

## Adults and Health Committee Minutes

Date: Thursday 13 January 2021

Time: 10.00 am - 3.00 pm

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

Present: Councillors David Ambrose Smith, Chris Boden, Alex Bulat (substitute for Gerri Bird), Steve Corney, Adela Costello, Claire Daunton, Lis Every (Appointee, Part 2 only), Jenny Gawthorpe-Wood (Appointee, Part 2 only), Nick Gay, Mark Howell, Richard Howitt (Chair), Edna Murphy, Kevin Reynolds, Philippa Slatter, Susan van de Ven (Vice-Chair), Graham Wilson and Sarah Wilson (Appointee, Part 2 only).

### Part 1: 10.00am – 12.00pm

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

Apologies were received from Councillors Hay and Bird and Councillors Clark and Garvie for part two of the meeting only.

The Chair drew Members attention to an urgent decision that had been added to the Committee agenda, which had been circulated to the Committee the day before via email and published on the Council's website. He explained that the decision was in relation to the 'Allocation of Adult Social Care Omicron Support Funding in response to the COVID-19 Pandemic'. The Constitution allowed an urgent item to be added to an agenda which had been published if it met the urgency criteria set out in Part 4 – Rules of Procedure, Part 4.4(a), the Procedure for Taking Urgent Decisions. He stated that, as the Chair of the Committee, he had received an explanation as to why the decision was urgent. Firstly, the Council needed to be able to respond quickly where failure to do so would not be in the public interest. Secondly, the procedure for taking urgent decisions was being used because failure to take the decision quickly would, or would be likely to, harm the interests of the Council and the public. He explained that in this case the grounds were a service not being provided and the public being put at serious risk of harm. He had therefore authorised the inclusion of the urgent report so that Members of the committee could take the decision. He stated that the report would be taken after item 7 on the agenda

#### 61. Minutes – 9 December 2021 and Action Log

The minutes of the Adults and Health Committee meeting held on 9 December 2021 were agreed as a correct record and signed by the Chair.

Members requested an update on action 35 'The provision of NHS Dental Services in Cambridgeshire', in relation to the data update.**ACTION**

The action log was noted.

## 62. Petitions and Public Questions

There were no petitions or public questions.

## 63. COVID-19 Update

The Committee received a report and presentation that gave an update on coronavirus in Cambridgeshire.

In particular, the Director of Public Health highlighted:

- Rates are high with parts of the County such as Huntingdonshire being above average for the East of England with rising rates in the over 60's.
- The current omicron variant was highly transmissible and it was likely that there would be a steep rise in cases over the next few weeks in schools.
- There had been a recent change in requirements for confirmation PCR tests that are affecting the reliability of the data
- Deaths within 28 days were stable but patient numbers in hospitals were rising.
- There was an impact on workforce absences due to the high rates of infection caused by the current variant.
- Rates of booster take up had been positive and all adults in Cambridgeshire had been offered boosters by 31 December 2021. Take up of boosters was higher than the national average other than in Cambridge City.
- First dose take up had also seen a steady rise as well as school age vaccine take up.
- The ERA status had finished and all of the measures were now available through the Government's Plan B measures.

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

- Discussed the positive signs in relation to vaccination and booster take up and the affects it was having in relation to fewer hospitalisations and deaths.
- Sought a further push on redoubling efforts on social media and in press releases to get the message out further about vaccinations and boosters. The Chair highlighted the ongoing work of the communications team in terms of getting the message out and praised them for their efforts. He ensured Members that the communications team would continue to get the messages out to the public via all channels.

