PETERBOROUGH CITY COUNCIL

MINUTES OF A MEETING OF THE HEALTH SCRUTINY COMMITTEE HELD AT 7.00PM ON MONDAY 9 MARCH 2020 IN THE BOURGES/VIERSEN ROOM, TOWN HALL, PETERBOROUGH

Committee Members Present:	Councillors K Aitken (Chairman), R Brown, G Casey, S Hemraj, J Howell, Amjad Iqbal, S Qayyum, B Rush, N Sandford, S Warren and Co-opted Member Parish Councillor June Bull	
Also present	Jessica Bawden	Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning Group
	Caroline Walker	Chief Executive, North West Anglia NHS Foundation Trust
	Luke Squibb	Interim Head of Operations for Cambridgeshire and Peterborough Ambulance Service
	Jessica Watts	Head of Improvement Programmes, East of England Ambulance Service NHS Trust
	Cllr Wayne Fitzgerald	Deputy Leader and Cabinet Member for Adult Social Care, Health and Public Health
	Susan Mahmoud	Representing Healthwatch
Officers Present:	Dr Liz Robin	Director of Public Health
	Paulina Ford	Senior Democratic Services Officer

36. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors L Coles, Burbage and Ali and substitutes in attendance were Councillors Casey, Brown and Iqbal respectively. Councillor Barkham also sent his apologies.

37. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

There were no declarations of interest or whipping declarations.

38. MINUTES OF THE HEALTH SCRUTINY COMMITTEE HELD ON 7 JANUARY 2020

The minutes of the meetings held on 7 January 2020 were agreed as a true and accurate record.

39. CALL-IN OF ANY CABINET, CABINET MEMBER OR KEY OFFICER DECISIONS

There were no requests for Call-in to consider.

40. AMBULANCE SERVICE – RECENT CHANGES; IMPACT OF CHANGES; VISION; PERFORMANCE AND CHALLENGES

The Head of Improvement Programmes, East of England Ambulance Service NHS Trust introduced the report accompanied by the Interim Head of Operations for Cambridgeshire

and Peterborough Ambulance Service The purpose of the report was to update the Committee on recent changes that had been put in place since the appointment of the new Chief Executive, Dorothy Hosein, and the impact of these changes, the current vision for the ambulance service, and the performance and challenges in delivering the service.

Changes had been made at Senior Leadership and Board level within the Trust to ensure the Board and Executive Team were composed of the right people with the appropriate skills, following the Quality Care Commissioning (CQC) report in 2019 which assessed the service as inadequate on leadership requirements. Cultural and improvement changes would follow across the whole organisation with an autonomous Senior Leader in each of the six sectors tasked to deliver a sustainable workforce, providing high quality patient care. Recruitment and retention of staff had been a big focus.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members thanked the officers in attendance for the report and for the work carried out on the frontline by the Ambulance Service which was often in adverse conditions.
- The Ambulance service reviewed performance with the Commissioners on a monthly basis including calls received through 111 which did not require an ambulance. Approximately 58-60% of calls referred to the service through 111 were conveyed to hospital.
- Less than 45% patients were not admitted to hospital. Up to 9% of emergency calls were dealt with by telephone triage with no visit required. Some patients were treated at home by paramedics but did not require hospital admittance.
- Calls with response times over seven minutes were reviewed regularly by the control room and the local operational team.
- Average arrival to handover times at hospitals were improving however still remained above the national standard. Work continued with the hospital on improving flow and process and patient pathways. Some patients were admitted directly to Ambulatory Care and the Urgent Treatment Centre rather than always through Accident and Emergency (A&E). Electronic data collecting systems were also used by crews on site and the patient information could be sent directly through to the hospital in advance of the patient's arrival. Investigation into route blockages continued with the Clinical Commissioning Group (CCG) and community services.
- The Joint Emergency Team (JET) was a community-based team that assessed and treated patients in their own home to avoid admittance to hospital. The JET Team would continue to provide a service but in a reduced format.
- The trial to assist elderly fallers in Peterborough commenced in December 2019. The Community First Responders and volunteers working in the community, visiting patients reporting falls at home with the appropriate equipment to enable them to lift patients off the floor. The patients would have been triaged over the phone by a qualified clinician and assessed as non-injured and classified as low acuity. In times of peak demand they would have been waiting for an ambulance longer than for a First Responder and often did not require an ambulance. There were seven or eight local community schemes in Peterborough.
- There were 124 people entering the Ambulance Service in Cambridgeshire and Peterborough who had not worked in the service before. Some of these had been paramedics, some recruited externally, others had come from Thomas Cook and some trained up from different roles within the service.
- There were currently 66 paramedics in the Peterborough area with another 40 being trained. The aim was to have a paramedic present on every vehicle.
- Ambulance Liaison Officers based at Addenbrookes and Peterborough were considered a vital link between the Ambulance Service and the hospitals and the wider health economy. Discussions were ongoing to determine if these would continue to be included in the budget for next year.

