

Adults and Health Committee Minutes

Date: Wednesday 22 September 2021

Time: 10:00am - 16.30pm

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

Present: Councillors David Ambrose Smith, Chris Boden, Steve Corney, Adela Costello, Corinne Garvie (Appointee – Part 2 only), Jenny Gawthorpe-Wood (Appointee – Part 2 only) Nick Gay, Anne Hay, Kevin Reynolds, Claire Daunton, Lorna Dupré, Mark Howell, Richard Howitt (Chair), Catherine Rae, Philippa Slatter, Susan van de Ven (Vice-Chair), Graham Wilson and Sarah Wilson (Appointee – Part 2 only)

Part 1: 10:00am – 13:20pm

18. Apologies for Absence and Declarations of Interest

Apologies received from Councillor Kevin Reynolds (substituted by Councillor Mark Howell), Councillor Mark Goldsack, Councillor Gerri Bird, Councillor Lis Every, the co-opted member representing East Cambridgeshire District Council and Councillor Sam Clark, the co-opted member representing Fenland District Council.

The Chairman proposed that standing orders were suspended so that a vote could be taken on Councillor Catherine Rae attending the meeting as substitute for Councillor Gerri Bird.

It was resolved by majority:

to appoint Councillor Catherine Rae as substitute for Councillor Gerri Bird for the meeting.

Councillor Graham Wilson declared an interest in items 4 and 15 as his wife works at a COVID vaccination centre

Councillor Sarah Wilson declared an interest at item 15 on the agenda as she is an NHS professional supporting Hertfordshire Community Trust.

19. Minutes – 24 July 2021 and Action Log

The minutes of the Adults and Health Committee meeting held on 24 July 2021 were agreed as a correct record and signed by the Chair.

20. Petitions and Public Questions

No petitions or public questions were received.

21. Mandatory Vaccinations in Care Homes Update

The Committee received a report which detailed the impact that Government legislation regarding the mandatory vaccination of care home staff would have on nursing care staff and residents.

In particular, the reporting officers highlighted:

- The Government was currently consulting on where vaccinations should be mandatory in all health settings.
- Staff could now self certify an exemption from vaccination for a 12-week period.
- There was a tracker that had to be updated daily by care homes to monitor the numbers of staff that had been fully vaccinated.
- The deadline for having the first vaccination had now passed.

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

- Queried whether there were any staff going into individuals homes that were not yet vaccinated. Officers stated that the current consultation on vaccination for all roles in a health setting would cover this area. Officers stated that there had been a really good update in vaccinations amongst reablement staff with very few not taking up the vaccine.
- Questioned whether the numbers of staff that were fully vaccinated had improved since the report had been written. Officers stated that the numbers of staff fully vaccinated were significantly better than the numbers that had been highlighted in the report and continued to improve. Officers explained that that there was not an even position in vaccination numbers across all of the care homes in Cambridgeshire.
- Sought clarity on if care homes that had had a lower uptake of the vaccinations by staff had been specifically targeted with extra support. Officers stated that support had been provided to homes where it had been identified there would be an issue and that numbers of staff that had not been vaccinated were reducing all of the time. Officers explained that it was a very sensitive situation and that currently they did not have any providers currently of concern.
- Sought further information of whether there were any contingency plans in place for any difficulties that may arise following the final deadline in November. and requested an update to committee if the situation became of real concern over

the next 12 weeks. Officers stated that they would update the committee if there were any concerns during this period. **ACTION**

- Queried for those that were not vaccinated if there was a testing protocol for daily work. Officers stated there was a very clear testing protocol in place for all staff.

It was resolved unanimously to:

1. Continue to work closely with all the Adult Social Care providers to monitor the uptake of vaccines and target support to these settings where vaccination uptake is lowest.
2. Continue to work with Cambridgeshire and Peterborough CCG to ensure that access to vaccines is available for all staff who have yet to take up the vaccine.
3. Continue to work with the CCG to promote access to and uptake of the vaccine booster and flu jab.
4. Be informed by officers about the impact of mandatory vaccines on staffing levels and the impact on capacity.

22. Use of Assistive Technology in Social Care

The Committee received a report regarding the Cambridgeshire and Peterborough Clinical Commissioning Group and County Council funded assistive technology service. It detailed the use of assistive technology to enable greater independence for those requiring social care and prevent/delay the need for hospital care.

