

**MINUTES OF THE HEALTH SCRUTINY COMMITTEE MEETING  
HELD AT 7.00PM, ON  
MONDAY, 21 SEPTEMBER 2020  
VIRTUAL MEETING: PETERBOROUGH CITY COUNCIL'S YOUTUBE PAGE**

**Committee Members Present:** Councillors K Aitken (Chairman), A Ali, S Barkham, C Burbage, S Hemraj, B Rush, N Sandford, N Simons, S Warren.

**Officers Present:** Dr Liz Robin, Director of Public Health  
Paulina Ford, Senior Democratic Services Officer  
Karen Dunleavy, Democratic Services Officer  
Rachel Edwards, Head of Constitutional Services  
Daniel Kalley, Senior Democratic Services Officer

**Also Present:** Jessica Bawden- Director of Primary Care, Medicine Optimisation and Out of Hospital Urgent Care Collaborative, Cambridgeshire and Peterborough CMP and CCG  
Caroline Walker - Chief Executive North West Anglia NHS Foundation Trust (NWAFT)  
Jan Thomas, Accountable Officer, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)  
Marek Zamborsky, Head of Mental Health Commissioning, Cambridgeshire and Peterborough CCG  
Susan Mahmood, Representing Healthwatch

**7. APOLOGIES FOR ABSENCE**

No apologies for absence were received.

**8. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS**

Agenda item 6, Interim Report on The Relocation of The Proposals to Relocate the Urgent Treatment Centre and GP Out of Hours Service Peterborough.

A declaration of interest was received from Councillor Hemraj who advised that she worked for North West Anglia NHS Foundation Trust (NWAFT) and would therefore not participate in agenda item 6.

There were no other declarations of interests or whipping declarations received.

**9. MINUTES OF HEALTH SCRUTINY MEETING HELD ON 7 JULY 2020**

The minutes of the Health Scrutiny Committee meeting held on 7 July 2020 were agreed as a true and accurate record of the meeting.

**9.1 MINUTES OF THE JOINT SCRUTINY COMMITTEE MEETING HELD ON 2 JULY 2020**

The minutes of the Joint Scrutiny Committee meeting held on 2 July 2020 were agreed as a true and accurate record of the meeting.

**9.2 MINUTES OF THE JOINT SCRUTINY COMMITTEE MEETING HELD ON 22 JULY 2020**

The minutes of the Joint Scrutiny Committee meeting held on 22 July 2020 were agreed as a true and accurate record of the meeting.

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

There were no call-ins received at this meeting.

**11. APPOINTMENT OF CO-OPTED MEMBER**

The Health Scrutiny Committee received a report in relation to the appointment of a Co-opted Member in accordance with the Council's Constitution Part 3, Section 4 – Overview and Scrutiny Functions.

The purpose of the report was to seek approval from the committee to appoint Parish Councillor June Bull as a non-voting Co-opted Member to represent the rural communities for the municipal year 2020/2021.

The Senior Democratic Services Officer introduced the report and explained that the Parish Council Co-opted Member had been put forward by the Parish Council Liaison Committee and that the appointment would be reviewed annually.

The Committee agreed unanimously to the appointment of Parish Councillor June Bull as a non-voting Co-opted Member for the municipal year 2020/21. Parish Councillor June Bull was not in attendance at the meeting and had submitted her apologies in the event that her appointment was confirmed.

**ACTIONS AGREED**

The Health Scrutiny Committee considered the report and **RESOLVED** to appoint Parish Councillor June Bull as a non-voting co-opted member to represent the rural communities for the municipal year 2020/2021. The appointment would be reviewed annually at the beginning of the next municipal year.

Councillor Hemraj left the meeting at this point.

**12. INTERIM REPORT OF THE PROPOSALS TO RELOCATE THE URGENT TREATMENT CENTRE AND GP OUT OF HOURS SERVICE PETERBOROUGH**

The report was introduced by the Director of Primary Care, Medicine Optimisation and Out of Hospital Urgent Care Collaborative, Cambridgeshire and Peterborough CMP and CCG. The purpose of the report was to provide information and updates on the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) consultation on proposals to relocate the Urgent Treatment Centre and GP Out of Hours Services from the City Care Centre Thorpe Road to the Peterborough City Hospital site. The consultation was due to end on 30 September 2020.

The Committee were informed that 688 completed responses had been received up to 7 September with 1,360 viewings recorded on the website and two public meetings had

taken place.

Feedback so far had shown that less people had wanted to relocate the services to the City Hospital at this time compared to feedback received at the end of 2019 when the majority of people had indicated that one single point of access would be better. Key concerns included parking at the City Hospital site and issues around Covid-19 and attending hospital sites. People supporting the move wanted to see the services integrated and felt it would reduce waiting times.

