

HEALTH COMMITTEE: MINUTES

Date: Thursday 6th August 2020

Time: 1.30p.m. – 3.30p.m.

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

District Councillors D Ambrose-Smith, G Harvey, A Martinelli (Substituting for Councillor N Massey) and S Wilson (Substituting for Councillor J Tavener)

Apologies: Councillors S Clark, N Massey and J Tavener

317. APOLOGIES FOR ABSENCE and DECLARATIONS OF INTEREST

Apologies for absence were noted as recorded above.

Councillor Sarah Wilson declared a non-pecuniary disclosable interest in relation to Item 6 as she worked in the School Immunisation Team at Cambridgeshire Community Services NHS Trust.

Councillor Sarah Wilson declared a non-pecuniary disclosable interest in relation to Item 7 as her husband was appointed by Cambridgeshire County Council as a governor on the Cambridgeshire and Peterborough NHS Foundation Trust's Council of Governors.

Councillor Geoff Harvey declared a non-pecuniary disclosable interest in relation to Item 7 as his wife was a GP at Addenbrooke's Hospital's Accident and Emergency (A&E) department.

318. MINUTES – 9th JULY 2020

That the minutes of the meeting held on 9th July 2020 were agreed as a correct record.

319. HEALTH COMMITTEE ACTION LOG

The Action Log was noted and the following point was raised:

Action 3 – Queried whether an update report could be presented to the Committee. The Director of Public Health stated that the issue of homelessness cut across the remit of multiple Committees and queried whether it was appropriate for the report to come to the Committee. She suggested that officers could present a report that looked at the public health aspects of homelessness. The Chairman requested that this be added onto the agenda for the next Chair and Vice-Chair/Lead Member Briefing. **ACTION**

320. PETITIONS AND PUBLIC QUESTIONS

There were no petitions or public questions.

321. COVID-19 UPDATE

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

1. Reason for lateness: To allow the report to contain the most up to date information possible.
2. Reason for urgency: To enable the committee to be briefed on the current situation in relation to the Council's response to Covid-19 for those services for which it was responsible.

Introducing the report, the Director of Public Health explained that historically the Covid-19 incidence rate in Huntingdonshire and Peterborough had been significantly higher than the national average. It was highlighted that Peterborough still had a relatively high cumulative rate of Covid-19 cases at around 20 per 100,000 against a national average of 7 per 100,000. However, Huntingdonshire's cumulative rate had decreased and was now similar to that of the national average. Cambridgeshire had a cumulative rate similar to or slightly below the national average.

In reference to the 7-day rolling average – Cambridgeshire graph, she explained that since the middle of June the number of daily confirmed Covid-19 cases had been stable. However, there had been a slight increase in recent weeks. The data showed that there was still a level of transmission of Covid-19 in Cambridgeshire and therefore it was important that individuals kept following the Government guidance. It was essential that individuals adhered to social distancing measures, maintained good hand hygiene, wore face coverings where required and self-isolated with their households immediately if they developed symptoms of Covid-19. She stated that it was essential for individuals to self-isolate if they were contacted by the NHS Test and Trace service. She commented that even though there had been a decrease in Covid-19 infection rates in Cambridgeshire, individuals should still follow the Government guidance.

It was reported that there had been 399 Covid-19 related deaths in Cambridgeshire in the period from March to June 2020. Both Covid-19 related deaths and all-cause death rates in Cambridgeshire and its district were better than or similar to the national average during these 4 months. In reference to the map titled 'Number of Covid-19 deaths by Middle Super Output Area (MSOA) Cambridgeshire and Peterborough', she stated that there were generally higher numbers of Covid-19 deaths in Fenland and north east Huntingdonshire and some parts of Peterborough City. She warned that this information should be regarded with caution as the map only showed the number of deaths and not rates of infection, therefore, where there was an older local population in places such as Fenland, individuals would be at increased risk from Covid-19 because of their age and likely underlying health conditions. MSOAs with a high rate of deaths were likely to be related to premises such as care homes located within that MSOA rather than the overall rates of Covid-19 infection in the community.