- It had not been easy to quantify the success of the trial with Ambulance Liaison Officers. Key performance indicators (KPIs) included the handover of the patient to clear, as well as educating and supporting crews around the appropriate conveyances. The team had worked hard with the hospital to develop the appropriate patient pathways, such as direct admission through Ambulatory Care, something not followed in other hospitals.
- Demands on 999 calls were increasing across Peterborough and the East of England. Calls received where the patient had not seen a clinician that were considered a priority would trigger a drop and go service agreed at the hospital. This was where a patient arriving at hospital by ambulance would immediately be allocated a bed and the crew released to attend another call. The drop and go practice had not had an overall impact on the total stack of calls holding at any one time, however it did provide the ability to respond to life threatening Category One (C1) calls. The severity of the call was decided by the clinical assessors in the control room.
- All front-line emergency ambulances could attend (C1) calls. Patient Transport vehicles could be utilised at peak demand for lower emergency calls. There was one neo-natal ambulance available across Cambridgeshire.
- Hoax calls and calls not requiring an ambulance to attend was a problem across the whole Ambulance Service but not particularly in Peterborough.
- The budget for Cambridgeshire and Peterborough was broken down into different areas and all were operating within acceptable limits.
- The Ambulance Service was a regional provider and did not routinely make long journeys, however if a crew were to transport someone to Norfolk or Norwich hospital for a service not available locally, the crew could be directed to attend an emergency in that area should they be the nearest crew available.
- The Chairman thanked the officers for the detailed report and noted that the service was heading in the right direction and asked that thanks be passed on to the ambulance staff from the Committee.

ACTION AGREED

The Health Scrutiny Committee **RESOLVED** to note the content of the report.

41. NHS LONG TERM PLAN RESPONSE

The Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning Group together with the Chief Executive of North West Anglia NHS Foundation Trust introduced the report. The purpose of the report was to update the Committee on the Cambridgeshire and Peterborough (C&P) Sustainability and Transformation Partnership (STP) response to the national NHS Long Term Plan (LTP) and the work currently in progress.

The 2019 NHS Long Term Plan consultation went out to all areas and engagement events were run with Healthwatch and stakeholders to identify priorities and formulate a draft plan. The plan had not yet been published as the financial element was still being reviewed.

The national LTP set out a series of 'must-dos' for service transformation:

- Transform out of hospital care and fully integrate community-based care.
- Reduce pressure on emergency hospital services.
- Give people more control over their own health and more personalised care.
- Digitally-enable primary care and outpatients.
- Improve care for major health conditions.

The Cambridgeshire and Peterborough STP Board have led a process to draft a LTP for the local system covering the next five years. The draft plan proposes a very significant programme of transformation that would start to deliver results from April 2020.

There would be financial challenges in 2019/20 and beyond and the plan focused on how, despite these challenges, the plan would deliver high quality and sustainable services in the medium-term and how it would address the financial position in the longer term. A set of 4+1 transformational priorities had been agreed as set out below:

4+1 transformational priorities

- **Integrated out of hospital care**
  Focusing on population needs, we will join up out-of-hospital services more effectively, building on the foundations of strong primary care and providing additional support where necessary.

- **Outpatient transformation**
  We will change the way we deliver our outpatient services to ensure that our patients are seen by the right professionals in the right places.

- **Redesigning care pathways to improve efficiency and reduce unwarranted variation**
  We will improve the quality of the care we provide by reducing variations in the way services are delivered, adopting best practice.