- Highlighted the need to give a balanced view of the situation in order to maintain credibility in the future if there was a need for further measures due to other variants.
- Discussed vaccinations for under 12's. The Director of Public Health stated that the Joint Committee on Vaccination and Immunisation (JCVI) were actively considering the possibilities of lowering the age range but and had not been considered necessary as yet.
- Sought clarity on whether there were specific groups that the authority should continue to target due to vaccine hesitancy. The Director of Public Health explained that Adrian Chapman was leading on the vaccine hesitancy programme. She explained that there was variation based on geography and that all new migrants were being offered vaccinations. She explained that there was ongoing work looking at the barriers to vaccinations including transport and childcare and that the authority were offering solutions to these barriers. She explained that the vaccination bus had been off the road due to the need to maximise vaccination resource for third doses, but there are plans to get the bus back on the road later in the month.
- Queried if there was anything that could be learnt from the experience of London who were ahead of the curve with the Omicron variant. The Director of Public Health stated that we would of course look to learn from areas that are ahead of the curve but there are differences as London has a younger population and that Cambridgeshire would have been able to get more individuals vaccinated, ahead of the curve.
- Questioned what conditions would trigger a reassessment of measures currently in place. The Director of Public Health stated that she would consider the Governments removal of Plan B, local infection rates, local vaccination rates and hospitalisation in her reassessment of measures
- Queried if the authority had influence over encouraging mask wearing in supermarkets. The Director of Public Health explained that it was the role of the authority to encourage the use of face coverings and this was a key part of the communications campaign. She explained that there had been issues with some of the bus companies in relation to the enforcement of face coverings and environmental health were working with the police regarding enforcement.

In bringing the debate to a close the Chair thanked the Director of Public Health and her team for their continued efforts throughout the Covid pandemic.

It was resolved unanimously to:

Note the update on the current coronavirus pandemic.

#### 64. Integrated Care System (ICS) - Cambridgeshire County Council position paper

The Committee considered a report that provided a strategic overview of Cambridgeshire County Council's response to the establishment of an Integrated Care System for Cambridgeshire and Peterborough and secure member support for the County Council's approach.

In particular, the Executive Director of People and Communities highlighted:

- The report focussed on the role of the local authority in the ICS and the opportunities and challenges of the ICS, the national context and specific areas for further discussion.
- The priorities and principles to be pursued by the authority working in conjunction with the ICS were outlined in section 5.4 of the report and gave a real opportunity to join health and care through a place-based approach, taking forward local authority priorities, involving local communities and offering new solutions, in particular in relation to workforce.

The Director of Public Health highlighted:

- The planned changes to the Health and Wellbeing Board and the establishment of the Integrated Care Partnerships. She explained that there had been a development session in October and from this session key there was agreement to take forward a single system wide Health and Wellbeing Plan. Key priorities for that plan were also agreed at that session. She explained that there was a further development day scheduled for 17 January 2022 and this would focus on how the strategy could be developed further and focus on working as a system.

The Chair of the Committee stated that there was a general excitement about what could be achieved by working together and that the report was the most important paper at Committee since the administration had come into power and had direct implications for the authority. He stated that officers had worked intensively on the report which was an orientation of the strategy the authority would undertake.

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

- Questioned how the differences in operational and governance models would be brought together as traditionally there had been different approaches. The Executive Director of People and Communities stated that the integration was already happening and that it was really positive that the authority had a place on the Integrated Care Board which was something that the authority did not have before. The Chair thanked the Vice Chair who was also the Chair of the Health and Wellbeing Board for all of the work that had been done so far to develop the ICS with partners. He stated that the authority was well informed by the LGA position and had taken part in two events and had received advice from them.

