HEALTH COMMITTEE

Thursday, 25 June 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

CONSTITUTIONAL MATTERS

1. **Notification of Chairman/woman and Vice-Chairman/Woman**

2. **Apologies for absence and declarations of interest**

   Guidance on declaring interests is available at http://tinyurl.com/ccc-conduct-code

3. **Minutes - 5 May 2020**

   Minutes - 5 May 2020

4. **Health Committee Action Log** **3 - 20**

5. **Petitions and Public Questions**

6. **Co-option District Councillors**

   Verbal Update

DECISIONS

7.	**Covid-19 Issues Report** To follow	
8.	**COVID 19 Impacts on Public Health Commissioned Services**	**21 - 34**
9.	**Healthy Child Programme's Response to Covid-19**	**35 - 40**

SCRUTINY

10.	**NHS Quality Accounts – Establishing a process for responding to 2019-20 requests**	**41 - 46**

OTHER DECISIONS

11.	**Health Committee Agenda Plan and Appointments to Outside Bodies, Internal Advisory Groups, Panels & Community Champions**	**47 - 60**

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

Agenda Item No: 4

HEALTH COMMITTEE

Minutes-Action Log

Cambridgeshire County Council

Introduction:

This log captures the actions arising from the Health Committee up to the meeting on **5th May 2020** and updates Members on progress in delivering the necessary actions.

Item	Action to be taken by	Action	Comments	Status & Estimated Completion Date
COVID-19 Update	**Charlotte Black**	Is Cambridgeshire County Council (CCC) informed as to how many patients have been discharged from hospital into care homes to make space for Covid-19 patients? Do we know how many of those were tested for Covid-19 before being moved? How frequently is that information collated? Please provide figures.	No. No, but all patients leaving hospital are now tested prior to discharge.	**Complete**
COVID-19 Update	**Charlotte Black**	Cambridgeshire data about capacity in care homes—what was made available when and how much it has been occupied?	Our Commissioners hold the information on capacity. We commissioned an additional 370 care home beds until September (funded by CCG) – our capacity remains good.	**Complete**
COVID-19 Update	**Charlotte Black**	Protocols for care workers moving between homes and between patients: Do care workers move between care homes, and/or between care homes and private homes of vulnerable adults?	Recent national guidance and new infection control funding, that is going directly to providers, supports limiting the movement of care staff between establishments.	**Complete**

		What is the protocol for changing PPE between seeing each patient and how is this monitored?	All providers have received support from the CCG on infection control, this includes putting on and taking off of PPE.	
COVID-19 Update	**Charlotte Black**	Care in people's own homes: how that is being managed and how are issues reported?	Our reablement staff and domiciliary care workers continue to support people in their own homes, using appropriate PPE. We have capacity to support those that need it.	**Complete**
COVID-19 Update	**Charlotte Black**	Sharing information about Covid-19 infection and deaths of residents and staff in care homes and domiciliary care settings: What are CCC's protocols for sharing information with staff, members, and the public? Are local members kept informed?	ONS data available – see attached Appendix 1 FAQ on care homes.	**Complete**
COVID-19 Update	**Adrian Chapman**	Coordination hub and supply of food to shielded and vulnerable individuals self–isolating. A number of individuals in those groups would prefer to do their own food shopping online but were unable to book slots. What representations were being made to supermarkets to help those people do this, rather than tying up volunteer effort? A Member commented that they were now getting a lot of information about the shielded list, but there were still individuals that the hub had not tracked down	At time of writing, NHS England have identified 32,266 residents across Cambridgeshire and Peterborough who should be shielding from the Coronavirus because of their complex medical conditions, of which 18,804 have formally registered as shielding. Registering is not compulsory, but it does enable the Hub to provide support and maintain regular contact, if that is helpful to the resident. The National Shielding Service has been trying to make telephone contact with those not yet registered, to encourage them to do so. Where, after multiple attempts, they fail to make contact, the Countywide Hub receives their details so that we can follow up locally. The	**Complete**

			system we have established in Cambridgeshire involves the Hub writing to everyone from the list to let them know we will be in contact and to provide a password so they can validate our authenticity, telephoning these people ourselves, and, where we can also not make contact in this way, arranging for our staff to visit the home of the resident to ensure they are safe and well. So far, around two thirds of contacts locally are successful via initial telephone contact, with the vast majority of the remainder being successful at point of home visit. Where neither approach is successful at first attempt, we continue to make home visits or refer to our police partners for them to make contact. It is worth noting that, as a result of this work, 26 residents have needed urgent help and support that may not ordinarily have been able to access it.	
COVID-19 Update	**Liz Robin**	Queried urgent dental care, acknowledging that dentistry was one of the higher risk outpatient activities.	Information on the re-opening of dental practices, starting from 8th June, and on procedures for urgent dental care is available on the NHS England website on: https://www.england.nhs.uk/coronavirus/primary-care/dental-practice/	
COVID-19 Update	**Rob Hill**	With regard to PPE, a Member asked how often have local organisations been resorting to the LRF PPE Hub for PPE supplies	The Cambridgeshire & Peterborough Local Resilience Forum (CPLRF) PPE hub has been operational since 09/04/20. Local organisations have	

			accessed the LRF PPE hub daily Monday-Friday, as well as most weekends (Sat/Sun/bank holidays). Between 09/04/20-09/06/20, we have completed 1536 orders, delivering over 2 million PPE items to CPLRF organisations. In accordance with Department for Health and Social Care direction (dated 30/04/20), organisations accessing LRF PPE stock include adult social care (including CQC registered and non-CQC registered care homes, personal assistants, home care (including extra care, and retirement homes if they are providing care), and supported living), hospices and palliative care, and local authority adult social care services for Covid-19 vulnerable groups. Some primary care providers such as GPs, pharmacists, optometrists and emergency dentists, children's homes, secure children's homes, residential special schools, children's social care services in local authorities, mental health community services, adult social workers, mortuary and funeral services.	
COVID-19 Update	**Jan Thomas**	Letter from Sir Simon Stevens about the next phase of Covid action. The Annex to that letter had four pages of issues to be picked up over the next six weeks. Suggested it would be useful to use that Annex as aide memoire to report to the Committee, to consider the NHS's response	https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/second-phase-of-nhs-response-to-covid-19-letter-to-chief-execs-29-april-2020.pdf.	**Complete**

COVID-19 Update	**Tracy Gurney**	Members commented that there had been a lot of focus on care homes for the elderly homes, but less for group/residential homes for younger residents, e.g. those with Learning Disabilities (LD). Was the same advice and support available to group homes?	Yes the LD providers contracted by the Council have the same access to support as older people's providers e.g. the provider forums, newsletters and support should there be any COVID-19 related issues including access to testing and PPE training. In addition to this the LDP teams are continuing to support families and providers remotely including provision of advice and guidance around activities and routines, access to online activities and groups and regular welfare / contact calls as well as remote consultations and clinics, assessments and reviews.	**Complete**
COVID-19 Update	**Tracy Dowling**	A Member expressed concern about support for the carers and families of individuals with Mental Health problems, especially with regard to testing as they may be less aware of symptoms.	In response to the Covid-19 emergency we have adapted our webpage to include information about Covid-19 symptoms to ensure that they are accessible to anybody who visits our website. We have worked with our partners, Rethink Mental illness and the Sunetwork responding to their feedback to ensure that this information, and more general information about service change and the current information is as clear as possible for people and carers who access CPFT services. For those people who are currently accessing CPFT services we are	**Complete**

			advising them directly about what we are doing to continue to provide a service which meets their needs, and is as safe as possible during this time. This applies to people accessing both our community and our inpatient services. We are testing anybody admitted to our inpatient wards, if they have symptoms or are discharged to another health or social care organisation, or if clinically deemed required. This provides further opportunity to ensure that those people who are most unwell are aware of Covid-19, the symptoms and precautions required The feedback we have received so far from our partners, Rethink Mental Illness and the Sunetwork have not identified specific concerns around people with mental health problems and their carers being less aware about Covid-19 symptoms. It is an important issue and CPFT will continue to monitor feedback around Covid-19 and respond to it.	
COVID-19 Update	**Johnathan Lewis / Lou Williams**	a) What measures are in place for schools catering for children remaining at school allowing parents to continue working as vital to supplying food outlets. b) There are a number of vulnerable/abused children that may be attending school or now kept at home.	a) We follow the national guidance on critical workers which is here – https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-	**Complete**

		c) Has there been an increase of incidents.	colleges-and-local-authorities-on-maintaining-educational-provision Under the section on food, the following applies – *This includes those involved in food:* • *production* • *processing* • *distribution* • *sale and delivery* • *as well as those essential to the provision of other key goods (for example hygienic and veterinary medicines)* One parent needs to be a critical worker to meet the criteria. Our number of key worker children is slightly above national average. Headteachers have been as accommodating as possible but they do have discretion to refuse where they don't have capacity to support numbers due to staff sickness etc. b) The majority of vulnerable children are not attending school. We remain in close contact with all children and young people we know about and who are vulnerable. All children and young people open to early help and children's social care receive regular contact from our workers. In accordance with Covid-	

			19 advice, the majority of these visits take place virtually, but we are continuing to make face to face visits whenever we have particular concerns about a child or young person and their family. Schools are also doing a great job in maintaining contact with children and young people who have additional vulnerabilities. That said, there is no doubt that children and young people are less visible now than in usual times, and this inevitably means that some will be likely to experience longer periods of harm as a result of the impact of neglectful parenting and emotional harm than would otherwise be likely to have been the case. We continue to do all we can to minimise this and we have, for example, ensured that there are very good links between the district hubs and our early help services, so that we can be alerted should the hubs identify families about whom they are concerned. c) The numbers of children referred to our services have dropped significantly, which is to be expected because most referrals come from schools. At present, there are no particular changes in numbers being assessed as being in need of	

			support or protection. We expect that this will change when schools are fully back again. We are preparing for a rise in referrals and taking steps to ensure that we have the capacity to respond accordingly.	

