HEALTH COMMITTEE: MINUTES

Date: Thursday 9th July 2020

Time: 1.30pm – 3.15 pm

Venue: *Meeting held remotely in accordance with The Local Authorities (Coronavirus) (Flexibility of Local Authority Meetings) (England) Regulations 2020*

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, S Clark, G Harvey, N Massey, and J Taverner

Apologies: None

311. DECLARATIONS OF INTEREST

Councillor van de Ven declared a non statutory interest under the Code of Conduct in relation to minute 306, Covid-19 Update, as her son worked at Addenbrooke's Hospital.

312. MINUTES – 25th JUNE 2020

That subject to including Cllr Sam Clark as being one of the District Council appointments,

It was resolved

That the minutes of the meeting held on 25th June 2020 were agreed as a correct record.

313. PETITIONS AND PUBLIC QUESTIONS

There were no petitions or public questions.

314. 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 highlighted a major change since the previous report and was so new it was not included in the late circulation report. She indicated that the methodology for reporting positive cases had changed on 2nd July with Local Authorities now having both national and locally identified positive cases reported against them combining both Pillar 1 and Pillar 2 testing for Covid-19 for in-hospital and

out of hospital cases. Previously the data was obtained from local labs and recorded the most serious cases in relation to admissions to hospitals and those that had been identified in local care homes. The national statistics were from people who attended test centres, or who undertook home testing. Pillar 2 national testing was much more about what was going on in a community and was often not the very serious cases requiring admission to hospital.

Due to this change, many cases previously not attributed to any area were now included in local area totals. The Director however wished to assure the Committee that the new statistics did not represent a large jump in the number of people testing positive and that it was as a result of the changeover to this new way of recording local cases. Cambridgeshire as a whole in the national league table was still below the national average.

The most up to date figures for identified infections for July showed that Cambridgeshire's cumulative Covid-19 infection rate was 340 per 100,000 resident population with 2193 recorded new cases, with 318 cases in Cambridge, 191 in East Cambridgeshire, 469 in Fenland, 872 in Huntingdonshire and 343 in South Cambridgeshire. Huntingdonshire was above the national average, while all other districts were currently similar or below. As an oral update the most up to date data showed that there had been between 14-18 new cases, which was a low number. The local trends for new cases continued to be downwards including those in hospitals. However with the lockdown easing, the data would continue to be monitored closely.

In respect of the local systems response, Public Health continued to work closely with a range of system partners as detailed in the report. The Strategic Coordinating Group was focussing on the work to set up test and trace operations, as well as the ongoing multi agency response. The LRF Restoration Group has been co-ordinating plans to gradually reopen services – such as recycling centres and schools – as well as linking city and town centre reopening plans to avoid 'pinch points'. Public transport plans and new schemes for cyclists and pedestrians were also being shared to ensure all agencies were aware and prepared for any impact on their own organisations. The reopening of leisure facilities and recreational spaces and culture venues was for discussion at their next meeting.

In respect of the Cambridgeshire and Peterborough Local Outbreak Control Plan (LOCP) designed to ensure there were good local systems to identify and mitigate outbreaks in a timely manner, and covered seven work streams as detailed in the report. The Plan had been discussed at a special meeting of the Cambridgeshire & Peterborough Health and Wellbeing Board's (HWB) Whole System Joint Sub-Committee on 29th June. The HWB Board members emphasised the contribution that local community groups and volunteers working in district hubs had already made to the Covid-19 response, and the importance of their involvement in delivering the LOCP, together with the input from Councillors and community champions. Following final amendments, it was published on the Cambridgeshire County Council website on 30th June. The focus was now on its implementation. As a result, the Surveillance Group and the Outbreak Management Team were meeting daily to deliver the functions described in the LOCP, with on-call arrangements for week-ends. Activity was being overseen by the multi-agency Covid-19 Health Protection Board which met weekly. A detailed action plan to put further capacity and infrastructure in place would be overseen by the Programme Delivery Group. The first public meeting of the Member- led Local Outbreak Engagement Board was due to take place on 10th July.

Following discussion at the last meeting, an update was provided on the outbreak at the Princes food processing factory in Wisbech highlighting that having been fully managed,

the outbreak had stabilised with monitoring ongoing. Section 4 set out the ongoing work of the Public Health Team.

