

Adults and Health Committee Minutes

Date: Thursday 9 December 2021

Time: 10.00 am – 16.00 pm

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

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

Part 1 – 10.00am – 13.00pm

42. Apologies for Absence and Declarations of Interest

Apologies were received from Councillor Gerri Bird, substituted by Councillor Bryony Goodliffe.

Councillor Graham Wilson declared an interest in item 4 as his wife worked at a COVID vaccination centre.

Councillor Howell declared an interest in item 7, as he was a friend of the presenting officer. However he stated this would not impact his decision making or scrutiny.

The Chair congratulated Charlotte Black on her new role as Interim Executive Director: People and Communities which she would be stepping into in January 2022 following Wendi Ogle Welbourn's retirement. The Chair thanked Wendi for her service. Debbie McQuade Assistant Director will be covering Charlotte's role for the 6 month period.

The Chair announced that an urgent decision had been added to the Committee agenda, which was circulated to the Committee the day before the meeting via email and published on the Council's website. The Chair explained that the decision was in relation to the 'Allocation of Infection Control, Rapid Testing, Vaccination and Workforce Recruitment and Retention Funding' in response to the COVID-19 Pandemic. He clarified that the Constitution allowed an urgent item to be added to an agenda which had been published if it met the urgency criteria set out in Part 4 – Rules of Procedure, Part 4.4(a) – The Procedure for Taking Urgent Decisions. As the Chair of the Committee he had received an explanation as to why this decision was urgent. Firstly, the Council needed to be able to respond quickly where failure to do so would not be in the public interest. Secondly, the procedure for taking urgent decisions was being used because failure to take the decision quickly would, or would be likely to, harm the interests of the Council and the public. In this case the grounds were a service not being provided and the public being put at serious risk of

harm. He explained that he had authorised the inclusion of the urgent report so that Members of the committee could take the decision. He explained that the report would be taken before item 9 on the agenda.

43. Minutes – 14 October 2021 and Action Log

The minutes of the Adults and Health Committee meeting held on 14 October 2021 were agreed as a correct record and signed by the Chair. The action log was noted.

44. Petitions and Public Questions

There were no petitions or public questions.

45. Update on Enhanced Response Area Status

The Committee received a report that gave an update on the Enhanced response area status in Cambridgeshire.

In particular, the Director of Public Health highlighted:

- Enhanced response area status was granted to Cambridgeshire for five weeks from 1 November 2021 after rates of Covid-19 in schools were measured higher than the East of England average; high levels of hospitalisation in North West Anglia Foundation Trust Hospitals; pressures in hospital staffing capacity; and low vaccination uptake.
- Enhanced response area status had been extended until 24 December 2021
- Schools had benefited from the interventions including local contact testing and Lateral Flow Testing in Primary Schools.
- It would be difficult to measure the impact on infection rates due to fluctuations in infection rates. The impact of the surge rapid response team on vaccination uptake will also be difficult to measure as omicron variant announcements had led to a surge in vaccine uptake.
- Infections were highest in the younger population with the current rates in the over 60's under 150 per 100,000.
- The delta variant was currently still the predominant variant circulating in Cambridgeshire but omicron doubling every two to three days and there was a difficult period ahead.

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

- Highlighted that Cambridgeshire was the only authority that had enhanced response status and the only authority to have had their ERA status extended and thanked the Director of Public Health for ensuring that the authority received support from government.

- Queried why 11-year-olds were not receiving the vaccinations. The Director of Public Health stated that the Joint Committee on Vaccination and Immunisation (JCVI) were actively considering lowering the age range.
- Questioned whether there were any further guidelines for employers to encourage their employees to become vaccinators. The Director of Public Health stated that currently in Cambridgeshire they had a high number of volunteers coming forward and there were current challenges in processing these, the priority was getting the right people to the right places to support vaccine roll out. However, given the scale of the task, more volunteers would be welcomed.
- Thanked Public Health colleagues for a calm and reasoned update on the current situation in relation to the new omicron.
- Queried whether Public Health would be circulating a document that sets out clearly and in a straight-forward manner why individuals should get vaccinated. The Director of Public Health explained that there an infographic had gone out to members and it would be going out shortly on social media and that they had been using real patient stories to get the message in the press.
- Queried at what stage should councils make representations to Government about going back to virtual meetings. The Director of Public Health stated that these representations should be made now.
- Requested that Covid 19 Updates were scheduled on to the agenda plan for future meetings due to the current situation. **ACTION**

It was resolved unanimously to:

Provide support for measures in place as an Enhanced Response Area.