Appendix 1

COVID-19: Care Homes

Frequently Asked Questions

1. There has been an alarming rise in home care deaths in the UK, how can the figures for the relevant areas be identified?

   Each week the Office for National Statistics (ONS) releases the number of deaths recorded on death certificates from any cause, and those attributed to Covid-19. The ONS also record whether the death occurs in hospital, in a care home or in the community. Because of the time taken to register deaths, this information has a lag of about 12 days. The Care Quality Commission (CQC) also publish the number of deaths from Covid-19 reported to them by Care Homes, at upper tier local authority level (County and City Councils) https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/numberofdeathsincarehomesnotifiedtothecarequalitycommissionengland

2. How do care homes and other providers ensure they have enough Personal Protective Equipment? (PPE)

   Care home and home care providers are expected to continue to secure supplies of PPE through their usual supply routes or through one of the seven wholesalers identified by DHSC to supply PPE to the social care sector. Recently an e-commerce has been set up. The Local Resilience Forum (LRF) PPE central hub can provide emergency supplies if they are unable to obtain any from their normal supply routes and have less than 7 day's supply.

3. Testing:-

   (i) Will the wider testing mean that all residents and staff will be tested?

   (ii) Will this include the testing of all people moved back to care homes from hospital?

   (iii) When will the wider testing begin?

   (iv) Members would benefit from information on the wider testing of residents and staff to ascertain if this is improving mortality rates, will this be provided in due course in a report to members?

(i) A new online portal through which care homes can arrange deliveries of coronavirus test kits for all care home residents and all asymptomatic staff (staff without symptoms) was launched on 11th May. It is currently available for care homes whose primary clients are older people or those with dementia. The Department of Health and Social Care (DHSC) is working with local authority Directors of Public Health, Directors of Adult Social Services and local NHS providers to help deliver and prioritise this new testing programme for care homes.

The only exemption to this is if a care homes identifies their first symptomatic resident and is concerned they may have an outbreak. In these circumstances they should contact their local Public Health England Health Protection Team who will undertake a risk assessment, provide public health advice, and arrange urgent testing of all symptomatic residents.

(ii) All people who move back to care homes from hospital are already tested before they leave hospital in line with national guidance.

(iii) The national Care Home testing portal was launched on May 11th.

(iv) The Council's Public Health Intelligence team will be producing a weekly update on Covid-19 mortality, including mortality in care homes, using information from the Office of National Statistics (ONS) and Care Quality Commission (CQC) weekly updates. This will enable local trends in mortality to be monitored to see whether they are improving as a result of the range of interventions taking place, including testing.

4. What specific measures are being taken to ensure regular testing of all care home staff (given many may carry CV19 asymptomatically) to prevent spread of infection to vulnerable care home residents?

All key workers with symptoms including care home workers can access testing through an online booking system which takes people through various stages and will provide them with information about which local sites they can visit as part of the booking process. Employers can also refer workers who are self-isolating through an employer portal.

A system has just been introduced through which Care Homes can apply online for testing of residents within the care home with or without symptoms and workers without symptoms. This is available to care homes that look after older people or people with dementia. Local authority adult social care and public health teams, the Clinical Commissioning Group and NHS Community Services all work with Care Homes and can help and support with prioritisation of testing.

Further details are available on

https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested.

5. Can you ensure that care home staff are paid when sick/self-isolating, to guarantee their wellbeing?

   We are working with our commissioned and contracted providers to support them in these very challenging times; this includes support with infection control, testing, PPE and staff shortages. Our understanding is that all providers are paying or furloughing staff that are not able to work due to Covid 19, we have spoken to a number of providers who have confirmed this to us. Today we have received guidance about allocation of an Infection Control Fund to support care providers with these costs and the need to produce a Care Home Support Plan by 22 May. This work is underway.

6. What capacity and support have you put in place for both care homes and domiciliary care providers?

   The Local Authorities and Health have sourced additional care home capacity on a 6 month block basis to ensure there is sufficient capacity to meet hospital discharge demand.

   We are deploying reablement, volunteers and redeployed staff to support care homes. We have also commissioned the St. Johns Ambulance to provide additional staff into care homes.

   Hospices are also providing end of life support to care homes.

   Working with providers and individuals receiving support, we have involved families and used equipment and assistive technology to reduce care and support provided to individuals to minimum safe levels and optimised rounds to reduce travel time. This includes ensuring rapid access to community equipment to facilitate timely hospital discharge and reduce the need for double up care packages.

7. Care Homes are financially struggling so what has been done to help?

   Commissioners have worked with local providers to understand what financial support is required to sustain, and even increase their current levels of capacity and this has led to a range of support being made available to providers, including:

   - Temporary 10% fee uplift until the end of June to meet the additional costs associated with COVID 19.
   - Access to a lump distress fund payment for providers who are facing significant financial difficulty.
   - Flexibility to increase domiciliary care fees where packages are hard to source.

   The new Care Home Support guidance has provided for an infection control fund, this will enable care homes to apply to the fund for additional funding to support paying for additional staff and other measures that will support infection control.

8. What practical support has been implemented to support providers?

   Clinical Commissioning Group, Cambridgeshire and Peterborough Foundation Trust, Primary Care, Local Authorities are developing multi-disciplinary teams wrapped around care homes to support care homes in the event of an outbreak. The CCG was asked to identify a named clinician for each home by 15 May. Standard operating procedures for outbreak management in care homes have been agreed with the regional Public Health England Health Protection Team, which provides a risk assessment and infection control advice when first notified of one or more cases in a care home. Daily recording from care homes is in place and the level of support is tailored dependent on the level of risk assessment for each setting.

   The CCG has developed significant organisational support, individual wellbeing support and more specialist counselling and support for those requiring it. This is available to all social and care providers and their staff including care homes, domiciliary care and extra care workers.

   Support with key worker identification: The police have been provided with a list of providers and voluntary sector organisations and have agreed that staff from these providers will not be stopped and questioned. Identification badges are being printed for personal assistants and will be distributed to those who are in receipt of direct payments.

   PPE: access to emergency supplies of PPE for providers from the Local Resilience Forum (LRF) PPE hub, as well as information and support on PPE usage and supplies.

   Regular communications with providers, including weekly virtual forums, to share advice and support, including use of PPE, business continuity planning and mutual aid arrangements.

   A daily newsletter to providers, produced jointly with the CCG.

   Centralised contact point for providers, to deal with queries.

9. Discharge to assess policy: What new measures could be introduced to prevent transmission, and is this being discussed with the CCG and hospitals?

   National guidance is that if someone is being discharged from a hospital into a care home they need to be tested and also if Covid positive a Covid Care Plan developed.

10. The local Covid Community Support Group has an exemplar system for pharmacy collections that could prevent the need for care home staff to venture out to make prescription collections. Are there any contracts or protocols in place which would make it difficult for the care home to take up the community support network offer? Could anything be done to facilitate this process?

This will depend on local arrangements but the use of local community support networks has been promoted to all of our providers for this purpose.

11. Council's data about discharges from hospital into care homes: Are you informed as to how many patients have been discharged from hospital into care homes to make space for Covid-19 patients? Do we know how many of those were tested for Covid-19 before being moved? How frequently is that information collated? Please provide figures.

    More generally, the national guidance for hospitals states that all care home residents will be tested before discharge and a Covid plan developed if the result is positive. The national guidance for Care Homes takes this into account and includes guidance for isolation and infection control for residents when they are discharged.

12. Protocols for care workers moving between homes and between patients: Do care workers move between care homes, and/or between care homes and private homes of vulnerable adults? What is the protocol for changing PPE between seeing each patient and how is this monitored?

    The protocols for whether PPE needs to be changed between clients are laid out in national guidance from Public Health England called 'How to Work Safely in Care Homes' and 'How to work safely in domiciliary care'.

    The new infection control fund will enable care homes to minimise the number of care workers who work in more than one setting.

13. What measures are in place to guard against the risk that people discharged from hospital into care homes may inadvertently be spreading infection?

