

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING  
HELD AT 7.00PM, ON  
TUESDAY 13 JULY 2021  
VENUE: SAND MARTIN HOUSE, BITTERN WAY, PETERBOROUGH**

**Committee Members Present:** Councillors G Elsey (Chair), S Barkham, C Burbage, S Farooq, S Hemraj, A Iqbal, S Qayyum, B Rush (Vice Chair), B Tyler, S Warren and Co-opted Member Parish Councillors June Bull and Neil Boyce

**Officers Present:** Emmeline Watkins, Deputy Director of Public Health  
Jyoti Atri, Director of Public Health – virtually  
Charlotte Black, Director of Adult Social Care (DASS) – virtually  
Debbie Mc Quade Assistant Director, Adult Social Care  
Caroline Townsend, Head of Commissioning Partnerships and Programmes  
Paulina Ford, Senior Democratic Services Officer

**Also Present:** Councillor Irene Walsh, Cabinet Member for Adult Social Care, Health and Public Health

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Knight and Councillor Ansar Ali. Councillor A Iqbal was in attendance as substitute for Councillor Ali.

**2. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS**

Cllr Hemraj declared an interest in that she worked for the North West Anglia NHS Foundation Trust.

**3. MINUTES OF THE HEALTH SCRUTINY COMMITTEE MEETING HELD ON 15 MARCH 2021**

The minutes of the Health Scrutiny Committee meeting held on 15 March 2021 were agreed as a true and accurate record.

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

There were no call-ins received at this meeting.

## 5. APPOINTMENT OF CO-OPTED MEMBERS

The Adults and Health Scrutiny Committee received a report in relation to the appointment of Co-opted Members in accordance with the Council's Constitution Part 3, Section 4 – Overview and Scrutiny Functions.

The purpose of the report was to seek approval from the committee to appoint Parish Councillor June Bull and Parish Councillor Neil Boyce as non-voting Co-opted Members to represent the rural communities for the municipal year 2021/2022

The Senior Democratic Services Officer introduced the report and explained that the nominations for Parish Council Co-opted Members had been put forward by the Parish Council Liaison Committee and that the appointments would be reviewed annually.

The Committee unanimously agreed to the appointments of Parish Councillor June Bull and Parish Councillor Neil Boyce as non-voting Co-opted Members for the municipal year 2021/22.

The Chair welcomed the two Co-opted Members who were in attendance and invited them to join the committee for the rest of the meeting.

Members sought clarification as to the criteria for further co-opted members to join the committee as there were two remaining vacancies. The Senior Democratic Services Officer advised that the committee may wish to seek expressions of interest from people who had knowledge and expertise of services covered within the remit of the committee that would add value and expertise to assist in the effective scrutiny of services covered within the remit of the committee.

## AGREED ACTIONS

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

1. Appoint Parish Councillor June Bull as a non-voting co-opted member to represent the rural area for the municipal year 2021/2022. Appointment to be reviewed annually at the beginning of the next municipal year.
2. Appoint Parish Councillor Neil Boyce as a second non-voting Co-opted Member to represent the rural area for the municipal year 2021/2022. Appointment to be reviewed annually at the beginning of the next municipal year.

## 6. MANAGING COVID-19: PUBLIC HEALTH UPDATE

The report was introduced by the Deputy Director of Public Health and provided the committee with an update on the Covid-19 pandemic in Peterborough and its management. The Director of Public Health was also in attendance via virtual link.

Members were informed that there had been an increase in Covid cases since the report had been published. Peterborough currently had a case rate of 153 per 100,000 for the week up to 7 July for all ages. This was however lower than the East of England average of 215 per 100,000 and National average at 318 per 100,000. It was expected that case rates would rise as restrictions eased. Hospitalisations were currently between 8 and 15 per day across Cambridgeshire and Peterborough. Hospitalisations for Peterborough residents still remained low but the expectation was that cases would rise. The modelling anticipated that there would be an increase in hospitalisations over the August, September period. The expectation was that most cases were from the Delta variant.

