HEALTH COMMITTEE: MINUTES

Date: Tuesday, 5 May 2020

Time: 1.30pm – 3.37pm

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

Present: Councillors C Boden (Vice-Chairman), D Connor, L Dupré, J Gowing, L Harford, L Jones, L Nethsingha, K Reynolds, M Smith and S van de Ven

District Councillors D Ambrose-Smith, S Clark, G Harvey and J Taverner

Apologies: Cllr P Hudson (Cllr Gowing substituting)

294. DECLARATIONS OF INTEREST

Councillor van de Ven declared a non statutory interest under the Code of Conduct in relation to minute 298, Covid-19 Update, as her son worked at Addenbrookes Hospital.

295. MINUTES – 23 JANUARY 2020

The minutes of the meeting held on 23rd January 2020 were agreed as a correct record.

296. HEALTH COMMITTEE – ACTION LOG

The Action Log was noted.

297. PETITIONS AND PUBLIC QUESTIONS

There were no petitions.

Six public questions had been received (see **Appendix 1**), and these were read out by the Democratic Services Officer. The Chairman noted that some of the questions were relevant to other Committees, such as the Adults Committee, and an appropriate coordinated response would be provided, within ten days, to those who had raised the public questions, and the response would be appended to the minutes (see **Appendix 2**).

It was resolved to note the public questions.

298. COVID-19 UPDATE

The Chairman reported that officers had been asked to bring a report on the Covid-19 response to date for those services for which each Policy and Service Committee was responsible. A similar report would be brought to each future meeting until further notice.

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

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

2. Reason for urgency: To enable the committee to be briefed on the current situation in relation to the Council's response to Covid-19 for those services for which it was responsible.

Introducing the report, the Director of Public Health explained how the Council's Adult Social Care (ASC) and Commissioning directorates were focussing on supporting local Care Homes at this difficult time, working very closely with the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), NHS Community Services, and Public Health England's Health Protection Team. Measures included:

- Regular contact with and risk assessment of Care Homes by the Council's adult social care commissioners;
- A daily care home call chaired by the CCG Chief Nurse, involving ASC and Commissioning, CCG Infection Control nurses, and NHS Community Services, to discuss care homes with outbreaks, and to agree actions to be taken including care home visits;
- Recently agreed standard operating procedures between the East of England Public Health England Health Protection Team, the CCG and the local authority. Public Health England provided the initial advice and testing to a care home with a potential outbreak, which was then followed up by the local NHS and social care system, with re-escalation to Public Health England if required;
- Where Care Homes have been unable to source PPE through their own normal suppliers or were waiting for a delivery, an emergency PPE supply could be made available from the Local Resilience Forum;
- There was a regular Provider Forum, where information and advice is provided to Care Homes and questions could be raised;
- A regular newsletter to Care Homes, sharing the latest advice and guidance;
- Regular updates provided to the Local Resilience Forum Tactical Co-ordination Group through adult social care commissioning membership.

National guidance and strategy was being regularly updated based on latest research evidence, and the Public Health team was working closely on a Cambridgeshire and Peterborough system to implement this. Information on deaths in Care Homes by local authority was now published weekly by the Office of National Statistics, and Public Health England had recently started to publish data by local authority on the overall number of care homes, and the percentage which had experienced a Covid-19 outbreak.

In terms of infection rates, these had plateaued locally, and were beginning to reduce. Tracking and contact tracing would be a focus going forward as there was a move to the "new normal".

Councillor van de Ven asked the following questions, which she had circulated in advance to the Committee and officers. She explained that these related to the shift of focus to care home settings in recent weeks. A greater focus on sharing of information would be welcomed, and whilst the Covid-19 report had given some reassurances, greater clarity was needed and should be expected, in order to provide greater

confidence, especially for carers, care home staff, and those who come into contact with them.

1. Cambridgeshire data about discharges from hospital into care homes: 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.
2. Cambridgeshire data about capacity in care homes—what was made available when and how much it has been occupied?
3. Numbers of tests made available, carried out, and when (by week), how many have been positive, and what action has then followed?
4. Care home death data by week, and comparison with five-year average.
5. How the above data is shared between NHS, CCC and care home owners and managers.
6. PPE information: specification, supply, adequacy. Care home PPE includes an apron rather than full gown. While this may meet PHE requirements, is this considered by care home staff and PH officers to provide sufficient protection? What about face shields? What PPE is provided to non-patient-facing staff in care homes?
7. 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?
8. Care in people's own homes: how that is being managed and how are issues reported?
9. 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?

