HEALTH COMMITTEE

Thursday, 15 October 2020

Democratic and Members' Services
Fiona McMillan
Monitoring Officer

13:30

Shire Hall
Castle Hill
Cambridge
CB3 0AP

COVID-19

During the Covid-19 pandemic Council and Committee meetings will be held virtually for Committee members and for members of the public who wish to participate. These meetings will held via Zoom and Microsoft Teams (for confidential or exempt items). For more information please contact the clerk for the meeting (details provided below).

AGENDA

Open to Public and Press

KEY DECISIONS

The Health Committee comprises the following members:

For more information about this meeting, including access arrangements please contact

Councillor Peter Hudson (Chairman) Councillor Anne Hay (Vice-Chairwoman)Councillor David Connor Councillor Lorna Dupre Councillor Lynda Harford Councillor Linda Jones Councillor Lucy Nethsingha Councillor Kevin Reynolds Councillor Mandy Smith and Councillor Susan van de Ven

Clerk Name:	Daniel Snowdon
Clerk Telephone:	01223 699177
Clerk Email:	Daniel.Snowdon@cambridgeshire.gov.uk

HEALTH COMMITTEE: MINUTES

Date: Thursday 17th September 2020

Time: 1.30p.m. - 3.42p.m.

Present: Councillors, D Connor, L Dupré, M Goldsack (substituting for Councillor K Reynolds), L Harford, A Hay (Vice-Chairman), P Hudson (Chairman), L Jones, L Nethsingha, M Smith and S van de Ven

District Councillors, S Clark, D Ambrose-Smith, G Harvey, N Massey and J Tavener

Apologies: Councillor K Reynolds

325. APOLOGIES FOR ABSENCE and DECLARATIONS OF INTEREST

Apologies for absence were noted as recorded above.

326. MINUTES – 6th AUGUST 2020

That the minutes of the meeting held on 6th August 2020 were agreed as a correct record.

327. HEALTH COMMITTEE ACTION LOG

The Action Log was noted and the following points were raised:

Minute 322 - Public Health Grant 2020/21 – Tackling Obesity – A Member commented that discussions had taken place regarding the establishment of a Working Group focussed on obesity at the recent Chair and Lead Members meeting, however, the Committee had not formally established or appointed to such a group. The Democratic Services Officer confirmed that the Committee was content to establish such a group and advised that the group would be appointed to under the existing delegation for making appointments to Outside Bodies and Internal Advisory Groups.

Minute 314 - COVID-19 Update – A Member commented that the documents provided were substantial and it was only a simple schematic that was requested. Officers undertook to provide a schematic. **ACTION**

328. PETITIONS AND PUBLIC QUESTIONS

There were no petitions or public questions.

329. CAMBRIDGESHIRE AND PETERBOROUGH FOUNDATION TRUST RESPONSE TO COVID-19.

The Chairman welcomed Tracy Dowling, Chief Executive: Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to the meeting and invited her to update Members regarding the Trust's response to COVID-19.

In response to Member questions the Chief Executive CPFT:

- Confirmed that she was not aware of patients being directly transferred to Papworth Hospital. The Trust had received patients from other hospitals for rehabilitation following discharge from acute hospitals. There were also a small number of patients that were re-admitted to acute hospitals following a deterioration in their condition.

- Explained that with regard to section 2.3 of the report relating to organisational learning, in particular challenges around communication, speed of redeployment and Personal Protective Equipment (PPE), a significant amount was within the remit of the Trust to respond to. The Communications Team responded admirably to the emerging situation and changed their working hours, issued a staff bulletin 7 days a week and also provided a means to communicate with the Chief Executive (Talk to Tracy). Communication was essential especially as guidance developed and the need to translate complex messages into simple and effective messages took considerable skill. The Chief Executive informed Members that feedback from staff regarding communications was positive, however, there was a lot of it in terms of volume. Due to the number of admissions there was no opportunity to consult staff regarding redeployment and staff were incredibly flexible in their response. Hundreds of staff were redeployed in order to accelerate flow out of hospital sector and the Chief Executive commented that there were instances where the organisation got it wrong as there was not sufficient training in place. It was important to acknowledge the impact on staff of not being able to deliver what they were trained to do. The Trust had learned from the experience and should the need arise to redeploy staff in the future then more time would be taken to consult staff on how it would be delivered. Furthermore, there would not be the same level of cessation of services in the event of a second wave due to the impact on service groups.

- Confirmed that services that had been suspended due to COVID-19 had been reintroduced. However, they were being delivered, in the majority of cases, digitally. Face-to-face consultations would still take place where necessary.

- Informed the Committee that the Minor Injury Unit (MIU) at Wisbech was now open although operating hours had changed. Ely was fully open and Doddington remained closed. It was essential that the MIUs were staffed to the correct capacity and to ensure that infection prevention and control measures were in place.

- Explained that there was a reduction in the number of children and young person mental health referrals being received. It was anticipated that following the re-opening of schools there would be a surge in referrals as most referrals were generated by schools. Although it was not possible to provide a percentage of cases that were being seen physically, assurance was provided that face-to-face contact was still being undertaken following risk assessment.

- Noted that learning had been shared nationally and highlighted on calls with NHS England. There had also been significant opportunity for learning within the Trust.

- Provided reassurance that recovery rates following treatments administered virtually were as good as face to face treatments. However, where it was necessary to see patients in person they would be seen.

- Explained that with regard to recruitment, the Trust had been successful in recruiting to unqualified posts from other sectors such as hospitality and retail that had been particularly affected by the pandemic. Challenges remained regarding the

recruitment of specialist staff and the Trust had plans for making it an attractive place to work.

- Explained that until recently testing was only for staff that had displayed symptoms of COVID-19. Antibody testing was made available for all staff which found an exposure rate of around 10% and had had an immune response.
- Confirmed that winter planning was at an advanced stage for frontline staff and explained that the only other vaccination available for staff was for pneumonia. Due the vaccination being only needed once in a lifetime it was essential not to overstep into the role of GPs.
- Explained that all staff had been provided a personal risk assessment and if in the event of a second wave of infections they were required to shield then the necessary mitigations were in place.
- Explained that responsibility for the appropriate placement of patients needed to be shared collectively to meet the needs of the patient.

It was resolved unanimously to:

Consider the information contained in the report and note the work undertaken to date by the Cambridgeshire and Peterborough NHS Foundation Trust and note the plans to return services where possible to normal service delivery.

330. CLINICAL COMMISSIONING GROUP FINANCE UPDATE

The Chairman welcomed Jan Thomas, Clinical Commissioning Group (CCG) Accountable Officer and Chief Finance Officer Louis Kamfer to the Committee and invited them to update Members regarding the financial position of the CCG.

In presenting the report, The Chief Finance Officer explained that financial year had, in effect, been divided into two halves. Month 1 – 6, the NHS was funded in a very specific prescriptive way. As the organisation moved into months 7 – 12 there was an expectation that there would be support around discharge which would fund people post-discharge for 6 weeks. Work was being undertaken with Local Authorities in establishing a process. The allocation was published together with guidance which was currently being worked through. The Chief Finance Officer warned the Committee that there would be substantial ongoing costs associated to COVID-19 and the recovery.

In response to Member questions officers:

- Explained that the in relation to the financial allocation it had been issued based on spending related to COVID-19 and the recovery. Work was currently being undertaken to forecast the likely cost of a second wave. The allocation would not cover the cost of a second wave.
- Explained that it was essential for everyone to have access to primary care services and where it was necessary contact could take face to face. GP practices were undertaking more triaging of patients and made onward referrals where appropriate. There were issues regarding infrastructure such as telephony that the CCG was addressing with practices. It was essential to maintain primary care and the CCG was working hard to support it.

It was resolved to:

Note and provide comments on the current Clinical Commissioning Group financial regime and month 3 financial position.

331. BRIEFING PAPER IN RESPONSE TO CHILDHOOD IMMUNISATION UPTAKE DURING COVID-19

Following a request made at a previous meeting of the Health Committee, Members received a briefing paper regarding childhood immunisation uptake during the COVID-19 pandemic.

In discussing the report Members:

- Questioned, with regard to the questionnaire issued by the Clinical Commissioning Group (CCG) to GPs, what the response rate was to the survey. Officers undertook to provide the information. **ACTION**

- Highlighted that quarter 4 2019/20 suggested there were issues with coverage and therefore sought further information on a granular level. Officers explained that only the cover data was available. There had been a historic issue relating to pre-school children. Issues had been addressed through specific actions such as community engagement had improved the numbers.

- Noted that the provider had to find alternative venues for vaccination due to COVID-19 and it was particularly difficult to manage due to social distancing and infection control.

- Sought further information regarding the winter flu vaccine. In particular, questioned whether there had been an extension to the cohort eligible for vaccination and whether there was sufficient supply of vaccine. Officers informed Members that the eligibility criteria was featured in the report. Officers joined meetings of the Sustainability and Transformation Partnership (STP) that was planning for winter flu. Children aged 2-3 would be entitled to receive the vaccine together with Year 7 pupils. Officers understood there was sufficient supply of vaccine to meet demand.

- Noted that the healthy people within the cohort aged 50-60 would be invited for vaccination depending of the supply of vaccine.

- Welcomed vaccinations being delivered in alternative locations which avoided the need to visit health centres and GP surgeries.

- Requested that a report be presented in early 2021 that presented trend analysis of the impact of the first COVID-19 wave on childhood vaccinations. **ACTION**

It was resolved to:

> Note and comment on the actions being taken to date in responding to the impact of the ongoing Coronavirus pandemic on childhood immunisation uptake.

332. PUBLIC HEALTH AND ENVIRONMENTAL HEALTH RESPONSE TO COVID-19

The Committee received a report requested by the Chairman, Vice-Chairwoman and Lead Members that provided information regarding the role and responsibilities of the District Environmental Health Services and their collaborative working with Public Health and other partners across the Cambridgeshire system to address the COVID-19 pandemic. The Chairman welcomed Yvonne O'Donnell, Environmental Health Officer, Cambridge City Council to the Committee.

During discussion of the report Members:

- Noted that with regard to testing, District Councils had been asked to identify locations for testing sites. The issues relating to testing were a national issue and the responsibility of the Government.

- Sought further information regarding the policing and enforcement of new COVID-19 regulations and questioned whether there were sufficient resources to undertake the work. Officers informed the Committee that the law regarding contact tracing was due to come into force overnight. It was not yet clear where the responsibility lay for its enforcement. Each District Council had been allocated £150k from the Public Health allocation and the Cambridge City Council had employed 2 officers to carry out COVID-19 prevention work. Engagement with local business was ongoing and information was being provided to them to ensure compliance.

