HEALTH COMMITTEE

Thursday, 17 September 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

PUBLIC HEALTH REPORTS

The Health Committee comprises the following members:

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

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

Clerk Name: Daniel Snowdon

Clerk Telephone: 01223 699177

Clerk Email: Daniel.Snowdon@cambridgeshire.gov.uk

HEALTH COMMITTEE: MINUTES

Date: Thursday 6th August 2020

Time: 1.30p.m. – 3.30p.m.

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

District Councillors D Ambrose-Smith, G Harvey, A Martinelli (Substituting for Councillor N Massey) and S Wilson (Substituting for Councillor J Tavener)

Apologies: Councillors S Clark, N Massey and J Tavener

317. APOLOGIES FOR ABSENCE and DECLARATIONS OF INTEREST

Apologies for absence were noted as recorded above.

Councillor Sarah Wilson declared a non-pecuniary disclosable interest in relation to Item 6 as she worked in the School Immunisation Team at Cambridgeshire Community Services NHS Trust.

Councillor Sarah Wilson declared a non-pecuniary disclosable interest in relation to Item 7 as her husband was appointed by Cambridgeshire County Council as a governor on the Cambridgeshire and Peterborough NHS Foundation Trust's Council of Governors.

Councillor Geoff Harvey declared a non-pecuniary disclosable interest in relation to Item 7 as his wife was a GP at Addenbrooke's Hospital's Accident and Emergency (A&E) department.

318. MINUTES – 9th JULY 2020

That the minutes of the meeting held on 9th July 2020 were agreed as a correct record.

319. HEALTH COMMITTEE ACTION LOG

The Action Log was noted and the following point was raised:

Action 3 – Queried whether an update report could be presented to the Committee. The Director of Public Health stated that the issue of homelessness cut across the remit of multiple Committees and queried whether it was appropriate for the report to come to the Committee. She suggested that officers could present a report that looked at the public health aspects of homelessness. The Chairman requested that this be added onto the agenda for the next Chair and Vice-Chair/Lead Member Briefing. **ACTION**

320. PETITIONS AND PUBLIC QUESTIONS

There were no petitions or public questions.

321. COVID-19 UPDATE

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.

Introducing the report, the Director of Public Health explained that historically the Covid-19 incidence rate in Huntingdonshire and Peterborough had been significantly higher than the national average. It was highlighted that Peterborough still had a relatively high cumulative rate of Covid-19 cases at around 20 per 100,000 against a national average of 7 per 100,000. However, Huntingdonshire's cumulative rate had decreased and was now similar to that of the national average. Cambridgeshire had a cumulative rate similar to or slightly below the national average.

In reference to the 7-day rolling average – Cambridgeshire graph, she explained that since the middle of June the number of daily confirmed Covid-19 cases had been stable. However, there had been a slight increase in recent weeks. The data showed that there was still a level of transmission of Covid-19 in Cambridgeshire and therefore it was important that individuals kept following the Government guidance. It was essential that individuals adhered to social distancing measures, maintained good hand hygiene, wore face coverings where required and self-isolated with their households immediately if they developed symptoms of Covid-19. She stated that it was essential for individuals to self-isolate if they were contacted by the NHS Test and Trace service. She commented that even though there had been a decrease in Covid-19 infection rates in Cambridgeshire, individuals should still follow the Government guidance.

It was reported that there had been 399 Covid-19 related deaths in Cambridgeshire in the period from March to June 2020. Both Covid-19 related deaths and all-cause death rates in Cambridgeshire and its district were better than or similar to the national average during these 4 months. In reference to the map titled 'Number of Covid-19 deaths by Middle Super Output Area (MSOA) Cambridgeshire and Peterborough', she stated that there were generally higher numbers of Covid-19 deaths in Fenland and north east Huntingdonshire and some parts of Peterborough City. She warned that this information should be regarded with caution as the map only showed the number of deaths and not rates of infection, therefore, where there was an older local population in places such as Fenland, individuals would be at increased risk from Covid-19 because of their age and likely underlying health conditions. MSOAs with a high rate of deaths were likely to be related to premises such as care homes located within that MSOA rather than the overall rates of Covid-19 infection in the community.

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

- In reference to paragraph 5.1, queried how the Council was enabling enable officers and Members to return to normal working practices. The Director of Public Health stated that it was being reviewed carefully by a Health and Safety group overseen by the Director of Customer and Digital Services. The group was looking at Covid-19 safe working following the national guidance for workplaces and offices published by Government. She stated that the Council had been carrying out many of its normal functions on a virtual basis. Officer's working environments were being risk assessed so that people could be brought back into the office in a proportionate way to ensure that social distancing measures could be adhered to. Officers had also been surveyed, these results had shown that many officers enjoyed working at home as it reduced travelling time and

increased productivity. The Council was also looking at risk assessing home working environments to ensure that officers were working in a safe environment. She suggested that the Council was looking to return to a new normal which meant safe office and home working environments. Whilst acknowledging the importance of ensuring that officers and Members could return to the Council's offices safely, the Member expressed concerns that the Government was asking business to return to their officers and queried whether the Council should be setting an example by returning also. She suggested that the Council Chamber at Shire Hall could be used for Committee meetings as social distancing measures could be adhered to. The Director of Public Health confirmed that this was being reviewed and stated that she could provide the Member with more information outside of the meeting.

- Stated that there was no need to pressure officers or Members to return to the Council's offices.

- Queried whether officers were receiving post code level data and whether this information was being shared with District Councils. The Director of Public Health confirmed that officers were receiving this data on a daily basis. This was beneficial as it helped officers to track and manage local outbreaks. In regards to data sharing, she explained that the data sharing agreement with District Councils had been finalised, however, two further pieces of feedback needed to be received from Public Health England (PHE) to ensure that they were satisfied with this agreement.

- Queried whether post code level data was only available for Peterborough and not Cambridgeshire. The Director of Public Health reassured the Committee that the data being received daily was for both Peterborough and Cambridgeshire.

- Sought more information regarding the post code level data and its link to workplaces. The Director of Public Health commented that employees might only provide their postcode of residents rather than their place of work. Therefore, if they developed symptoms of Covid-19 it would be difficult to identify whether their workplace had also been affected. Local workplaces were being encouraged to contact the Council directly if they were aware that an employee had Covid-19. She had written to businesses in Peterborough which contained a flowchart detailing the process of reporting a case of Covid-19 to the Council.

- Suggested that the Covid-19 guidance provided by the Government was confusing. The Member commented that because of this, it was difficult for Members to convey accurate information to residents.

- Sought more information regarding the outcomes of the virtual multi-agency emergency planning table-top exercise that was delivered by the Local Resilience Forum (LRF) Training and Exercise sub-group. The Director of Public Health informed the Committee that the draft outcomes were still being prepared. One outcome identified was the issue of individuals living in one Local Authority boundary and working in another. If a workplace was located outside of Cambridgeshire, this made it more difficult to identify whether an outbreak had occurred. She explained that if the outbreak occurred in the east of England, the Council were likely to be informed by the East of England Health Protection Team as it was a shared service. Significant challenge also occurred if the outbreak arose in a county such as Northamptonshire and Lincolnshire as it was outside of the East of England region. Officers were working with regional colleagues and contacting neighbouring Directors of Public Health to ensure that the cross boundary issues were being resolved.

- Sought further information regarding the information the Council received on pillar 1 and 2 testing. The Director of Public Health explained that the information

officers received from the NHS Test and Trace service did not differentiate between pillar 1 and 2. She informed the Committee that she received contract tracing information daily.

- Queried whether the Council received information from the NHS Test and Trace service regarding their contact success rate. The Director of Public Health stated that in Cambridgeshire, the percentage of contacts traced following an outbreak in a setting such as a school or workplace was high. However, the percentage of contacts traced via the national telephone and text system was slightly lower.

- Queried whether there was a delay in the NHS Test and Trace Service trying to contact an individual who had been in contact with a person with Covid-19 and the case being handed over to the Local Authority. The Director of Public Health stated that a new model was being developed to ensure a rapid 48 hour hand over to Local Authorities if the NHS Test and Trace service had been unable to contact an individual.

- Asked what the process was if the NHS Test and Trace service had been unable to contact an individuals. The Director of Public Health stated that efforts would be made to contact the individual, however, if they were unable to do so it would considered as a failed contact and not handed over to the Local Authority.

- The Chairman informed the Committee that he had visited a pub at the weekend. The pub had not been collecting the contact details for its customers. He queried what could be done about this. The Director of Public Health stated that she would discuss this outside of the meeting.

- Queried whether the Council had been receiving any information from NHS Test and Trace service regarding the transmission of Covid-19. The Director of Public Health stated that the Council was now receiving much more information regarding this. It was noted that the Local Outbreak Control Plan Surveillance Cell had been working hard to identify outbreaks and understand how many of the cases in Cambridgeshire were attributed to these outbreaks.

- Asked how Councils could reinvigorate the communication of the national Covid-19 guidance to ensure that residents were remaining compliant. The Director of Public Health reiterated the need for residents in Cambridgeshire to remain compliant with the Government guidance. It was important to consider how Councils could mobilise organisations and community leaders in Cambridgeshire and Peterborough to ensure that they were communicating accurate information to residents of all ages and vulnerable groups. The Committee was informed that Peterborough United Football Club had created a number of videos for Peterborough City Council's YouTube channel encouraging residents to remain compliant with the government guidance.

- Suggested that the people who needed to access the hardship fund were not required to shield. The Member commented that the residents who were shielding usually had good links to food provision. The Director of Public Health clarified that the purpose of the hardship fund was to support residents who were required to self-isolate. However, other residents may not have a source of income when they self-isolate and thus find it difficult to do so, even if they have been told to. The Community Hubs were set up to provide support to both these groups of people to ensure that they could self-isolate.

- Sought more information regarding the Cambridgeshire and Peterborough Local Outbreak Engagement Board meeting on the 7th August 2020. **The Chairman requested that the YouTube stream link be circulated to Committee members. ACTION Democratic Services**

- Sought further information regarding local member involvement in the LOEB. The Chairman explained that a local Member had not been called in to a meeting of the LOEB as a local outbreak had not yet occurred. He informed the Committee that if required, the LOEB could call a meeting on a days' notice if a local outbreak was identified. If this scenario occurred, the relevant Local Member would be contacted.

- Asked whether the slight increase in Covid-19 cases in Cambridge City should be of concern. The Director of Public Health commented that the figure fluctuated and there was no evidence to suggest that this was the start of an upwards trend. She stated that close monitoring would be required especially when an influx of students arrived. She commented that different locations across Cambridgeshire had different Covid-19 related risk factors which needed to be considered carefully.

It was resolved unanimously to:

a) Note the progress made to date in responding to the impact of the Coronavirus.

b) Note the public health service response.

322. PUBLIC HEALTH GRANT 2020-21

The Committee considered a report providing more information on the 2020/21 increase in the ring fenced Public Health grant and its proposed investment.

