

## Adults and Health Committee Minutes

Date: Thursday 29 June 2023

Time: 10.00 am - 16:08 pm

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

Present: Councillors Chris Boden, Mike Black, Alex Bulat, Adela Costello, Claire Daunton, Jose Hales (Co-optee sub), Anne Hay, Keith Horgan (Co-optee), Mark Howell, Richard Howitt (Chair), Steve McAdam (Co-optee - Part 2 only) Dr Haq Nawaz (Co-optee - Part 2 only), Kevin Reynolds, Geoffrey Seeff, Philippa Slatter, Susan van de Ven (Vice-Chair) and Graham Wilson.

### 173. Notification of Chair and Vice-Chair

Members noted that at the Full Council meeting on 16 May 2023, Councillor Richard Howitt was reappointed as Chair of the Adults and Health Committee, and Councillor Susan van de Ven as Vice-Chair, for the 2023/24 municipal year.

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

Apologies were received from Councillor Mac McGuire, Councillor Corinne Garvie (Co-optee) substituted by Councillor Jose Hales and Councillor Mairead Healy (Co-optee).

The Chair welcomed Councillor Mike Black and Councillor Alex Bulat to the committee, who replaced Councillor Gerri Bird and Councillor Nick Gay. He also welcomed Councillor Mairead Healy who replaced Councillor Jenny Gawthorpe Wood as the Co-optee for Cambridge City Council, Councillor Dr Haq Nawaz who replaced Councillor Sam Clark as the Co-optee for Fenland District Council and Councillor Keith Horgan who replaced Councillor Lis Every as the Co-optee for East Cambridgeshire District Council.

The Chair paid tribute to Debbie McQuade for her exemplary leadership of Adult Social Care and as the Statutory DASS in her interim role. He explained that Debbie had returned to Peterborough City Council as Service Director for Adult Services on 19 June 2023, following a handover with the new Executive Director: Adults, Health and Commissioning, Patrick Warren-Higgs. He thanked Debbie for her service. He welcomed Patrick to his first committee meeting.

There were no declarations of interest.

## 175. Minutes of the meeting on 9 March 2023 and Action Log

The minutes of the meeting on 9 March 2023 were approved as an accurate record.

The action log was noted.

## 176. Petitions and Public Questions

No petitions or public questions received.

## 177. Integrated Tobacco Control in the Cambridgeshire and Peterborough System

The committee considered a report that gave an update on the review of interventions and services to prevent and treat smoking and the proposed actions to decrease the number of people who smoked to improve health outcomes.

The presenting officers highlighted;

- The 'Smoking Kills White paper' published in 1998 along with substantial legislation which saw a substantial decrease in smoking rates.
- There had been a stagnation in smoking rates over the last few years with Fenland having the highest rate of smoking in the country. Cambridgeshire as a whole was around the national average with 13% of the population who smoked, this was over 27% in Fenland, with the Peterborough rate at just over 14%. There had been a greater focus on tackling obesity and there was now a need to refocus efforts on tackling smoking rates.
- The report set out the challenges that were currently faced and proposals around how the challenges might be addressed and agreement on development of a shared target for reducing smoking rates.
- Smoking was the main contributor to major impacts on health in particular in relation to cardiovascular disease rate.
- New products most notably e-cigarettes, that is vaping were now commonplace. Vaping was considered as a good aid to help those that currently smoke stop. However there were concerns around the number of young people vaping. It is illegal to sell vapes to anyone under the age of 18 irrespective of whether they smoke or just trying them as something new. The long term effects on nicotine are unknown especially on young people.
- Commissioning of behavioural insights research would help establish what the current barriers were to stopping smoking and what motivated individuals to start smoking. This would help to develop services focused on certain groups and areas including mental health services.

- Work with the Integrated Care Board (ICB) was focussed on National Health Service (NHS) services, the treating tobacco dependency programme had established pathways with maternity services and mental health services across Cambridgeshire and looked to roll this out to the acute settings to providers in both Cambridgeshire and Peterborough.
- Smoking cessation formed part of a wider piece of work that the NHS was looking to build upon and ran through to NHS England's approach to tackling health inequalities 'the Core20Plus5 approach'.

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

- Highlighted that the role of General Practitioners (GPs) as trusted local professionals in the influence on the uptake of smoking cessation offers and noted that primary care was under unprecedented pressure. Members questioned what might inhibit the roll out of the offer. Officers explained that historically stop smoking services had been commissioned through GPs and the pressures on GP practices had affected the throughput of smokers receiving support in primary care. This had been picked up through the behavioural change services but the challenges in the coming months was to develop a new model of working with primary care. Officers stated that there were broader opportunities across primary care utilising other contact points including pharmacies and developing a new integrated neighbourhood approach to help increase referral rates.
- Requested an update on the public campaigning by Cancer Research UK on 'Start the Stop and Stop to Start'. Officers stated that they had developed school-based programmes through our health schools programme and focused on smoking and the harms of vaping.
- A member highlighted that it was over 60 years since the Doli report into the harmful effects of smoking and the link to cancer and that people continued to smoke, even though significant anti-smoking legislation had been put in place. He asked that the Chair of the Committee write to the Secretary of State for Health regarding the legislation that had recently been introduced in New Zealand. Officers stated that there had been successful work over the years in smoking prevention but that there were still pressures that individuals were experiencing in society that lead them to smoke and that it was about trying to understand the reasons for smoking and to be able to provide the support and give individuals the motivation to quit.
- A member stated that they were shocked that 10% of pregnant mothers were still smoking and highlighted that it was crucial to communicate that stopping smoking had remarkably quick health benefits. He stated that the situation in Fenland regarding smoking rates required significant geographical targeting of services to tackle the issues. A member queried whether there were any incentives in place for expectant mothers to stop smoking and that encouraging them to even cut down was a first step.