- Questioned whether in the event of a second lockdown there would be significant re-deployment of staff. Officers informed Members that every District Council had established a rapid response team that met regularly. The team had been established and resourced to be able to cope with surges in demand.

- Sought further information regarding the issuing of temporary event notices and whether they were being abused following complaints regarding noise from events. Officers advised while notices had been issues relating to the re-opening of premises, large gatherings such as illegal raves would have not been issued a notice and therefore were a matter for the Police.

It was resolved to:

Note the contents of the report.

333. COVID-19 ISSUES REPORT

The Committee received a report that updated the Committee on the public health response to COVID-19.

Given the rapidly changing situation and the need to provide the Committee and the public with the most up to date information possible, the Chairman reported that he had accepted this as a late report on the following grounds:

1. Reason for lateness: To allow the report to contain the most up to date information possible.

2. 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 services for which it was responsible.

In presenting the report the Director of Public Health drew the Committee's attention to the rising rates of infection nationally, in particular within the 18-30 age group. The east of England was currently running at half the nation rate of infection. Within Cambridgeshire and Peterborough there were higher rates of infection within urban areas. Hospital deaths and admissions continued to be low however, there was concern regarding the increased risk posed to vulnerable groups due to the increasing rate of infection.

There was continued focus on the return to school and managing suspected cases in the school environment. Work had also been undertaken with universities to ensure the safe return of students. Work was also being undertaken to ensure that the implantation of the care home support plan was effective as possible in response to rising infection rates. Winter planning was also a key focus.

During discussion Members:

- Question what powers the Council possessed to impose a lockdown. Officers explained that the Council retained powers to close individual premises and public spaces, however, it did not have powers to impose a lockdown. There were daily communications with the Government during which concerns would be raised. The powers to implement a lockdown resided with the Government.

- Noted that schools had been issued with 10 test kits which were to be used only in the even that a test could not be obtained elsewhere. Officers were acutely aware of the pressure on schools and the impact of teachers being off from work. Therefore business continuity planning was being undertaken to address the issue. There was also a new helpline for schools that would be able to advise on individual cases.

- Drew attention to a recent Healthwatch report that found over half of GP surgeries did not have up to date COVID-19 guidance on their websites. Officers informed the Committee that the Clinical Commissioning Group (CCG) had been working with GPs to ensure that the correct, most up to date information was held on their websites.

- Sought clarity regarding the availability of COVID-19 tests with particular regard for schools. Officers explained that there was continued pressure on the system. People were seeking tests when they did not meet the eligibility criteria. It was therefore vital that the Council ensured the correct messages were being relayed to the public regarding testing and when to seek one. Staff in school should seek a test through the Pillar 2 route and there were tests available. The CCG had been particularly helpful in working with schools to enable key school staff to be tested.

- Noted that the arrangements for testing and the mobile units together with the issues surrounding them was a national issue. Members noted that demand for testing had substantially increased, especially in areas with high rates of infection. Appointments for tests in areas such as Cambridgeshire where there was a lower infection rate had been reduced in order to increase testing capacity in high risk areas. Walk-in appointments at testing site had been stopped nationally.

- Drew attention to the revised guidance regarding social distancing and gatherings, in particular the rule of 6 which was proving to be confusing and questioned whether there was guidance available for Parish Council's and community groups as several of the support groups that had taken place outside would need to be moved inside for the winter months. Officers undertook to provide guidance for such groups. **ACTION**

It was resolved to:

Note the contents of the report.

334. HEALTH COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES AND INTERNAL ADVISORY GROUPS AND PANELS

It was resolved to:

Note the agenda plan, the establishment of a Working Group regarding obesity and the appointment of Councillors Anne Hay, Lynda Harford, Linda Jones and Susan van de Ven to it.

Chairman

15th October 2020

Agenda Item No: 5

NHS ENGLAND AND NHS IMPROVEMENT – EAST OF ENGLAND RESPONSE TO COVID-19 AND THE DELIVERY OF NHS DENTAL SERVICES IN CAMBRIDGESHIRE

To:	Health Committee
Meeting Date:	Thursday 15 October 2020
From:	NHS England and NHS Improvement – East of England
Purpose:	To update the Committee regarding the current provision of NHS dentistry services to the local population during the Covid-19 pandemic and the plans on local recovery for dentistry.
Recommendation:	The Committee is asked to note the contents of this report for information.

.

Report Author:
Name: David Barter
Post: Head of Commissioning, NHS England and NHS Improvement – East of England
Email: David.barter@nhs.net
Tel: 07595875463

1. Background

1.1 The Health Committee has requested information regarding the current provision and access to dentistry during COVID-19 and plans for resumption of dental services.

2. Main Issues

Response to COVID-19

2.1 Following the Prime Minister's announcement on 25 March 2020, in relation to implementing social distancing measures to slow down the spread of COVID-19, all non-urgent face to face dental activity was stopped.

2.2 In response to this directive and in conjunction with Public Health, NHS England and Improvement made a number of necessary changes to the delivery of dental services in the East of England region.

2.3 Across every NHS region local Urgent Dental Care (UDC) systems were created to provide care for people with urgent dental problems.

These hubs were established to meet the distinct needs of people with the following urgent dental care needs:

1. Those who were possible or confirmed COVID-19 patients – including patients with symptoms, or those living in their household.
2. Those who were 'shielding', as being at most-significant risk from COVID-19.
3. Those who were vulnerable/at increased risk from COVID-19.
4. Any other people who did not fit one of the above categories.

2.4 Seven Urgent Dental Care centres were put in place in Cambridgeshire as a response to the restrictions, this was then followed by three additional Minor Oral Surgery Urgent Care Dental Centres. The capacity of each UDC is reviewed regularly, to ensure patients are seen as quickly as possible.

2.5 All Dental Practices with an NHS contract were expected during the initial restrictions, to offer advice, analgesics and antibiotics (3As) to any patients who presented to them in need of urgent dental care.

2.6 A further publication from the Office of the Chief Dental Officer set out guidance for the resumption of face to face dental services on 8 June 2020 where the necessary Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE) requirements were in place.

2.7 The letter also highlighted that the sequencing and scheduling of patients for treatment as services resume should take into account:

- the urgency of needs
- the particular unmet needs of vulnerable groups

• available capacity to undertake activity

Progression to resumption of the full range of routine dental care would be risk-managed by the individual practice and could include aerosol-generating procedures (AGPs), subject to following the necessary IPC and PPE requirements. Dental practices also took steps to risk assess their workforce and take commensurate actions.

Non-Aerosol Generating Procedures include

• Examinations;
• Handscaling with suction;
• Simple extractions;
• Removal of caries (tooth decay) using hand excavation.
• Using slow-speed handpiece with high volume suction.
• Local Anaesthesia.

AGP procedures include:

All other procedures utilising ultrasonic scalers, high speed drills with associated water spray etc.

Current Position

2.8 There are now 38 NHS Dental Surgeries providing face to face services, and 7 offering advice, analgesics and antibiotics (3As) in Cambridgeshire. This is alongside the seven Urgent Dental Care centres and three Oral Surgery Urgent Dental Care centres put in place as a response to the initial restrictions.

2.9 All practices have been advised that they are to treat both regular and new attendees requiring urgent dental care and at least one urgent appointment, per dentist, per day should be made available to support referrals from the 111 service.

2.10 Additionally, there are three practices one in Ely, Littleport and March that are part of the Urgent Care and Stabilisation Project which aims to treat urgent care dental patients, and where appropriate provide stabilisation treat to the patients to improve their overall oral health.

NHS England and NHS Improvement – East of England actions to support the resumption of dental services

2.11 NHS England and NHS Improvement – East of England acknowledges that the suspension of primary care dental services had an impact on patient's ability to receive dental care and has been working to put a number of measures in place to support the resumption of dental services which include:

- We emphasised the need to prioritise treatment; urgency of need
- Dental practices to hold one urgent care slot, per dentist, per day for any patient that presents with urgent needs (not just for usual patients to that practice). Above and beyond their normal appointment slots.

- Supporting providers to attend FIT testing training to support the resumption of face-to-face full range of services. Three face fit testing courses (10 places in each course) have been delivered in Cambridgeshire. Those who undertook the course are continuing to support practices with face fit testing for face masks.
- Amending the Directory of Service to ensure that patients are sign-posted to UDC's and practices with urgent slots as the first responder practices to contact (ensuring patients are sign-posted to practices that are able to clinically diagnose and treat).
- Ensuring that GP and Community Pharmacies and other stakeholders are made aware of how patients can access urgent and emergency dental care.
- Encouraging and working with providers and wider dental team to prioritise access and clinical needs of patients to reduce inequalities.
- Working with the Health Oversight Scrutiny Committees (HOSC's) and Healthwatch to explain local provision and sign-post patients.
- Working with the Local Dental Committee's to send out communications to their respective members supporting NHS England and NHS Improvement – East of England regarding the resumption of dental services.
- Encouraging practices to work in a Hub and Spoke model to sign post patients with urgent needs between themselves to ensure the patient is seen in accordance with their needs.
- A BAME risk assessment has been undertaken with all providers and we continue to offer support and guidance regarding safer working practices to ensure the sustainability of services.
- All providers have reminded to update NHS UK (formerly NHS Choices) and practice website with their current NHS capacity to see patients.
- We are in the process of producing patient education / sigh-posting information, which we plan to publish at the beginning of October 2020, when the new national contractual position is known.

3. Source documents

3.1 Source documents

NHS England and NHS Improvement *regular updates to general dental practices and community dental services regarding the emerging COVID-19 situation.*

3.2 Location

https://www.england.nhs.uk/coronavirus/primary-care/

PUBLIC HEALTH GRANT FUNDING FOR NHS COMMISSIONED SERVICES

To:	Health Committee
Meeting Date:	October 15 2020
From:	Director of Public Health
Electoral division(s):	all
Forward Plan ref:	2020/056
Key decision:	Yes
Outcome:	The Committee is asked to consider the increase and proposed investment of the Public Health Grant for 2020/21.
Recommendation:	The Health Committee is asked to a) note the increase in ring fenced Public Health Grant allocation and b) approve the allocation of funding to commissioned services to meet the cost pressures created by increases in 'Agenda for Change' salaries as set out in paragraph 2.2.

