

## HEALTH SCRUTINY COMMITTEE

TUESDAY 7 JULY 2020  
6.00 PM

Venue: [Peterborough City Council's Youtube Page](#)  
Contact:: Paulina Ford, Senior Democratic Services Officer  
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### AGENDA

Page No

1. **Apologies for Absence**
2. **Declarations of Interest and Whipping Declarations**  

At this point Members must declare whether they have a disclosable pecuniary interest, or other interest, in any of the items on the agenda, unless it is already entered in the register of members' interests or is a "pending notification " that has been disclosed to the Solicitor to the Council. Members must also declare if they are subject to their party group whip in relation to any items under consideration.
3. **Minutes of the Health Scrutiny Meeting Held on 9 March 2020** 3 - 16
  - 3.1 **Minutes of the Joint Scrutiny Committee Meeting held on 20 May 2020** 17 - 30
4. **Proposals For The Relocation Of The Urgent Treatment Centre And GP Out Of Hours Service In Peterborough** 31 - 42
5. **NHS England And NHS Improvement - East Of England Response To Covid-19 And The Delivery Of NHS Dental Services In Peterborough** 43 - 46

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Committee Members:

Councillors: K Aitken (Chairman), A Ali, S Barkham, C Burbage, S Hemraj, S Qayyum,  
B Rush (Vice Chairman), N Sandford, N Simons and S Warren

Co-opted Member (Non Voting): Parish Councillor June Bull

Substitutes: Councillors: G Casey, D Fower, T Haynes and A Iqbal

Further information about this meeting can be obtained from Paulina Ford on telephone 01733  
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**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	

**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](http://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.

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**MINUTES OF THE JOINT SCRUTINY COMMITTEE  
HELD AT 4:30PM ON  
20 MAY 2020**

**VIRTUAL MEETING: PETERBOROUGH CITY COUNCIL'S YOUTUBE PAGE**

**Committee Members Present:** Councillors C. Harper (Chairman), K. Aitken, A. Ali, S Barkham, R. Bisby, S. Bond, R. Brown, C. Burbage, G. Casey, N. Day, A. Dowson, A. Ellis, Amjad Iqbal, John Fox, Judy Fox, J. Goodwin, T. Haynes, J. Howard, J. Howell, D. Jones, S. Lane, D. Over, S. Qayyum, L. Robinson, B. Rush, N Sandford, N. Simons, H. Skibsted, S. Warren, C Wiggin and I. Yasin.

Co-opted Members:

Independent Co-optee Members: Alistair Kingsley and Rizwan Rahemtulla  
Parent Governor Claire Watchorn  
Education Co-optee Flavio Vettese  
Education Co-optee Peter Cantley  
Parish Councillor Junaid Bhatti  
Parish Councillor June Bull  
Parish Councillor Keith Lievesley  
Parish Councillor Neil Boyce  
Parish Councillor Susie Lucas

**Also Present:** Councillor Holdich, Leader of the Council and Member of the Cambridgeshire and Peterborough Combined Authority  
Councillor Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health and Public Health  
Councillor Ayres, Cabinet Member for Children's Services and Education, Skills and University  
Councillor Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments  
Councillor Seaton, Cabinet Member for Finance  
Councillor Walsh, Cabinet Member for Communities  
Councillor Allen, Cabinet Member for Housing, Culture and Recreation  
Councillor Farooq, Cabinet Member for Digital Services and Transformation  
Councillor Cereste, Cabinet Member for Waste, Street Scene and Environment  
Councillor Bashir Cabinet Advisor for Children's Services

**Officers Present:** Gillian Beasley, Chief Executive of Peterborough City Council  
Charlotte Black, Service Director: Adults and Safeguarding

Will Patten, Service Director Commissioning  
Lou Williams, Service Director, Children and Safeguarding  
Jonathan Lewis, Service Director, Education  
Adrian Chapman, Service Director for Communities and Partnerships  
Rob Hill, Assistant Director Community Safety  
Dr Liz Robin, Director for Public Health  
Steve Cox, Executive Director Place & Economy  
Mohamed Hussein, Director: Housing Needs and Supply  
Graham Hughes, Service Director, Highways and Transport  
Sue Grace, Director, Customer and Digital Services  
Amanda Askham, Director of Business Improvement and Development  
Peter Carpenter, Acting Corporate Director Resources  
Fiona McMillan, Director of Law and Governance  
Rachel Edwards, Head of Constitutional Services  
Pippa Turvey, Democratic and Constitutional Services Manager  
Paulina Ford, Senior Democratic Services Officer  
Jane Webb, Senior Democratic Services Officer  
Dan Kalley, Senior Democratic Services Officer  
David Beauchamp, Democratic Services Officer  
Karen S Dunleavy, Democratic Services Officer

The Senior Democratic Services Officer opened the meeting by welcoming those members of the public and press who were watching the livestream of the meeting through the Council's YouTube page. Due to government guidance on social distancing, the meeting took place remotely in accordance with current legislation as laid out in the [Local Authorities and Police and Crime Panels \(Coronavirus\) \(Flexibility of Local Authority and Police and Crime Panel Meetings\) \(England and Wales\) Regulations 2020](#) which made provision for remote attendance at, and remote access to Council meetings. The meeting was also following the Peterborough City Council's Virtual Meeting Protocol

## **1. APPOINTMENT OF CHAIRMAN**

The Senior Democratic Services Officer advised the Committee that in accordance with *Part 4, Section 8 – Scrutiny Committee Procedure Rules, section 13, Joint Meetings of Scrutiny Committees* a Chairman/ Chairwoman would be required to be appointed from among the Chairmen of the Committees who were holding the meeting. It was proposed that, for consistency at these important meetings, the Chairman / Chairwoman appointed at this meeting would also take the position of Chairman / Chairwoman at future meetings of this committee that were held to discuss COVID-19.

Opinions were sought from the members of the Committee in relation to the proposal and as a consensus could not be reached a vote was taken on the appointment of a Chairman for this and any future meetings of the Joint Scrutiny Committee that were held specifically to scrutinise Peterborough City Councils response to Covid-19. The vote 21 for, 8 against and 1 abstention was therefore carried, and the Senior Democratic Services Officer proceeded to take nominations for the position of Chairman for all Joint Scrutiny Committee meetings that would be specifically held to scrutinise COVID-19.

Nominations were sought from those Chairman / Chairwoman present who were Councillor Simons, Chairman of the Adults and Communities Scrutiny Committee, Councillor Aitken, Chairman of the Health Scrutiny Committee, Councillor Harper, Chairman of the Growth, Environment and Resources Scrutiny Committee and Councillor Goodwin, Chairman of Children and Education Scrutiny Committee.

Councillor Bisby, seconded by Councillor Lane nominated Councillor Harper. There being no further nominations and no objections to Councillor Harper taking the position of Chairman, Councillor Harper was duly elected as Chairman of the Joint Scrutiny Committee and any further meetings of the committee going forward that would meet to discuss COVID-19.

## **RECOMMENDATION**

The Joint Meeting of the Scrutiny Committees **RESOLVED** to agree to the appointment of Councillor Harper as Chairman at any meetings of the Joint Scrutiny Committee that were held specifically to scrutinise matters concerning COVID-19.