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

- Members were concerned that with the restrictions easing towards the end of the summer and then entering into the flu season if there was a contingency plan in place to ease the pressure on the North West Anglia NHS Foundation Trust (NWAFT). The Deputy Director for Public Health informed Members that local winter planning resilience plans were in place but acknowledged that with Covid any outbreak would need to be dealt with in a co-ordinated manner. The outbreak management plans for flu and Covid and processes were being reviewed to ensure that everything was ready and in place for the autumn.
- Members sought clarification on whether double vaccinated people could still be infected with Covid 19. Members were informed that it was still possible to catch Covid when fully vaccinated however the vaccination provided a level of protection against hospitalisation and reduced the symptoms, research on the efficacy was ongoing.
- Members sought clarification as to why Peterborough had a low level of vaccination take up rate compared to national figures. The Deputy Director of Public Health acknowledged that the vaccine take up rate in Peterborough had been low and whilst it was the responsibility of the Clinical Commissioning Group to deliver the vaccine roll out Peterborough City Council had been working with them on engagement. Information received had shown that there had been concern about taking the Astra Zeneca vaccine, but it had not been the main deterrent. Uptake in the younger age groups had also been low. There was a Vaccine Confidence Group which had membership from the CCG, Public Health, PCC and District Councils to try and understand what the main issues were. There were a few themes being identified such as access to the vaccine, young people being concerned about taking the vaccine and side effects and if it would affect fertility and also concerns around taking the vaccine during pregnancy. The Director of Public Health advised that a behavioural insights piece of work had been commissioned to try and understand the hesitancy in young people and the over 50's group.
- Members referred to The Coronavirus Act (2020) which had brought in new legal powers for the Council in relation to management of outbreaks and sought clarification as to what the new legal powers were. Members were informed that part of it was the 'Contain framework' which included the ability to add restrictions or shut down events if the event was deemed to provide a risk to public health through a direction notice, however any action had to be proportionate to the risk.
- Members were concerned that the low rate of vaccination rates in Peterborough were due to the fact that some people could not easily access the current vaccination sites. Members were informed that the Clinical Commissioning Group were looking at putting in place an additional five vaccination sites across Peterborough some of which would be much more centrally located so that not everyone had to travel to the showground. There was one already running in Boots in Queensgate which was a walk-in centre. Members were advised to look at the Cambridgeshire and Peterborough Clinical Commissioning Group website which had a full list of vaccination sites. The CCG and the Vaccine Confidence Group were working with Youth Inspire to look at a range of initiatives to engage with and try and encourage the younger population to get vaccinated.
- Members noted that offshore there had been reports of cases of a new variant which was presumed to be relatively more aggressive and wanted to know if this should be a variant of concern? The Director for Public Health advised Members that a meeting had been held with the Chief Medical Officer and he was not overly concerned that any variants were a particular risk in the UK, at the moment.

- Age related information was collated for all reported cases of Covid and currently the highest rates were in the 10 to 25 year olds, however the distribution of cases in Peterborough was pretty general across all age groups, ethnicities and areas of Peterborough.
- Members noted that there would be a change in legislation from 16 August regarding self-isolation for those who had been fully vaccinated and wanted to know if it would be the local Public Health Department that would issue the guidance on this. Members were informed that this was national guidance and followed the government roadmap. Contacts of cases will not have to self-isolate if they have been double vaccinated, however there would not have been sufficient time for all groups to have been double vaccinated by 16 August.
- The Joint Committee on Vaccinations and Immunisations (JCVI) were currently reviewing whether school aged children should be vaccinated and were looking at the risk/benefits for school children.
- Plans were in place for a third booster jab, but clinical trials were ongoing to finalise who should receive this.
- Members wanted to know how many long Covid cases there were in the city and what had been the impact of these cases on services. Members were advised that the Clinical Commissioning Group had set up a long Covid clinic but did not know the number of people attending. It was too soon to understand all of the long-term effects and impact of Covid and work was being done nationally to try and understand this.
- Clinical trials to look at the mixing of vaccines were ongoing to see if there would be improved immunity versus the side effects. The JCVI would make the decision on this.

