

Adults and Health Committee Minutes

Date: 7 March 2024

Time: 10.00 am - 16.00 pm

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

Present: Councillors Mike Black, Alex Bulat, Steve Corney, Adela Costello, Claire Daunton, Mark Howell, Richard Howitt (Chair), Edna Murphy, Kevin Reynolds, Geoffrey Seeff, Philippa Slatter, Susan van de Ven (Vice Chair) and Graham Wilson.

Part 2 only: Councillors Corinne Garvie, Keith Horgan, Steve McAdam
Dr Haq Nawaz and Rachel Wade.

235. Apologies for Absence and Declarations of Interest

Apologies received from Councillors Chris Boden and Anne Hay. Apologies given for part two of the meeting from Councillors Mark Howell, Kevin Reynolds, Steve Corney and Edna Murphy.

Councillor Claire Daunton declared an interest in item 4 on the agenda 'Occupational Therapy Section 75 Agreement' as she was the Council Representative Governor for the Cambridge and Peterborough Foundation Trust.

The Chair thanked Councillor Alex Bulat for stepping in to chair the last meeting.

The Chair thanked Jyoti Atri the Executive Director of Public Health who was not present at the meeting for her service, after the recent announcement that she would be moving on.

236. Adults and Health Committee Minutes – 25 January 2024 and Action Log

The minutes of the meeting on 25 January 2024 were approved as an accurate record.

In matters arising from the minutes a member queried if there had been any further developments regarding the 'Right Care Right Person' (RCRP) partnership approach since the update at the last committee. The Executive Director: Adults, Health and Commissioning explained that the authority was working closely with the Police and partners on the 'Right Care, Right Person' (RCRP) partnership approach. He stated that the first phase of implementation had ended and that phases two and three were being developed and risks being assessed. He stated that both phases two and three were due to be implemented in May 2024 and that there were still some significant concerns being discussed with partners and that these concerns would be reported in the Corporate Risk Register if there was a need for escalation. He explained that if there were any financial implications that this would be brought back to committee for consideration.

In discussing the action log, a member queried if there was any additional information regarding action 226.a in relation to a further update on the workforce position for individuals that had been affected by the closure of Beaumont Healthcare Limited and an update on the number of individuals that had been supported to find alternative roles. They also sought information on how many of the individuals had been taken on by the council. The Executive Director: Adults, Health and Commissioning stated that the information provided in the update to the action log was the latest position and that he did not have the detail regarding the numbers of individuals that had been taken on by the council. He stated that the union had contacted the authority to recognise the significant amount of work that the council had done to support the individuals.

The action log was noted.

237. Petitions and Public Questions

No petitions or public questions received.

238. Occupational Therapy Section 75 Agreement

The committee received a report that sought agreement for the County Council to enter into a new Section 75 Agreement with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) for the provision of community Occupational Therapy services for adults and older people. This would continue to be a public sector partnership and would not be procured through a commercial tender process. Having a new and refreshed Section 75 Agreement would mean that the service could continue to provide a sustainable and high quality integrated Occupational Therapy service to the people of Cambridgeshire, ensuring that people remain as independent as possible in the home of their choice.

The presenting officer highlighted the following points in the report:

- the Occupational Therapy service had been an integrated service since 2003 and the council worked closely with the districts and home improvement agencies in delivering the service.

- the average waiting time was 6 weeks based on January 2024 figures.
- an independent review of the service was carried out in 2022 and the recommendations from the review had inform the new agreement.
- the new agreement included flexibility and new key developments including more input from the post discharge process.
- governance included a monthly performance board and regular liaison with CPFT.

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

- sought further information on the independent review including what it covered and the outcomes from the review. Officers explained that the council had commissioned SHA Disability a therapy lead consultancy service to look at all aspects of the service, including speaking to service users and practitioners. Officers stated that it was a good piece of work and produced an extensive report with recommendations.
- queried the average waiting times as pre pandemic the average waiting time was four weeks and questioned if there were other factors affecting waiting times. Officers explained that there were a number of factors affecting waiting times. Officers stated that there was fluctuation in demand for the service which could see on average 700 referrals a month. For example, there were 800 referrals in January 2024 and they were also struggling with recruitment, however there was a national shortage of staffing in this area. Officer stated that in recent weeks there had been some success in recruiting some new staff.
- sought assurances that the CPFT would sign up to the agreement in time and queried how the additional costs would be negotiated year on year. Officers stated that the CPFT had been heavily involved in drawing up the agreement. Officers stated that they had liaised with the contract manager and the agreement should be ready by 1 April 2024, so sign off would be in the next few weeks. Officers explained that additional costs would be linked with the NHS offer of the uplift.
- sought clarity that the council was confident that the use of a single point of contact within the service was clear and worked well, against the rising demand and the council's capacity to meet the demand. Officers explained that the majority of referrals were made through the County council's contact centre, who carry out a level of screening. There were also Occupational Therapists that work within the council's Adults Early Help Service and referrals were also made through physiotherapists. Officers clarified that due to rising demand there had been a lot more work by CPFT over the last six months on an enhanced triage process in order to help with demand management.
- queried how the financial contributions in relation to the agreement were drawn up and if equipment costs were factored into this. Officers explained that the vast