The Chairman welcomed everyone present and explained that the meeting provided an opportunity for all Members of each Scrutiny Committee to come together to scrutinise Peterborough City Councils response to the Covid-19 pandemic. The Committee was informed that the agenda and papers for the meeting had been provided to Members with a covering report and links to access the individual Service Highlight reports and the Financial Report which was presented to Cabinet on 11 May 2020.

Members of the public had also been invited to ask questions in relation to the COVID-19 pandemic.

## **2. APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Jamil and Councillor Hemraj. Councillor Amjad Iqbal was in attendance as substitute for Councillor Jamil.

## **3. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS**

There were no declarations of interest or whipping declarations.

## **4. PUBLIC QUESTIONS**

There were no public questions received for this meeting.

## **5. PETERBOROUGH CITY COUNCILS RESPONSE TO COVID-19**

The Chief Executive of Peterborough City Council introduced the report which provided details of the Council's response to the current Coronavirus pandemic; the progress made on assessing financial, service and community impact; and the Council's initial approach to recovery. The Chief Executive advised that Highlight reports of the activity of each main area of operation of the Council for COVID-19 was being sent to all Members on a weekly basis, and that the authority relied on Councillors to report back any intelligence where there were issues within their community.

Although the Authority was responding to the pandemic, work had also been underway on the recovery plan for issues such as the reopening the City, schools and the introduction of safer cycling.

The Chief Executive also relayed her thanks to all Councillors, voluntary organisations and faith groups for the amazing and practical help provided during the response to the COVID-19 pandemic.

Members thanked the Chief Executive and her team for all the work that they had undertaken locally during the COVID-19 pandemic.

Questions and observations were made around the following areas:

- The Chief Executive advised that guidance with relation to accommodation arrangements for rough sleepers had been received within a very short timescale and the LA responded as quickly as they could to the accommodation need. Although it was hoped that the LA would never have to go through such a crisis in the future, some lessons had been learnt and a reflection session would be held.
- Assurances were sought that Peterborough would be sufficiently included within the safer cycling plans as outlined by the Secretary of State for Transport? Members were advised that the Secretary of State for Transport's plan was on the radar and this would be reported on later in the meeting.
- Peterborough City Council were part of a network in the East of England and one of the areas of focus being explored currently had been progress in relation to the forthcoming Track and Trace programme, which Peterborough was the regional lead on. The information had been shared generously amongst all authorities and lessons were being learnt from what had worked well and not so well.

## **Adult Social Care and Commissioning**

The Service Director: Adults and Safeguarding, and the Service Director Commissioning, provided an introduction to the service report which covered adult social care, including care homes and community support and how the services were continuing to be provided.

Members thanked the officers for the work that had been undertaken in the community during the COVID-19 pandemic.

Questions and observations were made around the following areas:

- Clarification was sought over what strategy the Local Authority (LA) had in relation to the allocation of increased funding for the care sector and if there had been any autonomy for care homes on how the money could be spent? The Service Director Commissioning advised that the 10% uplift in care funding was distributed to all LA care providers and that they could allocate the money according to local care needs. There had been a further £6m funding received from the Government, which was to be allocated between contracted and non-contracted care providers.
- There had been a strong response to provide PPE where required. The Community Hub would issue emergency supplies if any social care providers were experiencing difficulties.

- Members commented that there had only been 12 deaths in care homes and that the staff had worked extremely hard to keep the elderly safe. Members also complimented Peterborough City Council officers for supporting care providers with the PPE they needed.
- Members were concerned at how care home providers were coping with the additional workload, given the increase of people moving into care? Members were advised that 248 people had returned to their homes from hospital. The department had been in contact with family carers and there had been a mixed response of how people were coping. The main issue for paid carers was with PPE provision, obtaining tests and waiting for results alongside caring for their own families. The LA had made sure that where carers needed support this was provided. The biggest challenge experienced had been in residential homes.

## **Children's Services**

The Service Director, Children and Safeguarding, introduced the report and provided the following information update:

- It was anticipated that the impact for Children's Services would increase when schools reopened, due to an increase in safeguarding referrals from schools.
- There had been huge pressure on NHS services to empty wards and it was thought that there could be an impact for Children suffering conditions such as a childhood disease or mental health. Despite the concern, the NHS had provided amazing support to children in need. In addition, face to face visits were only conducted for those children who were at most risk.
- Schools had also provided an excellent service to children at risk by contacting them regularly.
- Some family needs were better served using a virtual platform rather than a drop in engagement with them.
- There had also been an increase in young people engaging virtually with youth services. The virtual engagement arrangement was thought to be an area which the service would want to take forward in the 'New Normal'.

Questions and observations were made around the following areas:

- Members commented that virtual engagement should be an initiative that Safeguarding services should take forward and develop in the 'New Normal'.
- The Service Director, Children and Safeguarding advised that Care Leavers were being supported either by face to face or virtual contact in order to ascertain how they were feeling during the COVID-19 lockdown period. Practical support had been provided with shopping and food parcels. In addition, Care Leavers had been provided with laptops and if no access to the internet had been available they were provided with a Dongle for internet connection.
- Clarification was sought as to what recruitment arrangements had been put in place to increase the number of Social Workers to deal with a potential rise in safeguarding issues. Members were advised that there had been a rise in the recruitment of permanent Social Workers. In addition, some agency staff had been made permanent. Members were also informed that if the Authority required an increase in Social Workers, due to a rise in demand, they would need to recruit from agencies or other authorities. There may be a need to explore other solutions such as the use of General Practitioners specialising in children's health, however, the DfE would need to approve this approach.

## Education

The Service Director, Education, introduced the report and provided the following updated information:

- It was 'Thank a Teacher Day' and many staff were being recognised for all their hard work to provide educational support to children during the COVID-19 pandemic, especially to those vulnerable students.
- The Return to School Plan was in its recovery phase.
- Peterborough LEA and the Academy Trusts had maintained a strong collaborative relationship on methods to deliver education.
- It was anticipated that schools would reopen in early June 2020 starting with Early Years followed by Secondary and Special Schools. The reopening of schools was subject however, to the scientific evidence.

Questions and observations were made around the following areas:

- Members commented that some children were undertaking studies in important years and asked whether those that had experienced learning difficulties would need to repeat an academic year? The Service Director, Education advised Members that there had been no intention to repeat educational years for children experiencing learning difficulties, instead the education department would find ways for children to catch up. Education provision was being provided at home and laptops provided to support vulnerable children.
- Members complimented the Service Director, Education for providing Head Teachers with the option on when to open Peterborough schools and asked how many schools had planned to open once the Government announcements were made? Members were advised that the data in relation to which schools were due to reopen was being collated. No schools had reported that they would not open in June. The Education department had delivered PPE to schools to ensure that all the safety measures were in place. Children would only require PPE, where children had displayed symptoms and were waiting for a parent to collect them.
- The Service Director, Education advised that guidance was being sought from organisations such as BMA and SAGE to ensure the right approach was undertaken by the Local Authority for children and staff to return to school. It was anticipated that schools would reopen from 1 June 2020, however, it would not be enforced. Detailed guidance was expected from 28 May 2020 and following review of the information, the Authority would liaise with school leaders accordingly. Parents would be given a choice whether to send their child to school or not and there would also be no sanction imposed on a parent if they decided to keep their child away from school during the COVID-19 pandemic period.
- Co-opted Members complimented the Executive Director, Education in relation to the robust, clear and reliable guidance received by the LA in relation to schools opening and the COVID-19 pandemic. The quality and frequency of the advice and guidance to Head Teachers over the COVID-19 pandemic had been very good. School leaders had also appreciated the guidance received on how to provide virtual lessons and other learning platforms especially for key worker children and vulnerable children.
- Clarification was sought over whether there would be extra funding to provide schools with extra cleaning equipment during the COVID-19 pandemic period. Members were advised that there had been an Exceptional Circumstances Services Grant made available to schools, and the LA had provided advice on where to source the right cleaning materials. In addition, the Authority had requested further funding from the DfE.