Individual Members raised the following issues in relation to the report:

- In reference to paragraph 5.1, queried how the Council was enabling enable officers and Members to return to normal working practices. The Director of Public Health stated that it was being reviewed carefully by a Health and Safety group overseen by the Director of Customer and Digital Services. The group was looking at Covid-19 safe working following the national guidance for workplaces and offices published by Government. She stated that the Council had been carrying out many of its normal functions on a virtual basis. Officer's working environments were being risk assessed so that people could be brought back into the office in a proportionate way to ensure that social distancing measures could be adhered to. Officers had also been surveyed, these results had shown that many officers enjoyed working at home as it reduced travelling time and increased productivity. The Council was also looking at risk assessing home working environments to ensure that officers were working in a safe environment. She suggested that the Council was looking to return to a new normal which

meant safe office and home working environments. Whilst acknowledging the importance of ensuring that officers and Members could return to the Council's offices safely, the Member expressed concerns that the Government was asking business to return to their officers and queried whether the Council should be setting an example by returning also. She suggested that the Council Chamber at Shire Hall could be used for Committee meetings as social distancing measures could be adhered to. The Director of Public Health confirmed that this was being reviewed and stated that she could provide the Member with more information outside of the meeting.

- Stated that there was no need to pressure officers or Members to return to the Council's offices.
- Queried whether officers were receiving post code level data and whether this information was being shared with District Councils. The Director of Public Health confirmed that officers were receiving this data on a daily basis. This was beneficial as it helped officers to track and manage local outbreaks. In regards to data sharing, she explained that the data sharing agreement with District Councils had been finalised, however, two further pieces of feedback needed to be received from Public Health England (PHE) to ensure that they were satisfied with this agreement.
- Queried whether post code level data was only available for Peterborough and not Cambridgeshire. The Director of Public Health reassured the Committee that the data being received daily was for both Peterborough and Cambridgeshire.
- Sought more information regarding the post code level data and its link to workplaces. The Director of Public Health commented that employees might only provide their postcode of residents rather than their place of work. Therefore, if they developed symptoms of Covid-19 it would be difficult to identify whether their workplace had also been affected. Local workplaces were being encouraged to contact the Council directly if they were aware that an employee had Covid-19. She had written to businesses in Peterborough which contained a flowchart detailing the process of reporting a case of Covid-19 to the Council.
- Suggested that the Covid-19 guidance provided by the Government was confusing. The Member commented that because of this, it was difficult for Members to convey accurate information to residents.
- Sought more information regarding the outcomes of the virtual multi-agency emergency planning table-top exercise that was delivered by the Local Resilience Forum (LRF) Training and Exercise sub-group. The Director of Public Health informed the Committee that the draft outcomes were still being prepared. One outcome identified was the issue of individuals living in one Local Authority boundary and working in another. If a workplace was located outside of Cambridgeshire, this made it more difficult to identify whether an outbreak had occurred. She explained that if the outbreak occurred in the east of England, the Council were likely to be informed by the East of England Health Protection Team as it was a shared service. Significant challenge also occurred if the outbreak arose in a county such as Northamptonshire and Lincolnshire as it was outside of the East of England region. Officers were working with regional colleagues and contacting neighbouring Directors of Public Health to ensure that the cross boundary issues were being resolved.
- Sought further information regarding the information the Council received on pillar 1 and 2 testing. The Director of Public Health explained that the information officers received from the NHS Test and Trace service did not differentiate between pillar 1 and 2. She informed the Committee that she received contract tracing information daily.