    We have been working closely with our NHS colleagues (commissioners and providers) to provide intensive support to Care homes and following National guidance set out in the Adult Social Care Action Plan and related documents listed below.
    https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan (date 15th April)
    https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes (date 20th April)
    https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes (date 27th April)

    National guidance is that if someone is being discharged from a hospital into a care home they need to be tested and also if Covid positive a Covid Care Plan developed.

14. What is your assessment of the adequacy of the PPE equipment in care homes and can you give an update on how this is being deployed?

    There is clear guidance in the document 'Staying Safe in Care Homes' on the requirements for PPE. How to work safely in care homes

Care home and home care providers are expected to continue to secure supplies of PPE through their usual supply routes or through one of the seven wholesalers identified by DHSC to supply PPE to the social care sector. Recently an e-commerce route has been set up. If care homes are not able to obtain PPE, the Council provided them with emergency supplies. This was before the Local Resilience Forum (LRF) PPE central hub was set up, which receives PPE from the national stockpile. Care homes can now source emergency supplies of PPE from the LRF hub if they are unable to obtain any from their normal supply routes and have less than 7 days' supply.

PPE - communication has been made to all registered providers by way of our daily bulletin and the message below is issued every day to ensure all providers recognize the importance and severity of PPE, but all understand that there is support available to them. Further all our weekly provider forums are attended by the infection control nurse who can answer questions and give advice about any PPE guidance.

"You will be aware that there has been significant guidance which has been issued on the use of PPE. It is understood that the supply of PPE has changed in terms of availability and cost, however, it is essential that as providers you are clear on the correct use of PPE and your responsibility as providers to ensure that your employees are supported to have the necessary access to use it.

It is important for us to be clear that if there is any evidence PPE is not being used we will investigate this under safeguarding and neglect to residents. Whilst we will support providers to access PPE we will not accept, once support offered, any evidence that PPE is not being adhered to and the correct guidelines being followed. "

15. What assessment was made of the risk arising from the policy of discharging hospital patients tested positive for COVID-19 into care homes?

    This is a national policy, and as such any risk assessment would have been carried out at national level when the guidance on hospital discharge to care homes was developed. Each person who is referred for discharge support will be looked at on an individual basis taking into account any risks associated with discharge and a Covid Care Plan developed to reflect this in line with national guidance.

16. Given the inevitability of its rapid spread among elderly, vulnerable residents, what public health actions were taken to mitigate this policy's impact in Peterborough and Cambridgeshire and with what degree of success?

    We have been working closely with our NHS colleagues (commissioners and providers) to provide intensive support to Care homes and following National guidance set out in https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan (date 15th April)

    https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes Adult Social Care Action Plan and related documents listed below. (Date 20th April)

    https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes (date 27th April)

Safe discharge from the NHS to social care settings includes making sure discharges into nursing or social care do not put residents currently in those settings at risk. All residents are tested prior to admission to care homes including those being discharged from hospital. Where a test result is still awaited, the patient will be discharged and pending the result, isolated for 14 days (in the same way as a COVID-positive patient).

17. How is the County co-ordinating their efforts with the Government's testing programme for Covid-19 in devising a strategy to prevent the virus spreading in the County's nursing and care homes?

    Local Authority Adult Social Care and Public Health leads, the Clinical Commissioning Group, NHS Community Services, and the Public Health England Health Protection Team work together through a Cambridgeshire and Peterborough Care Home Cell, to take a strategic approach to preventing and managing care home outbreaks. Work to co-ordinate local strategies with the national Government testing programme which is accessed directly by Care Homes will be delivered through this Cell, using the strong communication channels with local Care Homes already in operation.

18. How are those vulnerable individuals living in group accommodation who are the responsibility of the Learning Disability Partnership being supported to understand the gravity of the position?

    The Learning Disability Partnership has been working with carers and providers since the restrictions came into place to ensure that people have the support they need, including those living in group settings. The actions taken include:

    - The LDP teams have called all known service users and based on each individuals situation have agreed a regularity of contact / welfare calls.

    - In line with work being undertaken by the Carers Team the LDP teams have been calling all known family carers and ensuring we are linking them with community volunteers where assistance with calls, shopping or collection of medication would assist them as well as discussing their own care situation and anything more the teams can do to support.

    - The update to government guidance on restrictions which acknowledges that people with LD and autism may have a medical need to go out more than once a day has been welcomed. Where teams consider this is a need, for example, to manage behaviour or anxiety the LDP are supporting family and paid carers to implement this. Due to the risks and need to maintain restrictions where this is possible the team have not applied a blanket approach in providing a letter to all service users.

    - To mitigate the impact of restrictions and changes in routine as well as access to services such as day centres the teams, working with brokerage and have put in place additional funded support where this is needed and where the need cannot be met by volunteers. The Brokerage Team have also included the re-deployment of staff from closed day services where volunteers cannot meet the need.

- Through contracts and commissioning distribution lists national guidance and easy read documents relating to Covid-19, hand washing etc. are shared with providers to help facilitate conversations and the understanding of service users. In addition Information has been developed by the teams for providers to ensure they are aware of the support the LDP teams can provide at this time and sharing the teams contact details. LDP OT's have developed advice for providers and family carers on helping to maintain routines and meaningful activities whilst restrictions are in place and where needed remote consultations and formulation clinics are taking place. We have seen some very creative and innovative ideas from providers in how they are supporting people at this time.

- Where it is considered essential, and following an appropriate risk assessment the teams will undertake face to face visits, for example a complex safeguarding issue or a priority dysphagia assessment (swallowing /eating and drinking).

- LD providers are included in twice weekly calls with colleagues in contracts and commissioning ensuring they have access to all the up to date national guidance and can raise any issues they are facing. This includes any issues relating to provision and supply of PPE.

Agenda Item No: 8

COVID 19 IMPACTS ON PUBLIC HEALTH COMMISSIONED SERVICES

To: **Health Committee**

Meeting Date: **25 June 2020**

From: **Director of Public Health**

Electoral division(s): **All**

Forward Plan ref: **Not applicable** *Key decision:* **No**

Outcome: **The Committee is asked to consider the impacts that the COVID 19 emergency has had upon the Public Health commissioned services indicated in the report.**

Recommendation: **The Committee is asked to support:**

a) **The changes to the delivery of commissioned Public Health services necessitated by the COVID 19 emergency and the implications for ongoing service delivery;**

b) **The financial implications arising from the revised procurement and new service implementation schedule; and**

c) **Payments to providers in line with the Cabinet Office Policy Procurement Note (PPN) 02/20.**

	Officer contact:		***Member contacts:***
Name:	Val Thomas	Names:	Councillors Peter Hudson & Anne Hay
Post:	Deputy Director of Public Health	Post:	Chair/Vice-Chair
Email:	Val.thomas@cambridgeshire.gov.uk	Email:	Peter.hudson@cambridgeshire.gov.uk Anne.hay@cambridgeshire.gov.uk
Tel:	07884 183374	Tel:	01223 706398

1. BACKGROUND

1.1 This COVID 19 emergency has affected the commissioning process and service delivery of commissioned Public Health services. This report describes impact and consequential responses arising from the emergency along with how services are moving into the recovery or "new normal" stage of the pandemic.

- Impacts on current and planned procurements: At the start of the emergency there were three procurements at various stages. These have experienced delays in procurement initiation, new service implementation and some financial impacts.

- The impacts upon the following services: Sexual and Reproductive Health, Prevention of Sexual Ill Health, Drug and Alcohol Treatment, Lifestyle, Primary Care, Healthy Schools, Healthy Workplaces and the Healthy Fenland Fund.

  The management of the pandemic through the public health mitigation measures, social distancing and quarantine, have required services to adapt and develop new approaches to ensure that service user needs are met as far as possible. This also has applied to newly commissioned services being implemented where timeframes have been extended to accommodate these pressures, the planning of new delivery models and provider staff capacity.

1.2 Wherever possible service changes and development have reflected national guidance from government or professional bodies.

1.3 Sexual and Reproductive Health Services

The Faculty of Sexual and Reproductive Health (FSRH), British Association for Sexual Health and HIV (BASHH) and British HIV Association (BHIVA) have produced information and guidance that aims to maintain service delivery and have the following common key elements.

- Services for high risk symptomatic conditions and vulnerable groups where face to face clinical consultations are critical, should be maintained.

- The use of telephone or video consultations should be adopted for low risk asymptomatic conditions.

- Longer prescribing timelines for contraception provision by increasing the time period between clinical checks.

- Access to contraception and antibiotics though for example "click and collect" or by post.

- Those with HIV who have a low CD4 count (immune response), recent illness and co-morbidities should be advised to "shield".

1.4 Drug and Alcohol Treatment Services

Public Health England (PHE) produced guidance for commissioners of Drug and Alcohol Treatment services with the following key recommendations

- People who misuse or are dependent on drugs and alcohol may be at increased risk of becoming infected, and infecting others COVID 19. They may also be more vulnerable to poor health outcomes due to underlying conditions and may fall into the COVID 19 defined shielded or vulnerable groups.

