

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING
HELD AT 7.00PM, ON
TUESDAY 21 SEPTEMBER 2021
VENUE: SAND MARTIN HOUSE, BITTERN WAY, PETERBOROUGH**

Committee Members Present: Councillors G. Elsey (Chair), A. Ali, S Barkham, C Burbage, S. Farooq, H. Skibsted, S. Qayyum, B. Rush (Vice Chair), B. Tyler, S. Warren and Co-opted Member Parish Councillor June Bull

Officers Present Jyoti Atri, Director of Public Health
Charlotte Black, Director of Adult Social Care (DASS)
David Beauchamp, Democratic Services Officer
Janet Dullaghan, County Lead for Autism Strategy – virtually

Also Present: Dr Gary Howsam - GP and Chair of Cambridgeshire & Peterborough Clinical Commissioning Group (CCG) Governing Body - virtually
Dawn Jones- Head of Primary Care Commissioning, Cambridgeshire & Peterborough CCG - virtually
Jan Thomas, Chief Executive Officer, Cambridgeshire & Peterborough CCG – virtually
Saqib Rehman – representing Healthwatch

12. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor S. Hemraj (Cllr H. Skibsted was in attendance as a substitute).

13. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

Agenda Item 6. - Primary Care Update – Relating to Access to Primary Care During the COVID-19 Pandemic

Cllr Qayyum declared in interest as a GP at the Central Medical Centre. Cllr Qayyum would continue to participate but would leave the meeting during any discussion relating to the Central Medical Centre.

14. MINUTES OF THE HEALTH SCRUTINY COMMITTEE MEETING HELD ON 13 JULY 2021

The minutes of the Health Scrutiny Committee meeting held on 13 July 2021 were agreed as a true and accurate record.

15. CALL-IN OF ANY CABINET, CABINET MEMBER OR KEY OFFICER DECISIONS

There were no call-ins received at this meeting.

16. ALL AGE AUTISM STRATEGY CONSULTATION REPORT

The report was introduced by the County Lead for Autism Strategy which supports the aim for Cambridgeshire and Peterborough to be an autism friendly place where autistic children and adults can live full and rewarding lives, within a society that accepts and understands them. The vision is for both Cambridgeshire and Peterborough to be recognised as autism friendly places to live, where people with autism of all ages have access to equal opportunities.

The Adults and Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members requested that the County Lead for Autism Strategy provides the Committee with more information on psychoeducation, including who was eligible for it.
- The three main factors explaining the predicted increase in the number of people in Peterborough with autism were the general increase in population, an increase in the rate of children being diagnosed and the waiting list to diagnose adults.
- Members asked how many employers were currently signed up to the Disability Confident scheme and the how officers planned to increase this further. Officers responded that they would work with schools and colleges, organise seminars and liaise with local employers to educate them on how to be disability-friendly (e.g. making reasonable adjustments). These measures were aimed at increasing the number of neurodiverse people and people with learning disabilities applying for jobs.
- Members asked how they could effectively direct residents to the appropriate support. Officers responded that they were happy to assist with this and could provide regular updates to the Committee on autism.
- Members commented that parents had contacted them to say they had been forced to home-school their autistic children due to there being an unsuitable environment for them at school. Officers responded that this issue was integrated with the SEND strategy and parents had a wide range of experiences from negative to positive. Finding teachers with the appropriate experience was important. Teachers should be trained to have the awareness and ability to support autistic children.
- Members requested that the County Lead for Autism Strategy and the Head of Primary Care Commissioning provide Cllr Barkham with information on the different education options available to autistic children and initiate discussions with education officers on how schools could be assisted to provide better support for autistic children to avoid the need for home schooling.
- Some members felt that positive experiences were limited. While welcoming the Strategy, members asked if sufficient resources were in place to properly support people. Officers responded they had been working to integrate services and the more this was done, the greater the likelihood was of winning bids for funding. Despite investment in the child and adult pathways, gaps remained in provision and these needed to be highlighted.
- Officers were working to do as much as possible to support the needs to diverse communities but acknowledged that further work was needed. Officers welcomed the input of diverse communities.
- There needed to be an increased focus on gathering statistics relating to autism and diversity.
- Work was underway as part of the SEND strategy to bridge the gap in support between ages 18 and 25. It was recognised that there was a gap in the diagnosis of adults in Peterborough, which health colleagues were trying to address through investment in the pathway, and long waiting lists.
- Members requested that the County Lead for Autism Strategy and the Head of