- **Making the most of our assets**
  We will identify opportunities to make the best use of our high fixed cost assets, including estates and digital infrastructure.

+

- **Research and innovation**
  We will ensure that our system derives maximum benefits from links with research to deliver improvements for our population and for our staff.

Health inequalities were also considered in recognition of the disparities across the area and consideration had been given to how the needs of patients differed around the various populations in different areas.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members referred to paragraph 49 of the Draft LTP regarding the *provision of health and care services closer to people's homes* and raised concerns at several challenges that this may bring about. The main concerns were:
  - The closure of smaller practices and the merging of several practices into one which meant that some patients were further away from their doctors which caused concern for those less mobile.
  - The declining GP workforce which meant that there were many locums practicing in the city.
  - The *Quality Care Commission* (CQC), which removed the attention and focus of the frontline care workers such as GPs, away from taking care of patients and dealing with a bureaucratic process which had a lack of consistency across the board.

  These concerns brought about many challenges surrounding the work force and various organisations which needed addressing. The Director of External Affairs & Policy who had recently taken the position as Director of Primary Care acknowledged the concerns raised. She advised Members that she had been working closely with the Local Medical Committee, the organisation representing local GPs. Discussions were taking place regarding the CQC and how practices were approached, the inspections and the capacity within primary care to manage the inspections and how the practices could be supported through the inspection process. Primary Care Networks were being developed to bring practices, the Primary Care Trust and the Commissioners together for the benefit of the patients.

- Members were concerned about the language used and readability of the draft LTP for ordinary members of the public. Members were informed that the report had been prepared using a standard NHS template which could lead to some areas of the report being difficult for members of the public to understand without prior knowledge of the process. The Executive Summary, when produced would be much easier to read.
- Redesigning pathways involved plans to improve both in hospital and out of hospital care by changing patient pathways to optimise services.
- Detailed modelling had taken place between research and digital partners to analyse incidents of acute and lifelong illness within the existing population and future growth patterns. The research had not yet been applied into the health impacts within the healthcare services or healthcare prevention promotions.
- The digital partnering would assist with research and development by presenting a valuable source of information regarding diseases and healthcare. Options available to deliver healthcare via a digital platform, without attending a hospital using digital outpatients or telemedicine could also be considered.
- The NHS needed to work together as an integrated system to achieve the full benefits of patient care and this would take time.
- Members referred to page 37, paragraph 110 of the draft LTP which stated *"Care for diabetes has not been good enough within our system in the recent past"* and "*we have some PCNs with higher rates of obesity than the national average*: *Fenland (16.9%), Wisbech (11.8%), Huntingdon Central (11.5%) and Peterborough City (10.3%)".* Clarification was sought as to whether the budget was being invested in to areas where the major problems were like diabetes. Members were advised that as a system they had signed up to the Diabetes Strategy as a clinical priority. However the Trust were uncertain if the appropriate amount of money had been allocated. It was hoped that services could be focused on out of hospital care, health promotion, prevention, disease management and better inpatient care. The Diabetes Strategy was one of the top three priorities for the county with a higher demand around Peterborough and Fenland.
- A Peterborough GP practice was running Health Café Clinics for those on the diabetes pathway.
- There was additional funding available to support Local Enhanced Schemes within primary care and from next year the diabetes scheme would be needs based to focus diabetes funds where they were most needed.
- Members raised concerns about the lack of GP appointments and wanted to know how the strategy would change this. Members were advised that the strategy would not immediately change access to GP appointments. One of the key areas in the strategy was workforce planning and in particular around resources in Primary Care Networks. This work would take time. One of the issues was also around patient's expectations and understanding of who they can see and that it was not always necessary to see a GP. GP resourcing was however a national problem.
- Healthcare Assistants were deemed unskilled workers and would therefore not be able to work in UK hospitals following the UK leaving the European Union (EU) and replacing these workers would be a challenge. The change in numbers of European employees at the Trust was most noticeable three years ago when it was decided that the UK would leave the EU but this had now stabilised. Existing staff were being encouraged to obtain Certificates of Sponsorship to remain in the country and recruitment would continue for both skilled and non-skilled vacancies in and out of the EU. This would be a challenge in both the health care and social care systems.
- Members referred to paragraph 115, page 38 of the draft LTP and in particular the reference to the integrated primary care based health and social care service (PRISM) for adults of working age who were experiencing mental health challenges. Members felt that the system was not working and delays in appointments were still happening. It was noted that GP's had limited specialism in mental health care and concern was raised at the ability of GP's to deal with patients with complex mental health needs. How were the new targets going to be achieved if PRISM was not working as well as it should be? Members were informed that there had been a big conversation taking place in primary