majority of the contribution was in relation to staffing and there was a separate pooled budget with the ICB for the community equipment service.

- the Chair commented on the level of complication of the governance arrangements in place but noted the need to be vigilant. Officers stated that the council had a good working relationship with CPFT and were provided with a comprehensive performance report on a monthly basis.
- recommended that officers publicised the 'Cambridgeshire Guide to Independent Living' more widely and that there was a clear link to the document on the Councils website as this would help support those who could fund their own equipment. Officers explained that the NRS safe and well service provided self help solution for those who wanted to purchase their own equipment.
- the Chair requested that officers informed the chair and vice chair when the agreement had been signed. **Action Required**

It was resolved unanimously to approve:

- a) The new budget of £2,038,663.
- b) That the council enters into a new and refreshed Section 75 Agreement for the delivery of an integrated Occupational Therapy service, for a contract term of 3 years, plus the option to extend by a further 1 year and then a final 1 year (5 years in total) for a total contract value of £10,193,315 (plus annual uplifts).
- c) Delegated authority for awarding and executing a contract for the provision of an integrated Occupational Therapy service starting 1st April 2024 and extension periods to the Executive Director Adults, Health, and Commissioning, in consultation with Chair and Vice Chair of the Committee

239. Procurement of Diagnostic of Hospital Discharge Arrangements

The committee considered a report that outlined the proposed approach and sought approval to undertake a diagnostic of hospital discharge arrangements across Cambridgeshire. The outcome of this would be that people were supported to be discharged from hospital at the right time and to the most appropriate setting, supporting their independence and long-term outcomes, improving patient flow and reducing discharge delays.

The presenting officer highlighted the following points in the report:

- the diagnostic was key to developing savings for the next financial year and improving outcomes.
- it would allow for much better insight into the effectiveness of discharge processes with partners and peoples experiences and identifying gaps and identify opportunities to improve people's independence.

- focus on the community offer and care together, increasing community- based responses, working with the voluntary sector.
- more tailored approach with commissioning, prevention and early intervention.
- this would be a one-off contract, time-limited, to be completed within the financial year 2024/25.
- funding of up to £500k had been allocated to this project. This would be funded through Just Transition Funding reserves, recently approved at full council on 13 February 2024, as part of business planning for 2024/25
- in addition, it also supports delivery of £1.2m of discharge related savings for the financial year 2024/25 contained within the business plan.

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

- highlighted that in the recent government budget announcement local authorities were asked to reduce spending on consultants and asked officers to comment on this in relation to the proposal. A member commented that £500,000 was a large consultancy fee for something that the authority already knows, and queried why it was so expensive and if the authority was learning from other counties in order that best practice could be written up. They also commented that the payments should be in phases to ensure there was value for money. Officers stated that it was important to acknowledge that this was a significant piece of work that required skills that council officers did not have. Officers explained it was a one-off piece of work focusing on how the process could be improved and it was expected that a lot of vital information on how improvements could be made would come out of the work. Officers stated that there would be a competitive process and that all bidders would be required to demonstrate how their proposed approach would support the delivery of social value. Officers highlighted that they had been talking to other authorities to gain an insight into their processes and acknowledged that every local authority had very different circumstances, so processes needed to be tailored to deal with this. Officers stated that it was important to understand these differences whilst continuing to benchmark against other authorities.
- a member commented that assessing on the ward did not give a full picture of the individual's needs. They stated that even though the discharge figures were good there was a concern in relation to avoiding re-admissions. They highlighted that the council was a system with the NHS and questioned why the council was not working with the NHS on this piece of work. Officers explained that there was an ongoing piece of work to look at developing the community offer to help reduce re-admissions. Officers stated that they had spoken to partners including the acute trusts who were keen to support the work. Officers clarified that conversations were continuing with the ICB and there was an interest in looking at mental health discharges. Officers stated that it was important the council lead on the work.

