

Adults and Health Committee Minutes

Date: Thursday 15 December 2022

Time: 10.00 am - 16.00 pm

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

Present: Councillors Chris Boden, Adela Costello, Claire Daunton, Corinne Garvie (Appointee, part 2 only) Nick Gay, Jenny Gawthorpe-Wood (Appointee, part 2 only) Bryony Goodliffe, Mark Howell, Richard Howitt (Chair), Steve McAdam (Appointee, part 2 only), Mac McGuire, Edna Murphy, Philippa Slatter, Susan van de Ven (Vice-Chair) and Graham Wilson.

135. Apologies for Absence and Declarations of Interest

Apologies received from Councillors David Ambrose-Smith, Steve Corney (substituted by Mac McGuire), Gerri Bird (substituted by Bryony Goodliffe), Anne Hay, Lis Every (Part 2 only), Sam Clark (part 2 only).

Councillor Daunton declared a non-statutory pecuniary interest as she was the County Council appointed Governor for Cambridgeshire and Peterborough NHS Foundation Trust.

Councillor Daunton declared a non-statutory pecuniary interest as she was the County appointed Governor on the Royal Papworth Trust.

Councillor Howell declared a non-statutory pecuniary interest in item 8 on the agenda 'Insourcing Supported Living' and did not take part in the debate and vote on this report. He also declared a non-statutory pecuniary interest in item 16 on the agenda 'Cambridgeshire South Care Partnership (ICP) Update', as he was a South Cambridgeshire District Councillor.

The Chair explained that Charlotte Black had announced plans to leave both her current interim role as Executive Director of People Services and substantive role of Director of Adults and Safeguarding across both Councils at the end of January. He stated that she was currently leading on work to develop options for both councils to consider for the future leadership arrangements for Adults, Children, Education and Commissioning, which would be ready for consultation by the end of January. He thanked Charlotte for her service over the past 20 years at the council.

The Chair also announced that there would be a change to the way that the scrutiny session in the afternoon would be structured with less items to give more time for questions.

136. Minutes – 5 October 2022 and Action Log

The minutes of the meeting held on 5 October 2022 were agreed as a correct record.

In relation to the action log, a member commented that there had not been a meeting with Cambridgeshire Children's Hospital for a while and asked that this be chased up. **ACTION REQUIRED.** The action log was noted.

137. Petitions and Public Questions

There were no petitions or public questions.

138. Review of Draft Revenue and Capital Business Planning Proposals for 2023-28

The committee considered a report that outlined the current business and budgetary planning position and estimates for 2023-2028; the principal risks, contingencies and implications facing the committee and the council's resources and the process and next steps for the council in agreeing a business plan and budget for future years.

In particular the presenting officers highlighted;

- Corporately there was a £12.8m gap, and this was being worked on.
- Full implementation of the Adult Social Care reforms delayed for a minimum of two years but that there was funding that would be made available in the next year and guidelines around the funding were awaited.
- Officers had budgeted 10p off the final announcement for the minimum wage which brought an additional cost of £1.5million to the Adult Social Care budget.
- An additional £7.3 million had been factored into the budget on demand for services in the next year and a further £14.7 million of inflation of which £12.1 million was supporting the national/real living wage.
- £3.6million of savings had already been identified, listed at table 66.2 and 66.3 of the report and since the last committee had identified a further £890,000 of savings listed in table 66.5 of the report.
- Further opportunities included a review of the Learning Disability pooled budget and the respective contributions between health and the local authority and opportunities to support the cost-of-living pressures.
- Public Health received an uplift to its grant for 2022-23 of £776,000 which had been used to cover inflationary pressures in the stop smoking service and

health checks and to pay for the agenda for change pay increase for NHS services and investment in child weight management.

- Public Health receive its grant allocation late in the financial year so did not yet know what they would receive for 2023-24 which limited ability for planning ahead.
- Identified a number of small cuts to Public Health services to the value of £61,000 and some historical savings that had not yet been released to the lifestyle contract. There had not yet been agreement on where the money saved would be directed, but there was an initial proposal for this to potentially be used for the infection control nurse who was currently paid for by a grant that would run out at the end of the financial year.

