Adults and Health Committee Minutes

Date: 12 December 2024

Time: 10.00 a.m. – 3.15 p.m.

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

Present: Councillors M Black, C Boden (to 3.00pm), A Bulat, S Corney, S Count (to 2.00 p.m.) C Daunton, A Hay (to 2.00 p.m.), M Howell (to 2.00 p.m.) R Howitt (Chair), E Murphy, K Reynolds (to 2.00 p.m.), G Seeff, P Slatter, S Taylor and S van de Ven

From 2.00pm:
Councillors C Garvie (South Cambridgeshire District Council), K Horgan (East Cambridgeshire District Council) and C Tevlin (Huntingdonshire District Council)

278. Chair's Announcements

The Chair attended the National Children and Adult Services Conference (NCASC) with the Executive Director for Adults, Health and Commissioning and colleagues in Children's Services.

The Executive Director for Adults, Health and Commissioning informed Members about the upcoming Care Quality Commission (CQC) assessment. The Council received notification on 11 November 2024 from the CQC with a request to submit evidence, including shareholder information, partner information, a self-assessment on the operations of adult social care services, a data pack and information return, before an on-site visit within the next six months. A report would be published on the CQC website following the visit and would include a one-word judgement. The four levels were: inadequate, requires improvement, good or outstanding.

279. Apologies for Absence and Declaration of Interest

Apologies were received from Councillors K Prentice (substituted by Cllr A Bulat) and A Costello (substituted by Cllr S Count).

Councillor Dr H Nawaz sent apologies for the afternoon health scrutiny session.

Councillor Boden declared an interest in Agenda Item 5 as the Leader of Fenland District Council.

280. Minutes – 10 October 2024 and Minutes Action Log

The minutes of the meeting on 10 October 2024 were approved as an accurate record and signed by the Chair. The action log was noted.

While noting the action log, individual Members:

- clarified that Minute 272 was referring to indemnity insurance for self-employed individuals, whether acting for an agency or independently. The Executive Director for Adults, Health and Commissioning welcomed this clarification – **action required.**

- asked if any more information was available around Minute 267 'Mental Health S75 Agreement Extension'. The Executive Director for Adults, Health and Commissioning stated that an update would be taken to a future Spokes meeting – **action required.**

281. Petitions and Public Questions

One public question was received. The member of the public did not attend the meeting so a written response would be provided.

No petitions were received.

282. Adult Social Care – Accommodation for Working Age Adults – Strategic Thinking

The Committee received a report which provided an overview of the approach undertaken to address adult social care supported accommodation needs for working age adults across the county.

Members learnt that 'working age adults' was a term used for adults aged 18 to 64. The report focused on working age adults with mental health needs and learning disabilities as their primary support reason, and where housing accommodation was required.

Members learnt that accommodation problems were a country wide issue. There was a growing demand, and shortfall, of accommodation for those with complex needs.

While discussing the report, individual Members:

- clarified that the release of council estate referred primarily to County Council owned assets and sites as this offered the potential for a capital receipt for the Council and the provision of good quality housing to keep people within the county. Active conversations were also taking place with city and district council partners around potential sites and opportunities within their local plans. Members welcomed this early engagement.

- queried if Fawcett House could be considered for accommodation. Officers undertook to raise this question with the Strategic Assets Team **– action required.**

- confirmed that officers were planning for the next five to ten years with partners.

- highlighted that Local Authority assets, or registered provider assets, were eligible for housing benefit recovery.

- learnt that officers had contacted registered providers and two had already expressed an interest.

- questioned if the report encompassed those who were able to work, whether voluntarily or in paid employment, and if housing accommodation would take account of factors like location on potential employment opportunities. Members learnt that the project undertook a place-based approach and incorporated lived experiences. The importance of homes being located where individuals could access health care, and social provision and jobs was recognised.

- queried what accommodation would be required and how other counties were coping. Members learnt that some people would need 24/7 support through a 'core and cluster' approach. Officers highlighted the importance of providing a range of accommodation to support different needs.

