

HEALTH COMMITTEE: MINUTES

Date: Thursday 17th September 2020

Time: 1.30p.m. - 3.42p.m.

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

District Councillors, S Clark, D Ambrose-Smith, G Harvey, N Massey and J Tavener

Apologies: Councillor K Reynolds

325. APOLOGIES FOR ABSENCE and DECLARATIONS OF INTEREST

Apologies for absence were noted as recorded above.

326. MINUTES – 6th AUGUST 2020

That the minutes of the meeting held on 6th August 2020 were agreed as a correct record.

327. HEALTH COMMITTEE ACTION LOG

The Action Log was noted and the following points were raised:

Minute 322 - Public Health Grant 2020/21 – Tackling Obesity – A Member commented that discussions had taken place regarding the establishment of a Working Group focussed on obesity at the recent Chair and Lead Members meeting, however, the Committee had not formally established or appointed to such a group. The Democratic Services Officer confirmed that the Committee was content to establish such a group and advised that the group would be appointed to under the existing delegation for making appointments to Outside Bodies and Internal Advisory Groups.

Minute 314 - COVID-19 Update – A Member commented that the documents provided were substantial and it was only a simple schematic that was requested. Officers undertook to provide a schematic. **ACTION**

328. PETITIONS AND PUBLIC QUESTIONS

There were no petitions or public questions.

329. CAMBRIDGESHIRE AND PETERBOROUGH FOUNDATION TRUST RESPONSE TO COVID-19.

The Chairman welcomed Tracy Dowling, Chief Executive: Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to the meeting and invited her to update Members regarding the Trust's response to COVID-19.

In response to Member questions the Chief Executive CPFT:

- Confirmed that she was not aware of patients being directly transferred to Papworth Hospital. The Trust had received patients from other hospitals for rehabilitation following discharge from acute hospitals. There were also a small number of patients that were re-admitted to acute hospitals following a deterioration in their condition.
- Explained that with regard to section 2.3 of the report relating to organisational learning, in particular challenges around communication, speed of redeployment and Personal Protective Equipment (PPE), a significant amount was within the remit of the Trust to respond to. The Communications Team responded admirably to the emerging situation and changed their working hours, issued a staff bulletin 7 days a week and also provided a means to communicate with the Chief Executive (Talk to Tracy). Communication was essential especially as guidance developed and the need to translate complex messages into simple and effective messages took considerable skill. The Chief Executive informed Members that feedback from staff regarding communications was positive, however, there was a lot of it in terms of volume. Due to the number of admissions there was no opportunity to consult staff regarding redeployment and staff were incredibly flexible in their response. Hundreds of staff were redeployed in order to accelerate flow out of hospital sector and the Chief Executive commented that there were instances where the organisation got it wrong as there was not sufficient training in place. It was important to acknowledge the impact on staff of not being able to deliver what they were trained to do. The Trust had learned from the experience and should the need arise to redeploy staff in the future then more time would be taken to consult staff on how it would be delivered. Furthermore, there would not be the same level of cessation of services in the event of a second wave due to the impact on service groups.
- Confirmed that services that had been suspended due to COVID-19 had been reintroduced. However, they were being delivered, in the majority of cases, digitally. Face-to-face consultations would still take place where necessary.
- Informed the Committee that the Minor Injury Unit (MIU) at Wisbech was now open although operating hours had changed. Ely was fully open and Doddington remained closed. It was essential that the MIUs were staffed to the correct capacity and to ensure that infection prevention and control measures were in place.
- Explained that there was a reduction in the number of children and young person mental health referrals being received. It was anticipated that following the re-opening of schools there would be a surge in referrals as most referrals were generated by schools. Although it was not possible to provide a percentage of cases that were being seen physically, assurance was provided that face-to-face contact was still being undertaken following risk assessment.
- Noted that learning had been shared nationally and highlighted on calls with NHS England. There had also been significant opportunity for learning within the Trust.
- Provided reassurance that recovery rates following treatments administered virtually were as good as face to face treatments. However, where it was necessary to see patients in person they would be seen.
- Explained that with regard to recruitment, the Trust had been successful in recruiting to unqualified posts from other sectors such as hospitality and retail that had been particularly affected by the pandemic. Challenges remained regarding the

recruitment of specialist staff and the Trust had plans for making it an attractive place to work.

