

**MINUTES OF THE HEALTH SCRUTINY MEETING  
HELD AT 7PM TUESDAY 3 NOVEMBER 2020  
VIRTUAL MEETING: PETERBOROUGH CITY COUNCIL'S YOUTUBE PAGE**

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

**Officers Present:** Dr Liz Robin, Director of Public Health  
Paulina Ford, Senior Democratic Services Officer

**Also Present:** Dr Kanchan Rege, Deputy Chief Executive Officer, North West Anglia NHS Foundation Trust (NWAFT)  
Taff Gidi, Company Secretary, North West Anglia NHS Foundation Trust (NWAFT)  
Val Thomas, Public Health Consultant  
  
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

**18. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Barkham.

**19. DECLARATIONS OF INTEREST**

Item 5. Update on North West Anglia NHS Foundation Trust's Green Travel Plan

Councillor Hemraj declared a pecuniary interest in Item 5 in that she worked for the North West Anglia NHS Foundation Trust (NWAFT) and would participate in the discussion but would not take part in a vote should any recommendations be made.

**20. MINUTES OF THE HEALTH SCRUTINY COMMITTEE MEETING HELD ON 21 SEPTEMBER 2020**

The minutes of the Health Scrutiny Committee meeting held on 21 September 2020 were agreed as a true and accurate record.

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

There were no requests for Call-in to consider.

## 22. UPDATE ON THE NORTH WEST ANGLIA NHS FOUNDATION TRUST GREEN TRAVEL PLAN

The Deputy Chief Executive Officer, North West Anglia NHS Foundation Trust introduced the report which provided an update on the North West Anglia NHS Foundation Trust Travel Plan.

The Deputy Chief Executive Officer acknowledged that parking had been a long term problem at Peterborough City Hospital, causing frustration for both staff and patients. The Travel Plan had therefore been drawn up in 2016, in part, to address the parking problem. However, the plan had been given a lower priority whilst attention was diverted to the merger with Hinchingsbrooke Healthcare Trust to form North West Anglia NHS Foundation Trust. Following the merger, an assessment took place to consider and harmonise parking

services across all sites. Further delay followed at the beginning of 2020 when the pandemic took hold. This brought about changes to working practices with more staff working from home and more patients attending appointments virtually via video conferencing and therefore less patients and staff visiting the hospital site. Since the pandemic started car parking for staff had become free of charge. Following the lifting of restrictions in July which had been in place due to the pandemic there had been further congestion as more staff had returned to the site.

The Committee were advised that the next steps would include the appointment of a Project Manager to implement the Green Travel Plan. There would also be the introduction of Automatic Number Plate Recognition technology through a car parking management company to monitor and limit the number of people who could park on site. Discussions with Stagecoach would resume with a view to introducing discounted travel for staff members along with a formal agile working policy. There was also a commitment to extend the car parking facilities on site and the installation of electric charging points.

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

- Members expressed concern that, although much work went into formulating Green Travel plans, often they did not come to fruition and wanted to know if the targets outlined in the original 2016 plan had been achieved. Members were informed that the 2016 plan had not been implemented because it was paused during the merger process and then a refreshed plan was commissioned to cover all sites of the newly merged organisation. This refreshed plan is what the Trust is now implementing.
- Nudge technics would be used to discourage staff from bringing their cars to the site and to use public transport and bicycles. One issue was that more parking permits had been issued than parking spaces available which led to frustrations from those who had paid for a space but were unable to park. Going forward parking permits would therefore be restricted to the number of spaces available.
- The plan would be futureproofed through the introduction of more virtual appointments. For example, Doctors and consultants could be allocated one day per week working from home, reducing the aggregate mass of people wanting to park on site.
- Buses set down at the front of the hospital except at peak times when alternative drop down points were used further from the main entrance. Patients who experienced mobility difficulties could request an appointment outside of peak times to avoid the additional walk to the hospital front door.
- Discussions would resume with Stagecoach regarding alternative bus routes, including an arterial bus route to avoid people taking two buses to reach the hospital. The Combined Authority, who now had responsibility for travel in Peterborough, were also considering an arterial bus route and members felt it would be useful to consult with them also.
- The carpark management system, using number plate recognition, would be used to

monitor staff parking areas. Patients would continue to use the existing park and payment on exit method.

