

Adults and Health Committee Minutes

Date: Thursday 17 March 2022

Time: 10.00 am - 4:25 pm

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

Present: Councillors David Ambrose Smith, Chris Boden (left at 11.15), Gerri Bird, Sam Clark (Appointee, Part 2 only), Steve Corney, Adela Costello, Claire Daunton, Corinne Garvie (Appointee, Part 2 only), Jenny Gawthorpe-Wood (Appointee, Part 2 only), Nick Gay, Bryony Goodliffe (Part 2 Only) Anne Hay, Mark Howell, Richard Howitt (Chair), Edna Murphy, Kevin Reynolds (left at 11.43), Philippa Slatter, Susan van de Ven (Vice-Chair), Graham Wilson and Sarah Wilson (Appointee, Part 2 only).

Part 1: 10.00am –13:10pm

72. Apologies for Absence and Declarations of Interest

Apologies received from Councillor Lis Every (Appointee) for Part 2 of the meeting.

Councillors Daunton and Howell declared a non-statutory interest with regard to agenda item 6, 'Procurement of Older People's Visiting Support Service' as Members for their respective District Councils. Councillor Howell stated he would leave the room. Councillor Slatter also declared a non-statutory interest with regard to agenda item 6, having previously worked with the Older People's Visiting Support Service run by Cambridgeshire City Council.

73. Minutes - 13 January 2022 and Action Log

The minutes of the meeting held on 13 January 2022 were agreed as a correct record and the action log was noted.

Members noted, with regard to the action log, that NHS England had been chased three times regarding the provision of dental services. A response was expected by the end of the week.

74. Petitions and Public Questions

There were no petitions or public questions.

75. COVID-19 Update

The Committee received a report and presentation that gave an update on COVID-19 in Cambridgeshire and Peterborough.

In particular, the Director of Public Health highlighted:

- England moved to a new phase of managing COVID-19 based on the four principles; Living with COVID-19, removing domestic restrictions whilst encouraging safer behaviours; Protecting people most vulnerable to COVID-19 through vaccinations and targeted testing; Maintaining resilience through ongoing surveillance and contingency planning and securing innovation and opportunities from the response to COVID-19 including investment in life sciences.
- The government policy changes included the removal of restrictions and further vaccinations including the over 75 programme and an offer of vaccination to 5-11 year olds.
- Covid epidemiology showed that nationally there was an increase in cases of COVID-19, hospitalisations and deaths following the removal of restrictions.
- Looking at the National Covid Infection Survey as an indicator for infections as testing uptake had decreased and this was no longer a reliable source of data. The data showed an increase in COVID-19 rates in the East of England in particular in relation to the BA 2 variant.
- Continuing with the Vaccine Hesitancy Campaign.
- Outbreak management was returning to the UKHSA. This meant local public health officers would begin to return to normal business.
- The advice for the Council was to continue cautionary measures.

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

- Queried whether the authority was seeing any excess mortalities. The Director of Public Health stated that they were not currently seeing excess mortalities but they had seen excess mortalities in previous months in care homes and the authority would continue to monitor this closely.
- Questioned if the authority would be conducting a formal lessons learnt study in relation to the pandemic. The Director of Public Health commented that when she first arrived at the authority, Public Health did a look back to improve their response. She explained that it was the role of the Local Resilience Forum to co-ordinate system wide reflection.. She highlighted that she was also mindful that a public enquiry had been launched by the Government and officers had been gathering evidence to submit when called upon to do so.

- Welcomed the additional work on the vaccine programmes and hope to see the programmes promoted widely by the authority. A Member highlighted the need to encourage those that have not had doses of the vaccine as covid was not going to go away. The Director of Public Health reiterated that the authority continued its work on the Vaccine Hesitancy Programme. She explained that the authority had also kept some contingency and kept some Health Protection staff to support Covid management if required.
- Highlighted the contradiction between normalisation and a cautious approach. A Member commented that there was no reason to believe future variants would be less severe and that the authority would need to maintain the confidence and credibility.
- Queried whether the authority was tracking incidents of long covid and are we taking part in any research projects. The Director of Public Health explained that the CCG had invested in a long covid clinic and were continuing to monitor cases coming to them.
- The Chair requested that as part of the COVID-19 update at the next meeting that an overview of some of the lessons learnt internally and the preparedness for future severe variants be included in the report. **ACTION**