In presenting the report, the Deputy Director of Public Health stated that NHS salaries had increased four years ago due the Agenda for Change, for the first two years these salaries were paid for by the NHS. This year the increase in salaries would be funded by the Public Health grant. Therefore, the grant in 2020/21 included an adjustment to cover this estimated additional Agenda for Change pay costs for eligible staff working in organisations commissioned by the Council to deliver public health services.

It was proposed that the increase in the Public Health grant allocation also be used in support of addressing obesity. The Covid-19 pandemic had focused attention on obesity as it was strongly associated with poorer Covid-19 outcomes. She suggested that it was important to have a system wide approach whilst addressing obesity. She commented that obesity could not be addressed by individual organisations as it was a complex issue. There was significant levels of local and national support for this and she stated that it was also important that the Committee supported this as it would help take the work forward.

Members of the Committee welcomed the increase in Public Health grant funding.

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

- Expressed concerns that Government had not been able to join up their national obesity strategy with its active travel interventions. The Member commented that the strategy focused on diet but not physical activity. She stated that officers in Public Health had undertaken work in Fenland which had linked these two factors together.

- Commented that it was important to address the health inequalities across Cambridgeshire. The Member stated that she would like to see an obesity strategy that worked across the County. She suggested that she would also like to see an obesity strategy that positioned Public Health as a system leader. She commented that applying the health in all policies approach would be useful whilst addressing obesity. She welcomed the Committee having an input on taking this work forward.

- In reference to paragraph 2.6, requested that increased walking activity should be included in the suggested lifestyle changes that Covid-19 had pre-empted.

- Acknowledged the significant amount of pressure Public Health had been under and welcomed the recommendation to allocate part of the increased funding for a temporary member of staff to energise and drive the obesity agenda.

- Raised concerns regarding the language being used to discuss obesity. The Member informed the Committee that she lived with three young people who believed that the current language used for obesity could lead to an increase in eating disorders for some individuals. She commented that it was important to focus on promoting healthy eating, lifestyles and weights rather than weight loss. Whilst weight loss needed to be taken seriously, some individuals did have a dysfunctional relationships with food. The Deputy Director of Public Health agreed and stated the Council's current strategy was called the 'Healthy Weight Strategy' which addressed both the causes of increased weight and the issues it caused for individuals. She also agreed that the mental health impact of weight management could not be underestimated and must be considered by the Council.

- Suggested that it was difficult for an individual to improve their dietary and exercise habits when their mental health was poor. The relationship between stress, depression and poor eating habits was well documented and therefore requested that this issue be incorporated into the Council's wider obesity strategy. She stated that it was a county-wide issue and mental health support was needed to help enable individuals to change their dietary and exercise habits.

- In reference to paragraph 1.4, sought clarity regarding 'reducing inequalities between the people'. The Deputy Director of Public Health clarified that this statement was taken directly from the Public Health grant circular which the Council received from PHE.

- Informed the Committee that he had enrolled in the NHS Diabetes Prevention Programme (DPP). The Member stated that he had received an email from them saying that he could enrol without being referred by his GP. He suggested that this appeared to show that the Government were expanding the program. It was noted that the Council should be promoting this. The Deputy Director for Public Health explained that the Council's lifestyle services worked closely with the DPP Programme to ensure that individuals go to the correct service for their needs.

- Stressed the importance of health implications being considered in all the decision made by the Council. The Member suggested that currently, not enough attention was being paid to this. The Deputy Director of Public Health commented that obesity was a complex issue that spanned the remit of several Committees.

The Deputy Director of Public Health highlighted the importance of discussing with Members how to take this work forward. **The Chairman requested that a report on the actions to tackle obesity should be considered at a future meeting. ACTION**

It was resolved unanimously to:

Note the increase in ring fenced Public Health Grant allocation and approve the following proposals:

a) The allocation of funding to commissioned services to meet the cost pressures created by increases in Agenda for Change salaries.

b) To refresh the Cambridgeshire Healthy Weight Strategy and allocate funding in support new actions.

c) To support the allocation of funding for a temporary member of staff to energise and drive the obesity agenda.

323. CAMBRIDGESHIRE AND PETERBOROUGH SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) RECOVERY PLANNING UPDATE

The Committee welcomed Jan Thomas, Accountable Officer, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) to provide the Committee with an update on the Covid-19 recovery planning work undertaken to date.

The Accountable Officer from the CCG drew the Committee's attention to the information found within the report. She informed the Committee that since the publication of the agenda, they had received a further letter on the 31st July 2020 from Sir Simon Stevens which contained a set of requests for the third phase of NHS response to Covid-19. As of the 31st July 2020 the NHS had been stood down from a level 4 'national emergency' to a level 3 'regional emergency'. This suggested that the Covid-19 recovery process was becoming much more of a local issue.

She also drew the Committee's attention to the graph on page 25 of the agenda and stated that the CCG had started to restart services. She informed the Committee that their cancer services had continued to operate through Covid-19. In reference to paragraph 12 in the report, she explained that the CCG were now in Phase 3 which meant continuing to respond to Covid-19 whilst reintroducing more services.

She informed the Committee that the CCG had a small window in which to complete as much elective activity as possible whilst at the same time starting winter preparations which were more crucial than ever in the anticipation for a second spike of Covid-19. It was also important to ensure that less services were switched off if this second spike occurred. It was important to restart the services that would provide the greatest health benefits as there was not enough resources to restart all service, these decision were being made using the clinical evidence base. The CCG had also made a committed to reduce health inequalities, this meant that all patients in Cambridgeshire and Peterborough, regardless of their location could access health services.

She informed the Committee that her staff were fatigued as they had been working hard for a long period of time. It was important that these officers were given a break in order to prepare them for winter. The letter from Sir Simon Stevens made it clear that all efforts should be made to ensure that hospital activity was similar to that of last year. She suggested that it was important to manage the public expectations as to what the heath service could perform in the coming months.

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

- Commented that during the Covid-19 pandemic, private capacity had been brought in to support the NHS. The Member queried how long this capacity would last for. The Accountable Officer explained that they had received guidance confirming that they could continue to use this additional capacity. There was a review taking place at the end of September 2020, but she suggested that the capacity would only be taken away if it was not being used. She confirmed that the CCG was using it and would make sure that they could continue to use it.

- In regards to the phased approach to recovery, queried how the CCG would plan for unknown risks. The Accountable Officer stated that the CCG were using clinical advice to manage their recovery. She suggested that it was important to keep

infection prevention control in place. It was also important to balance the risk between not treating people because of capacity issues and the risk of not treating people and them contracting Covid-19. It was noted that clinicians had helped guide their recovering work and had also held them to account over their recovery decisions. Going forward, it would be beneficial to have a conversation with the public regarding how complicated the recovery process would be.

- Asked what the most significant challenges were during the recovery planning process to date and which challenges would cause the most issues over the next six months. The Accountable Officer highlighted three challenges in no particular order:

  1. Additional capacity for diagnostics
  2. Increasing people's confidence with the infection prevention control measures being taken.
  3. NHS Test and Trace – Making this system more effective would lead to safer environments. Conversations were already being had regarding using technology to ensure Covid-19 test results could be sent to people quickly. Getting this technology in place would minimise the impact of Covid-19.

- Queried whether funding pressures would return. The Accountable Officer commented that over the last few years, the health and care system had spent a considerable amount of time discussing funding. The Covid-19 pandemic had provided the health and care system with a collective priority which had reduced funding pressures. She informed the Committee that there had not been significantly increased spending as a result of Covid-19.

- Asked whether any issues had been identified in regards to workforce retention. The Accountable Officer suggested that in her opinion being offered additional officers was more valuable than being offered more money. Whilst acknowledging that the Covid-19 pandemic had been a significant issue, there had been some positive outcomes in the sense that their workforce had become more flexible. The ability to retrain staff in short spaces of time had taught the organisation a number of lessons as to how to create a flexible workforce going forward. Having received feedback from staff, it was identified that they enjoyed the variety of challenges and training opportunities given to them.

- Stated that the public would read this paper and not understand it. However, if they had the opportunity to listen the Accountable Officer provide an explanation, it would become much clearer. She requested that the future reports could be structured differently to ensure transparency.

- Highlighted the disparities found within GP practices in Cambridgeshire in regards to their return to a normal service. The Member suggested that some GP practices were not offering the same services as other practices such as physical consultations. The Accountable Officer stated that Primary Care services had responded well when the Covid-19 pandemic started. The CCG had invested a significant amount of money into IT to ensure that Primary Care could carry out more services virtually. She acknowledged that some services could not be provided on a physical basis and other services could not be provided on a virtual basis. She suggested that it was important to find a compromise between the two. The CCG were working with the Local Medical Committee (LMC) and the GP Federation to ensure that every GP practice understood how to get to this position.

The Accountable Officer informed the Committee that the CCG had recently launched their 'BMI Can Do It' campaign. She encouraged the Committee to look at the

campaign and stated that she was happy to provide the Committee with more information on this in the future.

It was resolved to:

Note the work undertaken to date on recovery planning.

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

It was resolved to:

Note the agenda plan.

Chairman

Agenda Item No: 3

HEALTH COMMITTEE

Minutes-Action Log

Cambridgeshire County Council

Introduction:

This log captures the actions arising or outstanding from the previous Minute action log from the Health Committee from the meetings on 25th June 9th July 2020 and 6th August 2020 and updates Members on progress in delivering the necessary actions.