In particular, the reporting officers highlighted:

- Last year the Council became its own provider of lifeline support
- The Council had been put forward for and Local Government Chronicle award in relation to its lifeline service.
- 43 % using assisted technology during the pandemic were aged 65-84 and 40% 85 plus.
- Suggested future developments included a smart flat.

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

- Welcomed the report and noted that there were individuals that the technology would not be suitable for all.
- Highlighted the figure of 2000 people not going to hospital last year due to the use of assistive technology.

- Suggested that the Council work with Professor John Clarkson at Cambridge University. Officers agreed to follow up with the University. **ACTION**
- Suggested that the Council work with REMAP in relation to creating custom made equipment for individuals. Officers agreed to review this with colleagues in the Innovation Hub. **ACTION**
- Queried whether in person training had been possible throughout the pandemic. Officers stated that the tech team continued in person training where possible throughout the pandemic and used video calls where appropriate.
- Discussed the meaning of cost avoidance through an outcome-based model and highlighted the use of assistive technology as a significant preventative measure.
- Questioned whether there was a fair balance in relation to costs for the County Council and the Clinical Commissioning Group (CCG) in relation to preventative services and queried whether the CCG needed to be pressed further in relation to the amount of cost avoidance. The Chair stated that this point applied to a number of areas and that he envisaged this issue would need to come back to the Committee. Officers stated that £3.66million was a huge saving and that it was difficult to measure outcomes where there was no cost saving including prevention of hospital admissions. Officers explained that they were currently working with colleagues in the CCG to review their section 75 agreement.
- Requested that Members visited the Smart Flat when it was up and running. **ACTION**
- Queried whether officers were linking in with the scam awareness team and if they were taking assistive technology to public events and roadshows. Officers explained that they worked closely with scam awareness colleagues including blocking cold callers. Officers stated that due to the high demand of the service they had not been able to go out and about as much to promote the service but that they had been working with Think Communities colleagues to disseminate information. Officers explained that every Christmas they sent out a wish list on social media of technology that people could purchase such as a one cup coffee machine. Officers commented that they were looking to create some more video experiences to promote the technology, showing positive case studies in action.
- Questioned whether Social Housing providers were playing a role. Officers stated that a lot of the housing providers have their own lifeline services in house but that they worked with them to see where they could add technology.
- Sought clarity on how ethics were addressed in relation to tagging an individual who may have a form of dementia. Officers explained that they have conversations in the early stages with the individual and their families to see how they feel about it and that the lifeline service was active monitoring not cameras.

It was resolved unanimously to:

- a. Note the findings of this report.
- b. Consider the opportunities to expand and develop the TEC Service and ask for further work to be taken forward within the Business Planning context.

23. Social Care Reform

The Committee received a report which responded to the Government's recent social care reform 'Build Back Better: Our plan for health and social care'. It provided an overview of potential financial impacts the bill would have on Adult Social Care in Cambridgeshire.

In particular, the reporting officers highlighted:

- The report was an initial early review of the announcement on 7 September.
- The Government's priority was to tackle the backlogs that had built up during covid and had announced £36 billion to tackle this.
- The Government pledged £5.4 billion to implement the reforms bringing health and social care together. The allocation of funding for Cambridgeshire was still unknown.
- The reforms included a lifetime care cap which would be universally applied from October 2023 and would be based on care and not accommodation costs.
- Currently there was no detail on supporting social care with increased need and the pressures it would place on providers.

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

- Highlighted concerns in relation to burdens for younger people and what the long-term impacts might be.
- Acknowledged that discussions had been ongoing for at least 25 years on the reforms with successive governments and it was a very difficult conversation.
- Highlighted that currently the additional money was heavily biased towards the health sector and the acute sector and there were too many short-term solutions.
- Requested that officers sought further clarity on the implications for local government through the LGA and ADASS.**ACTION**
- Queried whether there would be a national standard for care prevention.

- Acknowledged that there would be very specific responsibilities on local government and that we would need to develop our capacity and that the priority was to understand how the announcement impacts on our local residents.

The Chair proposed an amendment to the recommendation as follows:

- b) express concern about the lack of clarity on Local Government responsibilities in the announcement and agree to press the government, through the LGA and ADASS, for greater clarity on the implications for Local Government.