It was resolved unanimously to:

Note the update on the current Coronavirus pandemic

76. Cambridgeshire & Peterborough Safeguarding Adult Partnership Board Annual Report 2020-21

The Committee considered a report outlining the work and progress of the Cambridgeshire and Peterborough Adult Safeguarding Partnership Board. The annual report included information on the work that has been undertaken by the Cambridgeshire and Peterborough Safeguarding Adult Partnership Board in the period April 2020 - March 2021.

In particular, the presenting officer highlighted:

- Independent scrutiny had reported that the service was exceeding statutory obligations. There was ongoing oversight and scrutiny regarding the effect of COVID-19 on resources.
- The Board had upskilled staff and volunteers during COVID-19 pandemic. Online training had been viewed 50,000 times and was under continuous development, as was communications abuse reporting and multiagency safeguarding practice.

- There were six completed or on track adult safeguarding reviews. The incidences had occurred 2017- 2019. Since this time the service had progressed, and an action plan had been developed from these reviews.
- Learning from the reviews had resulted in policy changes, additional funding training and work with communities. All case reviews were shared with practitioners in workshops and briefings. Audits were also carried out against the actions to ensure that learning had an impact on practice.

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

- Expressed concern at the low number of reviews undertaken against the number of allegations of suggested malpractice. The officer responded that referrals were dependent on agencies and Coroners asking for case reviews. This was a positive aspect of the partnership arrangement.

Congratulated the Service on its 2021 e learning database and suggested the Committee review this in included in future reports

- Expressed concern regarding how at the end of Adult Safeguarding Reviews responsibility was determined as there needed to be clarity in terms of responsibility in relation to mistakes that had been made. The officer responded that this would be against Government statute, as blame should not be apportioned through the reviews and that they were about learning lessons as a whole system. The officer explained that internal reviews may take this role on, in terms of the disciplinary process.
- Noted the considerable level of independence of the review process and the independent Scrutiny of safeguarding arrangements, which was good practice as it increased challenge and improved transparency: Scrutiny was undertaken by an independent person, the audit team was independent, as was the chair of children and adult reviews. The officer commented that Cambridgeshire was one of the few areas that undertook scrutiny in this way.
- Established that audit case reviews examined the cases both individually and thematically using surveys and focus groups with practitioners and service users. The officer commented that an audit had recently been focused on looking at making safeguarding personal..
- Noted the work being done to tackle the high frequency of early deaths in those with learning disabilities. This included: systematic reviews, a learning disability summit held by the Clinical Commissioning Group, and discussion with NHS colleagues. The officer recommended this for the scrutiny agenda in future. **ACTION**
- Showed concern for the fact that some services had to be delivered virtually during the pandemic which may have reduced visibility of safeguarding issues

It was resolved unanimously to:

Receive and note the content of the annual report.

77. Procurement of Older People's Visiting Support Service

The Committee received a report which detailed the work of the Older People's Visiting Service. This service supported any older person in Cambridgeshire living in their own home including those who do not currently receive any services or support from Adult Social Care.

In particular, the presenting officer highlighted:

- That South Cambridgeshire District Council and Cambridge City Council provided this service for their districts, whilst care in other districts was maintained by Age UK. On advice from Legal, the procurement sought to continue this practice which removed the financial risk of open procurement.
- Support provided by the service was tailored to the individual and included: aid to access financial information, social care advice, and home adaptations.
- The service requested procurement to the total value of £4.5 million with responsibility for contract award delegated to the Director: People and Communities.