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

- Requested some commentary on short term funding which seemed to be a common thread throughout budget discussions and the challenges of deploying the funding. Officers explained that any funding was welcome including short term funding and there had been examples over the last few years, of working collectively across the system, to find the best ways to use the funding for individuals. It was challenging in particular in relation to securing additional workforce on a short-term basis or additional capacity, which also came at a premium price. Preference would always be for long term funding which would allow for workforce planning with providers and money could be used more efficiently as a result.
- Queried whether there was a significant difference between national living wage and real living wage. Officers stated that there was a difference with the national living wage being £10.42 and the real living wage £10.90, the national living wage had gone up by 9.7% and the real living wage by 10% so they tended to move together but that there would always be a gap. The Chair explained that it was important that the authority monitored the pathway to full implementation of the real living wage and that this would be built into all new contracts.
- Questioned what figure was being assumed for client contributions inflation. Officers explained that this was calculated based on the triple lock pension increases. Officers clarified that they were waiting for an announcement on the minimum income guarantee and assumed that this would align with the pension benefits increases.
- Expressed concern that there seemed to be a significant increase in charges for adults' social care clients set out on page 91 of the document pack, which saw an increase from £130 for setting up an agreement to £219. Officers explained that there was an ongoing review of charges and cost of living increases would be factored into the review and that a report would be coming back to committee in due course. Officers stated that as part of the review of charges, the authority had benchmarked itself across other authorities and independent providers that support people. The Chair stated that any changes

in relation to charging policy needed to be raised in conjunction with the national review of charging policy. If charges were to increase self-funders would potentially be more able to absorb the increases than others and difficult choices would need to be made.

- Queried the Mental health section 75 vacancy factor and queried whether there were disadvantages resulting from these posts being vacant. Officers explained that effectively they were not reducing the service in any way, the proposal was about a one-off reduction as the service could not recruit these staff at the moment. Officers highlighted that the funding would go back into the budget, in the next year as the expectation was that the service would still want to recruit the staff. Officers clarified that they would go back to colleagues to review the scoring of the proposal. **ACTION REQUIRED**
- Sought further detail on the new model of delivery in relation to the decommissioning of discharge block cars. Officers explained that as part of the Care Together programme, there was a focus on attracting locally based carers working with partners to deliver care at a neighbourhood level in the community. Officers stated that the Council was making a significant investment into the programme over a period of four years, to develop local community capacity. A member highlighted that it was important to understand what deterred individuals from becoming carers such as issues related to allowances being paid. Sufficient provision would need to be made for the workforce and that the authority was not in conflict with its own policies.
- Queried why mental health costs had remained static in relation to the table on page 55 of the papers. Officers stated that there were increasing costs in relation to mental health and that it was a reflection on how they had allocated inflation at this stage. Officers explained that the line that related to 'mental health central' which had remained static was in relation to staffing and was held corporately currently.
- A member expressed concern in relation to the changes on adults and mental health employment support and highlighted that there was a failure to direct funding to areas where there was greatest need, in particular in relation to Fenland. Officers stated that the housing related support service was currently being retendered to provide more equitable support across the County and stated that they would come back to the member with a more detailed response. **ACTION REQUIRED**
- A member queried whether there was a potential to seek greater recurring savings in relation to post hospital discharge reviews as a result of better use of tech and reablement over a number of years. Officers explained that currently the numbers did look low but that on average, the authority was accepting 70 people a week and that officers would continue to review the process in relation to capacity.

- The Chair highlighted that the Adult Social Care reforms had been postponed but the consequences of the reforms were being felt now in terms of budgets in particular Fair Cost of Care, which had raised expectations that needed managing.

In bringing the debate to a close the chair stated that there had been a few points not covered in the debate. In relation to public health spend the steer from the committee should be for public health spend ringfencing to be respected and that any funding should be redistributed to improve public health outcomes as the key priority. He also highlighted that officers continued a very constructive dialogue with health partners on the pooled budget for Learning Disabilities.

It was resolved to:

- a) Note the progress made to date and next steps required to develop the business plan for 2023-2028.
- b) Comment on and endorse the budget and savings proposals that are within the remit of the Committee as part of consideration of the Council's overall Business Plan.
- c) Note the updates to fees and charges for 2023-24.

139. Director of Public Health Annual Report 2022/23

The committee considered a report from the Director of Public Health, which was a statutory requirement, to produce an annual independent report on the health of the population of Cambridgeshire and Peterborough. The report raised awareness and understanding of local health issues, highlighting areas of specific concern and made recommendations for change. The Director of Public Health gave a [presentation](#) to members that highlighted the key points in the report.

