

## Adults and Health Committee Minutes

Date: Wednesday 5 October 2022

Time: 10.00 am – 15.58 pm

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

Present: Councillors David Ambrose Smith, Gerri Bird, Chris Boden, Steve Corney, Adela Costello, Claire Daunton, Corinne Garvie (Appointee, part 2 only) Nick Gay, Mark Howell, Richard Howitt (Chair), Steve McAdam (Appointee, part 2 only), Mac McGuire, Edna Murphy, Kevin Reynolds, Philippa Slatter, Susan van de Ven (Vice-Chair) and Graham Wilson.

### Part 1: 10.00am – 13.00pm

#### 118. Apologies for Absence and Declarations of Interest

Apologies received from Councillor Anne Hay, substituted by Councillor Mac McGuire, Councillor Sam Clark, Appointee, and Councillor Jenny Gawthorpe - Wood, Appointee. Apologies were also received in advance for the afternoon from Councillor Gerri Bird.

Councillor Daunton declared a non-statutory pecuniary interest in items 9 and 14 on the agenda as she was the County Council appointed governor for Cambridgeshire and Peterborough NHS Foundation Trust .

Councillor Murphy declared a non-statutory pecuniary interest in item 10 on the agenda as she was the shareholder representative for the County Council for Pathfinder Legal Services.

Councillor Mac McGuire declared a non-statutory pecuniary interest as his wife was a care worker in the private sector.

The Chair gave a statement on the closure of a care home, the Elms in Whittlesey, by its provider HC1. He stated that officers had been going into the home, because of concerns over quality of care, at least once a month for the last two years and that an improvement plan had been put in place, care standards were driven up but not maintained by the provider. He explained that the authority had taken the decision earlier in the year to ask the Care Quality Commission to investigate the home, and when they did so, they decided to remove its registration. He stated that the authority had given HC1 the opportunity to keep the home which they declined and therefore at the end of last week there was the announcement of the home's closure. He explained that the authority was in ongoing discussions with HC1 about other provision according to their contracts with the authority and the authority had removed any new referrals to HC1 homes in Cambridgeshire and had removed

monies in terms of the block grant agreement and would be charging them in full for all additional costs incurred. He stated that the council had six full time social workers in the home since the announcement to provide support to the residents and their families. He stated that there had been complaints in relation to the treatment of residents at the home, by their families. There were ongoing coroners investigations that the authority would be fully cooperating with. He commended the officers that had put in an intensive work to attempt to try and turn around provision at the home.

Councillor Boden, as local member for Whittlesey, commented that he had found the attitude of the national HC1 homes to be substandard. He stated that in his opinion there had been a failure of senior management at HC1, so far as the Elms was concerned. He agreed that County Council officers had acted in an appropriate manner and shared the Chairs praise for their work. He stated that there were a number of residents who were very happy with the care that they had received at the home and had been devastated by the news that had come out at short notice. He welcomed the work being undertaken by the County Council to ensure that alternative accommodation was found, suitable for each individual resident. He explained that he was shocked that HC1 had not taken up the opportunity for the care home to be transferred as a going concern to a third party.

#### 119. Minutes – 14 July 2022 and Action Log

The minutes of the meeting held on 14 July 2022 were agreed as a correct record and the action log was noted.

#### 120. Petitions and Public Questions

There were no petitions or public questions.

#### 121. Adult Social Care Reforms: Update and Overview

The committee received a report that gave an overview of the Adult Social Care Reforms and progress to implement the changes.

In particular the presenting officer highlighted;

- the key changes that the reforms would introduce for adult social care.
- the operational and financial implications of the changes.
- the process and next steps for the council in implementing the reforms.
- the peer review undertaken by the Peer Review Team and a full report was due to be received by the authority in the next few weeks.

- the authority had also commissioned Laing Buisson to undertake its local Fair Cost of Care work across Cambridgeshire and Peterborough, which was due to be completed ahead of submitting the local market sustainability plans for DHSC by 14 October 2022.

