Adults and Health Committee Minutes

Date: 10 October 2024

Time: 10.00 a.m. – 4.00 p.m.

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

Present: Councillors M Black, C Boden, A Costello, C Daunton, A Hay, R Howitt (Chair), E Murphy (to 2.56pm), B Goodliffe, L Nethsingha, K Reynolds (to 3.22pm), G Seeff, P Slatter and T Sanderson (to 12pm)

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

264. Apologies for Absence and Declaration of Interest

Apologies were received from Councillors van de Ven (substituted by Councillor Nethsingha), Prentice (substituted by Councillor Goodliffe), Taylor (substituted by Councillor Sanderson), Boden, Howell and Dr Nawaz (Fenland District Council)

The Chair announced that Will Patten, Service Director of Commissioning, was leaving the Council and thanked him for his service on behalf of the Committee. He also thanked Healthwatch for its recent summit on health inequalities.

There were no declarations of interest.

265. Minutes – 27 June 2024 and Minutes Action Log

The minutes of the meeting on 27 June 2024 were approved as a correct record and signed by the Chair. The action log was noted.

The Chair updated the Committee on action 169 ‘Major Trauma in the East of England and the Potential Establishment of a Second Major Trauma Centre in Norwich’ and stated no response had been received from the North Norwich University Hospital (NNUH). The Acting Director of Public Health informed Members that patients would be seen at either NNUH or Addenbrooke’s depending on where there was capacity and the speciality of the hospital.

A Member questioned when the in-house services report would be presented to Committee. The Executive Director for Adults, Health and Commissioning stated that the report had been received by officers and was already in the Business Plan which was approved by Full Council in February 2024. The recommendations would form

part of future decisions for committees and would be seen by Spokes. The Chair clarified that this would include firm provisions for in-house services.

A Member queried why the charging review was not listed on the agenda plan. The Executive Director for Adults, Health and Commissioning stated that a report would be brought to the December meeting.

A Member questioned why the Right Care, Right Person (RCRP) grant was not included on the action log. He requested an update and queried what the financial implications would be. The Executive Director for Adults, Health and Commissioning stated phases two and three had been launched and actions had not resulted in additional pressures on the service. If there were any financial implications, these would be reported to Committee. Officers would circulate details regarding phases two and three to Members – **action required.**

266. Petitions and Public Questions

No petitions or public questions were received.

267. Mental Health S75 Agreement Extension

The Committee received a report which sought agreement to extend, for up to two years, the existing Section 75 Partnership Agreement to deliver Mental Health Social Work Services. The extension would enable the continuation of the service whilst a strategic review of future delivery options was completed. The presenting officer provided an overview of the services that were delivered for the growing needs for mental health issues in Cambridgeshire.

While discussing the report, Members:

- learnt that work was being pursued alongside Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) as a result of recommendations from an audit deep drive. The Executive Director for Adults, Health and Commissioning highlighted that the service had extended out the question of peer support and peer challenge specifically on Approved Mental Health Professional (AMHP) provisions to the Local Government Association and Department of Health (DoH) officers. The Chair questioned the concerns mentioned from the audit from the Council's Quality and Practice Standards Team. It was noted that an overview of the deep dive could be provided through Spokes and further details would be shared outside of Committee **– action required.**

- noted that the review would ensure the model was fit for purpose now and also in the future. The service was working towards a place based approach, which would include a review of the joint management structure as the service was currently across Cambridgeshire and Peterborough. The Executive Director for Adults, Health and Commissioning stated the review, which was being conducted in partnership with CPFT, would cover the quality of care and management.

- learnt that the two older peoples social work teams (North and South) met the demand of the county.

- questioned if officers were working with the five district councils to share local contacts including Community Safety Partnerships (CSP). Members were informed about the Care Together Programme, which involved officers working with district councils to enable people with Care Act eligible needs to access services. This might require district council support to address provision for people with accommodation challenges. There would be some variation in CSPs, but work was undertaken as part of the Accountable Business Unit (ABU) and the wider Integrated Care System (ICS) approach which would look at crisis pathways and hospital discharges. There would be a review of the pilots and district councils would be involved in this.

- queried how robust the review would be. Members learnt that the 1 + 1 contract meant the review would be undertaken within 9 months to a year. The second year would allow time to work with CPFT to deliver the recommendations and allow time if there were any significant changes.

- questioned the implications of the national decision of the RCRP partnership. It was noted that there were mechanisms, such as monthly meetings, in place to monitor any possible implications. The Executive Director for Adults, Care and Commissioning highlighted the importance of the RCRP partnership. Police would still respond to those in crisis, however the partnership aimed to ensure that the most appropriate specialist services helped those in need.

- gained assurance that progress had been made with Deprivation of Liberty Safeguards (DoLS). The figure had decreased from 1,100 in September 2023 to 800 in August 2024; additional efforts were necessary to further reduce these numbers.