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

- The Vice Chair highlighted that historically the council had always taken a targeted geographical approach to health inequalities. She highlighted the compelling points made by the Director of Public Health, in that the greatest proportion of those in need were being missed. She explained that she represented a division in an affluent district but that the division had the greatest health inequalities in South Cambridgeshire in relation to school age children. She stated that the report came at a pivotal moment when the ICS was in its early stages of development and that prevention was key. She welcomed the report and was excited about the proposed changes and benefits they would bring.
- A member highlighted that in the previous report, on the agenda, it had been stated that spend should be proportional to need and that everyone should

have access to services. He highlighted that this was fine in theory but that in his opinion, in practice, with the limits in the amounts of resource the authority had, this would not work and that hard choices needed to be made. He stated that he fundamentally disagreed with some of the comments made by the Director of Public Health in the report. He explained that there was a need to look at each intervention individually and in its own context and that it was not a case of having a blanket approach. He stated that he believed that there should be a focus on geographical areas with the poorest health outcomes, as this was more likely to reduce health inequality. He highlighted that one of the issues with universal services was that it was easier for those in less deprived areas to access the services, unless some degree of targeting takes place. He requested that clear measurements be put in place to show how the decisions that have been made and the measures that have been put in place, going forwards, had helped to reduce health inequalities. The Director of Public Health explained that the approach would be universal services first by default, supplemented by targeted interventions based on evidence, through the systematic identification of individuals rather than geographical targeting. She highlighted that data was currently presented by geography as this was how the data had been made available and that there were many other inequalities including gender and ethnicity that needed to be considered

- A member highlighted that times were changing. She gave an example of resistance to measures being put in place most recently in relation to vaccinations and the lessons that had been learnt in terms of engaging individuals. She explained that access to information was more universal than it had ever been, and the use of social media had grown substantially and the massive opportunities for promoting public health initiatives. She highlighted that transport was key in relation to universal services and in order for them to be successful and that best practice in services should be shared across the board. The Director of Public Health acknowledged that social media was pertinent and that some funding had been allocated through behavioural insights and this will be used to inform targeted social media campaigns, and this would help to understand and address the challenges of uptake of the services.
- A member commented that with a universal approach to services the results were not always known for 10-20 years. He asked whether, within the universal approach, there would be a focus on any particular groups, such as in relation to alcoholism. The Director of Public Health stated that all of the public health funding for alcohol was currently going into treating alcoholics and was missing the population drinking at home, and that this needed to be addressed.
- A member highlighted that there should be a focus on young people and childhood. He commented that in the past there was a universal health visiting system and a school nursing system that had been dramatically cut and that it was crucial this was reviewed. The Director of Public Health acknowledged that provision of school nursing needed further consideration. She explained that the health visiting service had not been cut since moving to the County Council but that there had been workforce issues.

- The Chair stated that targeting services in the past had not worked and that the council were looking to make better choices and decisions in the future. The aim was to lower health inequalities wherever they were.

It was resolved to:

note the independent report 2022/23 from the Director of Public Health for Cambridgeshire and Peterborough.

140. Cardiovascular Disease Prevention Strategy

The committee received a report that sought comments on the draft Cambridgeshire and Peterborough Cardiovascular Disease Prevention Strategy.

In particular the presenting officer highlighted;

- 25% of deaths nationally and locally were attributed to cardiovascular disease and that it was a highly preventable condition.
- Adult and Health Committee had allocated investment to prevention in primary care and strengthen the smoking in pregnancy interventions and strengthening NHS health checks.
- The strategy focused on behavioural risks especially smoking and diet and early identification and treatment of clinical risks. It built on the interventions in place already and strengthened the clinical pathways, that had been affected by COVID. Key theme of how we use and pull our resources together across the system to improve interventions, services and outcomes.

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

- Queried the target in relation to ambitions for reducing adults' overweight obesity levels to pre covid times by 2030, as it did not seem to be an ambitious target. Also queried the target to reduce inequalities in overweight/obesity as there were no figures currently. The officer stated that the targets were set nationally as part of the NHS five-year plan and very few targets at present were local, however currently work was underway to refine targets in the Health and Wellbeing Strategy.
- Questioned whether the service was working with the active travel group in relation to the target to achieve a 10% increase in the number of adults who undertake 150 minutes of physical activity. The officer clarified that they had good connections with the active travel group and the challenge was to get individuals to use the active travel options provided. This was being addressed by the forthcoming commission of behavioural insights research that would inform the ongoing development of this work.
- A member commented that in reducing the inequalities in relation to cardiovascular disease, it was his opinion that better results would be

achieved by targeting the geographical areas that were in the most need of intervention and that a universal approach would not necessarily be of greatest benefit over a longer period of time. The officer commented that it was very much about using the understanding provided by behavioural insights research into how interventions are responded to by different population groups. There would be a universal offer but that could be delivered in different ways for different population groups

- Sought further information on the success and progress of NHS health checks and the state of affairs of primary care regarding following up on the outcomes of the checks. The officer stated that numbers of health checks had been picking up and more had been more commissioning through the lifestyle/behaviour change service which had the adaptability and flexibility to offer the service in different locations. The officer stated that if a clinical problem was identified through a health check, they are then referred to primary care and good feedback was received on this.
- Queried whether there was a focus on workplaces and how they could support interventions and if there were good links with occupational health. The officer explained there had been a lot of learning through covid in relation to the workforce and workplace. She stated that the biggest concern in relation to occupational health was with small and medium size organisations who do not have access to these resources. She explained that they worked closely with organisations, the Combined Authority and District Council Economic Development Officers to support them in terms of providing information to businesses.
- The Chair highlighted that it was important to look at what had not worked in the past and experience from other parts of the country.