- Queried whether the Council received information from the NHS Test and Trace service regarding their contact success rate. The Director of Public Health stated that in Cambridgeshire, the percentage of contacts traced following an outbreak in a setting such as a school or workplace was high. However, the percentage of contacts traced via the national telephone and text system was slightly lower.
- Queried whether there was a delay in the NHS Test and Trace Service trying to contact an individual who had been in contact with a person with Covid-19 and the case being handed over to the Local Authority. The Director of Public Health stated that a new model was being developed to ensure a rapid 48 hour hand over to Local Authorities if the NHS Test and Trace service had been unable to contact an individual.
- Asked what the process was if the NHS Test and Trace service had been unable to contact an individuals. The Director of Public Health stated that efforts would be made to contact the individual, however, if they were unable to do so it would be considered as a failed contact and not handed over to the Local Authority.
- The Chairman informed the Committee that he had visited a pub at the weekend. The pub had not been collecting the contact details for its customers. He queried what could be done about this. The Director of Public Health stated that she would discuss this outside of the meeting.
- Queried whether the Council had been receiving any information from NHS Test and Trace service regarding the transmission of Covid-19. The Director of Public Health stated that the Council was now receiving much more information regarding this. It was noted that the Local Outbreak Control Plan Surveillance Cell had been working hard to identify outbreaks and understand how many of the cases in Cambridgeshire were attributed to these outbreaks.
- Asked how Councils could reinvigorate the communication of the national Covid-19 guidance to ensure that residents were remaining compliant. The Director of Public Health reiterated the need for residents in Cambridgeshire to remain compliant with the Government guidance. It was important to consider how Councils could mobilise organisations and community leaders in Cambridgeshire and Peterborough to ensure that they were communicating accurate information to residents of all ages and vulnerable groups. The Committee was informed that Peterborough United Football Club had created a number of videos for Peterborough City Council's YouTube channel encouraging residents to remain compliant with the government guidance.
- Suggested that the people who needed to access the hardship fund were not required to shield. The Member commented that the residents who were shielding usually had good links to food provision. The Director of Public Health clarified that the purpose of the hardship fund was to support residents who were required to self-isolate. However, other residents may not have a source of income when they self-isolate and thus find it difficult to do so, even if they have been told to. The Community Hubs were set up to provide support to both these groups of people to ensure that they could self-isolate.
- Sought more information regarding the Cambridgeshire and Peterborough Local Outbreak Engagement Board meeting on the 7th August 2020. **The Chairman requested that the YouTube stream link be circulated to Committee members. ACTION**
- Sought further information regarding local member involvement in the LOEB. The Chairman explained that a local Member had not been called in to a meeting of the LOEB as a local outbreak had not yet occurred. He informed the Committee that if required, the LOEB could call a meeting on a days' notice if a

local outbreak was identified. If this scenario occurred, the relevant Local Member would be contacted.

- Asked whether the slight increase in Covid-19 cases in Cambridge City should be of concern. The Director of Public Health commented that the figure fluctuated and there was no evidence to suggest that this was the start of an upwards trend. She stated that close monitoring would be required especially when an influx of students arrived. She commented that different locations across Cambridgeshire had different Covid-19 related risk factors which needed to be considered carefully.

It was resolved unanimously to:

- a) Note the progress made to date in responding to the impact of the Coronavirus.
- b) Note the public health service response.

322. PUBLIC HEALTH GRANT 2020-21

The Committee considered a report providing more information on the 2020/21 increase in the ring fenced Public Health grant and its proposed investment.

In presenting the report, the Deputy Director of Public Health stated that NHS salaries had increased four years ago due the Agenda for Change, for the first two years these salaries were paid for by the NHS. This year the increase in salaries would be funded by the Public Health grant. Therefore, the grant in 2020/21 included an adjustment to cover this estimated additional Agenda for Change pay costs for eligible staff working in organisations commissioned by the Council to deliver public health services.

It was proposed that the increase in the Public Health grant allocation also be used in support of addressing obesity. The Covid-19 pandemic had focused attention on obesity as it was strongly associated with poorer Covid-19 outcomes. She suggested that it was important to have a system wide approach whilst addressing obesity. She commented that obesity could not be addressed by individual organisations as it was a complex issue. There was significant levels of local and national support for this and she stated that it was also important that the Committee supported this as it would help take the work forward.

Members of the Committee welcomed the increase in Public Health grant funding.