- emphasised the need for accommodation to be able to be adapted to meet people's changing needs, avoiding the need for them to move home.

- learnt that 1 in 5 people in supported accommodation placements were placed out of county because their needs could not be met in Cambridgeshire. On average, a working aged adults waited up to 145 days for accommodation.

- queried how confident the service was in working with landlords as there were already some issues about housing children with complex needs. Members learnt that some challenges were down to housing adaptions, which was linked to a separate piece of work undertaken with district councils and housing improvement agencies.

- learnt that officers were working with children services colleagues to help contact registered landlords to generate more accommodation which would increase choices for all ages, not just working aged adults.

- learnt that there was a countywide housing board which included district councils.

- raised the concern about whether the proposals could keep pace with the increasing need, but would not address the current shortfall.

- queried the comment at section 3.1.6 that 'over half of all placements made out of county are at the request of the service user or their family,' as the Member recalled a previous decision to end this practice except where needs could not be met in-county. They further asked who covered the cost difference if an individual or family requested out-of-county placements when a need could be met in-county and the criteria for agreeing out-of-county placements requested by an individual or their family. The Executive Director for Adults, Health and Commissioning offered a written response **– action required.**

- queried the rationale for the difference in the graph listed at 3.3.4 of the report. Members learnt that the needs assessment was primarily from census data and evidence related to the current needs for services using population projections. The differences highlighted where the needs were greatest at the moment, or where evidence suggested they would continue to grow.

- questioned if there would be a savings proposal to match the current £12 million that was being built into the business plan. Officers advised that the unit price was often cheaper than traditional residential costs, and that would form part of the business case.

- sought clarification on what re-opening the Mental Health and Autism Accommodation Framework would mean in practice. Members learnt the framework had recently reopened and would enable conversations with local providers regarding needs and expectations.

- questioned how the average waiting time for accommodation compared to other counties. Officers would provide this information outside of the meeting **– action required.**

- acknowledged the report focused on working age adults, but highlighted the importance of better accommodation for the elderly in suitable locations. Members were assured that the strategy was designed for all ages.

- The Chair welcomed the joined up working with the Health and Wellbeing Strategy. He noted that there was not enough housing currently available for Years 3 to 10 and asked that the June report should include an analysis of how market shaping goals could realistically be achieved. It should also confirm if the required capital was available. He further highlighted the need to review the policy on Independent Living Schemes as current arrangements were not working. **- action required**

It was resolved unanimously to:

a) scrutinise the content of the report.

b) support the development of principles and next steps to expanding accommodation to meeting the current and future shortfall in accommodation for working age adults with complex needs.

283. Homelessness and Housing Related Support

The Committee received a report which provided an overview of how the County Council was investing resources and working with partners to deliver essential support to the rising number of people, often with complex support needs, who were experiencing homelessness. The report highlighted the positive impact of the service as an integral part of the local system-wide offer. The seven year contract had been in operation for three years and had reached its first break clause and approval was sought for a two year contract extension.

While discussing the report, individual Members:

- sought clarification that the report referred only to individuals with additional care needs in addition homelessness. Officers confirmed that this service provided part of the wraparound approach to support only for those experiencing complex needs.

- asked how councillors, during their case work, could ensure that appropriate housing related support was available to individuals. Officers advised that district

councils provided a standard pathway for people experiencing homelessness and would have contacts with the various support services available to them.

- recognised the work being done by charitable providers, but noted that not all charitable providers were registered providers. This created a pressure on city and district councils budgets in relation to housing benefit spend.

- asked about the implementation of a trauma informed approach and how this could be expanded across services. Members learnt that training was being rolled out across all staff and that feedback so far was positive.

- received confirmation from officers that regular contract management meetings were taking place and there were no concerns about the standard of support being provided.

- questioned how the contract could meet rising demand. Members learnt that an inflationary costs process fed into the business planning process. Many of the charitable organisations working is this area also used their services to meet this demand.

- noted the third party contributions made by Cambridge City Council and asked if there was a possibility of Fenland District Council contributing.