- A member spoke about her lived experience as a smoker and stated that smoking cessation services needed to be linked into mental health service investment. She also stated that some of the alternatives such as nicotine gum and vaping were more expensive than the tobacco products themselves and queried what could be done to tackle this. She also requested further information on the origin of the data in relation to the statistic that vaping was twice as effective in helping smokers to quit over a 12-month period and if there would be better information available on how vapes could be recycled. Another member stated that vaping in many cases was a long-term replacement to smoking and that there was not enough evidence regarding the effects of vaping in relation to long term use. Officers explained that they had been looking at prescription charges in more detail as they had received evidence from the behavioural change services that individuals were struggling to pay the prescription charges and were reviewing how much it would cost to cover the charges as a system. Officers stated that with the formation of the treating tobacco dependency programme, there would be no charge for pharma therapy through the stop smoking service. Officers stated that the data regarding the vaping study came from St Marys University, London, which used trial data from English stop smoking services.
- Queried the support specific hard to reach groups received particularly in relation to the homeless and carers. Officers explained that the stop smoking services worked closely with the drug and alcohol services. One of the issues that had been highlighted was the range of stressors that carers experienced and understanding them to help shape the support services provided. The behavioural service also had a specialist health trainer that worked with carers. Officers explained that they worked very closely with the homelessness services in Cambridgeshire and looked at the holistic health needs within the service.
- The Chair expressed concern that the Integrated Care Board had highlighted a 40% shortfall in funding for the stop smoking service. He welcomed the behavioural insights work that had been commissioned. He requested further information on the support for the homeless in Cambridgeshire to receive nicotine alternatives as work in Peterborough had been highlighted in the report. He highlighted that there had been a report on illegal vapes flooding the market and queried if there had been any contact with Trading Standards in Cambridgeshire on this issue. He also shared the concern of other members in relation to the number of children vaping. Officers stated that they were working with Trading Standards colleagues to identify where illegal sale of vapes and cheap cigarettes. Officers also explained that a national consultation had just closed in relation to young people and vaping and the results were awaited. Some of the measures to help prevent young people from vaping that had been suggested were to reduce marketing on social media and at point of sale displays and ASH had put forward a proposal to put a tax on disposable vapes and to increase the sessions in schools around the dangers of vaping.
- Noted and supported the current approach to commissioning services from primary care.

It was resolved to endorse:

- a) The proposed actions to decrease the numbers of people who smoke.
- b) A system wide approach to addressing smoking with an agreed shared target for reducing smoking rates.
- c) Also to note the current procurement position for commissioning services from primary care.

## 178. New All Age Carers Strategy

The committee received a report that asked members to endorse the new Carers Strategy which provided a clear strategic direction for supporting carers across Cambridgeshire.

The presenting officers highlighted;

- The new strategy encompassed all carers, including adult carers, parent carers and young carers. It continued to be a joint strategy with Peterborough City Council, as we aspire to a single strategy across the Cambridgeshire and Peterborough Integrated Care System (CPICS) and more collaborative working to better support carers in our community.
- The impact of the previous strategy was summarised in the report.
- Following engagement with carers and carers groups, feedback from carers highlighted that they were often unaware of the support available to them, or were reluctant to ask for help, or were unsure who to ask. The focus of the updated strategy was to bridge the gap in terms of accessing support and to identify areas of improvement for the future.
- More robust monitoring arrangements would be established with oversight from the Carers Strategic Board and the Carers Partnership Board.
- The key priorities and strategic intentions of the strategy were set out in 2.6 of the report.
- The intention was to publish the strategy in early July 2023 and an action plan would be developed to sit alongside the strategy and that would be developed collaboratively with key partners and the Carers Strategic Board and progress would be reviewed after a year.

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

- Queried how the strategy supported young carers, in relation to the change in the nature of their relationship with their parent/relative and ensuring that they were looked after. Officers explained that they had a contract in place with

Centre 33 who had an extensive offer for young carers covering getting advice and help, risk support, one to one support, needs assessments and targeted support groups.

- Sought further information on training for young carers, taking on board what skills they would learn by being carers and how those skills could help them in later life.
- A member expressed concern in relation to young carers and at what point was it deemed to be neglect as the Council had a responsibility to ensure that young carers were being looked after. Officers stated that they worked closely with colleagues in children's services to ensure that the needs of the young carers were met and to identify any issues before they reached a tipping point.
- Queried if there were ideas regarding augmenting services in schools and whether there were staff members that had the time, resource, and expertise to implement this. Officers explained that Centre 33 went into schools to work with young carers and delivered training for individuals that work with young carers. The action plan also included additional workshops and training for young carers and carers champions in schools.
- Requested further information on the improvements to the webpage and what this involved and how interactive the information and communication could be. Officers explained that the current webpage was not in the most accessible format and the idea was to design this collaboratively with carers to meet their needs.
- A member queried how carers were identified regardless of age, especially young carers and questioned if there was an estimate of the percentage of carers yet to be identified and if the council were linking up with the Department for Work and Pensions in relation to this data.
- A member sought further information on whether the council were offering advice or support in other languages and were they collaborating with the voluntary sector in this area.
- Expressed concern that counselling services in schools were not established to support young carers and whether this was picked up in the strategy.
- Queried if there was scope for establishing a mentoring scheme for young carers. Officers stated that in the action plan there were actions including peer support so one action that could evolve from that could be mentoring and that this would be discussed further with the Carers Strategic Board and the Carers Partnership Board.
- The chair welcomed the co-production of the strategy with carers and the 'no wrong door' approach. He sought further information on how the respite services for carers would change and improve in light of the strategy and queried what the reasons were around the performance against the carers

assessment performance indicator. He sought clarity on what measures would be put in place to improve performance. Officers explained that as part of the re-tendering for respite capacity earlier in the year additional capacity was included for carers respite which would be available later in the year. Officers stated that the carers assessment process had recently been reviewed and simplified to make it shorter and there had also been significant work around identifying hidden carers. Officers explained that the number of conversations with carers had increased including 3,000 conversations carried out by council officers and 2,500 by external organisations which included supportive signposting without needing to go through the formal assessment route.

It was resolved to approve and adopt the new Carers Strategy.

## 179. Older Persons Day Opportunities Recommendations

The committee considered a report outlining a review of older people's day opportunities and associated recommendations.

