

## HEALTH COMMITTEE: MINUTES

Date: 12 February 2021

Time: 1:30 pm – 2:51 pm

Venue: Virtual Meeting

Present: Councillors Boden, Connor, Dupré, Goldsack, Hay (Vice-Chairperson), Jones, Van de Ven, Ambrose-Smith, Clarke, Wilson, Harvey and Massey

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

Apologies were received from Councillors Hudson, Harford, Reynolds and Smith. Councillors Goldsack, Boden substituting. Councillor Hay acting chairperson.

Following from her passing, Councillor Taverner from the Huntingdonshire District Council was substituted by Councillor Wilson. A minute's silence was held for Councillor Taverner.

Councillor Goldsack declared a non-pecuniary interest under the Code of Conduct in Agenda Item 6, as Chairman of Soham Town Rangers Football Club, currently housing a lateral flow test site.

### 357. Minutes – 21st December 2020

The minutes of the meeting held on 21<sup>st</sup> December 2020 were agreed as a correct record and would be signed by the Vice-Chairperson when the Council returned to its offices.

### 358. Action Log

The Committee noted the action log.

### 359. Petitions and Public Questions

No petitions or public questions were received.

### 360. Healthy Child Programme - Service Delivery During the COVID-19 Pandemic

The Committee received a report summary of performance information relating to the 0-19 Healthy Child Programme, an integrated (across Cambridgeshire and Peterborough) Health Visiting and School Nursing service linked with the Best Start in Life programme.

The report examined the impact of Covid-19 on the Healthy Child Programme during 2020 including the impact on families and changing demand into the service; actions taken to respond to these challenges and changes to the delivery model; and service performance during this time with feedback from families.

When invited to speak, the presenting officer highlighted the evolving ways in which the programme had responded to each of the three phases of the pandemic.

Phase 1: Officers reported that during lockdown, the service offered in-person and virtual support for families. The type of support received was determined by clinical need, with more in-person contact for those on Universal Plus and Universal Partnership Plus pathways. Overall, there was an increase in texts to operators which was thought to be because other services were not operating. Fortunately, the Healthy Child Programme was still able to operate at full capacity, with no staff redeployment. Attention was also brought to section 3.1 of the report which stated that during lockdown antenatal and New-birth visits, FNP and safeguarding work were prioritised.

Phase 2: During the 'Recovery and Restoration' phase, the reporting officer stressed that there had been an increase of parental anxiety regarding feeding and toileting, and more reports of domestic abuse. However, she also informed Members that an audit had been conducted on non-accidental injuries in babies which showed that Cambridgeshire and Peterborough levels of incidents were not high in comparison to the national average.

Phase 3: It was reported that a letter from Chief Nursing Officer had been published in Phase 3 of lockdown which provided a clear mandate nationally that there should be no redeployment of staff from Healthy Child Programme.

The service was reported to have expanded the universal offer of a single point of access to aid parents in contacting the Healthy Child Programme. The result has been an increase in families using text and online support services. Attention was brought to 4.3 which underlines the importance of online promotion and social media in advertising the service; and to the introduction of a telephone number - 'Call us' - to improve access to support services.

It was noted that throughout the pandemic, video consultation and telephone consultation increased, while mandated health visitor contact has been maintained with some face to face 'in-person' contact. Face to face contact has been undertaken with the appropriate PPE and prioritised for children on the Universal Plus and Partnership Plus pathways. The aforementioned pathways have expanded as elements of the programme.

The officer report concluded by stressing that the targets set out in the report were local, rather than national, targets and that, in comparison to national performance on mandated checks, Cambridgeshire did well.