Officer contact:
Name: Val Thomas
Post: Deputy Director of Public Health
Email: val.thomas@cambridgehsire.gov.uk
Tel: 07884 183374

Member contacts:
Names: Cllr. Peter Hudson
Post: Chair
Email: Peter.hudson@cambridgeshire.gov.uk
Tel: 01223 706398

1. Background

1.1 The Public Health grant to local authorities is ring fenced for use on public health functions exclusively for all ages. The Secretary of State has determined, in line with section 31 of the Local Government Act 2003, to pay grants each year to relevant authorities. The core condition of this grant is that it should be used only for the purposes of the public health functions of local authorities.

1.2 There is an expectation that the grant will be spent in-year. If at the end of the financial year there is any underspend local authorities may carry these over, as part of a public health reserve, into the next financial year. However in using those funds the next year, local authorities still need to comply with the ring-fenced grant conditions.

1.3 The grant in 2020/21 includes an adjustment to cover the estimated additional Agenda for Change (NHS) pay costs of eligible staff working in organisations commissioned by local authorities, or by the local authority, to deliver public health services.

1.4 There are grant conditions indicating where the funding may be spent and this includes the specific requirement for local authorities to have regard to the need to reduce inequalities.

1.5 Please note that the Committee was provided with information about the additional Agenda 4 Change cost pressures in August 2020. However following clarification from Public Health England and provider revisions to the pressures, new costs are provided in this paper.

2. Main Issues

2.1 The Cambridgeshire County Council ring-fenced Public Health grant for 2020/21 is £27,248,493, an increase from £25,560,000 in 2019/20. This £1,688,493 or 6.6% increase as indicated above, is intended to include funding for meeting the Agenda for Change cost pressures. After the Agenda for Change costs have been met the increase in funding for investment in Public Health is 4.4% that is £1,120,144.

2.2 It is proposed that the following cost pressures for the Public Health commissioned services created by the 'Agenda for Change' salary increases are met through the increased Public Health grant allocation. These increases will be re-occurring.

Agenda for Change Salary Increase cost pressures for Public Health commissioned services 2020/21 – annual cost		
Cambridgeshire Community Services	Healthy Child Programme	£447,362
Cambridgeshire Community Services	Integrated Sexual and Reproductive Health Services (iCaSH)	£94,660
Cambridgeshire and Peterborough Community Foundation Trust	Falls Prevention Programme	£6,661

Cambridgeshire and Peterborough Community Foundation Trust	Children and Young People's Substance Misuse Service	£4,666
Change Grow Live	Adult Drug and Alcohol Treatment Services	£15,000
TOTAL		£568, 349

2.3 The Committee at its October 2020 approved the use of the Public Health grant funding increase, not required to meet the Agenda4Change pressures, to support interventions to address obesity. The COVID-19 pandemic has focused attention on obesity as it is strongly associated with poorer COVID-19 outcomes. At both local and national levels there is a focus upon addressing the issue.

3. Alignment with corporate priorities

3.1 A good quality of life for everyone

The following bullet points set out details of implications identified by officers:

- The Services funded by the Public Health Grant aim to improve the quality of life for everyone

3.2 Thriving places for people to live

The following bullet points set out details of implications identified by officers:

- The Services funded by the Public Health Grant aim to support people to be healthy and enable them to contribute to supporting their local communities.

3.3 The best start for Cambridgeshire's children

The following bullet points set out details of implications identified by officers:

- The Public Health Grant funds the Healthy Child Programme which specifically aims to ensure that the children of Cambridgeshire access services that will enable them to develop and secure the best possible health and wellbeing outcomes.

3.4 Net zero carbon emissions for Cambridgeshire by 2050

The following bullet points set out details of implications identified by officers:

- Fundamental to any efforts to address obesity is focus upon increasing physical activity by supporting people to use active travel rather than vehicles.

4. Significant Implications

4.1 Resource Implications

The report above sets out details of significant implications in 2.2

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The following bullet point sets out details of significant implications identified by officers:

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary presented to the Health Committee before proceeding.

4.3 Statutory, Legal and Risk Implications

The following bullet points set out details of significant implications identified by officers:

- This grant (in pursuant of the Local government Act 2003) can be used for both revenue and capital purposes to provide local authorities in England with the funding required to discharge the public health functions,

- Any legal or risk implications will be considered with the appropriate officers from these Departments and where necessary presented to the Health Committee before proceeding.

4.4 Equality and Diversity Implications

The following bullet point sets out details of significant implications identified by officers:

- Any equality and diversity implications will be identified before any action is taken to address obesity.

4.5 Engagement and Communications Implications

The following bullet point sets out details of significant implications identified by officers:

- Any actions taken to address obesity will include consultation and engagement with communities affected.

4.6 Localism and Local Member Involvement

The following bullet point sets out details of significant implications identified by officers:

- Addressing obesity will involve working with individuals and communities to identify how they can work together to tackle the many barriers to reducing obesity and improving their health and wellbeing.

4.7 Public Health Implications

The following bullet point sets out details of significant implications identified by officers:

- Addressing obesity will involve working with individuals and communities to identify how they can work together to tackle the many barriers to reducing obesity and improving their health and wellbeing.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Stephen Howarth 28/9/20
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Gus De Silva 28/9/20
Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?	Yes Fiona McMillan
Have the equality and diversity implications been cleared by your Service Contact?	Yes Liz Robin
Have any engagement and communication implications been cleared by Communications?	Yes Matthew Hall 28/9/20
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Liz Robin
Have any Public Health implications been cleared by Public Health	Yes Liz Robin

5. Source documents

5.1 Source documents

Guidance: Public health grants to local authorities: 2020 to 2021
Department of Health and Social Care. March 2020

5.2 Location

https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2020-to-2021

Re-Commissioning of Counselling service for Children and Young People

To:	Health Committee
Meeting Date:	15th October 2020
From:	Director of Public Health
Electoral division(s):	All
Forward Plan ref:	For key decisions Democratic Services can provide this reference
Key decision:	Yes
Key decision number:	2020/057
Outcome:	To endorse a Section 76 Agreement with Cambridgeshire & Peterborough Clinical Commissioning Group (C&P CCG) which would transfer £280,000 of Cambridgeshire County Council (CCC) Public Health funds per annum to contribute to the re-commissioning of children and young people's mental health counselling service led by C&P CCG.
Recommendation:	The Committee is asked to endorse a Section 76 Agreement with C&P CCG to lead on the re-commissioning of a new children and young people's mental health counselling service.

Officer contact:
Name: Raj Lakshman/ Holly Hodge
Post: Public Health Consultant/ Public Health Manager – Children's Mental Health
Email: Raj.lakshman@cambridgeshire.gov.uk/ holly.hodge@cambridgeshire.gov.uk
Tel: 07905989337/ 07787 346069

Member contacts:
Names: Councillors Hudson
Post: Chair
Email: Peter.Hudson@cambridgeshire.gov.uk

Tel: 01223 706398

1. Background

1.1 During 2016/17 counselling services for children and young people across Cambridgeshire and Peterborough (C&P) were jointly commissioned between C&P CCG, Peterborough City Council (PCC) and Cambridgeshire County Council (CCC). CHUMS were awarded the contract and commenced service delivery in January 2018. PCC is the lead authority managing the contract on behalf of the three organisations, although it is jointly monitored.

1.2 The service model was based on the Thrive Framework, a framework being adopted across Child and Adolescent Mental Health Services (CAMH) locally. The service sits in the 'Getting Help' quadrant, supporting those experiencing mild to moderate mental health issues. Those children and young people (CYP) that sit within the 'Getting Help' needs- based group require specific targeted outcomes-focused interventions.

1.3 The contract for the CHUMS Mental Health & Emotional Wellbeing Service for Children and Young People service is due to expire on 30th June 2021 and therefore it needs to be re-commissioned in an appropriate way to ensure the best outcomes for CYP in Cambridgeshire.

2. Main Issues

2.1 CHUMS on day 1, experienced high referral rates and took 18 months to set up the core part of the contract. In addition the service has not always been quick to respond to changes in the delivery model when data and evidence showed it wasn't working. The challenges led to monthly performance reviews and more broadly a lack of confidence from other mental health providers in the ability to deliver and willingness to work in partnership.

2.2 The problems experienced by CHUMS, and more general ongoing feedback from service users and professionals, has highlighted the key challenges with the local mental health system. Children and young people are rebounding around services, and silo working is causing confusion for families and professionals left trying to navigate the plethora of unconnected services.

2.3 The 2019 CYP's mental health needs assessment produced by Public Health highlighted further the growing needs and gaps in provision. Covid-19 has enhanced and accelerated collaborations between providers in the CYP mental health system to stop duplication and to start to coordinate their efforts. Initially through joint working on a telephone support line (Fullscope Plus) but also working with Cambridgeshire and Peterborough Foundation Trust on managing high risk cases. This has shown commissioners that a local partnership and collaboration model is a realistic option to better meet CYP's mental health needs in the future.

2.4 To address some of the existing challenges the new service needs to provide:

- A 'single front door' entry to the CAMHS system so that any CYP referred into the service gets the support they need from the most appropriate service, which may not necessarily be a single commissioned service.

- A seamless pathway across the spectrum of need. The system is simplified for service users and referrers so they do not need to navigate a complex system.
- System clinical oversight and quality assurance and evidence base for the services operating within it.

To achieve this it is essential that the service is quickly integrated within the local mental health system, working collaboratively and in partnership with existing services. No single service can provide a solution to the challenges that exist.

2.5 The planned changes intend to greatly improve the experience of CYP and families seeking mental health support in Cambridgeshire. The re-commissioned service will differ from the existing service in a number of ways and presents opportunities for better use of resource to offset any negative impacts. These include:

2.6 Increased use of online services following on from learnings from service delivery during the Covid-19 pandemic. Prior to Covid-19 there was no online delivery within this service, yet this suits some young people more than face to face delivery. This method of delivery reduces travel costs for staff and the time spent travelling.

2.7 Bringing what are currently 3 services together (online counselling, face to face counselling through CHUMS and Children's Wellbeing Practitioners) will potentially lead to reduced overhead costs.

2.8 A role of the new service will be as a single point of referral to broader children and young people's mental health services. This aims to reduce the 'bouncing' between services that CYP currently experience. Currently referrals for the same child may also be received by multiple services. Having a single route to services (or 'no wrong door' approach) will increase efficiency and make better use of resources across the whole system.

2.9 A number of services have expanded or emerged since the current service was commissioned. For example the Emotional Health and Wellbeing service commissioned by the CCG that works with education professionals offering advice and support in relation to pupil mental health. Since the current complex system with a plethora of providers will be simplified (single front door), therefore some of the original functions of this service will be reviewed. With a possible reduced advice function for this service there can be a greater emphasis on delivering evidence-based 'Getting Help' interventions to more children and young people.