46. Adult Social Care Self-Assessment

The Committee considered a report that provided an overview of the Self-Assessment for Adult Social Care in Cambridgeshire, carried out as part of the Association of Directors of Adult Social Services (ADASS) regional sector led improvement programme.

Reporting officer gave a presentation which summarised the report that can be found [here](#).

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

- Praised the in-person training that they had been given which gave Members an overview of the Adult Social Care Customer Journey including Prevention & Early Intervention Services and Long-Term Complex Services. Members

also highlighted the importance of the wrap around care which looked as families as a whole.

- Sought clarity on the work with community catalyst to develop micro-enterprises. Officers explained that the community catalysts were a group that had experience of supporting small businesses to set themselves up as micro enterprises to deliver home care. Officers stated that there was an early pilot in East Cambridgeshire and it was focused on support people to become mini care agencies, to make care more local.
- Queried whether the areas for development covered all the areas where the authority scored less than the national average. Officers explained that the majority were covered. Officers stated that the only one that had not been covered related to learning disabilities were there was a separate piece of work around the learning disability vision and learning disability day service.
- Questioned the score of 19.4 for the quality-of-life indicator and what the target was for this indicator and if there was a maximum score. Officers explained that there was an annual survey of service users that receive long term care and support and in the survey they were asked a number of questions about quality of life. Officers stated that the questions were weighted between one and five, with the maximum score being 25. Officers explained that most local authorities perform between 18 and 19 so Cambridgeshire performed comparatively well to performance both regionally and nationally.

It was resolved unanimously to:

- a) Note the findings of the self-assessment.
- b) Approve the public facing 'Local Account' for publication.

47. Day Opportunities for Older People and Physical Disabilities

The Committee received a report that detailed the Service's planned offer for activities for older people and those with physical disabilities in their local communities. It aimed to develop the longer-term vision and approach to commissioning Day Opportunities. Key focuses were early intervention and prevention to meet a range of support needs.

In particular, the reporting officer highlighted:

- The offer currently provided three in-house and 25 grant funded opportunities.
- The last 18 months had a significant impact on the provision of day services and this was detailed in 1.5 – 1.7 of the report.

- Work would focus on co-designing services with communities and service users ensuring that services were fit for purpose and met their needs for the future.
- The extension would support the council to undertake this work in partnership with key stakeholders.
- Flexibility had been built into the extension to allow for improvements to be implemented earlier.

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

- Queried whether officers had a sense of some of the learning that had taken place that could be taken into account during the retendering process. .
- Expressed concerns in relation to the number of contract extensions that were coming forward and highlighted the required improvements to the councils procurement process that had been discussed at the last Audit and Accounts Committee. The Chair explained that there had been a full discussion at the Audit and Accounts Committee in relation to past issues with the procurement process and that this would not be repeated at this Committee. Officers explained that there were four key elements and principles that surrounded the commissioning reports which included;
 - value for money;
 - balancing recommissioning in a co-produced way;
 - impacts of covid including the impacts on providers, with the overriding priority of maintaining stability in services;
 - Following the regulations and engaging procurement colleagues throughout the process.

Officers stated that they conduct all procurement using the three principles of equalness, fairness and transparency. Officers explained that they had looked at how they could use existing procurement regulations to support the process. Officers stated that a procurement note was issued in the light of covid which allowed authorities to extend contracts and that is something that the authority had sought to invoke. Officers explained that unfortunately this process did not satisfy all three criteria in the note principally that the value of the extension could not exceed 50% of the value of the contract. Officers explained that the second principle that they were able to satisfy was to publish a Voluntary Ex-Ante Transparency notice which sat as part of the procurement regulations and sets out what the authority intend to do and allowed for anyone who are unsatisfied with the process to challenge it.

- Questioned whether discussions in relation to the contracts could be taken in private session so that Members could bring in some local knowledge to discussions. The Chair acknowledged that this was an important question and highlighted that it was in the public interest that the Committee took these decisions in public. He explained that all Members had the opportunity to write to officers if they had individual concerns in relation to providers. He

also stated that spokes meetings could also be used to raise issues in private. The Chair agreed to discuss with officers how a combined approach could be used in the future. **ACTION**

It was resolved unanimously to:

- a) Recommend approval of grant extensions for Older People/Physical Disability Day Services as shown in Appendix 2 for 24 months. The total value for the 24-month period is £1,338,620.
- b) Note the approach to the transformation of Day Services for Older People and Learning Disabilities.