In response to Member's questions, officers:

- Acknowledged that the pandemic was ongoing and cyclical in nature, despite the term 'Recovery and Restoration' that has been used by the NHS to refer to Phase 2 [and Phase 3] of the pandemic. They were unaware as to whether this terminology would change.
- With regard to section 3.2 of the report, officers clarified that there was no increase in the number of 'non-accidental' injuries to babies. They stated that they had worked across systems to ensure support provided to parents was adapted to meet issues arising from the pandemic. As a result, the service offered in-person support, virtual support, and delivered hygiene and activity packs. The ICON system is being promoted to normalise problems such as babies crying and to lessen associated parent distress. The effectiveness of this messaging and support will be reviewed in the next few weeks.
- Informed Members that, after an initial 'reactive' learning process, learning about responses in a pandemic was ongoing. Members were directed to section 9.6 of the report which established how this learning was implemented to create a more integrated service. Officers provided examples of what Public Health has educated itself on, including:
  - The importance of providing new parents with physical appointments when needed in addition to online infant feeding appointments. This was implemented after an increase in repeated user calls about feeding to the service.
  - The impact that lockdown has had on parental anxiety as it lessened social support networks. This was noted following an increase in prevalence of parental anxiety as the underlying reason behind calls to the service. Consequently, the service began discussing mental health during calls.
  - The importance of using 'Teams' as an informal and formal meeting platform.
  - The diverse response to video, rather than in person, appointments. This includes positive reports from some families regarding the accessibility, and negative reports from some young people and those struggling with body image.
- Confirmed that staff anxiety levels have been often high and keeping staff morale up is a constant challenge. Officers noted ongoing challenge with recruitment and retention. Senior management in the HCP was praised for their response to this problem.
- Expressed hope for a more permanent workforce and stable management. This was following successful recent recruitments to vacancies including filling vacancies in the management structure.
- Confirmed that they had maintained 95% coverage of 1½ and 2 years checks if exception reporting (which included those where an appointment was offered but

declined or not attended by the family) was taken into account. This allowed the 0-5 Health Visiting service to 'remain our eyes and ears on the ground'.

- Noted that zoom and You-tube talks, letters and school communication were used by schools, community hubs and Rapid Response teams to interact with parents. Officers provided examples of information Public Health had distributed advising parents of ways to follow Covid-safe practices in the home over half-term.
- Reported that, with regard to section 6.3 of the report, SEND referrals were ongoing but fewer referrals were occurring. It was suggested this was partially because parents were shielding children at home and not exposing them to external environments where issues were typically picked up. Therefore, the service expected more delayed SEND and mental health diagnoses.
- Explained that they were unable to open the report with a case study, as the report was in the public domain. However, they confirmed that they were aware of case studies, some of which were included in the Quarterly Contract Monitoring meetings.
- Informed members that while vision screening was not being done in school, the vision screening team had been inviting families to community clinics for screening where there were concerns. In addition, the team is working with CUH to pilot the use of a digital screening platform across the county. Digi-viz – a digital platform – was developed by Addenbrookes Hospital to screen children while face to face contact was limited.

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

- Thanked the authors for the report. Praised the NHS staff for their role in combatting the Pandemic.
- Noted that, in 2.1 of the report, the lexis 'Communities' should read 'Cambridgeshire Local'.

**ACTION REQUIRED**

- Raised the importance of thinking around problems such as internet poverty which impacted users access to the service.
- Expressed concern that the statistics for children and young people contacting ChatTeam services (15 contacts a day) was relatively small.
- Expressed concern about the Liquidlogic system causing barriers to SEND referrals. Officers reassured members that Liquidlogic had not yet been highlighted as a barrier to referrals, but that they could check with this with the providers.

**ACTION REQUIRED**

It was resolved to note and comment on performance information and take remedial action as necessary.

## 361. COVID-19 Issues Report

The committee received a late report detailing Cambridgeshire County Council's Public Health response to the COVID-19 crisis commencing the second wave. The Vice-Chairwoman accepted the report as late on the following grounds:

- Reason for lateness: To allow the report to contain the most up to date information possible.
- Reason for urgency: To enable the committee to be briefed on the current situation in relation to the Council's response to Covid-19 for those service for which it is responsible.

The report presentation informed Members that the second wave had seen a higher proportion of hospitalisations and deaths nationally and locally. In Cambridgeshire, coronavirus cases peaked on 4<sup>th</sup> January 2021 at 500 cases per 100,000. Since lockdown on January 5<sup>th</sup>, cases lowered nationwide, with Cambridgeshire remaining below national and east England averages. The lowest rates for Cambridgeshire were in Cambridge, while rates of decline in Peterborough and Fenland were slower. It was suspected that the age demographics and quantity of key workers in Peterborough and Fenland populations predetermined these lags. (Officers reported a younger demographic in Peterborough, and an older demographic in Fenland.)