care to find out what had been working well and what had not. It was acknowledged that the Mental Health Service (PRISM) had not be working as well as was generally thought. Work was being undertaken to remodel the service, manage patients in both GP Primary Care and the Mental Health Trust to achieve appointments more quickly. There was more money to invest in primary care and work was being done with the providers to understand the best way to use this money to provide a better service.

- Members noted that Cambridge and Peterborough was the only non-urban Combined Authority in the country with an economy expected to double over the next 25 years.10% of the current population had two or more long term conditions and cancer and A&E targets were consistently failing. Was this therefore an appropriate time to apply for extra funding. Members were assured that joint lobbying for additional funding was ongoing at district and upper tier authorities and was based on combined funding to reflect the needs of the county.
- Parts of Peterborough and Huntingdonshire contained some of the most deprived areas in the country and specific funding for these areas had been requested.
- Members noted that In comparison to other hospitals, the system was referring more people to hospital for elective care and had much higher fixed costs for buildings and IT. Members sought clarification as to how this would be addressed. Members were advised that redesigning patient pathways was one of the areas being looked at, to try and understand why there was a high number of referrals from primary care to secondary care for planned non-emergency elective care.
- Higher than average overheads were a result of the Private Finance Initiative (**PFI**) for Peterborough Hospital and the new digital electronic patient record system at Addenbrookes. Additional funding had been requested to assist with these costs however the current funding formulae did not take these premium costs into account which had heavily influenced the budget deficit.

The Chairman advised that this would be her last Health Scrutiny meeting. The Chairman thanked the Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning Group and the Chief Executive North West Anglia NHS Foundation Trust for their valuable input and support to the Committee over the past few years.

AGREED ACTIONS

The Health Scrutiny Committee considered the report and **RESOLVED** to note the update provided on the Cambridgeshire and Peterborough Sustainability and Transformation Partnership's response to the national NHS Long Term Plan and the work currently in progress.

42. CABINET PORTFOLIO HOLDER FOR PUBLIC HEALTH PERFORMANCE REPORT

The Deputy Leader and Cabinet Member for Adult Social Care, Health and Public Health and the Director for Public Health introduced the report which provided an overview of the performance of the Public Health functions of the Council over the past year, focusing on Strategic Priority: Achieve the best health and wellbeing for the city.