- Queried if the criteria to inform decisions and decision-making processes that impact on County Council responsibilities and services were congruent with the Council's priorities. The Executive Director of People and Communities stated that the principles were very welcome and were congruent with the County Council's ambitions in relation to decentralisation and delivering services at the most local level. She explained that this could be seen in the proposals to change the way in which domiciliary care was commissioned through 'Care Together', work on Think Communities and the County Council's focus on promoting independence and supporting people to stay at home. The Director of Public Health highlighted the work that had been done so far in gaining agreement from the system to work together towards the shared priorities. She stated that there would be a lot of work on recovery post covid and there needed to be a system shift to reduce inequalities and improve health outcomes.
- Queried how preferred providers would be appointed and if there was assurance that the NHS would be the first-choice provider before the private sector. The Executive Director of People and Communities explained that there was a clear process for appointment of providers which would take up to 18 months. She stated that there was still an awful lot of work to be done in this area and this could be explored in the ICS scrutiny session of the meeting.
- Expressed concerns that some of the reforms could potentially increase privatisation of services and also pointed to the powers of the Secretary of State to intervene in local decisions. The Executive Director of People and Communities explained that this would be something to pick up in the scrutiny session in the afternoon but that the response to the Council's comments in the consultation on the constitution had some very encouraging messages in relation to this area. She also explained that Secretary of State Powers already existed in relation to system failure and the interventions came in many different forms.
- Questioned why the priorities and principles outlined in the report had not been put in priority order and requested that this be considered. The Chair agreed to reflect on this in developments going forward.
- Expressed concerns in relation to the powers that the CQC would have in relation to the ICS. The Executive Director of People and Communities explained that the CQC and OFSTED would be the main organisations that would be assessing local authority performance but did take on board the comments in relation to the constraints of the CQC framework.
- Highlighted that prevention was key to the system as a whole and this needed to be more explicit in the response. The Executive Director of People and Communities explained that she would take these comments on board and ensure that prevention was highlighted more explicitly throughout the process. The Director of Public Health stated that that hard work was needed to engender the shift from primary care services towards prevention.

- Stated that it would be helpful to look at the principles and priorities from an individual patient and resident's point of view to focus on what changes they would see and the positives that the authority could deliver. The Executive Director of People and Communities explained that there had been a huge effort by communities throughout the pandemic and that there needed to be a focus on the ICS outcomes for individuals and communities as a whole.

The Chair concluded the debate by highlighting the changes in relation to the scrutiny function and the need to build capacity in the Public Health team to advise on health strategy. He explained that getting the governance right was crucial and that the Health and Wellbeing Board would be key in realising ambitions in relation to the Care Together strategy. He highlighted the excellent relationships that had been built so far and hoped that the report would empower officers.

It was resolved unanimously to:

- a) Note the national and local context of the development of the ICS.
- b) Support the principles and priorities set out in section 5.4.
- c) Note that the Health and Wellbeing Board and the Integrated Care Partnership Committee will be aligned and operate as a 'committee in common' with aligned membership of the Health and Well Being Board and Integrated Care Partnership.
- d) Confirm the criteria at Section 5.7.1 that will be applied to any County Council decisions about ICS integrated services, joint appointments or joint commissioning arrangements.
- e) Confirm that the Council considers expanding its health policy capacity, to provide advice to members and officers in their work with the ICS.
- f) Champion the principle of local democratic accountability in the ICS, in accordance with Section 5.8 of the report.

## 65. Adult Market Pressure Payments

The Committee considered a report that which aimed to secure sustainable provision of Adult Social Care capacity across Cambridgeshire's independent provider market which met the eligible assessed needs of individuals in line with the Councils' statutory responsibilities.

In particular, the presenting officers highlighted:

- Providers were under significant sustained financial pressures and examples of this were highlighted in section 1.2. of the report.
- Officers had been actively engaging with providers around the financial pressures, to ensure that capacity was maintained going forward, particularly mid-term capacity. Officers had seen a trend of providers wanting to hand

back packages of care as a result of the financial pressures and officers had been putting mitigations in place to avoid increases in this area.

- Considered a number of options to achieve more mid-term and long-term capacity. Officers recommended option 4 in the report to Members, which was a targeted approach, which had a financial implication of a £2.2 million investment in year, which would be covered by the adult social care budget underspend and the application of in year workforce grant funding. Introduced a £2 million investment into the next financial year.
- The deployment of the Workforce Recruitment and Retention fund listed at 2.19 of the report, where agreement was sought to passport 80% of the funding through to providers and keep 20% to address the authorities workforce issues, specifically, the retention of key frontline social care roles. Officers explained that more detail on this fund would be presented in the next report on the agenda.