48. Accommodation Based Supported Living Service for People with Moderate to Severe Mental Health Needs in Cambridgeshire – Exemption Request

The Committee received a report detailing the current accommodation offer for individuals with moderate to severe mental health needs that to enable them to develop the skills required for independent living. The service was provided by Sanctuary Supported Living who offered visits to intensive support.

Current challenges of the service included: housing required by individuals for greater than two years; co-occurring conditions; void management; referrals; increase in mental health challenges; workforce capacity.

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

- Expressed concern in relation to the request as this was the second request for an extension to the contract which had been let back in September 2017. Members requested that more planning be put in place so that in future there would be less reliance on extensions. Members also expressed their concerns in relation to the length of the extension requested. Officers stated that the length of the contract was due to the significant amount of work required to ensure that the process was robust and that the full impacts of the pandemic were understood and taken into account and delivered value for money.
- Queried the legal sign off of the report as it stated that a response had not been received by the Monitoring Officer. The Chair explained that sign off would be sought from the Monitoring Officer so that a decision could be made subject to their sign off. (Note : The Chair confirmed to Members before agenda item 10 that the relevant sign off had been received via email).
- Raised concerns in relation to the voids raised within the report and asked that alternative ways of using the housing were sought. Officers stated that the actions were being reviewed under the void monitoring project and that officers were looking at all of the properties to ensure that they were fit for

purpose and proactively looking at where there is overcapacity or the wrong type of property that can be used elsewhere

- Highlighted that the providers had been part of a serious case review that had gone to the Safeguarding Board that the Chair was a member of. The Chair asked for clarification from officers that they were aware of the review and had fully assessed that the providers were fully compliant and that the contract was a fair and good contract to reflect the needs arising from the lessons of the case. Officers stated that they were fully aware of the review and that there was ongoing contract monitoring which took place with the contracts team to ensure the provider was fully compliant

It was resolved unanimously to:

Recommend that the 'Accommodation Based Supported Living Service for People with Moderate to Severe Mental Health Needs in Cambridgeshire' is exempted for a period 15 months from 1/4/2022 to 30/6/2023 for a total value of £1,005,449.65.

49. Adult Social Care Transport Tendering

The Committee received a report seeking the continuation of tendering transport services for adults with disabilities and older people, as implemented in 2018 and 2019 and delivered under the Council's 2016 Transport Framework Agreement. The cost of this service was £2.1 million per annum.

In particular, the reporting officer highlighted:

- Funding would enable the service to:
 - review transport arrangements for efficiency and benchmarking with children's school transport;
 - review direction of service operations over the next eighteen months in the light of the pandemic; lower carbon emissions.

Councillor Boden proposed an amendment to recommendation c which was seconded by Councillor Corney, as follow:

Delete recommendation c) and replace with:

"c) in light of the recently published CCC External Auditor's value for money opinion 2017-18 in respect of CCC procurement process weaknesses, and in light of the discussion and resolutions relating to this issue at the meeting of the Council's Audit & Accounts Committee on 25th November 2021, to bring a report on the Adult Social Care Transport Tendering procurement process back to the earliest available meeting of the Adults & Health Committee for determination of the award of the new contract."

In putting the amendment to the vote the amendment fell.

In debating the report Members;

- Highlighted that the wording of options two and three was confusing , both options stated retender now and you had to read through the options to see that there was a recommendation for different contract lengths. Officers stated that they would make this clearer in future reports.
- Commented that police were still investigating two community transport providers. A member raised a point of order and clarified that he was a council appointed trustee for one of the bodies referred to and that the police investigation was in relation to an individual that defrauded the organisation and not the organisation itself. Officers stated that any provider would have gone through a quality assurance process to be awarded a place on the framework and could be considered for this particular tender.
- Highlighted the future use of electric vehicles and how providers could be supported in taking this forward. Officers stated that tendering plans remained flexible to operating Electric Vehicles at a future date due.

It was resolved unanimously to give approval to:

- a) The general procurement approach for a contract value of £8.1m over four years;
- b) Procuring transport provider in line with the recommended option as set out in paragraph 2.2; and
- c) Delegate the award of the new contract to the Executive Director of People and Communities.