The amendment was seconded by the Vice Chair and being put to the vote was agreed unanimously.

It was resolved unanimously to:

- a) note and comment on the potential implications.
- b) express concern about the lack of clarity on Local Government responsibilities in the announcement and agree to press the government, through the LGA and ADASS, for greater clarity on the implications for Local Government.

24. Key Indicators for Health Inequalities in Cambridgeshire

The Committee received a report which detailed the impact of socio-economic variations across the county on health inequalities and the impact of Covid-19 on these inequalities.

In particular, the reporting officers highlighted:

- There was a North-South gradient of inequalities and that localised areas of inequalities existed.
- Healthy life expectancy was an important measure but there were methodological issues that made it difficult to track and to understand localised variations
- Premature mortality was a strong indicator of inequalities. Life expectancy was a strong measure if focused on healthy life expectancy.

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

- Queried where Cambridgeshire stood in relation to health inequalities in comparison to other shire counties.
- Highlighted the importance of robust measures and measuring impacts so that we can see the direction of travel.

- Highlighted the stark divisions in health inequalities in Cambridgeshire and the need for granularity in data and reporting back to Committee.
- Welcomed the suggestion that there should be a focus on health life expectancy.
- Discussed the possibility of looking at an indicator for Type 2 Diabetes as there was starkly different data on this in different parts of the county. The Director of Public Health stated that there are a number of clinical risk factors that are associated with inequalities such as hypertension, which would be studied in more detail as part of the JSNA.
- Discussed whether the significant implications section of the Adults and Health reports could include an implication for Health Inequalities. The Chair commented that health inequalities were addressed in all of the work undertaken by the committee and that officers did not have the time and capacity to address this in detail in every report.
- Requested a workshop to discuss the health inequalities data in more detail. Officers explained that they would add this to the Committee training plan.

ACTION

It was resolved unanimously to:

- a) Consider ways of measuring health inequalities in Cambridgeshire and timeliness of the measures available and agree:
 - i. An ambition to improve the time that people live in good health in Cambridgeshire and to reduce inequalities in health outcomes.
 - ii. To monitor under 75 mortality from causes considered preventable as a lead indicator for inequalities, acknowledging the lag in timeliness of data.
 - iii. To continue to use the more detailed and timely data in the Joint Strategic Needs Assessments/Covid impact assessments to inform the Health and Wellbeing Strategy and key areas of focus for action.

25. Expansion of the in-house Lifeline Service

The Committee received a report that sought to expand the inhouse lifeline service offer in order to meet the increasing demands to the service.

In particular, the reporting officers highlighted:

- That any surpluses were re-invested to trial new technologies

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

- Queried the level of charging by the Council in relation to other providers. Officers stated that there was a six-week free trial period and that benchmarking

had been carried out through the national organisation for telecare which established that the charge of £5 a week was a reasonable amount.

It was resolved unanimously to:

- a) Approve the expansion of the County Council's Lifeline Service thereby enabling the Council to provide services to other authorities and/or partner organisations.
- b) Note that the expansion of the service will enable more people to be supported to live in the home of their choice through the provision of assistive technology.
- c) Comment on the approach of expanding the service to reinvest in local technology enabled care provision with any surplus used to test emerging digital technologies that will benefit people across Cambridgeshire.

26. Integrated Community Equipment Service Pooled Budget

The Committee received a report which requested the continuation of an integrated approach with Cambridgeshire and Peterborough Clinical Commissioning Services for the provision of a community equipment service in Cambridgeshire. The contracted service was responsible for the purchasing, delivery, installation, collection, recycling, repair and maintenance of a large range of health and social care equipment.

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

- Sought further clarity on how equipment was recycled. Officers stated that they had reviewed all of the equipment types under the new contract and that recycling rates were good but could always be improved. Officers stated that they were working with the provider to continue to improve their recycling rates and be proactive.
- Queried the standard delivery time for equipment. Officers explained that one of the performance indicators was a five-day delivery time but they did have same day and next day delivery options for more urgent requirements.

It was resolved unanimously to:

- a) Approve that the County Council enters into a renewed Section 75 Agreement and pooled budget with Cambridgeshire & Peterborough Clinical Commissioning Group.
- b) Note the risk share contributions of partners as part of the pooled budget arrangement.

