HEALTH COMMITTEE: MINUTES

Date: 11th March 2021

Time: 13:30 – 15:17

Venue: Virtual Meeting

Present: Councillors David Connor, Lorna Dupré, Lynda Harford, Anne Hay, Peter Hudson, Linda Jones, Kevin Reynolds, Mandy Smith, Susan van de Ven.

East Cambridgeshire District Councillor David Ambrose-Smith, Fenland District Councillor Sam Clark, Huntingdonshire District Councillor Sally Smith, South Cambridgeshire District Councillor Geoff Harvey, Cambridge City Councillor Nicky Massey.

364. Apologies for Absence and Declarations of Interest

Apologies were received from Huntingdonshire District Councillor Sarah Wilson, who was substituted by Cllr Sally Smith. No declarations of interest were made.

Cllr Massey was present from Item 2 of the agenda.

365. Minutes – 11th February 2021

The minutes of the meeting held on 11th February 2021 were agreed as a correct record and would be signed by the Chairman before the next election.

366. Action Log

Members noted the action log.

367. Petitions and Public Questions

No petitions or public questions were received.

368. Cambridge Cancer Research Hospital – Project and Engagement Update

The Committee received a report detailing the engagement and involvement of patients in the production of Cambridge Cancer Research Hospital. It also sought to invite two councillors to join the Cambridge Cancer Research Hospital project as 'liaison councillors' to represent the Health Committee.

The reporting officer presented and interpreted the Cambridgeshire Cancer Network diagram, visible in 2.4.1 of the report. The officer explained that the Network was a bespoke, virtual group which would ensure patients and stakeholders were aware of, and involved in, the development of the hospital. The Network would use a multi-faceted approach to co-production and engagement, gaining involvement through

surveys, questions and committee meetings. The officer stated anyone would be able to join, and that invitations will be distributed to stakeholder representative groups and patients.

After a successful trial with the Joint Delivery Board, the officer explained that there would be two patient representatives embedded within the workstreams for Cambridgeshire Cancer Research Hospital. It was anticipated these representatives would be rotated on a six-monthly basis to diversify the patient voice and prevent the professionalisation of the patient representative viewpoint. The representatives would also belong to Patient Advisory Groups so that their experiences could feed directly into the Joint Delivery Board.

The reporting officer drew attention to the two considered compositions of the Patient Advisory Groups:

Scenario 1 – The Patient Advisory Group as a sub-committee of existing Addenbrookes Cancer Patient Partnership Group (CPPG).

Scenario 2 – The Patient Advisory Group as independent of the CPPG.

The officer reported that patient consultation would affect the decision, but that officers favoured Scenario 1 as the CPPG was already effective, 50 members large, and has experience working in co-production.

Throughout the presentation officers reinforced the service-wide desire for patient involvement and engagement.

In response to Members comments, officers:

- Detailed measures that would be in place to prevent the professionalisation of representatives and ensure diversity. These included: a large pool of potential patient representatives, six-monthly rotation of roles and flexible involvement.

- That equity of access with regard to both physical hospital accessibility and location-inclusive early cancer detection would be reflected in the hospital's ethos and planning. The officer reinforced the importance of diverse patient representation to ensure accessibility.

- Stated that £150 million had been provided as funding for the hospital, but that further funding through philanthropy, charity, Cambridgeshire University and industry (including AstraZeneca) would be necessary. The officer stated that a full business case would be developed, but further consultation with staff, patients, planners and teams was needed to finalise designs. It was then that the financial gap in funding will be known.

In response to the report Members:

- Expressed pleasure that patient representatives worked in pairs, reducing isolation in an otherwise professional network.

- Were pleased about the patient-centred approach.

- Encouraged those with long-contracted funding to donate towards the hospital.

- Committed to appointing ‘liaison councillors’ after the commencement of the new municipal year following the upcoming election, in order to ensure continuity of appointments.

It was resolved unanimously to:

a) Note the report and confirm that formal consultation was not required in the development of the Cambridge Cancer Research Hospital.

b) Appoint two members of the committee onto the Cambridge Cancer Research Hospital project as ‘liaison councillors’ post-election.

369. Briefing Paper in Response to Childhood Immunisation Uptake During COVID-19

The Committee received a report regarding the promotion of childhood immunisation uptake during the Coronavirus pandemic and using data to establish how the Coronavirus pandemic has impacted childhood immunisation uptake, including the winter flu vaccination. During the presentation, officers summarised information from each section of the report:

Section 3, Infant and Early Childhood Immunisations – Officers reported that Cambridgeshire infant and early childhood immunisation numbers had kept within the Public Health Framework’s guidance of a 90% uptake, and predominantly within Public Health England’s recommendations for a 95% uptake [see table 3 in the report]. This was above regional and national averages. The reporting officer stressed that while NHS England did not directly commission the childhood vaccination programme, they had a responsibility to promote uptake by responding to complications caused by the pandemic, such as clinic closures and parental anxiety about attending clinics.