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

- Queried whether the authority was able to reject the hand back of contracts. Officers explained that the reality was that some providers might go out of business in some cases if they were not able to hand a contract back and this would have care impacts on individuals.
- Sought further explanation in relation to the comment in the report on the loss of income regarding private occupancy levels, which had gone down by 28%. Officers explained that the loss of private occupancy was due to the impacts of covid and changes to the discharge process.
- Sought reassurance that the 80% of the Workforce and Retention fund that was being passported over to providers went to the frontline workers and requested that this was audited by the authority. Officers confirmed that the funding had to be spent on frontline work staff and this would be part of the grant agreement.
- Queried if there were figures on what percentage of staff were from abroad over the last 5-6 years and if it was expected that the 12-month visas implemented for overseas workers by the Government would make any difference to the staffing shortages. Officers stated that it was difficult for the authority to know the numbers of overseas workers as they were not employed by the authority. Officers explained that the feedback that they had received in relation to the implementation of the 12 months visas for overseas workers had made very little impact on the staffing shortages and that it was a very expensive process. Officers stated that other industries were attracting the resource away from the care market which was having a significant impact on staffing.

It was resolved unanimously to:

- a) Agree to the implementation of the proposed approach to managing market pressures with budget implications for 2022/23 and beyond to be built into the Business Plan; and
- b) Agree to the proposed use of the Workforce Development Grant Round 2.

## 66. Adult Social Care Retention Payments

The Committee considered a report that proposed a retention payment scheme in order that the current Adult Social Worker capacity could be retained. This would result in a positive impact on outcomes, quality, performance, management of demand and prepare the Service to meet the additional requirements resulting from adult social care reforms.

In particular, the Executive Director of People and Communities highlighted:

- Challenge in relation to the recruitment and retention of Adult Social Workers and highlighted that there were issues in a number of teams in relation to recruitment and retention.
- Officers had looked at the data and this had showed that the authority was not retaining individuals in posts and that there were a number of reasons for this.
- Officers had looked at best practice in Children's services, where a retention scheme had been implemented, which had been successful. The proposal was to implement this scheme for Adult Social Workers. The report set out which teams this would apply to and how this would work.
- The authority would struggle to meet its statutory functions without this intervention.

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

- Commented that as a result of the implementation of the scheme, it was hoped that the authority could rely less on the use of agency workers going forwards as it would make employment directly by the council more attractive. Officers stated that it was hoped that the scheme would make a difference to recruitment and retention, so that agencies would not need to be used as frequently.
- Queried if there was any insight into the high levels of vacancies in the Learning Disability/ Adults with Autism teams than in relation to other areas. The Executive Director of People and Communities explained that there was an uneven pattern where different teams experienced retention difficulties at different times. She explained that the authority carried out exit interviews and there was not a particular theme that had been identified. She explained



that these are challenging jobs in this area and the needs of many people supported by Adult Social Care had increased as a result of the pandemic.

- Questioned whether retention payments were likely to increase budget pressures over time, particularly if the shortages were not addressed at a national level. The Executive Director of People and Communities explained that they had looked at less expensive alternatives to the payments but reached a conclusion that the authority needed to future proof. She explained that there was a need to review the pay and reward scheme particular as a whole.
- Sought clarity on what the scheme was likely to cost over the next few years. Officers explained that the 20% of the workforce retention grant discussed in the last report could be used to reward the authorities social workers and this grant would be used to fund costs in the current year, then £302,000 would be built into the business plan for 2022-23 and then a further £152,000 in 2023-24.
- Queried whether other neighbouring authorities were looking at similar schemes. Officers stated that other authorities will be looking at similar schemes so there was a need to get ahead of the curve.
- Commented that the change in the cap of social care payments and additional responsibilities that the authority faced would lead to workforce challenges and there was a need to protect and nurture the workforce now. The Executive Director of People and Communities stated that the authority was very fortunate to have the staff that they did and it was therefore crucial that they retained and developed the current workforce.
- The Chair highlighted that there was an awareness of the stress that the health service was under but that there was rarely a discussion on the stress that colleagues in social care were under and that there was a real need to recognise the value of the workforce and retaining them and ensuring that they were properly recompensated in relation to the cost of living and be ahead of the curve on this.