- a member stated that they could not support the recommendation and commented that it was extraordinary that the authority did not expect council officers to have the skills to undertake this work and it was their view that the work would not address the current issues.
- a member highlighted their concern in relation to the amount of money requested and sought further information on what the council would get for this. Officers explained that there were two parts to the diagnostic work; the first part would focus on the processes and looking at the councils' partners and the discharge process and how this impacted on individuals and the effectiveness of the processes. Officers stated that it was crucial that the authority collected the evidence to show where improvements needed to be made particularly in relation to mental health discharges. The second part of the diagnostic would be focused on the council's response, performance was currently good, but this did not mean that the council should not be doing better, and be more ambitious around promoting independence, and having a stronger community offer.
- the Chair stated that the council provided an excellent service, however a new Executive Director had come in and looked at the process with fresh eyes and highlighted that the authority was out of line with national best practice. He explained that he was supportive of the direction of travel and believed that this work would be a driver towards and even better service. He acknowledged that there were expertise and knowledge in the council's own staff that should be utilised and noted that the figure requested was a maximum spend. The Executive Director explained that currently the council did not apply the Discharge to assess (D2A) model which was introduced as best practice in 2016 by NHS England, and still assessed in hospital beds. He stated that there was a need to understand what was happening on the ground and there was a need to maximise the use of pathways 1 and 2 in the discharge to assess model to help the council to maximise outcomes for people and to ensure better spending of the Cambridgeshire pound.
- a member stated that they still had concerns in relation to the money requested and stated that there was no indication on how much the work was going to cost and stated that they were unable to support the proposal. The Executive Director of Adults, Health and Commissioning explained that the figures were based on discussions with other councils. A further member commented that officers had worked out what the exercise might cost, and they felt that it was good use of the money.
- a member questioned if there were figures to show where the discharge to assess was not happening and why, and queried if this would form part of the diagnostic exercise. The chair asked that further information be provided by officers on this. **Action Required.**

It was resolved by majority to:

- a) Approve the procurement of resources to carry out a full diagnostic of discharge arrangements, including bed and home-based pathways, for

Cambridgeshire residents, which may include acute hospitals outside of the County boundary, including Peterborough City Hospital.

- b) Delegate responsibility for awarding and executing any contracts for the provision of the diagnostic of discharge arrangements, to commence after the 1 April 2024 to the Executive Director of Adults, Health, and Commissioning in consultation with the Chair and Vice Chair of Adults and Health Committee.
- c) This work has an estimated contract value of £500,000.

240. Finance Monitoring Report – January 2024

The committee considered a report that set out the financial position of services within its remit as at the end of January 2024

The presenting officer highlighted;

- at the end of January 2024, Adults, Health and Commissioning was projected to deliver a forecast underspend of £3,920k. This masked a significant underlying pressure of £1.3m across care costs for people with learning disabilities. In addition, care costs for older people were significantly above budget, but this was being more than offset by increases in client contributions and by the application of grant funding in 2023-24 to meet increasing costs. Public Health was projected to be £49k underspent.
- the savings tracker remained in a positive position, and it was expected that the savings would be delivered in full at year end.

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

- queried how the grant funding processes were managed and if this was affecting the budget position. Officers explained that grant funding could affect the budget position depending on if some of the activity had taken place and also in relation to unfilled posts. Officers explained that grant funding could be used to support demand across Adult Social Care. Officers look at demand and this was fed in at the beginning of the budget setting process, they then had to take into consideration the corporate position and significant overspends in Childrens services. Officers stated that there was a need to look at how best to use grant funding to the best advantage for Adults but also within the overall context of the council. The Executive Director: Adults, Health and Commissioning reiterated that there needed to be consideration of the whole corporate position. He explained that the workforce expenditure panel has had an impact on the way vacancies have been managed and this had led to underspend and there were difficult decisions to be made regarding the corporate position. He stated that the council wanted to recruit and retain more people and that there were significant pressures on the existing workforce and the council was looking at how things could be done differently including regional benchmarking of pay and conditions.