Since circulating these questions, the Committee Covid-19 report had been published, which provided a response on some of the PPE questions.

Officers gave the following response to these questions:

1. Discharges from hospital into care homes – Information about discharge from hospital and destination of discharge was held by either NHS or Adult Social Care (ASC) colleagues, and this question would be referred to ASC colleagues who would be able to provide some of this information. More generally, the national guidance for hospitals stated that all care home residents would be tested on discharge, before they are admitted to a care homes and the national guidance for Care Homes takes this into account and includes guidance for isolation and infection control for residents when they are discharged;
2. Capacity in care homes – this question would be referred to ASC colleagues;
3. Testing of care home residents – testing of symptomatic residents when an outbreak first occurs was co-ordinated and requested by the Health Protection Team from Public Health England, through teams commissioned by the NHS. The NHS Clinical Commissioning Group can also commission testing. Data on testing of residents would be held by these organisations, so the question about the data would be referred to them. Testing of symptomatic staff had been co-ordinated by the Care Quality Commission (CQC) or by referral through the government website. When a care home resident had symptoms and was tested for Covid-19, they would be presumed to be positive at that point, rather than waiting for the test result - so the care home would be advised to isolate the resident and use appropriate PPE and infection control measures, as set out in the national guidance for Care Homes;

4. Care home deaths and how deaths in recent weeks had compared with the five year average: Publically available ONS deaths data included deaths up to 17th April registered up to 25th April 2020. A comparison with the three year average 2017-19 rather than a five year average was used. The data showed that for the year until 27th March the numbers of deaths that took place in care homes were similar to previous years. Thereafter:
   - week commencing 28th March 34 deaths in care homes in Cambridgeshire compared to a three year average of 26;
   - week commencing 4th April: 44 deaths in care homes compared to a three yearly average of 22;
   - week commencing 10th April: 66 deaths in care homes compared to a three yearly average of 21. However, only 19 of these 66 deaths were identified on the death certificate as being from Covid-19.

   Preliminary work comparing areas in the East of England in recent weeks, indicated that rates of death in care homes in Cambridgeshire were similar to or possibly lower than other areas;
5. Data sharing between the NHS, the County Council and care home owners and managers: the main response was operational, so care homes share information with the NHS and ASC when they have symptomatic residents, so that the organisations could work together to manage outbreaks, prevent infections and support the care home. This was done through direct contact with care homes, and daily calls involving ASC and the NHS, including CCG infection control nurses. There was also a regular mail-out from ASC to care home providers which provided information such as new national guidance for Care Homes or where to obtain PPE;
6. What PPE was required: the national guidance called "How to work safely in Care Homes" provided clear information about which PPE which was required. This included different care and activity contexts and covered all PPE including visors, masks and aprons. Care homes and care providers had been supported in continuing to identify and source adequate PPE, when they have had issues with sourcing enough of the right equipment from their own regular suppliers, and additional emergency supplies are now accessible through the Local Resilience Forum PPE Cell. The use of aprons in care provision was in line with national guidance, and was consistent with guidance provided to healthcare workers, both in and out of hospital. The only procedure where a gown would be required would be for an "aerosol generating procedure", such as complex tracheostomy care, which is unusual but is done in a small number of care homes. Staff in non-patient facing roles in care homes were included in the national guidance and would be advised to wear a surgical mask, with further PPE depending on level of contact;
7. Care workers moving between homes and between clients: ASC would be asked to supply the Committee with the details of current services and protocols. The protocols for whether PPE needed to be changed between clients were laid out in the national guidance 'How to Work Safely in Care Homes' and 'How to work safely in domiciliary care'. With regard to how care in people's own homes was managed and how issues were reported would need to be reported to the ASC directorate for a full response;
8. Protocols for sharing information about Covid-19 infections and deaths for care homes and domiciliary care services: The majority of this question would need to be referred to ASC, who worked with the care homes and received information from them to deal with operational issues. More generally there had been significant progress recently on the national publication of data on outbreaks and deaths in care homes, collected by the CQC and ONS. This was now broken down to local authority level. The public health intelligence team are able to interpret and provide briefings on this;
9. Sharing information with Local Members: this point was acknowledged.