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

- Showed concern that the monitoring figures for the previous year indicated that the service was underused and asked what was being done to improve access. The officer responded that performance monitoring and returns would be reviewed during tendering but that the service was in high demand, with waiting lists in some areas. The officer explained that they were confident that the service was being well utilised and that improvements could be made to the monitoring to better reflect on outcomes for individuals as a result of the services provided.
- Members suggested that the name 'Visiting Service' did not promote the virtual offer; and that advertising through local magazines; improving the independent living pamphlet to reflect the service offer; and increasing Councillor awareness and referrals was key to the success of the service. The officer explained that they were aware that, in some of the smaller rural areas, the service was not well known, but that there was a balance needed around promoting the service further, against the capacity to pick up the extra influx of individuals applying for support.
- Noted that the Full Council meeting in March had passed a resolution to reduce inequalities from economic indicators. A Member highlighted that there was an inverse correlation between money divided to districts and district inequalities in this scheme - drawing attention to the financing of Huntingdon

and East Cambridgeshire. The officer explained that values were set on demand, but this would be looked into as the contract progressed.

- Showed concern regarding accessibility for vulnerable older or illiterate residents, especially those reluctant or unable to leave the house. As a result, A Member pressed the importance of providing face to face support to check on wellbeing and involving new providers in the promotion of digital connectivity. The Officer highlighted that there would be a blended virtual and in-person support offer, including the use of assistive technology. The officer explained that support would be offered to maximise digital connectivity for residents including promotion of pre-existing offers, such as from the Library Service, to reduce the duplication of services.

It was resolved by majority to:

- a) Approve the recommissioning of the Older Persons Visiting Support Service for a contract period of 5 years and total value of £4,537,895.
- b) Agree to delegate the responsibility to award the contract to the Executive Director of People and Communities.

78. Procurement of Countywide Floating Support Service to Prevent Homelessness

The Committee considered a report outlining the process and timescales for the re-procurement of the Countywide Floating Support Service for adults requiring support to maintain or sustain their accommodation.

In particular, the reporting officer highlighted the following points:

- The focus of the service was to prevent homelessness. It supported working age adults in Cambridgeshire and it was currently delivered by P3 (People, Potential, Possibilities). The service supported a range of people within different types of accommodation including private sector renters, social housing tenants and homeowners.
- The service supports people who were at risk of losing their home or required support to develop the necessary skills to set up and successfully manage a new tenancy. The service aimed to support people to address the issues that were putting them at risk of homelessness and enable them to find long term solutions and access other help and support they may need.
- The service also included a Mental Health component aimed at providing a slightly more intensive level of tenancy support for people who had mental health issues, but who would not generally be assessed as eligible for a service from the statutory mental health services.

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

- Queried how referrals worked through the floating support system. The officer clarified that referrals to the floating support service went to the service provider through online or telephonic communication. The service was countywide with district teams to ensure effective, local delivery.
- Questioned how the contract length had been agreed. The officer explained that the contract length had been agreed with colleagues in procurement and legal services. Longer term contracts typically had break clauses to ensure they could be reviewed.
- Suggested changing the client outcome 'be healthy' to 'improve health' to ensure it was realistic.
- Expressed concern that contract values were being discussed in public session. The Director of Commissioning clarified that this was to ensure transparency in spending levels.
- Showed concern about the continued commitment to partnered working with Peterborough, despite the Joint Administration's commitment to separation. The Chair responded that separation was a corporate aim, but only when there was not value in maintaining connection. The officer expanded that Peterborough provided the same, smaller service and joined up working economised the operation and allowed the sharing of staff and management.

It was resolved unanimously to:

- a) Approve the recommissioning of the Countywide Floating Support service for adults with support needs for a contract period of 5 years and total value of £4,848,160.
- b) Agree to delegate the responsibility to award the contract to the Executive Director of People and Communities.

79. Recommissioning of Healthwatch Grant Agreement

The Committee received a report detailing work undertaken by the Healthwatch service which gathered evidence and represented patient views and experiences within the health service. It detailed outcomes of the last six months of statutory functions and Partnership Boards. The report requested the recommissioning of the joint Cambridgeshire and Peterborough service which currently worked effectively.

In particular, the reporting officer highlighted:

- That there was no competition for delivery within Cambridgeshire and Peterborough and that an advantages of using the service was that Healthwatch must comply with guidelines set by Healthwatch England.

- An annual work plan was produced with priorities reflecting user and service needs.