Primary Care Commissioning ensure that information and phone numbers were up to date on the website for the Local Offer

- Members asked if they had plans to run job schemes and fairs again. Officers responded that some schemes were in place, e.g., employer working groups. It was important to encourage young to people to have aspirations as well as encouraging employers to be willing to employ them. It was recognised that the 16+ offer needed to be improved to facilitate this.
- Members asked from what age services could be accessed and if achieving early diagnoses of autism was beneficial. Officers responded that the early diagnosis of autism was a priority and this could take place with the help of midwives and early years settings. Once a child was on the pathway, the experiences of parents were positive. Training and awareness were important to ensure that those with autism were referred to the pathway, as was listening to people's lived experiences.
- Members commented that although the report highlighted progress, the process of gaining a diagnosis was still extensive and tying up pathways could improve outcomes. Community paediatricians could potentially make diagnoses. Officers responded that one of the strands of their work was the diagnostic pathway and they would be happy to invite the relevant officer to a future meeting of this Committee.
- It was recognised there was a gap in service provision with many people in the areas covered by the Cambridgeshire and Peterborough Foundation Trust (CPFT) and Cambridgeshire Community Services (CCS) NHS Trust not knowing where to access mental health services. The new partnership, referenced on page 46 of the reports pack, would aim to address this.

AGREED ACTIONS

The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to:

1. Comment and note the contents of the proposed All Age Autism Strategy for Cambridgeshire and Peterborough.
2. Respond to the consultation on the All Age Autism Strategy.
3. Request that the County Lead for Autism Strategy provides the Committee with more information on psychoeducation, including who was eligible for it.
4. Request that the County Lead for Autism Strategy and the Head of Primary Care Commissioning provide Members with information on the different education options availability to autistic children and initiate discussions with education officers on how schools could be assisted to provide better support for autistic children to avoid the need for home schooling.
5. Request that the County Lead for Autism Strategy and the Head of Primary Care Commissioning ensure that information and phone numbers were up to date on the website for the Local Offer

17. PRIMARY CARE UPDATE – RELATING TO ACCESS TO PRIMARY CARE DURING THE COVID-19 PANDEMIC

The report was introduced by the Chair of the Cambridgeshire & Peterborough CCG Governing Body and the Head of Primary Care Commissioning, Cambridgeshire and Peterborough CCG. The report updated the committee on access to Primary Care services during the COVID-19 pandemic.

The Adults and Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members asked when face to face GP appointments would resume. Officers responded that GPs had been open throughout the COVID-19 pandemic, with face-

to-face appointments still offered where clinically necessary or when the patient thought it would be useful. At start of the pandemic, GPs were instructed to triage people before coming until the surgery to prevent the spread of COVID. This was the initial reason for telephone appointments. In July 2021, 234,000 patients had same-day face to face appointments, out of a total of 483,000 appointments. Individual anecdotes did not always correspond well the reality of the situation.

