

Adults and Health Committee Minutes

Date: Thursday 9 March 2023

Time: 10.00 am - 16:00 pm

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

Present: Councillors Gerri Bird, Chris Boden, Adela Costello, Claire Daunton, Nick Gay, Anne Hay, Mark Howell, Mac McGuire, Kevin Reynolds, Geoffrey Seeff, Neil Shailer, Philippa Slatter, Mandy Smith, Susan van de Ven (Vice-Chair) and Graham Wilson.

Appointees, present for Part 2: Scrutiny only: Lis Every, Corinne Garvie, Jenny Gawthorpe-Wood and Steve McAdam.

154. Apologies for Absence and Declarations of Interest

Apologies received from Councillor Richard Howitt substituted by Councillor Neil Shailer, Councillor Steve Corney, substituted by Councillor Mandy Smith and Councillor Sam Clark.

The Vice Chair welcomed Councillor Geoffrey Seeff as a new member of the committee replacing Councillor Edna Murphy and Councillor Mac McGuire as a substantive member of the Committee, replacing Councillor David Ambrose Smith and Councillor Ian Gowing as a substitute member.

155. Minutes – 15 December 2022 and Action Log

The minutes of the meeting held on 15 December 2022 were agreed as a correct record and the action log was noted.

156. Petitions and Public Questions

There were no petitions or public questions.

157. Cambridgeshire Care Sector Strategy of Commissioned Services

The committee considered a report that provided a self-assessment of the sufficiency of commissioned services to meet people's needs and address health inequalities.

In particular the presenting officer highlighted;

- The forecast demand for services and the population change backdrop to the commissioning work, notably that there was a rising older people population but a marginal decline in adult age population.
- The report outlined:
 - a self-assessment of the services that met the required needs and those that required improvements.
 - the pressures affecting market sufficiency and resilience levels.
 - the opportunities to improve market sufficiency and resilience levels.

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

- Questioned whether there were sufficient contact links between planning applications at a district level and identifying early on the scoping of enhancing accommodation needs, as simple add on's in the early stages of planning could potentially save a lot of retrofitting. Officers explained that they worked collaboratively with the district council planning and housing teams to shape the information made available in terms of needs and how this was made available to developers. Officers highlighted that the authority had published district demand profiles, and this outlined at district level, the quantities, and locations where services were needed, particularly in relation to accommodation-based services. The County Council were still non statutory consultees in the local plans in relation to care and support needs. A members stated that many councillors were double hatters and queried whether they could raise this issue. Officers explained that there may be some further work to be done in relation to planning legislation in order to have a stronger voice at the table, but that they were unsure that becoming a statutory consultee in relation to social care would be the solution. The Vice Chair stated that through the joint working with the ICS becoming a statutory consultee would be a compelling argument for making necessary adjustments. Officers agreed to take the comments away and report back.

ACTION

- Queried how the district demand profiles were linked to the outcomes that the authority sought to achieve and that the outcomes reflected the district demands. Officers explained that when the document was revised, they would review this and look at how far the authority had travelled in relation to delivering the proposed demand profile outcomes.
- Highlighted that there was no mention of the quantification of the value of the services provided, within the strategy, as this would be required for when difficult decisions needed to be made. Officers stated that this was a high-level document and the only quantifications that had been included was the current broad expenditure, but it had been identified that social value needed to be reflected on and it was something that would evolve as this type of report was developed in the future.