The Chair highlighted the Committee's confidence in the working relationship with CPFT and welcomed the review. He noted that this was the third extension of the contract and commented that a review should have been undertaken previously. He explained that the £500k given to mental health services was used to support those in need in Cambridgeshire

It was resolved unanimously to:

a) Approve the extension of the existing Mental Health Social Work Section 75 Agreement for 2 years on a 1+1 basis from 1 April 2025 at a total value of £1,250,090 per annum. This represented £2,500,180 for the total contract period and would be adjusted for future inflationary uplifts agreed as part of the established business planning process.

b) Delegate authority for awarding and executing of any subsequent extension periods to the Executive Director for Adults, Health, and Commissioning, in consultation with the Chair and Vice Chair.

268. Drug and Alcohol Treatment Services Additional Grant Funding

The Committee received a report which detailed the impact of the potential ending or reduction in the additional grant funding for Drug and Alcohol Services at the end of March 2025. The grant had led to positive improvements in service user outcomes. The Acting Director of Public Health stated the ending or reduction in the funding would undermine these positive outcomes. The average time for people to complete treatment in the Drug and Alcohol Services was five to six years due to their complex needs. The ending or reduction in funding would mean it would be difficult for these service users to complete their treatment.

The Chair stated that he had asked for the report to be added to the agenda and had asked for a press release. He proposed an amendment, seconded by Councillor Nethsingha, to add the following recommendation, which was accepted unanimously:

> commit Cambridgeshire County Council to make full representations in support of the Association of Directors of Public Health efforts to secure central Government commitment to maintaining the additional drug and alcohol grant funding.

While discussing the report, Members:

- learnt that prevention was taught in schools in Personal, Social, Health and Economic education (PSHE). The additional funding was only for treatment and did not encompass prevention work. Members were informed about the Cambridgeshire Child and Adolescent Substance Use Service (CASUS) provided by CPFT.

- noted the importance of the additional funding as it enabled people to live independently but also alleviated pressure on health and social care services (especially in Accident and Emergency (A&E)), and other services for example the police and the criminal justice system. The Member asked officers to work with partnering services to lobby central government – **action required.** The Acting Director of Public Health highlighted the work with Cambridgeshire and Peterborough Drug and Alcohol Delivery Board and the High Harms Board. Members noted that the Integrated Care Board (ICB) had expressed concerns about the subsequent impact on A&E.

- highlighted the pressure on the criminal justice system; low level crimes were often committed to fund addiction. It was acknowledged that people needed to be offered specialised help to overcome addiction.

- learnt that Councillor van de Ven had visited Change Grow Live (CGL) projects and described the service as ‘raw and necessary’.

  The Chair stated that 3000 people used the service and the grant provided in 2024/25 approximately £2 million of a £7 million programme. Death from drugs had increased since the wave of synthetic opioids. This grant allowed the service

to be extended to try and reach hard to reach groups, especially homeless people.

The Acting Director of Public Health was asked to circulate a graph to Committee members to clearly show treatment services outcomes **– action required.**

It was resolved unanimously to:

a) Commit Cambridgeshire County Council to make full representations in support of the Association of Directors of Public Health efforts to secure central Government commitment to maintaining the additional drug and alcohol grant funding.

b) Support the proposed actions for mitigating the associated risk.

269. Finance Monitoring Report

The Committee considered a report which provided an update on the financial position of the Adults, Health and Commissioning Directorate (including Public Health) as of the end of August 2024. The presenting officer introduced a forecasted underspend for year-end. Attention was drawn to the Older People service position and difficulty in forecasting demand, debt and the use of Public Health reserves.

Members learnt that contingencies were in place for grant reductions in Public Health. 1% of the grant, £300,000, was set aside alongside some uncommitted grant money. It was anticipated some of the Public Health in year underspend of £400,000 would be set aside for the Drug and Alcohol services to continue, however this might not be needed if the grant continued.

While discussing the report, Members:

- learnt that the budget was set by the best estimates and forecasts at the time, however the trend data had shifted. Forecasting was a complicated process which included numerous factors such as the expected number of people who might enter the system. The Executive Director for Adults, Health and Commissioning explained that since the end of the pandemic, historical data could not be relied on to try and understand and predict service demands. Other local counties were facing significant adult social care pressures, so the service was testing factors affecting neighbouring counties against current assumptions to better understand the current position and to inform future projections.

- asked how easy it was for people to access services and the impact of finances on this access. The Executive Director for Adults, Health and Commissioning stated that the number of people accessing the service were consistent to previous years, however the deep dive would focus on the different pathways. It was noted that higher numbers of individuals had made initial contact compared to other local councils, indicating that other councils had a more robust early intervention programme.

- noted the challenges of forecasting were reflected in the lower number of people accessing Older People's services but a higher number accessing Children services.

- highlighted that reserves could only be spent once; while they provide security for a year, reserves were not a long-term solution.