- Members asked if Stanground Surgery would be closing to provide booster vaccinations. Officers responded that this was not yet known as the booster programme had only just started. There had been issues caused by GPs surgery's providing vaccinations, but surgeries had been instructed to do so.
- Members asked if the measures cited in the report would be sufficient to address the lack of face-to-face appointments. Officers responded that the workforce crisis predated the pandemic. Despite the promise of extra GPs by 2024, there had been a 4.5% reduction in their number at a time when the ratio of patients to GPs was increasing by 10%. GPs were doing more complicated work for more people. Mitigations included the introduction of specialists to work alongside GPs, e.g., physiotherapists and mental health workers. Overall, there was a lack of GPs and underinvestment in GP services.
- Members commented that people were asked to ring 111 at the weekend but could not get through. Officers responded that an out of hours service was available, which was accessed via 111. It was recognised that the resilience of the 111 service needed to be improved.
- Officers commented that standardisation of services had both advantages and disadvantages and there was both wanted and unwanted variation. For example, it might be beneficial for a service to adapt to local needs. 83% of people were happy with the GP service they received and the media coverage of the issue was often irresponsible.
- Members asked if consideration had been given to using specific clinics for specific needs. Officers responded that GPs would always have a role in directing people to the right place as the only 'specialist generalists'.
- Members requested an update on the shortage of flu jabs and blood tests in Peterborough. Officers responded that these were national issues. Regarding blood tests, tests had been received from Europe and the United States and the service should return to normal soon. Regarding the flu jabs, one company could not honour their contract but flu vaccinations would still take place and no further delays were expected. There were 20,000 deaths from flu per year and it was vital that flu and COVID-19 vaccinations took place.
- Members asked what was being done to tackle waiting times in A&E. Officers responded that there was unprecedented pressure across the whole system. Some people had not accessed services during the pandemic following advice not to pressure the healthcare system. Work was underway to provide alternatives to A&E such as pharmacies and minor injuries units and to discourage people from using it unless necessary. There were separate issues faced by ambulance trusts with high demand making it difficult to maximise flow through hospitals. These issues were being tackled via a number of measures, e.g. patient education, moving patients to the most appropriate parts of the system and encouraging people to call 111 in the first instance for advice and signposting. The 111 service now had the capacity to do this.
- The Urgent Treatment Centre (UTC) had been relocated and required some bedding in but it did provide a COVID pathway away from A&E. An update could be given in 12-18 months. It was a testament to staff that it was performing well despite pressures.
- Members commented that once people spoke to a GP, their experiences were good but there were often accessing the service in the first instance due to phone queues in the morning. Officers responded that online triage and calls through the day were intended to address this issue but lack of capacity could cause morning queues. Practices might be able to extend the number of lines. Using a centralised call centre

instead might result in people being referred to the wrong services. 68% of people found it easy to contact their practice, an improvement on 2020 and 60% saw a clinician when they wanted or sooner. These positive statistics were not reflected in media coverage.

- Members asked for officers' assessment of the likelihood of local and national strategies increasing the number of GPs. Officers responded that work was underway to encourage medical students to pursue general practice. Staff retention was more of an issue than recruitment with more GPs leaving the profession than entering it. There were an increasing number of patients per GP and people needed to understand the other options were available for their healthcare needs.
- Members commented that many people phoning surgeries at 8am did not have a critical need for an appointment and asked if people needed to be made more aware of the option to book online. Officers agreed this was an issue and raised concerns that returning to only holding face-to-face appointments would result in less people being treated.
- Members asked why few flu deaths had been recorded in the last two years and if they had been lost in the COVID-19 figures. Officers responded that the COVID death figures referred only to those who died within 28 days of a positive test and did not identify a cause of death. In addition, COVID-19 public health measures such as mask wearing, and social distancing would have reduced the prevalence of flu.
- Members praised the good work of GPs under difficult circumstances and asked what Councillors could do to improve their situation. Officers responded that people listened to Councillors, and they could help communicate that the need for improvements needed to be balanced with public behaviour. The mistreatment of healthcare staff needed to be called out.
- Members praised the decision of the CCG to reintroduce IVF treatment.

AGREED ACTION

The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to:

1. Note the contents of the Primary Care Update.
2. Request that the Chair of the CCG Governing body provides an update report to the Committee in 12-18 months on the performance of the relocated Urgent Treatment Centre.

18. UPDATE REPORT ON THE DEVELOPMENT OF INTEGRATED CARE SYSTEM FOR CAMBRIDGESHIRE AND PETERBOROUGH

The report was introduced the Chief Executive Officer, Cambridgeshire and Peterborough CCG which provided information on the development of the Integrated Care System (ICS)

The Adults and Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members asked if there would be a process for assessing workforce needs across the system. Officers responded that it was required that the Integrated Care Board would deal with the strategic plan for the workforce and work closely across health and social care. However, the current proposals did not align the delivery of care and the delivery of health. Other officers added that Adult Social Care would be working closely with health partners to integrate these services.
- Members asked how the success of the Integrated Care System would be measured. Officers responded that there were short, medium and long term plans with associated Key Performance Indicators (KPIs). Changing from the CCG to the ICS would not immediately produce improvements but it would be beneficial to assess

what was learnt during the pandemic and continue to deliver the benefits of this going forward.