It was resolved by majority to:

- a) Agree to the implementation of a retention payment scheme for Adult Social Workers, with an investment of £302k in 2022/23 and a further £152k in 2023/24.

## 67. Urgent Report - Allocation of Adult Social Care Omicron Support Funding in response to the COVID-19 Pandemic

The Committee received a report an urgent report that sought approval for the allocation of Omicron Support Funding from Government which had been issued as a one-off payment of £581,014 to be spent in January 2022.

In particular, the presenting officers highlighted:

- One off funding to support providers with infection control measures. £60 million was announced by Government back in December 2021 and the local allocation and guidance was issued on 10 January 2022, hence the urgent report to Committee.
- The notification of the grant funding did not always coincide with meetings of the Adults and Health Committee. Given the need to allocate this funding quickly, it was proposed that the Committee delegate authority to distribute urgent Government grant funding, where it is not practical to wait until the next committee meets, to the Executive Director of People and Communities in consultation with the Chair and Vice Chair of the Committee.

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

- Queried how significant the grant funding would be in relation to providers. Officers commented that the grant money allocated was not a significant amount of money for providers

It was resolved unanimously to:

- a) approve the recommended allocation of the Adult Social Care Omicron Support Fund, which have been issued by central government on a one-off basis to cover spend from January 2022 and to spent as soon as possible, where this falls in line with grant conditions set.
- b) delegate future decisions relating to the distribution of urgent Government grant funding, where it is not practical to wait until the next committee meets, to the Executive Director of People and Communities in consultation with the Chair and Vice Chair.

## 68. Adults and Health Agenda Plan and Training Plan

In relation to the forward agenda plan members requested that:

- Covid 19 Updates be added to all future meetings. **ACTION**
- The forward agenda plan was updated in relation to items for future meeting dates were possible. **ACTION**

It was resolved unanimously to note the agenda plan and training plan.

## Part 2 Health Scrutiny : 13.00pm - 15.00pm

### 69. Neuro-Rehabilitation Consultation

The Committee considered a report that provided background information in relation to the consultation process and to obtain views on the proposals outlined in the Neuro-rehabilitation consultation document, noting that the recommendation was to cease funding the provision of neuropsychological rehabilitation at the Oliver Zangwill Centre

In particular, the presenting officers highlighted:

- The service provided at the Oliver Zangwill Centre was neuropsychological rehabilitation for patients who had an acquired brain injury, specifically 12 months after injury.
- A review was conducted in 2019 of all of the neuro-rehabilitation services in Cambridgeshire and Peterborough. The findings of the review were set out in detail in the consultation document.
- A number of areas were identified through the review for improvement, including better integration across the services, and a need for a more in-depth review of the Oliver Zangwill Centre.
- Findings from the review showed that it was a unique service that was not commissioned by other CCGs in England and that over the past two years referrals had dwindled. The consultation was presented in the context of Cambridgeshire and Peterborough CCG being in a very significant financially challenging position, officers reported a level 4 nationally, the highest level of concern.
- The service at the centre costs £800,000.
- The proposal in the consultation document was to cease provision of this service. There are a range of alternative services which would meet the needs of the population. There was a community neuro rehab team that takes several thousand referrals and operates a multi-disciplinary approach including speech and language therapy, psychological and other specialisms.