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

- Requested that the Laing Buisson report be circulated to members when it was available. **Action Required.** Officers stated that Laing Buisson had been having difficulties getting providers to respond to the review and had pushed the deadline to collect the data back a number of times. Officers stated that the 14 October deadline was going to be tight.
- A member stated that he was sorry to see some resistance to the Social Care Reforms in relation to section 18.3 which he felt would promote a great deal more fairness than there had been in the past where that had been disproportionate amount of subsidisation of those that are funded by those that were self-funding.
- A member welcomed the introduction of CQC assurance and stated that it would provide independent scrutiny. He however felt that the time taken by officers to conduct a mock inspection should have been spent on providing services. Another member commented that she felt the mock inspection work was necessary and important for officers when they were being asked to work in an entirely new environment. Officers explained that adult social care had not had an assurance framework for at least 12 years so this was different to children's social care and education where OFSTED came in on a regular basis. Officers stated that it was always useful to get the external view as to where the authority was as an organisation and the areas that needed development. Officers highlighted that the mock inspection was carried out to support teams and managers as it was something that was new for them and gave them the experience before the assurance framework was brought in.
- A member stated that there had been failings over many years in relation to supporting those with Learning Disabilities, in particular autism, to go into employment. He explained it was not just a failing of this authority but of other council's across the country and that work was vital to increase quality of life. He commented that there were many individuals with learning disabilities that were capable of working but did not have the opportunity. The Chair welcomed the comments. Officers stated that they had some good examples of where this had been successful including Hotpots and Tag Bikes but that more improvements were required. Officers explained that under the Day Services Opportunities review officers were creating an employment support framework and reviewing current provision and identifying gaps in provision.
- A member explained that they continued to be concerned about the integration with health and the Integrated Care System (ICS). He stated that the percentage of resource should be greater going into social care and he felt that this was not happening under the new ICS and that the silos were still too strong. Officers explained that integration was not always about pooled budgets an example

being working with the primary care networks around strength training and TEC training so that they were on board with early intervention.

- Queried the numbers in relation to 1900 extra care assessments required per annum as a result of the Social Care Reforms, and if there would be the need for another 54 additional social workers. Officers explained that social care assessments were complex and required a range of different professionals to be involved in the process and these could not always be turned around quickly , other factors such as Mental Capacity Act assessments, development of care and support plans and ongoing reviews needed to be factored in. Officers had reviewed the numbers that had been put forward but had to ensure that they had the capability to respond to the reforms.
- Queried how the authority would be working with district partners on new models of housing and care as set out in 2.10 of the report.
- Questioned whether there were any signs of response from the government on the funding gap estimated by the County Council Network. Officers stated that the expectation was that councils would continue to work with providers testing the market, and that the gap would be closed over time. Officers explained that it was not clear how long this would take.
- Highlighted the workforce challenge and need to acknowledge the seriousness of the challenge. A member stated that he had raised a suggestion at the Highways and Transport Committee that the research group prepare some benchmarking for members about where the council fits in all areas of recruitment and retention against its statistical neighbours, in order to make the authority more attractive to potential workers. Officers stated that across adult social care they had been working hard to close the gap to 17% and the authority did not currently benchmark too badly against its statistical neighbours. Officers explained that this had been achieved by apprenticeships, bringing in newly qualified social workers and ensuring that they have the right support was in place as well as recruitment and retention payments, flexible working and continued professional development.
- A member queried who the arbiter would be to say if there was a good rationale to deviate from the fairer cost of care outcomes stated in 2.6.5 of the report. Officers stated that the Local Government Association (LGA) had commissioned legal advice on this on behalf of all councils, which stated that it was the council's responsibility as market commissioners to secure best value for the public purse.
- The Chair clarified that the authority would continue to provide adult social care professionally and to the best of its abilities regardless of any political disagreements with national policy and would always act within the course of the legislation. He stated that this however was a terrible set of changes being foisted on local authorities across the country and this was the first time the committee had had the opportunity to debate the changes and welcomed the debate across the political groups in the debate. He highlighted 2.66 of the report 'the Council supports the views of leading specialists like Laing Buisson who

have questioned whether the full implementation of Section 18(3) of The Care Act 2014 is the right policy at the right time’.

Councillor Howitt (Chair ) proposed the following amendment to the recommendations, seconded by Councillor Ambrose-Smith

- c) Fully endorses the County Councils Network statement that the Government has not ‘fixed’ adult social care as claimed but instead is drastically underfunding adult social care, placing councils under severe strain, leading to longer waiting lists and requiring the quality and accessibility of care services to be scaled back;
- d) Fully endorses the call from the Local Government Association for the Prime Minister to make good her pledge to provide additional monies to social care, calling for £6bn additional monies to tackle current pressures, a further £7bn to local authorities to enable us to meet our statutory duties and calling for a delay of six months in implementation of adult social care reform; expresses our deep concern at the findings of cross-party House of Commons Levelling Up, Housing and Communities Select Committee that the system of adult social care is ‘on the brink of collapse’;
- e) Pledges that Cambridgeshire County Council will continue to undertake full and intensive involvement with our local government partners in order to lobby government to agree these calls in the interests of the people of our county

The Chair reported that the proposed major reforms to social care came at a time of major inflation and unprecedented pressures to the system. He stated that the deadlines imposed by government were unrealistic and damaging. He explained that he had taken part in the regional meetings with the vice chair and officers and had listened to what other councils were saying and stood with their local government partners.