#### **AGREED ACTION**

The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to note and comment on the Managing Covid-19: Public Health update.

#### **7. CAMBRIDGESHIRE AND PETERBOROUGH ADULT SOCIAL CARE PARTNERSHIP BOARDS - 2020-21 ANNUAL REPORT**

The Director of Adult Social Care introduced the report accompanied by the Assistant Director, Adults and Safeguarding. The report provided the Committee with a summary of the work of the Adult Social Care Partnership Boards during the previous year 2020-2021.

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

- The Old Partnership Board for Peterborough had a strong officer presence, there was now a commitment that at least half of the Partnership Board would either be carers or service users. The Sun Network which provided access to mental health and drug/alcohol interventions fed into the Adult Social Care Forum which covered all client groups. Members were referred to page 29 of the report which listed a range of other forums that the Board had been able to link to and work with. Whilst these groups and forums were not part of the Board they were just as important. A consultation had taken place across Cambridgeshire and Peterborough supported by Healthwatch to decide which organisations would become part of the Board. Healthwatch worked very closely with voluntary sector groups. It would be difficult to include the Private Sector on the Board as they were providers of Adult Social Care and the Board received feedback on service provision some of which may be related to the independent sector.
- Members felt that the independent sector made a very valuable contribution to the provision of Adult Social Care in Peterborough and therefore not to include them on the Board when they provided a large proportion of the care for adults in the area as a

critical friend did not seem right. Members were informed that there were mechanisms for involving the independent sector through various forums and through the Care Providers Association. A report would be brought to the Committee regarding working with the independent sector.

- Members noted that North West Anglia NHS Foundation Trust (NWAFT) had confirmed that they would be piloting a Healthcare at Home service which would extend the service to patients unable to attend the ACU, to assess the number of patients that this might benefit. The pilot was aiming to include patients from Peterborough City Hospital from mid-February to March 2021. Members wanted to know the outcome of the pilot scheme. Officers advised that they would contact the Trust and report back to the committee with details.
- Members referred to paragraph 4.1.1 of the report where it stated “*Peterborough City Council and Cambridgeshire County Council believe that all their citizens have the right to be involved in council decisions that affect their daily lives. One way of ensuring that this happens is by enabling their citizens to have a real voice in the design, delivery, and evaluation of the local services which they use*”. Members sought clarification as to how the citizens’ voice was heard and if the council listened to it. The Assistant Director advised that the citizens’ voice was listened to and this was part of the co-production. The voices were heard through the representatives who were part of the Board and various other forums. Healthwatch and other organisations within the voluntary sector conduct a lot of consultations with the local communities to ensure that their voices are heard. There was also an annual survey where all people supported by Adult Social Care were contacted and this provided detailed feedback as to how the services supported them. The annual survey would be presented to the committee.
- Members wanted to know what was being done to raise the profile of consultations and their outcomes so that people felt confident that they were being listened to. Members were informed that there was a more formalised approach to getting feedback in place than previously. Feedback was continually sought and not just on an annual basis. Co-production and planning of services going forward would be part of the Think Communities work and would provide a more place-based approach to providing Adult Social Care where local communities would get involved to help develop the service more directly.
- Members referred to paragraph 4.3.3. in the report which stated that feedback was discussed at the Cambridgeshire and Peterborough Community Resilience Group regarding the input from the Sensory Impairment Partnership Board on a report compiled by Cambridgeshire and Peterborough Healthwatch on the experiences of people with sensory impairments receiving services during the COVID-19 pandemic. Members wanted to know what the outcome of this discussion was and what had been taken from it. Officers advised that they would find out and report back to the committee.
- Members noted that to help shape frontline services and future commissioning, engagement with Partnership Board members and other experts by experience groups on people’s experiences and learning from the COVID-19 pandemic had also been undertaken. The aim was that the feedback gathered would help to inform the council’s recovery plan for both frontline practice and future commissioning; providing suggestions for service changes that the council should keep doing once the COVID-19 pandemic crisis has passed and highlighting the benefits of new ways of working. Members wanted to know if by doing this officers had achieved their aim and if so how was this being evidenced. Members were advised that the aims had been achieved and one of the areas which had been highlighted was that not all services could be delivered virtually, however some service users felt that some services could continue either by video call or telephone call, but others would need to be face to face. This information has been used to shape the practice of Adult Social Care staff going forward.