The presenting officers highlighted;

- Historically the authority has funded the same building-based services over many years.
- A comprehensive review of older people's services has taken place and officers had engaged with service users and carers, staff, providers, and partners to shape the new approach.
- The review was able to define differences in demand, costs, and outcomes for people with eligible care and support needs and those with emerging care and support needs that were not accessing formal care and support.
- Transport was one of the main issues for individuals getting to the services provided.
- The traditional day centre model was not appealing to some individuals who preferred social inclusion within the community.
- Carers really valued the support their family members were given for those with personal care needs. Found that some day centres were thriving and well attended while others were not well attended and were struggling financially.
- Findings from the review had informed the proposed approach to commissioning older people's Day Opportunities moving forwards. The proposal had two parts, the first was to procure services for Huntingdonshire and South Cambridgeshire to supplement the inhouse offer to ensure, once the current grant agreements ended in 2024, there was provision in all

districts for those with eligible care and support needs. The second was to develop a more localised range of day opportunities for people with emerging care and support needs through a place-based approach to commissioning.

- All existing services would have the opportunity to bid for new grants.
- Planned formal consultation throughout July and August 2023.

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

- Queried if officers were involving social prescribers as part of the review.
- Requested further information on the types of activities available at the day centres. Officers explained that 1.1 of the report described how things currently stood. Officers stated that new grant applications would be required to show how people that were attending would be involved in developing the activities going forwards.
- A member highlighted that there was a lot of need within communities that was not being recognised in areas that did not have access to a day centre or even access to a bus service to get to a day centre. He queried what work was being done to link in accessibility to provision as part of the review, working with local community transport. Another member questioned whether organisations such as FACT would be able to apply for the grants so that individuals would have transport to hard-to-reach places. Officers explained that this approach would give the opportunity to be flexible if there were districts where people were finding it difficult to get to activities, and that some of the funding could be used for transport, as long as it met the criteria for reducing social isolation.
- Sought further information on the next steps following the consultation and queried how local groups with lived experience would be encouraged to apply for grants. A member asked that the committee be kept updated on progress. Officers explained that place-based commissioners who were working in the local communities would encourage the local, smaller groups to bid for grants.
- The Chair requested the results of the consultation be reported back to spokes ahead of the next committee meeting. **Action Required.** The chair stated that there was a 98% satisfaction rate of people that use days services and that there was a steer to officers that members were open minded with regards to the consultation and that the design of the service should be focused on the results from the consultation and the users of the services. Officers explained that the consultation outlined what had been agreed in principle working with service users and sought further feedback on any other implications that had not been thought of. Officers stated that working groups would be formed to bring together integrated health, place-based commissioners and district councils and representatives from the communities to pull together the conversations and data to develop the grant specifications and evaluating where the bids go to.



It was resolved:

- a) In principle, approve commissioning of Older People's Day Opportunities in Huntingdonshire & South Cambridgeshire on a 2-year plus 2 lots of 12-month extensions basis at total cost of £592,800.
- b) Delegate responsibility for awarding any contracts for the provision of Day Opportunities for Older People with eligible care and support needs, within Huntingdonshire and South Cambridgeshire, starting 1st April 2024 and extension periods to the Executive Director of Adults, Health and Commissioning.
- c) Delegate responsibility for executing any contracts for the provision of Day Opportunities for Older People with eligible care and support needs, within Huntingdonshire and South Cambridgeshire, starting 01st April 2024 and extension periods to the Executive Director of Adults, Health and Commissioning.
- d) In principle, approve the reallocation of £399,878 annual Older Person Day Opportunities budget, as per paragraph 2.5 into a place-based approach.

## 180. Befriending Service (Early Intervention)

The committee received a report that sought approval to proceed with call-off from the Early Intervention and Prevention Dynamic Purchasing System for a place-based Befriending Service in both Cambridgeshire County Council (CCC) and Peterborough City Council (PCC).

In particular the presenting officers highlighted;

- The befriending service had been historically commissioned since 2014 to provide support in Cambridgeshire and Peterborough for practical and social support.
- Decentralisation was key to the strategy going forwards, with a placed based approach to commissioning, working with local providers to identify who was best placed to use their existing networks to support older people.
- There was a lot of evidence that showed that this service had a positive impact on individuals mental and physical outcomes.
- The current provider of services across Cambridgeshire and Peterborough was Age UK and the contract was coming to an end on 30 September 2023.
- Due to the uncoupling of services between Cambridgeshire and Peterborough there was an opportunity to call off from the Early Intervention Dynamic Purchasing System by changing the specifications.

- Officers engaged with service users and providers through surveys to gain feedback. This highlighted where the service was working well and where there was room for improvement, and this had been incorporated into the design of the new specifications.
- The proposal was to adopt a lead provider model as this allowed for more capacity to write and submit bids, highlighting how they would work with the smaller local providers to engage with hard-to-reach individuals and also engaging experts by experience. The Dynamic Purchasing System would be opened up again in the autumn of 2023 to new providers. The current arrangements meant that the authority was required to call off from the current existing providers on the system.

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

- Queried how providers would formally check the volunteers were providing the required expertise and skills and whether there was a skills assessment that they had complete. Officers explained that all volunteers were DBS checked and they receive training and support around conducting meaningful conversations. It was also envisioned that the lead provider would pay for all of the DBS checks for the smaller organisations.
- Queried why the contract was for three years plus one whilst the contract term for a previous report were two years plus one, plus one. Officers explained that this was in relation to the amount of paperwork that was required to approve the extensions and in terms of Cambridgeshire the amount was well under the key decision threshold. There were also regular contract review meetings and any changes that needed to be made could be made throughout the contract period.
- Highlighted the risks to the different approaches set out in the report including the new service not being ready on time and the new service resulting in negative changes and whether there was going to be a gap. Officers explained if there was a delay then they would extend the current contract but that it was not envisaged this would be an issue.
- Queried if the lead provider model was the way new groups would be brought on board. Officers explained that some providers had been onboarded already and then there would be a separate process for onboarding new providers. This allowed for providers to be onboarded on a regular basis.
- Sought clarity on if there was scope in the service for intergenerational participation. Officers stated that there was a clear appetite for intergenerational participation, and this would be included in the method statements in the bidding process.
- Commented on the ratios and what they indicated in terms of being able to make changes to the service. Officers stated that some volunteers could only commit to 2-3 hours a week therefore this impacted on the ratios. Officers

explained that some of the volunteers themselves had been initially referred to Age UK in relation to their own loneliness and were now benefiting.