- The infection risk in schools was very low. Guidance had been received that PPE should not be used where it was not necessary. There may however be a need for special schools to use PPE as some children had needs which required close contact.
- The Executive Director, Education advised Members that he had been attending regular meetings with the DfE and had liaised closely with the Academy Trusts and the Regional Schools Commissioner over the safe reopening of schools.
- Clarification was sought as to how the Authority would ensure that safe school transport would be provided for children living in rural areas during the COVID-19 pandemic period once schools reopened? Members were advised that there had been some requirement for secondary school Year 10 pupils to attend face to face support, as well as children of key workers and social distancing rules were being undertaken by bus drivers. This would continue when more children started returning to school. The LA would monitor the arrangements and adjust procedures appropriately during the COVID-10 pandemic period.
- LA schools had been given flexibility on how they could operate, which would be carried out in line with the guidance provided. Academy Trusts would operate within their own guidelines.
- Members sought reassurance that no child would go hungry as a result of the delay in the dispatch of the free school lunch voucher scheme and asked whether the issue had been resolved? Members were advised that there had been some initial technical issues experienced in the issuing of school lunch vouchers, in addition, there had been limited supermarkets operating the scheme. The LA had asked schools to explore other routes with regard to voucher distribution to parents. Advice had also been sought from the DfE. The system had since improved and schools were now able to escalate any issues directly to the LA.
- The LA and Academy Trusts had made appropriate support available to teachers, such as counselling through the Employee Assistance Programme. Schools were also operating rotas to ensure that teachers were receiving the appropriate rest periods during such a challenging time.
- Parents were required to make a declaration in relation to home schooling their child, however there had been no significant increase in requests during the COVID 19 period
- Schools had been given very clear guidance in relation to safety procedures and cleaning procedures should there be a suspected case of COVID-19 found in a school. A school would close should there be a need to.
- Peterborough had a pupil referral unit, the Richard Barns Academy that catered for alternative provision for those excluded pupils and there had been no financial issues. The financial difficulties outlined in the report referred to alternative provision in Cambridgeshire.
- Members commented that the current scientific evidence had suggested it was unlikely for a serious COVID-19 outbreak in a primary school. However, there would be no way of knowing whether a child was asymptomatic and whether this could be traced to avoid an outbreak in communities. Given the scientific evidence Members questioned how safe it would be for schools to reopen fully by the next full term. Members were advised that a track and trace system had been announced by the Government and it was expected that asymptomatic advice would be included in this. The LA would review the guidance thoroughly and liaise with school leaders to ensure the safety of children, teachers and communities.

## **ACTIONS AGREED**

The Joint Meeting of the Scrutiny Committees requested that the Service Director, Education provide Members with data in relation to the trend in home schooling children requests received from parents.

## **Coordination and Response Hub for Shielded and Vulnerable people**

The Service Director for Communities and Partnerships, introduced the report and provided the following updated information:

- The Hub covered Peterborough and Cambridgeshire and supported the most vulnerable people.
- There were around 5250 shielded people in Peterborough and the Authority were contacting these people to encourage them to register for the Hub support. The support shielded people were being offered ranged from shopping, food parcels, collection of medicines and household chores. So far 3000 had registered in Peterborough.
- Peterborough had been working with Cambridgeshire District and City Council partners to support local volunteer hub groups. Volunteers were stepping forward to support shielded people without being asked to.
- The Faith sector and Social Landlord partners had also been exemplary in helping those people the Authority had found challenging to reach.

Questions and observations were made around the following areas:

- The Service Director for Communities and Partnerships confirmed that the Authority was receiving triangulated data from a wide range of sources. The data was extensive and included those that needed to be shielded or not. The Authority had been keen to ensure that those people who needed to shield, knew how to contact the Authority and Members were encouraged to continue to advertise this support information on social media.
- Members commented that where they were able; they had referred people who required support to the Hub and complimented the Community Hub for all the incredible work they had undertaken to support those in need.
- Members asked how successful the operation of the Hub service had been since the update provided in the 26 April report. Members were informed that although there had been several weeks since the report was produced, there had been 4000 incoming calls and 7000 outbound calls made a week through the Hub. The feedback received had been positive and people were amazed by the range and type of support on offer to those who were shielding. The service aimed to ensure that all the positive features were sustained through partnership working, and that there would be an update report to highlight the tangible outcomes at a future Scrutiny meeting.

## **Communities and Partnerships**

The Service Director for Communities and Partnerships, introduced the report and provided the following updated information:

- Services were continuing and being adapted where necessary.
- CCTV services continued to operate 24/7
- Adult skills had adapted and provided online opportunities to 600 learners and 90% had engaged.
- A new learning and social interaction service had been developed through the City College, Cambridgeshire Libraries and Skills to offer other opportunities to those who were shielded.

Questions and observations were made around the following areas:



- Members asked whether services from the Enforcement team were sufficiently resourced to tackle issues such as bonfires, fly tipping, people breaking into play areas and problems with drugs. The Service Director for Communities and Partnerships advised that there had been several issues such as noise pollution and anti-social behaviour. There had however, been a good collaboration with services such as the police to tackle these issues and working collaboratively had been of great value.
- The Assistant Director Community Safety advised that there had been a rise in issues such as anti-social behaviour and fly tipping and the Enforcement team were working towards putting extra resources in place. The re-opening of the household recycling centre, the City and its car parks was also being considered.
- Several options were being explored to provide support to the community centres and Members would be advised of the action being taken in due course.
- Members referred to the rubbish that had been left behind from a recent traveller encampment which had since been dispersed and asked what prosecution action would be taken. Members were informed that as with all cases this issue was being investigated. The team were awaiting the conclusion of the investigation in order to prosecute. However, it was not always possible to pin the evidence on any particular individual. The team had worked hard to clear the site in question and put measures in place to stop the issue happening again.
- Members asked how the Citizens Advice (CA) service was coping during the COVID-19 crises especially as a result of the recent funding cuts. Members were informed that the CA were coping well with the new arrangements despite an increase in calls and had adapted to a new operating model introduced prior to the COVID-19 pandemic.

## **Public Health.**

The Director for Public Health, introduced the report and provided the following updated information:

- There were currently 371 COVID-19 cases confirmed in Peterborough and this was below the national average. The low number of cases were as a result of communities following the rules.
- Public Health specialists had been advising across many organisations and groups on the response to COVID-19 and analysing trends.
- The Public Health Service had also been providing support in relation to access to Personal Protective Equipment (PPE).
- The team was liaising with the Director of Customer Services and the Regional Public Health team on contact tracing and management of local outbreaks.