2.10 C&P CCG commission the majority of CAMH Services in Cambridgeshire & Peterborough spanning the breadth of the mental health needs. This includes Cambridgeshire and Peterborough Health Foundation Trust (CPFT) who provide a range of therapeutic interventions for children and young people with moderate to severe mental health needs, as well as the Emotional Health and Wellbeing Service that provides advice and support to professionals in schools, working with young people who have a mental health need.

2.11 C&P CCG therefore have a wealth of experience and knowledge to draw upon when commissioning a service like this and are best placed to lead the commissioning of a service that will complement and integrate within the wider CYP's mental health service landscape. Although C&P CCG would be leading on the procurement, there will continue to be input from

Local Authority Officers in the commissioning process (including developing the service specification) and ongoing monitoring of the new contract.

2.12 PCC are the lead commissioner currently and the shift to the CCG leading the process means that an external agency is appointed to lead the procurement. The main implication for the change in lead commissioner though is that the service will be better aligned to the NHS Long Term plan, metrics and the NHS data monitoring.

2.13 This service is overseen by the Joint Child Health Commissioning Board (JCHCB) which has agreed the CCG as the lead Commissioner. Regular, fortnightly or monthly meetings, will be held with the provider throughout the mobilisation period moving to specific contract monitoring meetings and data reports with exception reporting on issues and risks that arise. This also includes Open Book Accounting examining costs and expenditure. These would be more regular at the start of the contract and move to monthly or quarterly when commissioners are satisfied this is appropriate. Public Health and the Children's Joint Commissioning Unit would continue to be an active part in this process together with the CCG. Reports will be taken back to the JCHCB who will maintain oversight of the service.

2.14 The service would also report data directly to the mental health services data set via national reporting routes. There will also be a strong emphasis on measuring outcomes relating to the experiences of children, young people and families, rather than focusing on outputs.

2.15 Authority is sought to put in place a Section 76 Agreement between CCC and C&P CCG to conduct the procurement on behalf of CCC.

2.16 The current contract is £736,000 per annum comprising of the following:

- Peterborough City Council £220,000 pa
- Cambridgeshire County Council £276,000 pa
- Cambridgeshire & Peterborough CCG £240,000 pa

The Cambridgeshire County Council contribution to the new procurement is unchanged.

CCC's contribution going forward would be up to £280,000pa and it would be a 3 years + optional 2 years contract.

3. Additional changes to the service being considered

3.1 In addition to the changes detailed above, the age range that the service supports is being reviewed. Currently the service supports young people from 4-25 years in Cambridgeshire and 4-18 years in Peterborough. Information is being gathered to establish whether the age range in Cambridgeshire should be aligned to that of Peterborough. In 2019-20 CHUMS provided interventions for 31 young people who were 18-25 years old. Further work is underway to understand whether these young adults could be accommodated within another existing service, and whether more broadly there are services with capacity that can cater for this age group.

3.2 Aligning the age range of the service would alleviate confusion about who can access the service, in addition the 18-25 year old age group has quite different needs from a service

and previous attempts to utilise resource to engage this age group, through for example using Costa Coffee venues, have not been successful. The CPFT Psychological Wellbeing Service also offers mental health support for individuals aged 17 years and over via a self-referral route.

3.3 It is estimated that half of all mental health problems are established by the age of 14 (Kessler et al. 2005). It would be the intention that the new service is collaborative and designed to learn and respond to complex issues arising in early adolescent years. The intention would be to reduce problems experienced in later adolescence and would hope to be more effective than a broad service covering a larger age range. Furthermore reducing the age bracket would allow more resources to be focused on the under 18s which would allow for a more targeted service.

3.4 Further insight on this issue will be sought through the soft market testing process where it will be raised with other professionals and organisations who work within the mental health field.

3.5 A lead provider model is being pursued whereby a lead provider is commissioned to ensure clinical oversight, quality assurance and development of a system-wide front door which enables seamless pathways between services across the spectrum of mental health need. The lead provider works with existing local system providers, voluntary sector, communities, CYP and families to have shared goals and priorities to meet the needs in a dynamic sustainable way. This is opposed to a 'Lots' based model which would risk creating a more disconnected landscape.

3.6 Through the commissioning process a model that fosters collaborative working across organisations is being sought. Although there will be one lead provider, there will be a requirement to work closely with other organisations including commissioning the voluntary sector to deliver part of the contract.

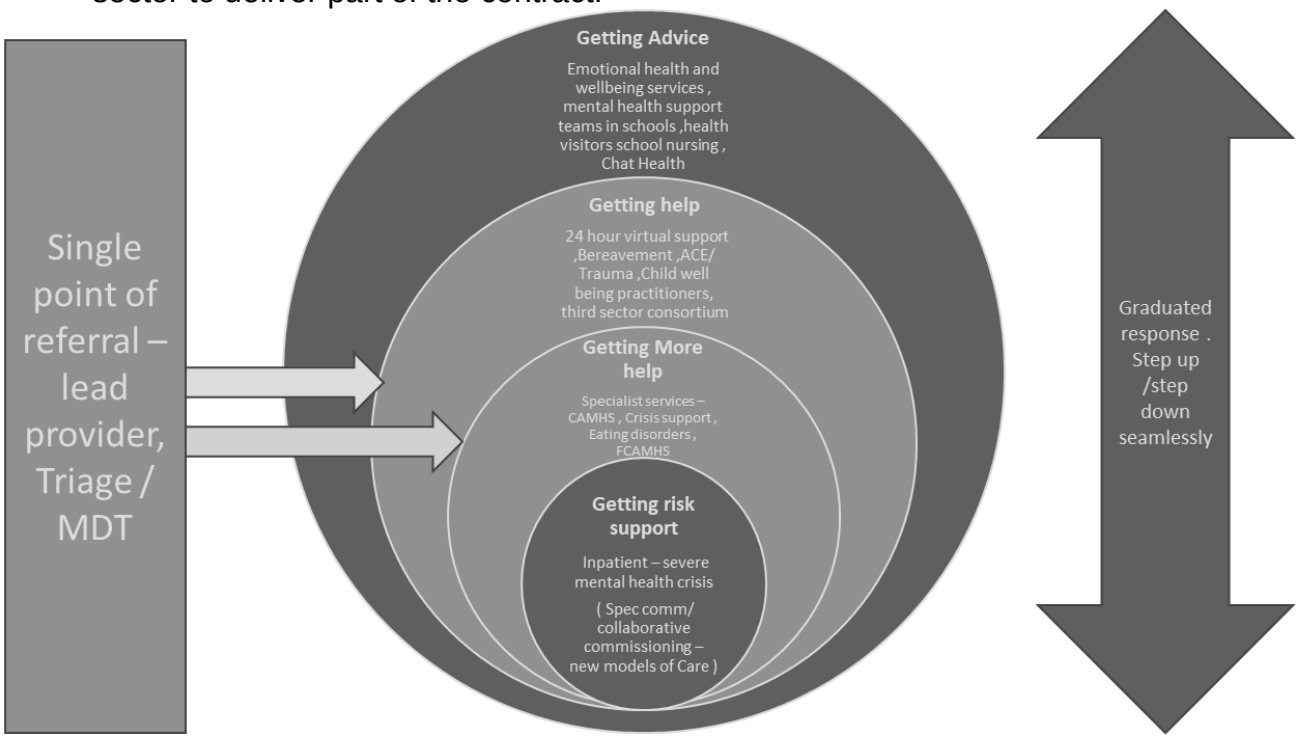


Figure 1 Adapted Thrive Model.

4. Alignment with corporate priorities

4.1 A good quality of life for everyone

The report above sets out the implications for this priority in Sections 1 and 2.

4.2 Thriving places for people to live
There are no significant implications for this priority.

4.3 The best start for Cambridgeshire's children
The report above sets out the implications for this priority in Sections 1 and 2.

4.4 Net zero carbon emissions for Cambridgeshire by 2050
There are no significant implications for this priority.

5. Significant Implications

5.1 Resource Implications

As detailed in section 2 the CCC investment would remain at £280k per annum and this would be transferred to C&P CCG budget to contribute to the newly commissioned service. Details regarding amounts, timeframes and 'claw back' will be covered in the Delegation Agreement to ensure Cambridgeshire's position is protected and its financial investment is solely used for Cambridgeshire residents.

5.2 Procurement/Contractual/Council Contract Procedure Rules Implications

A section 76 agreement permits payments to be made by a local authority to a CCG for expenditure incurred or to be incurred in connection with the performance of prescribed functions. Therefore, under this power a local authority is making a grant payment.

5.3 Statutory, Legal and Risk Implications
Legal support will be sought in the drawing up of the Section 76 agreement.

5.4 Equality and Diversity Implications
There are no significant implications within this category.

5.5 Engagement and Communications Implications
There are no significant implications within this category.

5.6 Localism and Local Member Involvement
There are no significant implications within this category.

5.7 Public Health Implications
The report above sets out details of significant implications in section 2.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Gus De Silva
Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?	Yes Fiona McMillan
Have the equality and diversity implications been cleared by your Service Contact?	Yes liz Robin
Have any engagement and communication implications been cleared by Communications?	Yes Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact? `	Yes Liz Robin
Have any Public Health implications been cleared by Public Health	Yes Liz Robin

6. Source documents

6.1 Source documents

- Mental Health and Wellbeing: Pre-birth to Age 25 years Needs Assessment (November 2019) https://cambridgeshireinsight.org.uk/wp-content/uploads/2020/06/CYPMHNA-15.6.20.pdf
- Thrive Elaborated Second Edition (2016) Wolpert et al. http://implementingthrive.org/wp-content/uploads/2016/09/THRIVE-elaborated-2nd-edition.pdf

6.2 Location

- Mental Health and Wellbeing: Pre-birth to Age 25 years Needs Assessment (November 2019) https://cambridgeshireinsight.org.uk/wp-content/uploads/2020/06/CYPMHNA-15.6.20.pdf
- Thrive Elaborated Second Edition (2016) Wolpert et al. http://implementingthrive.org/wp-content/uploads/2016/09/THRIVE-elaborated-2nd-edition.pdf

Supporting Children, Young People and Families during Covid-19

To:	Health Committee
Meeting Date:	15th October 2020
From:	Director of Public Health
Electoral division(s):	All
Forward Plan ref:	Not applicable
Key decision:	No
Outcome:	This report provides an update on: - identified risks relating to children, young people and families during this period - actions taken to support families and mitigate identified risks - the continued development of the Best Start in Life programme
Recommendation:	The Committee is asked to note and comment on the progress made to date in responding to the impact of the ongoing Coronavirus pandemic on children, young people and families, and the continued development of Best Start in Life

Officer contact:
Name: Raj Lakshman/ Helen Freeman
Post: Public Health Consultant/ Commissioning Team Manager
Email: raj.lakshman@cambridgeshire.gov.uk/ helen.freeman@cambridgeshire.gov.uk
Tel: 07905989337/ 07775 406283

Member contacts:
Names: Councillors Peter Hudson and Anne Hay
Post: Chair/Vice-Chair
Email: Peter.hudson@cambridgeshire.gov.uk/ Anne.hay@cambridgeshire.gov.uk
Tel: 01223 706398

1. Background

1.1 The pandemic has meant that the services provided to pregnant women and families with young children have had to change as a result of government guidance. As we continue to plan for service provision during this time and into the recovery phase, it is necessary to understand the impact this period has had upon various groups across the county.