In response to supplementary questions, the following responses were given:

- Symptomatic individuals in care homes were tested, but whilst waiting for their results, they were treated as if they had Covid-19. Whilst there had been a shortage of testing capacity initially, this issue had now been addressed, and there was an expectation that where there was a suspected or confirmed infection, all residents would be tested;
- With regard to differences of opinion among health professional on the Public Health England guidance, this was carefully worked through and evidence based: The Director of Public Health was unaware of any debate between Infection Control nurses and Public Health England on the topic of gowns and aprons, but was happy to follow this up;
- Whether Local Members were kept informed about infection and deaths of residents in care homes in their divisions.

The Chairman asked that where officers had been asked to provide responses, these should be provided to all Members of the Committee, and published alongside the minutes of the meeting. **Action required.**

Other questions raised by Members:

- A Member queried the coordination hub and supply of food to shielded and vulnerable individuals self–isolating. The Member was aware that this was gratefully received by a number of individuals, despite a number of teething troubles. However, 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 valuable volunteer effort? The Director of Public Health advised that she would need to refer the question to Adrian Chapman, the Director overseeing those debates, and the Covid-19 Hub was very much involved in the provision of food to shielded individuals.

- In terms of Public Health advice, what data and reports were the Local Resilience Forum and Local Health Service and partners preparing and publishing about the local situation: the Committee had been given useful statistics by the Director of Public Health about deaths in care homes, and there was a certain amount of information available on line, but she queried whether there was any centralised data protection and sharing, and whether there was analysis of that, whether this was being made available, and to whom. Responding, the Director of Public Health advised that in terms of the local resilience forum, a regular communication goes out once a week to all Councillors to provide the key points of the system response. This is an emergency response structure, so there was an intelligence cell that guides the response.

- A Member observed that there appeared to be very differential rates of symptomatic presentation in Peterborough and Fenland, which was evident from the very useful “Covid tracking app”, which provided crowdsourced information of the current position, which reported how many people were self-reporting in each local authority district. Currently around 0.5% of individuals who were symptomatic in East Cambridgeshire, whilst the symptomatic rate in Fenland was significantly higher, at 1.5-1.7%. There was additional anecdotal evidence recently indicating a spike of reported cases in March town. In terms of the App, the Director advised that it was not being used by the Public Health team at the moment, who tended to use the information gathered through the hospital and care home testing. This identified the

most serious cases requiring medical attention. She acknowledged that a number of those self-reporting through the App would have Covid-19, but it was likely that a significant number would have similar respiratory illnesses;

- There was a query on urgent dental care, acknowledging that dentistry was one of the higher risk outpatient activities. The Director advised that a lot of work was taking place through NHS England, who had been working very hard to ensure urgent dental care was available, and she was happy to supply the Committee with the latest NHS England plan and updates on dental care;

- With regard to PPE, a Member asked how often have local organisations had been resorting to the Local Resilience Forum PPE Hub for PPE supplies? Responding, Linda Sheridan, Consultant in Public Health Medicine, advised that there was regular contact every day, seven days a week, and that supplies were going out to care homes and care providers across the county, and the Hub was able to support them all with an emergency supply. Care homes and care providers were expected to continue to procure from their usual sources if they could, but if they absolutely could not obtain supplies from their normal suppliers, they were getting emergency supplies through the Hub. Orders were in line with Public Health England guidance, providing one week's stock at any one time. Most supplies from the Hub were being delivered the next day, very occasionally within 48 hours. A warehouse had been secured early on, and was supported by Team Rubicon and Red Cross volunteers for picking, packing, and delivering supplies, and a small administration hub. Linda advised she was personally cross checking many orders to ensure that they were in line with the PHE guidance, so she was aware of a number of care homes that had used the Hub, but could not give exact numbers and frequency. The Member commented that it would be useful to have that information;

- What involvement would the County Council and the local NHS have with contact tracing? It had recently been announced that the new government contract tracing App was being trialled in the Isle of Wight. With regard to contact tracing, the Director of Public Health advised that there were three tiers to the response: (i) Public Health England specialist team (ii) Public Health specialists (iii) wider contact team recruiting nationally. The process for tracking was explained, and it was noted that there would be anonymity for the contact. The process was likely to be managed mainly on a regional basis;