- Questioned why virtual calls were not included in the report. Officers explained that when telephone befriending was referred to in the report this also referred to zoom calls, and this would be made more explicit. Officers stated that they would check and confirm with members regarding whether group sessions were taking place. **Action Required.** Officers clarified that they would include digital inclusion in the method statements. **Action Required**
- Highlighted that there was no mention of exercise or personal trainers within the report. Officers explained that in the new specifications for the service the need to undertake physical exercise was included.
- Questioned how the lead provider would enable increased paid capacity within the smaller organisations as volunteer time could potentially be overused and exploited. Officers explained that there was funding to upskill micro providers available through care together. Officers also stated that there were three community micro enterprise officers in place across Cambridgeshire and their role was to help upskill smaller enterprises including sole traders. Officers would also use the social value portal to evidence the social value of all the jobs created through the care together workstreams.

It was resolved to agree:

- a) Approval to proceed with call-off from Early Intervention & Prevention Dynamic Purchasing System for a place-based Befriending Service (in both CCC and PCC).
- b) Delegate responsibility for awarding and executing a contract for the provision of Befriending Services starting 1st October 2023 and extension periods to the Executive Director Adult, Health & Commissioning.

## 181. Extra Care extension approval

The committee considered a report that requested approval for a contract extension for Richard Newcombe Court extra care service up to 4 September 2023.

In particular the presenting officers highlighted;

- Committee agreed on 17 March 2022 that the care and support services in six extra care schemes in Cambridgeshire would be retendered. The tender proceeded and bidders were advised of the outcome in February 2023. Contracts for three of the services have been successfully mobilised and implemented. The remaining three services, Dunstan Court, Moorlands and Richard Newcombe Court would be transferred on a phased basis as several issues had surfaced during the mobilisation period.

- The council had been meeting with CHS and Radis to ensure a smooth handover of services, the first service had now been successfully transferred with dates agreed for the further two schemes to be transferred and tenants in these schemes would continue to access the services whilst the new provider mobilised resources.

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

- A member queried why the contract had gone to a big national provider from a small provider and questioned why six schemes were tendered at the same time to reduce procurement costs and whether this particular method of procurement favoured particular types of providers. He highlighted that the bids were based on 70% quality and 30% price and stated that he would like to understand further how the successful bidder had scored and whether they had scored higher on quality. He highlighted the delay in the scheme being implemented was in relation to the disruption of service users in relation to the transfer. He queried whether service users' views had been considered during the process. He stated that he had been in communication with representatives of Richard Newton Court residents, and they had indicated that they would be continuing with CHS and he understood that these individuals would be funded by the Council up until 1 September 2023. He explained that he would like to understand what would happen in relation to the funding of individuals after this date. He also questioned whether communications in relation to the changes were the council's responsibility as there were individuals with lasting powers of attorney, that had not been informed properly of the changes to service. Officers stated that they were limited in what they could say in relation to the bids and scores due to commercial confidentiality. Officers explained that they had spoken to service users in each of the schemes prior to the tender and it was clear that they valued the services provided by CHS and did not understand why the services needed to be reprocured. Officers stated that it was a requirement for the council to re-tender the services as the contracts had come to end. Officers explained that the original implementation plan included transferring a large group of staff from one organisation to another. However very few staff transferred, and the new provider had to mobilise the services and agreed to transfer on a phased basis. Officers stated that if service users decided that they wanted to stay with CHS then they could apply to the council for a personal budget or they could continue the service with the new provider.
- A member queried the transition process and how residents were being supported in what could be a bewildering process and how social value would be expressed and assessed in the procurement process. She stated that there was a lot to learn from the process and that some of the choices that had been made by the previous provider and residents might not have been anticipated. Officers explained that there was on the committee forward agenda plan that would focus on social value.
- Discussed whether there was a need to go into private session to discuss concerns in relation to this particular procurement exercise.

In bringing the debate to a close the chair stated that it would be beneficial for members to have further discussions informally with officers to understand the lessons learnt from this particular procurement process and understand how members could debate concerns in relation to future contracts. **Action Required.** He stated that local members had received strong representations in favour of individuals staying with the previous provider CHS and it was important to understand the process as a whole and the reasons that sat behind it.

The Chair took a vote on whether the committee should defer the vote on this item until the end of the meeting so that there could be a discussion in private session. The vote was lost, and the substantive recommendation stood.

It was resolved to:

Approve the contract extension for Richard Newcombe Court extra care service up to 4 September 2023 with an overall value of £50,775 and cumulative value of £545,560.

## 182. Finance Monitoring Report - March

The committee considered a report that set out the financial position of services within its remit as at the end of March 2023 and proposals for the use of new uncommitted Public Health reserves arising from the 2022/23 in year underspend.

In particular the presenting officers highlighted;

- The outturn had not changed much from the February to March position; Adults and Safeguarding and Commissioning ended the year at £1.5 million under and Public Health at £809,000 under. The Public Health underspend was transferred to Public Health reserves at the end of the financial year and some of the balance had been committed which was set out on page 157 of the report pack. Work was ongoing to allocate the remainder of the balance which would come back to committee in due course.

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

- A member stated that he had expressed his concern around the planning of how to use the underspend in Public Health at committee over twelve months ago. He highlighted that there would always be a risk of an underspend and that it had been brought to members attention that due to capacity and recruitment issues there would be a significant underspend at the end of the year. At the time he had requested that officers looked at how the underspend could be spent, and he stated that action had not been taken early enough which was shown in the figures in the outturn report for 2022-23. He worried whether the figures were realistic in terms of forecasting for this financial year and if there could be additional provision identified to utilise the underspend if necessary. The chair stated that he was confident that the Public Health team were spending the money wisely rather than artificially

driving down the reserve level and that this was reviewed on a regular basis. The Director of Public Health stated that there was a need to be optimistic about the spend as it was spend that was anticipated to happen and it was crucial in terms of identifying individuals with cardiovascular disease for example, and there had been an incredible amount of hard work with primary care colleagues to ensure that this activity happened. She stated that officers had plans in place to actively spend the reserve and would have contingency plans in place if it was identified that there would still be an underspend in the future.