- Members expressed concern that insufficient hospital parking was impacting nearby residential areas. Members were informed that the project manager, once appointed, would investigate all parking issues, including residents parking and link with the local authority to consider providing an alternative entrance/exit to and from the site.
- Allocating fewer parking permits would be implemented in conjunction with encouraging staff to use different methods of transport to avoid a further impact on local residential parking. Currently everyone who applied for a parking permit was issued with one even though there were not sufficient spaces to accommodate all users which would need to change.
- The park and ride proposal would be considered further in conjunction with the local authority.
- Members were aware that a lot of hospital appointments were being cancelled to accommodate urgent patients and cancer care which could lead to a reduction in patient choice and appointment availability. The Deputy Chief Executive Officer advised the Committee that they would be mindful of the accessibility agenda and would try in the first instance to arrange a telephone appointment for those with accessibility issues. If this was not possible then every effort would be made to try and arrange an appointment which met the patients' needs.
- Some Members had received complaints regarding difficulties in contacting the hospital to discuss appointments. The Deputy Chief Executive Officer acknowledged that accessibility needed to be improved to enable patients to more easily be able to change their own appointments. Patient initiated follow up was also being considered as some follow up appointments were not always necessary; this would also reduce the number of visits to the hospital.
- Members suggested putting in place a differential charging scheme amongst employees to encourage car sharing by charging those who did not car share. Members were reminded that car-sharing was not currently being encouraged during the pandemic.
- Members suggested that the hospital contact the Combined Authority who were now the Transport Authority and were currently exploring circular bus routes which could tie in with discussions with Stagecoach regarding circular bus routes via the hospital.
- Members expressed concerns that the (*Automatic Number Plate Recognition*) ANPR would be extended to visitors and patients. Members were advised that payment for parking would be made at the end of the visit for patients and visitors to allow for any length of stay at the hospital.
- Patients could be offered appointments at local community hospitals nearer to where they lived and offered virtual appointments where possible to avoid having to visit the hospital site.
- The Healthwatch Representative expressed concerns relating to those patients who were not familiar with or felt confident using technology and preferred to be seen in person. Members were advised that no-one would be made to engage with healthcare in a manner they were not comfortable with.
- The Deputy Chief Executive Officer advised that work on the Green Travel Plan would commence within the current financial year although efforts were currently being diverted toward the second wave of the Covid-19 pandemic.
- Members sought reassurance that the Green Travel Plan would work once the current pandemic had been brought under control. Members were advised that measures such as remote appointments had already been introduced to reduce patient attendance to the site longer term. Part of the NHS Long Term Plan had been to reduce follow up appointments by 30% which had already been implemented and achieved. Reducing hospital visits would also reduce carbon emissions.
- Some elements of the Green Travel Plan were not within the control of the Trust and required co-operation from the Local Authority and partners.

## **ACTIONS AGREED**

The Health Scrutiny Committee **RESOLVED** to note the progress made to date by North West Anglia NHS Foundation Trust in moving forward its Green Travel Plan and future plans within the context of responding to the global pandemic.

### **23. MANAGING COVID-19: PUBLIC HEALTH UPDATE**

The report was introduced by the Director for Public Health which provided the Committee with an update on the Covid-19 pandemic and its management within Peterborough.

The Committee were informed of the latest epidemiology data which had been made available since the publication of the report. The latest data indicated that there had been an increase from 80 cases per 100,000 for week ending 5 October to 139 cases per 100,000 of population in Peterborough as of week ending 28 October 2020, meaning there were about 282 Covid-19 cases in Peterborough at the end of that week. Regional average for the East of England was 102 cases per 100,000 of population with the England average being 282 cases per 100,000 of population.

Cases were distributed across Peterborough and not confined to a particular area and were present in both rural and urban areas in all communities, with the highest rates being in the younger population. Although the number of cases was rising, Peterborough was ranked lower than the national average and Dr Robin thanked everyone for their efforts in keeping the number of cases down.

Dr Robin reinforced that it was crucial for people to continue to follow the guidelines, maintain the 2 metre social distance rules, frequent hand washing, wearing of face coverings when out and ensuring that self-isolating was adhered to if tested positive for Covid-19. If symptoms occurred people must get a test.

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

- The Committee thanked the Public Health Team for all their hard work and for keeping Members informed.
- The case numbers quoted in the report were from test results and were therefore an underestimate as not everyone would get symptoms and therefore not everyone with Covid-19 would be recorded through a test. The figures published by the Office for National Statistics (ONS) included survey results from a random sample of the population who were tested on a regular basis and indicated that about 1 in 100 people tested positive for Covid-19 in the most recent period.
- Some Members had experienced difficulty in obtaining a flu vaccination locally and sought an explanation. The Accountable Officer, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) advised that the flu vaccination programme this year had been the biggest that had ever been undertaken and confirmed that there was plenty of vaccine available in the country and pharmacists and GP's could apply for additional vaccines if needed. It was very important that everyone invited to have a flu vaccine did have one and therefore if the local pharmacist did not have any stock then the local GP should be contacted to arrange an appointment. The Accountable Officer asked that the CCG be informed if Members were aware of local shortages.
- Members were concerned that vulnerable people would not have access to the flu vaccine during the next lockdown which was due to start on 5 November and some GP surgeries were not open. Members suggested that vulnerable patients who were in hospital or in a care home could be given the vaccine whilst in hospital or the care home. Members were advised that it had been well publicised that people should continue to access health services during lockdown and to attend their GP surgeries to get the flu vaccine.
- Members pointed out that there were some residents that had not left home since the

first lockdown in March and were now scared to leave the house. The Director of Public Health agreed to take that observation back to the Flu Vaccination Planning Forums and Health Protection Board.