- Members requested that the Chief Executive Officer, CCG, provides a future KPI report on the performance of the new Integrated Care System vs. the Clinical Commissioning Group, with a particular focus on equalities. Officers cited the diabetes programme as a good example of tackling inequalities.
- Members asked how officers would integrate health and social care closer to home. Officers responded that subsidiarity would be the key principle. Services needed to be accountable to communities with local teams given the freedom to operate. Good community solutions would be pursued.
- Members asked for confirmation that payment to private providers could only be made at tariff price to prevent competition for services based on price and asked how this would be achieved. Officers responded that during the COVID-19 recovery, officers were keen to make use of all available capacity. There had been excellent support from the independent sector, e.g. elective surgery and it was important that close work would continue. The introduction of the ICS would change procurement processes and how to channel as much of this as possible through the NHS as well as ensuring good relationships with partners such as independent providers to share assets and workforce correctly. A transition away from a 'pay as you go' model had already taken place. The pricing structure in the independent sector was still different and they were still paid on a unit basis. This would change over time. However at present, until the NHS and independent sector could be bought under a single agreement, the CCG still had two commercial agreements. The CCG benefited from good value contracts and did not pay more to the independent sector for services than the NHS.
- Members asked if officers thought that a ban on competition and a prevention of the payment of non-tariff prices could be part of government legislation currently being considered by the House of Commons. Officers responded that they needed to be open minded in how to achieve the best services possible. However, it was agreed that running a competitive procurement process might not be the best use of resources and the banning of competition for core NHS services in the new legislation was a sensible move. However, it would not be beneficial to lose the engagement and innovation of private sector colleagues for other services.

AGREED ACTIONS

The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to:

1. Note the progress of the Developing Integrated Care System (ICS)
2. Request that the Chief Executive Officer, CCG, provides a future KPI report on the performance of the new Integrated Care System vs. the Clinical Commissioning Group.

19. MONITORING OF SCRUTINY RECOMMENDATIONS

The Democratic Services Officer introduced the report which enabled the committee to monitor and track the progress of recommendations made to the Executive or Officers at previous meetings.

AGREED ACTIONS

The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to note the responses from Cabinet Members and Officers to recommendations made at previous meetings as attached in Appendix 1 to the report.

20. FORWARD PLAN OF EXECUTIVE DECISIONS

The Democratic Services Officer introduced the report which included the latest version of the Council's Forward Plan of Executive Decisions containing decisions that the Leader of the Council, the Cabinet or individual Cabinet Members would make during the forthcoming month. Members were invited to comment on the plan and where appropriate, identify any relevant areas for inclusion in the Committee's Work Programme.

There were no further comments by members.

AGREED ACTIONS

The Adults and Health Scrutiny Committee considered the current Forward Plan of Executive Decisions and **RESOLVED** to note the report.

21. WORK PROGRAMME 2021-22

The Democratic Services Officer introduced the item which gave members the opportunity to consider the Committee's Work Programme for 2021/22 and discuss possible items for inclusion.

Members requested that Democratic Services program in a report or briefing note on access to NHS Dental Services. It was agreed that this would be discussed further at the Group Representatives Meeting.

AGREED ACTION

The Health Scrutiny Committee **RESOLVED** to

1. Note the work programme for 2021/22.
2. Request that Democratic Services program in a report or briefing note on access to NHS Dental Services. It was agreed that this would be discussed further at the Group Representatives Meeting.

22. DATE OF NEXT MEETING

9 November 2021 – Adults and Health Scrutiny Committee
17 November 2021 - Joint Scrutiny of the Budget Meeting

7.00PM - 8.36PM

CHAIRMAN