In subsequent discussion the following issues were raised / points made:

- On the 14-18 new cases, was there a breakdown by district, the member who asked it also asking if there were any underlying causes that might be contributing to the high numbers in Huntingdonshire, the district that had been most affected by the Covid-19 outbreak. It was explained that Huntingdonshire and Fenland had historically had more cases than the other districts, however the outbreaks did move around the County. The Princes factory outbreak had contributed to the higher figures for Fenland. Nationally outbreaks involving food processing premise appeared to be a trend and there was also a link to areas of deprivation, multi-generational households, ethnic groups, older age groups and male gender, were deemed at higher risk with all these categories showing a higher incidence of cases,. The biggest risk remained age and then gender. As a result, some areas in Huntingdonshire, Cambridge City and North Fenland where there was greater ethnic ethnicity/ multi occupational overcrowding and involved people in front line jobs, were seen as higher risk areas. Assurance was given that all rises in areas were very closely monitored and there was an officer working cell for socially excluded and high risk groups looking at how they could be supported in terms of prevention.
- It was confirmed that the Service was now receiving postcode date on a weekly basis from Public Health England so hotspots were now easier to track. The Director of Public Health considered that the Test and Trace Programme had greatly improved but the Service was still not getting everything required as it was only receiving postcode data on a weekly basis. The Service was seeking to be involved in a pilot scheme to receive it on a daily basis. While the Service was receiving individual residents' postcode details, this was not able to be linked to a specific outbreak or work setting and so the Service was also additionally seeking to obtain this information. However the data now being received was still a huge improvement on how it had been just three weeks previous.
- As more test results data was now being provided, was the Director confident the Service could deal with another spike and that lessons learnt were being shared? In answer it was highlighted that in many ways the avoidance of a second spike was in the hands of how residents behaved and their willingness to continue to undertake social distancing measures, good personal hygiene, to help prevent a further spread of the virus. The Health Protection Board was meeting that day to discuss key learning points taking into account all feedback received from agencies.
- It was suggested that as the number of teams involved was so complex, to help the public and even Members gain a better understanding, a structure chart should be produced for the website, showing in diagrammatic representation how they interacted. The same Member also indicated that there seemed some confusion of how the Local Resilience Forum and the Local Resilience Recovery group worked together. The Member further suggested a case study would be useful for illustrative purposes e.g. the Princes Factory outbreak. **This was agreed. Action Liz Robin**
- It was highlighted and the Director agreed that obtaining accurate data speedily was essential now that the lockdown was being lifted, as well as also ensuring communication on outbreak hotspots was passed on to the public. Giving precise information on where outbreaks has been identified was essential.
- One Member asked in relation to the outbreak in Huntingdonshire for confirmation of whether it was in the north of Huntingdonshire as it would help people change their behaviour in a local area if they were aware that the outbreak was in their locality. In reply it was explained that details were not available on older previous, positive tests as they had been identified from tests carried out at drive in testing centres. Rapid response work was being undertaken where there was a concentrated outbreak and the Public Health Team were working with district partners on the necessary

communications message.