- Questioned what services were doing to overcome digital exclusion and whether there was a basic digital framework in place to take advantage of different services and to allow for co-production, to allow services to work together effectively. Officers explained that they were working collaboratively with the ICB on the wider digitalisation of social care records and this year it was expected that the authority would spend a significant amount with providers in this area. Officers also stated that information and accessibility for older people and people with disabilities was a workstream that was part of the social care reforms.
- Highlighted that in the Table at 2.2.3 of the report, the costs to the authority of the services were shown and commented that it would be helpful to know the total number of people and the annual expenditure for each of the services. Officers explained that they could include this information in the table so that it would provide a wider market picture. Officers explained they were bringing the 'Market Position Statement' to committee in June which would address the questions raised. **ACTION**
- The Chair queried how social values were measured and quantified in relation to the commissioned services. Officers stated that at officer level it was central to future work, and officers used the TOMS framework to measure this, which was used by many local authorities. Members requested that the TOMS framework be circulated to the committee. **ACTION**
- Noted the evolving understanding of the Care Together programme in early intervention and prevention. Officers will bring a report to committee later in the year evidencing the changes made by care together. **ACTION**
- Queried what the impact had been on care home closures. Officers stated that there had been closures in the last twelve months but not as many as in some other local authorities. Officers check in with providers daily with regards to resilience.

It was resolved to:

- a) Note the approach commissioners are developing to manage demand information at a local community level as set out in para 2.1.
- b) Note and comment on the pressures affecting market sufficiency and resilience levels, as set out in para 2.3.
- c) Endorse the proposed focus to improve market sufficiency and resilience levels as set out in para 2.4.

158. A Review of the Learning Disability Partnership Section 75 Pooled Budget Financial Risk Shared Arrangements

The committee considered a report that outlined the background and process of a review of the Learning Disability Partnership Section 75 pooled budget financial risk share arrangements and the next steps in the process.

In particular the presenting officer highlighted;

- The report was about changing the percentage that the county council contributed to the Learning Disability Section 75 Pooled Budget.
- The review of these proportions was agreed but the work had been delayed over the last few years due to covid and the formation of the ICB.
- There was a need to refocus on the work and the authority had commissioned a high-level review to help with the negotiations. The consultant's report had been shared and the ICB had re-engaged with the local authority.
- The report highlighted that after completion of approximately 700 assessments the benefits to the county council could be between £7 million and £11 million per annum.
- The report outlines the options going forward. Officers recommended moving forward with option three.

Councillor Van de Ven (Vice Chair) proposed the following amendment to the recommendations, seconded by Councillor Boden

- d) In line with paragraph 2.5 of the report and with the intention to maintain and develop services to people with learning disabilities, indicates the County Council's intention to serve notice to the Integrated Care Board to end the pooled budget arrangements, should the current negotiations about rebalancing finances not be successful and fully in line with the terms of the agreement.

In responding as seconder to the amendment Councillor Boden highlighted that the notice had been in place for over 20 years. The concept of the partnership itself was an entirely appropriate one, looking at the system as a whole and that he had been disappointed in the response from health service partners so far. He stated that the costs needed to be looked at and reassessed in a fair and timely manner.

Members raised the following points in relation to the amendment:

- Queried if the amendment was helpful to officers for the negotiations. Officers confirmed that the amendment was helpful in relation to the negotiations.

- Highlighted that the report set out a regular annual/biannual review of arrangements. Officers stated that it was a mechanism that allowed for on an ongoing check and rebalance of arrangements.
- Questioned what the impact would be if the Council had to serve notice on the agreement, both financial and to the service itself. Officers explained that there would be no impact to the end user as they would not see a difference in the service provided. The impacts would be felt in the back-office activities. Officers stated that respectfully they had not included the financial implications for this option at this time.
- A member queried why option three had been chosen and not option four. Officers explained that the difference between the two options was in relation the scope. Option three gave the widest scope for improvement by looking at the split of funding and an opportunity to look at the 100% health funded packages and the 100% care packages to look at whether they were fit for purpose.

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

In debating the report;

- A member put in a plea for a return to services like the old flexible care service were pooled roles as this allowed for better preventative care. Officers stated that the health and social care practices remained separate to the financial discussions.
- A member stated that they had the experience of being on both sides of the equation and that they had not blindly followed a party-political line on the health reforms. He stated that the partnership was a prime example of what the authority should be aiming towards more generally. He explained that he had brought this to the attention of the current Health Secretary as an example of how the new system was not working. He stated that it did not bode well for the wide range of partnerships operated through the ICB that had not been formalised in this way.

