Health Committee: Minutes

Date: 19th November 2020

Time: 1.30 p.m. – 3.31 p.m.

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

District Councillors, S Clark, D Ambrose-Smith, N Massey and S Wilson (substituting for Councillor Tavener)

347. Apologies for Absence and Declarations of Interest

Apologies were received from Councillors Geoff Harvey, Lucy Nethsingha (substitute Councillor Graham Wilson) and Jill Tavener (substitute Councillor Sarah Wilson).

Councillor Sarah Wilson declared a non-statutory disclosable interest during agenda item 6 Covid- 19 update report having been appointed to the CCS Immunisation Team.

348. Minutes – 15th October 2020

The minutes of the meeting held on 15th October 2020 were agreed as a correct record.

349. Health Committee Action Log

It was reported that a revised version of the Minute Action Log with several updates from Public Health had been published two days before the meeting and circulated to the Committee and was noted with the following update / comments:

- On the action from the Director of Public Health undertaking to contact the Universities and come back to the Committee, as an oral update she was able to confirm from Doctor Linda Sheridan that the University was expecting more students than normal to stay on campus during the forthcoming Christmas break and plans were in hand to support them.
- The Chairman wished to place on record his thanks to the Vice Chairman, Cllr Hay and to Cllr Jones and Harford for the excellent outcome achieved in respect of Hinchingbrooke Hospital. (*Note: As a result of taking the petition concerns raised at the last meeting on the proposals for outsourcing to the Trust Liaison meeting* on *29th October, the CEO acknowledged a degree of informality and flexibility in the procurement process, including potential for separate arrangements for the different services. Subsequently, the Trust agreed with unions to keep the 72 NHS staff employed at Hinchingbrooke Hospital for at least the next 5 years, carrying out the jobs that they currently do)*

350. Petitions and Public Questions

There were no public questions or petitions by the Council Constitution deadlines.

Change in the order of agenda

Due to Raj Lakshman, the Council's Public Health consultant, needing to leave at 3.00 p.m. for a telephone conference to advise a school regarding a local outbreak, the Chairman, with the consent of the Committee, agreed to re-order the agenda. It was agreed to take Report 7 'Aligning the Age for Counselling services to Children and Young People across Cambridgeshire and Peterborough' as the next item of business.

351. Aligning the Age for Counselling Services to Children and Young People across Cambridgeshire and Peterborough

This report was a follow up to the report received at the October meeting where this Committee had agreed that Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) would lead a procurement, working jointly with Cambridgeshire County Council (CCC) and Peterborough City Council (PCC), to deliver children and youth counselling services across Cambridgeshire and Peterborough. However the Committee had requested more information before taking a decision on whether to align Cambridgeshire with Peterborough in relation to the age limit on providing mental health counselling services.

Currently the service, provided by CHUMS Mental Health and Emotional Wellbeing Service was available for those aged 4 (school age) to 25 years old in Cambridgeshire and 4 (school age) to 18 years old in Peterborough. The intention was to align the age range across the service. This Committee at its last meeting had expressed serious concerns about reducing the upper age limit for access to the new service from 25 to 18 years in Cambridgeshire, without officers being able to show that there would be adequate support for those between the ages of 18 to 25. The general view expressed being that for many children in this age range, adult mental health services were not appropriate.

The report highlighted that The NHS Long Term Plan recognised the challenges and vulnerability associated with the young adult population and the intention was to extend current service models to create a comprehensive offer for 0-25 year olds that reached across mental health services for children, young people and adults. Aligning to the ambition of the NHS Long Term Plan, the service being commissioned therefore needed to work towards ultimately being a 0-25s service.