- questioned if there was a demographic issue with older people who previously had an asset in the form of a council house which had helped them independently pay for their care, but who might need access to council social care in upcoming years. Officers agreed to look into the national data – **action required.**

- learnt the black RAG ratings usually referred to work streams for diagnostic work with no current outcomes but were expected to deliver in future years.

The Chair looked forward to the debt management report to be presented to the December meeting and wished to see the analysis of the balance of efficient and effective collection of revenue with a greater degree of sensitivity on anti-poverty measures. He reported that £17m of the £27m outstanding debt with Health partners had been agreed to be paid. He highlighted his interest, alongside the Vice-Chair, in the Care Together Vision and the work with local microenterprises to support social care at a local level. This had been a successful part of the Joint Administration's aim to localise care services, create employment and a consistent quality of care. It was the role of this Committee to ensure that older people were able to access services particularly as Age UK showed evidence of unmet needs within the county.

It was resolved unanimously to:

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

b) Endorse the use of up to £400k of Public Health reserves to support the mitigation of risks if Drug and Alcohol grants end in March 25, subject to the agreement of Strategy, Resources and Performance Committee.

270. Adults Corporate Performance Report Quarter 1 2024-25

The Committee received a report which provided an update on the performance monitoring information for the 2024/25 Quarter 1 from 1 April to 30 June. Attention was drawn to the improvement of safeguarding indicators, the successful outcomes of reablement and the continued work to improve direct payments.

While discussing the report, Members:

- learnt that the previous quarter figures were the position at the end of the previous year, which potentially could be a cumulative number so did not present the figures in the clearest way. Officers agreed to review this – **action required.**

- noted that officers were investigating why people were ending direct payments. Members were reassured that it was a small number of people, but it was being reviewed as part of the Care Quality Commission (CQC) assurance visit. The last five packages that were closed through direct payments were largely packages of support, typically for those not over 65, and it was due to the stress of not knowing if the personal assistant (PA) would turn up or what would happen if the PA was ill. Work was being done with commissioning to see how self-directed support could be moved to an alternative support to still meet people's needs.

- learnt that the indicators were part of the Performance Framework. A new Performance Framework would be presented to the next Strategy, Resources and Performance Committee which would provide the opportunity to review the indicators.

- questioned why the age 65 was chosen for indicator 235: '% total people accessing long term support in the community aged 65 and over'. Members were informed that the DoH and statutory reporting were split into working age adults and then 65 +. Officers agreed to feedback to the DoH that the working age had increased.

- questioned if the high number of contacts and low numbers of provision were due to people not receiving help when they were eligible. Members learnt there were effective early intervention services such as Adult Early Help and Technology Enabled Care so people might be getting the help they need without the need for a full care and support plan.

The Chair thanked officers for their reablement work but highlighted the continued problems with direct payments. Although the Council was underperforming compared to other counties, it was committed to making improvements. The Executive Director for Adults, Health and Commissioning reported that the service wanted to address how to make people feel more in control with direct payments. He highlighted the need to treat the figures for other councils cautiously due to differing approaches. In response, the Chair welcomed the improvement in the timetable for assessments and commended officers' honesty that there was still more work to be done. He welcomed the 2000 carers conversations but queried the quality of the conversations.

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

271. Public Health Performance Monitoring Report – Quarter 1 2024/25

The Committee received a report on the performance of the main Public Health commissioned services for Quarter 1 2024/25. Attention was drawn to NHS Health Checks, Healthy Child programme and Stop Smoking services. The Acting Director of Public Health informed Members on the new national additional funding which had been allocated to local authorities for expanding and developing stop smoking and the wider tobacco control services. Approximately 11% of people in Cambridgeshire smoked, however rates of smoking were higher in some groups, notably the homeless, those who misuse drugs and alcohol or have a mental health condition.

Therefore, Public Health would embed stop smoking support into these services accessed by these groups.

While discussing the report, Members:

- questioned the success of the Fenland Stop Smoking programme. It was noted that the Fenland project was a pilot project, which was delivered within the Closer to Communities programme. The Fenland initiative involved the Ferry Project, a longstanding service for the homeless in Fenland. The Acting Director of Public Health hoped to have results within four to six months but emphasised that it would not be a quick process as these were challenging groups to support.

- questioned if the percentage of those who did not access the Healthy Child Programme (indicators 59 and 60) were specific groups of people. The Acting Director of Public Health stated it was difficult to capture all families and the most common cause was that some families were not at home when the check was scheduled. It was noted that how appointments were offered would be reviewed to enable access.