In bringing the debate to a close the Vice Chair queried if there were opportunities through the process to review and learn what could be done better in practice. Officers stated that this had been built into the review in order to review and look at opportunities for improvement which could then be incorporated into best practice.

It was resolved to:

- a) Endorse the recommended approach as set out in para 2.5 of Option 3 to seek to adjust the risk share to a level between 70:30 and 60:40, depending on the outcome of reassessment activity;
- b) Agree to the associated financial impact outlined within this report; and;

- c) Delegate the responsibility to reach a negotiated settlement to the section 151 Officer and the Director of Commissioning.
- d) In line with paragraph 2.5 of the report and with the intention to maintain and develop services to people with learning disabilities, indicates the County Council's intention to serve notice to the Integrated Care Board to end the pooled budget arrangements, should the current negotiations about rebalancing finances not be successful and fully in line with the terms of the agreement.

159. An Update on Cost of Care and Market Sustainability Planning in Adult Social Care

The committee considered a report that gave an update on the Cost of Care and Market Sustainability planning in Adults Social Care.

In particular the presenting officers highlighted;

- As part of the governments social care reforms, councils had been required to carry out a Cost of Care exercise of Homecare and Older Peoples Care homes and publish the reports by 27 February 2023. There was also a requirement to develop a Market Sustainability Plan and submit and publish this by 27 March 2023. The report summarised the key findings from both reports and officers were grateful for the 50% of local providers that had participated in the exercises.
- The reports together suggested a gap of £23 million however the reality of the gap across the entire adult social care market was unknown. It was clear that the council would struggle to close the gap without significant additional funding from central government.
- Officers were currently developing a market sustainability plan which sets out how to ensure that the Cambridgeshire care market remained sustainable over the next two years, given the current levels of pressures and funding.

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

- Highlighted that the report contained valuable information and gave a clear indication on the level and cost of demand against the amount of resources currently available.
- Queried the resilience and accuracy of the data provided as only just over half of the care providers responded to the exercise. Questioned to what extent there has been a potential error skewing towards the larger providers and had there been any sensitivity analysis done on the data. Officers stated that everything that had been undertaken in the activity itself had been shared within the reports. The issue with the exercise was that it was difficult to convey the natural variations and fluctuations in care costs. A median value

was somewhat limited, therefore a range of costs of care was more realistic that is why in the report and that the limitations are recognised within the report.

- Queried whether the authority knew what government would do with the market sustainability plan once it was received and that the main message to government was that more funding would be required to address the gap. Officers explained that their understanding was that it was something that the government would see through the next two years and there would be an expectation to regularly update and share progress on the plan and officers believed they would be asked to provide an update to government in winter 2023.
- Queried whether the council had any powers to ask the smaller providers to respond to the cost of care exercise. Officers explained that the exercise was not something that they could mandate a response to and throughout the process had repeatedly tried to engage all providers within the market and extended the deadline several times and offer additional support to take part in the exercise. Officers stated that when the authority did annual negotiations regarding uplift officers worked with providers to fill out a document that sets out their costs and this provided soft intelligence.

In bringing the debate to a close, the Vice Chair highlighted that learning disabilities and mental health had not been factored into the exercise. She also sought clarity on whether workforce retention and migration would be highlighted in the responses. Officers gave reassurance that these points would be fully cognisant of those factors and in the market sustainability plan officers had taken the decision to widen the scope and look at the market in its entirety and there was a real focus on recruitment and retention of the workforce.

It was resolved to:

- a) Note the published Cost of Care (CoC) exercises.
- b) Note ongoing work to produce a Market Sustainability Plan in line with Government requirements.
- c) Delegate responsibility for approval of the Market Sustainability Plan to the Director of Adults & Safeguarding (ADASS).

160. Procurement of Additional Respite Service Capacity for Adults Respite for Adults with Learning Disabilities and Autism

The committee considered a report that requested approval of procurement of additional respite service capacity for adults' respite for adults with learning disability and autism.