- queried the cost benefit analysis for the first three years of the contract. Members learnt that work was undertaken to monitor the contract through standard models, however officers were developing a new model based on best practice from Greater Manchester to help evidence the value of services.

- noted that in 2020 the Council decided to move away from the provision of hostel accommodation.

It was resolved unanimously to:

a) note the County Council's contribution to investing in a system-based approach to delivering support services to address the needs of those who are experiencing homelessness, and how this positively impacts this group of people.

b) approve a 2-year extension to the existing contract in line with current terms and conditions at a total value of £4,582,926 (£2,291,463 per annum) from 1st April 2025. This value will be adjusted for any future inflationary uplifts, awarded at the Council's discretion, as agreed through the business planning governance process.

c) delegate the authority to award the subsequent extension period to the Executive Director Adults, Health and Commissioning, in consultation with the Chair and Vice Chair of the Adults and Health Committee.

284. Extra Care Contract Extensions

The Committee considered a report which provided an overview of how the County Council was investing resources to deliver essential care and support to those in Extra Care Housing. The report sought approval for the continuation of this work through an extension to five existing Extra Care contracts.

While discussing the report, individual Members:

- sought clarification relating to the Ditchburn Place contract, as it was noted that the contract had been outsourced and queried what harmonisation of pay meant in practice for the workers. The Service Director for Commissioning stated that the Council championed good conditions for care providers, with a high percentage paying the living wage. Ditchburn Place was more expensive than other providers and it was important within the Council's limited resources to demonstrate fairness across the market.

- were assured that they were on target to ensure that everyone in Somers Court would have access, by the 31 March 2025, to suitable accommodation. All care assessments were undertaken by the adult social care team. Fenland District Council (FDC), Housing 21 and Cambridgeshire County Council were working collaboratively to facilitate people's preferences. FDC ensured that everyone had emergency housing status to assist when bidding on Home-Link. Accommodation had already been found for 12 individuals. Members learnt that some individuals were looking at sheltered housing within the Fenland area. Housing 21 were looking to reserve any vacancies in other local projects.

- highlighted consideration of setting up 'in-house' services in 4.1 of the report as it was a Joint Administration policy to bring services in-house.

It was resolved unanimously to:

a) approve a 2-year contract extension from 1st April 2025 at a value of £1,662,354 (£831,177 per annum) for Ditchburn Place, which will be adjusted for any future inflationary uplifts and awarded at the Council's discretion. This includes formal contract variation to reflect the need to harmonise Terms and Conditions for TUPE staff.

b) approve a 3-year contract extension from 1st April 2025 at a value of £3,578,556 (£1,192,852p per annum) for Baird Lodge, Eden Place, Millbrook House and Ness Court (Baird Lodge et al), which will be adjusted for any future inflationary uplifts and awarded at the Council's discretion.

c) delegate the authority to award the subsequent extension periods and contract variations on both contracts to the Executive Director Adults, Health and Commissioning in consultation with the Chair and Vice Chair of the Adults & Health Committee.

285. Adults, Health and Commissioning Business Planning Audit

The Committee received a report on the recommendations from Internal Audit in relation to the Adults, Health and Commissioning Business Planning Process 2024/25 together with an update on the progress to implement the agreed remedial actions. This had been discussed at the Audit and Accounts Committee meeting on 31 October 2024 and a resolution passed that a report should be provided to the Adults and Health Committee for consideration. All of the Internal Audit recommendations had been accepted by the Adults, Health and Commissioning Directorate.

While discussing the report, individual Members:

- welcomed the inclusion of this report at the first available opportunity following the referral by the Audit and Accounts Committee.

- queried the confidence that the targeted savings could be achieved and why it was that the findings were referred to as 'minor.' Members were advised that the description of the impact as being 'minor' was made by the Audit team. The delivery of savings was monitored through a quarterly tracker, and each project had a governance process around the financial delivery of savings to give better oversight of any shortfall.

- highlighted the importance that appropriate actions had been, or would be, actioned.