The reporting officer proceeded to give explanations of the different actions taken by the council in response to guidelines from the government and the local initiative.

Officers noted that a letter has been received from the MHCLG and Ministry of Health and Social Care outlining the role of local authorities in vaccinating. The letter highlighted the responsibility of the Council to locate possible vaccination sites, aid accessibility, vaccinate care staff, and communicate with communities. Members and officers acknowledged that this meant the Committee would need to transition from a commissioning directorate to an operational directorate. In response to the letter, officers reported that the rapid national vaccination programme had been rolled out across Cambridgeshire through primary care networks, large scale vaccination centres, hospitals and was being piloted in pharmacies. They reported an expectation that responsibilities for the vaccination programme would become increasingly local, especially for the final 10% of vaccinations.

Members noted that the council had responded to rates of infection occurring in the work setting, by developing rapid lateral flow testing kits which would be available in every district by Monday 15<sup>th</sup> February 2021. These would be available twice a week for possible asymptomatic workers. Symptomatic individuals remained encouraged to go to drive through test sites.

In preparation for a possible influx of coronavirus cases, officers noted that various actions would, and had, occurred. Response plans had been developed for the possibility of new strains entering into Cambridgeshire. These were influenced by Hertfordshire's approach to the South African variant. Also, contact tracing needed to be made sustainable, and an assessment of the workforce and operational needs would be taking place.

Officers drew attention to the ongoing weekly COVID Gold meetings in which Public Health collaborated with district councils to deliver epidemiology information. This enabled prevention and rapid response.

The officer concluded by emphasising that cases were still high – at 186 cases per 100,000. This was over ten times higher than the numbers seen in summer and early autumn. Therefore, officers reinforced that it how imperative it was individuals followed control measures and lockdown restrictions in order to drive down the rate of infection.

In response to Members' questions officers:

- Commented that outbreaks of coronavirus in schools were being managed by education staff, Public Health staff, headteachers and their staff. Officers reported that these individuals had a strong understanding of pandemic prevention and were prepared for an increase in cases as coronavirus strains developed and schools returned. Members were also asked to note the provision of both local and national support for schools.
- Reassured Members that the Public Health team had attended Cambridge University Gold meetings and was monitoring the university return. At the time of the presentation, they were satisfied that the right measures were being put in place by the university.

In discussion Members:

- Reported on the success of Public Health's involvement in community support groups in South Cambridgeshire.
- Reported that the Soham Town Rangers Football Club lateral flow test site had tested 130 individuals on Friday 12th February 2021 with no COVID-positive results.
- Showed concern that consistently national responsibilities were handed down to Public Health, but that resources given to Public Health was not reflecting this change.
- Informed officers of a case whereby a local resident was unable to go to their nearest vaccination centre. The Member expressed concern that this may be occurring elsewhere. Officers informed Members that they would pass the information on to the CCG, but that community transport should also be available to improve vaccination site accessibility.

#### **ACTION REQUIRED**

- Expressed concern about the ability of NHS diagnostic services to handle non-COVID related health problems under the strain of the pandemic. In response, the Director of Public Health said she was unable to comment but suggested Members could raise it as a topic for scrutiny in future.

It was resolved to note the progress made to date in responding to the impact of the Coronavirus and to note the Public Health service response.

### 362. Scrutiny Item: NHS Dental Services

Representatives from Cambridgeshire Dental Services were unable to attend the meeting, due to the ongoing Category 5 incident [the COVID-19 pandemic]. Apologies were received.

It was resolved unanimously to postpone the scrutiny item until the next meeting, or until an appropriate time could be found.

### 363. Health Committee Agenda Plan and Appointments to Outside Bodies and Advisory Groups

The Committee resolved unanimously to note its agenda plan. There were no appointments made to outside bodies and advisory groups.

Chairman