- Services should be maintained wherever possible but contact should be minimised. Additional support should be given to those asked to self-isolate and the homeless and rough sleeper groups.

- Ensure that there is access to any medication include Opioid Substitution Therapy (OST) and needle exchange schemes. Services were recommended to work with community pharmacies to develop a local response to ensure supplies are maintained.

- Drug treatment was revised to accommodate decreased access including a risk assessment process for those on daily supervised OST moving to less frequent visits to pharmacies to collect their prescriptions.

1.5 Lifestyle Services

This refers to all the services supporting lifestyle behaviours and includes health trainers, weight management services, community nutrition and physical activity programmes (Integrated Lifestyle Services and Let's Get Moving), smoking. These services have had to cease face to face contact with service users in line with public health measures.

- The Government and PHE have issued guidance around physical activity which restricts any group activities but strongly endorses certain activities especially cycling and walking and has allocated funding for the development of local schemes.

- Currently there is research being undertaken in both areas. PHE has published guidance for smokers and vapers that highlights the use of video and telephone support. PHE has also commissioned research that is currently looking at the impact of COVID 19 upon obesity and interventions as services have moved to remote forms of support.

- The National NHS Health Check Programme, which is commissioned locally from the GP practices and the Integrated Lifestyle Service has advised that there will be postponement of any data returns as a recognition of challenges to delivery and it has effectively been suspended.

1.6 School Based Services

- There is vast amount of Guidance for schools and it is a fast moving evolving situation. The key message is that learning and training should be virtual whenever possible.

- The National Childhood Measurement Programme which weighs and measures children in reception and year 6 has been halted nationally.

1.7 The COVID 19 impacts upon procurement has had limited financial implications that are described below along with national policy in relation to ongoing contract payments.

2. MAIN ISSUES

2.1 Impacts upon Procurement

The three services being re-procured are all joint procurements with Peterborough City Council. The main effects of the emergency upon the procurement are as follows.

- Staff transfers (TUPE) and client handovers
- Staff in the incumbent and incoming services are being redeployed to assist with the COVID 19 situation.
- Staff capacity to deliver services due to sickness
- Staff and legal capacity to process the new contracts

2.2 Integrated Sexual and Reproductive Health (SRH) Services Procurement.

These services are to be jointly commissioned with Peterborough City Council along with the Clinical Commissioning Group (CCG) CCG and NHS England. The procurement was due to be launched in March with the new service scheduled to start 1 October 2020. This procurement has been postponed and the process will start in July/August if market testing suggest that this is feasible, with the new service commencing in 1 April 2021. Consequently, the current SRH service contract with Cambridgeshire Community Services has been extended until 31 March 2021.

Financial implications: None for SRH services but the delay will impact upon the Prevention of Sexual Ill Health Services funding.

2.3 Prevention of Sexual Ill Health Service.

This procurement was completed and the new contract had been awarded to the Terence Higgins Trust with the new Service scheduled to start 1 April 2020. The start of the new Service has been delayed until 1 October 2020. The current prevention contract with DHIVERSE has been extended until 30 September 2020.

Financial implications arise from the delay in the procurement of the Integrated SRH which will release funding for prevention services and will create a shortfall of £35,000.

The funding shortfall will be met either for Public Health Reserves or COVID 19 funding.

2.4 Integrated Lifestyle Services.

This procurement was nearing completion at the start of the emergency and the new Service was scheduled to start on June 1 2020. The procurement of the new service was divided into three Lots.

- Lots 1, Core Service (Health Trainer and lower level weight management services, outreach NHS Health Checks, National Child Measurement Programme and Behaviour Change Training)
- Lot 2, Tier 3 Weight Management services.
- Lot 3 Community Tier 1 Prevention Service (physical activity and nutrition).

Under the existing contract Lots 1 and 2 are provided by the Integrated Lifestyle Service provider, Everyone Health and its contract has been extended until 30 September 2020. The new contract was also awarded to Everyone Health and this will commence on 1 October 2020.

Lot 3, the Community Prevention Service however will commence on 1 July 2020. This is because the current services are funded from Public Health Reserves which will end in June 2020. Consequently, the current staff will not be able to TUPE and there will be a loss of skilled and experienced staff if the contract starts on 1 October 2020. The contract was awarded to a consortium with the contract lead being Cambridge City Council.

Financial implications for the implementation delays are as follows.

- Loss of savings allocated to the new service amount to £16, 667
- The funding for the Tier 1 service will be released from the main Lifestyle Contract and this will not be available until 1 October 2020. This amounts to £62,500.

The shortfall will be met either from Public Health Reserves or from COVID 19 funding.

2.5 Cabinet Office Procurement Policy Note

In response to the emergency the Cabinet Office issued a Procurement Policy Note (PPN) - Supplier relief due to COVID-19 Action Note PPN 02/20. This sets out information and guidance for public bodies on payments to their providers to ensure service continuity during the COVID 19 emergency. Organisations were advised to continue to pay their provider in line with their contracts, initially to the end of June 2020, when this PPN ends. This policy note has been followed and they are being paid in line with contract values.

The primary care contracts operate on a 'payment by result' payments system. The PPN advises that these provider payments should be made on the basis of a calculation of the average of the last three months. However, the PPN also states that payments should not be made to providers where there is no agreed contractual volume. The current primary care contracts do include target activity levels but payments reflect actual activity. It is proposed that these payments are made for quarter 1 2020/21 and that they are based on the comparable time period for 2019/20 to reflect differences in seasonal activity. The total 2019/20 costs for quarter 1 are as follows

GPs - £148,233
Community pharmacies - £21,265

2.6 Service Response: Integrated Sexual and Reproductive Health Services

Since mid-March 2020, the Service provided by Cambridgeshire Community Services (CCS) in response to national directives has moved towards reduced face to face clinic provision of sexual health, contraception services and HIV care and treatment

The Service is currently working on 75% of the full staffing complement through staff members shielding or sickness. This level of absence was anticipated as part of CCS's pandemic continuity planning, and managed through its business continuity plan.

Fortnightly meetings have been held with CCS when updates on the service were provided. Overall a good level of service has been maintained and there have not been any clinic closures. The following changes have been made to service delivery.

- The increased use of telephone triage/ consultation for patients to determine whether they need to come into the clinic for further interventions.
- All asymptomatic patients are referred to the online service from where they can secure testing kits which they return to the laboratory for analysis.
- An online platform has also been developed for symptomatic patients that is currently being tested.
- Oral contraception and antibiotics for the treatment of sexually transmitted infections are now mailed to patients.

The services paused are the following.

- Non-emergency insertions of long acting reversible contraception
- Walk in and wait appointments in sexual health clinics. Booked appointments are only available for patients whose online clinical assessments indicate they need face to face appointment.

However, for patients from high risk vulnerable groups normal access to service has been maintained.

The only dip in performance has been in the percentage of women who have access to long acting reversible contraception within 10 working days of contacting the service, this has dropped to 71% compared to 85%.

CCS report that these changes have been well received and there have not been any Complaints.

2.7 Service Response: Prevention of Sexual Ill Health Service

This Service is provided by DHIVERSE and the following activities have been provided during the emergency

- Postal condoms to high risk vulnerable groups.
- Video and telephone support for service users living with HIV that are feeling isolated
- Telephone counselling service
- Use of social media platforms such as Instagram, Twitter and Facebook to disseminate information on maintaining safe sexual health practice during COVID-19 lockdown
- Provision of virtual Relationships and Sex Education training to teachers during the lockdown in preparation for when schools reopen.

2.8 Service Response: Drug and Alcohol Services

These services are provided by Change Grow Live (CGL). The immediate response was the maintenance of services with a focus upon basic harm reduction, safety and wellbeing of individuals and family and this is now changing to recovery and returning to securing successful completions.

The immediate measures included the following responses.

- The fixed site clinics were maintained, satellite clinics were suspended
- All patients on supervised consumption moved to unsupervised and provided with a longer take home supply to ensure access to medication, limit movement during lockdown and to reduce undue pressure on community pharmacies.
- Opiate detoxifications and dose reductions were deferred to maintain stability.
- Alcohol home detoxification was initially suspended until national guidance was released.
- Prescribing appointments and initial assessments were conducted via telephone or video consultation and buprenorphine offered as first choice.
- Drug treatment was changed in response to national guidance.
- Safe storage boxes and take home naloxone kits delivered to the homes of all prescription patients.
- All patient keyworking contacts moved to telephone/online where possible and all group work transferred online via 'Zoom'.
- Specialist staff roles (e.g. hospital/prison) were moved into the community.
- Blood Borne Virus (BBV) testing was suspended but Hepatitis C treatment was continued.
- The majority of tier 4 inpatient detoxification settings have temporarily closed or not accepting referrals in the local region.
- Mobile telephones were distributed to those patients who were 'uncontactable'.
- Services were made available to the street homeless and vulnerable who had been housed in hotels/B&B's.

There are a number of positive impacts to date with lower drug related death numbers, less illicit drug use on top of prescription medication, increased levels of support and engagement. There has been more group work made accessible through the strengthened digital offer, for example there are 20 zoom groups a week across Cambridgeshire.