Members raised the following issues in relation to the amendment:

- A member stated that he was disappointed with the process that had been gone through in relation to the amendment. He explained that the previous administration had ensured that there was cross party working in such instances and that there were many problems that all parties shared concerns about. He stated that he would be unable to support the amendment because of this.
- Highlighted that the lack of overall resources was the highest risk that the County Council currently had and there was a high risk that the council would be unable to deliver on some of its statutory obligations, because the council potentially did not have enough money.

In bringing the debate to a close the chair stated that all County Councils had signed up to the pledge.

On being put to the vote, the amendment passed and became the substantive recommendation.

It was resolved by majority that the committee:

- a) Note the overview and context provided in relation to the Adult Social Care Reforms.
- b) Note the operational and financial implications to the Council
- c) Fully endorses the County Councils Network statement that the Government has not 'fixed' adult social care as claimed but instead is drastically underfunding adult social care, placing councils under severe strain, leading to longer waiting lists and requiring the quality and accessibility of care services to be scaled back;
- d) Fully endorses the call from the Local Government Association for the Prime Minister to make good her pledge to provide additional monies to social care, calling for £6bn additional monies to tackle current pressures, a further £7bn to local authorities to enable us to meet our statutory duties and calling for a delay of six months in implementation of adult social care reform; expresses our deep concern at the findings of cross-party House of Commons Levelling Up, Housing and Communities Select Committee that the system of adult social care is 'on the brink of collapse';
- e) Pledges that Cambridgeshire County Council will continue to undertake full and intensive involvement with our local government partners in order to lobby government to agree these calls in the interests of the people of our county

## 122. Business Planning Proposals for 2023-28: opening update and overview

The committee considered a report that outlined the process of setting a business plan and financial strategy for 2023-2028 which would culminate at the February 2023 Full Council meeting.

In particular, the presenting officers highlighted:

- The budget gap for 2023/24 was estimated at £28.5m, and a cumulative budget gap over the five-year draft business plan of £108m. Largely driven by inflationary pressures.
- Officers had reviewed the inflation and demand projections for adults budgets which was detailed on pages 62-63 of the report.
- Efficiency and Savings opportunities that had been identified so far were highlighted on page 64 of the report.
- Additional proposals would be brought back to Committee in December.

- Public Health had identified efficiencies up to a total of £60,000 which would be used to support drug and alcohol, family safeguarding and prevention service.
- There was a £776,000 uplift to the Public Health grant allocation, this was mainly to cover inflationary impacts and NHS staffing pressures.
- There had been further investment in child weight management and the stop smoking and health checks services. It was resolved unanimously to:
  - a) Note the overview and context provided for the 2023 – 2028 business plan.
  - b) Note the initial estimates made for demand, inflationary and other pressures.
  - c) Note overview and estimates made for the updated capital programme.

## 123. Winter Planning - Prevention and Control of Winter Infections

The committee received a report on winter planning and the prevention and control of winter infections.

In particular, the Director of Public Health highlighted:

- An uptick in infection rates of covid in all age ranges but predominantly in the secondary school age group and the 25-30 age bracket.
- Not seeing any Covid variants circulating that would cause concern.
- Flu was of major concern as the Australian flu season had been earlier this year and had adversely affected children.
- A big push on flu vaccinations was required and the campaign had already begun.
- Cost of living and fuel prices would result in more people being admitted to hospital for winter related health conditions.
- Challenges of getting people out of hospital in to safe, warm homes.

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

- Questioned why teachers were not eligible for the covid vaccine booster. The Director of Public Health explained that the decision in relation to eligibility was a national one based on risk.

- Highlighted the need to encourage all of the individuals that were eligible to get both the covid and flu vaccinations as soon as possible and the importance of getting the message out there locally and for political leaders to support the process. The Director of Public Health explained that there were a number of television interviews lined up to promote the update and that a letter had gone out to all care homes to encourage the uptake of both vaccines.
- Queried whether the covid vaccine would be mandatory. The Director of Public Health confirmed the vaccine was not mandatory.
- Sought clarity on if the health impacts had been looked at in terms of the current energy crisis. The Director of Public Health stated that they had looked at the potential impacts on health in relation to the cost-of-living crisis and this was being reported to the Health and Wellbeing Board. She explained that Public Health has also made some contributions to Winter Warmth schemes.
- Commented that community centres offering vaccines were querying what would be happening to funding after December. The Director of Public Health stated that she would need to seek an update from ICB colleagues on this and would report back. **Action Required**

It was resolved by unanimously to:

Note the preparations being made for winter infections.