- queried if 'ghost patients' could be a contributing factor to the Healthy Child Programme indicator 62. The Acting Director of Public Health noted the movement of people in and out of the county which could contribute to this and would enquire if work had been undertaken to review this – **action required.**

The Chair congratulated officers on the improvements in health checks and the importance of the preventative health approach. He questioned how the service had overcome the pressure placed on GPs and asked a question on behalf of the Vice-Chair of what had been learnt from this. The Acting Director of Public Health stated that although GPs were under pressure, GP Federations had been commissioned to deliver stop smoking services in practices and this had increased NHS Health Check activity. Members learnt that a GP Federation was a group of general practices or surgeries which formed an organisation entity to work together within the local health economy to share responsibility for delivering patient-focused services. The Health Behaviour Change Services had been asked to work in a different way to help alleviate pressure on GP practices. Members also learnt about additional funding for digital technology to support health checks.

The Acting Director of Public Health continued to work with the NHS. The NHS had their own stop smoking programme, Treating Tobacco Dependency that worked within the acute units, mental health inpatients services and maternity services. Patients who smoked or started a quit attempt whilst in hospital, were referred to Council commissioned services within the community when discharged from hospital. The Acting Director of Public Health expressed concern for smoking at time of delivery rates which were higher than elsewhere in the region and reported that the ICB had been asked to do a deep dive into this.

It was resolved unanimously to:

a) Acknowledge the performance and achievements.

b) Support the actions undertaken where improvements are necessary.

272. Adults, Health and Commissioning Risk Register Update

The Committee received an overview of the risks in relation to Adults, Health and Commissioning, which also included Public Health.

While discussing the report, Members:

- questioned if there were any care home services causing concern in relation to Risk 6. The Executive Director for Adults, Health and Commissioning reported that the Council had strong relationships with care providers. It was noted that one service in Fenland had given notice to close, but support would be given to those affected and the Council was engaged with the landlord and Fenland District Council.

- expressed concern regarding Risk 10 and the lack of funding. The Executive Director for Adults, Health and Commissioning acknowledged the importance of listing this risk. The risk was monitored by comparing the directorate's performance against the budget to assess and ensure the risks were correctly evaluated.

- queried how the success or achievements would be assessed in relation to Risk 5 to change the direction of travel. Concern was also raised regarding whether this risk had been sufficiently reviewed. The Executive Director for Adults, Health and Commissioning agreed to review the risk, and the terminology used – **action required.**

- questioned if the risk rating for Risk 3 should be higher. The Executive Director for Adults, Health and Commissioning reported that there were three main unresolved areas, one of which was the future integration of the Learning Disability Partnership (LPD). He hoped to have confirmation of the integrated position by the end of the week and formal notice would be given to CPFT. The ambition would be to continue to work with CPFT with joint arrangements. Packages were fully funded under the continued health care rules for a joint funding arrangement. Joint funding arrangement reviews were challenging, and some cases would potentially be escalated to NHS England. The risk assessment focused on those joint funding arrangement cases that were in dispute after the end of the section 75 agreement. The best outcomes for those in receipt of the packages was the priority. The risk rating would be reviewed – **action required.**

- highlighted that private health care providers had asked their staff to increase their professional indemnity insurances. It was queried how the Council was indemnified. Officers agreed to clarify this in regard to social care services - **action required.**

The Chair thanked the ICB for its recent webinar. The Chair and Vice-Chair highlighted that the Council needed to be self-critical to ensure the systems were working with health partners and the Integrated Care System.

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

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

It was agreed to add the charging review to the agenda plan for December – **action required.**

While discussing the training plan, a Member requested more notice for training sessions.

The Committee noted that the Executive Director for Adults, Health and Commissioning, in consultation with Spokes, had appointed Councillor Taylor and Councillor van de Ven to the Northwest Anglia NHS Foundation Trust Liaison Group.

Members noted that Councillors Garvie (South Cambridgeshire District Council), Holloway (Cambridge City Council), Horgan (East Cambridgeshire District Council), Dr Nawaz (Fenland District Council) and Tevlin (Huntingdonshire District Council) were co-opted for the Health Scrutiny Session.

The Chair highlighted the importance of considering strategic items at meetings. In response, the Leader of the Council suggested that it was for the Committee to decide its agenda plan. Other Members acknowledged the need for strategic, for information, reports to be included in future agendas. The Executive Director for Adults, Health and Commissioning asked for this topic to be an action so officers could better understand and be clear of the scope of papers that would be brought through the process.

It was resolved to:

a) note the committee agenda plan

b) note the committee training plan

c) note the appointments of Councillors S Taylor and S van de Ven to the North West Anglia NHS Foundation Trust Liaison Group by the Executive Director for Adults, Health and Commissioning in consultation with Adults and Health Committee Spokes on 9th August 2024.

d) appoint the following city and district councillors as non-voting co-opted members of the Adults and Health Committee for health scrutiny business only for the municipal year 2024/25:

- Cllr Corinne Garvie, representing South Cambridgeshire District Council
- Cllr Cameron Holloway, representing Cambridge City Council
- Cllr Keith Horgan, representing East Cambridgeshire District Council

- Cllr Dr Haq Nawaz, representing Fenland District Council
- Cllr Clare Tevlin, representing Huntingdonshire District Council

The meeting was adjourned between 1.00pm and 2.00pm.