Greater opportunities to engage the homeless cohort housed in response to their COVID 19 risks have been well received by partner organisations along with evidence of, in general, strengthened coordinated partnership working. Staff report more contact with clients and enjoy flexible working arrangements.

Peer support has increased with support groups and a newsletter written on a weekly basis with advice, encouragement and signposting information. Prisons are now providing bridge prescriptions to enable treatment continuity on release of prisoners until services can pick them up.

There have been negative impacts however with a decrease in referrals/presentations particularly in non-opiate and alcohol cohorts and in numbers accessing needle exchange equipment. The initial focus was on opiates and organising prescriptions rather than alcohol dependent patients; this is now being addressed. Concerns have also been raised regarding access to secondary mental health provision for those with co-occurring conditions which has become more challenging.

Feedback information coming internally from services and externally from the independent SUN network is that service users feel more supported, appreciate the easy access to online groups, feel more in control of their recovery and treatment and feel 'trusted', 'empowered' and treated like a 'grown up'. Online surveys are planned for service users across Cambridgeshire

2.9 Service Response: Lifestyle Services

This includes Integrated Lifestyle Services provided by Everyone Health and Let's Get Moving provided by the district councils and Living Sport. The immediate response was as follows.

- Weekly meetings have been held with Service leads to support them with COVID 19 related Service delivery changes.
- All face to face delivery was suspended for stop smoking, health trainers, NHS health checks, National Child Measurement Programme, weight management, physical activity programmes and services.
- All provider staff are now working from home and alternative virtual methods of delivery were established through 1:1 phone / video calls, group sessions delivered via appropriate platforms such as "star leaf".
- Outreach NHS Health Checks and Behaviour Change Training has stopped.
- Initially Tier 3 weight management services provided by Cambridge University Hospital Foundation Trust (CUHFT) stopped taking new patients, in line with national policy. It has now re-commenced.
- Verification of behavioural changes, weight loss and CO verification for stop smoking services has stopped and there is a reliance on client self-reports.
- However, telephone stop smoking services have proved to be popular and stop service referral activity has remained close to target.

The positives from the service changes have been the development of existing and creation of new resources for service users. There has been a focus upon the development of online technologies that have increased accessibility/choice for service users through online offers e.g. creating and sharing 'live' activities online through social networks. Staff have had more opportunity to complete training and their continuing professional development.

Overall there have been fewer referrals into services as some clients are not engaging with virtual services. Although the proportion of Service users accessing these virtual services has increased. Feedback from service users indicates a willingness amongst many to continue more home-based or individual as opposed to group activity going forward. Hard to reach groups are finding it more difficult to engage in these new approaches and more tailored support has been required.

2.10 Service Response: Primary Care

Both GP practices and community pharmacies were diverted to meet the immediate pressures of the emergency. All non-essential face to face activity was suspended. Patients wanting to stop smoking were referred to the Integrated Lifestyle Virtual Service. Health Check activity was suspended and long acting reversible contraception is only provided in exceptional circumstances or if person is an especially high risk. Those requiring chlamydia screening from the 15 to 24-year age group are referred to online services. Emergency Hormonal Contraception provided by pharmacies has been maintained.

Overall activity has decreased in primary care, although the impact on quarter 4 for 2019/20 was limited. Data was available for health checks, long acting reversible contraception and chlamydia screening and was overall comparable to the previous year. Smoking data is not yet available.

Some practices have struggled with capacity, which will affect ongoing service delivery and data returns.

2.11 Service Response: Healthy Workplace Service

COVID 19 has affected the workplaces with many of the employers involved in the Service network closing or limiting their business activities. Those workplaces still active have reported that the emergency has created considerable mental health pressures amongst the workforce. The Service has developed virtual support packages and is expanding its virtual mental health training.

2.12 Service Response: Health Schools Service

The closure of schools has necessitated the Healthy Schools Service to re-design its offer to focus upon its website as a source of information and support to schools along with on line training.

The Healthy Schools Steering Group is currently leading an initiative with internal local authority leads and external partners in developing a coordinated response and offer to schools as they grapple with needs of more vulnerable children that have been exacerbated by the emergency.

2.13 Service Response: Healthy Fenland Fund (HFF)

The HFF has responded to demands from communities in Fenland for support during the emergency. It has worked to provide information about available support for different communities and groups. In line with the HFF ambition it has supported groups that have been formed in response to the emergency to help their own communities. They are providing support to these groups and ensuring that they and the people they helping remain safe.

2.14 Recovery /New Normal

As indicated there has been regular communication with providers to monitor COVID 19 impacts in terms of service delivery responses; their impact on users and staff along with implications for ongoing development of services. The situation is currently being monitored and documented on an ongoing basis focusing on the following key areas

- The status of services that were stopped and need to resume. To date where face to face services have not resumed it has reflected national guidance that wherever possible virtual approaches should be used. Although all services are exploring how its services will be delivered in the longer term in the context of long term social distancing and the minimisation of face to face service delivery. The national National Child Measurement Programme (NCMP) has indicated that it would consider the Programme re-starting at the end of 2020, but this would depend on schools re-opening and the wider emergency situation. There is evidence that those who are obese and/or smoke and acquire the virus have a higher risk of poorer outcomes. Discussions are currently taking place with local health services and commissioner leads on how these groups can be targeted by the lifestyle services.

- Service innovation is being evaluated to assess outputs and service user acceptability. This may lead to the new approaches being integrated into service delivery in the longer term with those service elements that stopped during lockdown not resuming when conditions allow.

- The evaluation of the impact of COVID 19 on services includes the identification of the negative or positive effects upon the more vulnerable or hard to reach groups and any indication of overall impact on health inequalities.

- The financial impact of COVID 19 upon services is also being monitored, although this will take time to fully assess as the service transition from emergency into recovery or a new normal.

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 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10

3.2 Thriving places for people to live

The report above sets out the implications for this priority in 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9,

3.3 The best start for Cambridgeshire's children

The report above sets out the implications for this priority in 2.9

3.4 Net zero carbon emissions for Cambridgeshire by 2050

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

- The shift in service delivery across all of the Public Health commissioned services described in this paper will contribute to decreasing the level of carbon emissions if some of this shift is maintained going forward.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The report above sets out details of significant implications in 2.1, 2.2

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

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

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

4.3 Statutory, Legal and Risk Implications

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

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

4.4 Equality and Diversity Implications

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

- Any equality and diversity implications are will be included in the assessment of the impact of service responses to COVID 19.

4.5 Engagement and Communications Implications

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

- The ongoing assessment of the services changes in response to COVID 19 includes consultation with service providers and users.

4.6 Localism and Local Member Involvement

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

- The ongoing response to COVID 19 will involve working with service users and communities to ensure that services are addressing their needs.

4.7 Public Health Implications

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

- The services' responses to COVID 19 have been designed to ensure that services continue to address needs.
- Creatively develop new approaches to delivery that can improve services going forward and improve outcomes for service users.

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 McMillian
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?	No Response Name of Officer:
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
Essential Services in Sexual and Reproductive Healthcare. During the COVID 19 outbreak. Faculty of Sexual and Reproductive Health (March 24 2020)	https://www.fsrh.org/home/
Pandemic COVID 19: Contingency planning for out-patient Genitourinary Medicine, Contraception and	https://www.bashh.org/about-bashh/publications/

Sexual Health Services (including online) and HIV services British Association for Sexual Health and HIV (March 2020)	
Coronavirus (COVID-19) and HIV - BHIVA Statements from February 2020	*https://www.bhiva.org/Coronavirus-COVID-19*
COVID-19: guidance for commissioners and providers of services for people who use drugs or alcohol Public Health England (updated May 29 2020)	https://www.gov.uk/government/publications/covid-19-guidance-for-commissioners-and-providers-of-services-for-people-who-use-drugs-or-alcohol/covid-19-guidance-for-commissioners-and-providers-of-services-for-people-who-use-drugs-or-alcohol
Reallocating road space in response to COVID-19: statutory guidance for local authorities UK GOV and Public Health England (May 9 2020)	https://www.gov.uk/government/publications/reallocating-road-space-in-response-to-covid-19-statutory-guidance-for-local-authorities
Tobacco smoking and COVID-19 infection. Richard N van Zyl-Smit, Guy Richards, Frank T Leone. The Lancet. (May 25th 2020)	https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930239-3
COVID-19: advice for smokers and vapers. Public Health England (May 29 2020)	https://www.gov.uk/government/publications/covid-19-advice-for-smokers-and-vapers?utm_source=9092ac87-ab02-4607-8e64-2630f47fed60&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate
RESEARCH TO SUPPORT WEIGHT MANAGEMENT SERVICES DURING COVID-19. Public Health England (May 2020)	https://www.gov.uk/government/organisations/public-health-england

Agenda Item No: 9

HEALTHY CHILD PROGRAMME'S RESPONSE TO COVID-19

To:	**Health Committee**
Meeting Date:	**25 June 2020**
From:	**Director of Public Health**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** *Key decision:* **No**
Outcome:	**This report provides an update on:** - **the Healthy Child Programme's (HCP) response to the current Coronavirus pandemic** - **the integrated work from the Best Start in Life Strategy group during this period** - **initial approach to the recovery phase**
Recommendation:	**The Committee is asked to note and comment on the progress made to date in responding to the impact of the ongoing Coronavirus pandemic.**

	Officer contact:		***Member contacts:***
Name:	Raj Lakshman/ Helen Freeman	Names:	Councillors Peter Hudson & Anne Hay
Post:	Public Health Consultant/ Team Commissioning Manager	Post:	Chair/Vice-Chair
Email:	Raj.lakshman@cambridgeshire.gov.uk/ helen.freeman@cambridgeshire.gov.uk	Email:	Peter.hudson@cambridgeshire.gov.uk Anne.hay@cambridgeshire.gov.uk
Tel:	07905989337/ 07775 406283	Tel:	01223 706398

1. BACKGROUND

1.1. Commissioners and Providers of the Healthy Child Programme (Health Visiting, Family Nurse Partnership, School Nursing and Vision Screening) have been working closely to ensure that families remain supported during the pandemic, whilst keeping staff and families safe.