50. Additional Homecare Block Provision for Winter Pressures

The Committee received a report seeking £1,622,790 over a six-month period to ensure there was immediately available homecare capacity to support winter pressures on the Health Service. This would secure support for people returning home and regaining independence upon discharge from hospital. Pressures had increased as a result of the pandemic.

In particular, the reporting officer highlighted:

- Sought approval for a 12-month contract to an existing provider, who had been able to guarantee the Council a total of 85,176 homecare hours, at a total cost of £1,622,790.

- Homecare related to any support service that a person might need in their own home.
- Block provision will allow people to return home from hospital and those with increasing care needs to stay in their own home.
- The authority was seeing a rise in hospitalisations and people being discharged with the need for care at home. The additional homecare provision would mitigate the risk.
- It was an integrated approach funded by Health for the initial six months and then will be monitored over a further six months to review if the demand is there.
- The work would form part of a wider response to system winter pressures.

Councillor Boden proposed an amendment to recommendation which was seconded by Councillor Wilson, as follow

In the recommendation, after "£1,622,790" insert ", subject (given the potential non-compliance with the Public Contracts Regulations 2015 as detailed in paragraph 4.2) to no relevant challenge having been received within ten days of publication of a Voluntary Ex-Ante Transparency notice detailing this award on the Find a Tender Service website."

In putting the amendment to the vote it was passed unanimously.

Debating the report, individual Members raised the following points:

- Highlighted the importance of the Caring Together work and Community Catalysts, and that Communities had great potential in supporting this area.
- Queried whether the proposal involved any match funding. Officers reiterated that the first six months would be funded by Health and the following six months would be funded by social care and there are other contracts that are jointly funded.
- Queried whether the report had been signed off by legal. Officers confirmed that the report had been signed off prior to the report being published.
- Highlighted that this work was crucial in supporting the massive pressures that were imminent in relation to covid and a surge in demand on the health service.
- Queried why the contract was for 12-months and not six. Officers stated that providers were generally reluctant to take on six-month contracts in this area due to the need to lease the cars as part of the contract which was generally on a yearly basis. Officers explained that they met regularly to check the demand and supply.

It was resolved to:

Award a 12-month contract to an existing provider, who have been able to guarantee the Council a total of 85,176 homecare hours, at a total cost of £1,622,790, subject (given the potential non-compliance with the Public Contracts Regulations 2015 as detailed in paragraph 4.2) to no relevant challenge having been received within ten days of publication of a Voluntary Ex-Ante Transparency notice detailing this award on the Find a Tender Service website.

51. Urgent Decision: Allocation of Infection Control, Rapid Testing, Vaccination and Workforce Recruitment and Retention Funding in response to the COVID-19 Pandemic

The Committee considered a report in relation to the allocation of Infection Control, Rapid Testing, Vaccination and Workforce Recruitment and Retention Funding in response to the Covid 19 Pandemic.

It was resolved unanimously to:

approve the recommended allocation of the discretionary elements of the Infection Control, Rapid Testing, Vaccination and Recruitment and Retention Grants which have been issued by central government on a one-off basis to cover spend between the 1st October 2021 and 31st March 2022 where this falls in line with grant conditions set.

52. Finance Monitoring Report – October 2021/22

The Committee received a report which considered the financial position of services within its remit as at the end of October 2021/22.

In particular, the reporting officer highlighted:

- At the end of October, Adults forecast an underspend of £4,645k (2.66%), and Public Health an underspend of 3.8% of budget (£1,468k). The underspends reflected the impacts of covid and there was uncertainty around the forecast position moving into the winter period. Officers stated that it was particularly unclear if, and at what point, demand-led budgets would return to expected levels of growth in spend and that activity and spend levels would be kept under review throughout the year to determine if demand growth was returning to pre-pandemic levels or increasing faster.
- Members were being asked to endorse for approval by Strategy and Resources Committee, the transfer of £2m from the current year underspend in the Adults and Safeguarding Directorate to the Adult Social Care risk reserve to mitigate against future pressures arising in 2022-23 and beyond.

Officers explained that there was a proposal which was part of the Business Planning process to reduce the budget permanently for Adult Social Care.

- Members were being asked to review the current position on Public Health reserves and endorse, for approval by Strategy and Resources Committee, proposals for the use of uncommitted reserves totalling £2.9m. Officers explained that some of the reserve needed to be left back as they were still unclear whether the public health grant settlement would cover NHS pay award risks.
- The approved waivers from full contract procedure rules that have been granted in the Public Health Directorate during the exceptional circumstances of the covid pandemic. Officers explained that due to the pandemic there had been a lot more waivers than there would normally be.