- noted the over-estimation of demand in 2024/25 and spoke of the crucial role played by demand estimates in the business planning process, especially in relation to residential care. They recognised the difficulty in producing accurate demand estimates, and encouraged more consideration of sensitivity analysis for demand estimates in business planning. The Chair stated the importance of understanding the reasons behind the underspend.

- raised concerns that the £1 million increase in debt might be due to a failure to prevent debt from building up and spoke of the need to provide good debt advice. Members were advised that early and accurate financial assessment was key to helping people understand their care fees and avoid getting into debt. Work was being undertaken to reduce the financial assessment backlog.

- queried if the underspend meant there could be levels of unmet needs.

It was resolved unanimously to note the contents of the audit report and remedial actions undertaken.

[The meeting adjourned from 12.00pm - 12.10pm]

286. Finance Monitoring Report December 2024

The Committee received an update on the financial position of the Adults, Health and Commissioning Directorate (including Public Health) as of the end of October 2024. The overall position was a forecast underspend of £5,388k and attention was drawn to the difficulty in estimating demand for services. There was a forecast underspend for

Public Health of £248k which would be transferred to Public Health reserves at year end. A lot of savings were still marked as black which meant that further work was needed to develop plans to deliver those savings. Overall debt for adult social care was declining slightly and welcome progress was reported in reducing aged debt over two years following focused work by the Service Directors for Finance and Procurement and Adult Social Care. A payment from the Integrated Care Board (ICB) in October had reduced the ICB debt balance to £11.4 million.

While discussing the report, individual Members:

- acknowledged the difficulties with accurate forecasting and estimates, especially after a disruptive event such as COVID-19 and repeated the suggestion made earlier in the meeting that consideration be given to the use of sensitivity analysis.

- noted that being in an Integrated Care System (ICS) encouraged collaboration, but that different accounting systems were used.

- sought further details related to the savings targets marked as black to provide confidence that the savings would be realised. Another Member asked for more detail to be provided if they were to be re-presented in future business plans.

- sought clarification on how much of the Learning Disability Partnership (LDP) remaining debt would be recoverable. The Chair stated that discussions were underway to allow a public statement to be made about the LDP. A full update would be taken to the next Spokes meeting **– action required.**

- acknowledged that underspends were mostly associated with staffing and that one-off short term funding presented issues.

- asked for an update on the use of open book accounting with some larger partners and whether this delivering any savings. The Acting Director of Public Health stated there had been a focus on the four highest value services. Work on two had been completed and a mixture of savings and recoveries had been identified in one of these. There was now a standardised monitoring approach in places across providers.

- expressed concern that the savings targets shown in black remained aspirational, and expressed the hope that more detail would be provided in the next business planning round about how proposed savings would be achieved. They further suggested that future reports should make clear the savings targets being achieved by RAG rating **– action required**

- learnt that the Council wide debt management team cost approximately £400,000 a year which currently managed debt of £160 million. The importance of keeping in mind the human impact of debt remained a key aspect of the team's work.

The Chair suggested that Members could scrutinise how attainable planned savings were as part of the business planning discussion at the January meeting. He highlighted that service delivery should be emphasised and considered as well as finances and savings.

It was resolved unanimously to:

a) note the Adults, Health and Commissioning Finance Monitoring Report as at the end of October 2024.

b) note the update on Adult Social Care debt.

287. Application of Adult Social Care Charges Review

The Committee received a report which outlined the findings and proposed recommendations of a review of Cambridgeshire County Council's Adult Social Care Charging Policy and application of associated legislation and guidance.

The Executive Director for Adults, Health and Commissioning informed Members that a specific aspect of the review was to take an anti-poverty view of the approach to charging, considering the impact on people due to the cost-of-living crisis and ongoing financial pressures for those within Cambridgeshire.

Members learnt that the review focused on the service's interpretation of guidance and development of a charging policy to ensure it was compliant with legislation while also assessing it against other authorities. It also looked at the use of discretion. An external resource was engaged to provide critical challenge.