Item	Action to be taken by	Action	Comments	Status & Estimated Completion Date
Meeting of 25th June 2020				
1. MINUTE 308 HEALTHY CHILD PEOGRAMME'S REPONSE TO COVID-19 **GP Surgery Hours being extended to enable working parents to take their babies to be vaccinated outside normal working hours**	**Raj Lakshman**	There was a request as this was a particular concern to the Committee that this issue should be taken up at the next available CCG liaison meeting in terms of potentially varying GP's contracts to allow / encourage such activities outside of normal surgery hours.	An e-mail circulated to the Committee on 4th August attached a link to a letter dated 31st July from Sir Simon Stevens to NHS trusts, GP practices and Primary Networks. Community Health Services and NHS 111 providers setting out details of the third phase of the NHS response to Covid-19 which includes that immunisation and screening are being prioritised. A report on child immunisation uptake is included on the current September Committee agenda. A report on the 'Best Start in Life Programme' is scheduled to come forward to the October Committee meeting.'	**ACTION COMPLETED**

2. MINUTE 310 HEALTH COMMITTEE AGENDA PLAN **a) Arranging meetings between Members of the Committee and the CCG**	**Kate Parker**	During discussion regarding liaison meetings starting up again the question was raised why there was never any meetings between Members and CCS. Officers were asked to look into setting up a meeting with CCS.	Issues around establishing liaison meetings with CCS is to be discussed at the next Chair/Vice Chair Leads Advance Briefing meeting on 24th September.	**ONGOING**
3. MINUTE 310 HEALTH COMMITTEE AGENDA PLAN **b) Reporting mechanism for appointees to agreed outside bodies / joint liaison group meetings.**	**Kate Parker**	The Chairman requested that officers should look to devising a reporting mechanism for appointees to the agreed outside bodies reporting back to the Committee. There was also a similar request for some form of feedback from the joint liaison group meetings.	A report system is in place for Liaison meetings. An update report has been added to the forward agenda plan to come forward to the October Committee meeting.	**ONGOING**
MEETING OF 9TH JULY 2020				
4. MINUTE 314. COVID-19 UPDATE	**Liz Robin**	As the number of teams involved was so complex, to provide a better understanding, a		

Diagram for website to help provide better understanding of groups involved		structure chart should be produced for the website, showing in diagrammatic representation how they interacted and if possible including a case study for illustrative purposes.	The revised Local Outbreak Control Plan with a governance diagram and a clear explanation of the role of the surveillance cell, outbreak management team and other cells has now been published and is on the Council website and can be viewed at the following link: https://www.cambridgeshire.gov.uk/residents/coronavirus/coronavirus-covid-19-test-and-trace	**ACTION COMPLETED**
5) MINUTE 316 AGENDA PLAN **Updates on Re-opening Minor Injuries Unit (MIU) at Doddington**	**Kate Parker / Jan Thomas to provide appropriate updates**	The Chairman indicated that as this was an area of particular interest to the Committee it would be looking for updates to future meetings.	Discussion with CCG is ongoing as to the appropriate timing to bring updates back to Health Committee. Issues around the minor injuries unit were raised at the relevant liaison meetings last month. An update from Cambridgeshire and Peterborough CCG in their Covid 10 Health Update circulated on on 8th August indicated that they were working to re-open the Doddington MIU in the autumn but with no firm date provided.	**ONGOING**
MEETING OF 6TH AUGUST 2020				
6) MINUTE 319 HEALTH COMMITTEE ACTION LOG – Homeless Update	**Val Thomas**	The Chairman had requested that the issue of the public aspects of homelessness should be discussed at the August Chair and Vice Chair/ Lead member briefing.	A report titled 'Homelessness – safeguarding the benefits of additional services provided – linking with Housing Board and Suzanne Hemingway' has been added to the Agenda Plan to come forward to the October Committee meeting.	**ACTION ONGOING**

7) MINUTE 321.COVID-19 update - Cambridgeshire and Peterborough Local Outbreak Board	Democratic Services	More information was sought regarding the Cambridgeshire and Peterborough Local Outbreak Engagement Board meeting due to be held the next day the 7th August 2020. The Chairman requested that the YouTube stream link be circulated to Committee members.	The YouTube link for the Local Outbreak Engagement Board meeting was e-mailed to the Health Committee by James Veitch Democratic Services on 7th August 2020. The link to the u-tube recording of the actual meeting was sent out to Committee members on an email from Rob Sanderson Democratic Services dated 1st September.	**ACTION COMPLETED**
8. MINUTE 322. – PUBLIC HEALTH GRANT 2020-21 – tackling obesity	**Val Thomas**	The Chairman requested that a report on the actions to tackle obesity should be considered at a future meeting.	Further discussion on this took place at the Advanced Chair's briefing and a task & finish group is currently exploring this further.	**ACTION ONGOING**

Agenda Item No: 5

CAMBRIDGESHIRE & PETERBOROUGH NHS FOUNDATION TRUST – THE RESPONSE TO COVID-19

To:	**CCC Health Scrutiny Committee**
Meeting Date:	**17th September 2020**
From:	**Cambridgeshire & Peterborough NHS Foundation Trust (CPFT)**
Purpose:	**The Committee is asked to consider CPFT's response to Covid-19, its plans for recovery and transition to business as usual**
Recommendation:	**The Committee is asked to:**

a) **Consider the report and information contained within**
b) **Note the work undertaken to date by Cambridgeshire & Peterborough NHS Foundation Trust (CPFT)**
c) **Note the plans to return services (where possible) to normal service delivery**

	Report Author
Name:	**Tracy Dowling**
Post:	Chief Executive
Email:	Tracy.dowling@cpft.nhs.uk
Tel:	01223 219473

1. BACKGROUND

1.1 Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) has responded accordingly to the challenge of Covid-19, operating within, and supportive of, the wider system response.

This report serves to provide an update to the Cambridgeshire County Council (CCC) Health Committee in its scrutiny function role and as such, sets out the following:

- Incident governance, including the Incident Management Centre and Command & Control Structure
- Organisational learning
- Trust Covid19 data
- Staff wellbeing and charitable support
- Service delivery, activity levels and impact on the Trust
- Phase 3 preparations and how the Trust intends to apply learning from Covid19.

2. MAIN ISSUES

2.1 Incident governance

Following the NHS declaration of a level 4 major incident, on 16th March 2020 CPFT established a full incident command and control structure (*set out in Appendix 1*), led by the Incident Director – Debbie Smith (Director of Operations). The command and control structure consisted of three Gold and six Silver Commanders as well as Directorate Bronze Commanders for each of the four directorates.

Daily incident command meetings were stood up and a Gold/Silver Governance meeting was undertaken each week to ensure that the Strategic Aims (*set out in Appendix 2*) and METHANE (*set out in Appendix 3*) were appropriate and accurately reflected the constantly changing environment. As part of the Incident Management Team (IMT), a Clinical Cell and Ethics Committee was convened to support and advise on any complex issues arising from the incident. Other key advisory roles within the IMT were also established to support decision-making, provide expert advice and information including Human Resources (HR), Infection Prevention and Control (IPaC), Emergency Preparedness, Resilience and Response (EPRR), Communications and Black, Asian or Minority Ethnic (BAME) representation.

The incident Control Centre (ICC) controlled the flow of information in and out of the organisation, co-ordinated all activity in relation to the incident and supported the command and control infrastructure. Single point of access phonelines was installed, which were manned seven days per week 8:00 – 20:00. Outside of the ICC operating hours, the ICC phone line and switchboard is transferred to the Director on-call to ensure business continuity and 24/7 management. Daily situational reports were instated by the NHS England from the 31st January which were picked up initially by the EPRR team and the ICC (once established). Administration support and Loggists were redeployed to the ICC and relevant training and refresher training took place.

Throughout the incident, the Trust has kept the Corporate Trust-wide on-call separate from the CoVid19 Incident Management Team to ensure there is capacity to manage another incident, should this coincide with the CoVid19 response.

In addition to the Command & Control Structure, regular progress reporting on the Trust incident response has been through the Trust Leadership Team, Board and the Trust Risk and EPPR Group. Tracy Dowling, Chief Executive has held weekly communication sessions with staff 'Talk to Tracy' and weekly updates to the Non-Executive Directors and Chair of Governors.

2.2. Trust Data – Covid19

On behalf of Cambridgeshire and Peterborough Clinic\l Commissioning Group (CCG), the Trust undertook all patient community swabbing, including establishing and running the single point of contact for community swabbing. This involved:

- CPFT working with all system partners to develop and deliver a pathway from referral to delivering results for all community swabs required.
- Setting up pods at the three Minor Injuries Unit (MIUs) and a Home Diagnostic Testing team in February 2020. These services were disbanded at the end of July, at the request of the CCG.
- Swabbing 756 patients, including community and CPFT inpatient patients.
- Delivery of a community service for all people requiring swabs in the initial phases of COVID19. CPFT continues to deliver a community swabbing service for people that are housebound.

At the time of writing, the Trust has cared for 72 people that have been Covid19 positive in our inpatient wards.

Sadly, two patients died under the Trust's care from Covid19 (one was in Peterborough City Hospital at time of death). The Trust has also sadly lost a staff member to Covid19 (cared for by Addenbrookes) and other members of staff have been critically ill and cared for by local hospitals but are now making a steady recovery.

Staff testing

At the time of writing, 364 of Trust employees have had a COVID swab:

- 40 have been positive
- 322 have been negative
- Invalid.

Staff anti body testing

1543 staff chose to have an antibody test. Of these:

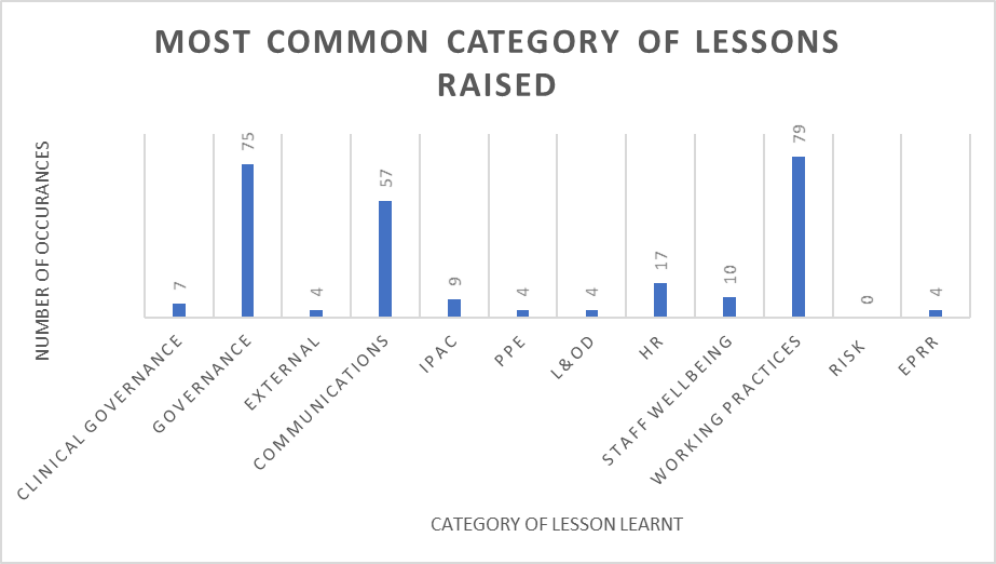
- 1379 were negative for antibodies
- 155 were positive for antibodies (10% of those that chose to have an antibody test were positive to antibodies)
- 9 results were unknown / invalid.

CPFT supported the delivery of antibody testing for both its own staff and staff from the CCG, Primary care and multiple community health care organisations, such as community pharmacist, and optometrists. CPFT run the booking process for this phase of antibody testing and led the clinical aspects of this work by providing teams of clinicians and phlebotomists to run three clinics across Cambridgeshire and Peterborough.

2.3. Organisational learning

The Trust has gathered Lessons Learned at each Command and Control meeting which the ICC gathered into a central database so that information is captured and acted upon. Directorates have also undertaken their own learning and used this to inform practice throughout the incident response. Three Command & Control information gathering exercises have been held in addition to this: two at the early stages of the incident to inform the Trust response, and the third in August.