- Regarding the awareness of the contributions of local community groups and continuing communication with them, reassurance was given that District Council Chief Executives had been very engaged in their intention to help support and maintain the good work these groups were doing. The Director of Public Health had spoken to four of the five Chief Executives regarding their continued support in the last week and was meeting with the particular member's District CE later in the week.
- On seeking reassurance that the methods used to analyse data streams would be able to cope with a ten-fold increase in positive cases this was answered in the affirmative, as there was now sophisticated intelligence in place and also at Regional level with analysis of any disparities and at regional level because of the resourcing available it would not be affected by the numbers involved**.**
- As there were now more positive tests on Pillar 2 than on Pillar 1, a question was raised on whether there were concerns that the Covid figure was higher than was being estimated as the Service was not getting accurate positive results or was it that the outbreaks were becoming less damaging. The Service when looking at the likely levels of Covid cases did not just look at local tests as it was recognised that some people never showed any symptoms of Covid even when they had the virus, so the national survey results were always more reliable than just using local test results. Testing would never pick up all cases and therefore as stated at the previous meeting, National Survey results which tested thousands of people on a regular basis whether they have symptoms or not, were a more reliable measure than just test results of people with symptoms. . Because it was known that there was virus circulating in the County and nationally, people were being encouraged to get tested if they had symptoms and to self-isolate when receiving positive results.
- As had been previously stated the more testing undertaken would lead to more positive results. Peterborough's positive results had jumped as a result of having drive-through centres and the social conditions in certain areas, while Cambridgeshire had not increased to the same level. However, at the time of the current meeting, the rate in Peterborough was reducing and so could not be compared currently to, for instance the type of outbreak that had been experienced in Leicester, where the rates were still rising. There was a concern that when students returned to Cambridge it was possible the rates could rise again.
- In term of gaps in data, one Member drew attention to the Covid mobile phone app which 3 ½ million people were recording data daily on whether they had symptoms and was massive resource which was only just beginning to be utilised. The data on the app kept identifying Fenland as an area that needed to be closely monitored. This was a massive data resource with the Member who had raised it suggesting that it was no less accurate than some other data sources and in fact presented a rather different picture. The Member highlighted that it was from this source that it was discovered that Covid symptoms included in many cases both the loss of the sense of smell and taste. The Member who had raised the above issue urged as many people as possible to use the app as a way of increasing the accuracy of overall data on the spread of the virus and help guide Public Health to target those areas effectively. Another Member for clarity explained that the Covid 19 app was not the same one as the test and trace app that had been unsuccessfully tested on the Isle of Wight
- A question was raised regarding what data sharing was currently taking place. It was explained officers from the Service were working on data sharing agreements with the District Councils and these were nearly in place and were in the process of being signed off.
- One of the Members explained that as a local Member she received concerns regarding the significant delays in receiving testing kits when ordered from the Internet and asked how it fitted into the picture of Local Authority work and what should people do when experiencing such delays as it undermined confidence. Liz

Robin indicated that her team were looking at getting soft intelligence from local level back to the Central Outbreak Management Team and through district level communications. The majority of the time the system was working, but it was good to get feedback where problems were being experienced. In terms of residents obtaining more help, there was a national phone line to be able to book tests. People should look to it if they were having issues.

- On the issue of the longevity of the virus, one Member shared a conversation he had, had with a Chinses doctor back in January / February and the latter's prediction that it was likely to decrease in the summer months and did not like ultra violet light and infection rates would rise again when the temperatures started dropping again in the Autumn. On this he asked whether that prediction was likely to be the case. This was a question for the research colleague and scientists to try to answer, based on the latest academic test results.

It was resolved:

to note the report.

SCRUTINY

315. COVID 19 CCG UPDATE

The Chairman welcomed Jan Thomas from the CCG to the meeting to provide a short update on the current position and the CCG response to the Simon Stevens Annex A letter 29th April 2020 as this was previously expressed to be of particular interest of the Committee. In addition, to help structure the debate the Committee had prepared four questions which had been provided to Jan in advance so she was better able to provide responses to areas where additional information / comments was of interest to the Committee. The Chairman indicated that he would be was limiting the discussion to forty minutes.

Jan Thomas as by way of introduction explained that she was the accountable officer being the Chief Executive of the CCG and as the Covid pandemic had been treated as a Level 4 National Emergency, she was also the Co-chairman of the Strategic Co-ordinating Group for Cambridgeshire and Peterborough and under that she was chairing Health Gold command for Cambridgeshire and Peterborough.

She highlighted that she believed that in Cambridgeshire and Peterborough the CCG had done well during lockdown due to the dedication and experience of all health staff across both health and the social care sectors care and this had been a true team effort. She placed on record her thanks for their incredible dedication and for keeping going when they were all now very tired.

To support his view she highlighted that:

- due to stepping up additional, critical care capacity during the pandemic the Service had not been overwhelmed at any point and nor did the service run out of critical beds.
- the discharge programme to empty acute facilities had helped increase critical care capacity by redeploying staff to help improve infection control and keep people stay safe in hospitals.
- There had been unprecedented demand on the 111 Service, but the Service was still maintained.
- Primary care had completely changed its model by using £1m capital investment to secure virtual equipment so all staff had access to the necessary kit.

- Referral Cancer services while they had slowed down did not stop.
- Some services were changed and some services had to be closed to help re-direct resources.
- In respect of Care homes the aim had been to get as many staff into homes to help support the local authority in the early days, and this redeployment of staff had only been possible by changing service delivery in other areas.
- The Service was now ready for any second surge, but it was important to keep promoting the social distancing message and provide infection control guidance.
- The independent sector had been utilised to create additional capacity.
- Recovery plans were now being utilised in respect of Infection Control services and were returning slowly.