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

- Expressed concern regarding the wording of the survey that accompanied the consultation documents, in particular the phrasing of the question “Do you understand why we are consulting you?”. Some Members felt the wording was not appropriate to the message it was conveying. Officers explained that the question sought to clarify whether people felt the consultation document was clear in the information it provided. Officers stated that if people understood why where being consulted, then the CCG could determine that

the information was clear. Members were put in touch with the CCG Engagement team to address other concerns around the survey. **ACTION**

- Highlighted that the Oliver Zangwill Centre provided a unique rehabilitation service that was not commissioned elsewhere. Members reported and recognised the excellent reputation that this specialist service had. A note of caution was made that if you break up the current arrangement it cannot be put back. Officers reported that they had analysed services across the country but they were unable to determine the impact on patients as this service was so specialist.
- Suggested that the range of NHS neuro-rehabilitation services for Cambridgeshire and Peterborough patients which would continue to be provided had not been explicitly detailed in the consultation document. Members felt that a cost analysis of patients receiving NHS neuro-rehabilitation treatment in lieu of treatment at the Oliver Zangwill Centre, would have provided a clear picture of the cost savings resulting from closure of the Oliver Zangwill Centre. Officers explained that different delivery models had been considered and work had been carried out to attempt a service redesign of the Oliver Zangwill Centre. Officers explained that none of the options for the redesign of the service were deemed cost-effective in the context of the current referral rates and the specialist nature of the service that resulted in such a breadth of clinicians and critical mass of staff needed.
- Expressed concern with the data presented in relation to the reduction in referral rates to the service as this included the years 2020 and 2021 in which referral rates would have been impacted by the Covid-19 pandemic. Members suggested that a review of referral rates for a longer period be carried out. Officers responded that other services had evolved across the country and it was possible that referrals from insurance agencies were now being made more locally. Members stated that information from insurance providers may provide a more comprehensive picture to the reduction in referrals.
- Sought clarification on the professional groups within the Oliver Zangwill Centre and the potential impact on redundancy or redeployment. Members expressed concern on the impact closure would have for the current staff at the Oliver Zangwill Centre. Members highlighted that the consultation did not provide information on the potential redundancy costs and some members were concerned that it could be read that a decision had already been made. Officers explained that a decision had not been made and all consultation responses would be reviewed before a final consultation feedback report would be taken to the CCG governing body at the end of the consultation period. Officers stated that in relation to any redundancy implications that the CCG would work hard to find redeployment in the local system for therapy staff and there were currently a large number of vacancies in the NHS for this workforce.

It was resolved unanimously to:

comment on the public consultation following the neuro-rehabilitation review at their meeting on 13 January 2022 and the consultation proposal to cease provision of Neuro-Psychological Rehabilitation at the Oliver Zangwill Centre.

## 70. Integrated Care System for Cambridgeshire and Peterborough

The Committee considered a report for scrutiny which detailed plans for the new Integrated Care System for Cambridgeshire and Peterborough (ICS). The Chair of the Committee welcomed Jan Thomas, Chief Executive Officer, Cambridgeshire and Peterborough Clinical Commissioning Group and Chief Executive Designate of the ICS and John O'Brien, Chair Designate of Cambridgeshire and Peterborough Integrated Care Board, to the meeting and highlighted that both the Chair and Vice Chair of the Committee had been meeting with them fortnightly over the last six months and thanked them for the time and effort that they had put in to dialogue with Members and officers and the rich and constructive relationship being built. The Chair explained that Cambridgeshire was part of the third wave of Integrated Care Services nationally and there had been learning from other areas. He also highlighted the short timescales that had been given by government to get arrangements in place in the context of the ongoing covid pandemic.

In particular, the presenting officers highlighted:

- The ICS was due to become a statutory body on 1 July 2022.
- The potential for a more population-based approach to Health and Care was important and a strong commitment to tackling health inequalities.
- Recognise the vital role that local government played in terms of Social Care, Housing, Children's Services and wider economic development, as conveners and leaders of communities and the insight and knowledge this brought to the table.
- Both the NHS and local government faced big challenges in relation to finance and resources and there would be pent up demand on services due to the covid pandemic.
- The partnership had worked constructively throughout the covid pandemic and made extraordinary progress in exceptional circumstances and this would be built on moving towards full statutory status.
- In terms of what was going to be different, it was recognised that the role of looking ahead at the needs of the population, needed to be more strategic, based on population health and personal to individuals in communities, impacting on health inequalities in the longer term.
- Being far more specific about how services were provided to communities in need and gave an example of the diabetes work that had been undertaken were the population had been segmented out and had targeted resource where the pre diabetic prevalence was high.