All items have been assigned categories (if they fit under more than one) to allow the Trust to better understand the lessons and ensure any actions from them are aligned. The following bar chart details the numbers of feedback / lessons received under each category:



Key areas of positive feedback include:

- Rapid change in working practices and ability to work remotely
- Advances in Information Technology (IT) practices that have facilitated service delivery e.g. Teams and Attend Anywhere.
- Collaborative working across teams
- Removal of organisational barriers and governance that may hinder prompt action
- Integrated working (due to redeployment) enabled better understanding and learning across areas.

Key areas of challenge include:

- Communication - too much information, and not necessarily the right information at the right time
- Redeployment happened too quickly with too little planning
- Personal Protective Equipment (PPE) (and other nationally mandated) advice was unclear at times and led to confusion
- Large caseloads accumulated while services paused, this impacted on staff morale

Key lessons and areas for development include:

- Review of Trust policies and guidance to ensure they better cover and reflect the needs of an incident of this nature
- How to mobilise at speed without disrupting service delivery – where possible avoid full pause of services in future; take referrals and hold and manage wait lists.
- Streamline communications and ensure that there is a readily accessible 'point of truth' for information e.g. CPFT COVID-19 Sharepoint became a one-stop information repository.
- Implementation of plans and processes for protracted incidents and incidents that allows for typical incident management procedures to be followed
- More joined up approach regarding business continuity plans
- Improved communication with stakeholders and service users.

A comprehensive Lessons Learned report is due to be submitted by the ICC to Gold/Silver Command in September 2020. This will collate learning to support the next stage of the response and be used to inform wider governance and EPRR practices.

2.4 Staff wellbeing and charitable support

Staff wellbeing

Due to the disproportionate impact of Covid on people from Black, Asian and Minority Etnic backgrounds we appointed a BAME lead to join incident control. We have sustained this post for the coming months. We were one of the first trusts in the country to undertake a full and personal risk assessment for **every** staff member, including those from high risk groups and those with underlying health conditions.

CPFT Staff Wellbeing Service (SWBS) has adapted and responded to the increased staff wellbeing need during the response to the pandemic (*see Appendix 4*). Referrals to the service have increased for musculoskeletal injury/physiotherapy by approximately 20% and for mental health/work life balance/occupational therapy by 100%.

The SWBS has increased communications through weekly newsletters, collating best available advice on a SharePoint site and using Yammer as an informal communication tool. As well as collating nationally available resources, the service has produced two toolkits, one for staff working from home and one for "on site" workers, which have been well received throughout the Trust.

A series of Wellbeing Wednesday Webinars has been streamed throughout August and will repeat in September, with high user feedback (76% of staff rated them as excellent). Topics included:

- psychologically savvy conversations
- fatigue management
- stress management
- posture matters

The SWBS has worked alongside colleagues from Psychological Services to ensure that additional resource for psychological need has been made available. This has been done through the creation of a Call Back Service, 20 Minute Care Space and Team Talk/virtual Schwartz

Rounds. To support the psychological needs of staff, 8-week mindfulness courses have been moved online, with the addition of regular catch up sessions for those who have completed the course to support use of this as a coping strategy.

Further planned work includes targeted health promotion campaigns, review of the provision of psychological services for staff and closer working with staff networks to target wellbeing support.

Charitable support

CPFT's Charity, Head to Toe has been running an emergency relief grants scheme and corresponding fundraising campaign throughout the Covid-19 pandemic.

Thanks to a number of large financial grants received from both the national NHS Charities Together, local funders (Cambridgeshire Community Foundation) and Trust fundraising efforts, we have been able to operate an inclusive and reactive programme of grant funding, available to all CPFT services. Through this, staff and services have been able to apply for up to £500 per team for emergency relief focusing on the wellbeing of staff and patients, to mitigate the huge impact of coronavirus on our community's mental health.

To date, over 100 projects have been funded, to a value of approximately £40,000. Funding has covered a wide range of wellbeing initiatives; from providing personalised therapeutic boxes, sent to various cohorts of clients and service users to support them through isolation, to funding activities on in-patient wards and introducing wellbeing 'wobble' rooms for staff, that allow safe, private spaces for respite and reflection.

A further successful funding bid of £50,000 will support communities of staff and patients within the Trust, who have been disproportionately affected by Covid-19. This money will fund a wide-reaching agenda of training, events and continuing professional development opportunities.

Head to Toe continues to fundraise to support CPFT's response to Covid-19, with the next stage of the funding programme focusing on delivering respite and supporting recovery across the Trust. The Charity will continue to prioritise the wellbeing of staff and patients, encouraging better access to services (both physically and virtually) and will continue to address regional health inequalities.

2.5 Service delivery, activity levels and impact on the Trust

The Trust responded in line with national guidance for community physical health services and for mental health services.

2.5.1 Older People and Adult Community (OPAC) Services including older people mental health

In response to national guidance published throughout March and April (COVID-19 Hospital Discharge Service Requirements, COVID-19 Prioritisation within Community Health Services and Novel coronavirus (COVID-19) standard operating procedure: Community health services) OPAC made significant changes to many of its services as follows:

- Establishment of a Bronze command with full and robust governance structures

- Complete suspension of stepped care therapy, memory assessment service, tissue viability, falls and Windsor Research unit activity
- Reduction in service accepting only urgent/critical referrals for over 10 county wide specialist services and community neighbourhood team
- Establishment of a new system wide Discharge to assess (D2A) Single point of access for maximising hospital discharges across Cambridgeshire and Peterborough
- Significant increase in capacity across D2A pathways supported by the redeployment of directorate staff into administrative, triage, trusted assessor and care provision roles
- Safe clinical management of Covid positive patients in both our physical health and mental health wards
- Extended hours of operation for the Early Supported Discharge Stroke service to 7/7
- Extended nursing provision to support ambulant patients shielding in their own homes
- Extended nursing and care provision in to care homes
- Extended 7/7 support to equipment ordering for hospital beds
- Extended crisis support for Older People's Mental Health services with additional capacity from redeployed staff
- Consolidation of community services into four community hubs (H/C/P/EC&F) supported by administrative staff from the 4 admin hubs into a system wide Single Point of Access (SPA)
- for Community services
- Enhanced clinical triage capacity for community nursing services within the Community SPA
- Consolidated Minor Injuries provision across the system by closure of Doddington and Wisbech MIUs and extending hours of operation at Ely MIU
- Practiced infection prevention and control in older people mental health wards and had one of the lowest rates of infection and mortality in the East of England region.

Deployment of over 200 OPAC staff (clinical and non-clinical) to support services delivering extended/enhanced services

Since June we have been returning staff to their previous roles and restoring service levels. All services have now re-opened, although some are not operating from as many sites as they did previously. We have continued to use the Attend Anywhere platform for virtual consultations and will continue to only provide face to face services where this is the only option. Virtual consultations are running at over 50% of all consultations.

We have maintained D2A and are recruiting additional staff to support discharge from hospital for the rest of 2020-21 as funding is available for the first six weeks of post discharge care and support.

There are significant wait times for some therapy services, although overall numbers waiting are within normal limits. We are in the process of ensuring that we clinically prioritise those at most risk, and then see patients in turn to address the long wait times.

We continue to support care homes by virtually attending the weekly Multi-Disciplinary Team (MDT) meetings with each home. We are also involved in evaluating the effectiveness of these MDTs. We have also supported homes with staffing emergency cover when they have had an outbreak, with infection prevention and control training and with training to support the administration of insulin by care home staff.

2.5.2 Adult Mental Health Services

The Adult and Specialist Directorate worked hard to ensure that there was minimal disruption to our mental health and learning disabilities provision during Covid-19 response. We were however impacted by a proportion of our staff who were medically required to shield. This then meant that we had to stratify our services and redeploy people accordingly.

Again we adopted virtual consultations and only undertook face to face consultations when this was essential. We have prioritised urgent and most at risk patients but sought to ensure that patients not in this category were supported. We also worked very closely with our colleagues in the third sector to ensure support for patients isolated during lockdown.

Primary care mental health (PCMH) services

- Improving Access to Psychological Therapies (IAPT) – We continued to offer IAPT treatments, however all treatment was delivered virtually. The demand during lockdown reduced dramatically but we are now almost back to pre-Covid levels. Recovery rates have not been impacted by the changes and we have been able to reduce the waiting times significantly

- PCMH – During the pandemic, we were stratifying and only seeing urgent patients, partly due to the reduce staff for redeployment/shielding but also demand was dramatically reduced. This service is now fully operational, although utilising virtual appointments almost in entirety

We worked with the CCG and other system partners to develop a support line for people who would not meet the threshold for PCMH during Covid to ensure that anyone who needed support had access.

Secondary Care

These services have remained fully operational, although appointments were offered virtually where possible. We are now offering more face to face appointments due to the increased acuity of presentations.

- First Response Service FRS/CRISIS/LIAISON - These services were enhanced with additional staff and the addition of Mental Health in Emergency Departments (MH ED) suites (Fulbourn and Cavell) to take pressures of acutes. We also included an additional 136 suite in Peterborough.

- Inpatients - We continued to offer a full compliment of inpatient beds and developed a bespoke 6 bedded Covid isolation ward for all Covid+ patients. Levels of acuity have been higher and demand for beds greater

- Learning Disabilities - All services remained fully operational and we managed to keep inpatient numbers within trajectory due to some fantastic system working and creation of community respite facilities

- The Darwin nurseries was paused and will look to re-open in October

- Autism / Attention deficit hyperactivity disorder **(**ADHD) - Autism service is diagnostic only, so full service was paused. ADHD – the diagnostic element of service was paused, medication titration and reviews continued.

We created emergency mental health units in Fulbourn and Peterborough as alternatives to Accident and Emergency (A&E) again to try to reduce the demand on A&E departments. We also created a temporary section 136 suite in Peterborough to reduce the need to transfer patients to Cambridge. We stopped patient visiting and non essential staff footfall to clinical areas to reduce viral transmission.

We had very low rates of healthcare acquired infection due to strong application of infection prevention and control measures.

2.5.3 Children and Young People mental health services (CAMHS)

We maintained CAMHS services although moved the majority to virtual consultations. We will continue with a mix of virtual and face to face consultations. We did see a reduction in referrals and have been able to significantly reduce wait times for assessment in core CAMHS services as a result of this, and of our service redesign which we have continued with.
Neuro-development referrals have had extended wait times because many of the diagnostic assessments need to be undertaken face to face so there have been delays and we are still working to address this backlog and to find Covid-safe mechanisms of undertaking these assessments.

We have maintained in-patient CAMHS services with measures taken to provide isolation facilities where. We have seen an increase in demand for in-patient care over recent weeks as we approach the return to school, and are keeping this under close review.

2.6 Phase 3 preparations (to end March 2020-21)

We are nearing completion of Phase 3 preparations. We are focussing our planning on restoring full activity levels, on clearing backlogs that have developed during Covid, and on making sure that we learn from wave 1 to respond in more considered ways should there be a second wave or significant outbreaks.

Our phase 3 planning includes winter planning and flu immunisation – where we are aiming for 100% of all frontline staff. It also includes planning to increase the D2A capacity to ensure flow from hospitals, without redeploying staff from other services if at all possible.