27. Finance Monitoring Report

The Committee received a summary of the overall position of the Peoples and Communities and Public Health Budgets as at the end of July 2021.

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

- Highlighted the need to take note of the staffing issues that had been flagged by officers particularly the issue regarding recruiting to the Health Protection role.
- Discussed the use of the Public Health reserves. Officers stated that the reserves were ringfenced for public health spend. Officers stated that 2-3 years ago there was a review of how the reserves could be used for transformative measures. Members highlighted their concern that if the Council did not review how to utilise the reserves they may receive reduced funding from government in the future. Officers to update in the next monitoring report on to address these concerns. **ACTION**
- Queried the red indicator on the savings tracker which related to the adults positive challenge programme. Officers stated that the indicator was red due to covid related delays in relation to demand management in particular in reablement. Officers stated that they were confident that the indicator would not be red in the September report.

It was resolved unanimously to review and comment on the report.

28. Business Planning Proposals for 2022-27 – opening update and overview

The Committee received a report which proposed spending priorities and desired key outcomes of spending in Cambridgeshire following the change in Local Authority leadership and the ongoing impact of the pandemic. Key themes of service planning where: economic recovery, prevention and early intervention, decentralisation, environment, and social value.

It was resolved unanimously to:

- a) Note the overview and context provided for the 2022-23 to 26-27 Business Plan.
- b) Comment on the list of proposals (set out in sections 4 and 5) and endorse their development.

29. Update on the Completed Procurement of Additional Nursing and Residential Bed Capacity in Care Homes

The Committee received a report which presented the results of the procurement of additional residential and nursing care beds. Commissioning had ensured that investment in the local care home market remains sustainable in the face of unprecedented pressure caused by the pandemic; securing continued to access

affordable, quality, choice-based care in line with statutory responsibilities under the Care Act 2014; and addressing current shortfalls in Council bed provision in the long term.

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

- Discussed the failure to meet the 60/40 split of block versus spot purchasing, which was the target set at the start of the procurement exercise. Officers stated the current split was 55/45 and there were limitations based on price and geography. Officers stated that the revised figure had been developed through a number of robust discussions and that both types of purchases needed to be balanced to work going forward and that the 60/40 split had been an aspirational target. Officers stated that there had been 800 beds offered through the procurement exercise, with the main reason for the beds that were rejected based on quality. Officers stated that prices were reviewed based on average market price, care type and district. The Chair stated that it was legitimate to reflect on the ration as part of the process in relation to ensuring that the process was proper and fair.

Councillor Boden proposed an amendment to the recommendation to 'note with concern' the update provided. The amendment was seconded by Councillor Hay. When put to the vote the amendment was rejected.

It was resolved unanimously to note the update.

30. Customer Care Annual Report 1 April 2020 – 31 March 2021

The Committee received the annual customer care report which collated customer and MP feedback on the Adult Social Care service and lessons learned in response to this.

The service had received: 252 compliments, 97 informal complaints and 210 formal complaints 2020-2021. Themes of complaints had been a lack of support, communication, financial issues, and the standard of care provided by commissioned care providers.

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

- Queried the low number of Councillor enquires reflected in the report. Officers stated that the majority of Councillors would contact team leaders/managers directly regarding complaints and the number given was a small proportion of the communications received by Councillors.
- Requested that the Chair and Vice Chair of the Committee be informed when complaints are referred to the Ombudsman. **ACTION**

It was resolved unanimously to:

- a) Note and comment on the information in the Annual Adults Social Care Customer Care Report 2020-2021.
- b) Agree to the publication of Annual Adults Social Care Customer Care Report 2020-2021 on the Council's website.

31. Agenda Plan and Training Plan

The Chair gave a brief update to the Committee on Outside Bodies and Internal Advisory Group appointments. He explained that there was still a number of vacancies to fill on the following groups:

- Cambridgeshire Community Services NHS Foundation Trust Quarterly Liaison Group – 2 vacancies
- Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Liaison Group – 1 vacancy
- Clinical Commissioning Group and Cambridgeshire Healthwatch Liaison Group - 3 vacancies

The Chair stated that he had also reviewed the remit, with officers, of the Care Suites Reference Group, and have concluded that this group was no longer required. He stated that the Princess of Wales Hospital Project had concluded and that it seemed disproportionate to continue the group and the Committee was the prime way in which officers could seek input from Members on projects. A Member requested that the Chair give more thought to the disbanding of the group.

