share ideas on potential topics where they judged scrutiny could add value and have a positive impact on health services for local people. Suggestions included:

- i. residential care homes as a potential topic for scrutiny in relation to the scope for health promotion and preventative measures to avoid health deterioration, how these considerations could be embedded at the earliest stages of planning new care homes, and the facilities which could be made available to benefit the wider community.
- ii. adding an item on improving health outcomes for people with learning disabilities to the December meeting, with a member briefing session arranged before the public scrutiny session. This was an area with a clear operational dimension and would enable the committee to invite the involvement of local community groups or charities. **Action Required**
- iii. Dentistry: The ICB had taken over local responsibility for dentistry quite recently, so the committee would want to look at this once it had had chance to start work. Most levers were placed in the national contract with less at local level. A training session around this would be beneficial. **Action Required**



- iv. children's mental health: The committee noted this had been scrutinised previously under the current Administration, but the Chair acknowledged the importance attached to this issue by the Committee and Members' wish to maintain a spotlight on this important subject. Potential lines of enquiry might include how was this supported by local health service providers; the role and availability of residential care locally; the health service support available locally to children and young people who self-harmed; and an analysis following [Councillor Hoy's motion to cancel in January 2022](#) about the levels of children's mental health provision then and now.
- v. addressing health inequalities: Potential lines of enquiry included a comparative look at health facilities and provision in different districts, disparities and inequalities and how to address those; pre-disposing factors; and whether decentralisation supported work to address health inequalities.
- vi. excess deaths around covid: The Chair proposed a preliminary discussion around this by Spokes, commenting that there was no suggestion that covid vaccinations had done anything other than save lives. **Action Required**
- vii. tackling obesity: Potential lines of enquiry included prescribing and bariatric surgery; tackling obesity in children and young people; and how much consultant or primary care time was being used for private care.

The Chair stated that there was an open invitation to all committee members and co-optees to take part in the liaison group meetings with local NHS providers which were used to help inform the public scrutiny agenda. County councillors appointed as partner governors to local NHS providers would also be invited to the relevant liaison meetings.

It was resolved unanimously to:

- a) Add an item on improving health outcomes for people with learning disabilities to the 14<sup>th</sup> December meeting agenda.
- b) Compile a list of potential future health scrutiny items for committee review.

## 208. Integrated Care Board Finance Report

The Cambridgeshire and Peterborough Integrated Care Board (ICB) had produced its [first annual report and accounts](#) in July 2023, and the committee considered that it would be timely to scrutinise and reflect on the ICB's finances at this point. The ICB's Chief Finance Officer (CFO) stated that the ICB had finished the 2022/23 accounting period with a surplus £118k, and so had met its statutory duty to break even. Expenditure covered a wide range of areas including acute care, mental health services and community health service provision with a budget of around £1.8bn. However, expenditure across all NHS providers across Cambridgeshire and Peterborough was around £3.7bn and the ICB was accountable for this full sum. Funding for 2023/24 represented a real-term reduction of 2% as covid funding wound down. The ICB had been instructed by Government to exclude the impact of industrial action from its planning assumptions, so its break-even plan had been set

on that basis. The overall level of risk had reduced, and the year to date deficit stood at 0.3% of the ICB's total expenditure. This compared to deficits of between 0%-4.5% across the 42 Integrated Care Systems operating nationally, with the local position impacted more than some systems by its having three large acute providers.

The Chair expressed concern about the delays which had occurred in trying to conclude a fair cost sharing agreement in relation to the Learning Disability Partnership (LDP) Section 75 pooled budget (minute xxx above refers). He offered the opportunity to comment on this, and on the ICB's decision not to agree to the Council's proposal to retain a shared management structure if it withdrew from the pooled budget arrangements. The ICB CFO stated that this matter had not yet been discussed with the Integrated Care Board so she could only offer an officer-level perspective at this stage. She attached great value to partnership working and the LDP pooled budget was one of the first issues she had looked at when she joined the ICB the previous year. She had approved a £1.5m goodwill gesture on top of the existing arrangements to facilitate a conversation around making the LDP work to the benefit of patients. The independent adjudication process had run its course and her belief was that council officers had then walked away. Recollections might vary, but she would not have committed the additional £1.5m of funding if she did not believe the ICB was working towards a partnership agreement. In relation to the Council's proposal to retain a shared management structure, this was not possible if the Council withdrew from the pooled budget arrangements as the legal responsibility for those patients would revert back to the ICB once notice had been served. The Chair acknowledged that recollections might vary, but stated that the Council's commitment to partnership working was undiminished, expressed the hope that there might still be opportunities to resolve this issue. On officer advice, there would be no further discussion of this matter. A member commented that had they known this information previously they would not have voted in favour of the recommendations that morning.