- A member commended officers for ending the year with a limited underspend and was pleased that the public health money was going into reserves.
- A member highlighted 2.3.4 in the report regarding the extra funding for providers through the business planning process, in order that providers all paying the real living wage in three years' time. She sought further information on how progress on this would be monitored. Officers stated that they had built into the financial process the expectation that providers pay the real living wage, and this was also in all contracts. Officers explained that it was difficult to get data from providers but that they had made this a requirement now.

It was resolved to:

Review and comment on the relevant sections of the People and Communities and Public Health Finance Monitoring Report as at the end of March 2023.

### 183. Finance Monitoring Report – May

The committee considered a report that set out the financial position of services within its remit as at the end of May 2023.

In particular the presenting officers highlighted;

- The report was in a new format and was just Adults and Public Health.
- At this stage there were very minimal forecast variances.
- The Capital section of the report on pages 220 and 221 of the agenda pack, looked at capital re-phasing, and drew attention to the independent living suites programme for East Cambridgeshire as there had been issues around the land acquisition and officers asked that this was rephased for future years.

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

- A member expressed concern in relation to the further delay in the independent living suites programme, which meant that the scheme would be more expensive and would potentially have higher interest rates. The chair

also expressed concern around the care suites programme as there had been an ambition to build one set of care suites a year, and the schemes were not progressing as expected. Officers stated that the delay was in relation to health releasing the land to the County Council for the development to happen.

It was resolved to:

- a) Review and comment on the relevant sections of the Adults, Health and Commissioning and Public Health Finance Monitoring Report as at the end of May 2023; and
- b) Endorse the budget revisions to the capital budgets in the remit of the Committee.

## 184. Waiting Lists report

The committee considered a report that gave an update on the current waiting list numbers and actions being taken.

In particular the presenting officers highlighted;

- There had been a build-up of the backlogs on waiting lists throughout the pandemic and there had been some focused work on addressing them.
- The investment made on reviews last year had seen some positive results with better performance on statutory reviews currently than pre pandemic, this being one annual review a year for service users with individual long term care packages. The older people and physical disability service community teams lists were also now back to business as usual.
- An area of concern was in relation to adults with autism where there was a historical backlog that predated the pandemic and an increase in demand. There were capacity issues in terms of keeping up with the business-as-usual demand as well as to clear the backlog.
- Another area of concern was in relation to financial assessments as the service had been brought back in house with an historical backlog.
- A further area of concern was in relation to deprivation of liberty safeguards as there had always historically been a backlog in this area. There was a delay in the liberty protection safeguards being brought in, with a delay on any new legislation now postponed until after the next general election.
- There were some waits around specialist learning disability packages.

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

- Queried how financial assessments were being dealt with and reviewed and if the list was constantly reviewed in relation to priorities. The Chair stated that according to the report there was a backlog of 1000 cases and there was a capacity of dealing with four per week. He sought further information on how this was going to be dealt with. Officers explained that there were risks assessments that were applied to all waiting lists and for those who were struggling financial. Officers explained that there was also a deep dive taking place of this list to ensure the risks were being managed appropriately. Officers clarified that the capacity for cases was four per week per member of staff in the service and recruitment and retention in the team was still an issue which the service was looking to address. Officers stated that they were currently soft launching on online financial assessment as a lot of the delays in the process were in relation to documents required. Allowing for documents to be uploaded electronically would cut down the time individuals would need to wait, if done online. Officers explained there were regular meetings of the assessment team and with officers who were out in the community meeting people and cases were flagged through this route where there was distress.
- Questioned if the worker that was identified to carry out transition's enablement plans highlighted on page 238 of the agenda pack was part of the consideration of further increases of staffing within the Learning Disability service. Officers stated that the member of staff identified was a current member of staff and that there would be additional roles recruited to. Officers also explained that there was a three pronged strategy to tackle this backlog, where there were vacant places that already existed in services officers looked to match individuals up with these places, secondly the authority was using the tender framework to bring on more core and cluster services and the third prong, the inhouse property team were conducting a search on land available to see if this could create capacity to develop services including looking at modular buildings.
- A member commented that young people were moving into adulthood losing the structures of support they previously had in place and queried whether the authority would be interested in developing a reablement path for young people in terms of transitions, in a more proactive way. Officers stated that they were seeing an increase in numbers coming through in particular in relation to adults with autism and more thought needs to be put in in terms of the pathway that was taken. Officers stated that they were having business planning discussions around how they could develop support in this area, and it was very much in the forefront of discussions.
- Highlighted that waiting lists had an impact on carers. Officers stated that this needed to be taken into consideration in relation to working with carers and in terms of the risk assessments and management of waiting lists.
- A member expressed concern in relation to the deprivation of liberty safeguards backlog, and asked if this issue could be brought to a future meeting, updating the committee on the situation and giving examples so that members of the committee could understand the real issues. The chair



requested an update on the report that had been due to go to corporate leadership team on 19 June 2023 and suggested that the request for an update on progress be picked up at a spokes meeting. **Action Required.** Officers explained that the case law that was put in place in 2014 meant that any individual that did not have capacity to decide about their own care and support and accommodation was deemed to be deprived of their liberty, the vast majority of individuals were not in distress and were in a registered setting. Officers explained that triage was carried out at the point when a case came in and then if there was an individual in distress this person would be moved to the top of the list. The Executive Director of Adult Social Care explained that he had asked the report to be deferred as he had only just started in post so that he could give it sufficient consideration. He explained that the report had been rescheduled for 3 July 2023. The chair requested to be informed of the outcome of the discussion. **Action Required.**

- Queried if officers had identified any bottlenecks with the deprivation of liberty and the learning disability partnership waiting lists. The chair stated that there had been an increase in complexity of cases in terms of learning disability and that this needed to be acknowledged and sought further information on actions being taken in this area.
- The chair queried when the new social workers would be in place in the autism team. Officers stated that the resourcing level was still an issue in this team and the consequence was a skewed workload as the team were dealing with the most challenging and pressing cases. The team was now fully staffed and there was a proposal for additional staffing to work through the

It was resolved to:

Note and comment on the information outlined in this report.