It was resolved to support the following recommendations:

- a) The high-level outcome ambitions.
- b) The focus upon behavioural and clinical risk factors identified in the Strategy.
- c) The planned interventions to mitigate the behavioural and clinical risks.

141. Rapid Discharge and Transition Block Homecare Provision

The committee considered a report that sought approval for the recommissioning of the Rapid Discharge and Transition block homecare provision on a 12-month basis, extendable up to a further four years, six months at time, with a total contract value of £2,975,000 over five years, from June 2023 to June 2028.

In particular the presenting officer highlighted;

- Reduced level on flexible contract terms to meet levels of care whilst a new placed based model was implemented, part of the homecare transformation work in the care together programme, aimed to make it easier for people to deliver care in their local community.
- The current provision had been analysed to understand demand, in order to review the specification on how the service was delivered including more capacity with morning calls as well as more zones in which the cars operate to support care pools.

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

- Queried why one year had been chosen in relation to the ultra-flexible contract period. The officer explained that extensive soft market testing was undertaken before this was implemented and the main reason behind the decision was the move towards a place-based model.
- The chair stated that he wanted to move further and faster towards place-based care and there had to be a safety net for those that needed it and that in this instance one year flexibility in contracts was justified.
- Sought further information on how the homecare place-based model was progressing as part of care together. The officer stated that the homecare model had place-based zones, and the zones would be analysed in relation to demand and how services could be tailored to meet demand in those areas including work on a sliding scale of rates.

It was resolved to:

- a) Approve the recommissioning of the Rapid Discharge and Transition block homecare provision on a 12-month basis, extendable up to a further four years, six months at time, with a total contract value of £2,975,000 over five years, from June 2023 to June 2028.
- b) Delegate approval of award and extension periods to the Executive Director of People and Communities.

142. Insourcing of a Supported Living Service

The committee received a report which sought agreement to the insourcing of a supported living support service in Wyton near Huntingdon as part of the service delivered under the Learning Disability Partnership Section 75 Agreement. The annual value was in the region of £633,214 per annum to include terms and conditions of staff transferring under TUPE.

In particular the presenting officer highlighted;

- The service was currently commissioned from an independent provider that acted as landlord and care provider of the service. They had taken the decision to sell the property to a new social landlord and had given notice on the care and support of the scheme.
- The proposal being put forward was that the Learning Disability Partnership in house services would undertake the management of staffing of the scheme, which was a six bedded unit, consisting of five bungalows with four current service users. Tenants would remain at the scheme and new tenancies would be put in place and it was envisaged that the other two vacancies at the scheme would be recruited to and filled.
- The current provider had been having difficulties in recruiting and the service had done some soft market testing which had also not been successful. There were strong in-house services locally and a good pool of staff. The staff would be TUPE'd across to join the service.

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

- Commented that it was good to see that the local in-house provision was of a good level and standard and queried whether this was the case for other local in-house provisions. The officers explained that through the care suites study some pockets in locations had been identified where it was difficult to recruit staff and a number of factors affected this including demography and transport.
- Highlighted that it was a cost-effective proposal that would bring better care for individuals.
- A member explained that they had an issue in terms of the report as it did not state where the provision was. He requested that if it was about a particular location and this was not going to cause any confidentiality issues, that it was stated clearly in the report as members may potentially have an interest to declare.
- A member stated that he was surprised that the report was being taken in a public session as it referred specifically to allocating a contract to bring a service in house. He also asked whether this would set a dangerous precedent that providers could say that they would give up services as they could rely on the County Council to take services in house. The chair stated that the report had been through the relevant sign off process with legal colleagues and that this process had not raised any issues in terms of confidentiality. The chair explained that he would however reflect with officers on how similar reports would be brought to committee in the future outside of the meeting. **ACTION REQUIRED.** The chair also commented that the report sent a positive signal that the Council was interested in direct provision, and this provided a continuity of service for the service users involved. The officer stated that the continuity of the care was very important as the current provider had been there for many years but has had increased difficulty

recruiting staff to the area. The officer explained that by insourcing the provision it would provide better value as the two vacant places at the scheme could be filled.