- requested a specific session for the committee on workforce. **Action Required** A member highlighted that it would be useful as part of this discussion to understand in more depth recruitment issues, in particular around international recruitment and also to look at Public Health and the concern around the current state of primary care and to look at community pharmacies.
- requested a future discussion at committee on debt management to cover the responsibilities of the committee in this area and to review the adult social care debt management improvement plan. **Action required.**

It was resolved to:

note the Adults, Health and Commissioning and Public Health Finance Monitoring Report as at the end of January 2024 and the update on Adult Social Care debt.

241. Adults, Health and Commissioning Risk Register Update

The committee received a report that set out the Adults, Health and Commissioning risks.

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

- a member highlighted risk 16 in relation to the recruitment and retention of staff and questioned what was being done in this area. Officers explained that there were some wider mitigations in place in terms of internal staffing including six protected days of professional development, and retention payments were in place for the short term. Officers explained that they were also acting on the results of the staff survey and staff feedback sessions.
- a member stated that reviewing risks on both the Adults, Health and Commissioning and Public Health risk registers they felt the biggest risk was within the commissioned services in Adults and Health, in particular with providers leaving the market. Officers explained that the commissioning risks included on the Adults, Health and Commissioning register were in relation to the council's internal workforce. Officers explained that the market for the external workforce was buoyant at the moment, particularly in home care. Another member commented that international recruitment brought different levels of risk and they felt that the risk scores in relation to recruitment were a bit conservative.
- a member commented on risk three 'Arrangements to support people with Learning Disabilities result in poor outcomes due to uncertainty of decoupling of funding arrangements via section 75 agreement' and sought clarification on what was in place to mitigate this. Officers stated that governance was in place and conversations were ongoing with CPFT and the ICB, and they were still moving through the process. The Executive Director: Adults, Health and Commissioning

explained that in relation to the mitigations for this risk they were working hard with partners including the ICB, Acute and placed based accountable bodies in the North and South and the CPFT to build stronger relationships and they were on a positive trajectory and the risk was therefore rated appropriately.

- a member queried who the partners were in relation to risk one as they did not recall a discussion around this risk. The Executive Director: Adults, Health and Commissioning stated that this risk had been put on the register in relation to the piece of work to decouple services from Peterborough where appropriate. He stated that it was important to review joint commissioning and the process of this taking place still in some cases as well as other arrangements including section 75 agreements. He clarified that when referring to partners it was not one individual organisation, it was a general risk around how the council responds to joint commissioning arrangements and the financial implications around this.
- a member commented that they felt the impact identified for risk 6 'Adults with care and support needs suffer poor, potentially fatal outcomes because of abuse or neglect that the local authority was or should have been aware of', was too low, and questioned if it should be higher. Officers stated that they were constantly reviewing the breadth of work the council does and its responsibilities and that this was a risk that happened rarely, however you could not entirely mitigate against this.
- the Chair queried in relation to risk 12, if the council was any closer to having a proper management information overview in place in order that the correct information could be supplied in light of a CQC inspection. Officers stated that phase two of the development of the power BI dashboard had ended and most data was now in place and the council was now much clearer on the information requirements from CQC and were working to ensure the council had this information in place. Officers explained that the risk rating is being reviewed and is likely to reduce significantly.
- a member requested that the care academy should be referenced in the mitigating action in relation to risk 14. **Action Required**

It was resolved to note the updated Adults, Health and Commissioning Risk Register.

242. Public Health Risk Report

The committee received a report that set out the Public Health risks.

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

- a member queried if there were any current issues with providers. Officers clarified that there were currently no CQC reports on any public health services.
- a member commented on risk E, 'There is a risk that system staffing capacity will be insufficient to implement or maintain commissioned services' and questioned

whether the public health underspend could be used to pay higher salaries to attract individuals to unfilled roles. Officers explained that the underspend of £49,000 would not address this problem and this was a broader issue in relation to the public health grant and the amount government allocated. Officers highlighted that the underspend was in relation to a lack of capacity in Primary Care that affected the ability of practices to deliver services. A further member commented on the risk and highlighted the need for training of current staff and the vital role the Care Academy played in this. They also highlighted the issues in relation to international recruitment and stated that further restrictions on immigration would put even further pressures on recruitment particularly in relation to social care and this would get worse with the restrictions due to come in to place for bringing dependants into the UK.