The Cabinet Member for Adult Social Care, Health and Public Health informed the Committee that the allocation of the Public Health Grant for each Local Authority was based on the ACRA (The Advisory Committee on Resource Allocation) Target. This committee created a formula in 2013 to determine how much funding each Local Authority received. When the allocation for Peterborough came over from the NHS it was 27% lower than what it should have been for a Local Authority with Peterborough's needs. Peterborough had since received some adjustment in funding but it was still 20% below. There had been a recent meeting with the local MP's to explain in detail the pressures on the local Public Health system due to underfunding and they had been asked to lobby Government on behalf of the Local Authority for additional funding.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- The Cabinet Member advised the Committee that through lobbying the MP's he was initially seeking parity with the ACRA target in Public Health funding through the Public Health Grant which would address the underfunding that took place during the 2013 transfer of resources. The case to Government also needed to be made based on the uniqueness of Peterborough and its challenges which would require further additional funding.
- NHS Health Checks delivered by GP practices were currently below target and they needed encouragement to improve performance however there were currently many pressures on GP practices. Emphasis would be on a targeted approach to identify practices which had higher rates of some diseases like heart disease and diabetes. Work in partnership with the Primary Care Networks would focus on addressing significant problems.
- Integrated Lifestyle Services, who worked outside of GP practices, conducted outreach health checks within the vulnerable communities.
- There were some concerns regarding the new immigration system being proposed however it was too early to speculate on the impact on recruitment and retention across the health care system.
- Ring-fenced Public Health Grants could be used for pooled budgets provided it was good value for money and it could be demonstrated that better health outcomes could be achieved.
- In Peterborough the death rate for under the age of 75 from cardiovascular disease had historically been above the national average. There had been some improvement made in 2014 – 2016 when rates of deaths from cardiovascular disease for under the age of 75 had fallen. When the new CCG was formed in 2012 – 2013, one of the three priorities was reducing inequalities in heart disease and there was a strong focus on this at the time with Public Health and GP practices. The timing of this initiative could be associated with the dip in the death rates.
- Members commented that some Public Health services appeared to be duplicated which could be avoided if these services were centralised which would also save money. The Cabinet Member invited Members to report any issues of duplication of which they were aware which could help to maximise savings opportunities without impacting negatively on patients or outcomes.
- 'Kick Ash', a new smoking cessation programme had demonstrated a reduction in smoking in targeted schools in Cambridgeshire and would be introduced into other schools to address smoking in young people.
- Should the current Coronavirus situation develop further, the government would need to underwrite additional funding requirements in the event of a pandemic as local authorities would have insufficient funds.
- Members commented that there had been variations in the overdose rate amongst 10 to 24 year olds over the last few years with numbers beginning to peak again and sought clarification as to what work was being done to address this. Members were advised that work was being undertaken with the NHS through the Local Transformation Plan to improve children's and young people's mental health. Each year, the NHS received dedicated funding for improving Child and Adolescent Mental Health Services and plans were signed off by the Health and Wellbeing Board. Council services, Public Health services, the NHS and the Children's Emotional Health and Wellbeing Boards came together to deliver interventions that worked and reached the young people who needed them most. Children's Services carried out some work in schools and colleges and further grant funding had been applied for.
- Members sought clarification on whether screening services would continue throughout the coronavirus. Members were advised that screening services were run by NHS England and were often carried out at GP surgeries whilst other tests were carried out at

home. The public would be advised to continue to attend screening appointments for the time being unless advice changed.

- The performance of Aspire the drug and alcohol treatment services was good however they were under pressure and would need to look into ways of maintaining frontline services whilst reducing costs. They would be consulting with service users in due course on how best to achieve this.

Dr Robin provided a written briefing on Covid-19 which was passed to the Committee at the meeting and is attached to the minutes. Councillors were also being updated regularly. Members commented that the public should be kept informed regarding the coronavirus as the situation changed.

RECOMMENDATIONS

The Health Scrutiny Committee **RESOLVED** to note the report.

43. CONSULTATION ON THE CAMBRIDGESHIRE AND PETERBOROUGH DRAFT JOINT HEALTH AND WELLBEING STRATEGY 2020-24

The Director of Public Health introduced the report. The purpose of the report was to present the draft Joint Health and Wellbeing Strategy 2020-24 and associated consultation documents to the Committee, to obtain the views of the Committee on the priorities, focus areas and proposed actions in the draft strategy, and the overall consultation process.

This was a statutory document produced by the Health and Wellbeing Board, based on data analysis reflecting local needs and health inequalities. This strategy included the determinants of health and how society could make improvements and complimented the Long Term Plan presented earlier. It was also closely linked to the Think Communities approach.

Public consultation was underway on the key priorities and focus areas. At the same time, enquiries were ongoing to identify the multi agencies groups who would deliver the strategy. It was hoped to simplify and clarify the partnership arrangements so all were clear on who would deliver each priority.
The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members were pleased to see included in Priority 1 of the strategy the following: *1.1 Housing developments and transport which support resident's health and address climate change*. One concern was that the strategy did not mention practical actions to enhance walking, cycling and physical activity and Members requested that more emphasis be placed on green space and physical activity as some areas of Peterborough had very little access to green open spaces. Members were advised that both Peterborough and Cambridgeshire authorities benchmarked at the national average for both and the report concentrated on areas where improvements were thought to be needed however as the purpose of the consultation was to gather feedback this would be taken on board.
- Priority 2.1 The Best Start in Life from Pre-Birth to Age Five and school readiness. Members sought clarification as to what strategies were being put in place to achieve this. Members were informed that there had been some improvement in the last couple of years in the readiness of children for starting school as a result of the local programme from Children's Services and Early Education. The recently launched Best Start in Life Strategy would also focus on readiness for school with communication skills being encouraged from an early age. Health visitors and maternity services would ensure the programme was started earlier than the previous schemes which had not really taken effect until after a child had turned two.
- Current tests for school readiness were in English which could put children from non-English speaking families at a disadvantage. The strategy would continue to be

developed to be more inclusive and consider the needs of ethnic groups. The Best Start in Life Strategy was focused on supporting communities and their parents.