Health Scrutiny

274. Maternity Services at Cambridge University Hospital Foundation Trust

The Committee welcomed Roland Sinker CBE, chief executive of Cambridge University Hospitals NHS Foundation Trust (CUHFT); Dr Kanwal Moar, Divisional Director for Women and Children's Services; and Caroline Tyrrell-Jones, Communities Programme Manager at Healthwatch Cambridgeshire. The Children and Young People Committee Spokes had also been invited to take part in the session.

The scrutiny session had been prompted by the Care Quality Commission (CQC) inspection of maternity services at Addenbrookes and The Rosie - 11 May 2023. At that time, the hospital was rated as Good overall, but with maternity services rated as Requires Improvement. The Committee had felt it was right to allow the Trust time to address the issues raised by the CQC before inviting them for public scrutiny, but had been in regular contact with Mr Sinker through liaison group meetings. The CQC's inspection of The Rosie had been carried out in the context of a national maternity services inspection programme which had identified concerns at a national level around maternity services.

Councillors Howitt, Black, Murphy and Tevlin had accepted an invitation to the committee to carry out a pre-scrutiny visit to The Rosie Hospital the previous week. The Chair extended his thanks to the Trust for offering this opportunity which he felt had been a great success, enabling an open and respectful conversation which would help inform the public scrutiny session.

Introducing the Trust's report, Mr Sinker echoed the Chair's comments around the value of the site visit. The two main areas of challenge currently facing the Trust related to urgent and emergency care and maternity services, although he judged that these were not on the scale of the challenges faced previously by the Trust in 2015/16. At the heart of the issue was the number of staff members and how they worked together to deliver the best service to patients. Significant progress had been made in relation to safeguarding training.

The Healthwatch Cambridgeshire representative advised that their organisation worked alongside Mr Sinker and The Rosie Maternity and Neonatal Voices Partnership. This was an important patient voice group and it enjoyed a productive relationship with CUHFT. They advised that the Trust was encouraging the involvement of people from diverse backgrounds

The Committee had identified four key lines of enquiry in preparation for the scrutiny session, and members' questioning focused on these areas:

1. Safety

- Appendix 1 stated that 90% of patients were seen by a doctor within four hours, and clarification was sought about whether all patients were seen by a clinician within four hours. Dr Moar stated that the CQC had offered challenge to the Maternity Unit's previous triage process. In response, a new key performance indicator (KPI) had been established of an initial response within 15 minutes. However, this remained a work in progress due to staffing levels. All delayed patients were assessed for harm, and no issues of harm had been identified. The successful recruitment of six additional junior doctors would support further improvement on this, but the issue would not be fully resolved until the consultant levels were also fully staffed.

- noted that the report stated that safeguarding training was compliant with a Trust target of 90%. However, national guidance required effective safeguarding training for all staff. Mr Sinker stated that safeguarding training rates had improved since 2023. Challenge had been offered around the rigour and depth of safeguarding training and the Trust was looking at that, including the level of the training target. He offered an update on this when the issue was resolved.

- sought clarification of the key issues which the Trust's maternity services action plan was seeking to address. Mr Sinker stated that the two main issues were speed of response, which was dependent on whether there were enough doctors and midwives to deliver timely triage, and culture and whether people were working well as a team. This could be hard to achieve if staff felt understaffed and under pressure. Subsidiary issues included training and levels of engagement with patient groups.

- noted that two 'red flag' events had occurred between October 2022 and March 2023 when a midwife was not able to provide continuous one-to-one care and support during established labour. Dr Moar stated that outcomes for the service remained strong. The hospital supported between 500-550 births per month. One red flag event had occurred around 1:1 care during labour. In response, additional staff had been added at supernumerary level since then and there had been no reoccurrence of this. Staff constantly monitored that the unit was in a safe position and patients could be diverted to other hospitals if needed.

- asked whether a lot of data was being collected, and the effectiveness of getting feedback on data and practice. Mr Moar advised that over 200 audits were carried out each year to demonstrate safe practice which generated a lot of data. Staff did feel somewhat demoralised by the level of data being collected and the Trust was trying to rationalise how data was collected and used.

- asked whether out of hours staffing was an issue. Dr Moar advised that patient flow could be predicted quite well, and staffing models were built around that. The staff establishment was at birthrate plus levels, but staff still felt under pressure so this was being looked at again. There were separate antenatal, delivery and post-natal areas and staff were assigned to each.