1.2. A Section 75 Agreement has been in effect as of 1st October 2019 between Cambridgeshire County Council (CCC), Cambridgeshire Community Services (CCS) and Cambridgeshire and Peterborough Foundation Trust (CPFT) for delivery of an integrated 0-19 Healthy Child Programme (HCP) across Cambridgeshire and Peterborough. Provision of the HCP is a statutory responsibility of the Director of Public Health, resourced through the Public Health Grant.

1.3. On 19th March NHS England & NHS Improvement wrote to all providers to outline COVID-19 Prioritisation within Community Health Services. This described the 4 main principles to be applied as services responded to the situation:

- *Support home discharge today of patients from acute and community beds, as mandated in the new Hospital Discharge Service Requirements, and ensure patients cared for at home receive urgent care when they need it*
- *By default, use digital technology to provide advice and support to patients wherever possible*
- *Prioritise support for high-risk individuals who will be advised to self-isolate for 12 weeks. Further advice on this will be published shortly.*
- *Apply the principle of mutual aid with health and social care partners, as decided through your local resilience forum.*

1.4 Specific advice was also given for community child and family services. This set out guidance regarding the prioritising of services, including listing those services classed as 'essential' which needed to be protected as a priority. The essential elements for the Healthy Child Programme were identified as:

- The Antenatal and New Birth Visits
- Maintaining a single point of access
- Safeguarding work
- Family Nurse Partnership

2. HEALTHY CHILD PROGRAMME RESPONSE

2.1 Commissioners and Service leads have set up weekly calls to discuss new guidance, current capacity and service changes that might be needed. Additional support from the service informatics team has enabled weekly reporting on key aspects of delivery and requests into the service in order for changes in demand to be identified swiftly and responded to. Monthly Performance monitoring meetings continue and details of performance are not covered here as they are discussed in the performance monitoring paper.

2.2 All Health Visiting mandated contacts are being initially provided via telephone or video-conferencing facilities (Attend Anywhere). If there is an identified need for a face to face

contact, a risk assessment is undertaken to check whether anyone in the family has symptoms of Covid-19 or is shielding and determine the lowest risk way to deliver a face to face contact.

2.3 Assessments on whether face to face interactions are required are being handled on an individual basis whereby concerns are weighed against potential risk, which determines whether a home or clinic setting is more appropriate. If a family is on the universal partnership plus (UPP) pathway (those requiring multi-agency support), liaison is made with the family Social Worker or other involved professional. Social distancing rules are followed for clinic and home visits, and staff are using the required PPE in line with the NHS Trusts infection control protocols.

2.4 From 18th May all New Birth visits include a face to face element where the baby is weighed and other clinical assessments made. These visits comply with the safety protocols outlined in 2.3.

2.5 Up to this point in time there has been no redeployment of staff away from the HCP. This has meant that current staffing is sufficient to continue all five mandated checks (delivered as outlined above) - antenatal, new birth, 6-8wks, 1yr and 2-2.5yrs. If available staff decrease due to illness or redeployment to other parts of the NHS (e.g. maternity, children's wards) the service will reduce down to the nationally identified essential services which are Antenatal and New birth checks, Family Nurse Partnership (FNP), Single point of access (duty desk, call-us, text-us, chathealth) and safeguarding work.

2.6 Whilst there is capacity within the service, additional phone contacts are being conducted at 4 weeks and 4 months for families where health visitors have identified a need at the new birth visit.

2.7 All group based clinics/methods of support have ceased and will be reintroduced when national guidance recommends that it is safe to do so.

2.8 Regular meetings between HCP managers and maternity colleagues across all 4 catchment hospitals (CUH, Hinchingbrooke, Peterborough, Queen Elizabeth) have been set up to ensure that postnatal support is planned in a way that ensures that all necessary checks are undertaken with minimum face to face visits to manage risks.

2.9 The Vision Screening programme has been suspended until the new Academic Year.

2.10 CallUs/TextUs/ChatHealth are being promoted as the primary tool to deliver the universal HCP offer. Provider's (CCS) Communications team are developing an online platform with access to a range of advice and information for families and when appropriate families will be steered to these self-help options (www.bit.ly/nhscambspboro-hcp)

2.11 In Cambridgeshire the single point of access has been expanded to provide a front door to other children's health services including speech and language, children's physiotherapy, children's community nursing, community paediatricians and emotional health and wellbeing service.

2.12 Universal Plus and Universal Partnership Plus contacts continue subject to clinician's

risk assessments; some face to face and some remotely. The HCP continue to fulfil their required safeguarding duties as necessary and in line with national guidance.

2.13 School Nurses have been joined by the Emotional Health and Wellbeing team to provide support to young people via ChatHealth and Telephone Support.

2.14 Family Nurse Partnership (FNP) are offering clients support remotely and have been piloting videoconferencing with this cohort, which has been well received.

3. BEST START IN LIFE

3.1 At the start of this period we put a hold on most of the work of the Best Start in Life Strategy group as we were about to start looking at place-based operational prototypes which would not be possible in the current climate. However, a small group from across Early Help, the Healthy Child Programme providers and Public Health commissioners have continued with regular weekly meetings during this time to ensure that we work together to continue service delivery, share information and communicate any changes.

3.2 The strong partnership that has been established through this workstream has enabled swift actions across the system to address issues as they emerge. This has included:

- Ensuring maternity colleagues can still safely operate community based appointments including establishing new clinic spaces in HCP buildings.
- Linking with the CCG and primary care to confirm that all essential health checks including maternal mental health reviews, infant vaccinations and newborn physical examinations (NIPE) were still being offered across the area.
- Relocating newborn hearing clinics to a community venue to reduce non-essential visits to hospital sites.

3.3 Work has now restarted with the wider Best Start team including colleagues in primary care, maternity and across the wider children's services system. The focus currently is to understand how we can mitigate as far as possible any risks arising from contact restrictions, in particular ensuring our most vulnerable and first time families have the support they need. Preparations are also beginning to explore 'recovery' planning, further details in section 4.

4. RECOVERY PLANNING

4.1 It is very likely that services delivered to children and families may need to be different once we have dealt with the immediate response required by the crisis. As the lockdown starts to lift in a phased way, with schools and settings starting to re-open, it is important for the system to understand the identified risks and service delivery of partners across the system in order to best identify needs and support families during this stage.

4.2 The Best Start in life group has identified 2 immediate pieces of work to support this recovery planning:

Understanding lessons learnt during the crisis so far
We are collecting in information to identify how service delivery has changed during this period, areas of innovation and new models of delivery. In addition we are looking at the service user's experience of service delivery and support during this time. As part of this

we are considering where new ways of working might be continued during the recovery phase and beyond.

Identification of risks and vulnerable groups

We want to understand the differing impact this period has had upon various groups across Cambridgeshire and Peterborough. As a system we are currently identifying where these risks are and vulnerable groups in order for us to plan services moving forward in such a way as to mitigate these risks and offer support as needed in the most effective way. The vulnerable groups identified may be existing vulnerable groups which may have been additionally impacted by covid-19 including those experiencing domestic abuse, families with parents experiencing poor mental health or children on safeguarding pathways. Alternatively the risks and groups with vulnerabilities might include new cohorts who have become vulnerable due to the pandemic. These might include children who have missed vaccinations, children who are shielding or belonging to families who are shielding and those due to transition to primary school who have been out of Early Years settings.