- The Health Service employed one in 25 working age adults in Cambridgeshire and Peterborough so had a big role in offering local residents good employment.
- Six accountable business units would be set up and be far more place focused and devolve accountability at a local level, two-placed based partnerships, North and South Place, which would further integrate health and care services, and build on the success of the existing two Alliances, which are based on the footprints of the two acute providers in the North and South, co-led by primary and secondary care, three collaboratives across the Cambridgeshire and Peterborough system: Mental health (MH) and Learning Disabilities (LD), Children's and Maternity and Specialist Acute and Strategic Commissioning.
- Real examples that showed the new approach in practice were outlined in the report and included the different approach to end-of-life services and integration with the voluntary sector and the 111 service for end-of-life advice and the Health Inequalities Challenge prize, asking people to come forward to make inroads into digital poverty.
- A further workshop would be taking place in the next week to review the agreed joint objectives of the Health and Wellbeing Board and the ICS to look at how tangible progress could be made on the objectives.

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

- Highlighted anomalies in relation to administrative borders in relation to North Hertfordshire being included in the Cambridgeshire and Peterborough ICS and how the anomalies would be overcome to provide a seamless experience for individuals who lived in the border area. Officers stated that there was also an anomaly with Royston and that there were some specific challenges in relation in particular to primary care.
- Was a North and a South alliance going to be another level of bureaucracy, would it be accessible to individuals. Officers explained that they were conscious of not creating another level of bureaucracy and the local neighbourhood teams were key. Officers explained that they wanted to make it easier for GPs to work with hospitals and this was where the advantages of North and South alliances came in. Officers gave an example of the hospital discharges team where they work across the geography and had regular joint meetings.
- Queried what the benefits of the ICS would be for the individual, patients and local residents and what were the key changes and benefits they perceive. Officers stated that they had to be realistic as there was a lot to achieve by 1 July and this needed to be done in a safe and legal way and there were many statutory responsibilities to adhere to. Officers stated that there was a need to quickly agree on what the ICS was seeking to change and how individuals

would see over time that services were more joined up and that they felt closer to the services geographically and that over time they could be involved in how those services were shaped and delivered.

- Questioned how long the ICS would take to bed down. Members stated that there had been numerous health service changes over the year and sought clarity on how and when the current changes would show real benefits. Officers explained that in the short term the ICS would look to ensure that access to healthcare was right at a local level and in a timely manner. Officers gave an example of the vaccination roll out and the principles behind it and applying this to healthcare going forward ensuring that the most vulnerable were supported first and were supported by GPs and going out to individuals with services.
- Sought clarity on what health partners saw when they looked at local government and subsidiarity. Officers stated that the ICS was about engaging people at a local community level. Officers explained that the ICS looked to local government for critical contribution in relation to a whole range of responsibilities and issues that impact health including housing, wider economic development, as well as mainstream functions at a county level and the county being a key player in leading some of the placed based activities. Officers also highlighted the important role that local authorities played in relation to education and the pipeline of individuals taking up careers in health as well as transport links, the intricate strategic links that were crucial to joining up. The Chair highlighted that work was ongoing with the ICS in relation to workforce development.
- Sought clarity on how preferred providers would be identified and if NHS providers would be first preference in the process and how long the process would take. The Chair questioned whether the County Council would potentially be considered as a preferred provider as well as other public sector partners and how this would be considered through the process. Officers explained that under the new ICS legislation there was more flexibility than there had ever been previously in relation to procurement. Officers clarified that where it made sense and was part of core health services in the future, they would look at how local providers could provide the service and link with other local services without having to go out to the open market.
- Questioned where voluntary organisations fitted into the process as they would not be represented at the Integrated Care Board, and who would champion their needs, in particular in relation to finance and resources. Officers stated that the voluntary sector was one of the big opportunities and was a broad church and a key part of the strategy. Officers explained that clearly there must be a strong voluntary sector voice through the Integrated Care Partnership and this must be translated into the strategy that was developed and delivered by the Board.
- Questioned whether there were plans to increase capacity in the NHS sector and whether government exemptions in relation to social care visas had helped with staffing issues. Members also highlighted that the real living wage