Our planning also includes how we will invest in mental health services, including children's crisis services, increased children's eating disorder services and increased capacity in psychological wellbeing and early intervention in psychosis services. These are all areas where we predict increases in demand as a result of Covid, isolation and the potential financial recession that will impact on the mental health and wellbeing of many people for a long period of time.

We have a workforce plan to support the recruitment that this investment and the development of

the Peterborough community mental health exemplar programme, and the adult eating disorder exemplar programme which will cover the entire County.

Overall we anticipate a workforce increase of 128 Whole Time Equivalent (WTE) by year end to support phase 3.

3. SUMMARY

The CCC Health Scrutiny Committee can be assured that Cambridgeshire and Peterborough NHS FT will continue to gather and embed learning from the Covid-19 incident, and where relevant will share this with partner organisations.

Tracy Dowling
Chief Executive Officer
4 September 2020

Background papers (Appendices)

Cambridgeshire and Peterborough NHS Foundation Trust

CPFT CoVid19 INCIDENT MANAGEMENT TEAM STRUCTURE

STRATEGIC

OPERATIONAL TACTICAL

STRATEGIC GOLD COMMAND

24 hours (08:00 – 08:00)

TACTICAL SILVER COMMAND

12 hours (08:00 – 20:00)

ETHICS COMMITTEE

CLINICAL CELL

CoVid19 INCIDENT DIRECTOR

CLINICAL LEAD

12 hours (08:00 – 20:00)

COMMUNICATIONS TEAM

EPRR LEAD

Emergency Preparedness Resilience & Response

12 hours (08:00 – 20:00)

SUBGROUPS

RISK & EPRR TEAM

Including: EPRR, Risk Management, Medical Devices, Safety Alerts and Datix

INCIDENT CONTROL CENTRE COORDINATRS

C,YP&F BRONZE COMMAND

cypfbronze@cpft.nhs.uk

A&SMH BRONZE COMMAND

asmhbronze@cpft.nhs.uk

OP&AC BRONZE COMMAND

opacbronze@cpft.nhs.uk

CORPORATE BRONZE COMMAND

orpbronze@cpft.nhs.uk

LOGGISTS

ADMINISTRATORS

TRUST WIDE SERVICES AND TEAMS

N.B. the usual on- call system for escalation is still in place

COVID 19 Strategic objectives

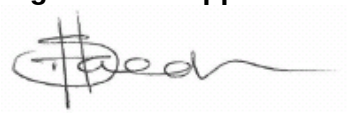
In responding to the demands and expectations of COVID19, the Trust will:	
1	Protect life.
2	Support the sustained delivery of a local, regional and national response to Covid19 incident, following all national guidance.
3	Support and protect our staff so that they can continue to care for our patients.
4	Apply resources, expertise and judgement to avoid potential harm to our patients, carers or staff.
5	Act in accordance with Civil Contingencies Act, and other relevant legislation.
6	Ensure staff, patient and carer welfare is considered as part of all decision-making processes regarding service delivery.
7	Undertake dynamic risk assessments of potential health and health inequality impacts of all decisions and actions, using the best available scientific information to inform this.
8	Use the best available data and ensure service user/carer engagement for effective decision making about current service provision and Trust priorities as the incident response progresses through all phases.
9	Maintain trust and confidence of our staff, our patients and our stakeholders.
10	Ensure dignified treatment of all those affected - staff, patients and carers - particularly where there is a loss of life.
11	Use all resources (financial, workforce, equipment) to enable the Trust to respond in a timely manner, whilst maintaining our public duty to spend funds appropriately.
12	Communicate and engage effectively, openly, and transparently with staff, service users, carers, stakeholders and the public.
13	Continually reflect and learn during the incident response, considering the organisation-wide impact of decisions and ensuring that positive innovations are retained, embedded in organisational development and

	allow the Trust response to sustain through phases of sustained response, with efficient and safe recovery.
14	Monitor the impact of a sustained response to the Covid19 incident on its immediate and long-term ability to deliver services, in line with each of the national response phases.
15	Ensure that CPFT achieves and maintains a key role in key research objectives, with a specific focus on those that may relate to or impact on Covid19.
16	Ensure that CPFT contributes effectively to and maintains a key role in working with system partners to support a co-ordinated and cohesive response for the benefit of the C&P community and staff.

Name: Scott Haldane

Role Title: Director of Finance / Gold Chair

Signature of Approver:



Date: 17.08.20

INFORMATION	M/ETHANE TEMPLATE	I3
ROLE	Director On-Call / Strategic Commander	
ACCOUNTABLE TO	Chief Executive	

I3 – METHANE Template Time	N/A	**Date**	17.08.2020
Name of Caller	N/A	**Telephone No.**	N/A
Director Name	Scott Haldane	**Director Role**	Strategic Commander

M **Major incident YES / NO**	YES – stepped down to level 3 (01.08.20)
E **Exact Location**	Trust-wide
T **Type of Incident**	Pandemic
H **Hazards**	▪ Disruption and changes to normal service and business ▪ Inability to maintain PPE and safe practice ▪ Contamination and contagion of Covid19 ▪ System approach to managing the incident response ▪ Requirement of community-based support could outstrip demand ▪ Pace of change and the organisational need to respond and be agile whilst sustaining the duration of response to the incident ▪ Self-isolation is reducing our workforce ability to respond, and rollout of test and trace could impact on ongoing staffing resources ▪ Potential health impacts for non-Covid19 patients ▪ The ongoing demands on the Trust in the sustained response to Covid19 ▪ Phased return of staff to the workplace may bring additional risks to the Trust response ▪ Childcare issues may impact on staff capacity, which in turn could impact on the Trust response ▪ Wearing of masks in workplace setting and social distancing may further impact on normal work service and business
A **Access**	Trust-wide: ▪ Trust is restricting access to all clinical and non-clinical areas for non-essential staff and visitors ▪ Trust is redesigning the models of delivery of care to minimise the opportunities for cross-infection between services

	▪ The Trust is reinforcing social distancing in the workplace, requiring home working where possible and taking positive action to reduce transmissions via additional infection control measures
N **Number of casualties**	A daily SITREP is received from the organisation and system that provides accurate updates
E **Emergency Services**	The Trust is responding within the guidance of the CCA and is working as part of the wider health and care system with other category 1 & 2 responders.

Appendix 4

CPFT Staff Wellbeing activity during Covid19

Communications

Wellbeing Wednesday newsletter	Shared weekly to Health and Wellbeing Champions and in the Staff News bulletin, highlighting a different theme each week and linking with topical events
#spiritofCPFT Sharepoint	Easily accessible, hosts up to date information and resources on wellbeing, both internal and nationally available
Yammer	We have used this communication channel to keep wellbeing up the agenda in colleagues minds, for example by running a monthly draw for a wellbeing mini hamper in which colleagues share images of their wellbeing activities

Resources

Toolkits	Two toolkits were produced by the SWBS, one on wellbeing when working from home and the other on wellbeing for "on-site" workers. These were promoted through Talk to Tracy, Staff News, DMT meetings and the command structure. These have been well received throughout the Trust, with feedback including "*I wanted to say thank you for the 'CPFT working from home toolkit' booklet. It is full of really useful tips and is very acknowledging and understanding of what we are trying to manage working from home, the working at home with children part really resonated with me. Just thought I would say thank you as sometimes we don't say it enough."*
Wellbeing Wednesday Webinars	Four webinars were produced in collaboration between the SWBS, Organisational Development and Psychological Services. The topics are 1) Psychologically Savvy Conversations, 2) Fatigue Management, 3) Stress Management, 4) Posture Matters. 118 staff have attended the webinars in August, with similar numbers booked for September. Feedback from the Wellbeing Wednesday Webinars rate them overall at an average of 4.64 out of 5, with 76% of attendees saying there is nothing they disliked.
E-learning	E-learning packages on work/life balance, physical activity/posture and stress management have been produced and are hosted on the CPFT Academy. The nationally available Psychological First Aid training is also hosted here and has been directly promoted to Health and Wellbeing Champions and managers (via the Psychologically Savvy Conversation webinar), although is available to all staff.

Services

Staff Wellbeing Service	This service is occupational therapy and physiotherapy led, and focusses on enabling staff to remain well in work in three ways - 1) upstream/health promotion activities, 2) midstream/supporting staff to manage existing health conditions and 3) downstream/supporting successful return to work after illness. The service is additional to occupational health, and staff can

	self-refer for any reason. During Covid-19 the service has adjusted to provide virtual consultations, team support and webinars. During Covid-19 referrals for musculoskeletal pain/injury have increase around 20%, largely due to staff working from home without good workstation set ups. After an initial lull in referrals for stress, work-life balance and mental health conditions, these have increased by 100% in July/August. Much of this is related to staff who have been redeployed or are struggling with home working. Feedback from staff who have used this service both before and during Covid-19 is consistently positive, with **83%** agreeing or strongly agreeing that their **health and wellbeing has improved** since receiving support from the SWBS. **60%** agree or strongly agree that the intervention they received helped them to feel **more productive in their role. 74%** agree or strongly agree that they have more **awareness of their own health and wellbeing needs. 75%** agree or strongly agree that they are **more able to manage their own health and wellbeing.** One piece of feedback recently received is recorded below: "*I would like to express my thanks to the team. The support and encouragement provided by Marian, Physio and Jo, OT was so good. They were both compassionate, supportive and practical, very helpful. Physio outcome: I now have regular sessions with Adrienne and Benjie (dog) doing Yoga for neck and shoulders.* *I have tried a few other U Tube sessions and found the sessions relaxing and just the right duration, pace and strength for me, basically gentle and slow. Really good!!!! OT: Well, I cannot believe that Jo's advice would have made such a difference in reducing my neck and shoulder pain. I now sit differently my home work area and it continues to work. I also have a headset provided by the LDP which I received today. Talking to both ladies really helped me. I have been able to identify what I need to thrive in my role. I do not want to go back to the very high levels of anxiety and stress I experienced before the COVID 19 restrictions. I now know what I need to keep mentally and physically healthy. This will require some reasonable adjustments to be made by my team but I will cross that bridge when required. Thank you very much. P.S. And I am running, have more energy with a fraction of the stress and anxiety*."
Call Back Service	Developed by Psychological Services in conjunction with the SWBS. This offers calls every weekday between 8-9am, 2-pm, 5-6pm but can offer more flexible call backs if required. Staff request a call back at a specific date and time. The call backs are provided by psychologists, chaplains, arts therapists. Themes of call backs are emotional support, normalising & validation, connecting with own resources and strengths, signposting to wellbeing apps, signposting to self-referral, contact with GP
20 Minute Care Space	Facilitated by a group of clinical psychologists across inpatient wards. The purpose of a 20 Minute Care Space is to provide a space for self-care through facilitated connection and support. Attendance has varied across sessions due to staffing levels and demands on the wards. As a result, most of the staff groups for each ward have come to at least one session – representing medical colleagues, nursing / HCA, allied health professions, as well as regular bank staff.