2. Risks identified and mitigating actions

2.2 This period will have had differing impacts on families across the area. The groups identified may be existing vulnerable families who may have been additionally impacted by covid-19, including those experiencing domestic abuse or children on safeguarding pathways. Alternatively the risks and groups with vulnerabilities might include new cohorts who have become vulnerable due to the pandemic.

2.3 The table below describes the vulnerable groups and risks that have been identified, alongside actions taken to mitigate these risks and offer support needed in the most effective way.

Area of Concern	Actions Taken
Vulnerable children in families already known to services where the pressures of Covid increases pre-existing problems. This includes child protection, parental mental health problems, substance misuse and domestic violence.	• Families already receiving enhanced support from health visitors, Family Nurse Partnership (FNP) or school nurses have continued to receive telephone or online support throughout. Where a clinical need is identified face to face visits have been offered with appropriate safety measures in place. • New weekly vulnerable children meetings have been established with partners including social care, healthy child programme and early help.
Babies born during (or just prior) to Lockdown The usual social and family support networks may not have been available, concern about identifying and meeting health and emotional needs of babies and new parents.	• Regular meetings are now in place between the healthy child programme and maternity representatives from North West Anglia NHS Foundation Trust – Hinchingbrooke Hospital, Peterborough and Stamford Hospitals (NWAFT), Cambridge University Hospital (CUH) and the Queen Elizabeth hospitals. This allows for swift identification of emerging needs so that support offered can be modified. • Breastfeeding support from both the healthy child programme and the National Childbirth Trust (NCT) peer support programme have continued with telephone and video support being used (via Attend Anyway or Zoom). In cases where a face to face appointment is clinically identified these have been provided from the infant feeding team.

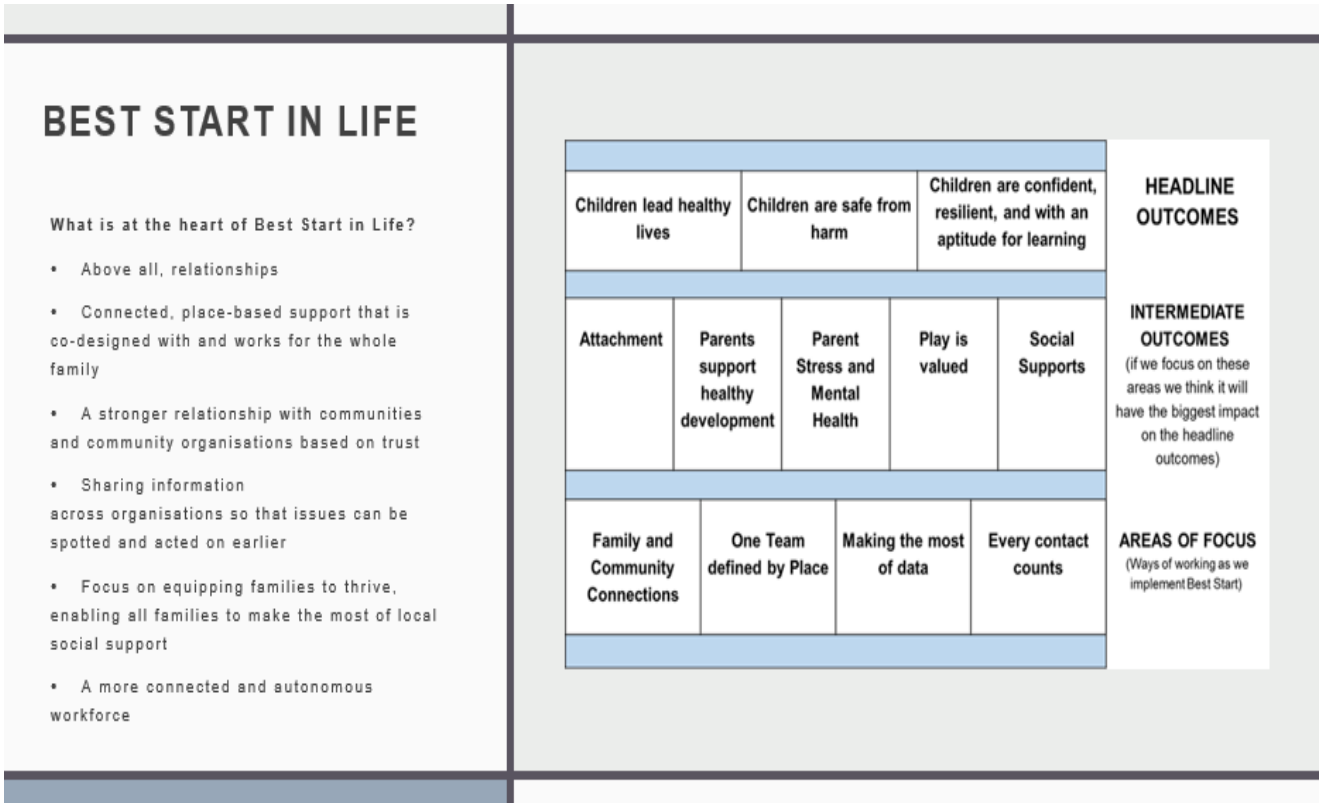
	• Access to baby weighing is available via appointment only across the county. Self-weighing stations will become available as well as Child and Family centres re-open (again on an appointment only basis). • Maternity colleagues across the county ensured increased messaging went out to support parents with crying babies and infant feeding support.
Support for young people who are not in school In particular concerns around emotional wellbeing and mental health.	• Large scale promotional activity of the Chathealth service has taken place which was co-produced with local young people. This has had a significant impact on the number of young people accessing support through this service. • Practitioners from the Emotional health and wellbeing team (that usually work in schools) have been supporting school nurses to staff the Chathealth duty desk. • Establishment of a Multi-agency Wellbeing & Resilience group (predominantly looking at older children and young people (CYP)) • For Children moving from early years education into primary schools a 'Supporting positive transitions' document (top tips) has been developed
Support for families with low income Including ensuring access to services for those affected by internet poverty.	• Staff from across the system have worked alongside district based community hubs to ensure that families in financial hardship are linked into appropriate local support. • Families are offered a number of ways to access provision so that those with limited internet access can still receive support.
Families with new needs who have not accessed support services before Including families who have experienced new or additional stressors, such as those experiencing isolation, bereavement and/or trauma and those whose financial position has been affected	• This is a difficult group to identify and so we have relied on clear messaging on the entry points into our services being shared widely across various social media and via the wider partnership. • Child and Family Centres across Cambridgeshire report that a large number of parents calling their support line established during Covid were families previously unknown to them. • Promotion of the Healthy Child programme Call us/ Text us service has seen text contacts more than double and phone contacts increase 5-fold.
Ensuring infants and children are still accessing routine	• All maternal, infant and child vaccinations have remained available throughout this period with no

vaccinations This will include supporting the Flu vaccination programme this autumn/winter	disruption to availability of vaccines. • Additional promotion of the importance of vaccinations has been developed and used in communications from partners across the system, including via schools and early years providers. • A dedicated Children's and Maternity flu vaccination group has been established that meets weekly with membership including acute trusts, primary care, public health, CCG and the school immunisation team.

2.4 The needs of the groups identified above will continue to be monitored with further service developments put in place if gaps are identified.

3. Best Start in Life programme update

3.1 A reminder of the key aspects of the Best Start in Life programme is outlined in the infographic below:



3.2 Work has now restarted on the full Best Start in life programme. The core team is meeting each fortnight to oversee the workstreams outlined below, and includes colleagues from across the partnership.

3.3 We are working to join up the Best Start programme with parallel work that has been looking at the early help offer for children aged 5-19 (or upto 25 yrs for those with SEND) and support for vulnerable adolescents. Best Start has brought in consultancy support from ISOS who have already been developing the 5-19 strategy, with the ambition to create a single pre-birth to 19 offer for families. The 5-19 service development that is underway within the Healthy Child programme will link into this wider system approach.

3.4 The Best Start programme workstreams can be split into 2 groups:

- Place based pilot areas
- Overarching themes

3.5 The place based workstreams have been established in Cambridge City, Wisbech, and the area of Peterborough around Honeyhill Children's Centre. We are also working with the Primary care network (PCN) in the Thistlemoor area of Peterborough on an additional place based pilot led by primary care colleagues.

Initial meetings have taken place in all four pilot areas bringing together representatives from across the local partners including early years, health visiting, maternity, children's centres and more.

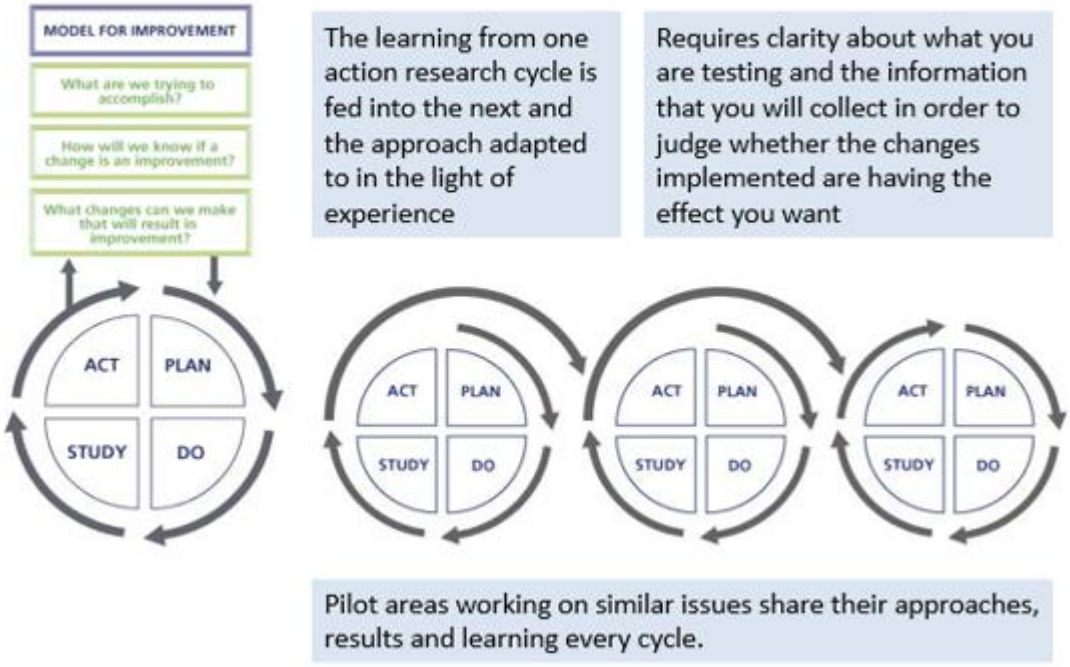
Themes and issues identified in these local conversations are now being looked at alongside hypotheses developed by the steering group to identify the areas to test in the local pilots.

