

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING
HELD AT 7.00 PM, ON
Tuesday, 08 November 2022
BOURGES/VIERSEN ROOM, TOWN HALL, PETERBOROUGH**

Committee Members Present: S Barkham (Chair), Ansar Ali (Vice-Chair), N Bi, C Fenner, S Farooq, S Qayyum, C Burbage, C Harper, B Rush, B Tyler, Co-opted Member Parish Councillor Neil Boyce, Co-opted Members Sandie Burns and Chris De Wilde

Officers Present: Jyoti Atri, Director of Public Health
Debbie McQuade, Service Director, Adults and Safeguarding
Ramin Shams, Senior Democratic Services Officer

Also Present: Cllr John Howard, Cabinet Member for Adult Social Care, Health and Public Health
Terry Hicks, Head of Operations East of England Ambulance Service NHS Trust
Stacie Coburn, Director of Performance and Assurance Cambridgeshire and Peterborough Integrated Care Board
Eva Woods, Youth Council Representative and Youth MP for Peterborough

22. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Gavin Elsey and Co-opted Member Parish Councillor June Bull.

Councillor Charles Fenner was in attendance as a substitute for Councillor Gavin Elsey, and Co-opted Member Parish Councillor Neil Boyce was in attendance as a substitute for Co-opted Member June Bull.

23. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

No declarations of interest were received.

24. MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING HELD ON 27 SEPTEMBER 2022

The minutes of the meeting held on Tuesday, 27 September 2022, were agreed as a true and accurate record.

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

DECISION

There were no Call-Ins received at this meeting.

26. APPOINTMENT OF CO-OPTED MEMBERS 2022-2023

The Adults and Health Scrutiny Committee received a report in relation to the appointment of the Co-opted Members in accordance with the Council's Constitution Part 3, Section 4 – Overview and Scrutiny Functions. The report's purpose was to seek approval from the Committee to appoint Chris De Wilde and Sandie Burns as non-voting independent Co-opted Members for the current municipal year 2022/2023.

The Senior Democratic Services Officer introduced the report and explained that at the Committee's annual work programme session held on 16 June 2022, Members discussed the co-opted membership of the Committee, and requested that expressions of interest be sought from persons with knowledge and expertise in the following areas: Public Health, Adult Social Care and Safeguarding Adults.

Chris De Wilde had closely worked with Peterborough City Hospital and Peterborough Social Care and had 18 years of experience in this sector. Sandie Burns was the CEO of Disability Peterborough and has worked for over 30 years with adults with long-term health conditions.

The Committee unanimously agreed to the appointment of Chris De Wilde and Sandie Burns as non-voting Co-opted Members for the municipal year 2022/23. The Chair welcomed Chris De Wilde and Sandie Burns, who were in attendance and invited them to join the Committee for the rest of the meeting.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to agree to:

1. Appoint Chris De Wilde as a non-voting Member for the municipal year 2022/2023. Appointments were to be reviewed annually at the beginning of the next municipal year.
2. Appoint Sandie Burns as a non-voting Member for the municipal year 2022/2023. Appointments were to be reviewed annually at the beginning of the next municipal year.

27. EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST – OVERVIEW AND PERFORMANCE REPORT

The report was introduced by the Head of Operations Cambridgeshire and Peterborough for East of England Ambulance Service NHS Trust (EEAST). The report provided the Committee with information regarding the performance of the East of England Ambulance Service NHS Trust in the Peterborough and Cambridgeshire area.

