

**MINUTES OF THE HEALTH SCRUTINY COMMITTEE MEETING
HELD AT 7.00PM, ON
MONDAY 15 MARCH 2021
VIRTUAL MEETING: PETERBOROUGH CITY COUNCIL'S YOUTUBE PAGE**

Committee Members Present: Councillors K Aitken (Chair), A Ali, S Barkham, C Burbage, S Hemraj, S Qayyum, B Rush (Vice Chair), N Sandford, N Simons, S Warren and Co-opted Member Parish Councillor June Bull.

Officers Present: Dr Liz Robin, Director of Public Health
Helen Freeman, Team Manager, Children's Public Health
Val Thomas, Deputy Director of Public Health
Paulina Ford, Senior Democratic Services Officer

Also Present: Councillor Wayne Fitzgerald, Cabinet Member for Adult Social Care, Health and Public Health
Caroline Walker, Chief Executive, North West Anglia NHS Foundation Trust.
Jessica Bawden, Director of Primary Care, Medicines Optimisation & Out of Hospital Urgent & Emergency Care Collaborative, Cambridgeshire & Peterborough Clinical Commissioning Group
Dr Andrew Anderson – GP and Clinical Lead for Urgent Care - CPCCG
Athar Yasin - Clinical Lead for Emergency Medicine – NWAngliaFT
Vazeer Ahmed - Clinical Lead for Emergency Medicine System Transformation Programme
Joanne Walker - Lead for Advanced Care Practitioners Clinician (ACP)
Stacie Coburn - Deputy Chief Operating Officer – NWAngliaFT
Susan Mahmood, Representing Healthwatch

40. APOLOGIES FOR ABSENCE

No apologies for absence were received.

41. DECLARATIONS OF INTEREST

Agenda Item 5 - Urgent Treatment Centre Relocation Programme Update

Councillor Hemraj declared that she was an employee of the North West Anglia Foundation Trust (NWAFT) and therefore would not be speaking on agenda item 5 and would leave the meeting for this item.

There were no further declarations of interest or whipping declarations.

42. MINUTES OF THE HEALTH SCRUTINY COMMITTEE MEETING HELD ON 12 JANUARY 2021

The minutes of the meeting held on 12 January 2021 were agreed as a true and accurate record.

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

There were no call-ins received at this meeting.

44. URGENT TREATMENT CENTRE RELOCATION PROGRAMME UPDATE

Councillor Hemraj left the meeting at this point.

The report was introduced by the Director of Primary Care, Medicines Optimisation & Out of Hospital Urgent & Emergency Care Collaborative. The report provided a comprehensive update on the progress made by the Urgent Treatment Centre (UTC) Relocation Programme Steering Group.

Various clinical leads were in attendance at the meeting who provided the Committee with an overview of the vision for the UTC.

The Clinical Lead for Emergency Medicine spoke in detail about what a patient could expect from the new service. A patient would call the NHS111 service and would be triaged by a clinician and advised accordingly based on their triage and the patients' needs. If the patient needed to be seen by a clinician, then they would have an appointment booked to see a clinician. This would avoid having to wait for an appointment and having to move from one service to another. Once booked into the UTC if other treatments were required like inpatient specialities or emergency care then the patient would be able to receive the treatment in one location which would minimise delay in treating patients.

The biggest advantage was that people would be seen by the correct service at the right time.

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

- Members sought clarification as to who would take the overriding decision for the treatment pathway for a patient presenting at the UTC with multiple and complex health needs if they required emergency care. Members were informed patients presenting to the UTC would be assessed by a clinician in the UTC. If the patient had complex health needs which required another clinician's involvement this could be dealt with in the UTC which had access to the other in-patient speciality teams. The patient would stay under the care of the UTC until they were discharged from the UTC. If required, they may be admitted to another area which maybe medical or surgical.
- Members sought clarification with regard to walk in bookings at the UTC. Members were informed that if patients arrived with an urgent need, they would be seen within the hour. If a patient could wait for 2 to 3 hours to be seen patients would be asked to go away and come back at an appointed time. Due to social distancing, it was preferable not to have patients waiting around in a waiting room. If patients had called the NHS111 service, the issue may have been sorted over the phone by telephone consultation or by giving an allocated appointment time to avoid having to make more than one journey to the hospital. The aim was to see every patient who was booked into the UTC within their allocated arrival time. People were being encouraged to ring

NHS111 first so that if needed they would get a specific appointment time with the correct service, this would also reduce overcrowding in the Emergency Department (ED).