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

- Showed concern about the length of commitment to continued working with Peterborough. The officer responded that natural health service divisions didn't always correspond to county lines.

It was resolved unanimously to:

- a) Approve the approach for a 5-year grant agreement with Healthwatch Cambridgeshire and Peterborough to deliver the statutory function and Partnership Boards across Cambridgeshire.
- b) The Committee is being asked to approve the spend for Cambridgeshire County Council of £1,786,480.

80. Personalisation of Care Individual Service Funds Tender Proposal

The Committee received a report on proposed funding for Individual Service Funds using the Dynamic Purchasing System for individuals following a Care Needs Assessment. This would mean a trusted third party would hold the funds, with advantages being greater personalisation, choice, control and flexibility to people with eligible care needs, whilst meeting statutory obligations and complying with best practices in terms of safeguarding and quality of care.

In particular, the reporting officer highlighted:

- That direct payments and individual service funds were viable options for paying for self-directed services.
- Using an individual service fund would improve an individual's independence; reduce the barrier of administration difficulties found direct payments; reduce duplication of support; and utilise local microenterprises.
- Proposed spending would originate from existing funds within the service budget, and responsibility for awarding to ISF providers would be delegated to the Executive Director: People and Communities.

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

- Support for families and informal carers to get support for dealing with personal budgets but not carrying the whole responsibility. The officer stated that the ISF providers would work very closely with the support circle of the individual and individuals would have visits to their home to discuss the support available, looking to fill the gaps in a place-based way.

- Suggest that the service be advertised in independent living brochure when it was next released.
- Queried how the panel of users was being put together in relation to the co-production of the questions as part of the tendering process. The officer explained that individuals with lived experience of disability and service users formed a panel to develop questions with no steer from the Council, for bidders on the tender to be asked. He explained that they would also be helping to analyse the bids once received with guidance on scoring and methodology from council officers.
- Requested more accessible 'Plain English' versions of the guidance. The officer responded that this was in progress, with easy read versions and face to face visits to clients.
- Questioned whether there had been a comparison with other counties in the surrounding area with similar offers and had they been approached for advice. The officer stated that there had been regional collaboration through the ADASS network, brokerage services networks and commissioning managers networks and Essex and North Hants Councils were already using ISFs.
- Highlighted that ISFs were a priority for the Joint Administration and the Committee.
- Queried how bureaucratic the process would be and highlighted the importance of emphasising in the contracts the choice and control element. The Officers explained that ISFs were being developed to decrease the amount of bureaucracy for individuals and would be simple, easy read versions and the burden of financial calculations would be taken on by the provider.

In bringing the debate to a close the Chair commented that he was nervous that Care Providers could apply for the contracts as there seemed to be a conflict of interest working with a service user to help them translate their needs as well as providing a service that individuals need as they would financially benefit from it. He clarified that he would like the contracts to have a presumption against service providers doing this. He also queried how quickly the approach could be rolled out countywide. The officers explained that there were two lots on the tender, one for brokers of services that did not provide any support themselves and another for trusted homecare providers that had a particular way of working which involved looking at the individual as a whole and improving outcomes. The officers explained that the tender was county wide and as the ISFs were rolled out this would eventually be a countywide service.

It was resolved unanimously to:

Approve to tender the ISF Support Service through a Dynamic Purchasing System for 3+1+1 years at a maxim total value of £17.7 million.

Approve delegation of authority to award to Executive Director of People and Communities following bidding, evaluation, and moderation.

81. Procurement of Care and Support in Extra Care

The Committee received a report which requested recommissioning for six of the eighteen Extra Care housing schemes in Cambridgeshire. These were housing schemes for older people that had been specifically designed to maximise independence.

In particular, the presenting officer highlighted:

- That the proposal was to recommission the care and support service in extra care schemes for ten years. Longer contracts would enable providers to invest in more staff training, which would help support people living with dementia;; improve partnership working between care providers and landlords; and upskill staff in technology enabled care. This would reduce the need for residential care.