- a member highlighted risk D, 'There is a risk that the council and partnership response to future outbreaks/pandemics (including new variants of Covid-19) of infectious disease will be insufficient', and queried whether the council was prepared for future outbreaks. Officers explained that there were staff in place who had a specific Health Protection remit around promoting immunisation and vaccination and worked ~~working~~ closely with the U.K Health Security Agency (UKHSA) to manage any health protection concerns including local outbreaks. The Public Health Intelligence (PHI) Team had a surveillance role in terms of monitoring appropriate data and liaising with UKHSA, Officers stated that the Risk Register identified a risk associated with the management of emergencies such as the Public Health impact of flooding. Officers stated that there was an ongoing training programme for organisations in the system lead by the Local Resilience Forum in response to these concerns.
- a member commented on the short-term nature of grants and whether there were any links into recruitment to substantive posts. Officers stated that was a lot of communication on how staff can be re-deployed, and officers worked with providers on how training could be built into services for long term solutions.
- a member commented on risk D in relation to attracting young people into careers in public health and queried what the service was doing in relation to this. Officers explained that they were working with the Combined Authority to build public health skills and training into some of their programmes Currently the Council had a number of Public Health Registrars undertaking part of their training, which was useful for attracting them back to the Council when qualified.
- a member queried how the authority was preparing for a health protection situation particularly as there was a stress on capacity in the workforce. Officers explained that there was a robust surveillance system in place working at a regional and national level and the service had suitably trained staff. Officers explained that they were currently working on childhood vaccination rates in relation to the current outbreak of measles.

It was resolved to note the Public Health risk registers.

243. Adults Corporate Performance Report Quarter 3 2023-24

The committee considered a report that gave an update on the status of the selected Key Performance Indicators (KPIs) which track the performance of the services the committee oversees in relation to Adults. The report covered the period of quarter three 2023/24, up to the end of December.

It was resolved to note and comment on performance information and act, as necessary.

244. Public Health Performance Report Quarter 3 2023-24

The committee considered a report that gave an update on the status of the selected Key Performance Indicators (KPIs) which track the performance of the services the committee oversees in relation to Public Health. The report covered the period of quarter three 2023/24, up to the end of December 2023.

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

- a member commented on performance against NHS Health Checks and why the figures were still below target as the indicator was still showing as red. Officers indicated that substantial improvements had been made since the pandemic when the Programme was stopped nationally. Officers further explained that NHS Health Checks were a practice-based service and that certain populations had higher rate of cardiovascular disease. Officers highlighted that there was now approved funding for prevention work and a system would be in place to parachute into practice data records and target those who were at greatest risk and had the greatest need to take up a health check.
- a member sought further information on health visiting mandated checks and if there was any further information on improvements in performance in this area. Officers explained that there had been a lot of work recently in this area and that they were working closely with providers looking at different models of delivery, getting the system up and running again and continuation of the improvements

It was resolved to:

- a) Acknowledge the performance achievements.
- b) Support the actions undertaken where improvements are necessary.

245. Adult and Health Committee agenda plan, training plan and committee appointments

Members reiterated requests from earlier in the meeting on updates to Committee whether that be by report or in a member development session in relation to;

- Staffing and the Workforce Plan and feedback from the staff survey
- Adult Social Care Debt Management Improvement Plan

The Chair commented that he had been in discussion with the Vice Chair and Officers about using the April reserve date as a development day for the Committee and that this would be finalised and communicates to members shortly. **Action Required.**

A member requested a briefing on the progress of the Care Academy. **Action Required.**

The Chair asked members to consider putting their names forward for appointments to NHS Provider Liaison Groups, and asked officers to recirculate the list of groups. **Action Required.**

Part 2: Health Scrutiny Minutes

246. The Provisions of NHS Dental Services in Cambridgeshire

The Committee received a report on current provision of NHS dentistry services to the local population of Cambridgeshire from the Chief Finance Officer (CFO) at the Cambridgeshire and Peterborough Integrated Care Board (ICB). Also present to give evidence were the Associate Director for Primary Care Contracts and Enabling and Primary Care Contracts Business Partner (Dental) at the ICB and the Communities Programme Manager at Healthwatch Cambridgeshire.

Introducing the report, the CFO ICB highlighted:

- responsibility for dental functions were delegated to Integrated Care Boards (ICBs) with effect from 1st April 2023. This responsibility was previously with NHS England.
- the ICB had inherited some NHS dental contracts that had been under-performing since 2018, largely due to the pricing structure of the contracts. There were three bands of payments, but dentists could earn more when undertaking private work.
- the ICB had secured an additional £6.1 million for its Dental Improvement Plan which aimed to improve access to NHS dental services for patients across the area. The ICB had engaged with local dentistry providers, Healthwatch and patient groups to development the plan. Population health information and health inequalities data was being used to identify where the areas of greatest need were located.