- Members suggested that the message to ring NHS111 first instead of just presenting at the UTC or ED should be strongly promoted and stressed as much as possible. Members were informed that there was a national campaign regarding calling NHS111 which had also been promoted locally. It was also noted that NHS111 also had the ability to book patients' appointments at their own GP's if needed.
- The representative from Healthwatch queried the role of the GP during surgery hours and questioned whether patients should automatically call NHS111 even during surgery hours. Members were informed that during the daytime patients were encouraged to call their GP, however access to GP's during the daytime had been reported as variable. During out of hours patients would be encouraged to call the NHS111 number.
- Members noted that there would be a lot of reliance on the NHS111 service going forward and sought assurance that the service would have sufficient numbers of call handlers to cope with the additional work. Members were informed that there was an awareness that there would need to be an increase in capacity in the NHS111 service, and this would be continually monitored going forward. There was a very strict Key Performance Indicator in place for answering all calls quickly.
- Members queried why the new orbital bus route would not be operating on Sundays.
- Members noted that the travel survey had only been conducted on one day in January for a period of three and half hours and felt that this would not have been a true representation of public travel patterns. It was also noted that Atkins had recommended that annual staff travel surveys and parking surveys take place. The Chief Executive informed Members that there was a commitment to continue with the parking and staff surveys and advised that there was adequate car parking on site due to the increase in digitalised appointments, and this would be continually monitored. The aspiration was to get as many people as possible using public transport and to reduce the carbon footprint.
- Members referred to the Aitkens report which stated that since 2016 there had been a 13.8% increase in car usage and a large reduction in sustainable mode transport. Members requested that there be a further report to the committee within the next twelve months to review the progress of the Green Travel Plan.
- The GP and Clinical Lead for Urgent Care commented that with urgent care people were often unwell and quite sick and therefore unlikely to use public transport to visit the UTC. People using urgent care access were therefore more likely to travel by car. They were a different cohort of people to those who visited the hospital for routine outpatient appointments.
- Members suggested not charging staff to park and increasing car parking fees for patients by a small amount. Members were informed that staff were currently not being charged to park which had been put in place during the pandemic and it was hoped that this would continue.
- A member of the Committee commented that the move to the City Hospital would bring some positive improvements for the UTC including being able to book an appointment, and public transport to the site.
- During the daytime patients attending the UTC would be able to use the hospital pharmacy if medication was prescribed and out of hours they would be able to access the Bretton pharmacy which closed at midnight. Out of Hours GPs had the ability to do remote electronic prescribing therefore there would not be an issue with providing medication overnight. Consideration will be given to looking at extending the hours of the pharmacy on the hospital site until 8.00pm. There was a small amount of medication on site at the hospital which could be given to patients attending the UTC out of hours if they struggled to get to the Bretton pharmacy.

- GPs could set patients up with a nominated pharmacy for prescriptions, however not all pharmacies were open out of hours and particularly on a Saturday or Sunday night. GPs could therefore search for the nearest pharmacy to the patient which would be open out of hours so that the patient could collect any medication prescribed.

The Chair thanked the presenting officers in attendance on behalf of the Committee for attending the meeting and responding to questions. Members also wished to thank the officers in attendance for all of their hard work, dedication and support that they and their staff were providing to the people of Peterborough during these challenging and unprecedented times.

AGREED ACTIONS

1. The Health Scrutiny Committee considered the report and **RESOLVED** to note the progress made by the Urgent Treatment Centre (UTC) relocation programme team.
2. The Health Scrutiny Committee requested that the Chief Executive, North West Anglia NHS Foundation Trust provide a further report on the progress of the Green Travel Plan at a future meeting of the committee in the new municipal year.