Questions and observations were made around the following areas:

- The Director for Public Health advised Members that the eligibility for PPE was defined by the national PPE plan and national guidance. The department also monitored what equipment was being ordered by organisations such as Care Homes and Funeral Directors to ensure that the correct equipment and quantities were being provided.
- It had been recognised that there was a concern in relation to the health of people's teeth during the COVID-19 lockdown period and the temporary closure of dental practices. Whilst some dental practices had closed, some dental staff had been redeployed to help with duties such as swab testing for COVID-19.
- Members noted that the Government had been exploring various ways of testing for COVID-19 and asked what the action plan was to implement the new option from Roche to test for

antibodies? Members were advised that there was a COVID-19 testing cell locally operated by the NHS. There were also different types of tests available as well as other testing facilities nationally. The turnaround time for ordering of tests and receiving results was also reasonably good and was being closely monitored. Although there had been limited information known by the LA about Roche tests, there had been rapid progress made in other antibody tests.

- Some Personal Protection Equipment could be reused and there was national guidance in place for hospitals to follow.
- There had been a national announcement to highlight COVID-19 infection hotspot areas using a track and trace method. Peterborough had been identified to undertake a testing role. The system was however still in the early stages of development.
- Advice on sharing smoking equipment had been provided as the risk of infection was high, and if someone was to touch cigarette remains there would be a risk of the COVID-19 infection being transmitted through saliva.
- Members asked what the trends had shown for Covid-19 deaths in Peterborough. Members were advised that as testing increased the trends would become more apparent and would need to be monitored closely. One trend had shown that there had been a peak in April 2020, but this was reducing.

## **AGREED ACTION**

The Joint Meeting of the Scrutiny Committees requested that the Director of Public health contact NHS England to establish what the latest recovery plan was in relation to the reopening of dental surgeries and provide this information to Members.

## **Place and Economy**

The Executive Director Place & Economy, introduced the report and provided the following updated information:

- The Household Recycling Centre recently reopened with social distancing and traffic measures introduced. The operation would be closely monitored to manage any issues should they arise.
- Guidance had been recently issued in relation to the management of open spaces and a task force had been set up to a review this including how retailers could reopen on 15 June 2020.
- The LA had been liaising the Combined Authority over the reallocation of road space for cycling and pedestrian links, which had been recently announced by the Government. Whilst the Combined Authority awaited the amount of funding allocation, it had been intended to start work quickly on schemes across Peterborough. Sustrans had been tasked to look at maintenance along the green wheel and identify where cycle and pedestrian markings could be placed or improved. Other measures being explored were cycle training, maintenance and parking, temporary school and street closures as well as options for remodelling Crescent Road Bridge to encourage a modal shift.

Questions and observations were made around the following areas:

- Members commented about the recent Government funding announced in relation to pedestrian and cycle route improvements and felt that the Combined Authority should also explore the reallocation of highways funding to implement the initiative. Members also sought assurances that the Combined Authority would allocate appropriate funding to ensure

Peterborough received what was needed for its improvement schemes. Members were informed that the Combined Authority was keen to support schemes across both Cambridge and Peterborough.

- The garden waste service had been adjusted to monthly collections to accommodate resources required for the black bin collections. However, discussions were being held to reinstate the normal collection cycle and this would be monitored closely.
- Members asked whether the Authority had applied for the New Towns Fund (NTF), especially in relation to COVID-19. Members were advised that the NTF was being explored to support delivery of the Authority's aspirations for the City Centre which included improved pedestrian links. One example included implementing improved pedestrian and cycle links between the Station Quarter and embankment where the new university site was proposed. Guidance on what the Government's expectations were in relation to city improvement schemes, would include advice on COVID-19. It was anticipated that the Authority's transformation plan would include support for businesses due to re-open within the City Centre.
- The Authority would work with bus operators and the Combined Authority to provide safe travel and enable appropriate social distancing for those who had no alternative but to use public transport. Support had also been provided to employment agencies to ensure safer journeys for those continuing to work and had no alternative mode of transport during the pandemic.
- Members commented that there were several streetlights that continued to burn during the day. Members were informed that this had been due to a base station fault. The issue had been resolved and the LA was liaising with the contractors to seek compensation following the fault.
- Members asked whether plans to reopen the City Centre would include a dedicated shopping hour for the shielded group in order to maintain the social distancing procedures implemented by supermarkets during the COVID-19 pandemic. Members were advised that the social distancing measures currently in place for those shielding would be included in discussions to re-open the city. It was the Authority's aim to encourage a safer return for everyone.
- Members asked whether there was any safety guidance available for citizens who wished to resume litter picking duties in the community. Members were informed that there was no specific guidance. Members were advised that there was no specific guidance, however, the Director for Public Health would look into it.

## **AGREED ACTION**

The Joint Meeting of the Scrutiny Committees requested that the Director of Public Health provide Members with safety guidance in relation to litter picking for volunteer groups who wished to restart this activity.

## **Customer and Digital Service**

The Director, Customer and Digital Services, introduced the report and provided the following updated information:

- Information Technology Support, Customer Services Centre, Communications and Emergency Planning Services continued to work on the COVID-19 response and recovery work.
- Work was being undertaken on contact tracing.

- Health and safety in Council offices were being risk assessed to ensure compliance in line with Government guidance for the safe return to work.

There were no questions raised on this section of the report.

## **Business Intelligence, Commercial, Strategic Projects, and Financial Improvement Programme**

The Director of Business Improvement and Development introduced the report however no questions were raised.

## **Resources**

The Acting Corporate Director Resources, introduced the report and provided the following updated information:

- Monthly financial returns had been submitted to the Ministry of Housing, Communities and Local Government (MHCLG) to highlight the recent LA funding pressures. Funding Pressures reported were in the region of £20.7m, however £11m had been received from (MHCLG).
- There had been 2358 rural and small grant applications to the business community and £28m worth of support had been provided to businesses within the Peterborough area.
- In addition, 1274 businesses had received national nondomestic rate support amounting to £65.5m in order to keep operating until the nation moved out of lockdown.
- Registration and Bereavement services continued to operate at full capacity.

Questions and observations were made around the following areas:

- Members sought assurance that the Central Government funding of £10.9m had been distributed across all work streams within the Council and whether the funding received had been sufficient? Clarification was also sought as to how much recovery funding had been applied for from MHCLG? Members were informed that the £20.7m returns submitted to the MHCLG had included recovery funding, however the figure could change depending on how the COVID-19 pandemic situation changed. The funding is allocated to the overall total – and so is still £10m below what the Council has submitted as being pressures.
- Members commented that the Authority seemed to be at a financial deficit and that many Chief Finance Officers were close to issuing a section 114 notice, which would close them down and asked what representations were being made on this issue? Members were advised that meetings were being held with Chief Officers and Directors of Finance along with the LGA to negotiate with HMCLG on the funding position. The monthly returns had provided the opportunity for the HMCLG to catch up with the financial position being experienced by Local Authorities nationally, such as NDR uncollected tax. It was hoped that the regular HMCLG return would set a new criteria for how future funding would be based.
- Fortnightly meetings were being held with HMCLG, various Treasurers' Societies and London Borough Treasurers and it was anticipated that funding estimates would change depending on how long the Lockdown continued. However, the figures were being assessed and would be presented to the Treasurer in order to obtain extra funding.