- A Member referred to a publically available letter from Sir Simon Stevens, the NHS Chief Executive, about the next phase of Covid action. The Annex to that letter included four pages of issues to be picked up over the next six weeks. She suggested it would be useful to use that Annex as aide memoire to report to the Committee, to consider the NHS's response. The Director of Public Health advised that the CCG would need to be approached for this information;

- A Member referred to one of the Public Questions around the availability of local evidence that people were not coming forward with serious, non-Covid related health issues. The Director of Public Health advised that the CCG and NHS were running a campaign for people to come forward with non-Covid concerns, and she would raise these issues with the CCG;

- In relation to inviting NHS officers to Committee meetings, it was confirmed that this was being avoided due to the very intensive workloads of all concerned, but the CCG were working on providing that information. Kate Parker, Head of Public Health Programmes, advised that from a regional perspective, scrutiny officers had

been letting the NHS get on with the emergency response to Covid-19. There was an expectation that when the recovery phase commenced, there would be some informal scrutiny. The Member clarified that she was not asking for NHS staff to address the Committee directly, but receiving updates from CCG and other health partners;

- A Member commented that it was clear that residents were anxious about the "discharge to assess" policy, and there were real concerns that patients were being discharged into care homes, and that some of the spike in care home incidence may have related to that policy. Whilst it had been done for the best of reasons, it needed to be acknowledged that local residents have been very concerned about that situation. The Director of Public Health advised she was aware that Public Health England was carrying out real time research on the issues in care homes and ways to prevent the spread of Covid-19;

- A Member welcomed the fact that the Health Committee was meeting, and commented that whilst written reports were being regularly circulated, having a forum to discuss these issues, where the Director of Public Health and her team present to answer questions, was appreciated;

- A Member commented that whilst Members were now receiving a lot of information about the shielded list, there were still individuals that the Hub had not tracked down. These were people who had been asked to self-isolate for three months, and many were scared and worried. Many vulnerable residents were not online, and may not even have a working phone. The Member was concerned that not enough use had been made of local organisations to reach out in their communities. She observed that the response to Covid-19 has been very top down, and suggested that earlier and better coordination at a more local level would have been more useful, using local authorities to their fullest. The Director of Public Health acknowledged these points, especially around people on the shielded list who had not yet been tracked down. She commented that data sharing work and visiting people was crucial, and was all very current and that this question, needed to be referred to Adrian Chapman for a response. His team's focus was on reaching individuals in shielded groups, and he was best placed to comment on the coordination between the national and local responses. Val Thomas, Consultant in Public Health, outlined actions taking place, identify possible sources of intelligence, especially relevant to shielded people and those from socially excluded groups, including those not registered with a GP. A report would be considered by the Community Reference Group on these issues. The Member advised that she had various exchanges with Adrian Chapman, who had concerns about gaps of provision, which needed to be acknowledged, because moving forward the trust of residents was going to be so important;

- A Member asked about the County Council's involvement in the government's test, track and trace plan, and expressed concern about the three tiers set out in the response to an earlier question. She had reservations about a national volunteer force - not under the control of the local authority – being responsible for tracking, and said that to ensure confidence in the system, there needed to be reassurances about the involvement of local Public Health. Linda Sheridan advised that local authorities were very much involved, especially the expertise of Environmental Health officers. It was likely that individuals would be recruited regionally, but there would be significant local input. The Cambridgeshire & Peterborough Local Resilience Forum Track and Trace Sub-Group would be overseeing contact tracing in the county, and this Group was being jointly chaired by Sue Grace, Director of Corporate & Customer Services at the County Council, and Sue Graham (CCG), and also included Linda Sheridan and Val Thomas. One of the major issues with contact

tracing was in the more vulnerable and harder to reach populations. The Member commented that her concern was that the control that was being exerted should not be top down, but used all the local expertise in undertaking this type of work. Any further information on how this work was being done would be helpful in giving the Committee confidence;