Individual members raised the following issues:

- paragraph 2.14 reported that £100m of the £120m efficiency savings target for the year had already been achieved. Had those savings been banked, and had they been achieved from frontline service budgets. The ICB CFO stated that the savings had mainly been achieved in relation to procurement, IT and joint imaging work. Some planned service redesign had not been possible this year due to the focus on responding to industrial action, so that work had been deferred to the next financial year. She was not seeing the level of recurrent savings she would normally expect, and this was a concern shared by other ICB CFOs.
- asked if a breakdown was available of expenditure on management and administrative costs, clinical and primary health care and secondary and public health care. The ICB CFO stated that paragraph 2.3 of the report set out a breakdown of expenditure, with less than 1% spent on ICB management and running costs, which was around the third best performance globally. All NHS providers were required to show a breakdown on clinical and non-clinical spend in their accounts.

- emphasised the importance of placing the patient at the heart of the NHS.
- asked about the extent to which partnership working with the County Council was of value.
- asked about the breakdown of spend on pharmaceuticals and the split between primary care/ preventative measures and secondary care and pharmaceuticals. The ICB CFO stated that the local ICB had one of the best medicines optimisation teams in the country, which made it harder to find further savings year on year. The ICB was looking to work in partnership with acute providers to try to improve processes with primary care and medicine reviews to deliver real savings. Community pharmacy provision had been delegated to ICBs by NHS England earlier in the year, and if it could get prescribing right there would be benefits to patients and significant cost savings.
- noted the frequent discussions about shifting resources from acute care to preventative measures and asked how much was currently being spent on prevention and the milestones in place. The ICB CFO stated that it was hard to quantify the sums being spent on preventative services, but the ICB was committed to that shift. The difficulty was that while acute patients were still using services the ICB was paying the cost of both acute and preventative services, so it was using some transformation funding to bridge that gap. This was a system-wide issue.
- noted as a Partner Governor at Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) that the expected cost of out of area placements had decreased from £600k per month to £250k, but that CPFT's medical cover costs had increased. The ICB CFO stated that the high cost of out of area placements was a national trend. The opening of a new ward would help reduce CPFT's costs. The ICB was looking to take a more holistic approach to out of area placements and was currently conducting a review of this expenditure.
- spoke of the mental health crisis in the United Kingdom, and especially amongst young people, noting that the local ICB's spend on mental health services was below that of other ICBs in the East of England. The ICB CFO stated that that this was a priority area and acknowledged the growth in demand. Expenditure was ring-fenced by Government and independently audited. In the previous two years the Cambridgeshire and Peterborough ICB had overspent against its target expenditure. A joint review was being carried out with CPFT and the voluntary sector to look at how to make best use of the funds available, and work was taking place to identify how best to engage with patients including young people.
- asked about the messaging being received from Government, if it was appropriate to share this. The ICB CFO stated that the message was to manage those factors within its control. The ICB was receiving good support from both the regional and national teams and was looking to continue its improvement journey having moved out of special measures last year. The settlement for the first year of industrial action had more than covered the costs incurred. If the ICB reached a break-even position in the current financial year it could write off the £130m deficit carried forward from the local clinical commissioning group (CCG). It would

also receive capital finding which could be used for community projects. It was continuing to direct funding towards primary health care and tackling health inequalities, and was working closely with the Public Health team in relation to its plans for dentistry.

It was resolved unanimously to:

Delegate authority to the Democratic Services Officer, in consultation with the Chair and Vice Chair of the Adults and Health Committee, to send the Committee's conclusions to the Integrated Care Board.

[Chair]