- in February 2024, NHS England published a joint NHS and Department of Health and Social Care (DHSC) plan to recover and reform NHS dentistry. The plan included initiatives such as one-off payments to attract dentists to areas in most need of dental services and a change in band payment rates to encourage dentists to see more NHS patients. The ICB had already included some of these initiatives in its own Dental Improvement Plan.
- the ICB had already rolled out additional capacity with high street dentists.

The Healthwatch representative highlighted the importance of listening to people and their lived experiences. Dental services were consistently in the top two problems reported and had been since before the pandemic. Healthwatch welcomed the ICB's Dental Improvement Plan and looked forward to seeing how it would affect peoples' access to dental care. Healthwatch emphasised the importance of addressing health inequality across the county to help those most affected by the lack of access to dentists. Difficulties accessing dental care were being seen nationally, but Cambridgeshire was particularly badly affected.

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

Budget Allocation and Contracts

- asked for more information about two figures in the report: £6.1 million and £200 million and asked the total dentistry budget for the ICB in Cambridgeshire and how resources would be allocated to address dental health inequalities. The CFO ICB advised that the ICB had not yet received its budget allocation for 2024/5. The dentistry budget for 2023/24 was approximately £48 million and the ICB had added an additional £6.1 million to fund its Dental Improvement Plan. Of the £200 million assigned nationally in support of the Government's dental recovery and improvement the ICB had received £780K for Cambridgeshire and Peterborough. It was noted that some of the £200 million was not new money and that funding was not separated by district but distributed through NHS dental contracts.
- asked if the additional money was enough to make a positive difference. The CFO ICB advised that the ICB was engaging with experts to utilise the money to have the biggest impact. The ICB was also actively engaging with local NHS dental providers.
- queried how much difference the increase in payments for Band 1 units of dental activity (UDA) would make in practice. ICB officers stated that they would monitor the impact of this change but acknowledged that there was still a substantial difference to the income from comparable UDAs delivered to private patients.
- voiced strong concern that the annual NHS dentistry budget was effectively unchanged since 2010, reflecting a significant drop in real

terms, and questioned whether it was possible to make a difference with the funds available.

- queried if there was scope for learning from other countries and their dentistry. ICB officers responded that the ICB had engaged a multinational organisation which would analyse data across Cambridgeshire. Their findings would highlight where national contracts were placed throughout the county and which areas were most deprived in terms of access to NHS dental provision. The ICB had tasked them to consider what tariffs could look like to attract dentists back to the NHS.
- learned that capital expenditure could not be spent on helping new dental practices to open or to procure equipment for them as they were private businesses, but that capital funds could be used to support the delivery of dental services in community spaces.
- noted that funding was calculated on a per head of population basis.
- asked if the ICB would consider directly employing dentists to treat NHS patients. ICB Officers informed Members that the ICB commissioned dental services but did not employ dentists direct.
- sought clarification regarding the funding of oral health promotion. ICB officers explained that the ICB had retained part of the funding for oral health promotion and that they were working with the Public Health team on how this was used to complement the work being done by Public Health, rather than duplicate it. The contract was in place until 2026 with yearly uplifts. The Deputy Director of Public Health commented that there had been a lack of clarity about the amount of funding, which was retained by the ICB, and the amount passed on, and welcomed the offer by the ICB to share that information outside of the meeting.
- sought further information about the use of mobile dentistry vans and their funding. ICB officers explained that there was no additional money to fund the dentistry van that had been approved for Cambridgeshire and Peterborough, so it would need to be funded from within the existing dental budget.
- emphasised the link between oral hygiene and physical health and the importance of preventive as well as curative dental care.
- encouraged the ICB to engage with District Councils.

Training and Education

- highlighted the lack of a dental school in the East of England, despite the acute need for more dental practitioners locally, commenting that if people were trained locally, they would be more likely to settle and provide services locally. Peterborough University and Anglia Ruskin University could potentially deliver this training and several councillors offered to

liaise with local MPs in support of this. ICB officers explained that the establishment of a dental school would be in the remit of Health Education England and not the ICB, but that they could help initiate conversations. Engagement sessions with local dentists had also identified this as an area to be explored.