- Priority Three: Staying Healthy Throughout Life. Members commented with regard to behavioural risk factors and tobacco smoke and noted that smoking was quite prevalent in people from Eastern European countries. Had any educational programmes on smoking prevention been put in place that could be directed towards this group of people? Members were informed that tailored materials for Eastern European communities would be provided as part of the SmokeFree Strategy being introduced across Cambridgeshire and Peterborough.
- Members were concerned that when the University opened there could be an increase in smoking, drinking of alcohol and drug taking and asked if this had been taken into account. Members were advised that there were no specific plans on tackling the possible increase in drinking, smoking and drug taking that the University may bring to Peterborough however it was early in the process and there was still time to consider strategies and funding.
- The document had gone out to consultation, which would close on 30 April and the final strategy would be presented on 4 June to the Whole System Joint Sub Committee Health and Wellbeing Board for approval.
- The minutes of the Health Scrutiny Committee would be fed into the consultation responses for the draft Joint Health and Wellbeing Strategy (2020-24).

AGREED ACTIONS

The Health Scrutiny Committee considered the report and **RESOLVED** to:

1. Discuss and comment on the draft Joint Health and Wellbeing Strategy 2020-24 and the consultation process for the draft Strategy
2. Discuss and comment on the Think Communities Health Deal Agreement

44. MONITORING SCRUTINY RECOMMENDATIONS

The Senior Democratic Services Officer introduced the report which provided the Committee with a record of recommendations made at previous meetings and the outcome of those recommendations to consider if further monitoring was required.

The Committee were informed that the letter to the two local MP's asking them to lobby the Secretary of State for Health for an increase in the Public Health Grant for Peterborough had been sent. As a result, local MPs had been invited to a meeting to discuss the most appropriate way to request additional funding. The Committee requested that the status of this item be changed to "Ongoing" awaiting a further response.

The draft letter for the item Update on Quality in Primary Care Services had been prepared using comments raised previously by the Health Scrutiny Committee and had been forwarded to the CCG Primary Care Team for approval prior to being sent. The final draft would be approved by the Chair of the Health Scrutiny Committee and shared with the Committee.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to note the contents of the report and note the outstanding actions.

45. FORWARD PLAN OF EXECUTIVE DECISIONS

The Senior Democratic Services Officer introduced the report which was the latest version of the Council's Forward Plan of Executive Decisions containing key decisions that the Leader of the Council, the Cabinet or individual Cabinet Members would make during the course of

the forthcoming month. Members were invited to comment on the Plan and where appropriate, identify any relevant areas for inclusion in the Committee's Work Programme.

The Committee requested further information on the following decisions:

- Section 75 agreement between PCC and the CCG for commissioning of health and social care services under the Better Care Fund (BCF) 2019-2020 - KEY/2MAR20/02 Members request further details on:
    - The financial effect of the extended Section 75 Agreement for Peterborough City Council for the period 2019-2020.
    - The position of the Better Care Fund (BCF) after March 2020, with particular reference to targets for reducing hospital admissions which had generally not been delivered.

- Members commented that a national review into the BCF highlighted complex governance systems in the administration and commented that most sectors involved may not be delivering the BCFs original intentions. The Director of Public Health advised the Committee that this was a complex issue and was being addressed locally. A Joint Sub- Committee had been formed comprising of representatives from both Health and Wellbeing Boards in Cambridgeshire and Peterborough together with representatives of the CCG and Healthwatch to look closely at the process and to ensure governance was exercised as it should be.