- Queried what the staff and the families currently knew about the proposal. The officer stated that in the new year the current provider would be able to undertake a proper managed communication with the individuals, families and staff involved to explain the sale and the impact. The officer clarified that some pre-emptive communications had been carried out and highlighted the importance on ensuring that the staff, residents and families were given assurance and were supported through the transition. Officers explained that once agreement was given by committee, this would allow time for the mental capacity assessments and best interest assessments with the residents to commence and to start the statutory consultation with the staff in the new year.

It was resolved to:

agree the insourcing of a supported living support service as part of the service delivered under the Learning Disability Partnership Section 75 Agreement at an annual value in the region of £633,214 per annum to include of terms and conditions of staff transferring under TUPE.

143. Mental Health Supported Accommodation Service Re-Procurement

The committee considered a report that sought approval for the recommissioning of the Accommodation Based Supported Living Service for People with Moderate to Severe Mental Health Needs in Cambridgeshire on a 3-year basis from 1st July 2023 with an option for two 2 Year extension periods.

In particular the presenting officer highlighted;

- The contract would cost £1,210,000 annually, a total of £8,470,000 over the total term of the contract and extension periods.
- Engagement and coproduction that had taken place in the summer of 2022 with service users, providers, carers, social workers, mental health teams and landlords to develop a comprehensive report that had fed into the review.

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

- A member highlighted that out of the 117 places available only 3-4 were available for East Cambridgeshire and Fenland and they would be at the lower level of service, so there was an inequality of the provision geographically. He did state however that this was a better service than had been previously available and was grateful for the steps being made to start to address the imbalance. The officer acknowledged the inequality and stated that this re-procurement was a starting point to address this once there was a

greater understanding of needs by making use of data regarding East Cambridgeshire and Fenland.

- Questioned what the property and workforce prospects were in East Cambridgeshire and Fenland. The officer explained that workforce was always a challenge and that it would be clearly stated in the tender information about the expansion of the service. The officer stated that there had been challenges in relation to workforce with the current provider but that they had managed to recruit and retain staff.
- Queried what the provider market was looking like and what could be done to improve it.
- Highlighted the changing profile of use of the individuals needing the service as there were now higher levels of need. The officer acknowledged that there was an emerging profile of individuals with more complex needs.
- Sought assurances that the tender would deal with lessons learnt in the past. The officer explained that this information had been built into the quality questions and the specification as part of the tender process.

It was resolved to:

- a) approve the recommissioning of the Accommodation Based Supported Living Service for People with Moderate to Severe Mental Health Needs in Cambridgeshire on a 3-year basis from 1st July 2023 with an option for two 2 Year extension periods. This will cost £1,210,000 annually, a total of £8,470,000 over the total term of the contract and extension periods.
- b) delegate approval of award and extension periods to the Executive Director of People and Communities.

144. Adult Social Care Self-Assessment

The committee considered a report detailing the self-assessment and the key recommendations of the subsequent LGA Peer review for adult social care.

In particular the presenting officer highlighted;

- the report covered the top achievements as well as the biggest challenges
- Officers were currently completing a further self-assessment on the draft CQC assurance framework and external challenge for this was planned for February 2023.
- The authority had invited the LGA to undertake a peer review and received a lot of positive feedback. The report covered areas for development from this review and the actions that needed to be taken forward.

- Work had been undertaken with the Adults Social Care Forum and partnership boards to identify stakeholder priorities, 'you said, we did'.

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

- Sought clarity on some of the terminology used including 'Adults Positive Challenge', 'co-production', 'think local and act personal' and 'changing the conversation'. Officers explained that the 'Adults Positive Challenge' was a three-year transformation programme and that there had been a number of update reports to the committee on the programme. It focused on early intervention and prevention and strengthening practice through better use of tech enabled care and maximising reablement. The officer clarified that 'changing the conversation', was about ensuring that practitioners were not just focusing on people's needs but also their strengths, understanding what individuals were able to do for themselves. The officer stated that co-production was well embedded with front line social workers and whenever they did an assessment or review this was co-produced with the individual. The officer also explained that 'think local act personal' was another way of saying local person-centred care.
- Queried whether there were sufficient resources available to all individuals that could benefit from the tech first approach. The officer stated that the use of tech enabled care was embedded in front line practice. The officer explained that the investment that had been discussed was around additional practitioners for when individuals were discharged from hospital, focusing on reablement and technology-based care. A Member queried whether the £110,000 investment was a one off or would it be a recurrent cost. The officer stated that if the extra resource was needed in future years, then this cost would need to be built into the budget.
- Highlighted that under the majority of the 'you said we did' statements it talked about producing another strategy or plan rather than improving local services.
- Stated that the framework results showed a lot of the KPI equivalents where the authority was worse than average across England and the East of England and the service seemed to have deteriorated over recent years. The officer explained that work in these areas was included in the improvement plan.
- The Chair shared concern in relation to the lack of management information in relation to safeguarding, not funding voluntary and community sector organisations enough in relation to prevention and the back log in relation to Deprivation of Liberty Safeguarding reviews. He also stated that in relation to equality, diversity and inclusion, the authority was good at evidencing in relation to staff but not in relation to services. The officer explained that over the last twelve months the business intelligence team had been building adult social care KPI dashboards and had been developing a dashboard for Safeguarding which could give the management information insight, and this information would be available for the next performance report to committee. The officer stated that they had taken on the comments and feedback on