## **AGREED ACTIONS**

1. The Adults and Health Scrutiny Committee **RESOLVED** to note and consider the contents of the report which provided an update on the work of the Cambridgeshire and Peterborough Adult Social Care Partnership Boards, 2020-21.
2. The Adults and Health Scrutiny Committee also requested that the Director of Adult Social Care:
  - a. Provide further information and feedback on the NWAFT Healthcare at Home pilot and outcomes which ran from February to March 2021 which extended the service to patients unable to attend the Ambulatory Care Unit at the hospital for Outpatient Parenteral Antibiotic Treatment.
  - b. Provide further information and actions being taken following the review of the report compiled by Healthwatch on the experiences of people with sensory impairments receiving services during the COVID-19 pandemic.

## **8. ADULT SOCIAL CARE RECOVERY PLAN UPDATE**

The report was introduced by the Head of Commissioning Partnerships and Programmes and provided the committee with an update on the Council's strategy and response to COVID and to enable the Committee to review the outcomes of the strategy adopted.

Covid had shone a light on health inequalities and the way people accessed services. Adult social care demand had been varied and it was therefore difficult to predict future demand. It had been a very challenging time during the pandemic but had highlighted some good work in the communities which would be taken forward to offer a more holistic place-based approach. It had been recognised that going forward the service would have to work with the wider system and align with the Integrated Care System.

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

- Members referred to paragraph 4.1.4 and the way the pandemic had shone a harsh light on health inequalities especially in the more deprived areas and wanted to know what actions were being taken as a result of this. Members were advised that it had been recognised that services needed to be adapted locally. There had been an increase in mental health assessments coming through and trends showing a higher rate of over 65's entering residential care in the last six months of 2019/20 compared to the previous year. There had also been an increase in demand for younger working age people requiring support. Local place-based work will be more effective and could be adapted according to the needs of the community. An example of this was a piece of focused work that had been done with carers as it was recognised that carers would be under particular pressure. The Community Hubs were contacted and asked to contact all carers that were known to them to see if they needed any extra help or support including food parcels and transport. This had received very good feedback. A lot of work was also being done with the North Alliance which covered Peterborough, Huntingdon and the Fenland area to look at health inequalities and putting in early interventions to help address issues such as coronary heart disease and respiratory diabetes.
- Members referred to paragraph 4.3.6 of the report, Care Home Support Team which was a team of Social Workers which had been put in place for a 2-year period to work alongside managers and staff in care homes and with the CCG Quality Team to drive up practice and quality. Members wanted to know why it was felt that Social Workers would be best placed to drive up practice and quality when many had never worked or

managed care home facilities before. Members were informed that whilst many Social Workers had not worked in or managed care homes they had worked very closely with the providers. The support that had been provided from Social Workers working alongside the Contracts Team had been welcomed by the providers, it was about identifying issues that the care homes had and then working alongside them to help resolve them.