Section 4, School Aged Children – Officers reported that school immunisations were typically provided by CSAIS. However, school closures and staff redeployment had resulted in increasing provision by community clinics. The officer noted there would be a prioritisation of older children for vaccination.

Section 5, Seasonal Flu Vaccination Programme – The officer explained that lower annual flu rates in Cambridgeshire resulted from both an increased flu vaccination uptake and coronavirus infection-prevention measures. In Cambridgeshire, uptake has

been higher than national average, but the officer stated that the report explains methods that would be used to further increase uptake.

In response to members' questions, officers:

- Noted the effect that Peterborough's below average vaccination uptake rate could have on Cambridgeshire – this had been a proposed area of study prior to the coronavirus outbreak. Officers stated that community groups and Best Start in Life pilots were promoting vaccination in Peterborough.

- Informed members that Public Health data was limited to that which was within the public domain.

- Stated that Cambridgeshire Community Service Delivery had developed a catch-up vaccination plan following schools' reopening. No children's vaccination services staff had been redeployed into COVID-19 vaccination centres, so this would not affect school vaccinations.

- Explained that BCG vaccinations (Tuberculosis vaccinations) were given at birth to children whose mother's country of origin had a high rate of Tuberculosis. At the time of the meeting, NHS England was monitoring these eligible families through antenatal records.

- Reported that vaccination data was held by the CCG. With regard to CCG records of low-uptake groups, data existed on areas of economic deprivation but less on ethnicity.

During the debate, Members stressed the importance of finding how to encourage the public to vaccinate.

It was resolved to note and comment on the actions undertaken to date in responding to the impact of the ongoing Coronavirus pandemic on childhood immunisation uptake.

The Chairman exercised his discretion and amended the running order of the agenda. Item 8 on the agenda was re-ordered to enable the reporting officer to attend.

370. Cambridgeshire County Council Response to COVID-19

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

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

2. Reason for urgency: To enable the Committee to be briefed on the current situation in relation to the Council's response to Covid-19.

The Chief Executive introduced a report updating the Committee on the Council's public health response to COVID-19, which impacts outcomes for individuals and communities. In particular, she referred to:

2.1, Confirmed Cases – The officer highlighted the inequity of coronavirus case rates around Cambridgeshire. At the time the paper was submitted, Cambridge City, East Cambridgeshire and South Cambridgeshire had reduced rates of 30 cases per 100,000 – well below the national average (although still considered high with comparison to summer numbers). Meanwhile, rates were well above average in Huntingdonshire and North Cambridgeshire, including Fenland and Peterborough. The officer reported that in Huntingdonshire the raised numbers were temporary, caused by specific outbreaks, and were expected to return to the national average.[1] However, the aforementioned areas of North Cambridgeshire had an enduring transmission rate - Peterborough with the 6th highest rate in the Country.

3.9, Enduring Transmission – Notably, the cabinet office had visited Peterborough and Fenland in a collaboration to uncover the causes behind enduring transmission rates. The officer could therefore report that enduring rates were being affected by factors including maintained work placements caused by insecure or key employment; necessary work such as agricultural, construction and food distribution; multigenerational housing; multi-adult housing; and carpooling. As a result of these inequities, the officer pressed the importance of returning to work done prior to the pandemic on removing the root causes of Health inequality throughout Cambridgeshire.

3.4, Testing – The officer stated that community rapid testing delivery should have a positive impact, but specific data on the impact had not yet been produced.

3.8, Outbreak Management – The officer reported that an updated Local Outbreak Management plan would be submitted to the Regional Test and Trace Team on 13th March 2021.

3.11, Supporting Covid-19 Vaccination Uptake – By the 28th February Cambridgeshire, Peterborough and STP areas were reported to have given over 250,000 doses of the vaccination. The officer reported that hospital admissions were lowering, particularly for those over 80. This was put to the vaccination programme as well as lockdown restrictions.

While this is positive, Members and the public were reminded that it takes 2-3 weeks to gain immunity after being vaccinated; and that the vaccination does not create enough antibodies for immunity in 100% of people.

The reporting officer concluded by stressing that many people have to continue work unvaccinated and therefore it is the responsibility of Members, officers and the public to follow national guidelines in order to keep those necessary workers, themselves and others safe.

In response to members' questions, officers:

[1] It was confirmed that Huntingdonshire rates had returned to the national average in the Advance Health Committee Chair's and Lead Meeting on the 15th March 2021.

- Showed support for the roadmap out of lockdown and the four tests to be met at each stage, stating that it had been constructed using analysed data and with consideration for the potential of a fourth wave. Stressed that, alongside the roadmap, the lessening of restrictions should also consider contemporary data.

- Advised Members and the public to expect an increase in the R-rate and transmission as each restriction is lifted, but that this impact is difficult to predict - hence the five-week gap between restriction lifts.

- Reported that during January there had been an excess of deaths caused by COVID-19, but that had now fallen. Stated that the general coronavirus deathrate increase throughout the pandemic was, in part, due to the accuracy of death registration - in the first wave many excess deaths were not registered as being caused by coronavirus.

Action required: Circulation of excess deaths chart.