funding for the voluntary sector, looking at how the winter pressures funding could be used with the voluntary sector. She explained that the service was working with the ICB on proposals to set up a voluntary sector alliance to address some of these issues. She acknowledged that the Deprivation of Liberty Safeguarding backlog was concerning and stated that they had been in discussions with an external agency on how they could support the work on the backlog, but this would come at quite a high cost.

It was resolved to:

- a) note the findings of the self-assessment and adult social care national outcomes metrics for 2021/22.
- b) note the key recommendations for the LGA peer review.
- c) note the coproduced “You Said – We Did” work undertaken in 2021/22 and the further planned visioning and co-production development.

145. Cambridgeshire and Peterborough Safeguarding Adults Partnership Board Annual Report 2021-22

The committee received the Cambridgeshire and Peterborough Safeguarding Adults Partnership Board Annual Report for 2021-22 which included information on the work that has been undertaken by the board in the period April 2021- March 2022.

In particular the presenting officer highlighted;

- Partner agencies, including Cambridgeshire County Council, contributed to the information contained within the annual report.
- The annual report was approved by the Safeguarding Adult Board in November 2022 and was subsequently published on the Boards website (www.safeguardingpeterborough.org.uk) and shared on social media.

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

- Questioned the way in which risk was managed in relation to safeguarding and how it was measured. The officer explained that there were a lot of strands in relation to the management of risk and that the governance arrangements in relation to the safeguarding board and reporting were crucial. The officer stated that there was a triage system through the MASH team that dealt with all safeguarding concerns.
- Questioned whether the percentages highlighted in the report were a fair assessment in relation to the rest of the country. The officer explained that the service looked at its performance against the regional and national average and were focused on conversion rates and whether they were getting this right. The officer explained that they were looking to get some external input to test the system.

- A member highlighted that in the report is stated that the majority of risks were identified in people's own homes followed by residential care homes which they found quite concerning and they sought further comment on this. The officer explained that there was a high turnover of staff in care homes and safeguarding concerns were more likely to be picked up. Concerns were monitored very carefully including a fortnightly check in order that any themes are picked up.
- The chair stated that he sat on the Adults Safeguarding Board, and he commended the quality of work that took place.

It was resolved to:

- a) receive and note the contents of the 2021-22 annual report.
- b) recommend that work is undertaken by Adult Social Care officers on how transparency and accountability can further be improved in safeguarding case reviews, not simply in promoting organisational learning and seeking to prevent recurrences in relation to failings identified; but also in seeking for the County Council to provide clear and timely acceptance of responsibilities to relatives for any failings including apologies where appropriate. Any recommendations would be further shared with partners in the Safeguarding Board for their consideration.

146. Adults & Health Risk Register

The Committee considered a report outlining the risks in relation to adults and public health.

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

- Highlighted that the risk appetite was low. The Executive Director- People Services stated that there was a corporate risk scoring process that the organisation operated within.
- Acknowledged that high profile serious cases always remained at the forefront of people's minds. The Executive Director- People Services commented that there was a commitment to learn from these serious cases, to ensure that measures were put in place and to learn from mistakes.

It was resolved to note the Adults & Public Health risk registers.

147. Finance Monitoring Report October 2022-23

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

In particular the presenting officer highlighted;

- Continuing to see pressures on mental health and physical disability budgets and these had been offset by underspends on the older people budget.
- Learning Disability budget savings were still being worked on with partners, but it was unlikely that this would be resolved for this financial year but were looking to back date the savings.
- Adult social care reform had now been delayed which had not been reflected in the report when it was published but would be updated for the November report.
- Expected the provisional government finance settlement imminently.

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

- Queried what way different departments of the council were contributing to the making connections and sustainable transport survey and how this translated to the cost of transport and care giving. The Executive Director- People Services explained that as part of the consultation there were ongoing discussions in relation to care workers and how they could be treated differently in relation to road charging.