45. CABINET MEMBER FOR ADULT SOCIAL CARE, HEALTH AND PUBLIC HEALTH PORTFOLIO PROGRESS REPORT INCLUDING MANAGING COVID-19 PUBLIC HEALTH UPDATE

Councillor Hemraj returned to the meeting at this point.

The report was introduced by Cabinet Member for Adult Social Care, Health and Public Health and was accompanied by the Director of Public Health. The report provided an overview of the performance of the Public Health functions of the Council over the past year, including an update on the latest COVID-19 position and activity.

The Chief Executive of North West Anglia NHS Foundation Trust was still in attendance and the Cabinet Member took the opportunity to thank the Chief Executive and all staff at the hospital for their hard work and dedication during these unprecedented times.

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

- Members commented that there was a large cohort of workers in the city that could not work from home due to the nature of their work. How influential was Public Health and the Council in ensuring that the proper risk assessments were being carried out in those large manufacturing companies and other large organisations. The Deputy Director of Public Health advised that there was a Workplace Cell in place which was made up of Public Health Officers and Environmental Health Officers. Over the past year the team had worked with various large companies to conduct risk assessments to ensure their workplaces were as safe as possible during the pandemic. There had been many challenges for employers due to the length of the pandemic and the team responded to any issues raised by employers. There was a set process in place which employers had to meet, and the team worked collaboratively with employers to assist them with this.
- Members were concerned about the controversy surrounding the Astra Zenica vaccine which the anti-vaccine campaigners had picked up on and were using the information to say the vaccine was unsafe. What could be done to combat the anti-vaccine campaigners so that they did not undermine the fight against COVID? The Director for Public Health acknowledged that the arguments around vaccine hesitancy was a

- challenge. People should note that there had been a large number of vaccine doses given in this country and the regulators had the best understanding of the Astra Zeneca vaccine due to the large quantity of vaccine doses that had already been given. There were many systems in place to monitor if anything should happen. The UK was ahead in monitoring the Astra Zeneca vaccine following trials and the large-scale vaccination programme and other countries who had taken some precautionary measures knew much less about the vaccine. People should be assured by the information provided by the regulators that the vaccine was safe.
- Members wanted to know if there was any data available on how many people had accessed the rapid testing sites, and how many companies had rapid testing in the workplace, excluding the hospital and schools who were already taking part in rapid testing. Members were advised that as of 1 March, 7679 rapid tests had been carried out at the seven rapid testing sites and in workplaces across the county. Many of the larger companies were conducting rapid testing prior to the local scheme being offered. There was a mix of smaller and larger companies who were now conducting rapid testing.
 - Members referred to the phenomenon of 'enduring transmission' of COVID-19 and that it was increasingly recognised as being associated with social and economic factors. It was noted that certain areas of Peterborough which included Millfield and Bourges Boulevard continued to have a high R rate and wanted to know what actions were being taken to address this. Members were informed that the Prison was included in the Millfield and Bourges Boulevard area which had skewed the figures for that area due to the COVID outbreak in the prison which had contributed a significant number of cases, this in turn made the Millfield/Bourges Boulevard area artificially high. Public Health were working with the prison to ensure that the outbreak management was good and that the cases were reducing and controlled. There was continued focussed messaging and work being done with the communities across Peterborough and enforcement patrols were out in areas of concern.
 - Research has shown that the phenomenon of 'enduring transmission' of COVID-19 could be linked with the employment profile of an area. There were links to jobs that were lower paid, and zero hours work in industries like agriculture, distribution and packing which were often seasonal. Shared transport and people living in houses of multiple occupation had also been linked. These links to enduring transmission were replicated in other authorities and had been raised nationally, and as a consequence work was being done with regional and national teams to look at proposals to address the root cause of these issues. It was hoped that this work would attract additional national funding.
 - Members noted that Peterborough had until recently had a lower R rate to that of Corby, but it had recently risen above Corby. Members were informed that the R rate had risen and fallen above and below that of Corby, but that Peterborough was in the top 15 Local Authorities nationally.
 - Members paid tribute to the vaccination teams across Peterborough for their efficient organisation and delivery of the vaccination programme.
 - There had been a considerable increase in the number of COVID tests for children and families. Testing for school children had started on site at secondary schools initially and then home testing kits would be sent home for them to continue to test at home.
 - Members were concerned that some people when booking their vaccination through the NHS national website were sometimes directed to a vaccination centre out of Peterborough, which for some people may not be accessible. Members were informed that if someone received a letter from the NHS because they were eligible to book onto the national booking system there was also a paragraph within the letter which offered the choice to go to their local GP for the vaccination, if they were not able to travel to