In particular the presenting officer highlighted;

- This was an essential service to give carers a break and give individuals with autism a change of scene and the opportunity to meet new people and learn new skills and have a positive experience.
- Sought approval on a five-year basis with an option for a three-year extension and a further option for a final two-year extension.
- Commissioning of four shared beds plus the re modelling and development of two in house service beds.

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

- Highlighted the role of unpaid carers was massively undervalued and gave support for the proposals. A member commented that the two examples in appendix a were helpful and the more examples given would enable members to make better decisions.
- Queried how the scheme would work for respite for carers going into an individual's home. Officers explained that this would be part of the offer and that when respite was sought officers spoke to parents and carers as well as the individuals involved to establish the best fit for them. Officers explained that there was also a shared lives service, where the individual would go to the carers home. Officers stated that the accommodation-based respite was for individuals where it was not the best fit for them to be cared for in their own home, particularly if there were other children in the family.

It was resolved to:

- a) Approve the commissioning of respite services for people with Learning Disabilities and/or Autism on a five-year basis from 1st November 2023 with an option for a three-year extension and a further option for a final two-year extension. This will cost £767,500 annually, a total of £7,675,000 over the total term of the contract and extension periods, split as below into shared and single beds:
 - Commissioning of four shared beds at £290k pa (outsourced);
 - Development of two inhouse single service beds at £477.5k pa (insourced).
- b) Delegate approval of award and extension periods and execution of agreement and extension periods to the Director of Adults and Safeguarding (DASS).
- c) Delegate the decision to outsource two single service beds if required (if we do not insource) to the Director Adults and Safeguarding (DASS).

- d) Delegate the decision on additional future shared or single service beds within the contract period to the Director of Adults and Safeguarding (DASS) provided the costs can be covered within the current funding envelope.

161. Procurement of Care and Support Service in Extra Care

The committee considered a report that sought approval for a general procurement approach and the overall budgeted value of £5,431,190 (at 2022/23 prices) over 10 years.

In particular the presenting officer highlighted;

- The report outlined the Procurement approach to tender for two extra care schemes in Mill View, Hauxton and Willow Court, Whittlesey.
- Important part of the council's prevention agenda and could provide 24-hour care on site.

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

- Thanked officers for the case study which put a human dimension in to the report and made a difference in explaining what the report was about.
- A member commented that Willow Court was in his division, and he received very positive comments from service users and wanted to share this with the committee.
- The Vice Chair queried whether officers would be able to track the social value of the schemes. Officers stated that a social value portal is used to measure social value and measured themes and outcomes that bidders have indicated as part of their bid for the service. The Vice Chair requested a strategic report that described the work that had been done around social value describing the things that have gone well and whether improvements were needed. **ACTION**
- The Vice Chair stated that she was interested in the long-term nature of the contract and that it was a good opportunity to develop the workforce and offer security in the schemes. She noted that the extra care scheme in Melbourn provided its own care. Officers stated that in some cases it would be the landlord that was providing the care and support and in others it will be a separate care organisation with a service level agreement signed between the two organisations and provide a seamless service for the service user.

It was resolved to:

- a) Approve the general procurement approach and the overall budgeted value of £5,431,190 (at 2022/23 prices) over 10 years;
- b) Tender the care and support in the following extra care schemes:

- (i) Mill View, Hauxton
 - (ii) Willow Court, Whittlesey.
- c) Delegate responsibility for awarding and executing a contract for the provision of care and support in:
 - (i) Mill View starting 3 February 2024 and extension periods to the Director for Adults and Safeguarding (DASS);
 - (ii) Willow Court starting 10 February 2024 and extension periods to the Director for Adults and Safeguarding (DASS).

162. Awarding of a 12 Month Contract for the Care Home Trusted Assessor Service

The committee considered a report that asked members to consider the situation regarding the Care Home Trusted Assessor (CHTA) Service and award a 12-month contract.