Members commented:

- Liz Robin, Director of Public Health, should be thanked for her years of service.

- That other Members should contact Bill Handley as a Member of the Local Outbreak Engagement Board.

- That the roadmap out of lockdown is behaviour dependent.

- That guidance was available for councillors advertising for the election. The link for which can be found here.

- Stressed the importance of caution after reports finding that those vaccinated but with Cancer remain with a low-level of antibodies.

- Stressed the need to promote health in all policies to remove health inequalities.

The committee resolved to:

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

b) Note the public health service response.

371. Public Health Joint Commissioning Unit COVID-19 Impact Update

The Committee received a report detailing the impact of COVID-19 upon Public Health commissioned services.

In presenting the report, officers noted:

That, in response to the pandemic, services had adapted to virtual platforms. This had resulted in increased user appointments, but fewer clients.

The reporting officer stressed the success of partnership collaborations, drawing attention to the housing of homeless individuals – a collaboration between drug and alcohol services, sexual health services, mental health services, and housing services. As a result, the general health of this demographic had improved.

2.4, Sexual Health Services – The officer reported that this area had been severely impacted: sexual health staff have been redeployed and access to long-acting, reversible contraception challenged, with prioritisation for high-risk women. At the time of the meeting, it was too early to understand the impact that the reduction of sexual health services has had on teenage pregnancy, but the officer established that this was being monitored.

2.1, Change Grow Live Adult Drug and Alcohol Service and 2.6, Lifestyle Services – The officer reported on the large impact that the pandemic has had on lifestyle services: the National Child Measurement Programme had not happened this year due to school closures; obesity has increased; and drug and alcohol users increasingly demonstrated complex needs. The officer reported that lifestyle services were being challenged by the need for group meetings to move online, and by restricted access to lifestyle venues and GP services. However, she also noted that virtual lifestyle support packages and telephone stop-smoking services had been received well.

2.7, Primary Care Services - Primary Care services were reported as being severely challenged and initially extremely limited. Yet, the officer could also report that national NHS health checks had restarted, and postal prescriptions had proved successful.

The officer concluded by stating that while the services had adapted well, patients still valued face-to-face contact. Looking to the future, the officer reported services would need to catch up and meet the demand for face-to-face contact, while staying safe.

In response to members' questions, officers:

- Stated that there were similar user numbers for drug and alcohol, and sexual health services. She expected these figures to rise as a result of societal changes caused by COVID-19 and stressed again the importance of re-engaging lifestyle services through remote groups sessions and information delivery.

- Explained that there had been a surge in obesity, despite reports of increasing exercise. This was because the data produced for these reports was largely affected by an increasing activity amongst those already exercising. The officer therefore promoted the re-engagement of lifestyle services by reinitiating the socially

distanced community health walks that had occurred outside of lockdown and encouraging primary services to continue with referrals to lifestyle services.

- Clarified that the additional Task Force funding had been secured for Cambridge City and Peterborough.

- Confirmed that accommodation provision for the homeless remained a focus for the Housing Board and local initiatives, with collaboration from across housing authorities. This initiative would use funding specifically given for sustaining housing service delivery, as well as from drug and alcohol services. The officer informed Members that another similar funding application had also been submitted. To aid this cause, it was reported that Public Health would focus on obtaining secure tenancies for people and ensuring aid can be sustained while a person was homeless.

- Stated that many drug and alcohol service users found the structured programme of the gradual reduction of prescribed drugs used at the start of lockdown destabilising and unmanageable.

- Acknowledged that the relationship between the use of street drugs and prescribed drugs was not yet fully understood, nor was the cause behind the increase in abstinence rates. Possible factors included accommodation provision and access to prescribed drugs having been more difficult.

During the questions and debate, Members:

- Thanked for the thorough evidence gathering.

- Thanked organisations such as DIVERSE and Change Grow Live for their role in aiding services throughout the pandemic.

- Expressed concern regarding accessibility to LARC (contraception services).

- In view of the potential harm that injecting possibly contaminated substances caused, suggested exploring a possible link between a pause in the reduction of detoxification medication and the reduction in use of street acquired drugs in addition to prescribed medication.

- Expressed concern for face-to-face GP consultations becoming a ‘postcode lottery’ should virtual consultations be Practice-dependent.

The committee resolved to:

a) Consider the impact of COVID-19 upon delivery of Public Health commissioned services.

b) Note the responses and adaptations to service delivery made by providers in response to the challenges created by the pandemic.

372. General Purposes Committee Agenda Plan, Training Plan and Appointments to Outside Bodies and Internal Advisory Groups and Panels

The Committee noted the agenda plan. A scrutiny of Papworth Hospital services, the Health in all Policies Agenda and Councillor appointments noted in Item 5 would be added to the agenda plan. Other potential forward agenda items – inviting the Heart and Lung Research Unit, the Sustainability Transformation Partnership (STP) and Road Safety for scrutiny - would also be discussed at the Advanced Chair and Lead Members' meeting Monday 15th March 2021.

Action Required

Chairman