In terms of issue going forward:

- There was concern expressed of the impact on Hospices and their commercial viability.
- The Service was very aware of the link between health and inequalities and the crisis had magnified the role inequalities played in health with recovery plans therefore not just concerned with infection control but in building capacity to better address inequalities in conjunction with partners.

Positives had included:

- the close working between the Local authority and Health Services which was unprecedented e.g. outpatient services working on the Local Outbreak Control Plan and the effective way they had co-operated in providing support in local care homes.
- the importance of the close partnership work that had also developed between Health and the district councils.
- Adoption of technology had created opportunities especially in relation to outpatient services and there would be a focus on what elements should be retained going forward in terms of what had proven to add value.

Summing up, she highlighted that the pandemic had been unprecedented and she was proud of the services that had been provided and the dedication shown by the staff and the communication that had been undertaken with the public, stressing how lucky residents were to have world leading hospitals such as in Addenbrooke's and Papworth.

Question 1

From the perspective of the CCG, how effectively have health and social care worked together during the pandemic? What have been key challenges and what have the CCG learned from them?

Most of this had already been responded to in the introduction above. Effective working had been aided by:

- Money / budget issues currently being off the table had helped in a significant way to help the CCG work more freely
- data sharing work between partners having been excellent
- having one single aim meant all partners knew what was require of them to help achieve it all knew what was required

Issues raised:

One Member queried the statement that the work undertaken in care homes had been a success as this would was not the perception of many local people. In reply it was explained that accountability for Care Homes rested with the Local Authority, who undertook the vast amount of the commissioning. Infection control nurses had been working closely with Adult Social care staff. The expertise skills the CCG data team brought were in relation to safety, quality and infection control guidance and that for the first time there had been shared intelligence to help support homes as quickly as possible. She highlighted the excellent work that had been carried out by Carol Anderson and her infection nurses team. The whole system approach had worked very well with no concerns regarding work boundaries and with concerns of financial restraints. This support had been provided at a fairly early stage and especially when compared to other areas of the Country. The challenges had included that many care homes were privately owned. It was highlighted that a paper on Covid including care homes was being taken to the CCG Governing Body that week. What was needed was to continue the excellent collaborative working relationship going forward.

Question 2

What has been the impact on the bottom line? Have past debts formally been 'cancelled' and has the CCG got (or assured of getting) the funding for the extra 400 beds and other costs such as PPE?

It was indicated that CCG had worked very closely with their NHS Regulators and were due to receive compensatory money from the Government. A different working relationship had developed with the financial regulator which was quite unprecedented, being very supportive during the crisis and while no guarantees had been given, they had also been very respectful of the additional resources requested. The aim in budgetary terms was now to break even and with regard to that target they were only hundreds of thousands of pounds short, rather than millions.

Question 3.

How timely and adequate has the information flow been, whether via the Department of Health, Care Quality Commission or Public Health England. What adjustments or improvements in that flow could assist the CCG in future?

Very early on it was realised that it would be necessary to share data and not work in silos and to aid this, an intelligence cell had been developed, enabling the various data services to work together on a predicted model. The Integrated Intelligence Hub had been a fantastic success and in her opinion should be retained.

When speaking to colleagues across the regions it was clear that it would have been useful to have more comparator data from other areas where there had been outbreaks on trigger points / the factors that may have caused local outbreaks e.g. Leicester as learning points.

Questions / issues raised by Members included:

- On speed of testing results coming back nationally, people had been told it would be within 24 hours with the exception of home testing which was 48 hours and while one Member had received the test for the latter in that time scale, her experience was not always the case. She enquired regarding the Service's experience on the speed of responses. In reply it was agreed that early on in the

crisis the delay in receiving test results had been a significant problem, but this had now rapidly improved, with many of the original issues having been resolved. On Pillar 1 and Pillar 2 test results the latter were showing more local positive results and the issue was now to analyse what it meant and how to use it.

- Was there a written response to the Simon Stevens letter that could be shared, and if a general oral response could be provided at the current meeting. In discussion, it was confirmed that there would be a meeting of the Committee in August and that the written response would be included as an agenda item for the next meeting. **Action Jan Thomas undertook to produce a paper on the specifics of the reply.** It was explained that a great many instructions and guidance had been issued from the Department of Health under the level 4 emergency and as the Covid emergency was changing rapidly, any response provided would only be a snap shot on the particular day it was completed.