In particular the presenting officer highlighted;

- There had been two failed procurement exercises therefore the report sought to extend the contract for 12 months in order that a review could be carried out on the viability of the service being moved in-house. A further report would be brought to the June Committee with a recommendation as to whether the service should be moved in-house or if an alternative procurement strategy should be pursued.

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

- Sought clarity on whether this service related to just care homes in Cambridgeshire and what would happen to those that lived in Cambridgeshire but where in hospitals outside of the county. Officers stated that the service operated in Peterborough City Hospital but that there was not an equivalent services in all counties. Officers explained that the service was for all residents of Cambridgeshire including those who choose to go to care homes outside of the county. Officers explained that the scheme was funded through the improved better care fund which was a national initiative, and it was about having one conversation versus multiple conversations with providers.

It was resolved to:

- a) Approve a Direct Award of 12 months (01/04/2023 – 31/03/2024) for the CHTA service in Cambridgeshire at a cost of £118,980.

- b) Agree to a review period of 3 months, during which time the viability of the service to be moved in-house can be explored. A further paper will be brought to the June Committee with a recommendation as to whether the service should be moved in-house or if an alternative procurement strategy should be pursued.

163. All Age Advocacy Service

The committee considered a report that sought the re-commissioning and procurement of Cambridgeshire Adult Advocacy Lot within the Cambridgeshire and Peterborough All-Advocacy Service on a three-year initial contract extendable up to a further 12 months.

In particular the presenting officer highlighted;

- The Cambridgeshire Adult Advocacy Lot will have a total contract value of £2,055,808 over 4 years. The ICB would contribute £98,162 annually towards this or £392, 648 over 4 years.
- Peterborough would have their own element of the service and it was a joint contract.

It was resolved to:

- a) Approve the re-commissioning and procurement of Cambridgeshire Adult Advocacy Lot within the Cambridgeshire and Peterborough All-Advocacy Service on a three-year initial contract extendable up to a further 12 months. The Cambridgeshire Adult Advocacy Lot will have a total contract value of £2,055,808 over 4 years. The ICB will contribute £98,162 annually towards this or £392, 648 over 4 years.
- b) Delegate responsibility for awarding a contract for the provision of advocacy services starting 3rd October 2023 and extension periods to the Service Director of Adults and Safeguarding (DASS).
- c) Delegate responsibility for executing a contract for the provision of Advocacy services to the Service Director of Adults and Safeguarding (DASS).

164. Adult Service User Experience Survey 2022 Analysis

The committee considered a report that provided an overview of the findings of the 2022 Adult Social Care Statutory Service User Survey the results for which were published in November 2022.

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

- Queried how the response rate compared to other authorities and asked for further information on how the survey was conducted and if the responses were validated in any way. Officers explained that as it was a national mandated survey all surveys were sent out as hard copies in the post. Officers explained that the response rate was good in comparison to other national survey but that there was room for improvement.
- Questioned if officers had investigated the reasons why individuals had not tried to access information. Officers explained that there was ongoing work with established forums to try and understand what could be done to further support service users and that there was further work to unpick the reasons behind these responses.
- Expressed concern in relation to the response in relation to services making individuals feeling safe and secure. Officers explained that there were contradictory results in this area and that it may be that the individuals felt safe overall, but it was the qualitative information that sat underneath.
- Queried whether the terms 'Slightly lower' and 'slightly higher' were used consistently throughout the report. Officers explained that they would go back and review this and ensure that a clear key was used in the report going forward setting out the bandings used.
- Sought further information on which councils were performing best and whether there could be learning from them. Officers explained that there was ongoing work within officers' networks including ADASS to understand this and learn from good practice.

It was resolved to:

Note and consider the results for the 2022 Adult Social Services Users Experience Survey.

165. Finance Monitoring Report - March 2023

The committee considered a report on the financial position of services within its remit as at the end of January 2023.

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

- A member queried the likelihood of ongoing underspends on the public health reserve and queried if there could be a discussion at spokes to plan and track spend going forwards. The Director of Public Health stated that there were proposals in place to spend the majority of Public Health grant for this year and that there were contingencies in place should slippage occur. She explained that the authority still had not received its public health grant allocation for 23/24.