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

- That community minded schemes depended on community response, which varied dependent on the area.
- Understood that facilities varied from scheme to scheme.
- Queried that service was predominantly in the south of the County. The officer explained that this was a coincidence and that retendering had occurred in rest of county at other times.
- Showed concern with regard to the long contract, particularly with regard to ensuring fair inflation rates. Members stated that the offer must be attractive to the market and sustainable for Council. The officer responded that the service was in conversation with providers to produce a good offer and that longer term contracts would provide more security and stability for residents and support staff retention. An inflation formula index had been incorporated into the Business Plan to ensure there were enough resources within the Council.

It was resolved unanimously to:

- a) Approve the general procurement approach and the overall value of £11,750,000 (based on 2022/23 values) over 5+5 years;
- b) Tender the care and support in the following extra care schemes:
 - (i) Bircham House, Sawston
 - (ii) Dunstan Court, Cambridge

- (iii) Moorlands Court, Melbourn
- (iv) Poppyfields, Eynesbury, St Neots
- (v) Richard Newcombe Court, Cambridge
- (vi) Willowbank, Cambridge.

- c) Delegate award of the contracts to Executive Director for People and Communities for decision.

82. Commissioning NHS Health Checks

The Committee received a report requesting the commissioning of NHS Health Checks and appraising the delivery of this service over the pandemic period.

In particular, the presenting officer highlighted:

- That health checks had been highly impacted by coronavirus and that nationally 17,000 lives had been lost which could have been prevented.
- Checks had shown that coronavirus had caused increases in obesity, cardiovascular disease and smoking.
- Pathways for delivery were complex: data was owned by GPs, clinical management was overseen by primary care and health checks were commissioned by Council.
- The service planned a social media and marketing campaign to improve awareness of health checks.

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

- Clarified that an individual was entitled to a health check every five years by GP invitation.
- Queried the capacity for GPs to be able to carry out these health check and other ways of creating capacity. Clarified that the GP federations were set up to provide the capacity in a more flexible way, including using alternative locations in order to reach hard to reach groups.
- Highlighted the potential use of community hubs space to help roll out health checks, understanding that discussions around this was complicated. The Officers commented that they already commissioned opportunistic health checks through their lifestyle service and they were offered in libraries, community centres and other venues.
- Noted that the Royal Papworth Hospital had queried how the ICS could be held accountable as a system, not just the organisations within it and that health checks would be one way in which this could be monitored.

- Heard details of the lifestyle behaviour services which included: weight management; community groups; intensive treatment; specialist mental health provision for ethnic minorities; opportunistic health checks; and stop smoking services. Libraries also offered support for diet and exercise, often catering for more hard to reach groups.

It was resolved unanimously to:

- a) The commissioning of additional NHS Health Checks in 2022/23 to address the low levels of NHS Health Checks undertaken during the COVID-19 pandemic.
- b) To agree the budget of £1,032,297 for the additional commissioning, of which £407,375 would come from Public Health reserve funds.
- c) The commissioning of the three GP Federations to deliver NHS Health Checks if all procurement criteria are met.
- d) To increase commissioning activity of opportunistic NHS Health Checks as part of the collaborative model with the GP Federations.

83. Cambridgeshire County Council's Learning Disability Frameworks

The Committee received a report which requested ratification of the Learning Disability Framework which provided supported living, residential care and day opportunities for those with learning disabilities.

In particular, the presenting officer highlighted:

- That when the contract was originally tendered there was an oversight which meant a key decision had not been made. Ratification of the decision was being sought.

It was resolved unanimously to:

- a) To consider and ratify the procurement of each framework detailed within the report.
- b) To consider and ratify the total contract values for each framework detailed within the report [see paragraph 1.4].
- c) Approval to tender and award future contracts up to the value specified under each framework is delegated to the Executive Director of People and Communities.

84. Adult Social Care Annual Review Compliance

The Committee received a report requesting contract award to an external provider to review the care and support plans in Adult Social Care following a backlog of 2,061 reviews as a result of the pandemic.

In particular, the presenting officer highlighted:

- The backlog had built due to the pandemic when Social Workers were unable to get out into the community to undertake the reviews.

It was resolved unanimously to:

- a) Approve the contract award to an external provider over 2022/2023 with a total value up to £975,000.00.
- b) Agree to delegate the responsibility to award the contract to the Executive Director of People and Communities.