## 124. Recommissioning Drug and Alcohol Services

The committee considered a report that gave options for the recommissioning of Integrated Drug and Alcohol Treatment Services and sought agreement from the committee for the approach for the development and procurement timeline for the new services.

In particular, the presenting officer highlighted:

- There were two main factors driving the recommendation to extend the contract of the current providers for a further two years;
  - drug and alcohol services had received substantial additional funding from the Office for Health Improvement and Disparities and the funding spanned over a three-year period to 2025. It was a demanding grant and there were extensive performance indicators built in to the award, also procurement would be anticipated to create a disruption to services, which would also disrupt the evaluation of the impact of the grant, creating a risk to continued funding being provided.
  - there would be new regulations for the commissioning of health services that will apply to both the NHS and local authority commissioning of public health services. These will have implications for both the approach and timing of the re-commission. They were scheduled to be introduced during 2022/23 but have been delayed. Currently not all of the details are



available but there are implications and expectations governing local authority public health commissioning.

- Public Health were also currently undertaking a drug and alcohol needs assessment. Extending the contract would give the authority additional time to assess the impact for any future service.
- Performance of the service sat around the national average and there were no concerns.

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

- The Chair clarified that the joint administration were proposing the extension of the contract for a further two years.
- Welcomed the additional funding from central government but highlighted that as with many current government grants this was on a short notice and a short-term basis. And this made longer term planning difficult. The Director of Public Health stated that this was a good news story and that the funding had made a huge difference with the ability of the service to manage their caseloads and it would help to address the KPI issue highlighted.
- Acknowledged that in the majority of the KPIs for Drug and Alcohol Services that the authority was comparable with the national average. A member highlighted that in one area however the authority was significantly behind in relation to individuals with opiate addictions. He acknowledged that this was a difficult area and that nationally there were low success rates but queried how the authority could improve success rates in this area to be in line with the national average. Officers explained it had been an ongoing challenge for many years and that there was a cohort of patients that were long term users and the focus was to keep them as physically and mentally well as possible but that it was extremely difficult to get the cohort to abstain from use. Officers stated that one of the ambitions of the health needs assessment was focused on how the authority could reach this ambition.
- Queried whether the funding from the office of police and crime commissioner to enable joint working was on a short term or continuous basis?. Officers explained that the funding was ongoing but that there was a new grant agreement every year.

It was resolved unanimously to agree that:

- a) That the current providers of both the adult and children and young people's drug and alcohol treatment service continue to provide services for a further two years after the end of their contracts on March 31, 2024, until March 2026; in line with Public Contract Regulations (2015) and advice received from the Head of Procurement and Commercial and Peterborough Legal Services.

## 125. Commissioning Behavioural Insights Research & Interventions

The committee received a report requesting members to consider and support a competitive procurement for commissioning Behavioural Insights Research to inform interventions for health behaviour change which will improve health outcomes.

In particular, the presenting officer highlighted:

- Public Health had a key role in supporting positive health behaviours.
- The funding would be for two years from public health reserves to support insights research around a number of key health behaviours and develop some appropriate interventions that could be taken forward.

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

- Welcomed the use of the Health reserves for the research.
- Highlighted that a lot of research had already been done across the country in relation to health behavioural insights and that this should not be duplicated. Members requested that the research concentrated on the community and geographical granularity of localities in Cambridgeshire and that there was a focus on behavioural change.
- Requested that an early understanding of the findings including case studies be brought back to committee. **Action Required**
- Queried why the committee needed to get Peterborough's approval to spend £500,000. Members questioned if the work was being done jointly would Cambridgeshire findings be shared with Peterborough or would it be two separate pieces of work. Officers explained that the situation had moved on from when the report was written and it would be a joint procurement with Peterborough and there would be no requirement for Peterborough to approve the actual spend, they would just need to agree to go into joint procurement.

The Chair, with agreement from the committee requested that the wording of the recommendation at b and c was amended to reflect that the County Council, could commission the research, in the event that Peterborough City Council did not ultimately agree to go into a joint procurement exercise as below;

- b. Subject to approval by Peterborough City Council; should they choose; to jointly commission Behavioural Insights Research and Interventions with Peterborough City Council.

- c. If agreed by Peterborough City Council; to delegate authority to Cambridgeshire County Council to act as lead commissioner and undertake the procurement and ongoing contract management.