The results found that the policy was compliant with the Care Act and was applied equitably in line with legislation and guidance. There were flexibilities and alternatives offered within the regulations and anticipated outcomes. The independent review made 28 recommendations and 17 were presented to Committee.

While discussing the report, individual Members:

- highlighted the importance of clear information regarding entitlement criteria for Council assistance in Older People's services.

- commented that the appeal process needed to be a meaningful process.

- noted that many of the 11 recommendations not recommended to Committee, related to investment into business analytics tools which could assist in future forecasting. The presenting officer stated the review focused on client contributions and the charging policy, therefore these recommendations were not included as they did not provide added value to those who used the service.

- questioned to what extent the recommendations would impact discussions regarding the Poverty Strategy Commission and its future planning.

- queried if there would be enough data that would be representative of the specific groups of those with lived experience of poverty due to the limited resources available which could influence business planning discussions for 2026/27.

- sought assurance that the Council was charging for the care that was being provided. Another Member highlighted that there were unpaid, or informal, carers who were not supported by the Council.

- learnt that there had not been user engagement within the review as the review focused on the implementation of regulations, the Care Act, statutory guidance and policy compliance.

- welcomed the 'invest to save' proposal to increase the capacity of the Welfare Benefits Team.

- noted that average care costs would be published to help inform self-funders.

- questioned if there were economies of scale to be made through co-location of the provision of care.

The Chair welcomed the review of the application of Adult Social Care charging through an anti-poverty lens. Not all of the proposals could be implemented in the short-term due to their cost, but he asked officers to bear those options in mind going forward. He endorsed the proposal around increased numbers of welfare benefits advisers and highlighted that the process had enabled the Council to be more transparent. The Chair hoped that this work would be raised with the Anti-Poverty Commission.

It was resolved unanimously to:

a) support the 17 recommendations set out in Appendix 2 and summarised in Section 3 of the report.

b) provide regular updates through Spokes meetings on the implementation of the recommendations.

288. Adults Corporate Performance Monitoring Report Q2 2024-25

The Committee received a report which provided an update on the performance monitoring information for the 2024/25 Quarter 2 period, covering July 1 to 30 September 2024.

It was resolved unanimously to note the performance information and act as necessary.

289. Public Health Corporate Performance Monitoring Report – Quarter 2 2024-25

The Committee received a report which updated Members on the performance of the main Public Health commissioned services for Quarter 2 2024/25.

It was resolved unanimously to:

a) acknowledge the performance and achievements.

b) support the actions undertaken where improvements are necessary.

290. Adults, Health and Commissioning Risk Register Update (including Public Health)

The Committee received a report which provided an update on risk in relation to Adults, Health and Commissioning, including Public Health.

While discussing the report, individual Members:

- highlighted Risk 3 ‘Arrangements to support people with Learning Disabilities result in poor outcome due to uncertainty of decoupling of funding arrangements via section 75 agreement.’ as the only area with increased risk. A Member queried how the decoupling would affect the individuals who relied on those services. The Executive Director for Adults, Health and Commissioning stated the risk had been escalated so it could be placed on the Corporate Risk Register. Service users remained the priority and continuity of care was essential throughout the decoupling process.

- highlighted Risk 8 ‘The Workforce across Adults, Health and Commissioning is under capacity and may not have the level of maturity of experience to deliver business needs.’ A Member questioned what could be done to encourage more people to undertake additional AMHPs training. Members were reassured that there was coverage across the AMHP rota and had registered an interest to review AMHP provisions against best practice standards which hoped to be conducted in early 2025.

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

291. Adults and Health Committee Agenda Plan, Training Plan and Committee Appointments

The Chair asked an accountability report to be added to the March agenda plan **– action required**

A Member asked for an update report on the Care Academy **– action required**

A Member asked for a report to be added to the agenda plan to update the Committee on Right Care, Right Person. The Chair suggested that the item could be included in a future Finance Monitoring Report **– action required.**

While discussing the training plan, a Member asked how the Committee’s experience would be included in training post-election. The Democratic Services Officer highlighted comments regarding post-election training should be taken to the Member Development Panel.