- The report set out in detail the demand for Mental Health services in Cambridge shire and Peterborough. It was explained that the current contract was £736,000 per annum comprising of the following:

    - Peterborough City Council (PCC) £220,000 per annum (pa)
    - Cambridgeshire County Council (CCC)£276,000 pa
    - Cambridgeshire & Peterborough CCG £240,000 pa

Currently CCC contributed 56% of local authority funding compared to PCC's 44% and was not reflective of activity levels. Across the different aspects of the service the activity for CCC was 68-71% and PCC is 25-30%. To realign the disproportionate split in investment and activity the report proposed that the investment for the re-commissioned service should be on the following more equitable arrangement that was reflective of population size and activity:

- Peterborough City Council 30% equating to £150,000 pa (decrease of £70,000)
- Cambridgeshire County Council £350,000 pa equating to 70% (an increase of £70,000 on current investment in the service)

The options were as follows with Option 1 being the recommended option:

1. Increase the CCC contribution by £70,000, to balance the CCC and PCC contributions appropriately in relation to contract activity. This would enable young people aged 18-25 to continue accessing the service.
2. Keep the CCC funding envelope as £280,000 and reduce the age limit of the service to 18 years (up to 18th birthday) with the older age group receiving the alternative services available to them.

Issues raised in discussion included:

- Querying whether the monies quoted would be enough as the report talked about CHUMS inheriting a waiting list when it took over the contract and had continued to struggle to meet the significant demand from young people. The increase in monies from the CCG of half a million pounds had been a big help and the new contract was expected to make savings to free up resources as a result of the proposal for a single point of access from the time saved of not being passed between different services. The aim being that they would be directed to the right service area for their needs from the initial point of contact. In addition, recently appointed children's wellbeing practitioners were undertaking more 1 to 1 Counselling. The Member who raised the issue highlighted that the CCG increase to £565k was not new money and would be taken from other areas and asked there should be a monitoring update report back to Committee in due course to check whether the demand was being met. Action: Raj Lakshman

It was resolved unanimously to:

Increase the Cambridgeshire County Council (CCC) contribution by £70,000 enabling young people aged 18-25 to access the service ensuring there is a counselling service up to the age of 25.

Scrutiny

352. Addenbrooke's Cambridge Children's Hospital Project and Engagement Update

In December 2018, the Government announced that it would invest up to £100 million of capital to build a children's hospital in Cambridge for the East of England region. (currently the only region without one).The intention of the Hospital was to deliver a whole new approach to healthcare for children and young people across the east of England and beyond, with their stated ambition to treat the whole child, looking at both their mental and physical health. The Chairman welcomed the Cambridge Children's Team to the meeting. The purpose of the report and presentation was to formally brief the Committee regarding developments on the proposed new Cambridge Children's Hospital a joint project between Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), Cambridge University Hospitals NHS Foundation Trust (CUH) and the University of Cambridge (UoC), together with children, young people and their families (CYPF), and partners across the region. Feedback was sought regarding the proposed

approach to engagement, which aimed to ensure patients, families and the public were involved in co-developing the plans.

It was highlighted that in April the Department for Health and Social Care (DHSC) gave approval of the Strategic Outline Case (SOC). The SOC allowed for the provision for 37 Community Child and Adolescent Mental Health Services (CAMHS) beds, six operating theatres, 13 Paediatric Intensive Care beds and parent rooms, 71 inpatient beds (including beds for 16 to 19-year olds) and 28-day case beds. It had also enabled access to early draw-down funding set aside by the Government to progress the project further.

Details were provided on the following:

- On the establishment of the Cambridge Children's Team created to support the Cambridge Children's Hospital Project
- funding of £100 million would be required to match the public funding committed by DHSC. In order to help achieve this, a Campaign Board had been established.
- A key requirement identified was to take account and seek a young person perspective. For engagement the intention was to ensure that children and their families werre embedded within the project and actively involved in developing plans for the Hospital. Significant engagement has already taken place to ensure the views of CYPF were central to the project and were detailed in Appendix 1 to the report. Engagement undertaken included a Family Fun Day and workshop sessions with CYP via zoom. A video summarising a Zoom session was produced for Councillors to view. These activities showed the importance of listening to children's views. For example, one of the key findings from the consultations was that children still wanted to be able to see their pets in hospital – a factor which was unlikely to have been considered if children had not been asked for their views.