- suggested discussions around wider collaboration in relation to the ICB's workforce strategy including dentistry, and the opportunities offered by the new Care Academy.
- asked what steps were being taken to make use of the full skill set of dental health professionals and provide opportunities for their professional development. For example, could dental assistants and hygienists undertake additional work following appropriate training to free up dentists' time to focus on more challenging cases. ICB officers confirmed that they were keen to make best use of the skills available locally and to offer professional development opportunities and were obtaining the data needed to better understand the local dentistry workforce.
- welcomed the ICB's work to make children and young people aware of career opportunities in dentistry through attendance at careers fairs.

Prevention and Local Provision

- highlighted that the government were consulting on the registration process for overseas dentists and asked about the potential impact locally. ICB officers highlighted that one important aspect of overseas professional retention involved a sense of importance and belonging in the local community. Engagement with local practices and establishing links through neighbourhood teams would help facilitate this sense of community. The Chair stated that the subject of overseas dentists was not the main topic of discussion in this meeting but could be brought back another time.
- spoke of the importance of listening to and engaging with local people and patient representative groups like Toothless in England.
- expressed concern for children, vulnerable people, and people in need of urgent dental care and encouraged the early introduction of mobile dental vans locally.
- asked about the number of orthodontic contracts in place and described difficulties with accessing orthodontic care in Cambridge which had been reported to them. The ICB officer explained that there were currently six NHS orthodontic contracts in Cambridgeshire and that this service was accessible by referral only. They were not aware of any issues accessing this care and offered to follow this up outside of the meeting.

- welcomed the ICB's intention to look at S106 funding to ensure that dental provision for new and growing communities was included in future conversations with developers.
- queried the use of community spaces; how would that work, and could there be conversations with the County Council about using those spaces?
- noted the strong public health argument in favour of the fluoridation of water to build and maintain strong, healthy teeth in both adults and children, and the role it could play in improving dental health in people living in more deprived communities. The offer by the CFO ICB to expedite conversations with Health Education England on the fluoridation of water in Cambridgeshire was welcomed, and committee members asked to be advised of anything they could do in support of these discussions.
- sought more information on three areas of the local Dental Improvement Plan: child focused initiatives, care home staff support offer and patient engagement. The ICB officer explained that 51.3% of the child population in Cambridgeshire had seen a dentist within the last 12 months in 2022/23. An oral health training package to upskill care home staff on oral health care through training led by dental care professionals had been successfully trialled. The ICB was also working to ensure that residents in care homes had access to dental practices if they needed treatment. Patient engagement would be paramount to the Dental Improvement Plan.
- noted that integrated neighbourhood teams and community hubs would be a focus moving forward to help increase access to dental services.
- expressed shock at the Healthwatch report, published in February 2024, that stated some practices would not register children as NHS patients unless their parents had signed up privately.

The Healthwatch representative stated that:

- in 2019 Healthwatch published a dental report which found that people were visiting Accident and Emergency units for urgent dental care because they were unable to access to routine dental provision. A temporary injection of funding into dental access centres over six months had been made to help address this issue, and they asked if there were any interim measures that could be introduced to improve access to urgent dental care.

The Chair thanked contributors and Committee members for a wide-ranging debate, and summarised the key discussion points for inclusion in the Committee's feedback and recommendations:

- highlighted the consistently high level of public concern and dissatisfaction with access to NHS dental services being seen both locally and nationally.

- commended the local Integrated Care Board in securing £6.1m to help improve access to dental services through its Dental Improvement Plan.
- expressed concern that the new money announced by Government in support of NHS dentistry is not all new money, and that there still remained a significant differential between NHS payments for units of dental activity (UDA) and the fees charged for comparable services by private dental practitioners.
- welcomed and encouraged the ICB's engagement with local dentists, which was a new initiative.
- welcomed the provision of additional dental care sessions for children and young people including children in care and the offer of support to care home staff with residents' oral health and onward referral to a dental practice for treatment where required as part of the ICB's own Dental Improvement Plan
- welcomed the offer by the Primary Care Contracts Business Partner (Dental) to engage with district councils.
- encouraged further dialogue between County Council officers and the ICB on wider collaboration in relation to the ICB's workforce strategy, including the opportunities offered by the new Care Academy.
- welcomed the ICB's intention to look at S106 funding to make sure that dental provision for new and growing communities was included in future conversations with developers.
- welcomed and endorsed the focus on integrated neighbourhood working and the potential for collaboration in the use of community spaces.
- welcomed the ICB's offer to meet with Councillor Daunton to discuss access to orthodontic care in Cambridge.
- noted the strong public health argument in favour of the fluoridation of water to build and maintain strong, healthy teeth in both adults and children, and the role it could play in improving dental health in people living in more deprived communities. The Committee would welcome an examination of the possibility of extending water fluoridation to Cambridgeshire in the future.
- expressed shock at the finding in the Healthwatch report 'Our position on NHS Dentistry' that some people were reporting that dental practices would not see children as NHS patients unless their parents registered as private patients.
- welcomed the work already being done by the ICB to actively promote career opportunities within dental care in Cambridgeshire to young people and those changing careers and encouraged this remain an area of focus.