It was resolved to review and comment on the committee agenda plan and training plan.

The meeting was adjourned between 1.20 p.m. and 2.00 p.m.

[Councillors Corney, Count, Hay, Howell and Reynolds left the meeting at 1.20 p.m.]

Health Scrutiny

292. Urgent and Emergency Care

The Committee welcomed the following attendees for its scrutiny of urgent and emergency care:

- Stacie Coburn, Chief Operating Officer, Cambridgeshire and Peterborough Integrated Care System (ICS)
- Dr Andrew Anderson, GP and Integrated Care Board Clinical Lead for Urgent and Emergency Care
- Terry Hicks, Head of Clinical Operations, East of England Ambulance Service NHS Trust (EEAST)
- Marika Stephenson, EEAST Executive Lead for Cambridgeshire and Peterborough
- Sue Allan, Head of Engagement, Healthwatch Cambridgeshire

Six committee members and co-optees had carried out a site visit to Huntingdon Ambulance Station in preparation for the scrutiny session, and thanks were expressed to EEAST for offering this opportunity to see the service's work at first hand.

The Chief Operating Officer for the ICS explained that the NHS nationally was facing its busiest winter ever, and this included its highest level of demand for urgent and emergency care (UEC) services. No additional winter funding was available to the NHS this year and providers were working against a backdrop of rising infection rates, including from covid and flu. Local accident and emergency department performance against the four hour target was showing an improvement year on year and ambulance response times were also showing some improvement, but there was still more to be done. Problems still existed around system flow and ambulance offload at hospital, and local providers were working as a system to address these issues.

The ICB Clinical Lead for Urgent and Emergency Care (UEC) explained that access to general practice remained a challenge which led to some people presenting at UEC services for treatment. Service providers would prefer people to call 111 first so that they could be directed to the most appropriate service for their need. A 'call before convey' service was in place which enabled ambulance crews to ring a clinician who could support them to safely leave a patient at home where this was appropriate or refer them directly to an appropriate clinician, avoiding the need for them to transition through an Emergency Department. This process was now mandated for care home residents who did not have an individual care pathway. The ICB had been directed to create an urgent care hub, but no additional funding had been made available so initiatives like call to convey and the local Joint Emergency Team (JET) team would be notionally assigned to the hub. Efforts were continuing to keep frail people at home while frailty assessments were completed due to the rapid deterioration in condition which was often associated with hospital admittance.

The Head of Engagement at Healthwatch confirmed that the position described was consistent with the patient experience being reported to Healthwatch.

The Committee had identified four key lines of enquiry during its pre-scrutiny preparation: safety, service delivery models, partnership working and workforce. Individual Members' questioning focused on these areas:

i. Safety:

- expressed concern about a lack of continuity of care and problems getting patients to the right place for their care. The Chief Operating Officer ICS explained their aim was to get patients to the right ward first time when they were admitted to hospital through the Emergency Department, but that this was not always possible. Addenbrookes Hospital was exploring a medical workforce model which included a lead consultant each week to increase continuity of care at a senior level. A weekly multi-disciplinary review by NHS and social care staff had also been implemented to actively plan patient care and discharge.

- *v*oiced concern at the loss of patient-facing time by ambulance crews due to delayed handovers at hospital. The Chief Operating Officer EEAST stated that delayed handovers impacted both patients and staff. EEAST was still some way off the national standard for Category 2 handovers and was working with hospitals and community care teams to implement a transitional period moving to an automatic handover at 45 minutes to release ambulance crews back to duty. This had already been implemented in some other areas served by EEAST and the aim was for this to be introduced in Cambridgeshire in the next few weeks. EEAST would work with ED teams to make this work as safely as possible.

  Several members expressed concern that this would lead to more patients waiting in corridors. The Chair noted that the 45 minute handover had risks associated with it, and asked that this was placed on record.