- Future engagement was to be via:

  a) Cambridge Children's Network launched in November with the details set out Appendix 2: Cambridge Children's Network strategy paper.

  b) Commissioning existing patient groups and networks across the region to carry out engagement and consultation on behalf of the Cambridge Children's Team.

- One of the first tasks of the Cambridge Children's Network had been to assist in choosing the successful Design Team. Through a process of four facilitated creative Zoom workshops, eight young people came up with "The People Test" -a means of interviewing candidates from a shortlist of three potential architectural firms to identify if they had the qualities the children thought were important for designing a children's hospital. (A short 90 second video had been provided on the preparations undertaken).
- It was highlighted at the meeting that the services to be provided were not 'walk-in' or 'elective' services, the intention being that CYP would be referred to CAMHS services by health professionals and assessed by a consultant prior to being accepted for admission to the Cambridge and Peterborough services being offered. The services were regional and national and therefore CYP could be admitted from anywhere in the country, and would help relieve the pressure from Great Ormond Street Hospital in London.

- In order to gain the benefits of integrated mental and physical healthcare, co-location of acute and CAMHS services was required and therefore only one option was under consideration; integration into a single children's hospital in Cambridge.
- staff engagement was still ongoing with details set out in paragraph 2.6 of the report
- A new virtual reference group had been established so that clinical and operational healthcare professionals from across the region could meet on a bi-monthly basis to help build a shared vision for the new hospital.
- The new Hospital was to be built opposite the Rosie Hospital on the Cambridge Biomedical Campus, and would, due to the existing public transport services be easier for people to get to in comparison to Fulbourn, where the mental health wards were currently based.
- Feedback from Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) staff had included some concerns around car parking and was something that would continue to be explored as the project progressed.
- It was highlighted that the NHS now required all new builds to be net carbon zero and the Team were in the process of agreeing an environmental and sustainability plan for all the new buildings as part of the Addenbrooke's 3 modernisation plan. This was likely to include electrically powered buildings, and ambitious BREEAM (Building Research Establishment Environmental Assessment Method) targets, amongst other measures, with the design having been reviewed again over the summer for accessibility.
- The intention remained to open the Hospital in 2025 with the timetable being for submission of the Outline Business Case (OBC) in summer 2021, followed by the Full Business Case in spring 2023 and construction later in the summer. As an update it was indicated that Cambridge Children's Team they were interviewing the three shortlisted design and construction teams that week with a final decision expected at the end of the month.
- In October CUH had been able to progress a long standing wish to deliver children's retrieval service meaning sick children could be transported more quickly and effectively to the Intensive care unit at Cambridge This would help relieve pressure from Great Ormond Street Children's Hospital.

Issues raised included;

- As the intention was that it would be mainly an east of England resource one member expressed surprise that even though the University of Cambridge were involved, it was to be called Cambridge Children's Hospital. She suggested that there was a real need to demonstrate that they were reaching out to the rest of the region and naming it Cambridge Children's Hospital was not necessarily the best way. It was explained in reply that as Cambridge University were leading philanthropic fund raising, it would be challenging to obtain donations without the Cambridge branding and also there were already other hospitals serving the East of England. As the hospital was to be based in Cambridge, it made sense to call it by that name.
- In terms of seeking to redefine the hospital's proposed role in a clinical setting, and referencing prevention and early intervention, as the boundaries between Public Health and the NHS were now blurred, the member sought assurance that the management team were aligning their proposals with all the excellent work undertaken by Public Health. She was also unsure if they had a full understanding of all the work undertaken by Public Health. In reply It was explained that:

- a regional clinical reference group had been set up looking at pathways of care and plans to redevelop as part of Health Infrastructure Plan (HIP) 2. The Group was seeking to better understand patient pathways and what could be provided with partners in local settings and also through digital platforms to help treat people closer to home. They fully recognised that the approach would only be successful in collaboration with partners, including public health, primary care, mental and physical health providers.
- The new Cambridge Children's Hospital would use the latest scientific advances, such as genomic screening to help change the life trajectories through early intervention and diagnosis of diseases. They would also be supporting early intervention in communities through the Best Start in Life programme.
- It was highlighted that 75% of mental illness started in childhood and as part of the academic offering Cambridge Children's would use the latest physiological and biology research to understand how childhood adversity could lead to mental health problems in adults.
- New care models were being looked at in collaboration with care providers in the region to decide where children's beds would be best placed in the East of England region with it already having been decided that Cambridge Children's Hospital would the main provider of beds for children with eating disorders.
- The intention was for it to be a "hospital without walls" in the sense that it would use advances in virtual technologies and the experience gained from Covid to greatly increase the number of outpatient consultations and meetings with other healthcare providers through virtual platforms. This would have a significant saving in travel time which could be used more productively.
- Raj Lakshman was able to confirm that Public Health had been working closely with CPFT on the proposals.

- Car-parking and accessibility was very much a cause for continued concern, as it was not just about a rail and bus station. Consideration needed to be given by the Hospital to encourage and enable people to travel in different ways, as otherwise with additional facilities, this would inevitably lead to long queues trying to enter the car parks and everything was likely to grind to a halt. There needed to be innovative thinking, including the possible use of vouchers for workers.
- Referencing the Hospital's zero carbon aspirations, one Member suggested that it appeared to be a missed opportunity as it was not just about buildings, but also access to the site, car parking and travel change opportunities. The project should use the opportunity to apply zero net emissions to all journeys accessing the site and this was not just about considering the last mile's travel to the site.
- Querying the financing, a question was raised on how confident the Team were regarding meeting the £100m fund raising target and how any shortfall would be addressed. The Campaign Board still believed it was achievable and were working with CUDAR (Cambridge University Development and Alumni Relations) as 50% was for NHS facilities. If was not achieved, then there would be a need to redraft the financial envelope. There were contingency plans from the University if they did not reach their full £50m Target which could involve phasing the programme and building the shell and core, either on a university or a NHS site.

It was resolved unanimously to:

note the report and to receive further updates with the Chairman, Vice Chairman and Lead Members to discuss a timetable for follow up reports at their next meeting Action: Kate Parker to add to agenda

353. Public Health Response to Covid-19

Given the rapidly changing situation and the need to provide the Committee and the public with the most up to date information possible, the Chairman 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.

Key highlights from the report included:

In the latest reporting week 4th November to 11th November, there were 908 new lab-confirmed Covid-19 cases with addresses in Cambridgeshire - a rate of 139 cases per 100,000 population. Within Cambridgeshire County, the rates were highest in Cambridge City at 248 cases per 100,000 which was mainly in the 18-22 year old age group and lowest in East Cambridgeshire at 80 cases per 100,000. Most of these cases would have become infected during the week before the most recent lockdown - All areas saw a significant increase in the numbers of people infected, compared to the previous week - of around 40% in Fenland, Huntingdonshire and South Cambridgeshire, 50% in East Cambridgeshire and just over 100% in Cambridge City. There have been 424 Covid-19 related deaths in Cambridgeshire in the period from March to 6th November 2020 (registered to 14th November). There were four Covid-19 related deaths in the week to 6th November, three in Fenland and one in South Cambridgeshire. All deaths occurred in hospital.

In terms of Cambridge university students reassurance was given that the Director of Public Health was meeting daily with Doctor Sheridan who confirmed that students were co-operating that the right students were being isolated to prevent the virus spreading.

There has been ongoing focus on implementation of the Local Outbreak Control Plan (LOCP), including joint work with the regional Public Health England Health Protection Team to directly manage local clusters and outbreaks. A key focus had been the development of Covid-19 Local Action Plans by Cambridgeshire's District and City Councils. The Plans had been jointly signed off by the District/City Council Chief Executive and the Director of Public Health, and were at the heart of the local approach to prevention of the spread of Covid-19 and would be monitored through the Cambridgeshire and Peterborough Health Protection Board as part of the wider governance of the Local Outbreak Control Plan. It was highlighted that there was an additional £5m Government money to spend on controlling the outbreak improve the local test and trace programme and to help people isolate as the latter was key to stopping the spread the virus.