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 October 2022.

148. 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;

- A member asked if a comparison could be done at some point on how the authority compared regionally and nationally in relation to key performance indicators. **ACTION REQUIRED**

It was resolved to:

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

149. Adult and Health Committee Agenda Plan and training plan

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

Part 2 – Health Scrutiny

150. Cambridgeshire South Care Partnership (ICP) Update

The committee received an update on the Cambridgeshire South Care Partnership (ICP) which aimed to enable citizens to enjoy healthy lives in strong, connected communities through partnership work and the development of six workstreams including community champions; the care together programme; and cross referrals, such as hospitals referring patients to the Household Support Fund. The officer expressed hope that the ICP would allow patients to meet their personal ambitions. but highlighted that the ICP was also facing high levels of disparity in Cambridge City, a stretched workforce, and insufficient financing.

In particular, the officer highlighted:

- That small integrated neighbourhood care teams existed, particularly in East Cambridgeshire, to connect services at a neighbourhood level. Employment was being sought for a personalised care lead who would mentor these roles.
- That the Cambridgeshire South Partnership team had grown from three to fifteen.
- That hosting arrangements with Cambridge University Hospitals (CUH) had been agreed, and it was hoped that the partnership agreement with CUH and a formal mandate for place partnerships from the Integrated Care Board would be available by the end of the financial year.
- That it was important the service listened and responded to the population they served, hence the focus on local solutions. To ensure these views were represented, the service was accountable to Cambridgeshire University Hospitals, which managed the budget. The partnership was also accountable to the public, as decisions were made in a public forum and the ICB was chaired by a patient representative. Cambridgeshire County Council's Adult and Health Scrutiny Committee also provided an importance mechanism for democratic accountability. Scrutiny of the Joint Strategic Board may be furthered in future.
- Primary determinants of health and wellbeing in an area were largely social such as labour type, green spaces and schools. These factors were under local authority control.
- The importance of the Health and Wellbeing Board in informing and assessing the actions of the ICP.
- The statement made by former Massachusetts General Chief of Medicine that all healthcare systems would get a population level benefit from doubling financing for primary and community care. This would improve health outcomes and save costs. However, investment was often directed towards more high profile, low impact interventions.

- That there had been an unreasonably short application window for the winter pressures grant which had caused stresses on the system. This form of funding also did not accommodate long-term employment contracts.
- That primary care was contracted to independent contractors, not the NHS. Variation in this provision was affected by the contractor as well as community demands. Fortunately, partnership through the ICP assisted in establishing where these variations were unwarranted.
- That the effectiveness of Integrated Neighbourhoods varied across areas but had improved overall since summer. Many Integrated Neighbourhood employees had previous work experience with partners, which contributed to networking.
- That both North and South Cambridgeshire had received £1m from the NHS winter grant to be directed towards primary care and community care. This money had been delegated down to neighbourhoods in order that financing could be directed to meet the needs of the hundred most vulnerable people in each area. The ICP had oversight of this through neighbourhood reporting, such as on the shift from unplanned to planned care.
- Significant differences between the CCG and ICB. Concerns were expressed about the level of representation from primary care on the Integrated Care Board.
- That a key challenge for the system was the Integrated Care Board's current limitation on financial delegations, which reduced the resource the ICP had for service delivery.
- It was anticipated by the end of 2023 there would be an update for the Adults and Health Committee from South ICP which would include a mix of changes delivered and a Joint Strategic Board performance dashboard, feedback from data gathering for patient/staff experiences, and anticipated improvements to partnership delivery.
- By 2024, the service hoped to have made tangible impacts to Cambridgeshire citizens using person centred support. In the short term, this impact would be an improvement to lived experiences; in the long term, this impact would be a reduction in larger scale problems, such as life expectancy and obesity.

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

- Suggested there should be a format through which NHS social prescribers and local councillors were made aware of one another and the community offer.
- Asked why GP services were not being developed in new build areas.

- Recognised that financial delegations from the ICB to the ICP were required for the ICP to meet targets.
- Highlighted the delivery of the Anti-Poverty Strategy and warmth hubs in Cambridge City Council with statutory and non-statutory partners.
- Recognised that Cambridgeshire County Council was decentralising their Care Together Programme to include directorates for which health was associated, such as Highways.
- Complimented the Local Neighbourhood Zero spreadsheet.
- Requested that future reports include a link to PCN catchments, a holistic overview of the system, reflections on Health and Wellbeing Board Committee meetings, and a performance dashboard.
- Thanked the partners for coming and reiterated the local authority's commitment to the ICP.