- Explained that until recently testing was only for staff that had displayed symptoms of COVID-19. Antibody testing was made available for all staff which found an exposure rate of around 10% and had had an immune response.
- Confirmed that winter planning was at an advanced stage for frontline staff and explained that the only other vaccination available for staff was for pneumonia. Due the vaccination being only needed once in a lifetime it was essential not to overstep into the role of GPs.
- Explained that all staff had been provided a personal risk assessment and if in the event of a second wave of infections they were required to shield then the necessary mitigations were in place.
- Explained that responsibility for the appropriate placement of patients needed to be shared collectively to meet the needs of the patient.

It was resolved unanimously to:

Consider the information contained in the report and note the work undertaken to date by the Cambridgeshire and Peterborough NHS Foundation Trust and note the plans to return services where possible to normal service delivery.

330. CLINICAL COMMISSIONING GROUP FINANCE UPDATE

The Chairman welcomed Jan Thomas, Clinical Commissioning Group (CCG) Accountable Officer and Chief Finance Officer Louis Kamfer to the Committee and invited them to update Members regarding the financial position of the CCG.

In presenting the report, The Chief Finance Officer explained that financial year had, in effect, been divided into two halves. Month 1 – 6, the NHS was funded in a very specific prescriptive way. As the organisation moved into months 7 – 12 there was an expectation that there would be support around discharge which would fund people post-discharge for 6 weeks. Work was being undertaken with Local Authorities in establishing a process. The allocation was published together with guidance which was currently being worked through. The Chief Finance Officer warned the Committee that there would be substantial ongoing costs associated to COVID-19 and the recovery.

In response to Member questions officers:

- Explained that the in relation to the financial allocation it had been issued based on spending related to COVID-19 and the recovery. Work was currently being undertaken to forecast the likely cost of a second wave. The allocation would not cover the cost of a second wave.
- Explained that it was essential for everyone to have access to primary care services and where it was necessary contact could take face to face. GP practices were undertaking more triaging of patients and made onward referrals where appropriate. There were issues regarding infrastructure such as telephony that the CCG was addressing with practices. It was essential to maintain primary care and the CCG was working hard to support it.

It was resolved to:

Note and provide comments on the current Clinical Commissioning Group financial regime and month 3 financial position.

331. BRIEFING PAPER IN RESPONSE TO CHILDHOOD IMMUNISATION UPTAKE DURING COVID-19

Following a request made at a previous meeting of the Health Committee, Members received a briefing paper regarding childhood immunisation uptake during the COVID-19 pandemic.

In discussing the report Members:

- Questioned, with regard to the questionnaire issued by the Clinical Commissioning Group (CCG) to GPs, what the response rate was to the survey. Officers undertook to provide the information. **ACTION**
- Highlighted that quarter 4 2019/20 suggested there were issues with coverage and therefore sought further information on a granular level. Officers explained that only the cover data was available. There had been a historic issue relating to pre-school children. Issues had been addressed through specific actions such as community engagement had improved the numbers.
- Noted that the provider had to find alternative venues for vaccination due to COVID-19 and it was particularly difficult to manage due to social distancing and infection control.
- Sought further information regarding the winter flu vaccine. In particular, questioned whether there had been an extension to the cohort eligible for vaccination and whether there was sufficient supply of vaccine. Officers informed Members that the eligibility criteria was featured in the report. Officers joined meetings of the Sustainability and Transformation Partnership (STP) that was planning for winter flu. Children aged 2-3 would be entitled to receive the vaccine together with Year 7 pupils. Officers understood there was sufficient supply of vaccine to meet demand.
- Noted that the healthy people within the cohort aged 50-60 would be invited for vaccination depending of the supply of vaccine.
- Welcomed vaccinations being delivered in alternative locations which avoided the need to visit health centres and GP surgeries.
- Requested that a report be presented in early 2021 that presented trend analysis of the impact of the first COVID-19 wave on childhood vaccinations. **ACTION**

It was resolved to:

Note and comment on the actions being taken to date in responding to the impact of the ongoing Coronavirus pandemic on childhood immunisation uptake.