3.6 There are an additional 8 workstreams looking at overarching themes. These are described in the table below:

Digital Platform	Building a digital platform to provide a single point for families to access online information and where to find support.
Communications and Branding	Creating a communications strategy alongside a visual brand for the Best Start in Life programme. This will prioritise the development of 'Best Start on a Page'
Memorandum of Understanding (MoU) and Best Start Pledge	Finalising the MoU and developing a Best Start pledge for use across wider system partners
Data Sharing and Pathway improvements	Looking at how data sharing can support integration linked to the place based pilots. Taking system-wide approaches to improving pathways from universal to acute needs.
Outcomes and Evaluation	Ensuring that our learning framework is embedded and we build in effective evaluation into all of our prototypes and pilots
Building Best Start Culture and Workforce development	Agreeing measures to create the Best Start culture within the workforce, agreeing common approaches and messages, and supporting staff training and development.

Leadership and Governance	Moving the programme forward, ensuring that there are the resources and sign offs required.
Estates and Infrastructure	This workstream will be informed by new ways of working emerging from the prototypes and pilots.

3.7 As we progress with piloting aspects of the model, we will be using the below learning cycle to make sure that we collecting the right information in from the pilots to confirm that we are having the effect required to improve the outcomes that are identified.



This can be seen visually in the 4 questions below which will form the basis of the project plans for each activity. It is essential that the evaluation methodology for each pilot is decided on in advance of the pilot starting.

3.8 As the programme moves forward we have identified the following opportunities and challenges that we need to build into our next steps planning:

OPPORTUNITIES:

- Building on the partnership work developed during Covid to ensure that the recovery phase is planned with Best Start Priorities at the heart of the recovery plans
- Maternity services are re-starting the roll out of Continuity of Carer, a crucial foundation for the Best Start in Life place based work
- System wide developments including Think Communities and the Cambridge Children's Hospital.
- STP Recovery work stream focussing on Children and Maternity.

CHALLENGES:

- Timescales for work are likely to be impacted by how the pandemic evolves. The roadmap will need to be flexible enough to manage this without losing momentum.
- This programme is looking at large scale, system wide change. We need to make sure that sufficient resource is allocated from across the partnership to develop the workstreams.

4. Alignment with corporate priorities

4.1 A good quality of life for everyone

The report above sets out the implications for this priority in paragraphs 2 and 3

4.2 Thriving places for people to live

There are no significant implications for this priority.

4.3 The best start for Cambridgeshire's children

The report above sets out the implications for this priority in paragraphs 2 and 3

4.4 Net zero carbon emissions for Cambridgeshire by 2050

There are no significant implications for this priority.

5. Source documents

5.1 Best Start in Life Strategy:
https://cambridgeshireinsight.org.uk/wp-content/uploads/2020/01/BSiL-Strategy-FINAL-26_7_19.pdf

Agenda Item No: 9

HOMELESSNESS – SAFEGUARDING THE BENEFITS OF ADDITIONAL SERVICES

To: Health Committee

Meeting Date: October 15 2020

From: Director of Public Health

Electoral division(s): all

Forward Plan ref: Not applicable

Key decision: No

Outcome: This paper is in response to a request from the Health Committee for information about the impacts of the COVID-19 pandemic upon the homeless population and how any benefits secured during the period will be maintained.

Recommendation: The Committee is asked to note and consider the information provided in the report.

Officer contact:
Name: Val Thomas
Post: Deputy Director of Public Health
Email: val.thomas@cambridgehsire.gov.uk
Tel: 07884 183374

Member contacts:
Names: Cllr. Peter Hudson
Post: Chair
Email: Peter.hudson@cambridgeshire.gov.uk
Tel: 01223 706398

1. Background

1.1 The legal definition of homelessness is that a household has no home in the UK or anywhere else in the world available and reasonable to occupy. The following housing circumstances are examples of homelessness:

- rooflessness (without a shelter of any kind, sleeping rough)
- houselessness (with a place to sleep but temporary, in institutions or a shelter)
- living in insecure housing (threatened with severe exclusion due to insecure tenancies, eviction, domestic violence, or staying with family and friends known as 'sofa surfing')
- living in inadequate housing (in caravans on illegal campsites, in unfit housing, in extreme overcrowding)

1.2 The health and wellbeing of people who experience homelessness or poor accommodation is poorer than those of the general population. They often experience the most significant health inequalities. Poor health can be both a cause and consequence of homelessness, although it is not always identified as the trigger of homelessness. For example, ill health may contribute to job loss or relationship breakdown, which in turn can result in homelessness. The longer a person experiences homelessness, particularly from young adulthood, the more likely their health and wellbeing will be at risk. Poor access to all services including health services is also associated with homelessness and contributes to these poorer outcomes.
Co-morbidity (2 or more diseases or disorders occurring in the same person) among the longer-term homeless population is not uncommon. Recent figures show that the mean age of death of homeless people is 32 years lower than the general population at 44 years, and even lower for homeless women, at just 42 years.

1.3 In 2017 the Health Foundation estimated that for every £1 invested in housing support for vulnerable people delivers nearly £2 benefit through cost avoided to public services including care, health and crime costs.

1.4 The causes of homelessness are typically described as either structural or individual and can be interrelated and reinforced by one another. Causes and their relationship vary across the life course.

- Structural factors include: poverty, inequality, housing supply and affordability, unemployment or insecure employment, access to social security
- Individual factors include: poor physical health, mental health problems, including the consequences of adverse childhood experiences, experience of violence, abuse, neglect, harassment or hate crime, drug and alcohol problems (including when co-occurring with mental health problems), bereavement, relationship breakdown, experience of care or prison, refugees.

In 2017 Public Health England identified insecure tenancies and the challenges that these present as the main cause of homelessness.

1.5 Every local authority with housing responsibilities makes a three monthly return to the Ministry of Housing, Communities and Local Government (MHCLG) on homelessness, the causes and actions taken to prevent or relieve homelessness. These Homeless Case Level Information Collection (H-CLIC) reports contain a wealth of information pertinent to understanding the homelessness issues and includes consideration of the following areas

- the reasons people become homeless
- a person's housing history and journey
- what support needs homeless households have
- how homeless households link with other public services and / or the benefits system

1.6 The last complete dataset based on the HCLIC returns was published by MHCLG for 2018/19 and provides the context prior to the COVID-19 pandemic. In 2018 3,283 homelessness assessments were undertaken across Cambridgeshire. The main reasons for homelessness were tenancy and social issues.

2. Main Issues

2.1 The COVID-19 pandemic has brought new and exacerbated many of the existing challenges for the homeless or those in poor accommodation; as they have a higher risk of transmission and if they acquire the infection this is associated with poorer outcomes.

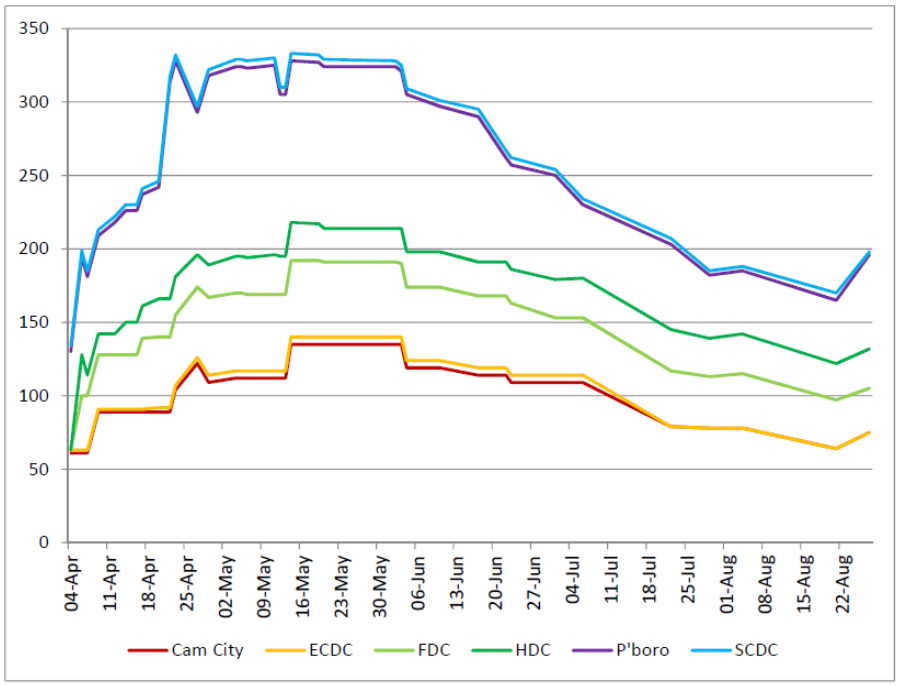
2.2 At the start of the pandemic the Government introduced a number of emergency measures aimed to reduce the risks to the homelessness population. There was a system wide response to the homelessness situation through the county-wide COVID-19 response structures. The Cambridgeshire Sub-Regional Housing Board, which effectively was the Housing Cell, was where lead partners oversaw the responses. Public Health was identified as having a lead role in ensuring that the homeless were protected from the pandemic. The Socially Vulnerable Groups Cell (initially known as Socially Excluded) was set up and led by Public Health, reporting to the Community Reference Group, which in turn reports to Local Resilience Forum. It includes leads for a number of vulnerable groups including the homeless. This Cell is now one of the five complex settings Cells found in the Cambridgeshire and Peterborough Local Outbreak Control Plan. It addresses the prevention of COVID-19 infection amongst socially vulnerable groups which includes their other wider health needs and provides reports to the Vulnerable People's Recovery Sub-Group. The Cell is still led by Public Health, it regularly provides updates to the Sub-Regional Housing Board or Housing Cell and highlights any particular issues to secure partner support for resolving them.