- Referring to one of the public questions, a Member commented that there had been a lot of focus on care homes for the elderly, but no reference to group/residential homes for younger residents, e.g. those with Learning Disabilities, and she asked if the same advice and support was available to those homes? The Director of Public Health advised that this related more to ASC. Val Thomas advised that there were other types of accommodation where vulnerable individuals lived e.g. B&Bs, and work was going on there to ensure that residents could self-isolate in this type of shared accommodation. The Member asked about work with homeless people, where for example, Cambridge City Council had moved homeless people quite quickly in to hotels and similar accommodation, and she asked whether there was a public health remit for that accommodation, or whether that was a matter for the respective District/City Council. Val advised that there was a requirement to support rough sleepers, and all Districts had complied with that, and were working collaboratively to ensure requirements and Public Health measures were met. Public Health had initially provided a template but this responsibility had since been taken over now by the Housing Board, but the CCG, Public Health and other partners were working together on this issue. The Member commented that having reached out to very vulnerable groups such as the homeless, this was an opportunity to implement a policy approach as part of the anti-poverty strategy;

- Alluding to an earlier question about spikes of incidence across the county, it was noted there was some evidence nationally that there was a correlation between Covid-19 mortality and health inequalities. The Member commented that it would be useful to know if there was emerging evidence across Cambridgeshire in relation to morbidity and mortality, reflecting inequality and health. The Director of Public Health commented that it was early days, as only mortality statistics up to 17th April were available from the ONS, but this could be looked at and information provided to a future Committee meeting. The Chairman requested that report should separate out those deaths that had occurred in care homes compared to the rest of the community;

- A Member commented that there were many comments about 'learning', and whilst the CCG and Trusts were extremely busy at the moment, it would be very useful if this information and learning could be reported to the Committee at the earliest possible opportunity;

- A Member echoed the massive thank you to all County Council staff and those working across partner organisations who are dealing with a huge amount of additional work;

- A Member commented that she had major concerns about what was happening in care homes, as she was still aware of new cases of people being discharged from hospital in to care homes with Covid-19 symptoms. The Director of Public Health advised that national guidance was that all those individuals should be tested before they were discharged. It was essential that everything was done safely, and the research needed to be carefully reviewed to see what was causing issues in care homes, so that the response was appropriate;

- A Member commented that it was really important that the NHS attended these meetings, and she was slightly concerned by officers' comments that in an emergency situation scrutiny should not be taking place, as it was important to have them present when these debates were happening to ask those questions, e.g. representatives from Addenbrookes and Mental Health. Transparency in decision making was one of the key issues for ensuring a high level of public support and confidence as the pandemic continued. The Director of Public Health commented that the NHS was absolutely engaged in supporting the response in care homes, and the Chief Nurse was putting a lot of additional resource in a very joined up response. The Chairman indicated he was more than happy for this to be discussed further at the Lead Member meeting. It was also agreed that all the questions raised at this Committee meeting, and the responses from both the Public Health team and partners, would be published alongside the minutes to ensure full transparency. Officers clarified that there was no suggestion that the Committee should not continue its scrutiny role, but that the immediate response from the region's Scrutiny Officers was that the NHS should not be distracted from the current emergency;

- 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. It was agreed that this question would be put to CPFT colleagues;

- A Member referred to the Covid-19 report on Children's and Adult Commissioning, and that there was a dramatic increase in Mental Health suffering as result of pandemic. There was information about referrals to CHUMS having reduced significantly since schools closed, and the significant waiting list for counselling.

It was resolved to note the report.

299. HEALTH COMMITTEE AGENDA PLAN

Members noted that the Committee would be meeting monthly throughout the pandemic, and would receive a Covid-19 update report at every meeting. A Member commented that the report had contained a lot of background and Council-wide information, when the Committee's main concern was the Service response. The Chairman commented that whilst it had been necessary to provide this context for the first report, future reports would focus on the Service response and delivery. This would be considered further at the Lead Members' meeting to ensure the correct balance was struck.

A Member commented that there needed to be debate on how scrutiny would be introduced, which had previously formed a major part of the Committee's Forward agenda plan. The Chairman commented that it was important to focus on Covid-19 due to its immediacy and urgency, and it was expected that getting back to normal would take some time. He suggested that the Committee's scrutiny role could again be explored at the Lead Members' meeting, to reintroduce scrutiny in a proportionate way that did not distract NHS colleagues during this critical time.

It was resolved to review the agenda plan.

Chairman