It was resolved unanimously to:

- a) A competitive procurement to commission Behavioural Insights Research and Interventions.
- b) Subject to approval by Peterborough City Council; should they choose; to jointly commission Behavioural Insights Research and Interventions with Peterborough City Council.
- c) If agreed by Peterborough City Council; to delegate authority to Cambridgeshire County Council to act as lead commissioner and undertake the procurement and ongoing contract management.
- d) Authorisation of the Director of Public Health, in consultation with the Chair and Vice Chair of the Adult and Health Committee to award a contract up to the value of £520,000 to the successful provider subject always to compliance with all required legal processes.
- e) Authorisation of Pathfinder Legal Services Ltd. to draft and complete the necessary contract documentation.

## 126. Adults Community Occupational Therapy Service - Section 75 Agreement

The committee considered a report on the current status of the Section 75 Agreement for Community Occupational Therapy Services and agreed an extension of 1+1 years, under the current terms, for 2022-23 and 2023-34 with an annual value of £1,810,426.

In particular, the presenting officer highlighted:

- The service had been an integrated health and social care service since 2004 and this meant that in the majority of cases one practitioner could see an individual through their full journey with the service.
- The current section 75 agreement sign off had been delayed due to a delay in the NHS pay award agreement, which was not agreed until June this year. An uplift was agreed for 2022-23.
- The intention is for a service review to be undertaken to inform commissioning decisions going forward which would ensure that effective Occupational Therapy services would continue to be delivered to adults across Cambridgeshire to enable them to continue to live as independently as possible in the community whilst also achieving best value for money.

- As a result of the review it was envisaged there would be one section 75 agreement with CPFT to cover both the occupational therapy and mental health services in the future with separate service specifications.

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

- Queried what the key concerns for the review were, particularly in relation to staff recruitment and retention and the prospects for moving away from the use of agency staff. Officers stated that the key concerns for the review were outcomes for social care and how the outcomes were delivered, benchmarking the service against other local authority services, case examples and customer journeys and outcomes and really delivering on early intervention. Officers stated that there was a national shortage of therapists and this is always a challenge and that current agency staff were funded by CPFT and would be a temporary input to try and reduce the waiting list.
- Questioned if there were any duplications in the provision of services with district councils. Officers stated that they did not believe there was an issue with duplication. Officers explained that the service worked closely with district councils and their home improvement agencies and that a couple of the home improvement agencies were now undertaking trusted assessments in particular relation to standard adaptations.
- Commented that every year it took at least 6 months to undertake the negotiations for the section 75 agreements and whether this could be improved in the future so that sign off was agreed at the start of the year. Officers stated that there was often a delay in knowing what the annual uplift of NHS pay scales would be. Officers however stated that this did not stop sign off of a service specification and key performance indicators and once the review has been completed a longer contract term would be considered to prevent delays with any uplift progressed through business planning governance.
- Sought clarification on how often clients were reviewed that already had equipment and adaptations. Officers explained that service users were reviewed within six weeks after receiving their equipment or adaptations and this was usually by phone. Officers stated that sometimes more complex housing adaptations were followed up on a more regular basis.
- A member expressed concern that wheelchair repairs were currently not being done quickly enough and how this issue could be addressed. Officers stated that the wheelchair service was commissioned by the ICB and that officers would put her in touch with a contact within the service to address her concerns. **Action Required**
- Questioned whether there was an aim to get back to the pre-covid waiting time of four weeks. Officers explained that it was likely to take up to five-six months for the waiting list to get back to pre-pandemic levels.

It was resolved unanimously to:

- a) Approve a contract extension of 1+1 years to the Section 75 Agreement for 2022-23 and 2023-24 with an annual value of £1,810,426.
- b) Note the intention to undertake a service review to inform commissioning of the service going forward.

## 127. Learning Disability Partnership - Section 75 Refresh and Development

The committee received a report outlining the renewal of an updated Section 75 Agreement and pooled budget arrangement for people over the age of 18 living with Learning Disabilities in Cambridgeshire. The approval would allow for a continuation of the integrated approach to service delivery for adults with learning disabilities across Cambridgeshire, but with more robust contractual terms and conditions and governance structures in place.