- Questioned how investment in demography and demand would be reflected in the budget lines for future years. Officers explained that this was part of the business planning process and that there would be some in year baselining of budgets and this would be reflected in the next finance report to committee.

It was resolved to:

Review and comment on the relevant sections of the People Services and Public Health Finance Monitoring Report as at the end of January 2023.

166. Adults and Health Key Performance Indicators

The committee received a report outlining the key performance indicators under the committee's remit.

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

- Expressed concern with regards to the low numbers in relation to the stop smoking service and queried whether alternative measures were being considered to increase take up of the service. Officers explained that a report was scheduled for the June meeting in relation to the service and it would be a joint report with the ICB.
- Queried how individuals could be encouraged to take up health checks as the numbers remained low. Officers were looking at all methods including digital health checks, which were currently being piloted.
- Highlighted the low percentage of new birth visits and the 6-8 week health review visit, and queried how important the timescales were. Officers explained that there were key periods where certain milestones should be met. Officers stated that they had not heard of anything being missed but that the aim was to get back to achieving the set timescales.

It was resolved to:

Note and comment on the performance information outlined in this report and take remedial action as necessary.

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

The committee considered a request from Councillor Dupre to include a report on access to GP Primary Care Services to be included on the scrutiny forward plan.

Members raised the following points in relation to the report;

- Noted that a report had already been scheduled on this subject area for scrutiny. Members agreed that this item should be considered at the June meeting.
- A member requested an update report on progress in relation to lessons learnt from the COVID enquiry. **ACTION**
- Requested that officers reviewed procurement deadlines and ensured that reports were scheduled on the forward plan in a timely manner. Officers agreed to review the procurement forward plan to ensure that this was addressed. **ACTION**
- Noted the appointment of Councillor Graham Wilson to the North West Anglia NHS Foundation Trust (Hinchingsbrooke Hospital) Liaison Group.

It was resolved to:

Note the agenda plan, training plan and appointment of Councillor Graham Wilson to the North West Anglia NHS Foundation Trust (Hinchingsbrooke Hospital) Liaison Group.

Part 2 – Health Scrutiny

168. Health Scrutiny Support

The committee considered a report which recommended increasing support for its health scrutiny function.

In particular the presenting officers highlighted;

- The report proposed that: Democratic Services would provide an officer to assist the Head of Public Health Business Programmes with scrutiny; pre-scrutiny and post scrutiny meetings would be introduced, with the purpose of developing lines of questioning and reflection; and external training would be provided.

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

- Welcomed the proposal and suggested that, in scrutiny sessions, members' questions and follow-up questions were given greater time than officer presentations to further opportunities for lines of questioning.
- Requested alternative methods for reflection were considered, such as a question sheet or a delayed post-scrutiny meeting, as councillors may be fatigued should a follow up occur immediately after scrutiny. **ACTION**
- Clarified that, with the consent of partners, the democratic services officer would provide notes following quarterly health liaison meetings.

- Thanked the Head of Public Health Business Programmes for her contribution to health liaison meetings.

It was resolved to:

Consider and comment on the arrangements set out in the report to support the health scrutiny process.

169. Major Trauma in the East of England and the Potential Establishment of a Second Major Trauma Centre in Norwich

The committee considered a report examining the need for an additional major trauma centre in the region. The current trauma network consisted of Addenbrookes Hospital, major district hospitals and ambulance units, with Addenbrookes specifically providing access to tertiary and specialist trauma services and Norfolk and Norwich University Hospital (NNUH) providing enhanced trauma services.