2.3 As part of the emergency measures the Government required every housing authority to arrange emergency accommodation for all homeless people, especially those on the street, to be provided safe accommodation (preferably self-contained and with facilities to isolate wherever possible) with suitable support including advice on COVID-19, access to health services including prescriptions, meals and security. Emergency COVID-19 accommodation was secured by districts in partnership with hotels, hostels and other private accommodation providers, with risk assessment for each unit.

The peak number of homeless people in COVID-19 accommodation was 333 at 14 May 2020. The latest recorded total is 198, at the 27th August 2020. Some individuals will have moved out of the emergency accommodation and have been found alternative places to live. Others will have newly moved in.

Figure 1 shows the change in numbers, by district, over time.

Figure 1: Peak number in COVID-19 accommodation



2.4 All districts were charged with identifying needs and creating a personal housing plan for each resident in the emergency accommodation, and where possible other homelessness accommodation, to secure a move-on plan which would be well managed and where needed, include any support or other services necessary to help the person settle into a longer term housing solution. The Socially Vulnerable Group Cell worked closely with housing colleagues to facilitate additional support for those housed in the emergency accommodation from other organisations. It is continuing to work with them to ensure that the learning and improvements in services for the homeless are maintained and further developed as the pandemic progresses and through to recovery.

2.5 Housing services acted quickly to mitigate the impact of the pandemic and introduced new measures.

- Additional accommodation and support was secured.
- Homes were let in a slightly different way during the pandemic to focus efforts on getting people moved from temporary accommodation and into longer term housing wherever possible, freeing up vacancies to be used to tackle the COVID-19 crisis
- Responded to changes affecting their operations such as learning from some experiences of rent arrears levels during the pandemic.

2.6 The county-wide Trailblazer team created a new protocol for people with substance misuse, mental health and housing issues in order to create a longer-term guide for staff on these issues, which are particularly challenging where they occur together. (Cambridgeshire and Peterborough is one of the MHCLG's Homelessness Prevention Trailblazers across England. These are focusing on early prevention and work with a wide group of people not just those who have homelessness duty.)

2.7 Public Health worked with housing and environmental health colleagues from the districts to produce a COVID-19 risk assessment and information for the emergency accommodation and other Houses of Multiple Occupation (HMOs). People who live in houses in multiple occupation, and other shared accommodation, may experience significantly higher risks than those living in self-contained accommodation.

2.8 Partners from across health and social care worked to increase and improve access to services. Pathways to these services were improved as the situation highlighted access issues for the homeless. Reports from vulnerable individuals housed during this period have been positive with reported improvement in treatment outcomes and their overall health and wellbeing.

2.9 Public Health commissioners of Drug and Alcohol services worked to make service user pathways clearer especially into mental health services and promoting registration with a GP. The Drug and Alcohol Treatment Services screen and treat clients for Hepatitis C. However during the early days of lockdown it became harder for the nurses to reach clients as it was difficult to provide face to face outreach clinics. Commissioners worked with the Service to introduce testing into the COVID-19 hotels in Cambridge and Peterborough, then rolled out it to Wisbech and a number of other settings. A total of 80 homeless people have now been tested, a number have an active virus and are now being treated. Testing for Hepatitis C at homeless hostels is now undertaken routinely.

2.10 During the early part of lockdown in the crisis period there were some significant gaps identified in access to mental health services for rough sleepers. The Cambridgeshire and Peterborough Foundation Trusts (CPFT) and the Clinical Commissioning Group (CCG) agreed that extra resources would be available and the CCG provided funding for training to the District Council Homelessness Teams to help them better manage the identified homeless clients who are experiencing mental health issues.

2.11 There have been substantial contributions from voluntary and community organisations which have enabled services to be provided throughout the pandemic. This includes the provision of meals and other essential supplies to people in emergency COVID-19 accommodation and projects supporting people to access technology. For example Wintercomfort's project to re-use mobile "tec" to give people the opportunity to access new on-line services and support. It is planned to extend this initiative through the new Cambridgeshire Digital Partnership to tackle digital exclusion.

2.12 As part of sustaining improvements in services for the homeless the Government launched it "Next Steps" Fund in August and bids have been submitted for both capital and revenue funding from the district authorities. The Next Steps fund is to provide an immediate response to the crisis but also to create a national asset of more lasting value, to try to prevent homelessness growing more when the recovery phase starts to kick in. This might be through creating more homes or providing long term support programmes to tackle the

needs which have become apparent through provision of the COVID-19 emergency accommodation. The following summarises what has been included in the bids.

Table 1: "Next Steps" Fund Bids and initial allocations

Area	Accommodation included in the bids	Allocated Short term revenue funding
Cambridge City	• Market purchase of 10 x 1 beds • Provision of 10 x modular homes (in addition to 17 already in progress), Securing an additional 40 private rented homes through the work of Town Hall Lettings for 12 months • Plus 4 support workers and some back-office support hours.	£963,483.00
Combined bid: East Cambridgeshire, Huntingdonshire, South Cambridgeshire	• A combined bid from the existing Rough Sleepers Initiative partnership covering three districts. • 15 new private rented sector tenancies secured through a landlord incentive scheme, whereby the bid supported the cost of the "risk" under a rent guarantor model. Plus, support for 4 units of accommodation • 250 nights of temporary accommodation under a spot purchase arrangement, to cover winter needs in case there is no separate winter funding (as the guidance was not clear on this point).	£23,500.00
Fenland	• 22 units private rented accommodation with support • 14 units for people with no recourse / suspension of temporary derogation • Purchase and repair of 10 x 1 bed flats with revenue funding so Ferry Project can provide support the tenants • 5 homes to be leased for 5 years providing 30 bed spaces with carpets and curtains in COVID-19-secure Houses in Multiple Occupation	£198,000.00
Peterborough	• 60 x 1 bed flats to purchase and repair by the end of March 2020 • Procure 2 properties to create 2 x COVID-19 secure 5 bed HMOs with self-contained facilities • Revenue funding bid to support the 2 new HMOs plus 4 x floating support officers to support the 60 1 bed flats.	£426,791.00

The short term revenue allocation indicated in Table 4 was announced on the 17 September 2020. The capital funding has not yet been announced. This funding allocation is part of a broader funding package which will provide 6,000 homes for rough sleepers.

2.13 The COVID-19 situation demonstrated the issues that rough sleepers face in addressing their substance misuse issues. This need has been recognised by central government and Public Health England, jointly with the MHCLG have identified 43 taskforce areas nationally which will be targeted for additional substance misuse funding for rough sleepers. Cambridge and Peterborough are two areas which have been identified within the 43 locations. Bids are currently being prepared in these areas, led by Public Health along with

other partners. The following gaps in services were identified for Cambridge City and are addressed in the bid.

- Lack of sufficient outreach capacity to do targeted interventions
- Improved access to detox for rough sleepers
- A more structured and co-ordinated approach to peer support is required
- Insufficient doctor time in substance misuse services and primary care
- Insufficient floating support capacity for rough sleepers who move into accommodation
- Insufficient peer support work with rough sleepers
- Insufficient Dual Diagnosis street outreach

The final bids will be submitted my Monday the 5th of October, with the outcome in November.

2.14 Despite these new opportunities the homelessness and housing landscape continues to face the following ongoing issues.

- Inadequate supply of housing at prices people can afford
- General housing affordability which varies widely by district
- Levels of rent supported via benefits for private rented housing
- The need to support people more who are perhaps the most vulnerable in our society who, even given an affordable home at reasonable cost, will struggle to sustain that tenancy without serious investment of time and other resources

2.15 Access to health and social care service will require ongoing attention. In particular Tuberculosis (TB) amongst the homeless has been identified as an issue for parts of Cambridgeshire. There is demand for a system of testing and treatment for the homeless. Work had started to develop a service but during the pandemic it has been difficult to support access to TB testing by rough sleepers, for a variety of reasons including for example that a chest x-ray may be needed but these have been restricted access.

2.16 A review of homelessness services led by the County Council has been produced recently and is going through the county approval process. It includes several recommendations to improve homelessness services locally and build cross-issue partnerships. This will be published as soon as possible, and its recommendations will call for a new cross-cutting system wide approach.

2.17 These recommendations reflect the approach that the pandemic promoted and led to the development of services provided to homeless individuals. In summary the benefits can be categorised as follows.

- The expected high rate of infection amongst the homeless has not occurred to date. This is associated with the provision of emergency accommodation for rough sleepers and the support provided to existing accommodation for the homeless.
- It gave many of those housed in the emergency accommodation and hostels access to many services for the first time and these are continuing through new ways of working.
- The national and local initiatives focused attention upon the wide ranging needs of the homeless.

- Additional funding will be used to increase the housing options and the level of support provided to the homeless.

2.18 However there are ongoing issues which may lead to increased homelessness but are difficult to predict accurately

- Evictions had been stopped at the start of the pandemic but they will be re-starting.
- The economic downturn with job losses leading to the threat of eviction and homelessness.
- Access to services although improved is not equal across services and will require partners to continue to develop pathways in to and for the homeless.

3. Alignment with corporate priorities

3.1 A good quality of life for everyone

The following bullet points set out details of implications identified by officers:

- People who are homeless experience poorer health and wellbeing outcomes. This paper sets out the particular challenges for the homeless during the COVID-19 pandemic and describes the improvements that were secured, how these will be developed and maintained.

3.2 Thriving places for people to live

The following bullet points set out details of implications identified by officers.

- The paper describes the improvements in housing and other services for the homeless that have helped them to reduce their risk of infection and to take steps to improve their health and wellbeing.

3.3 The best start for Cambridgeshire's children

The following bullet points set out details of implications identified by officers:

- Homelessness impacts on the health and wellbeing of children and their families, it compromises their early development and can result in longer term inequalities.

3.4 Net zero carbon emissions for Cambridgeshire by 2050

- There are no significant implications for this priority.

4. Source documents

4.1 Source documents

Public Health England: Improving health through the home. August 2017

Health Foundation: How does housing influence health. 2017

Public Health England: Homelessness: applying All Our Health. June 2019

4.2 Location

https://www.gov.uk/government/publications/improving-health-through-the-home/improving-health-through-the-home

https://www.health.org.uk/infographic/how-does-housing-influence-our-health

https://www.gov.uk/government/publications/homelessness-applying-all-our-health/homelessness-applying-all-our-health

Agenda Item No: 11.