The Chief Executive NWAFT, advised that there was currently ample parking on site and 112 additional car parking spaces had been added prior to the COVID-19 pandemic. The concerns around parking and the introduction of the Green Travel Plan had been addressed in the report. Whilst people had expressed caution about visiting the hospital, visits were up to near normal levels. The site had been reconfigured and COVID-19 patients were segregated to minimise the risk. There were currently 1021 beds in use of which only four were occupied by confirmed COVID-19 patients.

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

- Members noted that the results from the consultation to date had indicated that 60% of those responding did not agree with the proposals, 29% of respondents agreed with the proposals and 11% were unsure. Members sought clarification as to what percentage of respondents would be required for the decision to be taken to not go ahead with the proposal. Members were advised that it was important that people's concerns were understood in order to address them however this was a consultation rather than a referendum and there was no trigger point for the move to be halted.
- It was important that people understood that the NHS was open for business and hospitals could be visited safely.
- Members wanted to know if the decision had already been taken to relocate to the hospital site. The Director of Primary Care advised that the outcome of the consultation and the decision would need to be passed through the Governing Body who would look for clarification that the move fitted the needs of the public. Members were asked to encourage their constituents to respond to the consultation.
- Members requested to see the hospitals Green Travel Plan which had not yet been introduced but was relevant to the report. Whilst not all issues were related to car parking, other elements such as congestion were of concern. Members were informed that the draft Green Travel Plan had been on the NWAFT website for some months. Due to the pandemic, the staff consultation regarding not bringing cars to site had not gone ahead.
- Some services would remain at the Thorpe Road site after the relocation to avoid the building being empty. GP Out of Hours and the Urgent Treatment Centre would be moving to the hospital site however community integrated services would remain and there were plans to utilise the building for other planned services.
- The representative from Healthwatch commented that public feedback had indicated that people still wanted to be able to walk in and be seen. They had not appreciated the relevance of the 111 service within the relocation plans and that they would have to call 111 and book an appointment. The Director of Primary Care advised that the 111 service would be promoted as part of the Winter Campaign however the appointment system was not yet operational.
- Members disagreed that there was sufficient car parking available on the hospital site and reported that some nearby streets in Bretton were being used as an overspill car park by hospital causing disruption to local residents in accessing their drives.
- It was acknowledged that there were also parking issues at the Thorpe Road site.
- Members commented that at times there could be one-hour delays in accessing the hospital site from the A47 and 45-minute delays when trying to leave the site to re-

join the highway. The Chief Executive NWAFT acknowledged there was occasional congestion causing delays and that encouraging staff not to bring their cars to the hospital site was part of the Green Travel Plan. Enquiries were also being undertaken into securing a second access to the site which, whilst not a short-term solution, would ease congestion. Consideration was also being given to staggering staff start times and these measures collectively would contribute to the overall parking availability.

- Park and Rides Services had been suggested by hospital staff; however no suitable sites had been identified from which to operate the service although this would continue to be considered.
- Numbers 2, 3 and 4 buses currently served the hospital. Members were concerned that some patients would need to take more than one bus to reach the hospital.
- Currently patients visiting the Thorpe Road site may find that they have to be redirected to A & E resulting in an increase in the number of journeys.
- Members commented that the Health Scrutiny Committee had suggested an appointment service and front of house triage at the hospital for many years which they felt would reduce the pressure on A & E.
- Members expressed concern that patients would have to be triaged outside during the autumn and winter due to the introduction of social distancing measures. Members were informed that once the 111 appointment service was implemented there would be less unplanned visits and therefore less queuing in an unplanned way.
- Reconfiguration at the hospital site would start soon to accommodate the Urgent Treatment Centre (UTC) patients. Some of this work would start immediately to facilitate the winter and COVID segregation with the remaining work to be undertaken when the decision had been taken.

## **ACTIONS AGREED**

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

1. Note and comment on the interim report on the consultation around proposals to relocate the Urgent Treatment Centre and GP Out of Hours Services from the City Care Centre Thorpe Road to the Peterborough City Hospital site, and
2. Requested that the Chief Executive NWAFT present the draft version of the Green Travel Plan to the next committee meeting in November.

Cllr Hemraj re-joined the meeting.

## **13. INNOVATE AND COLLABORATIVE WORKING IN LIGHT OF COVID-19**

The Accountable Officer, Cambridgeshire and Peterborough CCG introduced the report accompanied by the Head of Mental Health Commissioning, Cambridgeshire and Peterborough CCG. The report provided the Health Scrutiny Committee the opportunity to discuss the innovations and collaborative work that had been developed during the COVID-19 pandemic and the recovery planning work undertaken to date.