## **Governance**

The Director of Law and Governance, introduced the report and provided the following updated information:

- New powers had been introduced under the COVID-19 act to temporarily remove the legal requirement for Local Authorities to hold public meetings in person. This included the removal of the requirement to hold an Annual General Meeting and undertake a Mayor Making meeting. It was agreed with Group Leaders, that meetings would only be held if the business was of an urgent or time critical nature.
- Following the test of several virtual technology platforms, the Authority decided on the use of Zoom and a protocol had been developed. There had been several meetings held to date, such as the Planning and Environmental Protection Committee and Cabinet, which were being livestreamed through the Authority's YouTube channel.
- Extra meetings were being arranged to discuss COVID-19 related business as guided by the Centre of Public Scrutiny. These meetings would provide the opportunity for Members to discuss Peterborough's response to the pandemic. The guidance stated that only life and limb business issues for local people and communities, should be presented to Scrutiny meetings.
- Local Governance Association guidance was sent to all Members to advise on how to operate virtual meetings in relation to COVID-19 business and supplementary guidance which stated that meetings should last no longer than two hours.

Questions and observations were made around the following areas:

- Members raised concerns about the postponement of Full Council meetings and asked why there was an issue, given that Cambridgeshire County Council had continued with their Annual General Meeting and other meeting cycles virtually. The Director of Law and Governance explained that Cambridgeshire County Council operated a different decision making model to Peterborough and that it was possible for Peterborough to make decisions without the need to hold a Committee meeting, whereas the Cambridgeshire model had not.
- Members commented that they were being prevented from scrutinising decisions and asked when call-in meetings were likely to take place. Members were advised that the first round of Scrutiny meetings were not due to take place until July 2020. Currently the Authority's priority was to focus on COVID-19 issues and this business had taken precedence. It was however, anticipated that the Health Scrutiny Committee would be the first meeting to take place in July and items discussed would be COVID-19 related.
- Members commented that using the Chromebook or an iPhone to attend virtual meetings had been very limiting and asked whether equipment provision could be reviewed? Members were advised that IT equipment issues for virtual meetings would be reviewed
- Members commented that the meeting had been useful however very long. Members added that it would be appreciated if the various scrutiny meetings could meet on a virtual basis if possible. Members were informed that all comments would be taken on board and that the team would review what items of business were critical and advise accordingly.
- Members congratulated the Democratic Services team for their hard work in setting up virtual meetings to enable all Councillors to discuss the COVID-19 response and the support being provided to communities.

## **AGREED ACTIONS**

The Joint Meeting of the Scrutiny Committees requested that the Director of Law and Governance review equipment arrangements for those Members where it was notable that they were experiencing technical difficulties during virtual meetings, and particularly where there had been no alternative equipment option available to them.

At this point Councillors Barkham, Dowson and Goodwin, had left the meeting. Co-opted Member Parish Councillor Susie Lucas had also left the meeting.

## **RECOMMENDATION**

The Committee **RESOLVED** to note the report and made the following recommendations:

- I. The Committee recommended that full council meetings (virtual) should resume from July 2020 for urgent or time critical motions as agreed by Group Leaders; and
- II. That the Director of Public Health would explore the possibility of Peterborough joining the Department of Health's pilot study of mass testing for COVID 19.

The Chairman closed the meeting and thanked officers for all their hard work in supporting residents and communities during the COVID-19 pandemic period.

CHAIRMAN

The meeting began at 4:30PM and ended at 7:38PM

<b>HEALTH SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 4
<b>7 JULY 2020</b>	<b>PUBLIC REPORT</b>

Report of:	Caroline Walker, Chief Executive, North West Anglia NHS FT in collaboration with Cambridgeshire and Peterborough Clinical Commissioning Group, Herts Urgent Care, Lincs Community Health Services Jessica Bawden, Director of Primary Care, Medicines Optimisation & Out of Hospital Urgent Care Collaborative	
Contact Officer(s):	Ian Weller, Head of Urgent and Emergency Care, CCG	07506 138759

**PROPOSALS FOR THE RELOCATION OF THE URGENT TREATMENT CENTRE AND GP OUT OF HOURS SERVICE IN PETERBOROUGH**

**R E C O M M E N D A T I O N S**

It is recommended that the Health Scrutiny Committee:

1. Discuss the proposals within this paper and:
2. Endorse the proposals for public consultation (Attached at Appendix A) regarding the relocation of the Urgent Treatment Centre (UTC) in Peterborough from the City Care Centre to Peterborough City Hospital.

**1. ORIGIN OF REPORT**

- 1.1 The proposals contained within this report have been discussed with the Health Scrutiny Committee at several former meetings from January 2018. They were recently discussed at the Group Representatives meeting in May 2020 and a report was requested to be put before the committee. This report describes the intentions behind the proposals as well as proposals for public consultation for these proposals.

**2. PURPOSE AND REASON FOR REPORT**

- 2.1 The NHS Long Term Plan published 7<sup>th</sup> January 2019 describes five major changes to the NHS service model. Chapter 2 is related to the following.

**“The NHS will redesign and reduce pressure on emergency hospital services”**

In addition, the national principles and standards associated with Urgent Treatment Centres (UTCs) state that to improve patient flow through the system UTCs will operate as part of a networked model of urgent care, with referral pathways into emergency departments (ED) and specialist services as required. All facilities must have the offer of booked urgent appointments, accessed through NHS111, General Practice and the ambulance service. To meet both objectives effectively, which in practice will mean that access to the ED is via UTC referral only or via ambulance.

Providers from the North System Resilience Group (SRG) and their respective boards have agreed in principle to co-locate the UTC and Out of Hours (OOHs) services into a single acute

site service model. This will mean moving services from the City Care Centre on Thorpe Rd to the Peterborough City Hospital site at Bretton.

This is deemed to be a significant service change therefore the CCG is legally required to conduct a statutory Public Consultation. This paper sets out the rationale for the relocation and seeks approval to begin the formal 8-week consultation process.

- 2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:

3. Scrutiny of the NHS and NHS providers.

### **3. BACKGROUND AND KEY ISSUES**

- 3.1 As described above in order to meet national standards the proposals to be discussed are to relocate the UTC and the GP Out of Hours services from the City Care Centre on Thorpe Road to the Peterborough City Hospital site in Bretton, Peterborough to create a single point of access for urgent and emergency care service for the people of Peterborough.

#### **3.2 The Proposed Service Model**

There will be a single urgent and emergency care system in Peterborough, accessed through a single 'font door' based at the Peterborough City Hospital site in Bretton.

This will be a co-locating of existing services at this stage to ensure that the changes that need to be made can be done so before winter 2020 begins.

Staff will continue to be employed by their existing employers. All of the organisation involved have agreed to work collaboratively to make this a success. There will be some changes to work patterns and methods to ensure these changes are successful.

Previous engagement with staff through a series of workshops has highlighted that staff want to be part of an integrated urgent care service so that they can fully use their advanced skills and competencies within an acute environment as well as being able to develop further with the necessary acute training and supervision.

Patients will no longer have to make decisions for themselves about how serious their illness or injury is, there will be a single point of access for all of these services on one site.