In particular the presenting officers highlighted;

- From July 2020 to June 2022 there had been 900 major trauma deaths in the East of England and demand was forecast to exceed current provision within four years. This was following changes to regional demographics and a 9% population increase between 2010 and 2019.
- Delayed discharge was resulting in 83% major trauma patients remaining in trauma units. As a result, increasing numbers of patients were being diverted to other hospitals.
- The Regional Executive Team for NHS England, and the executive boards for Addenbrookes and NNUH had supported a network review and Phase 1 of the establishment of a second major trauma centre in the East of England. Should the plan be enacted, patients in Cambridgeshire would continue to be seen at Addenbrookes and Peterborough.
- Major trauma nationally received a tenth of the funding offered to cancer provision but caused a greater number mortalities in those under the age of 40.

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

- Requested forecast data on the number of patients which would be seen by the proposed NNUH development, rather than Addenbrookes, that had an injury severity score rating above 15 (indicating the injury was life threatening or life changing). **ACTION**
- Established that implementation of the major trauma unit would be incremental over the coming year, with an outpatient neurosurgery clinic

commencing in April 2023. In the interim, community and in-house therapy services could be utilised to increase discharge, thereby relieving bed pressures at Addenbrookes.

- Understood that, nationally, few major trauma centres met all the requirements for being a major trauma centre. Therefore, capital resourcing of items required to meet major trauma centre standards, such as a CT scanner, would be reviewed prior to their purchase.
- Recognised that the development could also reduce pressure on the ambulance service by localising the catchment area.
- Noted that air ambulance transfers were less frequent than ambulance transfers. Overall, secondary transfers had raised to 500-600pa in 2019/20, although often transfers were lower as a result of factors such as frailty.
- Were reassured that, while the report used 2019 census data, data used for the public needs assessment had been current.
- As vehicular accidents were the second largest cause of major trauma, suggested using travel to work data in order that commuters could be incorporated into calculations.
- Understood that most trauma teams work in the Emergency Department and, in the major trauma team, would have specialisms.
- Clarified that most consultants for the second Norwich major trauma unit were already employed at NNUH, however recruitment would be required for the rehabilitation team and allied professionals. Potential partnership with the Coleman Centre may reduce the call for recruitment. Some clinicians would be transferred from Cambridge University Hospitals to manage patients seen at the NNUH major trauma centre. Neither clinical fellows nor resource would be transferred from the Addenbrookes site, although employees may choose to apply for roles at NNUH: In comparison with Norwich, Addenbrookes had a lower recruitment rate due to high costs of living and of parking, which could absorb 20-30% of allied professionals' salaries.
- Learned that Public Health were reviewing local area age and deprivation demographics. Thus far, preliminaries did not reveal a link between deprivation and major trauma need. There was a link between need and age, which was on average higher in North Norfolk.
- Noted that Addenbrookes complied with data reporting to the Trauma Audit Research Network (TARN), and that the East of England Major Trauma Network was seeking to ensure other hospitals also matched this standard.
- Supported the development and hoped that by relieving pressures patients would receive better outcomes.

- Heard that the development would be resourced from internal growth budgets and trust budgets. It would be possible to bid for NHS England capital, however, it was not anticipated capital spending would be a significant problem.
- Raised concerns that health inequalities in the north of the county would be furthered. While the Norwich location was most appropriate to satisfy the needs of the greatest number of people, the nearest trauma units for Northern Cambridgeshire were in Nottingham and Coventry. The officer responded that this unit would also reduce pressure on Addenbrookes Hospital, allowing access to the hospital to improve universally, including for those in the north of the county.
- Impressed the significance of mutual aid throughout the pandemic.
- Expressed hope that the Local Authority and Trauma Network could collaborate on trauma prevention engagement work.

It was resolved to:

Support the programme of work to determine the establishment of a second Major Trauma Centre in the region.

170. Virtual Wards

The committee considered a report that outlined the impact of virtual wards in Cambridgeshire.

In particular the presenting officer highlighted;

- Positive case studies in the report included: increased independence for a 67-year-old following chemotherapy for blood cancer and while awaiting a stem cell transplant; a 68-year-old who had complimented her thirteen-day admission into the ward caused by headaches, high blood pressure and low blood sodium; and a 72-year-old admitted to the virtual wards for confusion resulting from an infection. While on the virtual ward, these patients had received remote monitoring of vitals, medication, blood tests, a care plan, home visits, telephone contact and/or support washing.