COVID-19 had proved a very difficult time which would continue over the coming months however there remained the opportunity to drive changes in health and social care. There had been a huge amount of collaboration across hospitals and social care which had been unprecedented and extremely good.

Much work had been carried out with care homes and primary care to ensure services continued which included providing technical equipment into primary care to facilitate virtual services and keep health care accessible to those in need. It had also been necessary to ensure there remained sufficient coverage for the most vulnerable groups.

The co-operative work would continue and would help face the challenges that Winter would bring, specifically ensuring that there were sufficient supplies of flu vaccines and responding to any changes in the COVID-19 situation.

The Head of Mental Health Commissioning, Cambridgeshire and Peterborough CCG addressed the Committee and praised the cooperation between NHS and Social Care colleagues during this difficult time and said he felt proud to be working for the NHS.

The number of people accessing mental health and learning difficulties support had fallen during the pandemic and it was a challenge to regain control of the situation. The stress the pandemic had exerted on the local population had also increased the need for additional mental health services.

The Mental Health Exemplar for Peterborough had enabled a substantial investment of £2m to be secured prior to the COVID-19 outbreak which would enable the Community Mental Health provision to be transformed. The transformation had to be halted as a result of COVID-19 but had re-started in the Summer. Engagement with the grass roots communities in Peterborough illustrated how the pandemic had encouraged us to listen to the local population and modify the response to our services accordingly.

Access to mental health services for rough sleepers had also been supported in conjunction with advice on using the Mental Health Crisis help line via 111 option 2. Training had been provided for associated support agencies.

There had been a national increase in the mortality rates of people with learning disabilities however there had been no significant increase locally in the number of reported deaths. This was testament to the collaborative working between health and social care professionals who had continued to provide a comprehensive level of support.

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

- *Section 4.3.4 Recovery plan for primary care. Maintain use of electronic prescribing in all practices.* Members were concerned that patients would still have to go to their pharmacy to pick up a prescription and asked if the CCG had looked at the frequency of repeat prescriptions to reduce the number of time patients would have to visit pharmacies. During the pandemic it would reduce the load on the pharmacy and also reduce contact within the community. Members were informed that during the earlier part of the pandemic restrictions on one month repeat prescriptions had been relaxed however normal service had now resumed although the decision was likely to be reconsidered in the event of a second wave.
- Members were concerned, that with the winter pressures on hospital beds, patients would be discharged from hospital into care homes without having a COVID-19 test.
- Members expressed concern that agency care workers who moved between different care homes could easily spread the virus and wanted to know how the CCG would address this. Members were advised that the commissioning of care home workers sat with the local authority. The infection prevention and control work undertaken was however being supported by the CCG. The Local Authority had received Infection Prevention and Control funding from central government which would ensure care workers would be paid if they were unable to work due to testing positive for COVID-19.
- Laboratory testing capacity had been an issue. Test facilities were shared across the country and it was not easy to increase capacity at a local level and whilst representation was being made to the Department of Health, the situation was not expected to improve quickly. The CCG had continued to meet the expectations on testing and were pushing for more Pillar Two testing.
- Due to the current testing limitations, the Director for Public Health confirmed that

tests should only be given to those displaying symptoms. Those who had been in contact with a positive COVID-19 case should self-isolate rather than take a precautionary test.