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

- Members were concerned that the NHS 111 Service often referred patients to ambulance services which were not emergencies, and if the issues could be discussed with the NHS 111 Service ahead of the winter to ease the pressure on ambulance services. The Head of Operations Cambridgeshire and Peterborough advised Members that the NHS 111 telephone triage system services were non-clinical advisors. They had to go through an algorithm, a computer-generated script, to determine an outcome based on the patient's presentation over the telephone, which could sometimes result in miss triage or under-triage. He explained that when patients call the ambulance service or NHS 111, it's an emergency for patients but not necessarily an emergency at the outcome. He explained that EEAST was working closely with the 111 Service.
- Members raised concern over the above-national average hospital handover time. The Head of Operations for EEAST explained that, on average, this could be up to an hour or and half. On Sundays, this could be five to six hours of delays from arrival to handover of patients. He informed Members that he was working closely with the Peterborough City Hospital (PCH) and the ICB (Integrated Care Board) on how to release ambulance crews quickly. By the end of the year, this would likely be brought below sixty minutes.
- Members asked if the EEAST used private ambulances and how often these were used. The Head of the Operations EEAST advised that due to the workforce issues, it was difficult to recruit quickly enough; therefore, the EEAST had to use a private ambulance service to supplement the workforce gap.
- Members asked whether moving UTC (Urgent Treatment Centre) from City Care Centre to Peterborough City Hospital impacted the ambulance service. Members were advised that the 111 Service regularly referred most patients to UTC. The UTC was regularly busy on the weekends. It was difficult for the ambulance crews to take patients to UTC and do a quick handover.
- Members were advised that when Peterborough City Hospital was busy, the patients were diverted to the Hinchingsbrooke Hospital to ease the pressure of the PCH. It was only rarely used, as the Hinchingsbrooke Hospital was relatively small in size compared to PCH and could quickly be overwhelmed. The patients' handover times were much better but had to balance that against the journey time.
- Members asked if the Hospital Ambulance Liaison Officers' (HALO) roles had been filled and whether they had any impact on the service. The Head of Operations for EEAST advised that out of three funded positions, two of them were recruited. One of them would be recruited soon. They would identify issues as early warning and alert the hospital about the peak activity spikes.
- The Head of the Operation for EEAST advised Members that there were issues of sexual harassment and bullying in the organisation, as this was highlighted in the NHS staff survey reports. He explained it was now easier for staff to raise concerns, not just to their line manager, but also to other parts of the organisation, and feel safe to report these concerns. As an organisation, measures had been put in place to make it safer, which were beginning to make a difference; however, this would take up to 2 to 3 years for the organisation's culture to change.
- Members asked regarding patients' wait time in the back of the ambulance. If there is a frequency chart to demonstrate the delays or comparison data to

compare Peterborough to other regions. The Head of Operation for EEAST advised Members that EEAST recorded these data and reported to the ICS (Integrated Care System) Teams and committed as a system to eliminate those sixty minutes of patient handover times by the end of December 2022. The frequency chart and data would be shared with Members outside of the meeting.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to note the contents of the report.

28. SYSTEM WIDE WINTER PLANS

The Director of Performance and Assurance Cambridgeshire and Peterborough ICB introduced the report. The report provided an update on the development of Cambridgeshire and Peterborough's ICB winter surge plans for 2022/2023. As part of ensuring the Cambridgeshire and Peterborough system's preparedness for winter, the ICB led the development of the winter surge plans with partner organisations. She advised Members that as part of the winter surge plans, the ICB had taken measures to include additional capacity investing in 215 extra beds for hospitals this winter; other measures included investing in urgent community response and additional practitioners who could go to people's home to provide them with low-level care for five days, these new services were alternative to the emergency department. In addition, the ICB would maintain the elective care pressure over the winter and ensure that patients who required elective care should receive it in under 78 weeks, the national average wait time for elective care. The ICB worked on reducing the wait time for the delivery of elective care. The winter surge plans 2022/2023 were a live draft document.