It was resolved to:

Note and comment on the report.

151. Learning Disability Paper

The committee received a report on the Learning Disability Summit. Compared nationally, Cambridgeshire had good outcomes for individuals with learning disabilities. However, following pandemic pressures, there remained concerns for people with learning disabilities, particularly those admitted to hospital. As a result, the CCG and ICB had organised a summit within which workstreams had been developed to improve hospitals' approaches to individuals with learning disabilities.

The Director for People's Services recommended scrutinising the outcomes from this work in future to ensure accountability but noted that CCC is the lead provider of community services for people with learning disability so has a joint responsibility.

Due to sector strikes, the Chief Nurse was unavailable and therefore questions were addressed to the Director for People's Services. In response to questions from members, the Director for People's Services highlighted:

- That the Learning Disability Summit had been triggered, in part, because the Integrated Care Board was not meeting the 67% target for NHS health checks.
- That there were currently challenges in working with the market to meet the care needs of people with Learning Disabilities
- That the 0-25 Disability Service had been placed in Adult Services to manage the transition between children and adults services. However, it was

acknowledged that parents and carers continue to challenge whether the Council could do more to improve the transition process.

- The success of the Learning Disability Partnership which had improved services' problem-solving capabilities through joint working. Throughout the pandemic, the integrated care model had mitigated carer breakdowns and illnesses. This practice was encouraged to continue.
- That changes in practice enabled adults to be diagnosed with ADHD and autism.
- The need to link healthcare services with mainstream schools and ensure that healthcare partners had input in Education, Health and Care Plans (EHCPs).
- Agreed to an internal briefing on learning disability display and diagnosis.
ACTION REQUIRED.
- Encouraged people with learning disabilities wishing to advise how services could be improved to better accommodate their needs to contact their councillor and the local authority.
- Members raised additional questions for written response from the Chief Nurse: **ACTION REQUIRED**
- Noted the benefits of health passports for individuals with autism or in the social care system and asked for information on the use of health passports in the county.
- Requested a statistical breakdown of mortality rates and premature deaths amongst individuals with learning disabilities locally and nationally.
- Asked for information on support for carers.
- Enquired about how NHS health checks for individuals with learning disabilities could be improved. Feedback from individuals and their families had raised questions, especially regarding diagnosis pathways.
- Wondered how the challenges in the care market could be progressed.
- Asked for details on the performance of the Advocacy Service. This could alternatively be included in the development session.
- Queried whether individuals with learning disabilities were receiving respect and dignity in local hospitals.

It was resolved to:

- Approve a check and challenge meeting is held with the Chief Nurse and Chief Executive of the ICB with each of the workstreams to establish new dates and trajectories for workstreams to deliver (planned for 18 January 2023). In the interim the working groups continue to work on existing action plans
- Agree a co-production Risk Summit workshop is organised for February 2023 to further test the plans with people with a lived experience
- Agree a Partnership Learning Disability and Autism Workforce Strategy to address the capacity and demand challenges.

152. Scrutiny Forward Plan

The forward plan for scrutiny was reviewed and the following services were suggested for scrutiny in future:

- Primary care networks and access to the GP services including the scope for remote GP services.
- ICB Financial Plans
- International recruitment and housing problems.
- Health prevention in early years.
- Research funded healthcare and clinical trials. Examples of organisations to invite included the East of England Health Science Network or primary care within the Clinical School.
- The balance of primary and acute care within the ICB.
- NHS Workforce Development
- Integrated Care Neighbourhoods.

The following comments were made by members on existing items on the forward plan:

- All Age Autism Strategy: Sought to expand the review to look at all overlooked areas, not only diagnosis in girls.
- Dentistry Commissioning: Queried whether new information would be obtained by re-reviewing the service, despite continuing problems with NHS dentistry appointments. The officer highlighted that in March the ICB would take over NHS Dentistry Commissioning and the Chief Executive of the ICB could be consulted on their future approach.

The following item was requested as Adults and Health Committee item:

- Sexual and reproductive health services.

The following suggestions were made for improving future scrutiny:

- Using quarterly liaison meetings to set up questioning lines.
- Services visits.
- Formal development sessions.
- Use of lines of questioning by asking for similar questions when a particular subject was raised.
- SWOT analysis.
- More compact seating arrangements.
- Utilising the ability to make recommendations to the service for consideration.

The following ideas were proposed for improving future meetings:

- Spending more time on topics for which committee input could make a difference, such as KPIs. The Chair responded that little time was already spent on key decisions which the committee was unlikely not to approve.
- Allowing follow up questions.

153. Date of Next Meeting

It was noted that the next meeting would take place 9 March 2023.

Chair