	Feedback from staff includes: "*some have told us that the idea of a structure had been off-putting to them when they first came along, but once they had settled into the session they found it helpful to know what' was expected of their sharing and to feel safe to do so. People have expressed that they feel calmer, and more relaxed when returning to their work from a Care Space session. Those who have previously attended do try to return. We have adapted the model slightly to include an extended relaxation segment at the end following positive feedback about this element. Those staff who are concerned about getting work done, find that the shorter length of Care Spaces (20 mins versus a standard hour for reflective practice) are more easy to fit into their schedule; "It's an opportunity to take a moment's pause, to slow down", "I really appreciate the relaxation and breathing exercises*"."
Team Talk and Schwartz Rounds	Schwartz Rounds are a unique space to think about the emotional impact of the work we do. These were routinely provided across CPFT prior to Covid-19, and have resumed in a virtual format now that we are out of the initial lockdown and emergency response. During the initial phases of Covid-19, Team Talk was offered as a targeted, shorter version of Schwartz Rounds. This was well received across the Trust.
A space to breathe rooms	These were developed as a response to the request for "wobble rooms" in our inpatient clinical areas. One was developed at the Cavell Centre (Peterborough) and the other at Fulbourn Hospital (Cambridge) by and for staff who were continuing to work on site. These have been well received by those who work on those sites.
Mindfulness	The SWBS facilitates and administers an 8-week course. This has been adjusted during Covid-19 to be facilitated virtually. Additionally, a weekly catch up at variable times has been offered to staff who have previously attended the course, to encourage individuals to use their mindfulness skills to manage stress related to Covid-19. Outcome measures and feedback from the Mindfulness course is routinely collected. Of the responses available all participants of the 8-week mindfulness course have shown increase in self-compassion or reduced stress. In answer to whether the course was helpful and whether they intend to continue their practice, all responses were 8-10 out of 10. Qualitative feedback includes: "*The mindfulness course was one part, but a significant one, of me coming to a healthier way of being, and for that I am extremely grateful to Jo and Lynn (who led it) but also to the larger Staff Well-being Team and CPFT itself for recognising the importance of looking after their greatest resource in this way. And guess what? I use so much of what I've learnt in my role, supporting both staff and patients, so I reckon that was money well spent, don't you?"*

Planned activity

Health promotion (upstream working)	Health promotion campaigns linked to national awareness days are planned. The ones we have prioritised are targeted to issues frequently

	experienced by our staff members – including back care week, world mental health day and winter wellbeing. Winter wellbeing will be linking with the flu campaign. We are working with colleagues from physiotherapy, dietetics, Head 2 Toe Charity, psychology, health coaching and our Health and Wellbeing Champions to support health promotion.
Physiotherapy	We are resuming face to face contact by our in-house physiotherapy and referral to external physiotherapy where needed.
Workstation assessment and advice	Going forward we will link with the working safely group to support those continuing to work from home to ensure that they have correct equipment and prevent further MSK injury and pain. As part of our face to face restart we will consider face to face workstation assessments for those that are more complex.
Mental health	We will continue to provide 1:1, bespoke support (occupational therapy) for those with mental health conditions to remain well in work. There is a business case for psychology in the SWBS underway to support the mental health provision for staff, and to pick up where the call back service leaves off. We will monitor the requirement for this support (at time of writing, referrals have increased by 100% for the last 6 weeks) and the resource available to support this.
Return to work advice and guidance	We will continue to provide bespoke advice and guidance on phased return to work for all staff who have had a sickness absence, but with a particular focus on those who have been on sick leave for 4 weeks or more. This is to be included as part of the Sickness Absence Policy review (shift to Supporting Employee Attendance Policy and Guidance).
Staff Networks	In the coming months we will work more closely with staff networks including BAME, LGBTQ+ and Wearing 2 Hats to better understand wellbeing needs of these groups, how we can support and where we need to adjust our approach to improve engagement

Agenda Item No: 6

CAMBRIDGESHIRE & PETERBOROUGH CLINICAL COMMISSIONING GROUP (CCG) FINANCE UPDATE

To:	**Health Committee**
Meeting Date:	**17TH September 2020**
	Cambridgeshire & Peterborough CCG
Purpose:	**Update on CCG financial regime April 2020 to September 2020 and the month 4 financial position.**
Recommendation:	**The Committee is asked to note and provide comments on the current Clinical Commissioning Group (CCG) financial regime and month 4 financial position.**

	Report Author
Name:	**Louis Kamfer**
Post:	Chief Finance Officer
Email:	Louis.kamfer@nhs.net
Tel:	

1. BACKGROUND

1.1 The finance regime for the CCG has changed from April 2020, due to the Covid-19 pandemic and changes made by NHS England (NHSE) to accommodate this. This paper outlines these changes and the impacts on the CCG.

2. MAIN ISSUES

2.1 Month 1-6 Financial Regime

2.1.1 In April 2020 NHSE/I issued financial guidance to cover the first 4 months of 20/21 to support the management of the Covid-19 emergency. In summary this guidance:

- Suspended financial planning and contracting with NHS organisations for 2020/21.
- Set monthly block payments values that CCGs are required to pay to NHS providers.
- NHSE/I took over contracting directly with acute independent sector providers, so CCG contracts and payments stopped.
- CCGs were told to continue to contract with all other non NHS providers.
- A new rapid discharge process was established that meant there were no new CHC assessments and all discharged patients, including those that would have been Local Authority funded, were funded by the NHS.
- An allocation was issued to CCGs to cover months 1 to 4 and CCGs were expected to breakeven within this allocation.
- However, NHSE/I have been reviewing CCG I&E position monthly and issuing retrospective allocations to fund all reasonable Covid-19 spend and deficits.

2.1.2 This guidance has now been extended to the first 6 months of 20/21, covering the period up to the end of September 2020.

2.2 Month 4 Financial Position

2.2.1 The CCG has now reported on its financial position at month 4.

2.2.2 An initial allocation of £441,549k was issued to the CCG to fund months one to four expenditure. This allocation was based on the first four months of the CCG's recurrent allocation but with two non recurrent adjustments; an additional £11.8m for the CCG core allocation and a £2.1m reduction to delegated commissioning; these values were determined by NHSE/I.

2.2.3 At month 4 the CCG has also received retrospective allocations to cover all Covid-19 expenditure, the free nursing care 19/20 additional payment and the deficit at month 3.

2.2.4 Table 1 over the page shows the month 4 CCG allocation.

Table 1: Month 1 to 4 allocation	CCG Core	Running Costs	Delegated Comm	Total
	£'000	£'000	£'000	£'000
4 months of the CCG recurrent allocation	381,507	5,609	44,785	431,901
NHSE adjustments	11,768		(2,120)	9,648
Retrospective allocation - Covid Spend	8,455		1,287	9,742
Retrospective allocation - Free Nursing Care	824			824
Retrospective allocation - Deficit	643			643
CCG Allocation months 1 to 4	**403,197**	**5,609**	**43,952**	**452,758**

2.2.5 At the beginning of the financial year (pre Covid-19) the CCG had a draft 2020/21 financial plan with a deficit of £54.5m deficit, this equates to £18.1m for four months. Following the implementation of the financial regime described in section 2.1 of this report, the CCG is reporting an actual month 4 deficit of £6.1m. The impact of this financial regime on the month 4 position is shown below in Table 2.

Table 2: Summary of Forecast Deficit	£'000	Commentary
Four months of planned deficit	**(18,161)**	Four months of the £54,484k deficit planned for 2020/21
Allocation Changes		
Additional programme	11,768	
Delegated reduction	(2,120)	There is no corresponding reduction in spend as the delegated budget was not sufficient to meet the current costs
Month 1 to 3 retrospective allocations	11,209	Covid - 19 (9.7m), Free Nursing Care (£0.8m), top up (£0.6m)
Net allocation change	**20,857**	
Impact of national guidance		
Acute reduction in spend	3,865	Block payments to NHS providers and no independent sector contracts
CHC reduction in spend	1,602	Reduction in spend as patients enter new COVID discharge pathway
19/20 funded nuring care	(828)	Retrospective uplift for 19/20 paid in 20/21
COVID spend	(13,531)	
Net impact of national guidance	**(8,892)**	
Other	**1,616**	
GP prescribing	**(1,500)**	Increase in prescribing levels in April and prices due to stock shortages.
Month 4 deficit	**(6,080)**	

2.3 Future funding model – Months 7-12

2.3.1 Phase 3 implementation guidance has been issued but there are still some issues requiring clarification.

- CCG allocations for months 7-12 have not yet been released, we know that they will be calculated on a similar basis to months 1-6 but we do not yet know the exact value.
- Block payments to NHS providers will continue to the end of the financial year but the value of these may change.
- The system is expected to achieve a breakeven position.
- NHSE/I contracts with independent sector providers will continue to the end of March 2021.

- The Covid hospital discharge pathway will cease, continuing healthcare has returned and new guidance “Hospital discharge service: policy and operating model” was published on the 21 August.

2.3.2 The CCG is currently working with partners to produce a system financial plan for months 7-12 (phase 3) of 2020/1; the submission date for this plan is 21 September 2020.

2.4 NHS debt write off

2.4.1 At the beginning of April the Health Secretary announced that £13.4m of NHS debt would be written off. This debt related solely to NHS Providers and not CCGs, therefore the CCGs cumulative debt of £133m still stands.

2.4.2 The mechanism for writing off these provider loans is for Department of Health and Social Care (DHSC) to issue Public Dividend Capital (PDC). NHS providers must pay a PDC dividend to DHSC, this dividend is calculated at a rate determined by the Treasury.

Source Documents: None

Agenda Item No: 7

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

To:	**Health Committee**
Meeting Date:	**17th September 2020**
From:	**Director of Public Health**
Electoral division(s):	**All**
Key decision:	**No**
Purpose:	**This report provides an update requested specifically by the Committee on:** - **The system response to promoting childhood immunisation uptake during the current Coronavirus pandemic** - **What the early data is telling us about how the Coronavirus pandemic has impacted childhood immunisation uptake** - **initial approach to the recovery phase and preparation ahead of the winter flu season**
Recommendation:	**The Committee is asked to note and comment on the actions undertaken to date in responding to the impact of the ongoing Coronavirus pandemic on childhood immunisation uptake.**

	Officer contact:		***Member contacts:***
Name:	Raj Lakshman/ Helen Freeman	Names:	Cllr Peter Hudson
Post:	Public Health Consultant/ Team Commissioning Manager	Post:	Chair
Email:	Raj.lakshman@cambridgeshire.gov.uk/ helen.freeman@cambridgeshire.gov.uk	Email:	Peter.Hudson@cambridgeshire.gov.uk
Tel:	07905989337/ 07775406283	Tel:	01223 706398

1. BACKGROUND

1.1. Immunisation is one of the safest and most effective ways of providing protection against disease as, following vaccination, people are far less likely to catch the disease if there are cases in the community. Beyond the individual level, vaccination has numerous benefits for society. If a proper immunisation schedule is implemented in a population, even those who are not vaccinated such as new-born babies, elderly people and those who are too sick to receive vaccination, can benefit from this *herd protection*[1].