## 185. Update on Market Sustainability Fund and Plan

The committee received a report which outlined the current position regarding delivery of the Market Sustainability Plan and allocation of the Council's Market Sustainability Funding.

In discussing the report;

- Members requested a briefing on the submission including an update on the information on current market capacity and predicted demand, and information in relation to commissioned bedspaces, number of clients supported over a specified period and anticipated increases. **Action Required.**

It was resolved to:

Note the update and support the ongoing approach to delivering against the Council's Market Sustainability Plan.

## 186. Quarter 4 Performance Report – Adult Social Care

The committee received and update on position of performance against the selected KPIs for Adult Social Care as at the end of March 2023, Quarter 4.

In discussing the report;

- A member queried the performance in relation to the indicator at 2.4.3 of the report 'number of carers assessed or reviewed in the year per 100,000 of the population' as he was concerned about the scale of the variance against statistical neighbours. Officers stated that the change in approach to assessment of carers meant that the authority was not counting assessments in the same way as a lot of the interactions were informal and not counted. Officers were continually reviewing the approach to ensure the best outcomes for carers and there was ongoing work to strengthen the feedback loop with carers and practitioners. Officers had seen an uptick in the number of conversations with carers, so the activity overall was high.

It was resolved to:

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

## 187. Quarter 4 Performance Report - Public Health

The committee received and update on position of performance against the selected KPIs for Public Health as at the end of March 2023, Quarter 4.

It was resolved to:

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

## 188. Adult and Health Committee Agenda Plan, training plan and committee appointments

The committee received a report outlining committee's agenda plan and training plan, and appointments to Outside Bodies and Internal Advisory Groups and Panels.

The Chair proposed that any member of the Committee should be able to substitute for a Quarterly Liaison Group member, rather than naming specific

substitutes for each group. This recognised the importance of continuity at meetings, but offered a pragmatic solution if occasions arose when Liaison Group members were unable to attend. There were no objections.

It was resolved to:

- (i) Note the agenda plan attached at Appendix 1 of the report;
- (ii) Note the training plan attached at Appendix 2 of the report;
- (iii) review and agree the appointments to outside bodies as detailed below;
  - Cambridge Cancer Research Hospital Engagement Board – Councillor Geoffrey Seeff.
  - Cambridge University Hospitals NHS Foundation Trust Council of Governors – Councillor Susan van de Ven.
- (iv) review and agree the appointments to Internal Advisory Groups as detailed below;
  - Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Liaison Group - Councillor Dr Naq Hawaz (Co-optee).
  - Integrated Care System and Cambridgeshire Healthwatch Liaison Group – Councillor Dr Naq Hawaz (Co-optee) and Councillor Jose Hales (Co-optee sub).

## Health Scrutiny

### 189. Cambridgeshire and Peterborough Shared Care Record

The committee received a report on the Cambridgeshire and Peterborough shared care record.

In particular the presenting officers highlighted;

- The shared care record was a collaboration of all of the partners in the Integrated Care System to be able to share care and health data across the system and to have access to the data for direct clinical care.
- Working towards a minimum viable solution which was a nationally developed. This had been broken down into two distinct phases and the first phase was now live. The first phase was the shared care record being made available to a limited number of providers including the County Council.
- The programme was about to go into the second phase which was focused on improving and enhancing the clinical and care data, adding to the primary care data and the community mental health data aiming to bring in the acute hospitals data as well as the adult care data.

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

- Sought clarity on the level of engagement with community groups, voluntary sector and the wider public including hard to reach groups, in relation to the programme. Officers explained that over the last year they had undertaken public engagement including a mail out campaign including information for residents that might wish to opt out of the sharing of data. Officers explained that a helpdesk had also been set up to deal with queries. Officers stated that as part of the lessons learnt from stage one officers would continue to review how they engaged with residents.
- Queried how and when the benefits of the shared care record would be seen by the wider public and the timeframe for this. Officers explained that there was a focus on the benefits the work was aiming to achieve, aligned with the business case and the aims and objectives, to be able to demonstrate to the board and members on progress against the benefits. Officers highlighted that one of the benefits that had already been realised was that access to data had made the process quicker so there was no need to chase results via telephone. Officers stated that they had looked at how many minutes each person saved when they accessed the shared care record, over and above the fact that they may have had to make a call to find the correct person to speak to. Officers explained that they expected to report back to the programme board on the results over the next three months. Officers also explained that there was a shared care record page on the ICS website and this would be updated with the relevant data on the benefits.

- Questioned how officers would know the shared care record was working well. Officers stated that as already discussed the feedback on progress against the benefits would evidence the outcomes from the programme. Officers explained that the main benefit to date was the time efficiencies created by faster access to data, including avoiding unnecessary phone calls. And Officers stated that there was a focus on whether the record was performing against the contract specifications including looking at how many people had accessed the record and how many views. There were only currently 1300 users of the record at the moment with 233 unique accesses to the record. Officers highlighted that they were working with partners to increase the knowledge of the shared care record to drive up usage.
- Questioned whether care homes would be brought into the next phase of the programme as well as professional carers as there was great potential in terms of them having access to the system. Officers explained that the next stage of the programme would include getting all of the acute systems on board and there was a parallel programme being run with Cambridgeshire County Council called 'Digitisation of Social Care', and this was giving care homes access to funds in order that they could move to a digital platform with all of their records, which would in time enable them to join the shared care record.
- Sought clarity on whether patients could opt out of the social care record and having their records shared and what security features were built in to stop unauthorised people accessing the system. Officers explained that the system was accessed based on role-based access so if individuals had permissions currently to access medical records, then they would have access to these records on the shared care record. Officers stated that levels of access were set by partners and not the central system and it was currently protected by single sign on. Officer highlighted that a portal would be developed and when that came into use there would be two factor authentication. Officers explained that the aspiration was there would be access for public health purpose and was part of a wider strategic programme. Officers stated that there was a full-time privacy officer who was solely dedicated to ensure that the adequate controls in place. Security and privacy considerations were taken very seriously, and where residents asked to opt out this was actioned swiftly.
- Queried if any artificial intelligence was being built into the system and if so, were there any foreseen risks in relation to it. Officers confirmed that Artificial Intelligence would not be employed in the shared care record.
- The Chair highlighted that a lot of public health programmes were being delivered through primary care which was under an incredible burden, and some areas of the system were reluctant to share data which was slowing up the system and commented that confidence in the shared care record needed to be addressed.
- The Chief Executive of Cambridgeshire and Peterborough Healthwatch commented that Healthwatch had been consulted about the Shared Care