2. Workforce

- asked how CUHFT's vacancy rates compared with equivalent hospitals and national figures. Dr Moar explained that surrounding Trusts were experiencing similar workforce challenges. In response to high vacancy rates post-covid the Trust had looked to recruit staff both locally and from overseas. Currently, the Trust was around 7% below its establishment figure, and it was aiming to reduce this to around 5%. There tended to be higher rates of leavers in maternity services compared to the rest of Trust. Midwives required 50+ hours of training per year, and the way this was delivered had been changed to blocks of a week so that they would not be called away to fill rota gaps. Following the CQC report the Trust had reviewed its staffing model and increased its establishment baseline. Six new junior doctors had been recruited and two rounds of consultant recruitment had been undertaken to recruit six new consultants. Not all of the new consultant posts had been filled to date, but more interviews were planned and it was hoped to fill the remaining vacancies in the next three to four months.

- asked what additional steps were taken to help staff from overseas to find accommodation and acclimatise. Mr Sinker explained that a large percentage of CUH staff came from overseas. Help was provided to find their initial accommodation and to involve and celebrate them within the staff team, but while the support currently provided was solid there was scope to do more both as a Trust and collectively with partners in relation to affordable housing for key workers, transport to schools and cost of living pressures. Addressing these issues would help support staff retention.

- asked how more people could be attracted to working within maternity services at The Rosie. Dr Moar stated that it was known that medical professionals tended to practice either in the area where they trained or to return home to pursue their career. The East of England had fewer trainees within its population so there was a push to bring more training posts into the region through lobbying both Royal College of Medicine and Government.

3. Service Users' Feedback

- noted that the revised version of Appendix 2 which contained feedback scores from the Friends and Family Test (FFT) still had the figures for December 2023 missing. They were concerned that incomplete data had been submitted twice which raised concerns around oversight and supervision. The scores for 2024 also seemed to be getting worse. Mr Sinker apologised and undertook to provide the complete set of figures together with further detail around what may lay behind the deterioration in scores.

- asked what constituted satisfaction scores in relation to the FFT. Mr Sinker explained that the Trust tried find as many different indicators as possible to support a good dialogue with patients, looking not just at clinical care but more broadly at patient experience. Complaints and Freedom To Speak Up (FTSU) provided powerful forms of feedback. The Trust worked also closely with The Rosie Maternity and Neonatal Voices Partnership to identify areas of focus.

- asked about interpretation services. Dr Moar advised that this issue had been raised by the CQC. Face to face interpretation services were available for booked appointments, and staff had access to Language Line by phone and video as needed. Feedback from both service users and the midwifery team was that this was helpful to support communication.

- asked if there was space for service users who needed a bit more support to stay longer. Dr Moar stated that there was enough space at The Rosie, but it could sometimes be tricky to manage it. The Rosie did not discharge patients until they were ready to leave, and that staff looked at their wider readiness and not just medical considerations. The number of births at The Rosie had stayed broadly the same over time, but this might increase as the wider population increased. Within this number more patients were being seen who needed caesarean sections or additional medical care and the Trust was looking at transitional care for those who needed it, but this was reliant on staffing. Mr Sinker stated that there was a need to work collectively around the wider care model. Additional hospital beds were needed on the biomedical campus and improvements for patients had been seen where these were in place.

- asked how easy it was for a patient or a member of their family to complain, and how this could be done. Mr Sinker stated that there were multiple routes available to give feedback. These included responding to the Friends and Family Test, via the Patient Advice and Liaison Service (PALS), letters, patient groups, public meetings and the Board of Governors. This feedback was triangulated with the feedback received from staff, who also had multiple feedback routes.

4. Partnership working

- noted that the maternity service offered by the North West Anglia NHS Foundation Trust (NWAFT) had been rated as Good and asked what partnership working was in place to take learning from this. Dr Moar stated that CUHFT worked closely with NWAFT, and the Directors of Midwifery of both Trusts were part of an East of England group. CUHFT also benchmarked itself against other Trusts and took learning from hospitals that had good outcomes where CUHFT was experiencing challenge. Most of this engagement was at senior leadership level as it was about the implementation of process, and the learning was then shared with staff teams.

- asked about attitudes to women's health in the NHS. The committee was told that £25m had been ringfenced for women's health hubs some years ago, but that in the East of England the conversations around this had not really started. This issue sat at Integrated Care System level rather than with individual Trusts.

The Chair stated that a lot of information had been covered, and that the aim of the session was to give confidence to women and families using The Rosie. Mr Sinker stated that he would have preferred The Rosie to have been rated Good by the CQC as that was what the Trust wanted and expected for its service users, but that it welcomed the scrutiny and opportunity for learning. This included learning that there was a need to move faster and do better. The challenge was not at the scale seen in 2015/16 or of some of the issues being seen in maternity services elsewhere in the

country. However, the challenges around the two major issues of staffing and culture were being taken very seriously and there was no complacency.
The Chair commended the Trust's representatives for their openness. Summarising the discussion, he highlighted:

- the high level of complexity around maternity services, and that the efforts made by CUHFT to improve staffing levels were bearing fruit and were likely to reach target.

- the efforts being made by CUHFT to ensure patient safety across the service, and commended the now higher than average performance in relation to post-partum haemorrhage rates.