1.2. It is widely acknowledged that vaccination programmes have an enormous positive economic impact. Though vaccines require funding, they lead to long-term savings through reduction in health costs and avoidance of loss of productivity from the workforce.

1.3. The ability to reliably measure vaccine coverage plays an essential role in evaluating the success of a vaccination programme, identifying susceptible populations for further interventions and informing future vaccine policy decisions.

1.4. Children in the UK are vaccinated against a number of infectious diseases through the NHS-funded childhood vaccination programme which protects children from: diphtheria, haemophilus influenza type B (Hib), hepatitis B, Human Papilloma Virus (HPV), influenza, measles, meningococcus (ACWY and B), mumps, pertussis (whooping cough), pneumococcus, polio, rotavirus, rubella and tetanus.[2] In addition, children at-risk also receive the BCG vaccination against tuberculosis.

1.5. The aim of childhood vaccination programmes is to achieve at least 95% uptake, although the target uptake in the Public Health Outcomes Framework is 90%.

2. CONTEXT

2.1 Concerns have been raised that the Coronavirus pandemic may have caused significant reduction in childhood vaccinations uptake. It is thought that parental anxiety on attending a surgery or clinic setting and perceived access and delivery restrictions may been seen as a barrier for parents getting their child vaccinated. There are also concerns that parents will not know whether a fever in their child following immunisation is due to their immunisations or to COVID-19.

2.2 The UK Government's guidance throughout the pandemic is that the childhood vaccination schedule should continue during this time[3]. The World Health Organisation (WHO) have warned that disruption to vaccination programmes during a pandemic can result in an increase in vaccine preventable diseases, stressing the importance of immunising children[4].

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[1] https://www.abpi.org.uk/new-medicines/vaccines/economic-and-social-impact-of-vaccines/

[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/899423/PHE_Complete_Immunisation_Schedule_Jun2020_05.pdf

[3] https://www.gov.uk/government/publications/vaccine-update-issue-306-march-2020

[4] https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/technical-guidance/2020/guidance-on-routine-immunization-services-during-covid-19-pandemic-in-the-who-european-region,-20-march-2020

2.3 The NHS Phase 3 response to Covid-19 highlights prioritising immunization and screening as services are restored and Primary Care is likely to receive financial incentives to meet targets[5].

3. PROMOTING CHILDHOOD IMMUNISATIONS DURING CORONAVIRUS

3.1 On the 24th March 2020 Commissioners received notification that the School-Based Childhood Immunisation service had suspended practice whilst scoping was being undertaken to see whether the service had the capacity and capability to support General Practitioners (GPs) in administering preschool (infant) vaccinations. This disruption to delivery was further exacerbated by school closures.

3.2 Around this time, enquiries were also coming through to Public Health England regarding GP clinic cancellations for essential health checks including maternal mental health reviews, infant vaccinations and newborn physical examinations (NIPE).

3.3 A core team from across Early Help, the Healthy Child Programme providers and Public Health commissioners have continued with regular weekly meetings throughout this period to share information and communicate any changes. These concerns were escalated through this forum, resulting in a number of focused meetings regarding the concerns set out in 3.2.

3.4 To understand the local position, a questionnaire was circulated by the CCG to all GPs in early April 2020 seeking clarification on the following:

- Is the mother and baby 6-8 week check still happening, if so when, i.e. being combined with the 8 week immunisation appointment?
- Are all the baby immunisations happening?
- Is the NIPE (Newborn Infant Physical Examination) happening?

3.5 The outcome of this survey identified that all GP's were doing physical baby exams at between 6-8 weeks, however some had moved the appointment to 8 weeks to coincide with the immunisations. There were virtual appointments in some GP's practices but these were all followed up with an in person baby physical exam and the 1st immunisation delivered at the same time. Additionally there were no reported issues regarding vaccine supply.

3.6 The Healthy Child Programme has continued to promote messages via social media on the importance of immunisations and these are reiterated during mandated contacts. They have amended their caseload database recording system to include a 'quick access' function to enable staff to rapidly view immunisations history prior to a contact - it is anticipated that this will help support MECC (making every contact count) across all contacts.

3.7 Public Health officers have worked with colleagues in Education, Early Help and the communications team to include immunisation messages into the broader 'Keeping on Track' campaign, and building these into core 'Back to School' messages.

[5] https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf

3.8 A letter has been sent out to all parents of children starting school in September encouraging them to immunise their children (pre-school booster, MMR 2nd dose and flu vaccine) and to provide information on how to arrange immunisations.

3.9 Work will be undertaken within the Best Start in Life programme to promote consistent messaging regarding immunisations. This includes working with Early Years settings to encourage conversations with families who may have missed vaccinations and by sending out letters to parents in early years settings (similar to the schools letter mentioned in 3.8).

3.10 A robust recovery and catch-up plan has been developed by the School-Based Childhood Immunisation service in conjunction with the Education Directorate and includes school and community based clinic delivery. Investigation is underway on how to reach those who are home educated.

3.11 The School-Based Childhood Immunisation service have received updated national guidance regarding the winter flu vaccine delivery plan, extended to children in year 7 and to families of those who have been shielding (link to letter in source documents). Hence this year the children eligible for the flu vaccine are all children aged 2-11 years, those in clinical risk groups and those in shielded families. The target is for 75% uptake.

3.12 Public Health officers are involved in developing the action plans for delivery of this programme. Officers attend the weekly Clinical Commissioning Group (CCG) led Flu Task and Finish Group, and an operational group looking specifically at delivering this vaccination across Children's and Maternity services has been established to ensure we maximise take up.

3.13 This season an inactivated flu vaccine may be offered to those children whose parents refuse the live attenuated influenza vaccine (LAIV) due to the porcine gelatine content, in order to achieve sufficient coverage to prevent localised outbreaks. Providers of children's vaccination services are waiting for further instruction on the offering of this service.

3.14 Health Committee queried whether immunisation against RSV (Respiratory Syncytial Virus), should be added to the childhood vaccination schedule. RSV is one of the common viruses that cause coughs, colds and bronchiolitis in winter however it can cause a severe respiratory infection in infants at increased risk. There is not however a routine vaccine available, although Palivizumab – a monoclonal antibody – can be given to high risk infants (with immunodeficiency, heart or lung disease). This is very expensive and needs to be provided via monthly injections throughout the winter season (October-March) and the Joint Committee on Vaccination and Immunisation (JCVI), currently only recommend it for high risk infants[6].

4. WHAT THE EARLY DATA IS TELLING US

4.1 Nationally, it had been reported that there is the potential for immunisation uptake to have dropped by up to 60%, however initial data suggested that the East of England has not followed this trend although there has been some drop in coverage.

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6 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/458469/Green_Book_Chapter_27a_v2_0W.PDF

4.2 NHS England are unable to share local coverage information that is not in the public domain, due to quality assurance and validation requirements and data for Q1 2020/21 (April-June 2020) will be available in September 2020.

4.3 The latest publically available data is from Quarter 4 2019/20 (January - March 2020)[7].

Table 1 - Vaccination coverage at 12 months (January - March 2020, children born Jan to March 2019)

Area	DTaP/IPV/Hib 3doses (%)	PCV 2doses (%)	Rotavirus (%)	MenB (%)
Cambridgeshire	95%	95.3%	94%	94.5%
Peterborough	91.6%	92.2%	86.9%	92.1%
East of England	93.3%	94.4%	91.8%	93.9%
England	92.7%	93.3%	90.7%	92.8%

Table 2 - Vaccination coverage at 24 months (January - March 2020, children born Jan-March 2018)

Area	DTaP/IPV/Hib 3doses (%)	PCV 2doses (%)	Hib/MenC booster (%)	MMR1st dose (%)	MenB booster (%)
Cambridgeshire	95.2%	93.3%	93.1%	93.5%	91.8%
Peterborough	92.7%	87.5%	87.8%	87.9%	85.8%
East of England	93.6%	92.4%	92.4%	92.2%	90.4%
England	93.7%	90.7%	90.9%	90.8%	89.3%

Table 3 - Vaccination coverage at 5 years (January - March 2020, children born Jan-March 2015)

Area	DTaP/IPV/Hib 3doses (%)	MMR 1st dose (%)	MMR 2nd dose (%)	DTaP/IPV booster (%)	Hib/MenC (%)
Cambridgeshire	96.4%	96.1%	90.6%	89.3%	92.8%
Peterborough	94.2%	93.4%	86.6%	85.3%	89.5%
East of England	96.4%	95.9%	89.8%	88.8%	93.7%
England	95.5%	94.6%	86.9%	85.7%	92.8%

Key:
DTaP/IPV/Hib/HepB or hexavalent vaccine - combined diphtheria, tetanus, acellular pertussis, injectable polio, Haemophilus influenzae type b, hepatitis B vaccine
PCV - pneumococcal conjugate vaccine, MenB - Meningococcal B vaccine
MMR- combined measles, mumps and rubella vaccine

4.4 Early insights into coverage data during the Q1 2020/21 period, which will reflect the impact of Coronavirus on vaccination uptake rates suggest that there has been an increase in children not receiving their DTaP/IPV/Hib+HepB vaccination (protecting against diphtheria, tetanus, pertussis, polio, haemophilus influenza type B and hepatitis B), especially doses 2 and 3, and an increase in the proportion of children receiving zero doses. We envisage this will improve as lockdown measures are eased and parents feel more confident about taking their children to GP surgeries. Early data indicate that uptake of 1st dose MMR, Rotavirus and MenB are at similar levels to previous quarter.

7 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/896628/hpr1220_COVER_version-2.pdf

5. ALIGNMENT WITH CORPORATE PRIORITIES

5.1 A good quality of life for everyone

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

5.2 Thriving places for people to live

There are no significant implications for this priority.

5.3 The best start for Cambridgeshire's children

The report above sets out the implications for this priority in sections 1, 2 and 4

5.4 Net zero carbon emissions for Cambridgeshire by 2050

There are no significant implications for this priority.

6. SIGNIFICANT IMPLICATIONS

6.1 Resource Implications

There are no significant implications within this category.

6.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

6.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

6.4 Equality and Diversity Implications

Section 4 sets out details of significant implications identified by officers.

6.5 Engagement and Communications Implications

Section 3 set out details of significant implications identified by officers, specifically 3.6, 3.7 and 3.8

6.6 Localism and Local Member Involvement

There are no significant implications within this category.