In particular, the presenting officer highlighted:

- Undertaking a review to ensure that the service more accurately reflected the needs of the individuals accessing the service. Key changes included:
  - Refreshed Terms and Conditions
  - Updated Service Specification
  - Refreshed finance schedule
  - Renewed approach to governance and management
  - A staffing schedule and the CPFT Management Agreement had been included within the agreement
  - Updated Key Performance Indicators (KPIs)
  - An annual workplan had been introduced to the Agreement

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

- Highlighted that it was an uneven agreement, and that there had been the repeated failure over the years to re-baseline the pooled budget. A member stated that the percentage split was not appropriate and unfavourable to the County Council. He noted that an independent consultant had been brought in to review the baselining and that it was highlighted in the report that the outcome of this work would be available in November 2022. He queried if regular re-baselining would take place in the future. He stated that the Council was still holding £1.125million in the business plan for baselining this year. Officers explained that the pooled budget was based on the level of need at the time the service was created and over the years the council had seen an increased level of complexity of need which impacts on the current split in service financing. Officers explained that the wider baselining review involved the review of 600-700 cases and it was more difficult to apply a timescale to this as it required joint working and the options were set out at

2,8 of the report. Officers explained that the independent review would hopefully go a long way to help kick start this process.

- Questioned who was in control of the process to produce an updated service specification. Officers stated that the County Council had led the process in collaboration with the ICS commissioners and contract managers as well as Council teams and that the service user sat within the heart of the service specification.
- Sought clarification on what the key change in the Key Performance Indicators (KPIs) would be seen in the future. Officers explained there had been a lot of manual data collection in the past which had made it difficult to monitor. Officers explained that through the MOSAIC development programme they were working on dashboards that would be easy to interpret and monitor statutory measurements going forwards.
- The Chair stated that he was very mindful of sections 2.5 – 2.10 of the report in relation to the ongoing negotiations and that there was a notice period built in to the this.

It was resolved unanimously to:

Approve an updated Section 75 Agreement for the delivery of an integrated service and pooled budget for a period of 5+2 years at a total annual value of £105,675,047. This equates to a total value of £528,375,235 over the initial 5-year term and a total value of £739,725,329 over the entire extended term of the agreement. This value is based on 2022/23 figures. This is likely to increase on an annual basis as part of business planning processes to incorporate demography and inflation funding.

## 128. Finance Monitoring Report – August 2022/23

The committee considered a report that outlined the financial position of services within its remit as at the end of August 2022 and noted decisions being taken by other committees that relate to Adults and Public Health budgets.

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

- A member queried whether the savings that had been identified for the re-baselining of the Learning Disability Budget would be achieved in year and if they were, would they be backdated. Officers stated that it was still unclear whether this would be achieved and that there was a possibility of backdating.
- Queried if there were improvements in hospital discharge systems would this affect our predictions. Officers stated that they were constantly reviewing the position and there was the risk reserve that could be used if required.

It was resolved unanimously to:

Review and comment on the relevant sections of the People and Communities and Public Health Finance Monitoring Report as at the end of August 2022.

## 129. Key Performance Indicators

The committee received a report outlining the key performance indicators under the committees remit.

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

- A member requested that the additional data he had requested in relation to the Drug and Alcohol Service Key Performance Indicators be circulated to the committee and published on the website. **Action Required**

It was resolved unanimously to:

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

## 130. Adults and Health Committee Agenda Plan and Training Plan

The Committee noted its agenda plan and training plan.

## 131. Children and Young People's Mental Health – Access to Support

Following scrutiny of the Children and Young People's Mental Service in March 2022, the committee received a follow up report detailing the response of the Integrated Care System to the increasing mental health crisis now impacting one in six children or young people within Cambridgeshire. A copy of the report presentation can found on the Council's website, and here: [CYPF Mental Health Referrals Analysis](#).

In particular, the report presenters highlighted:

- That referrals for attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) had increased locally and nationally, with referrals slowing over the summer holidays. This was evidence of heightened awareness to these disorders. Despite increases, socio-economic factors impacted referrals and officers pressed the need to overcome this barrier to access.
- That services offered a range of group or individual, online and in-person interventions. While group and online interventions increased efficiency and

reduced waiting lists, service users were offered a choice and high demand options therefore had longer waiting lists.

- Ormiston Families therapy offer was predominantly less intensive, using group or family work. Family therapy options supported the family network to gain autonomy over management of the child's condition. While this less intensive support often countered parent's expectations, it was more appropriate for the age bracket. In contrast, Centre 33, which worked with older children, predominantly worked more closely with the individual than the family unit.
- That the service was working with Health Education England to increase capacity - creating new roles, working with other providers and searching for digital solutions.