Improvements for the future and challenges included;

- Seeking to ensure there was sufficient capacity to sustain health care services.
- Reducing waiting list was a real issue, as many of the staff had been redeployed on infection prevention control e.g. Diabetes nurses – and it was known that Covid had a major effect on people with the condition.
- There were concerns regarding public expectations of services going forward. Accident and Emergency departments' waiting rooms were starting to fill up again, 111 calls continued to rise and primary care activity had already reached the level it was before the crisis.
- As discussed earlier in the meeting, she would be happy to ensure the Committee receive the Governing body paper on Covid care which included papers on care homes and public data **Action: Jan Thomas/ Kate Parker**
- One member highlighted the need for a date for reopening the minor injuries unit at Doddington as this was an important service for Fenland residents that needed to re-opened as soon as possible. In reply a date could not currently be given, as previously confirmed, the facility closure was a temporary measure, with staff currently redeployed to other front line duties. If there was a further outbreak the staff might still also be needed for testing and swabbing. She indicated that she was happy to bring back details of a Recovery Plan, but stressed it would not reopen until redeployed staff returned. The Chairman indicated that as this was an area of particular interest to the Committee it would be looking for updates to future meetings. **Action: Kate Parker to liaise with Jan Thomas regarding providing appropriate updates and scheduling them into the work programme.**

Question 4

What has the cumulative impact of focus on Covid on patients with other health conditions and treatments delayed. What is the expected casualty and what plans for dealing with the tailback, bearing in mind the potential eventuality of a second Covid wave?

- The focus of the recovery plan going forward was in terms of reducing harm to the wider community citing areas such as cancer diagnosis having reduced and those people with conditions that were in pain as a result of cancelled operations etc. The way provision would be provided going forward was being reviewed, including referrals, to ensure appropriate, targeted treatment. What was required was a large increase in Diagnostics and more capital funding had been requested to help finance this to create diagnostic hubs. However it was now considered that this additional funding was unlikely to be obtained. Clinicians'

were being given guidance regarding reviewing waiting lists / referrals to establish the best way of treating people and identifying risks going forward.

Questions raised included:

- In respect of information sharing and predictive work, how much of this would be able to carry following the passing of the crisis and how would it link to the STP to make it work, as a key element was information sharing. What had currently been achieved was more of an integrated health system and there were ongoing discussions with regional directors on how this could be retained. In terms of the disproportionate adverse effect of Covid on people who were obese or hand diabetes, there was a need to continue an integrated approach to prevention, with the hope that there would be some help nationally to help retain some of the structures that had been created.
- It was highlighted that in relation to delays in referral pathways and scans not taking place this was building up problems for people's health that would add additional financial pressures further on as people's conditions deteriorated from lack of early diagnosis and treatment. Additional Capital had been requested to support diagnostic with it being acknowledged that the number of patients seen within the six weeks target had reduced

As Jan was required elsewhere in her busy schedule, the Chairman thanked her for attending the Committee to answer questions and asked her to take back the Committee's sincerest thanks and admiration for the excellent job her staff were doing during this very difficult time.

316. HEALTH COMMITTEE AGENDA PLAN

This repot invited the Committee to review its agenda plan. Members made the following comments:

- A request was made on whether it was possible for Tracy Dowling from the CCG to be invited to come to the September Committee meeting to answer questions on the effect of Covid 19 on the normal work and how they had been supporting the work of the pandemic. The Chairman indicated that this request would need to be discussed further at the next Chairman and Lead Member briefing.
- Regarding the request at the June meeting for a council wide review of the Council's performance in response to the Covid 19 emergency, as it was not a Health Committee function to scrutinise the Council as a whole, the Chairman updated the meeting that he had already spoken to Amanda Askham, Director of Business Development and Improvement regarding the issue and was to be discussed at Group Leaders. As it should be a county wide review of all services not just Public Health performance, it would need to be carried out under the auspices of the General Purposes Committee. In reply to a Member asking if the results of the review would come back to the Health Committee, such a report would be on the basis of highlighting any specific health related issues pertaining to the functions of the Committee.

It was resolved to:

to note the agenda plan.

Chairman 6th August