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

- Highlighted that the Public Health proposals were not one off spends and a Member stated that they felt that the authority was being too cautious with the utilisation of the public health reserves. Members also highlighted that no provision was being made for Public Health underspends in 2022-23, that it was reasonable to assume that there will be an underspend due to ongoing covid pressures. The Chair stated that he felt that the comprehensive work had been carried out by the Public Health team to find meaningful ways to utilise the underspends and was comfortable with the remaining underspend. Officers clarified that from a prudence perspective that the grant would be equivalent to what had been received this year but that the authority was not expecting any more than that, so there was a reluctance to commit into next years. The Director of Public Health paid tribute to her colleagues who had developed the proposals and that further proposals could be developed in the future subject to if underspends were not utilised.
- Raise questions on the savings tracker in relation to client contributions policy change being red and whether any clients were subject to new charges. Officers clarified that there were no new charges and that there had been no change in the contributions policy.
- Queried the block care provision were there was sub-contracting with some of the provision in care homes and whether the authority was making a profit from the utilisation of beds by self funders, therefore where not having to use spot purchase. Officers explained that where the authority block purchased residential based beds, one way in which voids were managed was to release the beds to self-funders. Officers stated that in exchange the authority asked for a discount or a proportion of income to reduce the overall cost of the block.

It was resolved by majority to:

- a) Review and comment on the relevant sections of the People and Communities and Public Health Finance Monitoring Report as at the end of October 2021;

- b) Endorse for approval by Strategy and Resources Committee, the transfer of £2m from the current year underspend in the Adults and Safeguarding Directorate to the Adult Social Care risk reserve to mitigate against future pressures arising in 2022-23 and beyond;
- c) Review the current position on Public Health reserves and endorse, for approval by Strategy and Resources Committee, proposals for the use of uncommitted reserves totalling £2.9m; and
- d) Note the approved waivers from full contract procedure rules that have been granted in the Public Health Directorate during the exceptional circumstances of the covid pandemic.

53. Review of Draft Revenue Business Planning Proposals for 2022-2027

The Committee received a paper which provided an overview of the updates to the Council's financial position since October/Nov 2021 (including a pandemic impact review) and set out the changes to key assumptions impacting financial forecasts, further risks and opportunities and next steps required to balance the budget and agree the Council's Business Plan for 2022-27.

In particular, the reporting officer highlighted:

- The key changes to the proposals since the last committee included;
 - the feedback from the committee being reflected in the business cases;
 - the national living wage increase had been incorporated which had an impact of £3.2 million;
 - The Health and Social care Levy which had an impact of £1 million;
 - An investment so that more providers could pay the living wage and the introduction of Health Impact Assessments.
- It was an iterative process and officers were still working on the emerging pressures.

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

- Highlighted under the assumptions and risks section of the report on page 178 it highlighted the High Needs Deficit and that the government would have to fund the deficit. The Chair of the Children and Young Peoples Committee who was substituting at the meeting stated that it was an ongoing issue in relation to Special Educational Needs and was a consideration for the Children and Young Peoples Committee and not the Adults and Health Committee.

- Acknowledged the enormity and importance of the work undertaken as part of the Business Planning process and gave special thanks to officers for their continued work and input to the process.

It was resolved unanimously to:

- a) Note the progress made to date and next steps required to develop the business plan for 2022-2027.
- b) Comment on the budget and savings proposals that are within the remit of the Committee as part of consideration of the Council's overall Business Plan.
- c) Note the updates to Fees and Charges for 2022-23

54. Adult Social Care and Public Health Performance Key Performance Indicators

This item was deferred.

55. Adults and Health Committee Agenda Plan and Training Plan

This item was deferred.

Part 2 – 14.00pm – 16.00pm – Health Scrutiny

56. a) Healthwatch Primary Care Intelligence

People champions for health and social care services in Cambridgeshire and Peterborough presented a report for scrutiny on the primary care service. The paper presented detailed: appointments, website information; tests and results, registration, and referrals.

The officer highlighted the inconsistency between GP services across the County. In particular, the public complained about the circular nature of reporting and the need to chase referrals from GPs, 111 and A&E. She stated that an upcoming report would focus on the wait for care, but that encouraging the self-management of conditions was a current mitigation measure.