In terms of the impact of the latest lockdown which had commenced on 5th November this would not be seen until the end of November as there was a lag in the infection and testing and tracing identification of infections.

Issues raised in discussion:

- In noting the 102% increase in Cambridge City over the previous week and this being mainly in the 18-22 age group the Chairman asked whether this was because the older generation were afraid to go out. The Director of Public Health could not give a definitive answer to this as no surveys with regard to the issue had been carried out but it was fair to say many residents were following the government advice and doing the right thing.
- One member highlighted that there were still shops open that were not selling essential goods as required by Government guidance - citing a souvenir shop in Ely. The Director of Public Health commented that some shops had been testing the guidance on what was to be considered essential goods and Environment Health officers had been visiting some shops and advising them they needed to close. It was suggested that any shops that anyone considered was breaking the lockdown requirements should be reported to the local environmental health teams who would investigate.
- It was highlighted that in areas of Cambridge such as Mill Road the lockdown had encouraged more people to cycle and also made it safer for pedestrians.
- One Member expressed concern regarding the returning students from other universities at Christmas, in that while Cambridge University had testing facilities, Anglia Ruskin University (ARU) and some other universities did not ,and asked what extra messages could be undertaken to persuade them to practice social distancing, as their natural inclination would be to meet up with their friends. The Director of Health in response sought to clarify that the rise in the 18-24 age group was not just students, but was young people in general, and agreed that the key issue was to engage with young people to ensure that they did the right thing. There was also the issue that they often did not trust institutions, and for some, it was difficult to comply, because of jobs they were undertaking. Liz Robin also emphasised that some university towns had been very successful in controlling the virus and clarified that ARU and some other universities would be testing students before the end of the term. Officers were looking at communications strategies in what was practical and the best way to engage with them, including liaising with the hospitality sector for planning locally depending on the revised national guidance expected at the end of the current lock down period.
- In that there had been some very good news regarding vaccines a question was raised regarding how Public health were planning for an immunisation programme in Cambridge. In reply it was explained that while it was important to give people hope the vaccines had not yet been yet been approved by the National Health Regulatory Authority (NHRA) and that a vaccine rollout was not yet ready for roll out and was not likely to have any major impact until the Spring. In terms of a mass vaccination programme, this was an NHS / NHS England responsibility and was not a question she could answer, but was one to be directed to her NHS colleagues.
- One member highlighted that in the initial list of priorities on who would be vaccinated first she was surprised that teachers were not included even though there was the pressures to keep them and children in school which meant they were at potentially greater risk than some other groups included on the list. In reply it was important that all key workers able to keep functioning and there was already a rapid testing facility for testing teachers in Cambridgeshire and Peterborough but the current statistics showed that teachers were not in the highest risk groups for severe covid infection and were lower than people such as security guards and taxi drivers,
- Whether the £5m additional funding was sufficient? In reply while the Chairman suggested £8m or even £15m was not enough, all additional financial aid helped and was welcomed.

- One Member suggested that as the Health Committee was responsible for Council staff and many were having to work in less than ideal conditions when working from home, he asked what was the Council doing to support staff and improve morale suggesting that some had approached Members saying they were not being looked after. The Director of Health stated that staff welfare was a top priority for both Joint Management Teams and measures included:

    - daily bulletins often containing health advice,
    - new guidance about not sending emails outside normal office hours to colleagues or if doing so, to have a delay on them so they were not received if sent in the evening until the next morning,
    - The weekly Friday Focus which had health and well-being advice including on taking regular breaks, going out for fresh air, taking regular exercise including going for walks, not to arrange meetings during lunchtime and providing details of webinair sessions to discuss health issues and mental health issues

- In reply the member who had raised the point while grateful, asked if any anonymous surveys were being undertaken to gauge morale as it was not etc. It was indicated that a pulse survey was being undertaken. Further to this response, he asked if a report could come back to the Committee or if not this Committee the most appropriate committee of the council detailing the Council's actions to improve staff morale. The Chairman undertook speak to the Chairman of the Health and Wellbeing Board and to also include it as a discussion item at the next Chairman, Vice Chairman and Lead member meeting. The Director of Health indicated that this might need to include a discussion with Democratic Services in terms of the Corporate Health HR role as separate from the Health Committee function. Action: Liz Robin /Kate Parker

It was resolved unanimously:

a) to note the progress to date in responding to the impact of the Pandemic and

b) note the public health response.