Individual Members raised the following issues in relation to the report:

- Expressed concerns that Government had not been able to join up their national obesity strategy with its active travel interventions. The Member commented that the strategy focused on diet but not physical activity. She stated that officers in Public Health had undertaken work in Fenland which had linked these two factors together.
- Commented that it was important to address the health inequalities across Cambridgeshire. The Member stated that she would like to see an obesity strategy that worked across the County. She suggested that she would also like to see an obesity strategy that positioned Public Health as a system leader. She commented that applying the health in all policies approach would be useful whilst addressing obesity. She welcomed the Committee having an input on taking this work forward.
- In reference to paragraph 2.6, requested that increased walking activity should be included in the suggested lifestyle changes that Covid-19 had pre-empted.

- Acknowledged the significant amount of pressure Public Health had been under and welcomed the recommendation to allocate part of the increased funding for a temporary member of staff to energise and drive the obesity agenda.
- Raised concerns regarding the language being used to discuss obesity. The Member informed the Committee that she lived with three young people who believed that the current language used for obesity could lead to an increase in eating disorders for some individuals. She commented that it was important to focus on promoting healthy eating, lifestyles and weights rather than weight loss. Whilst weight loss needed to be taken seriously, some individuals did have a dysfunctional relationships with food. The Deputy Director of Public Health agreed and stated the Council's current strategy was called the 'Healthy Weight Strategy' which addressed both the causes of increased weight and the issues it caused for individuals. She also agreed that the mental health impact of weight management could not be underestimated and must be considered by the Council.
- Suggested that it was difficult for an individual to improve their dietary and exercise habits when their mental health was poor. The relationship between stress, depression and poor eating habits was well documented and therefore requested that this issue be incorporated into the Council's wider obesity strategy. She stated that it was a county-wide issue and mental health support was needed to help enable individuals to change their dietary and exercise habits.
- In reference to paragraph 1.4, sought clarity regarding 'reducing inequalities between the people'. The Deputy Director of Public Health clarified that this statement was taken directly from the Public Health grant circular which the Council received from PHE.
- Informed the Committee that he had enrolled in the NHS Diabetes Prevention Programme (DPP). The Member stated that he had received an email from them saying that he could enrol without being referred by his GP. He suggested that this appeared to show that the Government were expanding the program. It was noted that the Council should be promoting this. The Deputy Director for Public Health explained that the Council's lifestyle services worked closely with the DPP Programme to ensure that individuals go to the correct service for their needs.
- Stressed the importance of health implications being considered in all the decision made by the Council. The Member suggested that currently, not enough attention was being paid to this. The Deputy Director of Public Health commented that obesity was a complex issue that spanned the remit of several Committees.

The Deputy Director of Public Health highlighted the importance of discussing with Members how to take this work forward. **The Chairman requested that a report on the actions to tackle obesity should be considered at a future meeting. ACTION**

It was resolved unanimously to:

Note the increase in ring fenced Public Health Grant allocation and approve the following proposals:

- a) The allocation of funding to commissioned services to meet the cost pressures created by increases in Agenda for Change salaries.
- b) To refresh the Cambridgeshire Healthy Weight Strategy and allocate funding in support new actions.

- c) To support the allocation of funding for a temporary member of staff to energise and drive the obesity agenda.

323. CAMBRIDGESHIRE AND PETERBOROUGH SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) RECOVERY PLANNING UPDATE

The Committee welcomed Jan Thomas, Accountable Officer, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) to provide the Committee with an update on the Covid-19 recovery planning work undertaken to date.

The Accountable Officer from the CCG drew the Committee's attention to the information found within the report. She informed the Committee that since the publication of the agenda, they had received a further letter on the 31st July 2020 from Sir Simon Stevens which contained a set of requests for the third phase of NHS response to Covid-19. As of the 31st July 2020 the NHS had been stood down from a level 4 'national emergency' to a level 3 'regional emergency'. This suggested that the Covid-19 recovery process was becoming much more of a local issue.

She also drew the Committee's attention to the graph on page 25 of the agenda and stated that the CCG had started to restart services. She informed the Committee that their cancer services had continued to operate through Covid-19. In reference to paragraph 12 in the report, she explained that the CCG were now in Phase 3 which meant continuing to respond to Covid-19 whilst reintroducing more services.