85. Finance Monitoring Report – January 2021/2

The Committee received the Service Finance Monitoring report for January 2021/22. It detailed key activities including learning disability partnerships, older people's services, physical disabilities services, adult mental health services within adult services, public health services, health check funding.

In particular, the reporting officer highlighted:

- That in Adults services fewer clients than budgeted continued to result in an overall underspend, offset in part by pressure in Learning Disabilities as a result of increased levels of need.
- In Public Health, there was a continued underspend largely due to underspend on GP services due to the pandemic, grant funding applied, and difficulties in recruiting staff. The underspend would be transferred into Public Health reserves and proposals for spend brought forward to the July Adults and Health Committee.

It was resolved unanimously to:

- i) Review and comment on the relevant sections of the People and Communities and Public Health Finance Monitoring Report as at the end of January 2022; and
- ii) Endorse for approval by Strategy and Resources Committee, the use of £407,375 from Public Health reserves to support additional work on Health Checks in 2022/23.

86. Adults and Health Committee Agenda Plan and Training Plan

The Committee agreed that the reserve meeting on 21 April 2022 would be used for a workshop on key performance indicators.

Requested that some time was spent on 21 April 2021 as a meeting to reduce the agenda in July, however, the Chair explained that as it was during the pre-election period, all reports would be considered at the next scheduled meeting in July.

The Committee noted its agenda plan and Training Plan.

Part 2: 14.00pm – 16:25pm

87. a) Hinchingsbrooke Hospital Site Development Proposals

The Committee received a report detailing the Hinchingsbrooke Hospital Site Development, including changes to the emergency department, seven additional theatres and wider site redevelopment. The new hospital would be smart digital, net zero carbon, BREEAM Excellent and delivered through MMC.

In particular, the Chief Executive of the NHS Foundation Trust highlighted:

- That the hospital had been built 39 years ago with an expected 30 year lifespan. The rebuild was being completed in partnership with regional NHSI teams and the national team to produce this. It would be completed in phases and had integrated with Peterborough site work for clinical sustainability.
- Phase 1: development of emergency services was completed; Phase 2: Contract for theatres was ongoing; Phase 3 funding was to be secured.
- Roofing: The building was one of five hospitals identified with a roofing design defect and these hospitals had been asked by the Government for replacement by 2035. The team were currently performing weekly surveying of the site to monitor the roofing.
- Development was taking into account population growth, with consideration for nearby housing developments.

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

- How valued quarterly liaison meetings were.
- Noted that the proposed new care homes tied in with the Council's independent living aspirations and that the service was looking for longer term co-location with providers.

- Established that hospital functions would remain onsite throughout building work. Ensuring maintained access while the main entrance was reconstructed would be key to continued operational delivery.
- Clarified that five hospitals in this region required re-roofing as a result of the defect, of which National Government had currently approved rebuild financing for three. Hinchingsbrooke and Kings Lynn were not covered by this grant, but a single bid was being sought and would be preferable to the multiple smaller ones which were also being sought. Design work was occurring in partnership between the five hospitals to ensure what was produced was best value for money.
- Expressed interest in the landscaping of the hospital which was near a park and on a green site with internal gardens which were maintained by volunteers.
- Showed concern regarding travel and site access. In response the officer stated that there was currently one site access point, this number would hopefully increase in discussion with the district council. Plans considered congestion and emergency vehicle access.

It was resolved unanimously to:

Note the update on the Hinchingsbrooke Hospital Redevelopment.

b) Staff Support at North West Anglia NHS FT

The Committee received a report for scrutiny which detailed the impact of the pandemic on staff. Changes have resulted in the following: shielding and home working, redeployment, home life changes, day-to-day changes, rise in urgent care needs, staff sickness, vacancies and recruitment, expansion of equality and inclusion provision, working hours and holiday.