was a priority for the joint administration at the County Council and queried if this had been considered in relation to implementation through the ICS. Officers stated that there was a real need to train and retain more people and give people a better experience of working in the health service and NHS so that they want to stay and grow. Officers explained that they could push the real living wage within their own services but could not take accountability for their commissioned services and this would need to be discussed further with the County Council in order to understand how this was being rolled out and understand the costs further and how it could fit as part of the strategy. Officers stated that there were financial restrictions and needed to make sure that services were productive as possible and make best use of the workforce.

- Expressed concern that the new legislation would open up to privatisation of the NHS and if partners had a view on this. Officers stated that there were different levels of privatisation that existed. Officers explained that where additional capacity was required they would always look at where it was best to get this capacity from. Officers gave an example of hearing tests at Specsavers, where they could avoid a block in audiology in hospitals by providing this service through a high street chain to make it convenient and local for people and that it was often not as straight forward and there was a balance but that this was not privatisation of the NHS. The Chair questioned whether there would be a commitment to creating capacity within the NHS. Officers stated that NHS capacity was being increased all of the time but that there were some limitations in terms of capacity in buildings that were quite old and the capital programmes they have to address. Officers explained that they had put in additional capacity in relation to a number of services including primary care, ambulance and the 111 provider. Officers explained that the key challenge was the workforce and this was why the Strategic Workforce Plan was so important going forward.
- The Chair questioned whether a new ICS could be launched with chronic underfunding of the health service in Cambridgeshire and be a success. Officers stated that there was a need to bring funding into the sector the allocation that they got through the CCG was only a 3<sup>rd</sup> of the revenue that they received for Cambridgeshire and Peterborough. Officers stated that they would welcome the chance to work together in relation to arguing for a review in the funding formula in the longer term.
- Questioned how the Combined Authority and the Combined Authority Skills Strategy would be fed into the process as skills had been an issue for many years and the skills and careers service lay with the Combined Authority.
- Highlighted the current issues and barriers encountered with dentistry and podiatry and if capacity would be increased in these areas. Officers stated that dentistry was currently run by the regional NHS dentistry team and not held by the ICS, however under the new legislation it was one of the accountabilities that would move from being regional to local so the ICS would be accountable for the provision of dentistry services. Officers stated that all partners would need to work together to improve dental services, in particular



access. Officers explained that they were not clear about the responsibilities in relation to podiatry and would need to go away and look at this further.

- The Chair sought a view from ICS colleagues on what they expected from the local government and its role in the ICS. Officers stated that the local authority should bring all of its experience and expertise to the table not just health and social care and to continue to challenge health partners in discussions. Officers explained that it would take some tough decisions over time and it will not happen quickly but was critical to the future success of the system.
- The Chair highlighted the balance between acute provision and prevention and delivering was extremely difficult and queried how this was realistically going to be delivered in order that the ICS would make a difference helping individuals live healthier lives for longer. Officers stated that the ICS would convince people by its actions and that the ICS would not succeed unless partners worked hard together to make the shift happen to move towards prevention.

In bringing the debate to a close the Chair paid credit to ICS colleagues and highlighted the statement made at the start of the debate by ICS colleagues which was a commitment to a population health management approach, tackling inequalities, building in broader economic social development to health objectives were strongly supported by the local authority and that they were committed to working with ICS colleagues towards achieving these objectives .

It was resolved to note the progress of the developing Integrated Care System (ICS).

71. Date of the Next Meeting – 17 March 2022.

The Chair thanked all attendees and closed the meeting.