- 3.3 The services to be relocated are:
- The Urgent treatment Centre (UTC) run by Lincs Community Health Services (LCHS)
  - The GP Out of Hours Service (GP OOHs) run by Herts Urgent Care (HUC)

This will allow for the full integration of emergency department minor presentations, the UTC and the GP OOHs to create a single urgent care pathway for patients.

This will operate 24 hours a day, 7 days a week for 365 days a year.

- 3.4 The service will be GP led but be a multi-disciplinary team. The scope of the service will cover a range of presentations, including minor injury and illness, diagnostic testing, and be available to both adults and children of any age. There will be a combination of pre-booked appointments and walk-in access. GP OOHs visits will be retained.

- 3.5 Access to the service will be through:
- Direct booking through NHS 111
  - Walk-in bookable appointments, this means that people who walk-in are given an appointment slot time, so they don't have to sit and wait for their appointment.

- 3.6 Streaming of patients will be undertaken at the 'front door' by trained clinicians, they will take a brief history and perform basic observations before directing the patient to the most appropriate



service.

There will be four streams available for walk-in presentations:

1. NHS 111, for onward booking for a Primary Care appointment, direction to another service, or for health advice. For these patients there will be a dedicated NHS 111 telephone they can use.
2. Integrated UTC, with either a pre-booked appointment slot, or immediate care.
3. Acute 'same day emergency care' (SDEC) this refers to the care and treatment of patients for whom admission to hospital would have been the default option in the absence of an SDEC service. Some presentations that may be suitable for SDEC service could be:
  - Low risk chest pain
  - Cellulitis - an infection caused by bacteria getting into the deeper layers of your skin.
  - Suspected deep vein thrombosis (DVT) - a blood clot that develops within a deep vein in the body, usually in the leg.
  - Suspected Pyelonephritis - a type of urinary tract infection that affects the kidneys.
  - Suspected pulmonary embolism - a blockage of an artery in the lungs by a substance that has moved from elsewhere in the body through the bloodstream.
4. Emergency Department for the most serious illnesses and injuries.

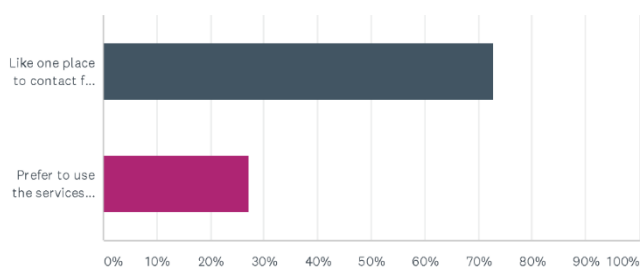
#### 4. CONSULTATION

4.1 In Sept to December 2019 the CGG had a BIG conversation with people of Peterborough and Cambridgeshire. This was not a consultation but had a great response from the public and gave us a good indication of what the public want from future health services.

One of the questions asked in the BIG conversation directly relates to these proposals. The question and the responses we received are given below:

Q9 When you feel unwell, but it is not an emergency, and you need to see someone to talk about it, would you:

Answered: 5,646 Skipped: 86



ANSWER CHOICES	RESPONSES	
Like one place to contact for advice and treatment which can book you an urgent appointment with the right service, within two days or sooner if need be	72.85%	4,113
Prefer to use the services you know are available and see how quickly you can be seen, such as A&E, Minor Injury Units, Urgent Care Centres, GP out of hours or GP urgent appointments	27.15%	1,533
<b>TOTAL</b>		<b>5,646</b>

Fig 10. Question nine graph exported from SurveyMonkey

People told us that they are often confused by the range of services. They sometimes aren't in

a position to decide what is and isn't an emergency. When a person you care about needs help or is in pain then it can feel like an emergency, and you take them to where you know they will get help.

- 4.2 It is proposed that the CCG will undertake an eight-week consultation on these proposals from 4 August to 29 September 2020. The CCG has developed a consultation process plan which is attached as Appendix A.

Consideration has been given to the fact that COVID-19 restrictions may mean that public meetings to discuss the proposals will not be possible. The CCG intends to use social media and the use of online meetings to ensure that the people of Peterborough have a chance to have their say and ask any questions regarding these proposals. The CCG and the Trust has excellent engagement through social media but will work with partners to ensure that those who access communications in different ways will be able to do so.

- 4.3 Consultation and engagement with staff will be a key element of the consultation process. This relocation will bring together a range of staff from across different organisations to work together in different ways. It is important that staff have an opportunity to share their views and raise any issues before the proposals are agreed.

## **5. APPENDICES**

- 5.1 Appendix A – Consultation Process Plan

**WORKING DOCUMENT**

**Consultation Process Plan**

**Urgent Treatment Centre Peterborough and GP Out of Hours  
Peterborough base relocation proposal**

**Proposed consultation 4 August to 29 September 2020**

**V2**

**Jane Coulson**

## Background

### Why are we consulting now?

## Process

### Pre-consultation

Cambridgeshire and Peterborough CCG will:

- Use the feedback received from the BIG conversation to inform the direction for this relocation move.
- Use the Citizen's Panel feedback on Urgent and Emergency care gathered by Healthwatch as part of the BIG conversation to inform the direction for this relocation.
- Prepare a full and comprehensive consultation document that explains the programme and the options for consultation in clear plain English.
- Translate a summary consultation documents into key community languages, if requested
- Prepare text rich and plain text versions of all of the consultation documents for people with sensory disabilities to download.
- Prepare an Easi-read document for people who prefer to read with pictures and easy text.
- Ensure that drafts of the full consultation documents and questions for consultations are shared with the following groups:
  - UEC collaborative
  - CCG Governing Body
  - Health Scrutiny Committees from Cambridgeshire, Peterborough, Northamptonshire, Hertfordshire and Lincolnshire
  - The CCG Patient Reference Group (PRG)
  - Healthwatch organisations from Cambridgeshire, Peterborough, Northamptonshire and Hertfordshire.
- Ensure that the final consultation document reflects feedback from these groups.

### Consultation

Cambridgeshire and Peterborough CCG will:

- Have copies of the consultation documentation available on the website from the first day of the consultation and throughout the consultation.
- Have rich text versions of the documentation on the CCG website as close to the start of the consultation as possible.
- Distribute these documents via email to:
  - GP practices
  - Pharmacies