In particular, the Chief Executive of the NHS Foundation Trust highlighted:

- That the hospital was supported by 7000 substantive members of staff, 800 bank members and volunteers covering 300 roles.
- That there was a 4.7% rate of staff absence due to illness (coronavirus and wellbeing). This was increasingly prevalent with the rise in coronavirus - as were the numbers of Covid-19 patients. Staff sickness was covered by bank staff and substantive staff.
- That staff were redeployed within the hospital in response to surges in demands for particular services, for example as a result of surging coronavirus pressures in the acute wards or high absences in a specific ward. This change and uncertainty did impact staff mental wellbeing.

- Vacancy rates were lower than in the rest of East England, but retention could be improved through staff surveys; support of the workforce, with a specific focus on international staff.

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

- Noted that the 52 nurses recruited would have a supernumerary period of 6-12 weeks to ensure sufficient training. This was standard for most hospitals.
- Heard that staff vacancies predominantly in areas such as eating disorder therapists, stroke specialist, cardiac specialists, administrators and clerics, could be aided by international recruitment and increased training early on. The percentage of sector vacancies were highest among administrative and clerical staff, largely due to salary competition.
- Established that occupational therapy provision was in-housed and was sufficiently staffed to support other services also. They were complimented by the mental health service.
- Noted that there had been an increase in demand from mental health services for referral to specialist support.
- Clarified that bank workers were provided national living wage and offered full time work. They chose to be bank staff on zero-hour contracts possibly because they wanted work flexibility or were returning from retirement.
- Heard that the Integrated Care System would make joint appointments to step down care and residential care. Throughout their career staff often rotated around different care services and this supported workforce demand.

It was resolved unanimously to:

- a) Note the pressures on the Trust's workforce during the pandemic.
- b) Note the measures taken by the Trust to support staff and a positive staff experience

88. NHS Quality Accounts – Establishing a process for responding to 2021-22

The Committee received a report for scrutiny on the NHS Quality Accounts which measured the quality of the services by looking at patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided. In line with statutory requirements, the report sought review of the accounts under the Health Scrutiny function. This would occur through a task and finish group.

In particular, the Head of Public Health Business Programmes highlighted:

- That the quality accounts had tight timescales with draft reports from trusts required by April. Six quality accounts were expected, but only those received before the deadline would be responded to by Committee through the Task and Finish Group.

Members highlighted that the accounts were holistic, rather than financial.

It was resolved unanimously to:

- a) To consider if the committee wishes to respond to Quality Accounts and if so prioritise which Quality Accounts the committee will respond to.
- b) To delegate approval of the responses to the Quality Accounts to the Head of Public Health Business Programmes acting under instruction the members of the Committee appointed to the Task and Finish Group.
- c) To appoint the following members of the committee to a Task and Finish group on NHS Quality accounts:

Councillor Steve Corney,

Councillor Nick Gay,

Councillor Edna Murphy.

89. Children and Young Peoples Mental Health Provision

The Committee was joined by the Children and Young People Committee to scrutinise a report on mental health provision for Children and Young People in Cambridgeshire. In 2020, 1 in 6 young people were reported as requiring mental health support. The report detailed services that could provide support, including: the Emotional Health and Wellbeing Service (in hospitals and schools); YOUNited; Kooth; Child and Adolescent mental health services (CAMHS); Eating Disorder Service (ED); Crisis Service (support provision for up to 2 weeks); First Response Service; inpatient provision; neurodevelopmental pathways; voluntary sector (such as Fullscope, Crisis 33 and the Young People's Counselling Service); digital support; and school based support. These were expanded upon in the officer presentation.

In particular, the Head of Children and Young People's Mental Health Commissioning and Transformation highlighted that:

- Children and Young People's Mental Health provision worked with individuals up to the age of twenty-five. A service priority was to see 35% of individuals diagnosed with a mental health problem in 2021. This target had been met although there were workforce challenges across the service and financing for the service was the lowest in the east of England.

- The Local Transformation Plan had established service priorities, aims and visions 2016 – 2021. This plan had ended and a new plan was being formulated which would set out the priorities, aims and visions for the next three to five years.
- Service provision and transition for 16-25 year olds had been identified as a key area of challenge.
- There were currently six Health and Wellbeing Service teams. An additional two would be formed in 2022 covering Whittlesey, March and Chatteris.
- YOUnited had developed 1 July 2021 with modelling expecting 650 users a month but demand was higher than this.
- Eating disorder referrals, complexity and acuity had increased during the pandemic. This high demand had impacted support. Arfid referrals (feeding restrictions due to sensory issues) had also increased.
- Digital options existed nationally and regionally.
- School based support services aided teachers as well as students.