Quarterly Liaison Meetings Update Report

To:	Health Committee
Meeting Date:	15th October
From:	Head of Public Health Business Programmes
Electoral division(s):	All
Forward Plan ref:	Not applicable
Key decision:	No
Outcome:	For Committee members in their health scrutiny role to be informed of developments in each of the NHS provider trusts that held a liaison meeting with members.
Recommendation:	The Committee is asked to agree to the content of the report and consider if any items raised should be brought back to Health Committee for formal scrutiny.

Officer contact:
Name: Kate Parker
Post: Head of Public Health Business Programmes
Email: Kate.Parker@cambridgeshire.gov.uk
Tel: 01480 379561

Member contacts:
Names: Councillor Peter Hudson
Post: Chair
Email: Peter.Hudson@cambridgeshire.gov.uk
Tel: 01223 706398

1. Background

1.1 The purpose of this report is to inform the Committee of the health scrutiny activities that have been undertaken or planned since the committee last discussed this at the meeting held on 19th March 2020

1.2 This report updates the Committee on the liaison meetings with health providers. Due to the Covid-19 pandemic liaison meetings were cancelled for Quarter 4 (2019-2) and Quarter 1 (2020-21). This report covers Quarter 2 (2020-21) liaison meetings with:

- Cambridgeshire and Peterborough Foundation NHS Trust (CPFT)
- North West Anglia Foundation NHS Trust (NWAFT)
- Cambridgeshire University Hospital NHS Trust (CUH)

1.3 Liaison group meetings are precursors to formal scrutiny and/ or working groups. The purpose of a liaison group is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Health Committee to consider under its scrutiny function. It also provides the organisation with forward notice of areas that Health Committee members may want further information on or areas that may become part of a formal scrutiny

2. Main Issues

2.1 Liaison Meeting with Cambridgeshire and Peterborough Foundation Trust (CPFT)

A virtual meeting was held on 6th July with Dr Chess Denham (Medical Director) and Debbie Smith (Director of Operations and System Partnerships).

The liaison group members in attendance were Councillors Harford, van de Ven and District Councillor Harvey. The meeting included informal discussions on a range of topics:

- CPFT staff and patient testing programme
- Impact of Covid-19 on services
- CPFT response to Covid-19

There was an acknowledgement of the expected mental health consequences of the epidemic on bereavement in families and the psychological consequences and the potential impact on demand on services. The meeting explored how services had changed and adapted to new ways of working as a response to the pandemic and there was a recognition that the learning from these changes must not be lost. A more detailed account of the trusts response and recovery plans was taken to the 17th September Health committee meeting.

2.2 Liaison Meeting with North West Anglia Foundation Trust (NWAFT)

A virtual meeting was held on 13th July with Caroline Walker (CEO), Dr. Kanchan Rege (Chief Medical Officer) and Suzanne Hamilton (Deputy Medical Director).

The liaison group members in attendance were Councillors Hay, Harford and Sanderson and District Councillor Tavener. The meeting included informal discussions on the following topics

- Discharge Protocol during Covid-19 pandemic
- Maintenance of Staff Health & Wellbeing during Covid-19 pandemic
- Patient appointments
- Impact on Community Clinics
- Recovery plans and post Covid-19 Health care
- Site development plans

Key points of discussion were made around:

Patient appointments – Phase 2 ended in July with urgent surgery being completed and a focus on reducing larger weighting lists. Phase 3 will take the trust through to March 2021 with the ambition to return to normal levels. Move to more appointments on phone and video and ensuring social distancing measures are applied in clinical areas. The Trust were using private hospitals to treat some cancer patients.

Lessons learnt – Trust representatives noted a range of areas of learning from how to get better outcomes for Covid patients to preparing hospital facilities for winter to staff health and wellbeing through the provision of counselling services.

Community Clinics – at the time of this meeting (July) outpatient appointments had been stopped and the three community sites were temporarily suspended to allow staff to be redeployed to the hospital settings. Reinstating clinics would be part of Phase 3. The move to non-face to face appointments was discussed and Councillors expressed concerns about vulnerable individuals that had limited ability to engage in online technologies which the Trust acknowledged need to get the correct balance.

Hinchingbrooke Hospital Site developments - an update was provided by the trust on site redevelopment plans following the national award given to the trust. Funding was specifically for redevelopment of the Accident and Emergency (A&E), ambulatory services and theatre upgrades. Improved access to the Hinchingbrooke Hospital site was discussed and district councillors offered to discuss further with Huntingdonshire District Council

2.3 Liaison Meeting with Cambridge University Hospital Foundation Trust (CUH)

A virtual meeting was held on 16th July with Ian Walker (Director of Corporate Affairs).

The liaison group members in attendance were Councillors Harford, Jones and van de Ven. The meeting included informal discussions on the following topics.

- Discharge Protocol during Covid-19 pandemic
- Staff and patient testing
- Staff morale and wellbeing
- Plans for a second wave
- Recovery plans for services
- Outpatient services

- Quality Account timescales

Key points of discussion were made around:

Testing – early stages capacity was limited but at time of this meeting (July) capacity was ramped up and all patients were receiving a 24-hour turn-around. Testing all elective admissions procedures and patients are asked to self-isolate for 14 days before coming into the hospital. Staff testing procedures in place and all symptomatic staff and members of the household have access to testing.

Staff morale & wellbeing – the Trust recognised that staff responded throughout the crises period magnificently and the hospital received a huge amount of community support channelled via the CUH Charitable Trust.

Outpatients – The Trust reported that digital technologies were utilised during the Covid response period and many appointments were made via phone or video conferencing. There has been positive feedback from patients and at the time of this meeting (July) some services were running 90% by remote but there was a recognition this may not be sustainable.

3. Significant Implications

3.1 Resource Implications

The following bullet points set out details of significant implications identified by officers:

- Working group activities will involve staff resources in both the Council and in the NHS organisations that are subject to scrutiny.

3.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

3.3 Statutory, Legal and Risk Implications

The following bullet point sets out details of significant implications identified by officers:

- These are outlined in a paper on the Health Committee powers and duties, which was considered by the Committee on 29th May 2014

3.4 Equality and Diversity Implications

The following bullet point sets out details of significant implications identified by officers

- There are likely to be equality and diversity issues to be considered within the remit of the liaison and working groups.

3.5 Engagement and Communications Implications

The following bullet point set outs details of significant implications identified by officers

- The working group and liaison meetings are intended to enhance engagement and communication between the Health Committee members and NHS Commissioners and provider trusts providing the opportunity for more effective scrutiny.

3.6 Localism and Local Member Involvement

The following bullet point sets out details of significant implications identified by officers

- There may be relevant issues arising from the activities of the working groups.

3.7 Public Health Implications

The following bullet point sets out details of significant implications identified by officers

- Working groups will report back on any public health implications identified

Background papers: None

Health Policy and Service Committee Agenda Plan and Appointments to Outside Bodies

Published on 1st October 2020

Notes

The definition of a key decision is set out in the Council's Constitution in Part 2, Article 12.
* indicates items expected to be recommended for determination by full Council.
+ indicates items expected to be confidential, which would exclude the press and public.

The following are standing agenda items which are considered at every Committee meeting:

- Minutes of previous meeting and Action Log
- Finance Report – The Council's Virtual Meeting Protocol states that no monitoring or information reports (includes the Finance report) will be included on committee agendas, they will instead be circulated to Members separately
- Agenda Plan, Training Plan and Appointments to Outside Bodies and Internal Advisory Groups and Panels

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
15/10/2020	Public Health Grant funding for commissioned NHS Services	Val Thomas	2020/056	05/10/20	07/10/20
	Re-commissioning of Child and Young People's Counselling Services; Mitigating Measures to Protect Children's Health	Raj Lakshman	2020/057		
	Best Start in Life Programme	Raj Lakshman	Not applicable		
	Business Planning (may slip to November)	Liz Robin	Not applicable		
	Homelessness – safeguarding the benefits of additional services provided – linking with Housing Board	Val Thomas	Not applicable		
	Covid-19 Update Report	Liz Robin	Not applicable		
	Scrutiny				

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	National Health Service (NHS) Review of Dental Services	David Barter & Tom Norfolk (NHSE/NHSI)	Not applicable		
	Liaison meetings report *(Information report to be circulated outside of the meeting)*	Kate Parker	Not applicable		
	Agenda Plan and Appointments to Outside Bodies	Rob Sanderson	Not applicable		
19/11/2020	Impact of Covid 19 on Public Health's relationship with Voluntary Organisations	Val Thomas		06/11/20	10/11/20
	Business Planning	Liz Robin	Not applicable		
	Covid 19 Update report	Liz Robin	Not applicable		
	Scrutiny -Addenbrooke's hospital a) Children's Hospital b) Cambridge Cancer hospital c) Addenbrooke's 3	To be confirmed			
	Agenda Plan and Appointments to Outside Bodies	Rob Sanderson	Not applicable		
03/12/2020	Performance Report	Liz Robin	Not applicable	23/11/20	25/11/20
	Covid-19 Issues Report	Liz Robin	Not applicable		
	Health Committee Risk Register	Liz Robin	Not applicable		
	Business Planning Final Proposals	Liz Robin	Not applicable		
	Finance Monitoring Report	Stephen Howarth	Not applicable		
	Scrutiny				
	Quality Accounts	Kate Parker	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Agenda Plan and Appointments to Outside Bodies	Rob Sanderson	Not applicable		
21/01/21	Trend Analysis of the Impact of the first COVID-19 wave on childhood vaccinations	Raj Lakshman	Not applicable	11/01/21	13/01/21
	Finance Monitoring Report	Stephen Howarth	Not applicable		
	Health Committee Training Plan	Kate Parker	Not applicable		
[11/02/21] Provisional Meeting					
11/03/21	Performance Report	Liz Robin	Not applicable	01/03/21	3/03/21
	Health Committee Training Plan	Kate Parker	Not applicable		
	Agenda Plan and Appointments to Outside Bodies	Democratic Services Officer	Not applicable		
[08/04/21] Provisional Meeting					
10/06/21	Notification of Chairman/woman and Notification of Vice-Chairman/woman	Daniel Snowdon	Not applicable	31/05/21	02/06/21
	Co-option of District Members	Daniel Snowdon	Not applicable		
	Finance Monitoring Report	Stephen Howarth	Not applicable		
	Health Committee Training Plan	Kate Parker	Not applicable		
	Agenda Plan and Appointments to Outside Bodies	Daniel Snowdon	Not applicable		

Reports to be scheduled - Royal Papworth Hospital – Response to Covid-19

Please contact Democratic Services democraticservices@cambridgeshire.gov.uk if you require this information in a more accessible format