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

- Members referred to page 34 of the report, noting the statement "100-day discharge challenge and transfer of care hub implementation" and asked for clarification on the statement and what steps the ICB had taken regarding the failed discharges. The Director for Performance and Assurance ICB advised Members that the 100-day acute discharge was a national initiative that was launched by NHS England in July 2022, and all hospitals were asked to deliver on the task. She explained that as part of the routine operation, the ICB tracked failed discharges, reviewed it proactively, assessed the re-admission data to understand what happened, and managed those areas' operational and clinical bases. The ICB was putting a mechanism to look at the re-admission data, which would be continuous learning from the data.
- Members referred to page 36 of the report regarding the Medium and Long term Service Transformation plans to build Integrated Neighbourhood teams and asked about the make-up of these teams. Members were advised that the Integrated Neighbourhood teams were comprised of clinical and non-clinical professionals working with the primary care networks locally. Therefore, it was

about bringing together those multi-professionals locally. Their make-up would depend on what people need locally.

- Members asked that the capacity of the NHS 111 Service had grown up by 30 percent. The advice was given to some patients by 111 Service to contact their GP, where GPs could not offer them appointments, these patients were referred to A&E. Members asked if any discussions had taken place with the GPs and other stakeholders to address the issue and ease the pressure on A&E. Members were advised that a review was completed recently on patients who were advised to see their GP; as a result, an audit was undertaken to review the data in each of the acute hospitals recognising that there was a need to improve access to overall primary care. She explained that investments were made as part of the winter surge plans in additional funding to extend the availability, which included extended access to GPs into the evenings, and additional access through the day and weekends; in addition, plans were also undertaken with those specific practices about what changes needed to be made for a sustainable long-term.
- Members asked about the additional 215 beds and where these beds would be placed. Members were informed that 160 of these beds would be placed in PCH, 60 of them would be placed in modular buildings in current empty spaces, some of these beds would be converted from non-clinical space to clinical space, and some of these additional beds would be placed into local facilities and care homes where they got the vacant capacity.
- Members were advised that all systems could ask for additional funding from NHS England to support their winter preparedness. She explained that their bid for funding was successful and received 18 million in revenue and some additional capital to support the modular buildings.
- Members asked whether there were plans to recruit additional nurses and health care assistants, as there were extra beds and to support discharges at the Ashley Grange Care Home. The Head of Operations ICB advised Members that recruitment and on boarding were in process for Ashley Grange Care Home. As new staff arrived, additional bed capacity would be made available. She explained that within the hospital settings, there were a number of staff working on bank hours and agency staff to fill the gap in staffing, and 163 of these additional beds were already made available across three hospital sites.
- Members were advised that an integrated care system would ensure all the voices were heard without asking everybody to participate in everything. She explained that the ICB would communicate most effectively with all the partners, including the voluntary sector, and launch patients and public participation. There was a current survey which talked about how best to engage with all partners.
- Regarding the modular buildings to assist with the capacity, Members asked how long it was estimated for these modular buildings to remain and whether there was funding available for their lifetime. Members were advised that these were modular builds with 25 years lifespan. The ICB had discussed the funding available for the long term of these buildings to provide extra capacity, which would also help with the ambulance handover.
- Members queried the primary care preparedness for cardiovascular over the winter period. The Head of Operations ICB advised that there were a number of programmes already in place to support some of the cardiovascular areas of work, particularly given some of the challenges in Peterborough. New clinics and hubs would be set up to support cardiovascular across Peterborough. These

would be multidisciplinary hubs where service was provided to patients who needed intervention but may not need a hospital.

- The Youth MP asked how the impact of health inequality was monitored and what steps were needed to limit health inequality. Members were advised that there was a need to increase the data quality to understand the patients and the population. ICS used the health inequality data regularly and assessed whether any trends were emerging in geographical locations or other circumstances. The Integrated Care System (ICS) worked with the Integrated Neighbourhood team as the best route into the local communities and supported different challenges. Funding these Integrated Neighbourhood teams was crucial to reach out to their community and supporting individuals. The ICS would help and support Integrated Neighbourhood teams to grow and the quality of data that would allow the ICS to deliver a long-term strategy.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to note the priorities included in the system surge plan to cover the 2022/23 winter period.