354. Healthy Weight in Cambridgeshire

Being overweight or obese was recognised as a significant risk factor for Type 2 diabetes, heart disease and hypertension, all risk factors for developing more severe diseases and It had rapidly emerged that excess weight, was associated with a higher risk of hospitalisation and admission to intensive care for those with COVID-19. This report asked the Committee to consider the Cambridgeshire obesity issues and the proposals for contributing to the achievement of Healthy Weight outcomes.

Following a recent "Blue Sky" member led workshop held to clarify how to address the issue, going forward all participants had agreed that the term 'Healthy Weight' would be used instead of 'obesity' except in clinical contexts. The following key areas were identified for further development:

- Drive forward a system wide approach
- Embed a proportionate approach that will address health inequalities
- Ensure that the whole organisation is committed to addressing obesity
- Think Communities needs to be an integral part of the approach

- Allocation of resources to undertake a gap analysis, evaluation and capacity to drive efforts across the system.

Just prior to the start of the COVID 19 pandemic, work had commenced to refresh the Cambridgeshire and Peterborough Healthy Weight Strategy. The current report provided an overview of the following factors:

- The evidenced based strategic drivers for improving obesity and aligning them to the priority areas.
- Evidence of good practice.
- What was currently being undertaken in Cambridgeshire.
- The potential priorities for action along with any immediate associated costs.

The report highlighted that an effective approach to preventing and treating obesity required an on-going, sustainable effort, targeting all life-stages and causes. While national initiatives and policy changes should be supported and championed, there were local opportunities that should also be used with the following highlighted and discussed:

- Planning and Licensing – using planning and licensing powers to limit the concentration of unhealthy fast food retailers in key areas, such as around schools or in more deprived communities. Using licensing and planning powers to increase access to food from local shops and supermarkets to encourage people to purchase healthy ingredients and to undertake more home cooking.
- Working with Local Business – partnering with local food outlets to encourage voluntary changes, such as reducing sodium, sugar or fat content of meals or facilitating the display of more nutritional information. Encouraging accessible nutritional information being provided in restaurants and cafes, and highlighting in communications especially in schools, the often larger portion sizes given compared to at-home equivalents linked to the proportion of calories consumed through out-of-home dining.
- Physical activity had positive effects on obesity and excess weight, but also on wider health and wellbeing outcomes.
- Public Transport – strategic review of public transport incentivising public transport use
- Access to Cycling – increasing access to affordable bicycles for deprived or communities underserved by public transport and encouraging more bicycle use through more parking points, maintenance, improvement or extension of cycle lanes.
- Increasing Walking – ensuring access to suitable footpaths and pavements along routes and local incentives for increasing walking.
- Housing – influence housing planning/development to incorporate access to green space, public transport and adequate space.

It was highlighted that before lockdown officers had been looking at a “Thinking Communities” approach, which highlighted the important role a community could play in becoming far more involved and helping plan future services. However, it was also cautioned that starting new initiatives would be difficult in the coming months as a result of the pandemic, and £80k was being requested to undertake the proposed initiative. This would require a senior person who had experience of the systems to look at barriers and enablers. There was also a need for a new programme of awareness in advance of any proposals to come forward from the proposed review.