Record programme and would be happy to attend relevant partnership boards and forums. He reported concern by patients in relation to the potential commercial exploitation of the records. He highlighted the confusion that some people had expressed regarding the use of MyChart and the shared care record and that the forms could be complicated. He commented that more needed to be done regarding communications so that the public could understand the difference between the systems and how they could opt in or opt out of the shared care record. Officers stated that the information would not be shared with any commercial entities and the agreement was that the data was for direct care only.

The Chair expressed a broad welcome from the committee for the scheme and welcomed the information on links to primary care. Digitisation in relation to social care was a key issue and the committee would like to see timetables on that outside of the meeting. The Committee welcomed the assurances given that there would be no commercial exploitation of patient data, and emphasised the need to be clear how people could opt out. **Action required**

It was resolved to discuss and give feedback on the Cambridgeshire and Peterborough Shared Care Update.

## 190. Access to GP Primary Care Services

The committee received a report from the Integrated Care System's Chief Finance Officer that outlined the background, issues, actions taken and outcomes and impacts on people in Cambridgeshire in relation to the following key lines of enquiry:

- i. Delivery Plan for Recovering Access to Primary Care
- ii. Proposed Changes to Patient appointment booking
- iii. Increased use of digital and Telephone consultations
- iv. Workforce – The Role of salaried GPs
- v. Practice Vulnerability and Support – Learning from Priors Field, Sutton

Members also received a report from Healthwatch Cambridgeshire and Peterborough summarising the feedback received by its Information and Signposting team in relation to access to GP services during the previous six months.

In particular the presenting officers highlighted;

- NHS England announced the Delivery Plan for Recovering Access to Primary Care on 9 May 2023 and confirmation was received on 6 June 2023, so the timeframes had not coincided with the budget planning cycle. The funding made available from this was just under £2.50 per patient. This built on GP contract changes and the Fuller stocktake report, and looked at how more sustainable access to primary care could be provided. The ICS were working with the primary care networks and integrated neighbourhood teams to determine what was right for each community rather than taking a blanket approach, with the aim of feeding back on the delivery plan through the board in the Autumn. One of the key areas was in relation to telephony

improvements and how all of the workforce could be utilised within the neighbourhood to support primary care. Current demand for primary care services exceeded pre-pandemic levels.

- The Chief Executive of Cambridgeshire and Peterborough Healthwatch described problems reported around access to primary care services and capacity. The main concerns expressed related to problems with booking appointments and people wanting to see a GP but being offered an appointment with a different clinician. There was some confusion about whether individuals had the right to see a doctor or whether this was decided by someone else. There were also concerns about the closure of GP lists and dispersing patients to other practices if a temporary list closure occurred. Feedback regarding online and telephone consultations was mixed, with some concern expressed in relation to the timing of call backs.

The local member for Sutton addressed the committee in relation to Priors Field Surgery in Sutton. In particular she highlighted the following points:

- In late February 2023 a sudden announcement was made that the Fenland Group Practice would not be renewing its contract to deliver primary care services at Prior Field Surgery. The news broke on social media with no background as to the reasons for the decision.
- The NHS announced the managed transfer of the list to 10 surrounding practices, some up to 15 miles away some with no access to public transport provision.
- A petition and a series of public meetings were held and within two weeks an interim provider was put in place with a one-year contract with the option for a further year's extension.
- The interim provider Malling Health had settled in and received positive feedback from the community.
- A new permanent premises was included in the NHS plan for 2023-24 and they were looking to identify a plot of land and the resources to build a new building. Two public meetings had now been held which included the patient participation group to help shape the new service.
- The NHS were looking to hold an after-action review to look at what happened at Priors Field to learn from the experience, with the input of the patient participation group.
- There were wider implications for GP practices, it had emerged that there had been concerns for a while in relation to the long-term sustainability of the practice in terms of staff and premises.
- Assurances were sought from the NHS that communications would be handled as effectively as possible in challenging circumstances in the future.

- The maintenance of the NHS risk register and vulnerability dashboard, and how its various parts could work together to monitor the risks of continuity of primary care provision and seek to act early to prevent or manage the process more effectively.

In questioning the local member in relation to Priors Field Surgery;

- A member questioned if the practice had closed on financial grounds or resourcing. The local member stated that the practice did not close, but the contract was relinquished. The pressure from the community ensured the NHS looked again at what could be done to ensure that a practice remained in the village. She stated that both the patient participation group and the community had stepped up and were keen to engage and work positively with the NHS. Officers stated that GP practices were private businesses, and the ICS could only act if GPs chose to share their plans. Officers stated that they were notified of disputes between partners back in November 2022. The reason for the time delay on communication between November 2022 and March 2023 was that the partners in the Fenland Group had signalled that they wanted to provide the care, but the issue was around not being able to come to an agreement with the owner of the building. Officers clarified that the ICB had taken on the full liability of the dispute, and this was unusual, to get a provider in.
- A member questioned when the local member found out and how they found out regarding the closure. The local member stated that she learnt in the same day and at the same time via a post on social media. Officers explained that the priority had been to communicate with staff first however there had been lessons learnt in terms of the communication strategy in the future.
- The Chair commented that he found it unacceptable that the contractual confidentiality of one arm of the NHS had led to a breakdown in communication and failed to allow system partners to work together. ICS Officers stated that they had a duty to speak to practice staff first. It had been their intention to brief local MPs and councillors a few days later, but by then the news had leaked on social media. They would reflect on this, and lessons around communications would be learned.