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 paragraphs 2, 3 and 4

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 paragraphs 2, 3 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

The following bullet point set out details of significant implications identified by officers: 4.2

6.5 Engagement and Communications Implications

The following bullet point set out details of significant implications identified by officers: 4.2

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 paragraphs 1-4

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?	No Response Name of Officer:
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
Community services prioritisation plan	https://www.england.nhs.uk/coronavirus/publication/covid-19-prioritisation-within-community-health-services-with-annex_19-march-2020/
Best Start in Life Strategy	https://cambridgeshireinsight.org.uk/health/popgroups/cyp/ https://democracy.peterborough.gov.uk/documents/s39973/8.%20Annex%20A%20BSiL%20Strategy%20FINAL%2026_7_19.pdf

Agenda Item No: 10

NHS QUALITY ACCOUNTS – ESTABLISHING A PROCESS FOR RESPONDING TO 2019-20 REQUESTS

To:	**Health Committee**
Meeting Date:	**25th June 2020**
From	**Monitoring Officer**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** *Key Decision:* **No**
Outcome:	**For the Committee, as part of its Health Scrutiny function, to agree the process to respond to statements on the Quality Accounts provided by NHS Provider Trusts.**
Recommendation:	**The Health Committee is asked to note the requirement for NHS Provider Trusts to request comment from Health Scrutiny committees and**

a) to note the improvements in the process introduced for responding to Quality Accounts in 2019 and feedback from the Trusts

b) to consider if the Committee wishes to respond to Quality Accounts and if so prioritise which Quality Accounts the Committee will respond to. If so:-

i) to appoint representatives from the Health Committee to the Task and Finish Group.

ii) to receive and comment on statements from the task and finish group if response timescales allow.

iii) if response timescales do not allow full committee input then members are asked to delegate approval of the responses to the Quality Accounts to the Head of Public Health Business Programmes acting in consultation with the views of members of the Committee appointed to the cross party member led Task and Finish Group.

	Officer contact:		***Member contacts:***
Name:	Kate Parker	Names:	Councillors Peter Hudson & Anne Hay
Post:	Head of Public Health Business Programmes	Post:	Chair/Vice-Chair
Email:	Kate.parker@cambridgeshire.gov.uk	Email:	Peter.hudson@cambridgeshire.gov.uk Anne.hay@cambridgeshire.gov.uk
Tel:	01480 379561	Tel:	01223 706398

1. BACKGROUND

1.1 NHS Healthcare providers are required under the Health Act 2009 to produce an annual Quality Account report. A Quality Account is a report about the quality of services by an NHS healthcare provider.

1.2 Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided.

1.3 It is a requirement for NHS Healthcare providers to send to the Health Committee in its Overview and Scrutiny function a copy of their Quality Account for information and comment. Statements received from Healthwatch and Health Overview and Scrutiny Committees must be included in the published version. There is no statutory requirement for the Health Committee to respond to the Quality Accounts.

1.4 In previous years the deadlines for NHS Healthcare providers to submit their final Quality Accounts to NHS Improvement has not allowed adequate time for the Quality Accounts to be discussed at Health Committee meetings and scrutiny has been conducted through a member task and finish group. Due to the pressures presented by the covid-19 pandemic the deadlines for trusts to publish their 2019/20 Quality Accounts have been revised.

1.5 This paper outlines the proposed response to the Quality Accounts received by the Health Committee and the internal deadlines to respond to the NHS Trusts. This paper also reflects on the success of the processes introduced for responding to the Quality Accounts in 2018 and replicated in 2019.

2. MAIN ISSUES

2.1 There is now no fixed deadline by which providers must publish their 2019/20 Quality Account. However, in light of pressures caused by COVID-19, NHS England and NHS Improvement recommend a deadline of 15 December 2020. To allow for scrutiny (as required by the Quality Account regulations) each trust should also agree an appropriate timescale to provide a draft Quality Account to stakeholders for comment; a date of 15 October 2020 is considered reasonable to do this.

2.3 Previously the timing of the Quality Account deadlines puts the Committee in a difficult position to provide an adequate response. So a new process was introduced in 2018 whereby the Health Committee appointed members of the committee to a task and finish group. This group reviewed the content of the Quality Accounts that they were in receipt of and feedback was provided to the Trust. The Head of Public Health Business Programmes was responsible for submitting final statements to each Trust. It is a legal requirement for the Trusts to publish these statements as part of their complete quality account.

3. PROCESS FOR RESPONDING TO NHS QUALITY ACCOUNTS

3.1 Under the committee system of governance, it is not possible to delegate decisions to individual elected members or groups of members, but scrutiny regulations require that scrutiny be carried out by elected members and not delegated to officers.

3.2 Due to time constraints identified in section 2, responses before 2018 were limited to details of where the Trust has attended the Health Committee for the purposes of health scrutiny. Any recommendations made by the committee were submitted within the statement. Feedback received from the Trusts noted that they had expected more of a reflection and comment on the content of the Quality Account rather than an overview of scrutiny actions.

3.3 As a result of this feedback, in 2018 a new process was introduced whereby the Committee appointed a task and finish group to review the Quality Accounts provided by trusts and provide a more detail critical analysis. Feedback from the Trusts was positive and table 1 (Section 5) indicates which Trusts responded to the feedback.

4.0 PROPOSED PROCESS FOR RESPONDING TO NHS QUALITY ACCOUNTS IN 2020

4.1 As outlined in section 2.1 there is now no fixed deadline by which providers must publish their 2019/20 Quality Account but a recommendation of 15th December 2020.

4.2 It is proposed that a member led task and finish group is established to review the Quality Accounts and draft a statement of response on behalf of the Health Committee. Where possible statements will be brought back to committee to approve the final submission. However if timelines do not allow this then the committee are asked to delegate approval of the responses to the Quality Accounts to the Head of Public Health Business Programmes acting in consultation with the views of members of the Committee appointed the cross party member led task and finish group

4.3 Last year the Committee established a task and finish working group that responded to the Quality Accounts to ensure the views of the committee were represented. However this did fall to one councillor taking on the bulk of the work. Therefore a working group with wider membership is suggested to take this on for 2020.

4.4 The Committee is asked to nominate members to the cross party member led task and finish working group.

5.0 SIGNIFICANT IMPLICATIONS

5.1 Resource Implications

Officer time in preparing a paper for the Committee.

5.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

5.3 Statutory, Legal and Risk Implications

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

5.4 Equality and Diversity Implications

There may be equality and diversity issues to be considered in relation to the quality accounts.

5.5 Engagement and Communications Implications

There may be engagement and consultation issues to be considered in relation to the quality accounts.

5.6 Localism and Local Member Involvement

There may be relevant local issues in relation to the quality accounts.

5.7 Public Health Implications

The quality of services at local healthcare providers will impact on public health

Source Documents	Location
NHS Choices information on Quality Accounts	http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Pages/about-quality-accounts.aspx
Reports to and minutes of Health Committee	https://cmis.cambridgeshire.gov.uk/ccc_live/Committees/tabid/62/ctl/ViewCMIS_CommitteeDetails/mid/381/id/6/Default.aspx

Agenda Item No: 11

HEALTH COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES, INTERNAL ADVISORY GROUPS, PANELS AND COMMUNITY CHAMPIONS

To: **Health Committee**

Meeting Date: **25th June 2020**

From: **Director of Public Health**

Electoral division(s): **All**

Forward Plan ref: **Not applicable** *Key decision:* **No**

Outcome: **To review the Committee's agenda plan and to consider appointments to outside bodies, internal advisory groups, panels and Community Champions.**

It is important that the Council is represented on a wide range of outside bodies to enable the Council to provide clear leadership to the community in partnership with citizens, businesses and other organisations.

Recommendation: **The Health Committee is recommended to:**

a) **Review its agenda plan attached at Appendix 1;**

b) **Agree the appointments to outside bodies as detailed in Appendix 2; and**

c) **Agree the appointments to Internal Advisory Groups and Panels as detailed in Appendix 3;**

	Officer contact:		***Member contacts:***
Name:	Rob Sanderson	Names:	Councillors Hudson and Hay
Post:	Democratic Services Officer	Post:	Chairman / Vice-Chairman
Email:	Rob.sanderson@cambridgeshire.gov.uk	Email:	Peter.Hudson@cambridgeshire.gov.uk Anne.Hay@cambridgeshire.gov.uk
Tel:	01223 699181	Tel:	01223 70639

1. BACKGROUND

1.1 The Health Committee reviews its agenda plan at every meeting.

1.2 The County Council's Constitution states that the Health Committee has authority to nominate representatives to Outside Bodies other than the Combined Authority, Greater Cambridge Partnership, Cambridgeshire and Peterborough Fire Authority, the County Councils Network Council and the Local Government Association.

1.3 Appointments to Outside Bodies and Internal Advisory Groups and Panels are agreed by the relevant Policy and Service Committee.

1.4 It is important that the Council is represented on a wide range of outside bodies to enable the Council to provide clear leadership to the community in partnership with citizens, businesses and other organisations.

2. APPOINTMENTS TO OUTSIDE BODIES AND INTERNAL ADVISORY GROUPS AND PANELS

2.1 The outside bodies where appointments are required are set out in **Appendix 2** to this report. The current representative(s) is indicated. It is proposed that the Committee should review and agree the appointments to these bodies.

2.2 The internal advisory groups and panels where appointments are required are set out in **Appendix 3** to this report. The current representative(s) is indicated. It is proposed that the Committee should review and agree the appointments to these bodies.