- Stakeholder database
  - MPs
  - Local Medical Committee
  - Local Pharmaceutical Committee
  - Peterborough Council for Voluntary Services
  - Health Scrutiny Committees, Cambridgeshire, Peterborough, Hertfordshire, Northamptonshire,
  - Health and Wellbeing Boards, Cambridgeshire, Peterborough, Hertfordshire, Northamptonshire,
  - CCG Patient Reference Group
  - Patient Forum Groups
  - Healthwatch organisations, Peterborough and Cambridgeshire, Northamptonshire, Hertfordshire,
  - Cambridgeshire Community Services NHS Trust
  - Cambridge University Hospitals NHS Foundation Trust
  - Cambridgeshire and Peterborough NHS Foundation Trust
  - East of England Ambulance Service NHS Trust
  - North West Anglia NHS Foundation Trust
  - Royal Papworth NHS Foundation Trust
  - Queen Elizabeth Hospital NHS Trust
  - Unions
  - NHS England/Improvement Area Team
  - Police
  - Fire
  - Urgent Care Cambridgeshire
  - Herts Urgent Care
  - Lincolnshire Community Health Services NHS Trust
  - North Cambridgeshire Hospital, Wisbech MIU
  - Princess of Wales Hospital, Ely MIU
  - Doddington Community Hospital MIU
  - St. Neots Walk-in Centre
  - Cambridgeshire and Peterborough Combined Authority
  - Brookfield
- Send media release to all local media outlets at the start of the consultation and at strategic points in the consultation to ensure widespread media coverage.
  - Use Facebook and Twitter, and other social media resources to raise awareness of the consultation. This will be a key component of this consultation. We will use targeted Facebook local groups to ensure that people from across the whole of Peterborough are aware of the consultation and have an opportunity to share their views.
  - Ensure that translations are made available on request in key community languages.
  - Ensure that all translations are available on the CCG website when requested.
  - Ensure that all responses received in other languages are translated into English and included in the response reports.
  - Log all calls received with regard to the consultation
  - Collate all letters and emails received as part of the consultation
  - Ensure that all virtual meetings are recorded.
  - Attend meetings with the following key stakeholder groups during consultation:
    - Health Scrutiny Committees in Cambridgeshire, Peterborough

- Health Scrutiny Committees in Northamptonshire and Hertfordshire on request.
- Healthwatch Cambridgeshire and Peterborough
- CCG Patient Reference Group
- Health and Wellbeing Boards in Cambridgeshire, Peterborough, Northamptonshire, Hertfordshire and Norfolk (on request).

## **Post Consultation**

A report to be produced on the consultation responses

Cambridgeshire and Peterborough CCG Governing Body will review report and findings before making its decision.

Press release on the outcome of the consultation

Feedback to staff via email, staff briefings and iConnect

Feedback to members via, Members news and Members email

## Legal requirements

The consultation documents will be drawn up in accordance with following legal requirements and guidance:

### **Cabinet Office Consultation Principles July 2012**

This guidance sets out the principles that Government departments and other public bodies should adopt for engaging stakeholders when developing policy and legislation. It replaces the Code of Practice on Consultation issued in July 2008. The governing principle is proportionality of the type and scale of consultation to the potential impacts of the proposal or decision being taken, and thought should be given to achieving real engagement rather than merely following bureaucratic process. Consultation forms part of wider engagement and decisions on whether and how to consult should in part depend on the wider scheme of engagement.

Policy makers should bear in mind the Civil Service Reform principles of open policy making throughout the process and not just at set points of consultation, and should use real discussion with affected parties and experts as well as the expertise of civil service learning to make well informed decisions. Modern communications technologies enable policy makers to engage in such discussions more quickly and in a more targeted way than before, and mean that the traditional written consultation is not always the best way of getting those who know most and care most about a particular issue to engage in fruitful dialogue.

The full consultation principles document can be accessed via the Cabinet Office website at:

<https://www.gov.uk/government/publications/consultation-principles-guidance>

### **Section 14Z2 Health and Social Care Act 2012**

14Z2 Public involvement and consultation by clinical commissioning groups

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—

(a) in the planning of the commissioning arrangements by the group,

(b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

(c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

(3) The clinical commissioning group must include in its constitution—

(a) a description of the arrangements made by it under subsection (2), and

(b) a statement of the principles which it will follow in implementing those arrangements.

(4) The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.

(5) A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).

(6) The reference in subsection (2) (b) to the delivery of services is a reference to their delivery at the point when they are received by users.

For more on the Section 14Z2 Health and Social Care Act 2012 see <http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted>

### **Criteria for Significant Service Change**

In May 2010, the Secretary of State for Health, Andrew Lansley, set four new tests that must be met before there can be any major changes to NHS Services:

1. Support from GP commissioners
2. Strengthened public and patient engagement
3. Clarity on the clinical evidence base
4. Consistency with current and prospective patient choice

### **CCG Constitution Section 5.2.**

5.2. General Duties - in discharging its functions the NHS C& P CCG will:

5.2.1. Make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:

a) ensuring that individuals to whom the services are being or may be provided are involved:

- (i) in the planning of the CCG's commissioning arrangements;
- (ii) in the development and consideration of the proposals by the CCG for changes in commission arrangements;
- (iii) in the decisions of the CCG affecting the operation of commissioning arrangements, where the decisions would, if made, impact on the manner in which the services are delivered to the individuals or the range of health services available to them;

b) in order to understand the views of patients and the public and to disseminate relevant information to them, establishing and working closely with:

- (i) a Patient Reference Group which is constituted as a subcommittee of the Governing Body in accordance with this Constitution;
- (ii) Local Commissioning Groups which are constituted as subcommittees of the Governing Body in accordance with this Constitution;
- (iii) the Patient Safety and Quality Committee which is constituted as a subcommittee of the Governing Body and considers patient experience, complaints and feedback;
- (iv) Patient Participation Groups which will seek the views of local populations and assist with the dissemination of information, and representatives of which will sit on each Local Commissioning Group's patient forum;



c) in order to understand the views of patients and the public and to disseminate relevant information to them, ensuring regular liaison and the development of close working relationships with each of the following bodies:

- (i) Patient Forums, which are intended to give individuals the opportunity to raise questions or concerns about the provision of healthcare services at the wider county level;
- (ii) Healthwatch, which gathers views of local people on local health services;
- (iii) Health Overview and Scrutiny Committees which review the planning, commissioning and delivery of health services;
- (iv) Health and Wellbeing Boards, each of which is a group of key leaders representing health and care organisations who work together to understand what their local communities need from health and care services and to agree priorities;

d) publishing a Communications Membership and Engagement Strategy, approved by its Governing Body and regularly revised to take into account any new guidance published by NHS England, which will be designed to ensure that the CCG involves patients and the public by a range of means that are suitable to different aspects of its commissioning arrangements, those means to include as appropriate:

- (i) the publication of documents to disseminate relevant information about the commissioning arrangements;
- (ii) regular attendance at key meetings, forums and events for the purpose of listening to the views of patients and the public, providing information about and explaining actions being taken or considered by the CCG, and answering questions;
- (iii) the dissemination of information by means of the CCG website, emails, newsletters targeted at specific groups, media campaigns, advertising, and targeted engagement events;
- (iv) the provision of an opportunity for patients and the public to make their views known via the CCG website, emails and other suitable means;
- (v) the publication of consultation documents in relation to certain planning and commissioning activities, and the creation of specific engagement opportunities such as the use of public surveys and feedback forms;

e) in the implementation of the arrangements described above, acting consistently with the following principles:

- (i) ensuring that appropriate time is allowed for the planning of activities and commissioning arrangements;
- (ii) proactively seeking engagement with the communities which experience the greatest health inequalities and poorest health outcomes;
- (iii) commencing patient and public involvement as early as possible and allowing appropriate time for it;
- (iv) using plain language, and sharing information as openly as is reasonably practicable;
- (v) treating with equality and respect all patients and members of the public who wish to express views;
- (vi) carefully listening to, considering and having due regard to all such views;
- (vii) providing clear feedback on the results of patient and public involvement.

You can read more about the CCG's duties to engage and consult in section 5.2 of the CCG's Constitution

<http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/CPCT/Corporate%20documents/CCG%20Constitution.pdf>

### **NHS Accessible Information Standards.**

The NHS Accessible Information Standards ensure clearer health and care information for disabled people and their carers.