- a recommendation that the Trust adopt a target figure of 100% on safeguarding training.

- the Trust's continuing efforts in relation to the culture of team working, recognising that CUHFT staff reported that they felt that they were working under pressure.

- the importance of the timely and open transmission of data, but with a recognition of the attempts being made to balance data monitoring requirements with service provision.
- the welcome work done to date in relation to triage, but noting that 20% of patients due to be seen within 15 minutes were being seen after an hour. The Trust was encouraged to continue efforts to address this.

- the clinical training programmes already in place to train new staff, but also the need for higher numbers of students studying obstetrics and gynaecology both regionally and nationally.

- mutual objectives in relation to workforce quality and retention on issues around affordable housing, transport to school and cost of living issues and encouraged a partnership approach to learning and trying to address these issues.

- the efforts being made to increase access to interpretation services.

- that issues around satisfaction levels did not always accord with CUH's results in terms of medical outcomes, and encouraged further efforts in relation to satisfaction levels.

- the commitment to delivering services in the context of new models of care.

- the practice of ring-fencing the use of beds within the maternity services department.

- the action being taken in relation to red flag events, and recognises that there has been an extended period free from any such events.

- the findings of the Ockenden Review of Maternity Services at Nottingham University Hospitals NHS Trust, and the Trust's continued efforts. Any recommendations made by the Committee should be viewed in the context of that report and of national challenges to services.

- accepted the offer of a revised Appendix 2 containing a complete set of figures for the Friends and Family Test score and further detail around what might lay behind the deterioration in scores during 2024.

- that progress within the region and the local integrated care system in implementing women's health hubs had stalled should be re-visited in terms of providing an equitable approach to the treatment of women's and men's health.

It was resolved unanimously to delegate authority to the Democratic Services Officer, in consultation with Committee Spokes, to produce a summary of the committee's feedback and recommendations, and to send these to the relevant parties.

Councillor Murphy left the meeting at 2.56pm. Councillor Reynolds left at 3.22pm.

275. The Redevelopment of Hinchingbrooke Hospital

The Committee welcomed Deborah Lee, Senior Responsible Officer (SRO) for the Hinchingbrooke Hospital Redevelopment Programme and Louis Kamfer, Deputy Chief Executive of Cambridgeshire and Peterborough Integrated Care Board (ICB), to the meeting. Caroline Tyrrell-Jones remained, representing Healthwatch Cambridgeshire.

Councillors learned that 75% of the existing buildings on the Hinchingbrooke Hospital site were affected by reinforced autoclaved aerated concrete (RAAC). A comprehensive inspection regime was carried out to ensure that they remained safe for use. RAAC schemes did not form part of the Government's review of the hospital building programme and confirmation had been received in writing that the Hinchingbrooke redevelopment project would go ahead. The strategic outline case did not include the full vision for the campus described at the previous scrutiny session in March 2022 as that was not within the funding envelope, but work in support of that vision would continue with partners, including looking at opportunities around skills and learning and key worker housing, however, each scheme would need to bring its own funding stream. The redeveloped site would be a smart hospital and so would draw on digital innovation to advance safety and quality of care. The redevelopment team had engaged widely with patients and partners, including Healthwatch, and welcomed feedback on how best to involve councillors, patients and partners. Different ways of working were already being introduced including 192 patients currently being cared for in a virtual ward who would previously have been in an acute hospital bed. Approval of the strategic outline case had recently been received by the Trust Board and ICB and had been subsequently submitted to NHS England and the New Hospitals Programme (NHP), but the Government's aim to exit all RAAC hospitals by 2030 remained a challenging target. Significant modelling work was being undertaken around the demand pressures

anticipated over time given the population growth in Cambridgeshire and how the wider health and social care system worked together, with hospital care being just one aspect of that. This had been highlighted in the recent Darzi report.

The Committee had identified three key lines of enquiry during its pre-scrutiny preparation: safety, programme format and the consultation process and service-users' feedback. Members' questioning focused on these areas:

1. Safety:

    - asked for more information about how service delivery would be maintained during the rebuilding programme. The SRO explained that the Hinchingbrooke site was quite large, so it was possible to build on the southern corner of the site without encroaching on the existing hospital site. This meant that there would be no impact on services. Some parking provision might be lost, but staff would be supported to park off site so that parking provision for patients was maintained.

    - asked about the impact of the redevelopment on Hinchingbrooke Road and the nearby police station and ambulance services. The SRO advised that there would be a number of temporary road provisions and changes to access and egress points. Work was also being undertaken to re-think traffic movements into, out of and around the site as part of the redevelopment. Local blue light routes would be protected during the works.

    - asked about the potential impact of the expansion of Hinchingbrooke Hospital on new and existing hospitals in the county. The Deputy Chief Executive of the ICB stated that Hinchingbrooke would be treating a different cohort of patients to the planned Cambridge Children's Hospital and Cambridge Cancer Research Hospital. Across the wider integrated care system there was a significant shortfall predicted in the number of hospital beds and other health service capacity so system partners needed to work together on this.