In response to Member's questions, officers:

- Complimented Cams Online, but noted concern about digital engagement for service users less technologically savvy. To mitigate this, the service was looking to upskill users through training.

- Explained that there was a natural bias to survey responses, as those with a negative experience were more likely to offer feedback.
- Noted that medication retrieval following discharge could break down, but that the CCG would be able to provide more information on the distribution of routine medication.

In response to the report, a co-opted member requested a table of data be provided in future.

Members raised the difficulty of getting routine blood test results.

It was resolved to note the contents of the report.

b) Primary Care Access

The Committee received a report for scrutiny regarding access to GP primary care which had functioned throughout the pandemic both online and in-person, with some data showing a consequent 20% rise in demand. The report detailed: management of demand through increased triaging; local access improvement initiatives (with support from Healthwatch); workforce; and financial pressures. In particular, disparity across General Practices of the online and telephony support offer was highlighted.

The service had recently received £250m of Winter Access Support Funding. Planned use of this grant included: call centre staffing; a communications campaign, community response service; increased minor unit capacity; virtual support; bank staffing; electronic dispensing; and structured medication reviews.

There had been 9 million Covid-19 infections across England, with 90% patient contacts occurring through primary care. In response to increased demand for vaccination, the Service had delivered 692,000 of 1.6 million vaccines in Cambridgeshire as of 8 December 2021.

The officer asked Members to acknowledge that responses from the GP National Survey had been contrary to press reporting.

In response to the report, Members:

- Raised concerns regarding the restricted out of hours GP service and the way in which this had been absorbed into hospital care.
- Expressed hope that inter-organisational support and outsourcing into the community would occur more, should this help the service.
- Stated that their GP was not currently performing minor surgeries.
- Suggested that forms for triaging were done online, rather than over the telephone or in person to improve cross-service triaging and reduce the need

for patients to repeat their medical history. The officer confirmed this was done in some services, but in others would just create another channel of access for an already overstretched workforce to monitor.

- Thanked the service and condemned abuse against staff.

In response to Member's questions, the representatives explained that:

- Workforce shortages: Workforce shortages predated the pandemic and was a result of poor workforce projections by the government. However, through the pandemic, there had been a 6% reduction in fulltime equivalent GP workforce coupled with a 4.5% population increase, resulting in GP appointment requests have doubled (34 million GP appointments had been requested in October).

The representative noted that while there was an increase in GP medical school capacity students, this would not solve immediate staff shortages.

- There was a shortage of blood test bottles, which had created a backlog of routine blood tests.
- In response to the question around other non GP providers for to increase test capacity the officer explained that the Care Quality Commission monitored healthcare delivery which limits the provision of non-clinical offsite services.
- Recently the Health Secretary had made changes to increase capacity for GP team vaccination programmes.
- GPs were funded by an enhanced service contract to carry out minor surgeries, but all practices have had to prioritise on the basis of clinical value which means waiting lists may continue.
- Online and in-person appointments: There was hope that, in future, the service would provide a blended offer. Currently, two thirds of appointments were delivered face to face and one third virtually. Virtual appointments were especially beneficial for patients on zero hours contracts.
- The out of hours GP service was provided by a third party and it was confirmed that the service is staffed by GPs and not hospital staff. Access to the service is through the 111-telephone line who triage the patients need and would refer to A&E if more appropriate. Demand of 111 had risen by 40%
- Officers noted the message for patients to understand is that we are operating with a 5 million waiting list and similar unaddressed health needs which was affecting the services ability to perform business as usual activities. Primary care is also supporting the national flu vaccination and the Covid Vaccination programme.

It was resolved to:

Note the contents of this report and the actions taken by Cambridgeshire & Peterborough Clinical Commissioning group to improve access to GP Services across Cambridgeshire and to support Primary Care to manage the demands on their services over the winter period.

57. Cambridgeshire and Peterborough Foundation Trust (CPFT) Occupational Therapy Service Waiting Lists

The Committee received a report from occupational therapy. This service was delivered under CPFT through multidisciplinary teams in the community. The report explained the impact of the pandemic on waiting list length as a result of redeployment of workforce and uncapped referrals during the second wave. Average waiting time had increased from 3 weeks prior to the pandemic, to 10.2 weeks as of December 2021. The longest waiting period over the last two years was 35 weeks.