Source Documents	**Location**
Annual Report of Representation on Outside Bodies 2019 – 2020	*https://cambridgeshire.cmis.uk.com/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/1105/Committee/20/Default.aspx*

HEALTH POLICY AND SERVICE COMMITTEE AGENDA PLAN

Appendix 1

Cambridgeshire County Council

Notes

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

In line with the agreed Virtual Protocol during the current lock down necessitating virtual meetings, that with the exception of scrutiny updates, monitoring reports without decisions, including the Finance Monitoring Report, will, be circulated to the Committee separately.

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.

Draft reports are due with the Democratic Services Officer by 10.00 a.m. eight clear working days before the meeting.
The agenda dispatch date is six clear working days before the meeting

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
25/06/20	Notification of Chairman/woman and Vice-Chairman/woman	Rob Sanderson	Not applicable	15/06/20	17/06/20
	Co-option of District Members	Democratic Services / Chair	Not applicable		
	Covid-19 Issues Report	Liz Robin	Not applicable		
	Covid 19 Impacts on Public Health Commissioned Services	Val Thomas	Not applicable		
	Healthy Child Programme's Response To Covid-19	Raj Lakshman			
	Quality Accounts Process to 2020	Kate Parker	Not applicable		
	Agenda Plan and Appointments to Outside Bodies and Internal Working Groups Reports	Rob Sanderson			

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
09/07/20	Covid-19 Issues Report	Liz Robin	Not applicable	29/06/20	01/07/20
	Public Health Ring-Fenced Grant	Liz Robin	Not applicable		
	Agenda Plan	Rob Sanderson	Not applicable		
06/08/20	Finance Monitoring Report (*Only if no longer lockdown and Committee meeting normally)*	Stephen Howarth	Not applicable	27/07/20	29/07/20
	Covid-19 Issues Report	Liz Robin	Not applicable		
	NHS Response to Simon Stevens Annex A letter 29th April	Jan Thomas			
	Agenda Plan	Rob Sanderson	Not applicable		
17/09/20	Finance Monitoring Report (*Only if no longer lockdown and Committee meeting normally)*	Stephen Howarth	Not applicable	07/09/20	09/09/20
	CCG Finance Update	Jan Thomas			
	Covid-19 Issues Report	Liz Robin	Not applicable		
	Agenda Plan	Rob Sanderson	Not applicable		
15/10/20	Finance Monitoring Report	Stephen Howarth	Not applicable	05/10/20	07/10/20
	Health Committee Training Plan	Kate Parker	Not applicable		
	Agenda Plan and Appointments to Outside Bodies	Rob Sanderson	Not applicable		
19/11/20	Finance Monitoring Report	Stephen Howarth	Not applicable	09/11/20	11/11/20
	Health Committee Training Plan	Kate Parker	Not applicable		
	Agenda Plan and Appointments to Outside Bodies	Rob Sanderson	Not applicable		
03/12/20	Performance Report	Liz Robin	Not applicable	23/11/20	25/11/20

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Health Committee Risk Register	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.		

Appendix 2

CAMBRIDGESHIRE COUNTY COUNCIL
APPOINTMENTS TO OUTSIDE BODIES: HEALTH COMMITTEE

NAME OF BODY	MEETINGS PER ANNUM	REPS APPOINTED	REPRESENTATIVE(S)	CONTACT DETAILS	GUIDANCE CLASSIFICATION	COMMITTEE TO APPROVE
Cambridge University Hospitals NHS Foundation Trust Council of Governors The Board of Governors represents patients, public and staff. The majority of the Governors are elected by the membership. Governors provide a direct link to the local community and represent the interests of members and the wider public in the stewardship and development of the Trust.	4	1	Councillor M Howell (Con)	Martin Whelan Assistant Trust Secretary 01223 348567 martin.whelan@addenbrookes.nhs.uk	Other Public Body representative	Health

NAME OF BODY	MEETINGS PER ANNUM	REPS APPOINTED	REPRESENTATIVE(S)	CONTACT DETAILS	GUIDANCE CLASSIFICATION	COMMITTEE TO APPROVE
Cambridgeshire and Peterborough NHS Foundation Trust Provides mental health and specialist learning disability services across Cambridgeshire and Peterborough. Also provides some specialist services on a regional and national basis. Partners are Cambridgeshire County Council, Peterborough City Council, NHS Cambridgeshire and NHS Peterborough.	4	1	Councillor G Wilson (LD)	Louisa Bullivant Corporate Governance Manager 01223 219477 Ext 19477 louisa.bullivant@cpft.nhs.uk	Partner Governor on the Council of Governors	Health
North West Anglia NHS Foundation Trust Council of Governors The North West Anglia NHS Foundation Trust was formed on 1 April 2017. The trust runs three busy hospitals – Peterborough City Hospital, Hinchingbrooke Hospital and Stamford and Rutland Hospital. Governors are the 'voice' of members of partner organisations in the running of the hospitals, so that hospital services always reflect the needs and expectations of local people.	TBC	1	Councillor T Sanderson (Con)	Jane Pigg Company Secretary North West Anglia Foundation Trust 01733 677926 (direct dial) jane.pigg@pbh-tr.nhs.uk PA Jackie Bingley 01733 677953 (Weds) 01480 418755 (rest of week)	Other Public Bodies [Partner Governor]	Health

NAME OF BODY	MEETINGS PER ANNUM	REPS APPOINTED	REPRESENTATIVE(S)	CONTACT DETAILS	GUIDANCE CLASSIFICATION	COMMITTEE TO APPROVE
Royal Papworth Hospital NHS Foundation Trust Council of Governors NHS Foundation Trusts are not-for-profit, public benefit corporations. They are part of the NHS and provide over half of all NHS hospital and mental health services. The County Council is represented on the Council as a nominated Governor.	4	1	Councillor L Jones (Lab)	Anna Jarvis Trust Secretary Chief Executive's Office Royal Papworth Hospital NHS Foundation Trust Papworth Everard Cambridge CB23 3PE anna.jarvis4@nhs.net Direct Line 01480 364555	Other Public Bodies	Health

Appendix 3

HEALTH COMMITTEE APPOINTMENTS TO INTERNAL ADVISORY GROUPS AND PANELS

NAME OF BODY	MEETINGS PER ANNUM	REPS APPOINTED	REPRESENTATIVE(S)	CONTACT DETAILS	COMMITTEE TO APPROVE
Cambridge University Hospital NHS Foundation Trust (Addenbrooke's Hospital) Liaison Group The purpose is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Health Committee to consider under its scrutiny function. It also provides the organisation with forward notice of areas that Health Committee members may want further information on or areas that may become part of a formal scrutiny.	4	4	Councillor L Harford (C) Councillor P Hudson (C) Councillor L Jones (L) Councillor S van de Ven (LD)	Kate Parker Head of Public Health Business Programmes Kate.Parker@cambridgeshire.gov.uk 01480 379561	Health

NAME OF BODY	MEETINGS PER ANNUM	REPS APPOINTED	REPRESENTATIVE(S)	CONTACT DETAILS	COMMITTEE TO APPROVE
Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) Liaison Group, The purpose is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Health Committee to consider under its scrutiny function. It also provides the organisation with forward notice of areas that Health Committee members may want further information on or areas that may become part of a formal scrutiny.	4	4	Councillor L Harford (Con) Councillor P Hudson (Con) Councillor L Nieto (Con) Councillor S van de Ven (LD)	Kate Parker Head of Public Health Business Programmes Kate.Parker@cambridgeshire.gov.uk 01480 379561	Health

NAME OF BODY	MEETINGS PER ANNUM	REPS APPOINTED	REPRESENTATIVE(S)	CONTACT DETAILS	COMMITTEE TO APPROVE
Clinical Commissioning Group and Cambridgeshire Healthwatch Liaison Group The purpose is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Health Committee to consider under its scrutiny function. It also provides the organisation with forward notice of areas that Health Committee members may want further information on or areas that may become part of a formal scrutiny.	4	5	Councillor D Connor (C) Councillor L Harford (C) Councillor P Hudson (C) Councillor L Jones (L) Councillor S van de Ven (LD)	Kate Parker Head of Public Health Business Programmes Kate.Parker@cambridgeshire.gov.uk 01480 379561	Health

NAME OF BODY	MEETINGS PER ANNUM	REPS APPOINTED	REPRESENTATIVE(S)	CONTACT DETAILS	COMMITTEE TO APPROVE
North West Anglia NHS Foundation Trust (Hinchingbrooke Hospital) Liaison Group The purpose is to determine any organisational issues, consultations, strategy or policy developments that are relevant for the Health Committee to consider under its scrutiny function. It also provides the organisation with forward notice of areas that Health Committee members may want further information on or areas that may become part of a formal scrutiny.	4	3	Councillor Connor (Con) Councillor Harford (Con) Councillor T Sanderson (Ind)	Kate Parker Head of Public Health Business Programmes Kate.Parker@cambridgeshire.gov.uk 01480 379561	Health