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

Part 2: 14:00pm – 16:30pm Health Scrutiny

32. Covid-19 Vaccination Programme and Lessons Learned

The Committee received a report detailing response to the Covid-19 Mass Vaccination Programme which was initiated in December 2020.

In particular, the reporting officers highlighted:

- The multitude of delivery models for vaccinations in phase two of the roll out including 8 mass vaccination centres, community pharmacies, and mobile units. Officers stated that walk in clinics had been very popular.
- Current rates in over 60's were indicative of the vaccine uptake and the prevention of hospitalisations and deaths.

- Booster vaccinations were starting to be rolled out, kick starting phase 3 of vaccinations.

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

- Discussed the vaccination of under 16's and the booster programme and how this would be managed alongside the flu vaccination campaign.
- Queried what was being done to encourage the individuals that had not yet come forward for a vaccination and whether they were being contacted individually to discuss the vaccine. Officers stated that all individuals who had not come forward for the vaccine had been contacted again, including phone calls and in some cases home visits.
- Questioned if there were hard to reach groups that were not currently being accessed. Officers explained that they were working with hard-to-reach groups in the community to understand the blockers for accessing the vaccine and tailoring outreach solutions to meet their needs.
- Sought clarity on the impact on capacity of vaccinators if there was to be a sudden upsurge in cases. Officers explained that there could potentially be an impact due to sickness amongst staff if there was an upsurge but this would be monitored closely.
- Queried what was happening in terms of data sharing agreements and how the Council could support the CCG in progress agreements to support efforts to reach those that were not yet vaccinated. Officers explained that they had been working with a medical practice in the city to finalise a data sharing agreement.
- Queried what was being done in Cambridge City regarding vaccine uptake including the student population. Officers stated that the city had a transient population, very similar to Oxford and that there was a focus on community engagement in the more deprived parts of the city.

The Vice Chair proposed an amendment to the report recommendations as follows;

- b) Redouble efforts to implement a data sharing agreement, which makes this councils offer to GP practices, to make contact with residents as yet unvaccinated against covid.

The amendment was seconded by the Chair and being put to the vote was agreed unanimously.

It was resolved unanimously to

- a) Note and comment on this report on the COVID-19 vaccination programme.
- b) Redouble efforts to implement a data sharing agreement, which makes this councils offer to GP practices, to make contact with residents as yet unvaccinated against covid.

33. All Age Autism Strategy Consultation Report

The Committee received the All-Age Autism Strategy, a five-year (2021-2026) Strategy which supported the aim for Cambridgeshire and Peterborough to be an autism friendly place where autistic children and adults can live full and rewarding lives, within a society that accepts and understands them.

In particular, the reporting officers highlighted:

- The Strategy had been developed over the last 8 months and had been co-produced in partnership with autistic people and their families across Cambridgeshire and Peterborough.
- A number of priority areas had been identified through the development of the strategy and each priority area had a working group to develop each area of the strategy.
- The All-Age Autism Strategy was shared the Clinical Commissioning Group (CCG) Governing Body on 7 September 2021 who approved the consultation process plan and agreed that the launch of the six-week consultation ending on 19 October 2021.

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

- Welcomed the presentation of an innovative multi-agency strategy that had clearly considered the uniqueness of individuals on the Autism Spectrum and their diverse needs.
- Expressed concern that families were still experiencing difficulties in accessing the diagnosis pathway and although there was a commitment in the strategy for an 18 week wait, this length of wait could still cause particular stress and anxiety for some families. Members also raised concerns in relation to the bar being set quite high in accessing the pathway.
- Sought further clarity on the support that families should receive whilst waiting for a diagnosis. It was recognised that due to the nature of issues for children and adolescents on the spectrum that sometimes this could put parents in a vulnerable position dealing with complex behavioural issues without the associated support, skills and knowledge on how to meet the needs of their child. Some concern was raised that parents were having to resort to private assessments which was recognised as not an equitable option. Officers stated that they worked closely with the Autism Centre of Excellence in Cambridge on training and awareness and early identification of Autism and there was a need to make improvements in this area.
- Sought further information in relation to the data from private assessments / diagnosis and if this was fed into the system.