- spoke of patients having received the wrong care in an Emergency Department (ED). The Chief Operating Officer ICS stated that the aim of health service contacts was to get patients in front of the right clinician first time. That was not always the case in an ED, but people could feel it was the only way to access services. That view needed to be re-set. Post-discharge follow up by the Voluntary Sector Alliance had been launched the previous year and had already supported over 1200 patients. Its service capacity would also be expanded over the winter. The Chair commended the efforts being made in relation to the Voluntary Sector Alliance to improve patient experience of hospital discharge, but the Committee would like to see more evidence of its effectiveness.

- spoke of the need for a process to ensure that records were handed over correctly and that clinicians had ready access to patient information. The Chief Operating Officer ICS explained that the shared care record programme across Cambridgeshire and Peterborough allowed any professionals supporting a person to access their medical records, with the person's consent. From 1st December the voluntary sector would also be able to access these records, provided the patient gave their consent.

ii. Service delivery models

- asked for more information about the Integrated Frailty Service and ambulance service calls to care homes. The Chief Operating Officer EEAST explained that ambulance crews were finding that people were being taken to ED that did not need to be there. 'Call to convey' might avoid that by offering safe care within the care home setting. An increase in call times had been seen during the initial weeks of its operation, but there had also been a reduction in the number of frail elderly people being taken to hospital.

- learned that EEAST was in the process of replacing its ageing ambulance fleet over the next 18 months to reduce the proportion of vehicles out of service.

- asked whether the criteria for admitting patients to hospital could be reviewed to reduce the number of patients being admitted. The ICB Clinical Lead for UEC explained that the aim was to identify the right point of access to services outside of the hospital environment, for example through the 111 service. They were working with partners to identify alternatives to hospital admittance where appropriate, including the use of virtual wards, as most people preferred to be cared for outside of hospital where possible.

- asked how service user experience of UEC could be improved. The ICB Clinical Lead for UEC acknowledged that ED was not a nice place to be, so reducing the amount of time people spent there was important. They championed the use of appointments at ED where appropriate to reduce the amount of time people spent on site waiting for treatment and allow EDs to even out the peaks and troughs of patient flow. Appointments could already be booked at urgent treatment centres.

- commented that a change to triage via the 111 service rather than on site would not appeal to all, noting that 111 was a scripted conversation rather than a direct conversation with a clinician. The ICB Clinical Lead for UEC stated that Cambridgeshire and Peterborough had been the first area to put GPs into the 111 service and that they reviewed around 50% of calls. This made a big difference in directing ambulances to those who needed them most. Perhaps surprisingly there had been little patient push-back to being referred away from face to face UEC appointments. It was important though to ensure that the service to which people were redirected was convenient and appropriate, and it was recognised that changing people's behaviours when they were anxious would take time.

iii. Partnership Working

- asked about the mechanism for co-ordinating responsibility across different services, and information sharing between acute services. The Chief Operating Officer ICS described the Integrated Care Board's (ICB) co-ordinating role, providing an interface between primary care, acute hospitals and EEAST through bi-monthly meetings at senior level across key organisations in addition to formal ICB board meeting. The aim was to address bottlenecks rather than moving them to another part of the system. There was also a recognised need to think about prevention through education, engaging people earlier in

condition management and working towards a more holistic societal intervention to help people stay well. Integrated neighbourhood teams were crucial to this.

[Councillor Boden left the meeting at 3.00pm]

- emphasised the importance of educating residents on when and when not to call 999.

- commended the trial in Huntingdonshire which saw the Cambridgeshire Fire and Rescue Service Community Welfare Team attending some emergency calls on behalf of EEAST. The Chief Operating Officer EEAST explained that the service routinely used community first responders to get life-saving care to people as quickly as possible. There were also military co-responders, and EEAST had a very good relationship with the local Fire Service and was able to utilise their retained teams to respond to cardiac arrest.

iv. Workforce

- asked about staff burnout in local acute Trusts and EEAST, and what was being done to address this. The Chief Operating Officer EEAST acknowledged that UEC was a difficult role where staff worked long hours with little downtime on shifts and covered big distances under challenging driving conditions. Staff were offered compensatory rest when exceeding their regulated hours, and the Trust tried to find alternative roles if people were struggling. The previous year EEAST had an 18% vacancy rate, but it was now over establishment in all three hub areas within Cambridgeshire. Its staffing profile was the best it had been in 10 years, and it was important now to put in place the training, care and welfare support to retain those staff members.