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

- Asked for details on movement with the Local Transformation Plan and whether target numbers for individuals accessing care had been met.
ACTION
- Asked why 1112 was not a service in Wisbech. The officer responded that this problem had been caused by telephone towers, but that she would investigate this further and report back. **ACTION**
- Asked why the emotional health and wellbeing service for primary age children worked predominantly with parents and carers. The officer stated that this was an evidence-based approach to ensure support for the child existed within the family unit.
- Requested details for the waiting time and numbers for children accessing neurodevelopment pathways and whether this was the only place that children with comorbidity could be seen. Children with arfid were seen across the organisation by one or many services such as speech and language therapy, paediatricians, the Autism Team. The officer responded that existing data had been delayed by the pandemic, but that more accurate data would be provided to the Committee following the meeting. **ACTION.**
- Referenced the frequent late diagnosis for girls on the autism spectrum and asked whether there was a specific diagnosis strategy. The officer responded that Cambridgeshire and Peterborough had agreed an all age autism strategy

which included a stream for pathways and diagnosis for older girls. The officer suggested this could be scrutinised by the Committee. **ACTION**

- Stressed the importance of volunteers and expressed concern about some volunteer funding ending next year. In response to concerns about care of the workforce, the officer noted that volunteers commissioned by the County Council were overseen by the Council, others were overseen by Healthwatch and Hunts Forum.
- Agreed to be supplied with further details on the YMCA local offer delivery date for school-based support. **ACTION**.
- Reiterated feedback received from schools regarding the school support service: referrals had been told they were either too high need or not high need enough.
- Proposed that consideration was given to an evaluation of mental health provision and prevention and support for children in care.
- Commended the Cambridge Psychosis Centre East of England Community Forensic Team liaison meetings.
- Suggested that creation of a school age ambassador scheme could help vocalise user views. The officer clarified that service users could give feedback through parent care forums, the YOUnited young person coproduction groups, and through the Children's Mental Health Board which was chaired by a young person. Through these methods, 120 young people's voices were heard.
- Noted that mental health support could be obtained through the arts, such as through music therapy.
- Showed concern for children who were long term inpatients nationwide and requested details regarding the situation for children in Cambridgeshire. The officer responded that the service was working in partnership with provider collaboratives to ensure bed numbers were sufficient and the community response strategy could be strengthened to support discharge. Within Cambridgeshire there were currently fifteen long term inpatients, three of which had autism and displayed severe challenging behaviour. For these complex cases requiring extended stay there were monthly meetings to identify methods through which the child could be prepared for discharge. In one circumstance, a property was being built to enable a child to return to their parents. The officer stated that in order to meet demand and cater for specific needs, not all young person inpatient admissions were housed within Cambridgeshire.
- Noted that the mental health strategy sought preventative strategies and met the needs of individuals when they were identified as needing help – this was prior to receipt of a specific diagnosis.

- Established that to the service was working with providers to reduce waiting list times that had been exacerbated by coronavirus. This had particularly affected certain groups. YOUNited were hosting webinars to understand the workforce challenges and increasing demand causing this and how to support children and young people on the waiting lists.
- Showed concern for the male mental health crisis, relating to a specific case which demonstrated inaccurate case referral by the hub.
- Stated that there was clearly underinvestment in this area and therefore demand could not be met.
- Confirmed with the Executive Director, People and Communities, that child and young person mental health provision, in particular 0-25 complex care, was a critical issue which required regular updates to the Committee, with the Children and Young People Committee to create concrete proposals for inter-committee working.
- Suggested future working with Cambridge Psychosis Centre East of England Community Forensic Team.

It was resolved unanimously to:

Note the content of this report along with the transformation and challenges that are facing children and young people's mental health provision.

90. Date of Next Meeting

14th July 2022