- The representative from Healthwatch asked if a further report on NHS Dentistry appointment availability could be requested as an agenda item in the future.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to:

- Note the report and considered the current Forward Plan of Executive Decisions and
    - Requested that the Director for Public Health obtained details of the financial effect of the extended Section 75 Agreement for Peterborough City Council for the period 2019-2020 and;
    - The position of the Better Care Fund (BCF) after March 2020, with particular reference to targets for reducing hospital admissions which had generally not been delivered and circulate to members.
- The Senior Democratic Services Officer to include a further report from NHS England on NHS Dentistry provision in Peterborough on the Work Programme for the next municipal year.

CHAIRMAN
7.00pm – 9:21pm
9 March 2020

Coronavirus briefing for Peterborough City Councillors 2nd March 2020

Developments regarding Coronavirus are closely monitored nationally by Public Health England and the Chief Medical Officer. Dr Liz Robin, Director of Public Health across Cambridgeshire and Peterborough is involved in local multi-agency planning for Coronavirus, working with Council's management team and the wider public sector.

SUMMARY:

- The National Coronavirus Action Plan has been published today, and provides a framework for local planning and preparedness.
- The Cambridgeshire and Peterborough NHS is implementing national NHS requirements.
- The Cambridgeshire and Peterborough Local Resilience Forum, a group of local public sector partners involved in planning for risks and emergencies, is setting up a Strategic Co-ordination Group, co-chaired by the Director of Public Health. This will ensure we are jointly planning ahead and working together, to deliver against the requirements of the National Coronavirus Action Plan.
- Peterborough City Council and Cambridgeshire County Council officers are setting up a cross-council Coronavirus task group, to make sure that the Council's services are fully prepared.
- **The key messages for the public to prevent spread of Coronavirus are:**
    - Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze
    - Put used tissues in the bin immediately
    - Wash your hands with soap and water often – use hand sanitiser gel if soap
    - and water are not available
    - Try to avoid close contact with people who are unwell
    - Do not touch your eyes, nose or mouth if your hands are not clean

Further guidance, advice and information

1.0 National Coronavirus Action Plan
You can view the National Coronavirus Action Plan here
https://www.gov.uk/government/publications/coronavirus-action-plan

2.0 Daily updates:
The latest information on the numbers of Coronavirus cases diagnosed in England (updated daily) is available on
https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public

3.0 Information and advice for the public:
Information and advice for the public, together with frequently asked questions, is available on the NHS website www.nhs.uk/coronavirus

This includes travel advice and advice for residents who have recently returned from countries with Coronavirus cases.

There is a national 'Catch it, Bin it, Kill it' campaign which provides information on the best way to prevent the spread of germs and viruses including the Coronavirus:

- cover your mouth and nose with a tissue or your sleeve (not your hands) when you
    - cough or sneeze
    - put used tissues in the bin immediately
    - wash your hands with soap and water often – use hand sanitiser gel if soap and water are not available

- try to avoid close contact with people who are unwell
- do not touch your eyes, nose or mouth if your hands are not clean

4.0 Guidance for Council services
International research and information gathering on Coronavirus is used by Public Health England to develop guidance for the NHS, other public services, and employers generally. The guidance most relevant to Council services is available on: https://www.gov.uk/government/collections/covid-19-guidance-for-non-clinical-settingsand-the-public

This includes specific Coronavirus guidance documents for:
- Educational settings
- Social or community care and residential settings
- Employers and businesses
- Staff in the transport sector
- Decontamination in non-healthcare settings

The Council's communications team makes sure that managers and staff receive regular updates and are made aware of this guidance through the staff intranet
Guidance for health professionals, used by local NHS colleagues is available on https://www.gov.uk/government/collections/wuhan-novel-coronavirus

5.0 Planning within the Council
The Council's emergency management team are setting up a cross-council Coronavirus task group within the Council, advised by Public Health colleagues, to ensure that we are well prepared as an organisation. Tasks include ensuring that all services have up to date business continuity plans, and are prepared for an increase in Coronavirus activity.

6.0 The Local Resilience Forum
The Council participates in the Cambridgeshire and Peterborough Local Resilience Forum (LRF) which brings together senior leaders from public sector organisations including Local Authority, NHS, police, and fire service representatives, to plan strategically for key risks in the local area.

The LRF is setting up a Coronavirus strategic group, which will meet regularly, to ensure that organisations are working together to plan for and mitigate risks associated with Coronavirus and to deliver the National Coronavirus Action Plan. This will be co-chaired by the Director of Public Health.