2. Programme format:

    - asked what elements of the programme would be cut if it became necessary to reduce the scope of the redevelopment. The SRO explained that the programme submitted to the Treasury contained multiple contingencies based on extensive risk analysis. Beyond that, a system-wider conversation would be needed. At present it was planned to have more beds and larger rooms. To preserve the number of beds in a scenario of budgetary pressures, it might for example be necessary to make the rooms smaller, but they would still be a significant improvement on the current accommodation. However, provided that the hoped for funding was available they were confident the project could be delivered to the plan.

    - asked how plans to demolish the existing residential accommodation would impact on recruitment. The SRO explained that the existing accommodation would be vacated by autumn 2025. A reduced amount of temporary accommodation would be provided in the interim, but it was hoped that by

2030 additional accommodation would be available. A clear policy was in place about how the temporary accommodation would be allocated, including providing three months accommodation for new staff joining from overseas. There would be no permanent loss of provision, and they were confident that the impact could be managed.

- asked about plans to include affordable housing to support staff retention in the longer term. The SRO advised that they had been in touch with Huntingdonshire District Council about this. Models elsewhere in the country did not typically involve a capital contribution from the NHS, but was more likely to take the form of a contribution in kind in terms of excess land. Encouraging others within the wider public and private sectors to be part of the solution was very much part of the vision, but it would be important to talk to a range of stakeholders about what would add the most value to the campus. There might be alternative sites that would offer a better option for affordable housing. Around 45% of NHS staff in the region said that the cost and availability of housing was a key factor when considering where to work.

- asked what the new model of care would mean for service users in practical terms. The Deputy Chief Executive of the ICB spoke of the opportunities which now existed to understand patient risk at an individual level and to proactively mitigate this in new ways. For example, the ICB was working closely with the Public Health team around the prevention of cardiovascular disease which would preserve longer periods for individuals in better health and delay or reduce their need for acute care. It would not be possible to build enough hospital beds for the ageing demographic, so there was a need to radically shift the model of care to change the demand for healthcare. It was well known that many people in end of life care would prefer not to be in hospital, and new technology might be able to make a fundamental change to enable this. Providing new models of care offering different choices would also help address health inequalities by enabling people to engage with services in different ways.

3. Consultation process and service users' feedback

- asked how patients would be involved in the design of the new hospital, and particularly the urgent and emergency care department. The SRO stated that the value of involving patients in the design phase of the project was recognised. During RIBA stage 2 the project team would be seeking to engage patients and younger people who would be the service users of the future, as well as with the Council of Governors.

Summarising the discussion, the Chair highlighted:

- confirmation from the new Government that the redevelopment of Hinchingbrooke Hospital would proceed due to the existence of substantial quantities of RAAC.

- the proposals to make the new building a smart hospital at the leading edge of digitisation.

- the importance of continued engagement with stakeholders and local residents, and welcomed the efforts being made to engage with young people and those in hard to reach groups.

- the challenging timetable for the redevelopment of Hinchingbrooke Hospital by the target date of 2030, and encouraged the programme development team to be open and transparent around contingency planning or modifications to the programme design if that was required.

- the interim measures to try to minimise disruption to service users, staff and local residents during the redevelopment programme and to ensure their safety. This included the provision of temporary off-site accommodation for staff, protecting blue light routes and prioritising parking provision on site for service users.

- the assertion that 45% of local NHS staff said that housing was their biggest problem. The Committee encouraged efforts to identify land that could make a meaningful contribution to efforts to deliver affordable housing provision, either on the NHS estate or elsewhere.

- the wider vision around the development of the Hinchingbrooke Hospital campus.

It was resolved unanimously to delegate authority to the Democratic Services Officer, in consultation with Committee Spokes, to produce a summary of our feedback and recommendations, and to send these to the relevant parties.

276. Health Scrutiny Work Plan

Officers had been tasked by Spokes to identify a suitable topic for a second health scrutiny item at the December committee meeting. The Executive Director for Adults, Health and Commissioning advised that there were on-going concerns around urgent and emergency care within the county and this issue had been highlighted in NHS England's recent annual assessment letter to the Integrated Care Board. It was agreed unanimously with the consent of the meeting that this item should be added to the scrutiny work programme for December.

Committee members reviewed the proposed arrangements to develop an annual health scrutiny work programme for 2025/26. Officers were asked to identify a revised date for the December health scrutiny pre-meet.

It was unanimously resolved to:

a) review the health scrutiny work programme for the remainder of 2024/25 (Appendix 1)

b) agree to the arrangements proposed to develop an annual health scrutiny work plan for 2025/26

277. Health Scrutiny Recommendations Tracker – October 2024

The Health Scrutiny Recommendations Tracker was reviewed and noted.

[Chair]