She informed the Committee that the CCG had a small window in which to complete as much elective activity as possible whilst at the same time starting winter preparations which were more crucial than ever in the anticipation for a second spike of Covid-19. It was also important to ensure that less services were switched off if this second spike occurred. It was important to restart the services that would provide the greatest health benefits as there was not enough resources to restart all service, these decision were being made using the clinical evidence base. The CCG had also made a committed to reduce health inequalities, this meant that all patients in Cambridgeshire and Peterborough, regardless of their location could access health services.

She informed the Committee that her staff were fatigued as they had been working hard for a long period of time. It was important that these officers were given a break in order to prepare them for winter. The letter from Sir Simon Stevens made it clear that all efforts should be made to ensure that hospital activity was similar to that of last year. She suggested that it was important to manage the public expectations as to what the health service could perform in the coming months.

Individual Members raised the following issues in relation to the report:

- Commented that during the Covid-19 pandemic, private capacity had been brought in to support the NHS. The Member queried how long this capacity would last for. The Accountable Officer explained that they had received guidance confirming that they could continue to use this additional capacity. There was a review taking place at the end of September 2020, but she suggested that the capacity would only be taken away if it was not being used. She confirmed that the CCG was using it and would make sure that they could continue to use it.
- In regards to the phased approach to recovery, queried how the CCG would plan for unknown risks. The Accountable Officer stated that the CCG were using clinical advice to manage their recovery. She suggested that it was important to keep infection prevention control in place. It was also important to balance the risk between not treating people because of capacity issues and the risk of not treating people and them contracting Covid-19. It was noted that clinicians had helped

guide their recovering work and had also held them to account over their recovery decisions. Going forward, it would be beneficial to have a conversation with the public regarding how complicated the recovery process would be.

- Asked what the most significant challenges were during the recovery planning process to date and which challenges would cause the most issues over the next six months. The Accountable Officer highlighted three challenges in no particular order:
 1. Additional capacity for diagnostics
 2. Increasing people's confidence with the infection prevention control measures being taken.
 3. NHS Test and Trace – Making this system more effective would lead to safer environments. Conversations were already being had regarding using technology to ensure Covid-19 test results could be sent to people quickly. Getting this technology in place would minimise the impact of Covid-19.
- Queried whether funding pressures would return. The Accountable Officer commented that over the last few years, the health and care system had spent a considerable amount of time discussing funding. The Covid-19 pandemic had provided the health and care system with a collective priority which had reduced funding pressures. She informed the Committee that there had not been significantly increased spending as a result of Covid-19.
- Asked whether any issues had been identified in regards to workforce retention. The Accountable Officer suggested that in her opinion being offered additional officers was more valuable than being offered more money. Whilst acknowledging that the Covid-19 pandemic had been a significant issue, there had been some positive outcomes in the sense that their workforce had become more flexible. The ability to retrain staff in short spaces of time had taught the organisation a number of lessons as to how to create a flexible workforce going forward. Having received feedback from staff, it was identified that they enjoyed the variety of challenges and training opportunities given to them.
- Stated that the public would read this paper and not understand it. However, if they had the opportunity to listen the Accountable Officer provide an explanation, it would become much clearer. She requested that the future reports could be structured differently to ensure transparency.
- Highlighted the disparities found within GP practices in Cambridgeshire in regards to their return to a normal service. The Member suggested that some GP practices were not offering the same services as other practices such as physical consultations. The Accountable Officer stated that Primary Care services had responded well when the Covid-19 pandemic started. The CCG had invested a significant amount of money into IT to ensure that Primary Care could carry out more services virtually. She acknowledged that some services could not be provided on a physical basis and other services could not be provided on a virtual basis. She suggested that it was important to find a compromise between the two. The CCG were working with the Local Medical Committee (LMC) and the GP Federation to ensure that every GP practice understood how to get to this position.

The Accountable Officer informed the Committee that the CCG had recently launched their 'BMI Can Do It' campaign. She encouraged the Committee to look at the campaign and stated that she was happy to provide the Committee with more information on this in the future.

It was resolved to:

Note the work undertaken to date on recovery planning.

324. HEALTH COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES AND INTERNAL ADVISORY GROUPS AND PANELS

It was resolved to:

Note the agenda plan.

Chairman