  The Chief Operating Officer ICS explained that all acute hospital providers had well-being hubs. The ICB had also invested heavily in UEC workforce in recent years to get the right skill mix and capacity.

The Chair emphasised the importance of partnership working. The local authority looked carefully at hospital discharges with a focus on putting people's welfare first. Sometimes he felt there was a sense of discharges being portrayed as numbers rather than people. He felt there was a need to have a grown-up conversation recognising the joint difficulties for health and social care. The Chief Operating Officer ICB concurred that people were at the heart of the ICB's work and that of and its system partners. They were disappointed that was the feedback the Chair had received as their sense was that teams were working together well on a daily basis in the best interests of service users. They stated their personal commitment to that approach, commenting that there was a need for an honest conversation if it was felt that was not being seen by any partners. The Chair expressed the hope that this would be fed back.

Summarising the debate, the Chair noted that it was expected to be the busiest winter ever for urgent and emergency care services. The Committee supported the efforts described to get service users to the right ward first time when they were admitted to hospital to avoid discontinuities in care. It recognised the continuing delays in patient handover at hospital and that current performance was significantly below national standards. The planned 45 minute limit on patient

handovers being implemented by EEAST was noted, and the Committee drew attention to the potential risks associated with this practice. The need to create safe alternative pathways to Emergency Department attendance was recognised. The Committee commended the efforts being made in relation to the Voluntary Sector Alliance to improve the experience of hospital discharge, but would like to see more evidence of its effectiveness. Efforts to improve patient experience through the provision of better information, a better environment and through support to patients themselves was encouraged. The Committee expressed concern about the new mandation of calls to 111 for urgent and emergency care for people in care homes without an individual care pathway, and how that might impact outcomes.
The efforts being made to encourage people to ring 111 first rather than travelling direct to an Emergency Department were recognised, but the Committee noted that only 50% of calls to 111 were currently checked by a medically qualified member of staff.

The Committee noted the experience at Hinchingbrooke Hospital when a pilot face to face service was provided to offer alternative provision to patients going direct to its Emergency Department (ED), and welcomed confirmation that this redirection would be to an alternative treatment option which was convenient and acceptable to the patient. Efforts to introduce timed appointments in EDs were supported, with the Committee recognising the benefits that this could bring to the patient experience as well as to patient flow. The Committee commended efforts towards partnership working with the local authority and prevention efforts in relation to people living with frailty and supported the person-first principle, which included ensuring appropriate social care in relation to hospital discharge. Plans by EEAST to replace ageing ambulance service vehicles were welcomed and it was hoped that this would allow targets for vehicle downtime to be achieved within 18 months.

The Committee welcomed the efforts of the Cambridgeshire Fire and Rescue Service Community Welfare Team in Huntingdonshire which used their retained team to provide a first response to some incidents of cardiac arrest in the county in support of EEAST. It agreed that the ‘no wrong front door’ policy for accessing services should be maintained, and that education should be used to encourage service users to call first before seeking treatment at an ED where appropriate. The Committee supported arrangements by EEAST for the provision of compensatory rest after excessively long work shifts and welcomed the successful efforts to drive down vacancy rates. The Committee encouraged local managers to be responsive to staff experiencing workplace stress and improving overall staff experience.

The Chair placed on record his thanks to all those attending the session to provide verbal evidence.

It was resolved unanimously to delegate authority to the Democratic Services Officer, in consultation with Committee Spokes, to produce a summary of the Committee’s feedback and recommendations, and to send these to the relevant parties. A copy would also be published on the health scrutiny webpage on the Council’s website.

293. Health Scrutiny Work Programme

The health scrutiny work programme was noted.

294. Health Scrutiny Recommendations Tracker – December 2024

The Health Scrutiny Recommendations Tracker was and noted.

[Chair]