- Highlighted that there was an under diagnosis of autism in women and girls and the strategy needed to recognise this with details on measurable improvements to address this issue particularly around training, awareness raising and inclusion on diagnostic pathways.
- Raised concerns in relation to the transition from children/adolescent services to adult services as this was still perceived to be an issue for families and more focus on this should be considered. Members noted that the multi-agency commitment to an all-age autism strategy was an indication that partner organisations and services were working together to bridge this gap but more evidence in the strategy was required as to what this would practically look like.
- Highlighted concerns that transferring to adult services resulted in a drop off of care and support and that ASD young adults were often still supported by their parents and are not fully living independently in some cases. This transition to adult services may impact on less support than previously received for parents as carers. Members noted that some ASD young adults may be sufficiently independent and not require wider family involvement. Officers highlighted how the SEND 2025 strategy had helped the all-age Autism Strategy development around transition and the need to join services up. Officers stated that the commissioners toolkit on autism was a mechanism to ensure there was a quality service delivery along the pathway. The committee sought further detail on how this will be monitored during the delivery of the strategy.
- Expressed concern in relation to difficulties in accessing mental health services for people on the Autistic Spectrum and that there was an overall issue that there was still a perceived lack of understanding that individuals with ASD may have separate mental health concerns and still need to access these services. Some examples of ASD children being turned around by Mental Health services given the complexity of their ASD were discussed. Members highlighted the confusion in terms of services for those with ASD falling under mental health services that was reinforcing this perspective within service providers. Members discussed the importance of recognising the ASD individual may have separate mental health needs and access to services should not be denied. Members highlighted that the strategy should strengthen the need to increase autism awareness around wider service providers, recognising the individuality of people on the Autistic Spectrum and ensuring that services are not closed to them. Officers commented that this was an area that the CCG recognised needed improvement and that there was a need to integrate this into the Mental Health Strategy.
- Expressed concern with a question in the easy read consultation format that a question was asked “Do you want autistic people to be accepted as individuals” with a Yes or No tick box answer. Some parents had found the option of ticking the No box as condescending and were upset by this. Officers clarified that this would be reviewed.
- Noted that there was not a comprehensive offer for post 16 provision particularly in relation to employment and support to ASD young people in accessing University places. Members requested that the strategy be strengthened in this area as it was an important part of supporting ASD adults to live independently.

Recommended that targets with outcomes for meaningful paid employment working with local companies should be strengthened and requested more clarity on what was new and different with regards to the provision of quality employment. Officers stated that the lack of post 16 provision had been highlighted as a gap and there had been a review of the provision which had identified a whole range of actions to be taken forward as part of the strategy.

- Requested that the strategy contain more information on promoting public awareness on autism and working towards autism friendly services e.g. public transport providers becoming autism friendly in their signage and support. This would help facilitate those on the autistic spectrum to lead an independent life
- Questioned the ownership of the strategy and how the three organisations would measure success. Officers clarified that that the County Board answered to the CCG and the Joint Child Commission Board provided feedback to the Local Authority. Members raised concerns that structures change and that reassurances were needed that the strategy would be owned by appropriate organisation in five years-time. Members sought clarity on what was being jointly commissioned and the benefits of this. Members also sought clarity on how relevant data would be collected and updated as part of the Strategy. Officers explained that the demographic figures and the data was challenging. Officers stated that schools had started to collect raw data and the aim was to update the data on a quarterly-six monthly basis.

It was resolved to:

- a) Comment and note the contents of the proposed All Age Autism Strategy for Cambridgeshire and Peterborough.
- b) Respond to the consultation on the All-Age Autism Strategy.

34. Royal Papworth Hospital – Covid-19 Recovery

The Committee scrutinised the Royal Papworth Hospital (specialist areas: heart and lung) and their response to the Covid-19 pandemic.

In particular, the reporting officers highlighted:

- The Trust was proud to be part of the health and social care systems in playing a critical role throughout the pandemic, providing a national service and caring for critical ill covid patients that were referred from a multitude of hospital across the country.
- The Trust maintained emergency pathways throughout the pandemic and continued to treat patients with lung cancer, acute cardiac disease and continued to provide transplants.
- The Trust had been involved in clinical research for covid vaccines and treatments and were proud to be a centre of excellence and specialisms.