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

- Noted that information sharing between the service and other services making referrals occurred through the 'Keep Your Head' website, the Integrated Care Board Primary Care GP Gateway, the Children and Young People Mental Health Communication Lead, mental health staff within police stations, mental health training sessions in primary care and schools, and school newsletters. Challenges existed in advertising smaller, localised help services and the officer implored councillors to support this effort in their role.
- Heard that out of area referrals were affected by personal choice as well as looked after children on placements and their GP location, school location or local authority.
- Expressed concern for long wait times. The officer responded that waiting times were dependent upon the individual's level of risk and ranged between four and thirty weeks. Those referred to the service were entitled to a 1:1 but could choose to wait or decline the offer of an appointment. If this occurred, the referral must remain open with further offers of appointments made. This affected wait time statistics, as did insufficient capacity.
- Highlighted that there was £10 per head of funding for mental health referrals. This was despite significant investment into children and young people mental health and was, in part, due to low baseline funding. Grants had been awarded to increase provision for crisis intervention and eating disorders, leading to the eating disorder service doubling. The offer for early intervention and neurodivergency had also expanded. Additional funding was being sought and discussions with adults commissioning colleagues would ensure the service obtained the right level of provision.
- Heard that the cliff edge between children and adults mental health services had been established as a priority in the NHS long-term plan. The officer noted that ideally the children and young person mental health service would provide support for individuals up to the age of 25, when the brain had finished developing, as occurred in Centre 33. A transition focus group had proposed



the following mitigations to the 'care cliff edge': creation of a specific service for this age group; university collaboration; and a regional eating disorder transition process protocol (recently implemented).

- Clarified that single session therapy, as piloted in Cambridgeshire and other counties, offered a longer initial therapy session but did not necessarily mean that only one therapy session was given. In other countries, this offer had reduced long-term need by using the early intervention to form a management plan. Centre 33's 45-minute drop-in sessions were similar to the single session therapy model. In 2021, a thousand drop-in sessions had been conducted and 60% of individuals' needs had been met in that single session. By reducing wait times through this method, Centre 33 had been able to reduce resource spent on management of the wait list and contact with individuals on the wait list.
- Showed surprise that there was a negative correlation between deprivation and requests for provision. The officer expressed that this correlation highlighted health inequalities and that, as a result, East Cambridgeshire, Peterborough, Wisbech would be targeted for care. Kooth was providing support to these groups through 1:1 counselling and peer support groups. Officers were also considering making access faster in these areas.
- Showed concern for the limited Centre 33 drop-in hours in Wisbech. These sessions were used, often by individuals with undiagnosed complex needs such as emotional, housing and deprivation needs. However, provision was limited by funding restraints - YOUNITED, the parent organisation, was funded predominantly through fundraising.
- Learned that feedback on access and outcomes from primary care networks, parents, carers and young people on the YOUNITED service was being gathered by Fullscope (an independent organisation).
- Acknowledged that referral hubs included staff from YOUNITED and CPFT. This aided cross service collaboration and reduced referrals back to GPs caused by an incorrect initial referral.
- Noted that the service evaluated whether individuals coming to the service required face to face contact to ensure that faster care could be given.
- Acknowledged that YOUNITED aligned with the committee in their commitment to early intervention. This was evidenced by school mental health teams which would be expanded following further funding.
- The Chair showed concern for young, male mental health.

The Executive Director of Public Health queried whether there were attempts being made to increase the budget. The officer responded that this was a high priority, considering the increase in demand following the commencement of the pandemic.

It was resolved unanimously to:

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

## 132. Healthcare Waste and NHS Green Plans

The committee received a report which detailed how different types of healthcare waste in Cambridgeshire and Peterborough were handled and disposed; actions to reduce healthcare waste and the NHS carbon footprint; and collaborative work on the green agenda across Cambridgeshire and Peterborough.

In particular, the officers highlighted:

- That it was a statutory requirement for the Integrated Care System and each NHS organisation to work towards a green agenda. Sustainability would become part of standard practice through training, workforce skills and an active travel strategy.
- That the Green Plan had been informed by existing plans and wider engagement.
- That the first meeting of the System Green Plan Sustainability Work was scheduled to occur 25 October 2022.
- That the Draft Green Plan was a work in progress and an accessible and engaging version would be uploaded onto the ICS website when ready.

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

- Were disappointed with the low level of numerical detail in the Green Plan, especially with regard to the cost effectiveness of green initiatives implemented or rejected. The officer apologised, but reiterated that it was a draft plan. The final plan would contain clear targets, a five-year action plan, and would embed sustainability into strategic plans.
- Noted that, with regard to promoting environmental transport, the service would offer a salary sacrifice scheme to aid staff to purchase electric or hybrid vehicles; a discussion on congestion charge was scheduled 7 October 2022; and that electric charging points and open access would be influenced by shared learning through the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). The Member also promoted partnership with environmental transport suppliers.
- Agreed that financial incentives would play a large part in causing change.
- Offered partnership with Cambridgeshire County Council on shared emission targets, triple bottom lined contracts and data sharing. The officer would

consider how to proceed with this, overcoming historical barriers such as relationships, systems and shared intent.