- Additional testing had been undertaken in homes for other vulnerable groups although this was difficult to maintain given the current testing limitations.
- Work continued to develop on the recovery plan and to bring the level of care back to where it had been last year. Nationally the service needed to be prepared but there had to be a balance between the way services could continue and what could be done differently. It was important that patients who reported symptoms had access to the health care they needed.
- Members commented that stress levels within the community were high as a result of possible redundancies, furlough conditions, the approaching winter and financial constraints, all of which could impact mental health in the long term.
- Members were aware that additional funding of £50,000 had been made available to expand the Crisis Team for another 3-6 months however there were concerns over what would happen when this funding had been used. The Head of Mental Health Commissioning advised Members that there was a Mental Health Investment Standard that was protected, regardless of the CCGs financial situation. The budget allocated by the CCG to mental health for this year was £6m which would be distributed across a variety of mental health services, such as prescribing of medication, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) services and voluntary sector services. The additional £50,000 had been allocated in response to the COVID-19 need. COVID-19 had caused a doubling of depression and anxiety within the local population however the funding available could only go so far in meeting these needs.
- The Accountable Officer, Cambridgeshire and Peterborough CCG advised that information on funding available for this financial year had been received the previous week and was still being analysed. There were concerns over building in additional costs now which could then not be met in the following years.
- Members were concerned that there would not be sufficient staff available to provide the mental health services needed. Members were advised that the CCG were making sure that staff were being supported and at the same time making maximum use of existing staff. There was a recruitment plan in place to maintain sufficient staffing levels throughout the year to cover business as usual. There were however examples of innovative practice such as the use of the many trained registered psychological therapists already working in the community. However, at this time having the correct number of staff to support the mental health of the local population was a significant risk and could not be fully mitigated at this time.
- Members commented that some GP practices had withdrawn the facility to make electronic appointments and it was suggested that GPs could be using COVID-19 to introduce more restrictive practices. Members were advised that initially in April there had been a reduction in the requests for GP appointments and much work had been carried out to encourage patients to contact their GPs when necessary. Nationally a telephone triage system was being carried out first before an appointment was made which made electronic bookings more difficult, particularly as requests had resumed to pre-COVID-19 levels. More appointments were conducted by video or telephone to maintain the safety of the patient and practice staff. Members were assured that any patient who needed to be seen would be. There had been issues with telephony systems due to increased telephone traffic and further investment was being considered to relieve the difficulties accessing surgeries at busy times.
- Members were concerned that the triage system would not work effectively when all patients were asked to call the surgery at the same time, usually 8am.
- Members had seen evidence that some satellite surgeries had closed with patients being redirected to a central hub and sought clarification as to how widespread this was across Peterborough. Members were informed that there were two examples of this happening in Peterborough and it was due to staff shielding. There had been insufficient staff available to keep all units operational. Smaller units had difficulty in



maintaining social distancing measures due to the size of the building and the decision had therefore been taken to close some on a temporary basis in the interests of safety. There were no plans to approve any permanent GP surgery closures.

- The Chair thanked officers for attending and presenting the report and their exceptional work during the pandemic.

### **ACTIONS AGREED**

The Health Scrutiny Committee considered and discussed the innovations and collaborative work that had been developed during the COVID-19 pandemic contained within the report and **RESOLVED** to note the recovery planning work undertaken to date.

## **14. MANAGING COVID-19 PUBLIC HEALTH UPDATE**

The Director of Public Health introduced the report which provided the Committee with updated information on the COVID-19 pandemic in Peterborough and its management.

The response to the COVID-19 pandemic was being managed under the Local Outbreak Plan which was published on the Council's website, and within the National Contain Framework published on 17 July. The National Contain Framework bestowed additional powers to the Local Authority and could also place local authorities on the "watch" list if the number of COVID-19 cases were of concern. Peterborough had been placed on the watch list as an area of concern due to the high number of COVID-19 cases. This had not attracted government intervention as the situation was being managed locally by the Council and Community Leaders to keep the number of cases down.

Peterborough remained an area of concern. Numbers had risen at the beginning of September and had increased to over 30 cases per 100,000, similar to numbers seen in mid-July. There had been a clear geographical distribution around the centre of Peterborough and there appeared to be infection transmission between households and also people car sharing. Current COVID-19 cases had decreased to around 17 per 100,000 however this may have been influenced by testing availability.

Nationally there had been a clear increase in the 18 to 30 age group which had been reflected to a lesser extent in Peterborough. The national increase in cases was doubling every seven days.

Interventions available to individuals to stop the spread of COVID-19 included hand-washing, wearing of face masks and maintaining social distancing rules. People should go for a test if they have symptoms and self-isolate if they have been in contact with anyone displaying symptoms. It was recommended that social mixing of households and social contact at work should be minimised as there was some evidence locally that this was responsible for the virus spreading.

New treatments had improved but vaccines would not be available until next year, therefore the adherence to social and community interventions were important to try and prevent the spread of the virus.

A great deal of good work had been undertaken by officers, Community Leaders and Environmental Health Officers, who were currently participating in a pilot scheme for local enhanced contact tracing. This is where cases that had not been able to be contacted by the National Test and Trace operatives were contacted by a local team and Peterborough achieved a 90% success rate, one of the highest in the area.