332. PUBLIC HEALTH AND ENVIRONMENTAL HEALTH RESPONSE TO COVID-19

The Committee received a report requested by the Chairman, Vice-Chairwoman and Lead Members that provided information regarding the role and responsibilities of the District Environmental Health Services and their collaborative working with Public Health and other partners across the Cambridgeshire system to address the COVID-19 pandemic. The Chairman welcomed Yvonne O'Donnell, Environmental Health Officer, Cambridge City Council to the Committee.

During discussion of the report Members:

- Noted that with regard to testing, District Councils had been asked to identify locations for testing sites. The issues relating to testing were a national issue and the responsibility of the Government.
- Sought further information regarding the policing and enforcement of new COVID-19 regulations and questioned whether there were sufficient resources to undertake the work. Officers informed the Committee that the law regarding contact tracing was due to come into force overnight. It was not yet clear where the responsibility lay for its enforcement. Each District Council had been allocated £150k from the Public Health allocation and the Cambridge City Council had employed 2 officers to carry out COVID-19 prevention work. Engagement with local business was ongoing and information was being provided to them to ensure compliance.
- Questioned whether in the event of a second lockdown there would be significant re-deployment of staff. Officers informed Members that every District Council had established a rapid response team that met regularly. The team had been established and resourced to be able to cope with surges in demand.
- Sought further information regarding the issuing of temporary event notices and whether they were being abused following complaints regarding noise from events. Officers advised while notices had been issued relating to the re-opening of premises, large gatherings such as illegal raves would have not been issued a notice and therefore were a matter for the Police.

It was resolved to:

Note the contents of the report.

333. COVID-19 ISSUES REPORT

The Committee received a report that updated the Committee on the public health response to COVID-19.

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

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

In presenting the report the Director of Public Health drew the Committee's attention to the rising rates of infection nationally, in particular within the 18-30 age group. The east of England was currently running at half the nation rate of infection. Within Cambridgeshire and Peterborough there were higher rates of infection within urban areas. Hospital deaths and admissions continued to be low however, there was concern regarding the increased risk posed to vulnerable groups due to the increasing rate of infection.

There was continued focus on the return to school and managing suspected cases in the school environment. Work had also been undertaken with universities to ensure the safe return of students. Work was also being undertaken to ensure that the implantation of the care home support plan was effective as possible in response to rising infection rates. Winter planning was also a key focus.

During discussion Members:

- Question what powers the Council possessed to impose a lockdown. Officers explained that the Council retained powers to close individual premises and public spaces, however, it did not have powers to impose a lockdown. There were daily communications with the Government during which concerns would be raised. The powers to implement a lockdown resided with the Government.
- Noted that schools had been issued with 10 test kits which were to be used only in the event that a test could not be obtained elsewhere. Officers were acutely aware of the pressure on schools and the impact of teachers being off from work. Therefore business continuity planning was being undertaken to address the issue. There was also a new helpline for schools that would be able to advise on individual cases.
- Drew attention to a recent Healthwatch report that found over half of GP surgeries did not have up to date COVID-19 guidance on their websites. Officers informed the Committee that the Clinical Commissioning Group (CCG) had been working with GPs to ensure that the correct, most up to date information was held on their websites.
- Sought clarity regarding the availability of COVID-19 tests with particular regard for schools. Officers explained that there was continued pressure on the system. People were seeking tests when they did not meet the eligibility criteria. It was therefore vital that the Council ensured the correct messages were being relayed to the public regarding testing and when to seek one. Staff in school should seek a test through the Pillar 2 route and there were tests available. The CCG had been particularly helpful in working with schools to enable key school staff to be tested.
- Noted that the arrangements for testing and the mobile units together with the issues surrounding them was a national issue. Members noted that demand for testing had substantially increased, especially in areas with high rates of infection. Appointments for tests in areas such as Cambridgeshire where there was a lower infection rate had been reduced in order to increase testing capacity in high risk areas. Walk-in appointments at testing site had been stopped nationally.
- Drew attention to the revised guidance regarding social distancing and gatherings, in particular the rule of 6 which was proving to be confusing and questioned whether there was guidance available for Parish Council's and community groups as several of the support groups that had taken place outside would need to be moved inside for the winter months. Officers undertook to provide guidance for such groups.

ACTION

It was resolved to:

Note the contents of the report.

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

It was resolved to:

Note the agenda plan, the establishment of a Working Group regarding obesity and the appointment of Councillors Anne Hay, Lynda Harford, Linda Jones and Susan van de Ven to it.

Chairman