It was resolved unanimously to:

delegate authority to the Democratic Services Officer, in consultation with Committee Spokes, to provide feedback and recommendations to the Integrated Care Board on dental provision in Cambridgeshire.

247. Approval Process for the Responses to NHS Quality Accounts 2023-24

The Committee was asked to approve arrangements to review and respond to local NHS providers' Quality Accounts for 2023/24.

The six largest local NHS providers were required to produce a Quality Account each year to provide assurance about the quality of their services. This was measured against patient safety, the effectiveness of treatments and patient feedback on the care provided. The Trusts were required to share a draft with their local Health Overview and Scrutiny Committee/s (HOSCs) for comment and to include any statements made by those committees in the published document.

The Chair stated that membership of the NHS Provider Liaison Groups was open to all committee members, substitutes and co-opted members, and encouraged them to consider putting their names forward. There were no political proportionality requirements and cross-party membership was encouraged.

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

- asked that the following issues should be considered for each Quality Account: waiting lists; lack of funds; links with the County Council and the extent to which these were working or not; staff recruitment and retention; and any specific challenges faced by the Trust. **Action required.**
- clarified that Quality Accounts were public facing, user-friendly documents and were not financial accounts.
- sought clarification if Provider Liaison Groups discussed anything other than the Quality Accounts. It was clarified that they had a wider remit to discuss potential issues for future scrutiny sessions and current issues. A list of the groups would be circulated after the meeting. **Action required.**

It was resolved unanimously to:

- a) establish six Working Groups to review the draft Quality Accounts for 2023/24.
- b) agree that these Working Groups consist of the members of the relevant NHS provider Liaison Group, plus any additional members agreed by the Committee. Partner Governors appointed by the Committee to NHS providers will also be invited to join the relevant Working Group.

- c) delegate authority to the Democratic Services Officer, at the direction of the Working Groups and in consultation with Adults and Health Committee Spokes, to submit the Committee's statements on the 2023/24 Quality Accounts.

248. Rapid Review of the Integrated Care System Winter Plan 2023-24

The Committee received a report which placed on record the findings and recommendations of the Rapid Review of the Cambridgeshire and Peterborough Integrated Care System (ICS) Winter Plan 2023/24.

The Rapid Review Group had been established to consider the ICS Winter Plan 2023/24. The Group met with the Chief Executive and the Director of Performance and Delivery at the Integrated Care Board (ICB) and followed up questions which Committee members had identified as part of their pre-scrutiny preparations together with their own lines of enquiry. The Group's findings and recommendations were shared with Committee Spokes and sent to the Chair of the Integrated Care Board, and the recommendations had been included on the Committee's scrutiny tracker.

The Chair placed on record the Committee's thanks to Councillors Black, Costello and Daunton for the Rapid Review Group's work, and welcomed the time which senior ICB officers had committed to meeting with the Group.

Review Group members reported:

- a productive meeting with the CEO and Director of Performance and Delivery at the ICB, which had included issues raised by those officers which had not previously been considered.
- highlighted the importance of community pharmacies.
- discussed the Gold Response Group that was established during the covid pandemic and how the positive relationships established at that time between different organisations and stakeholders were being maintained.
- discussed the 'Stay Well for Winter' booklet produced by the County Council which represented positive collaboration with the NHS.

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

- asked about hospital discharge figures over the winter period. Officers stated that they had not seen the same level of pressure this year as there had been previously. The work with market providers, international domiciliary staff recruitment and intermediate care through the reablement programme had enabled people to move through the system more smoothly, although some hospitals discharges were still delayed.

The Rapid Review Group's findings and recommendations were noted.

249. Health Scrutiny Work Plan – March 2024

Members reviewed the Health Scrutiny Work Plan and noted that there was a meeting the following week which was open to all Committee members and co-opted members to discuss priorities for the 2024/25 health scrutiny work programme.

The report was noted.

250. Health Scrutiny Recommendations Tracker – March 2024

The Health Scrutiny Recommendations Tracker was reviewed and noted.

Chair