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

- The Committee praised and thanked the work of the health professionals, residents of Peterborough and local communities for all they were doing to manage the COVID-19 virus and to keep the rate of COVID cases down.
- Mobile testing units would still be used in Peterborough however appointments would need to be made rather than patients just turning up. It was recognised that this could make accessing tests more difficult for some people. Representations were being made to the Department for Health to have a local testing centre although there were issues nationally in obtaining results from the testing laboratories.
- Members commented that language differences, lack of transport and access to the internet were also barriers to obtaining test appointments.
- Members were concerned about large groups of people socialising in the streets in particular wards and asked if officers could address this and restrict the drinking of alcohol in the streets and play areas. Members were informed that the council had powers to intervene under the Contain Framework and would engage with communities to encourage compliance with COVID-19 guidelines and would undertake discussions with partner organisations, such as the police, to ensure the correct approach was adopted.
- Members commented that homeless people who were at risk of contracting COVID-19, had returned to the streets. Members were informed that the Vulnerable Peoples Subgroup, part of the Outbreak Management Team, were working closely with officers on preventative measures and to ensure prompt response should the need arise.
- To date local lockdown restraints had not been necessary as work was ongoing with local event organisers and businesses to ensure COVID-19 preventative measures were in place, however local powers would be used if the need arose. Organisations not complying could be closed down.
- Peterborough had received £1,017,000 Test and Trace Grant from central government specifically to implement the Local Outbreak Control Plan and the money was allocated by a Health Protection Board subcommittee.
- The spending of the grant was being closely monitored and funds were allocated to strengthen the Public Health and Environmental Health Teams, associated support services, the purchase of tests to be used for further outbreaks and additional resources in the communications function. An application to central government would be necessary should the fund be exhausted. Contracts were negotiated to include both Cambridgeshire and Peterborough to achieve better value for money by utilising economies of scale.
- Members asked for information on the proposed changes recently announced by Matt Hancock (*Secretary of State for Health and Social Care*) to Public Health England (PHE) and were advised that there would be a new Institute of Health Protection formed with a strong focus on pandemics which would incorporate parts of PHE along with the Test and Trace service and the Joint Biosecurity Centre. Changes would be implemented in spring 2021.
- Members were concerned that PHE were being reorganised in the middle of a pandemic and hoped existing relationships would not be affected.

The Chairman on behalf of the committee thanked Dr Robin for her hard work and dedication during these unprecedented times and asked that thanks also be passed on to the Public Health team, and to let them know that the people of Peterborough really appreciated all that they were doing to manage the pandemic locally.

#### **ACTIONS AGREED**

The Health Scrutiny Committee debated the report and **RESOLVED** to note the report on the Managing Covid19: Public Health Update.

#### **15. REVIEW OF 2019/2020 and WORK PROGRAMME FOR 2020/2021**



The Senior Democratic Services Officer introduced the report which considered the 2019/20 year in review and looked at the work programme for the new municipal year 2020/21 to determine the Committees priorities and agree the proposed way forward for monitoring future recommendations.

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

- Members expressed concern that small GP surgeries may not re-open after the pandemic and requested that details of any closures should be included in the Primary Care Report presented annually to the Health Scrutiny Committee. Members were encouraged to monitor any changes within their local areas.

### **ACTIONS AGREED**

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

1. Consider items presented to the Health Scrutiny Committee during 2019/20 and make recommendations on the future monitoring of these items where necessary
2. Determine its priorities and approve the draft work programme for 2020/2021 attached at Appendix 1
3. Note the Recommendations Monitoring Report attached at Appendix 2 and consider if further monitoring of the recommendations made during the 2019/2020 municipal year is required
4. Note the Terms of Reference for this Committee as set out in Part 3, Section 4, Overview and Scrutiny Functions and in particular paragraph 2.1 item 3, Health Scrutiny Committee and paragraph 3.5 Health Issues as attached at Appendix 3.

## **16. FORWARD PLAN OF EXECUTIVE DECISIONS**

The Chairman introduced the report which was the latest version of the Council's Forward Plan of Executive Decisions containing decisions that the Leader of the Council, the Cabinet or individual Cabinet Members would make during the 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 Health Scrutiny Committee considered the report and raised questions on the following items:

- COVID-19 Urgent and Surge Community Swabbing Service - delegation of function to Cambridgeshire County Council - KEY/12OCT20/02

The Director for Public Health informed the Committee that this contract had been procured jointly across Cambridgeshire and Peterborough to extend the current short-term contract for urgent swabbing requirements when specific outbreaks occurred. The current contract expired in October and this decision was to create a longer term contract.

### **AGREED ACTIONS**

The Health Scrutiny Committee considered the current Forward Plan of Executive

Decisions and **RESOLVED** to note the report.  
**17. DATE OF NEXT MEETING**

The next meeting of the Health Scrutiny Committee would be held on 3 November 2020.

The next Joint Scrutiny Meeting would be the Scrutiny of the Budget which would be held on 11 November 2020.

Chairman  
19:00-21:09  
21 September 2020