- Members referred to *"Build more care and support around peoples' homes and Technology Enabled Care"* and felt this was a good way forward but highlighted that a lot of Health Care Assistants in the community and private sector did not have access to training and were on low wages. How were people going to be encouraged to work in these sectors? Officers acknowledged that often Health Care Assistants were on the minimum wage and work was being done with providers to try and encourage them to pay the Living Wage as opposed to the minimum wage. Smaller providers were also supported with a robust training programme for their staff whilst the larger providers had their own robust training programme in place.
- Health Care Assistants were not recognised nationally as skilled workers and Members wanted to know how the council were going to communicate to residents that they were professionals and skilled workers. Officers advised members that one positive that had arisen from the pandemic was that there was a real recognition that Health Care Assistants were highly skilled. The council were rolling out a number of apprenticeships and were encouraging providers to engage with the programme. There was also a recognition that there was a need to promote career progression pathways and were keen to work with providers to promote this. A recruitment campaign was run at the end of the last financial year promoting the fact that the role was an opportunity for a career.
- In terms of commissioning care and support the appointment timings were based on the needs of the person being cared for and included travel time. If issues around this were highlighted and the provider was not providing the prescribed care, then the council would work with the providers to resolve this. If the issue continued, then the Contracts Team would intervene.
- Members were interested in the Full Life Journey approach mentioned at paragraph 4.2.4 in the report which was a multi-disciplinary approach to enable individuals to become empowered. Clarification was sought as to what conversations had taken place with primary care providers. Members were concerned that with the growing lack of access to primary care that these outcomes would not be achievable. Members were informed that regular meetings were held with the Clinical Commissioning Group, Acute Trust and Primary Care. A lot of work was being done to ensure that the right support was available so that people who needed to see their GP had access. It was acknowledged that due to the pandemic there was a backlog of appointments at the Acute Trust which would take some time to clear, and GP surgeries were facing a similar issue.
- Members were concerned that whilst GP's were not seeing patients face to face that there would be a loss of information and that some people may slip through the net and their vulnerabilities could be missed whilst there was more of a focus on making them more empowered.
- Members noted that COVID has impacted on adult social care providers, due to additional pressures and wanted to know what had been done to assist care providers to mitigate this impact. Members were informed that a lot of work had been done with providers throughout the pandemic which had provided both practical and financial support and this was ongoing. The financial support had included the additional funding for infection prevention control. Alongside this training and regular information updates in the changing guidance had been provided. Staff had also been deployed

- into the provider settings to assist with staff shortages and to look at their recovery plans.
- Members referred to page 35 and noted the statement “*The system is complex and is sometimes impenetrable*”. Members suggested that some analysis and modelling could be undertaken based on the WHO (what, how and outcome) principle in relation to the Adult Social Care system to look at what was causing the complexities and blockages and how they could be resolved and what the desired outcome would be. The Director of Adult Social Care responded that the WHO principle would be looked at, however there was a review being undertaken around the customer journey which would assist with this.
  - Members also noted that the report stated that National COVID funding had been reactive and one off in nature, this made it difficult to plan, as there was a level of uncertainty regarding funding arrangements. It was therefore suggested that the council push for greater devolved powers to achieve the recovery plan rather than wait for central government funding on an ad hoc basis. The Director of Adult Social Care advised that funding received for protection and infection control had been passed directly on to the independent providers to allow them to make the decision as to how the funding should be used and this would continue if such funding continued to be received.
  - Members noted that fewer people wanted to go into care homes and the need for domiciliary care instead was increasing the number of community clients. This appeared to be at odds with a further statement in the report which stated that permanent admissions to residential care settings for over 65-year olds in the last 6 months of 2020/21 were 30% higher than the same period in 2019/20. Members were informed that the original modelling which had taken place during the summer of last year had assumed that fewer people would want to go into care homes. However, the reality had been that there had been an increase in people wanting to go into care homes and that trend had continued into this financial year.
  - Members sought assurance on how the council ensured that the correct domiciliary care packages were in place. Members were informed that some people wished to stay in their own home but would actually be best placed in a nursing home. There needs would be fully assessed and the appropriate support would be put in place according to their needs, and this might mean overnight support or a live-in carer. It was acknowledged that on occasions some domiciliary care packages did not work. The model for domiciliary care at a neighbourhood level was still being developed with input from providers and residents. The Happy at Home Pilot which was being run in East Cambridgeshire was being looked at so that learning from this could be used to develop the local model.
  - Members referred to the Multi-disciplinary Team (MDT) delivery based around place which provided support to providers wrapped around care homes and wanted to know if the provision of the MDT added to the cost of a placement per resident over and above the basic bed price. What was the availability of the team and was there sufficient resource available. Members were informed that in terms of costing it would be part of the core offer. The model being developed would mean each Primary Care Network would support a number of care homes so that there was a regular point of contact rather than having to call 111. Not all care homes were nursing homes therefore the residential homes relied on the district nurses to support the care in those homes. The idea of wrapping around Primary Care and community nurses was to support those residential care homes in their own environment. The model was still being developed and continually reviewed.
  - Members felt that there would be additional costs associated with the MDT and were concerned as to who would be required to pay these, the care homes or people receiving the care.