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

- Noted that virtual wards had been established around the country and also went by the name 'Hospital at Home'. It was a proactive and reactive measure. Cambridgeshire Virtual Ward had 190 spaces for adults. On average, five of these spaces were in the Royal Papworth Trust, while other units in North West Anglia Foundation Trust and Cambridge University Hospitals had up to fifty patients. Currently, the virtual ward was operating at

50% capacity, but financial planning for 2023-24 was underway to allow this capacity to increase to 80%, pending a successful trial outcome in April 2023 and an increase in clinicians' confidence in the ward. This change would result in a movement from temporary to substantive staff.

- Understood benefits of the virtual ward, such as: a reduction in demand for hospital beds, particularly in the Emergency Department; patients' increased independence and mobilisation due to home placement; a reduction in geographical barriers; and provision of support to the aging population while there was not finance available to build bigger hospitals.
- Recognised the virtual ward offered: intravenous medication, social services support, and monitoring. New pathways suggested it had the potential to expand its offer to support therapy following significant orthopaedic operations, children with complex needs, blood oxygen and pulse monitoring through increased home technology.
- Were reassured that, in a medical crisis, a virtual ward patient would be able to call for support and receive a team visit within two hours, a community emergency response visit within two hours, or an ambulance transfer to hospital where they would undergo reassessment.
- Were pleased that Cambridge University Hospitals' virtual ward had a 100% satisfaction rate from service users. However, they also expressed concern regarding the impact of these wards on unpaid carers and family members – particularly in cases where the interests of the carer and the patient diverged. This was an area of concern, and the service was proposing to evaluate carer support provision and equity regarding larger family support networks. It may be determined that the virtual ward requires expanding its social support offer. Consequently, the composition of multidisciplinary teams was under consideration.
- Expressed concern regarding inequalities. Members asked about the equality impact assessment on the accessibility of the virtual ward or discharge from the virtual ward for individuals who were rough sleeping, homeless, alone, living in internet poverty, or were technologically inept. The officer stated that this was considered during discharge, and that the virtual ward also offered telephonic communication and home visits.
- Conveyed apprehension that the reduced time with patients without family present as a result of the virtual ward would reduce identification of safeguarding, housing, or income problems, as well as domestic abuse.
- Recognised social support for rural areas was more difficult. This was considered during discharge.

The Chair informed members that the subject would be further considered in quarterly meetings with Papworth hospital and CUPH.

It was resolved to:

Note the progress of the Virtual Ward Programme.

171. NHS Quality Accounts – Establishing a Process for Responding to 2022-23

The committee received a report outlining the intended process for the quality accounts 2022-23.

In particular the presenting officer highlighted;

- Quality accounts reported upon the quality, improvement and services delivered by NHS trusts in Cambridgeshire. To accommodate timescales, it was proposed that existing liaison group members responded to the quality account for their trust and sat on their task and finish group. This task and finish group could also be attended by any other committee member.

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

- Highlighted that all geographical areas would need member representation on quality accounts.
- Recognised that quality accounts provided by all hospital trusts were not always timely, which could squeeze response times.
- Praised former Councillor Linda Jones, who had previously taken responsibility for all quality accounts due to her skillset. While this had provided a cohesive response across accounts, dividing workload would be more sustainable.
- In addition to the statement some trusts, such as North-West Anglia Foundation Trust, had met with individuals to share information.

It was resolved to note the requirement for NHS Provider Trusts to request comment from health scrutiny committees and:

- a) Delegate approval of the responses to the Quality Accounts to the Head of Public Health Business Programmes acting under instruction the members of the committee appointed to the task and finish group.
- b) Appoint those members of the committee that participate in the quarterly liaison groups to become members of the associated task and finish group on NHS Quality accounts.

172. Date of Next Meeting

It was noted that the next meeting would take place 29 June 2023.