other vaccinations sites. They could then call their GP and ask to be booked into the next available vaccination clinic.

The Committee thanked the Director for Public Health and the Public Health Team for their dedication, tremendous input, and work that has gone into supporting the people of Peterborough through the pandemic. As it was the last meeting of the year the Chair on behalf of the Committee acknowledged that the Director of Public Health, Dr Robin would be retiring at the end of April and wished Dr Robin a well-deserved, happy and long retirement and thanked her for all the support that she had provided to the Committee over the years.

AGREED ACTION

The Health Scrutiny Committee considered the report and **RESOLVED** to note and comment on the Portfolio Holder's Performance Report.

46. 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.

There was no discussion on this item.

AGREED ACTION

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

47. FORWARD PLAN OF EXECUTIVE DECISIONS

The Senior Democratic Services Officer introduced the report which included the latest version of the Council's Forward Plan of Executive Decisions containing decisions that the Leader of the Council, the Cabinet or individual Cabinet Members would make during 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 sought further information on the following decision:

- Variation to the delegation agreement between Peterborough City Council (PCC) and Cambridgeshire County Council (CCC) regarding the delivery of the Healthy Child Programme (HCP) across Peterborough and Cambridgeshire.

Members sought clarification regarding the Agenda for Change nationally agreed UK-wide package of pay, terms and conditions for NHS staff. Under this deal, which came into effect in 2018, was the agreement that all NHS staff employed at the top pay points at bands 2-8c would receive a 6.5% cumulative pay increase over a 3 year period. Would the same staff affected by this increase also receive the recently announced additional 1% increase? Members were informed that one of the conditions of the additional Public Health Grant funding which had been provided at the beginning of this year was that a significant part of the funding should be used to pay the Agenda for Change pay rise to providers of Public Health Programmes. The pay rise had been paid by the Department of Health and Social Care for the first two years. However, with the increase in the Public Health Grant the expectation was that Public Health would then pay the increase retrospectively over the three year period but it did not include the new 1% as it only covered the pay rise that had already been announced. Because CCC were already leading on the Healthy Child

Programme prior to Public Health becoming responsible for the pay rise a new decision had to be taken to reflect this.

Members also sought clarification as to why the delegation of Healthy Child Programme CP commissioning functions were being delegated from PCC to CCC. Members were informed that the delegation to CCC to act as the lead for the Healthy Child Programme was already in place and had been for some time. This had enabled positive benefits to be delivered from an integrated programme and best value as there had been a reduction in overhead costs.

AGREED ACTION

The Health Scrutiny Committee considered the current Forward Plan of Executive Decisions and **RESOLVED** to note the report.

The Chair advised that it would be her last Health Scrutiny meeting and wanted to thank all committee members for their contributions over the past two years, asking probing questions and providing good scrutiny on behalf of the residents of Peterborough. The Chair also thanked all officers who had attended and presented reports to the committee and answered questions comprehensively.

A special thank you to Dr Robin who had supported the various Chairs of the Health Scrutiny Committee as lead officer since 2015. It was noted that Dr Robin would be retiring at the end of April and the Chair wished her a well-deserved rest after such a challenging year and a long and happy retirement.

The Chair also thanked the Democratic Services Officers for their support provided to the committee over the past two years.

7.00PM - 8.55PM

CHAIRMAN

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