To combat this problem, the service was providing: an enhanced triage service with urgent referrals being prioritised and home solutions suggested; increased administrative staffing; increased working hours; technology enabled care training; and outsourcing. However, the reporting officer expressed concerns regarding staff wellbeing as a result of increased pressures.

In response to the report, Members:

- Complimented the service's careful use of occupational therapists to provide care to the most needing.
- Requested further information regarding accessing occupational therapy.
- Offered support from the local authority.

The report presenter stated that current support from the local authority was sufficient.

In response to Members' questions, the report presenter explained that:

- Waiting lists: The service had looked at outsourcing and prioritisation to manage waiting list time.
- Workforce shortages: These were cross organisation in the region and elsewhere in country. Allied Professionals were reviewing recruitment possibilities, but solutions needed to avoid recruiting from elsewhere within the service and included apprenticeships (growing our own workforce) and international recruitment, as had occurred in nursing roles, Issues have been raised at a system level and the Chief Regional AHP had also provided support to CPFT .

- The impact of the pandemic on acute system services would impact demand for occupational therapy and how we plan for this in the longer term. The challenges are not unique and there are workforce issues across the region with pressures in other parts of the country.
- Clarity was provided that hospital discharge team was separate to the community occupational therapy team.
- The Section 75 agreement between CQC and CPFT was monitored across multiple forums.

The Committee reviewed the report.

58. East of England Ambulance Service Report

The Committee received a report for scrutiny from the East of England Ambulance Service which detailed: response to the September 2020 Care Quality Commission Inspection; termination of the apprenticeship offer; performance; pressures on the service resulting from pandemic impact; and winter preparations.

When introducing the report, the presenting officer stated that, nationwide, the ambulance service was facing a severe escalation in demand with sustained, continued pressure on the ambulance service, acute hospital service, hand over times, and staff absence.

In response to Member's questions, officers explained that:

- Learner schemes: There were around a thousand learners, including 661 apprentices. Following the Ofsted inspection, every apprentice was offered a 1:1 in person counselling/meeting session, for which uptake was 95%. From these sessions, learning regarding workplace culture had been undergone and disciplinary actions taken (including removal, suspension and retraining).

The Service was looking to change the workplace culture to prevent racial and gender discrimination and multi-gendered sexual harassment. Actions taken included: conversations with the Trust Board and Workforce Committee; implementation of a concern raising forum; interventions (over 2000 of which had occurred thus far); employing a new Director of People Services and Cultural Director; and undertaking cultural legacy work.

There were currently 90 open investigations and this number was expected to increase as mitigating actions empowered individuals to raise concerns.

Since the inspection, 34 learners had completed the certificate 70% of which achieved merit or distinction.

- Public aggression: Verbal and physical aggression occurred with service responders and call handlers and could cause PTSD. Body cameras were available to all staff as a deterrent and evidence. In vehicle recording was also available.

- End-of-life care: Often those who are DNR will have ambulances called because the event is traumatic for those witnessing it. In these circumstances ambulances provide comfort. He described how paramedics will often need to have the end-of-life conversation with friends/family if resuscitation is not successful.
- Hospital hand over delays were a symptom of pressures in social care discharge, elective emergency care and workforce strains. Enabling pathways to care in the home through community support would reduce these delays.
- In response to the report, Members asked whether the Cambridgeshire service would introduce mental health cars, as existed in Norfolk. The officer noted that police provision is available but the 111 service Option 2 can also provide access to a mental health professional. The issue of providing a physical response vs having a rapid response was discussed and the Trust is working with a range of partners including the police.
- Volunteer first responders gave 38,000 hours a month to the community.
- The service was imminently reviewing their working methods in response to the new Plan B Government legislation.
- There was an ongoing business impact assessment on sustainability. This was being monitored by the Trust Foundation Board.
- Across the East of England 10% of ambulance services were private.
- Staffing: Staff turnover had stabilised but it was reported that some paramedics had moved to primary care. In Cambridgeshire & Peterborough the service is over the establishment (including those in training) but nationally there is an staffing pressure

Anxiety was the largest cause of staff absence and this was not aided by continued pressure. To mitigate this, the wellbeing support offer and wellbeing team had increased with a 24-hour crisis line, occupational therapy, wellbeing hub, employee assistance programme, Mind Blue Light Programme, wellbeing champions, wellbeing gardens, trauma risk management, and uncapped counselling sessions.

The Committee resolved to note and comment on the report.

59. Date of the Next Meeting - 13 January 2022.

The Chair thanked all attendees and closed the meeting.

Chair