- Members sought interpretation of what a Multi-disciplinary Team was and were informed that it was open to interpretation, it could be two people or five people depending on what the individuals needs were.
- It was noted that there was a proposal to a shift to significantly increasing the number of block purchased beds to spot purchased beds ratio and sought clarification around what would be done to ensure people were placed on need and not cost. Members were informed that this approach had not been progressed in Peterborough and the local requirement worked better on a spot purchase basis at the moment.
- Members asked for more detailed information on the Happy at Home Pilot and Officers advised that they would provide more information on the Pilot after the meeting. It was however a two-year pilot which would be fully evaluated at the end with interim learning being taken throughout.
- Members requested that the Director for Public Health provide a briefing note on the current position with regard to health inequalities across Peterborough and what preventative measures were being taken with a view to the Committee monitoring this going forward.

Councillor Qayyum seconded by Councillor Barkham proposed that the Director of Adult Social Care conduct some analysis and modelling based on the WHO (**what, how and outcome**) principle in relation to the Adult Social Care system to look at what is causing the complexities and blockages, how they could be resolved, what is the desired outcome and when could any improvements and changes be implemented. The recommendation was unanimously AGREED.

Councillor Hemraj seconded by Councillor Rush proposed that the Chair write to the local MP's requesting that they lobby central Government to push for greater devolved powers and funding for Peterborough. The recommendation was unanimously AGREED.

## RECOMMENDATIONS

1. The Adults and Health Scrutiny Committee considered the report and **RECOMMENDED** that the Director of Adult Social Care conduct some analysis and modelling based on the WHO (**what, how and outcome**) principle in relation to the Adult Social Care system to look at what is causing the complexities and blockages, how they could be resolved, what is the desired outcome and when could any improvements and changes be implemented.
2. The Adults and Health Scrutiny Committee **RECOMMENDED** that the Chair write to the local MP's requesting that they lobby central Government to push for greater devolved powers and funding for Peterborough.

## AGREED ACTIONS

1. The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to note and comment on the strategy and approach to date in responding to the impact of COVID on Peterborough's residents and communities.
2. The Adults and Health Scrutiny Committee also requested:
  - a. That the Director for Public Health provide a briefing note on the current position with regard to health inequalities across Peterborough and what preventative measures are being taken with a view to the Committee monitoring this going forward.
  - b. That the Director for Adult Social Care provide a briefing note on the Happy at Home pilot.

## 9. REVIEW OF 2020/2021 AND WORK PROGRAMME FOR 2021/2022

The Senior Democratic Services Officer presented the report which considered the 2020/2021 year in review and looked at the work programme for the new municipal year 2021/22 to determine the Committees priorities. Members also noted the Terms of Reference for the Committee which now included Adult Social Care and Safeguarding Adults. A short discussion was had regarding the monitoring of past recommendations and Members agreed that no further monitoring would be required of those recommendations listed.

### AGREED ACTIONS

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

1. Consider items presented to the former Health Scrutiny Committee during 2020/21 and make recommendations on the future monitoring of these items where necessary.
2. Determine its priorities and approve the draft work programme for 2021/2022 attached at Appendix 1.
3. Note the Recommendations Monitoring Report attached at Appendix 2 and consider if further monitoring of the recommendations made during the 2020/2021 municipal year is required.
4. Note the Terms of Reference for this Committee as set out in Part 3, Section 4, Overview and Scrutiny Functions and in particular paragraph 2.1 item 3, Adults and Health Scrutiny Committee and paragraph 3.5 Health Issues as attached at Appendix 3.

## 10. FORWARD PLAN OF EXECUTIVE DECISIONS

The Senior 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.

### AGREED ACTION

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

11. The date of next meeting was noted as being 21 September 2021.

7.00PM - 21.02

CHAIRMAN