The Accessible Information Standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with services. Examples of the types of support that might be required include large print, plain text copy on websites, braille or using a British Sign Language (BSL) interpreter.

All organisations that provide NHS care or adult social care are required to follow the new standard, including NHS Trusts and Foundation Trusts, and GP practices. As part of the accessible information standard, NHS organisations must do five things:

- Ask people if they have any information or communication needs, and find out how to meet their needs.
- Record those needs clearly and in a set way.
- Highlight or 'flag' the person's file or notes so it is clear that they have information or communication needs and how those needs should be met.
- Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
- Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

The Accessible Information Standard came into effect in July 2016

<b>HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 5</b>
<b>7 JULY 2020</b>	<b>PUBLIC REPORT</b>

Report of:	NHS England and NHS Improvement – East of England	
Contact Officer(s):	David Barter – Head of Commissioning, NHS England and NHS Improvement – East of England	Tel. 07595875463

<b>NHS ENGLAND AND NHS IMPROVEMENT – EAST OF ENGLAND RESPONSE TO COVID-19 AND THE DELIVERY OF NHS DENTAL SERVICES IN PETERBOROUGH</b>
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<b>R E C O M M E N D A T I O N S</b>
It is recommended that the Health Scrutiny Committee note the contents of this report for information.

**1. ORIGIN OF REPORT**

1.1 The report is being presented at the request of the Health Scrutiny Committee.

**2. PURPOSE AND REASON FOR REPORT**

2.1 This report has been produced at the request of the Health Scrutiny Committee.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:

3. Scrutiny of the NHS and NHS providers.

**4. BACKGROUND AND KEY ISSUES**

4.1 **The Committee has asked for an update regarding the impact of the COVID-19 emergency on the delivery of dental services in the Peterborough area and what provisions have been put in place and the recovery plan.**

Following the Prime Minister’s announcement on 25 March 2020, in relation to implementing social distancing measures to slow down the spread of COVID-19, the Committee will be aware that all non-urgent face to face dental activity was stopped.

In response to this directive and in conjunction with Public Health, NHS England and Improvement made a number of necessary changes to the delivery of dental services in the East of England region.

Across every NHS region local Urgent Dental Care (UDC) systems were created to provide care for people with urgent dental problems.

These hubs were established to meet the distinct needs of people with the following urgent dental care needs:

1. Those who are possible or confirmed COVID-19 patients – including patients with symptoms, or those living in their household.

2. Those who are 'shielded', as being at most-significant risk from COVID-19.
3. Those who are vulnerable/at increased risk from COVID-19.
4. Any other people who do not fit one of the above categories.

Two Urgent Dental Care centres were put in place in Peterborough, as a response to the initial restrictions, 55 referrals were made.

During this period NHS England and NHS Improvement – East of England did not receive any complaints from dental patients in Peterborough, nor were we made aware that any complaints were made to any other relevant authority.

All Dental Practices with an NHS contract were expected during the initial restrictions, to offer advice, analgesics and antibiotics (3As) to any patients who presented to them in need of urgent dental care.

Further to the latest publication from the Office of the Chief Dental Officer, all dental practices were able re-open from 8 June 2020, providing they met the safety standards set by Public Health England and NHS England and Improvement.

Whilst there are social distancing and Infection, Prevention and Control (IPC) measures in place, NHS England and NHS Improvement did not expect all NHS practices to open providing a full range of services from 8 June 2020. The Chief Dental Officer for England has set out that:

*'We are asking that all dental practices commence opening from Monday 8 June for all face to face care, where practices assess that they have the necessary IPC and PPE requirements in place.*

*Our advice is that the sequencing and scheduling of patients for treatment as services resume should take into account:*

- *the urgency of needs*
- *the particular unmet needs of vulnerable groups*
- *available capacity to undertake activity*

*Progression to resumption of the full range of routine dental care will be risk-managed by the individual practice and can include aerosol-generating procedures (AGPs), subject to following the necessary IPC and PPE requirements. Dental practices should also take steps to risk assess their workforce and take commensurate actions.*

*There also remains a need to be able to respond to any local or national re-imposition of public health measures should they arise."*

## 4.2 **Number of practices providing face to face services in Peterborough**

There are 15 NHS Dental Surgeries starting to provide face to face services and 1 offering advice, analgesics and antibiotics (3As) in Peterborough. These surgeries will support the 2 Urgent Dental Care centres put in place as a response to the initial restrictions. All surgeries will as a minimum be providing remote telephone triage, assessment, pain relief and prescription. If a practice is open for face to face contact, during this phase, NHS England and NHS Improvement – East of England expect, that if they have capacity, they should offer to see any patient within their NHS contract, if this is clinically indicated.

These practices that have confirmed their intention to be open from Monday 8 June 2020 (not necessarily all will be open on the 8th June) providing urgent care to priority patients (following clinical triage). These practices will provide either Non-Aerosol Generating Procedures (AGPs) only or Non AGPs and AGPs

### 4.2.1 **Non-Aerosol Generating Procedures include (AGP)**

- Examinations;
- Handscaling with suction;
- Simple extractions;
- Removal of caries (tooth decay) using hand excavation.
- Using slow-speed handpiece with high volume suction.
- Local Anaesthesia.

#### 4.2.2 **AGP procedures include:**

All other procedures utilising ultrasonic scalers, high speed drills with associated water spray etc.

In addition, we have engaged some of these practices to provide urgent oral surgery procedures and some urgent orthodontic procedures.

NHS England and NHS Improvement – East of England acknowledges that the suspension of primary care dental services has had an impact on patient’s ability to receive dental care. We are working closely with providers and other stakeholders to achieve the resumption of safe and effective services. This will be done in a manner that takes into account limiting factors such as the availability of PPE, shielding patients, BAME members of the workforce and the need for fallow time between appointments to allow the venting and cleaning of surgeries.

The number of dental practices open at any one time will be subject to change due to a range of factors, ensuring the safety of patients, the public and dental practice staff remains paramount.

To access these services patients are being advised to contact their regular NHS dentist. If they do not have a regular dentist, they can contact any local NHS dental surgery using the NHS Website <https://www.nhs.uk/using-the-nhs/nhs-services/dentists/> or they can contact NHS 111 <https://111.nhs.uk/> who will direct them to the appropriate service.

## 5. **CONSULTATION**

5.1 N/A

## 6. **ANTICIPATED OUTCOMES OR IMPACT**

6.1 By being kept up to date with the latest situation regarding the provision of dental services the Health Scrutiny Committee will be able to question officers about the impact of Covid-19 on the delivery of NHS primary care dental services in Peterborough.

## 7. **REASON FOR THE RECOMMENDATION**

7.1 To keep the Health Scrutiny Committee up to date on the latest situation in relation to Covid-19 and the action taken by NHS England and NHS Improvement – East of England in response to the emergency.

## 8. **ALTERNATIVE OPTIONS CONSIDERED**

8.1 N/A

## 9. **IMPLICATIONS**

### **Financial Implications**

9.1 N/A

### **Legal Implications**

9.2 N/A

**10. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 [General Dental Council - COVID-19: latest guidance for England](#)

**11. APPENDICES**

11.1 None