- Noted that each organisation had their own health plan, but shared working was already occurring with organisations, stakeholders and hospitals. Key priorities were to: establish shared goals, ensure work was not duplicated and co-ordinate plans.
- Requested further information on grid capacity in the system, and how the service was supporting hospital health facilities teams to reduce their carbon footprint.
- Highlighted that currently equipment not fit for use in the UK was donated to other countries as a sustainable option and requested that risk assessments on sustainable options be re-evaluated to ensure they were fit for purpose.
- Acknowledged that single use plastics were sometimes required, despite their environmental impact. However sustainable options for these were being considered.
- A budget for the Green Plan did not sit under a specific department. This ensured all departments took responsibility.
- The Chair showed concern that the plan had not seemed to progress since he had last viewed it, despite government guidance pertaining that it should be implemented. National delays, such as coronavirus and operational pressures, had impacted timescales, as had positive collaborative working.

It was resolved unanimously to:

Note the plans and actions underway to tackle waste and promote carbon reduction, including through partnership working at system level.

### 133. Cambridge University Hospitals NHS Foundation Trust - Update

The committee received an update on the Cambridge University Hospitals NHS Foundation.

In particular, the officer highlighted:

- Section 1 of the report, which acknowledged the operational pressures on the health system that had resulted in challenges in urgent and emergency care and an overall 11% staff vacancy rate. Existing staff were thanked for their ongoing support, but the officer pressed the need to mitigate this challenge with a recruitment plan that considered both overseas staff and apprenticeships. Existing areas of progress included reduced waiting time for planned care and surgery - this change was caused by innovations in day surgery procedures.

- That the NHS was undergoing mobilisation for the fourth wave of coronavirus, coinciding with an increase in flu, respiratory bugs and social mixing. This included formation of a 12-month plan by a multidisciplinary team to mitigate capacity pressures, additional pressures on staff and the increased cost of living.
- That the long-term strategy focused on public opinion, sustainability, inclusion, and collaborations with GPs, social care, the Cambridge Biomedical Campus, the Children's Hospital and hospitals across the Eastern Region.

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

- Acknowledged that the officer was as anxious with regard to coronavirus winter pressures as they had been for the first wave of the pandemic and more anxious than they had been for the previous two waves. This was based upon the current impact of coronavirus on the hospital.
- Showed concern for the 1,636 individuals held in the emergency department in excess of 12 hours. This had occurred due to an increase and backlog in individuals requiring urgent care, and a perception of the unavailability of care elsewhere. To mitigate this: improved streaming had taken place, leading 40% of patients being moved to an urgent treatment centre or same day emergency care faster; there was planned expansion of hospital space for the less sick, in order that the most extreme cases could be seen in Addenbrookes emergency department; and an additional 116 beds would be placed elsewhere in the hospital. Areas of concern were: delayed transfers (currently at a rate of 8%); management of flow out of the emergency department; and management of the emergency department.
- Noted that food and drink was provided to those waiting in the emergency department when was capacity to provide this. The service was reviewing the possibility of allowing visitor access.
- Learned that Monday 7pm was a busier period for the emergency department.
- Noted the desire for individuals from overseas to stay for a sustained period. The overseas recruitment scheme was balanced alongside an increasing apprenticeship offer. However, the officer noted the high attrition rate which would be combatted by staff wellbeing measures.
- Measures to improve staff wellbeing included: improved psychological care focussing on specific areas such as critical care; break rooms; hot food; drink; improved access to accommodation and transport; a hardship fund. The service welcomed transport and housing infrastructure improvement which focussed on sustainability, staff and patients.
- Agreed to be provided with a paper submission of the Complaints and PALS review. **Action Required**

- Acknowledge that research funding was not being used to fund the NHS, however staff from the biomedical campus had been invaluable in the coronavirus effort; as were industry innovations, such as Microsoft's artificial intelligence in radiotherapy and tumour genome sequencing.
- Noted collaborative work with the ICS on GP services and patient pathways. The STP (the ICB predecessor) had been led by former Cambridge University Hospitals NHS Foundation Trust officers, and the organisation still sat on the current ICS.
- All services were required to support EEAST. This was occurring by quick ambulance offloading, plus one-ing and reverse boarding.

It was resolved unanimously to:

Note the report.

#### 134. Date of Next Meeting

It was noted that the next meeting would take place 15 December 2022.

Chair