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

- Queried whether the Trust had been able to act as a training base for clinicians across the country dealing with covid in non-specialist hospitals. Officers stated that the Trust played a critical role in supporting and training non-specialist hospitals. Officers explained that they provided advice and guidance to all hospitals in the East of England and provided a 24-hour hotline. Officers clarified that at the height of the pandemic the Clinical Decision Cell met on a daily basis to provide decision making and a digital platform was set up to support staff and had delivered training webinars and have attended national and international meetings to share knowledge and experience.
- Questioned whether there had been any issues with workforce shortages and what was offered by the trust in terms of retention and career development. Officers stated that staff turnover had risen but not significantly and that they invested well in career development and they were a net exporter of highly skilled staff into the NHS.
- Congratulated the trust on its CQC outstanding rating achieved in October 2019 before the pandemic.
- Queried what the waiting times were before covid and what they were now. Officers stated that before covid no patient was waiting more than the 52-week threshold for surgery and that now only a handful were and that this was generally down to patient choice. Officers stated that they were achieving 92% of patients being seen in 18-week pre pandemic and this had dropped below 50% at the height of the pandemic with numbers averaging around the 84%-85% mark currently.
- Questioned whether the additional funding for the Health Service that had just been announced from Government would be enough. Officers commented that the additional funding was very welcome. Officers explained that the key constraints were in the workforce as it was taking additional time to train professionals.
- Queried what their thoughts were regarding mandatory vaccinations for health and social care workers. Officers stated that the Trust was a huge advocate of the vaccinations and that most of the patients in COVID critical care currently were unvaccinated. Officers explained that it was a complex issue and that it was an ongoing discussion with staff, with 93-94% of staff vaccinated within the organisation.
- Questioned how the balance could be made through the ICS as the balance was not currently right at the moment. Officers explained that there needed to be a huge emphasis on the importance of health promotion and prevention and that there needed to be a focus on how assets in the health and care system could be utilised to improve outcomes for the local community.

It was resolved unanimously to note:

- a) The Trust's rapid and comprehensive response to the pandemic.
- b) The role the Trust played in supporting patient care locally and regionally.
- c) Initiatives that the Trust has made to support staff resilience and wellbeing.
- d) Recovery of services and efforts to address the backlog of care and health inequalities for our patients.

35. The provision of NHS Dental Services in Cambridgeshire

The Committee scrutinised the NHS dental services in Cambridgeshire, which reopened 8 June 2020, and was advised by the Chief Dental Officer to prioritise urgent care over routine appointments.

In particular, the reporting officers highlighted:

- Dental Practices continued to provide face to face treatment following national guidance and that practices were still in the restoration phase with a minimum of 60% contracted activity as there needed to be space in between appointments to allow for aerosols from treatments to settle.
- Before covid practices were seeing 25-30 patients a day and this had in some cases gone down to 5-7 patients due to the guidelines.
- Some patients that required routine care may not be seen at the moment and that patients were prioritised on urgency of need.
- Work was ongoing on a Dental Transformation Strategy and there were eight dental strategy transformation workstreams shown in the report that were being rolled out in phases. One of the workstreams identified was looking at recruitment and retention and work was in the early stages of establishing a regional Dental Academy.

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

- Raised concerns that it was difficult to get urgent dental care and queried if there were new practices coming on stream as this had been an issue pre covid. Officers stated that the issue with new practices coming on stream was reliant on old practices being handed back when they folded. Officers stated that the data in the report was 6 months behind and that they would follow up with the Committee when they had up to date figures. **ACTION**
- Sought clarity on how the Dental Academy could be utilised to get more clusters of practices working together. Officers stated that the academy was in its

development phase and that this would be investigated as part of its set up. Members requested a follow up report on the progress of the academy. **ACTION**

- Queried whether officers thought there should be a broader sugar tax. Officers stated that they were reliant on the evidence of public health consultants

36. Date of the next meeting – 14 October 2021

The Chair asked for the Wi-Fi issues that Members had been experiencing in the Multi-Functional Room to be formally noted in the minutes and the issue followed up with IT.

ACTION

Members noted the date of the next meeting.

Chair