6.7 Public Health Implications

The report above sets out details of significant implications in sections 1 and 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

Source Documents	**Location**
UK Government guidance related to vaccinations during Covid-19	https://www.gov.uk/government/publications/vaccine-update-issue-306-march-2020 https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf
Quarter 4 2019/20 COVER programme data	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/896628/hpr1220_COVER_version-2.pdf https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2019-to-2020-quarterly-data
Updated national flu immunisation 2020/21 letter	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907149/Letter_annualflu_2020_to_2021_update.pdf

Agenda Item No: 8

PUBLIC HEALTH AND ENVIROMENTAL HEALTH REPONSE TO COVID-19

To:	**Health Committee**
Meeting Date:	
From:	**Director of Public Health**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** *Key decision:* **No**
Purpose:	**As requested by the Chairman, Vice Chairman and Lead Members to provide information to the Committee and wider public about 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.**
Recommendation:	**The Committee is asked to note and discuss the information provided.**

	Officer contact:		***Member contacts:***
Name:	**Val Thomas**	Names:	Peter Hudson
Post:	Deputy Director of Public Health	Post:	Chair
Email:	Val.thomas@cambrdgeshire.gov.uk	Email:	Peter.hudson@cambridgeshire.gov.uk
Tel:	07884 183374	Tel:	01223 706398

1. BACKGROUND

1.1 The COVID-19 pandemic has called on partners from across the Cambridgeshire system to work together to manage and prevent further COVID-19 outbreaks. District Environmental Health Services (EHS) have a central role in this work and have been using their normal professional roles in relation to outbreaks but also they have an expanded role in relation to outbreak control that involves a very close working relationship with Public Health.

2. MAIN ISSUES

2.1 Every local area has developed its Local Outbreak Control Plan (LOCP) that captures the outbreak control activities and describes the governance of the Plan. Environmental Health (EH) leads in each district contributed to the development of our local LOCP and EHS have an ongoing role in its delivery and governance structures. They are represented on the Health Protection Board, the Local Outbreak Control Plan – Programme Delivery Group and the Outbreak Management Team (OMT) as well as playing key roles in the key delivery groups that are described below. There are also weekly meetings between EH leads and Public Health leads to facilitate communication and a consistent approach.

2.2 A number of Memorandums of Understanding (MOUs) have been agreed between the County Council and districts that cover the EHS contribution to the outbreak control, mutual aid between the districts and data sharing agreements. In addition there is an MOU for funding from the additional COVID-19 allocation for them to build capacity to deliver their additional roles and responsibilities and enable them to respond to any surge in infection rates.

2.3 Each District has a Single Point of Contact (SPOC) that are set up provide a 08.00-20.00 hours/7 days a week function to receive notifications and communications from (LA) Public Health and Public Health England (PHE). The EHS in each District lead their SPOCs and oversee or undertake any required actions.

The OMT sends over a daily surveillance report along with any current situation reports to the SPOC that require EH action such as identifying any Houses of Multiple Occupation (HMOs) that are considered to be high risk settings. This is along with ongoing notifications from the C19 Incident email box.

The SPOC system has been working effectively internally to escalate and deal with issues as they come in and mobilise district services to respond as required. EH and other local intelligence on all settings has contributed to this rapid response and identified areas for improvement.

2.4 The SPOC response also includes the community support teams which have been operational in each district since March. Initially called Hubs they supported vulnerable residents to shield and self-isolate, providing support which included food parcels and medicines. The District Hubs have developed into Rapid Response Teams which work alongside EHS and other services to respond to any outbreak management demands. The County “BRAG” (Blue, Red, Amber, and Green) system has been adapted by each for supporting them to identify and prioritise actions and responses.

2.5 The LOCP has a focus upon outbreak management in five complex settings. Of these, it is the Workplace setting where EHS have the biggest roles. Their historical and ongoing relationships and responsibilities in relation to workplaces and different businesses in terms safety and outbreak management enables them to play a key role in these settings. They work very closely with the Public Health Workplace Cell lead in deciding the required level of intervention and have the key specific responsibilities of risk assessing workplaces, providing infection control information to workplaces, ensuring that workplace contacts are identified and self-isolation of employees if necessary has been undertaken, monitoring and supporting workplaces until the outbreak is declared closed along with supporting asymptomatic testing a number of workplaces.

The Workplace Cell has representation from EHS from all the Districts and more recently from the Health and Safety Executive (HSE) and has following roles and functions

- Provides opportunities to consider outbreak/clusters in each area and learn from experiences and situations
- Ensures a consistent approach to outbreak management
- Discuss/resolve/escalate issues and barriers
- Supports the iterative review and development of procedures in response to the changing environments and directives.
- Overall it provides a forum where EHS, HSE and Public Health can develop a collaborative response to outbreaks.

2.6 The Socially Vulnerable Group/settings is another of the five complex settings included in the LOCP. The Socially Vulnerable Group Cell has representation from services working with vulnerable groups. These services have the relationships with vulnerable groups that enable them to engage with members, provide them with advice on infection control and support for testing. EH has a lead representative on the Socially Vulnerable Group Cell and works closely with the Public Health lead as EHS in their SPOC roles are able to mobilize District Council services e.g. Housing and Homelessness services that have a relationship with these groups and also to work alongside and support key contacts when issues arise within vulnerable groups such as the traveller population.

2.7 Public Health England has developed MOUs for work in high risk settings. These are for use with Local Authority Public Health and partner organisations. There were opportunities to contribute to the development of these MOUs. Contributions for the Cambridgeshire EH leads were very well received as few other areas had this level of involvement from their EHS.

2.8 The LOCP has a Workforce Planning and Training Group that is jointly led by the EH lead for the Districts and Public Health. This Group has identified the skills and knowledge needs and resources that are available across the system. A training plan has been developed and implemented to train professionals from a range of organisations including EH officers, housing officers, enforcement officers, and sexual health service nurses, to enable them to support outbreak control in different roles.

2.9 Districts have been asked to identify potential locations for local mobile testing units. EHS have been playing a key role in this reflecting their local knowledge of their areas, needs and location options.

2.10 The return of students to schools, regional colleges, sixth form colleges and universities is presenting particular challenges for infection transmission and outbreak control as infection rates have increased in the 18-29 age group. A considerable amount of collaborative working is taking place between EHS and Local Authority Public Health to engage with colleges and universities to enable the development of coordinated plans for managing the risks associated with large numbers of students living, studying and socialising and for some travelling together. Cambridge City has particular challenges due to its high number of students. A high-level action plan is in development that includes offering ongoing advice and support to Anglia Ruskin University and Cambridge University along with its 31 affiliated colleges. There is an overarching communication campaign that involves all partners, an engagement programme with the student unions and student accommodation providers, targeted work with the hospitality industry to ensure that the pubs and cafes which students are likely to frequent are COVID compliant and work with the transport hubs which are used by sixth form college students travelling across the County.

2.11 There is a focus upon the infection risks of planned events that attract large numbers of people. EH leads and Public Health have been working together to support the event planning and have inputted into the County Safety Advisory Group. Where appropriate Safety Advisory Groups (SAGs) have been formed in response to particular events to discuss and give any safety advice including ensuring the events are COVID-19 compliant.

2.12 The Containment Framework established in response to the pandemic has prompted Public Health and EHS to work together along with the police to develop an Enforcement Policy and Standard Operating Procedure. The 4E principles of Engage, Explain, Encourage and Enforce are embedded into the framework. This is helping to clarify the enforcement roles of EHS and others. A separate working group has been set up to ensure all documentation, Standard Operating Procedures (SOPs) roles and responsibilities are identified and established.

2.13 EHS have a substantial prevention role in relation to the pandemic. In addition to working on developing the Containment Framework EHS continue with their general everyday enforcement roles that contribute to ensuring that COVID-19 guidance is adhered to through applying business compliance requirements both in the workplace and licensed premises. Similarly they carry out inspections of and licensing of HMOs and are assisting with the safe re-opening of High Streets.
EHS work consistently with Public Health and the Local Authority Communication Team along with district communication leads to disseminate appropriate information and guidance to different settings and organisations that include businesses, workplaces, HMOs. The EHS are able to inform campaigns through their knowledge of local issues such as compliance levels with face coverings and other community issues. This local intelligence allows for focussed and targeted response if outbreaks or cases are identified within the community.

2.14 EHS work with businesses such as pubs and restaurants where owners are asked to collect details of all their customers and clients to support contact tracing efforts. They advise them and supply information to support them to collect the details of potential contacts. However EHS cannot enforce this requirement as it is only Guidance.
The strategic direction for the national Test and Trace Programme is to give greater roles and responsibilities to local areas. There is the expectation that EHS will play a key role in undertaking local contact tracing and training has already commenced to enable them to

carry out this function and contribute to efforts to build capacity in the system to manage surges in infection rates.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

The report above sets out the implications for this priority in **1.1**

3.2 Thriving places for people to live

The report above sets out the implications for this priority in **1.1**

3.3 The best start for Cambridgeshire's children

The report above sets out the implications for this priority in **2.10, 2.11**

Source documents: None

HEALTH POLICY AND SERVICE COMMITTEE AGENDA PLAN	Published on the Council website 1st September 2020	AGENDA ITEM: 10

Notes

Committee dates shown in bold are confirmed.
Committee dates shown in brackets and italics are reserve dates.

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
17/09/20	**SCRUTINY**			07/09/20	09/09/20
	Cambridgeshire and Peterborough Health Foundation Trust (CPFT) response to Covid-19	Tracy Dowling	Not applicable		
	Clinical Commissioning Group (CCG) Finance Update	Jan Thomas	Not applicable		
	PUBLIC HEALTH REPORTS				
	Covid-19 Issues Report	Liz Robin	Not applicable		
	Public Health Response with Environmental Health Partners to help prevent the spread of Covid 19	Liz Robin / Val Thomas	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Response to Childhood Immunisation Uptake during Covid-19	Raj Lakshman	Not applicable		
	Agenda Plan	Rob Sanderson	Not applicable		
15/10/2020	Public Health Grant funding for commissioned NHS Services	Val Thomas	2020/56	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		
	Voluntary Organisations and contractors (additional work during Covid-19) and links to recovery	Val Thomas	Not applicable		
	Business Planning	Liz Robin	Not applicable		
	Homelessness – safeguarding the benefits of additional services provided – linking with Housing Board and Suzanne Hemingway	Val Thomas	Not applicable		
	SCRUTINY				
	National Health Service (NHS) Review of Dental Services	NHS England Officer	Not applicable		
	Liaison meetings report	Kate Parker	Not applicable		
[19/11/2020] reserve date					
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		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Business Planning Final Proposals	Liz Robin	Not applicable		
	Finance Monitoring Report	Stephen Howarth	Not applicable		
	Health Committee Training Plan	Kate Parker	Not applicable		
	Agenda Plan and Appointments to Outside Bodies	Rob Sanderson	Not applicable		
21/01/21	Finance Monitoring Report	Stephen Howarth	Not applicable	11/01/21	13/01/21
	Health Committee Training Plan	Kate Parker	Not applicable		
	Agenda Plan and Appointments to Outside Bodies	Daniel Snowdon	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	Daniel Snowdon	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.		