Issues raised in the discussion included:

- That it was important to be cautious about pricing people out of being able to use their cars as in many rural areas there was inadequate alternative public transport. In response the officer indicated that she was not saying do not use cars at all, but was seeking to change the culture to encourage people to think of alternatives such as walking and cycling, rather than the first option being the dependency on cars and not to jump into a car to go to the shops etc.
- The need to take advise from CPFT's eating disorder specialists about the right messages, as there was a definitive link to bad eating habits leading to obesity and subsequent eating disorders. This would be part of the systems wide approach and officers already had good experience of working with Dietician specialists.
- Suggesting that there should be an emphasis on encouraging reduced portion size being served by restaurants and take-aways and also more education information on portion size .for home cooks, which was often where issues could arise.
- In terms of encouraging more walking, this was dependent on there being adequate footpath maintenance, as poor condition, dangerous footpaths were a barrier and a lot of people were complaining about the state of the County's pavements which was not conducive to walking. The Chairman indicated that as requested previously, he had raised the issue of the need to prioritise footpaths with the Chairman of Highways and Transport Committee, and clarified that he had spoken to him again the previous week and that, that Committee was looking at their highways maintenance budget to see what could be undertaken.
  One Member expressed surprise that an existing initiative such as 'Lets get Moving' was not being promoted in the paper as there were many activities that could be undertaken safely out of doors. She would have expected a lot more activity during the initial lockdown e.g. encouraging outdoor exercise such as walking and cycling and participating in well-being classes such as Tai Chi and yoga that could be provided out of doors. In reply, reference was made in the paper to the initiative as part of the integrated health service. There had been difficulties during the original lockdown, with many activities not being able to continue, and also as a result of the restrictions guidance changing. There had therefore been more of an emphasis on providing clear virtual advice on what activities could be undertaken safely and this was likely to have to continue for some time.
- Highlighting that modern build homes often had tiny kitchens and appeared to be an after though in housing design and , some of which due to their size were impossible to have two people in them, had no storage space for cooking equipment and little counter space negating against home cooking. It was suggested that as the Combined Authority put large amounts of money into new developments, they should play a role in reducing housing carbon footprints through stipulating conditions such as ensuring adequate space for kitchens to help encourage and facilitate people being able to cook in the home. While officers could not comment on the Combined Authority (CA) and other housing providers, it was agreed that discussions should be undertaken with all partners that could make a difference, and that any help from Members who served on the CA and could raise relevant issues, would also be appreciated.
- The Chairman expressed concern if it was the case that the Council was paying for services not provided during lockdown e.g.'Lets Get Started'. It was explained that under Government direction during the first six month of lockdown the public sector employers had been instructed to continue paying under agreed contractual arrangements to ensure services could still be provided (and to also help ensure that service providers did not go out of business). Alternative ways of providing the services were undertaken where possible e.g. through advice being given in virtual meetings and by telephone. The Chairman indicated that he would seek more information from the officer outside of the meeting on this subject.

- There was a request to ensure that the communications exercise did not just highlight, what in most cases could be seen as bad news stories, but should highlight action taken that was seen to have an beneficial effect on an area e.g. stopping more take-ways being opened and turning down licences for the sale of alcohol. The value of such good news stories should not be underestimated.

It was resolved unanimously

a) To commission a time limited project to identify the barriers and enablers for addressing Healthy Weight in Cambridgeshire through a system wide approach and the priorities that will have the most impact.

b) To allocate up to £80,000 to the project which will also include drawing up an implementation plan that has partner commitment and involvement.

c) To lead and work with partners on the immediate development and delivery of a programme of awareness raising and a campaign targeting those most at risk of the poor outcomes from COVID-19 that are associated with obesity.

355. Forward agenda plan

The Agenda plan was noted with the following agreed changes to help streamline future agendas and reduce the workload on Public Health staff during the current second pandemic wave:

a) Cancellation of the January meeting and moving all the reports to the February meeting
b) Those reports highlighted in red to be circulated to the Committee rather than included on the formal agenda to also include the final report on Quality Accounts
c) Addition to the February meeting ask for a presentation on the upgrade at the Princess of Wales hospital.
d) Addition to the March meeting of a report on the performance all the Public Health service during the pandemic and the lessons learnt including the collaboration between Public Health and the voluntary and community sectors including what could be retained going forward.
e) A discussion item to be included on the next Chairman, Vice Chairman and Lead Member Consideration of the most appropriate way to deal with a request regarding providing information on how the Council was ensuring the wellbeing of staff during the pandemic.

Chairman

3rd December 2020