The Chair thanked the local member for Sutton for acting as a catalyst to ensure that action was taken, and solutions sought in relation to the potential practice closure.

Moving on, individual members raised the following discussion points, in relation to the remainder of the report;

- Queried how vulnerable GP practices were being identified and supported and at what point was appropriate to communicate with local members on concerns. The Chair queried if there was a system in place to deal with GP surgeries of concern. Officers explained that there was a process and that if practices recognised that they had financial issues they could approach the ICB, but that this did not always materialise into support. Officers explained that vulnerable practices were identified via the Care Quality Commission



(CQC), and this was public information available on their website. At present 13 of the 88 GP practices in Cambridgeshire were RAG rated as red risk, around 15 were green and the remainder were amber, due primarily to workforce issues.

- Highlighted that GP practices had to re-sign contracts and as many as up to 50% of Cambridgeshire practices had not as yet re-signed. Questioned if there was there an understanding of how many would not re-sign. Officers stated that the Nuffield Trust had highlighted that by the end of the decade 1 in 4 GP posts would be vacant and the future service would have to be very different. Officers stated that over 95% of doctors in Cambridgeshire and Peterborough were based in acute hospitals and trusts, 1 in 20 doctors in the system worked in general practice which delivered 90% of patient contacts. There was a mismatch between the activity and funding in place.
- Questioned how the transitioning and sustainability through the delivery plan would be beneficial to patients and practices and queried what the future model of GP services might look like. Officers stated that community-based care was key to the transition, and there were some fantastic examples including Melbourn Hub. The ICB were also looking at running clinics at community faith groups and at different partnership models. The ICB were focusing on the risk areas, particularly in Fenland where there was an aging workforce. Officers stated that all of this work would focus on the needs of the community and use specific population data and the joint forward plan and strategic vision was to shift the funding between community and primary care and to shift the reliance from the acute sector to the community. Officers stated that there would also be additional focus on education and prevention.
- Commented on access to services when living in the borders between Cambridgeshire and Herefordshire and questioned how the ICS were approaching this. Officers stated that 'Just Talk' had just been launched in Royston which was one of the areas on the borders, and this was an engagement piece to understand the needs within the area.
- Queried the planning for provision of GP service in new developments in Cambridgeshire. Officers highlighted that planning for provision for new developments was a real issue due to workforce shortages and also the challenge of attracting GPs to work in Cambridgeshire. Officers highlighted that it was not just the financial drivers that attracted individuals but also autonomy and mastery. Officers explained that there needed to be better use of section 106 and district council resources to tackle these issues.
- Queried how the ICS saw Primary Care Networks (PCNs) being able to work with the GPs. Officers stated there was no clear guidance currently on the future of PCNs.
- Asked whether there should be a periodic clinical audit of the role of GPs, how to attract more GPs and whether there was a role in this in relation to the Levelling Up agenda.

- The chair sought comment on how bad the 8am rush was in Cambridgeshire and what would happen to tackle this. A member also commented that all approaches to GP surgeries required a response, and they were not always as forthcoming as and when the individual needed them to be. Officers stated that the only way to cope with demand was to share the load across different healthcare professionals and not just GPs, although they would want those people with chronic conditions to see the same clinician. Currently all GP practices bought their own telephony systems, and the NHS recognised this needed to be addressed. A central call centre would beat the 8.00am rush, but the ICB had chosen instead to take a community-based approach looking at the capacity of local providers and the needs of their communities. The ICS had a responsibility to patients to look at how to shift resources to community and primary care and reduce the pressure on acute services. The cost of one hospital outpatient appointment was broadly equivalent to the funding a GP practice received for one patient for a whole year.
- Dr Morrow referenced the importance of technological support and the issue of scale as an enabler for general practice. However, there was no one solution which would fit all, and it was important to provide appropriate support to local populations and hard to reach groups. The ICB was supporting GP practices that wanted to share back-office functions and GP and locum salaries in Cambridgeshire were higher than in surrounding areas, so the difficulty in attracting those professionals must relate to other factors. He would like to see the primary care working environment made more sustainable and welcoming, and questioned whether some S106 funding might be used in this way. He described how continuity of primary care reduced the number of follow-up appointments and acute admissions, improving both satisfaction rates and outcomes. Between a quarter and a third of Cambridgeshire's GPs were aged over 55, making it a fragile workforce.

In bringing the debate to a close the chair requested that the report on the lessons learnt from Priors Field be formally sent to the committee once completed. **Action Required.** He welcomed the acceptance of the ICB that there were lessons to be learnt from Priors Field and that local members and partners needed to be trusted to be involved earlier in the process and that communications needed to be robust and timely.

The Chair summarised the following conclusions in relation to the debate;

- Welcome the efforts of the ICB and the idea of the single communication irrespective of the method and this would be tailored to the needs of each local area.
- Noted the additional roles in practices to drive up capacity and suggested consideration be given to periodic clinical audit of these expanded teams of medical staff.
- Sought effective communication with the public to manage expectation.

- Highlighted concerns regarding practices assessed as being at risk and GP roles being vacant.
- Support the calls for there to be greater national and local resources in primary care, shifting to prevention and education.
- Express concern about the vacuum in planning GP practices in new communities such as Northstowe and called for better use of section 106
- Expressed concern in relation to the closures of lists and call for greater collaboration with the ICB to further understand the issues.
- Welcomed the reassurance that patients would have access to the same GP if they had a chronic condition.
- Noted the non- financial incentives of attracting GPs to Cambridgeshire.
- Highlighted the role of integrated neighbourhoods in decentralisation and services at a local level.

The Chair thanked the Chief Finance Officer of the ICS, Dr James Morrow and the Chief Executive of Healthwatch for their attendance and welcomed the continuing dialogue between all parties.

## 191. Date of Next Meeting

It was noted that the next meeting would take place 5 October 2023.