29. ADULTS SOCIAL CARE REFORMS – UPDATE AND OVERVIEW

The Service Director, Adults and Safeguarding, accompanied by Cabinet Member for Adult Social Care, Health and Public Health, introduced the report. She explained that the recent Health and Care act and subsequent care and integration white papers had set out a number of significant changes to the duties of local authorities in relation to adult social care. The report provided an overview of the implications to the Council of these changes and processes and the next steps of implementation.

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

- The Service Director, Adults and Safeguarding advised Members that the changes in the duties of local authorities included charging for care and how much people would pay for care, the introduction of a care cap on cost, the Fair Cost of Care and the Care Quality Commission (CQC) Assurance for adult social care functions.
- Members queried that the increase for the capital threshold for the council funding would increase from £23250 to £100,000, resulting in more people being eligible for the social care funding, and how this would be funded. Members were advised that the PCC, similar to every local authority, had to undertake work on Fair Cost of Care which determined the funding required and the gap in funding for the Council. The information was submitted to the Department of Health and Social Care for further review.
- Members raised concerns over the social care workforce, and if more people were eligible for social care funding, this would likely affect capacity and whether there were any plans for the recruitment of extra staff. The Service Director for Adults and Safeguarding advised that the Council had identified the number of social workers the Council would need to recruit based on the analysis of the self-

fundings locally; it would be eleven whole time equivalent social workers and would also require additional financial assessment officers. She explained that the Council would review the workforce to determine whether alternative qualified workers could be used, and there were a number of alternative qualified workers already employed in adult social care, referred to as care support workers, who were doing an exceptional job, they usually undertook the less complex social care practices, however, sometimes this could be quite complex.

- The Service Director for Adults Safeguarding advised the Council was closely working with the Direct Payment Board, commissioning colleagues and contract monitoring teams to look at the rates that were being paid to providers because locally there has been a struggle to recruit personal assistants and recognised that work needed to be done around the rates of pay. She explained that the Assistant Director for Commissioning and the Assistant Director for Quality and Practice were reviewing the scope of a document to focus on ensuring that there was a pathway for people coming into care; the Council are working closely with the colleges, university and skills for care to develop the market.
- Members asked if the changes to the Social Care Reform would cost a massive amount, and would the government ensure to fund it, and if not, how much it would cost the PCC. Members were advised that the work undertaken by PCC had found a significant gap in funding, and the information had been submitted to the DHSC. Further information regarding what funding would be available was expected from the Central Government in February 2023.
- The Youth MP asked whether there would be a guarantee that the care workers would be paid a real living wage. The Service Director for Adults and Safeguarding advised that the decision would be made corporately; given the financial situation of the Council, it could be not certain; however, this needed to be looked at as a priority to develop the market.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to:

3. Note the overview and context provided in relation to the Adults Social Care Reforms.
4. Note the operational and financial implications to the Council.

30. 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 ACTIONS

1. The Adults and Health Scrutiny Committee **RESOLVED** to note the report.

31. REVIEW OF 2021/2022 AND WORK PROGRAMME FOR 2022/2023

The Senior Democratic Services Officer presented the report. Members considered the Work Programme for the municipal year 2022/23 to determine the Committee's priorities. Members raised concern over the lack of dentist services in Peterborough and asked whether this item could be added to the Work Programme for the current municipal year 2022/23. It was agreed that this would be added to Work Programme 2022/23, and the relevant NHS department would be contacted to provide a report for the Committee.

AGREED ACTIONS

The Adults and Health Scrutiny Committee noted the report and **RESOLVED** to note the report.

32. DATE OF NEXT MEETING

- 29 November 2022 – Joint Meeting of the Scrutiny Committees
- 03 January 2023 – Adults and Health Scrutiny Committee
- 23 January 2023 - Joint Meeting of the Scrutiny Committees

CHAIR

7.00 – 08.35 pm