- Members suggested using local television news channels to publicise the flu vaccination programmes to reach senior citizens and the Accountable Officer agreed to take this suggestion back to the Health Protection Board.
- Grant monies had been received by Peterborough and Cambridgeshire for the Test and Trace programme and more was being achieved by combining the funding received. Pillar two testing was commissioned by the Department for Health and Social Care and funded nationally which included the mobile testing, the Gladstone Street testing stations and drive through testing.
- Accessibility of testing and turnaround times were similar across the country as tests were undertaken at national centres although results for postal testing and care home testing had been taking longer than those from the drive through centres. Tests were prioritised in areas of greatest need where the highest number of cases were.
- Walk in access was again available at the local testing centre and turnaround times had improved.
- Mosques in Peterborough had been particularly good at practicing Covid safety and passing messages on within their community.
- National regulations to be introduced in the forthcoming lockdown would restrict congregational services and places of worship would only be open for individual prayer.
- Members asked if the spray flu vaccine which was used for children, could be sent to vulnerable people by post. The Director for Public Health did not know the answer but agreed to provide a written response to the committee.
- Members were concerned that delays in receiving test results led to delays for the Track and Trace Team. Members were advised that the national Test and Trace system reached about 75% of cases effectively and the remainder were referred to the local team after 24 hours who had a good rate of success.

### **ACTIONS AGREED**

The Health Scrutiny Committee **RESOLVED** to note and comment on the Managing Covid-19: Public Health update report and requested that the Director of Public Health find out if it was possible to provide the spray flu vaccine by post to vulnerable people who were unable to leave their home.

#### **24. PROVISION OF HEALTHCARE FOR HOMELESS ROUGH SLEEPERS DURING WINTER MONTHS AND THE IMPACT OF COVID**

The Consultant in Public Health introduced the report which provided the Committee with information about the impacts of the COVID-19 pandemic upon the Homeless population and how any benefits secured during the period would be maintained.

The Committee were informed that homelessness and poor housing had been associated with poor health and the pandemic had instigated further investigation into housing and wellbeing of the homeless. The Government directive to ensure those rough sleeping were rehoused resulted in around 80 people being rehoused within a week and 140 homeless people being rehoused at the peak of the pandemic. This was a good example of how partners and service providers had worked together to look at how services could be provided in a different way.

Healthcare inequalities were exacerbated for the homeless during the pandemic and mental health, general health and drug and alcohol issues continued to be of concern amongst the homeless. Services were delivered to address these issues in unprecedented ways and the number of Hepatitis C vaccines administered had greatly

increased.

Planned care, crisis mental health care and specialist outreach housing provision were provided through the 111 services and CPFT (*Cambridge and Peterborough Foundation Trust*) outreach workers. Bespoke funding was provided for additional proactive training for the service providers so that they could give mental health first aid to their service users.

The NHS Long Term Plan included a £2m investment for mental health services in Peterborough which meant that four dual diagnosis workers were employed by CPFT supporting co-operation between CPFT and Drug and Alcohol Services.

Meetings had taken place between primary and community services with the Lighthouse Project to encourage access to services already available.

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

- The area-wide Trailblazer team had created a new protocol for people with substance misuse, mental health and housing issues in order to create a longer-term guide for staff on these issues, which were particularly challenging where they occurred together. Cambridgeshire and Peterborough was one of the Ministry of Housing, Communities and Local Government's (MHCLG) Homelessness Prevention Trailblazers across England.
- It had become clear that in order for the homeless and rough sleepers to access the health services they needed, service providers needed to better understand the needs of the homeless population and work together in a much more flexible way.
- Members were impressed and praised the work of the Lighthouse Project which was part of the Trailblazer team.
- The Chief Executive of the Lighthouse Project had been included in consultations with the CCG in considering access to bespoke healthcare services for rough sleepers.
- Peterborough were part of a mental health networking forum in which Local Authorities shared lessons learnt which allowed the LA to pick up on regional and national learning.
- National funding would be available over the next three years from central government and through the Mental Health Programmes. Twenty national sites would qualify for bespoke investment for mental health services for rough sleepers. Peterborough had not been successful in the first tranche as other localities had been considered in greater need, however future local investment was anticipated.
- Members expressed congratulations on the excellent work that had been done as a city to get rough sleepers into accommodation very quickly during the pandemic. Officers advised Members that one of the great learnings during this very difficult situation was that enormous resources and pragmatic solutions could be pulled together almost overnight when it was needed, and lessons learnt would be taken forward.
- The rough sleeper situation was continuing to be monitored.
- The Chairman thanked officers for all the good work that had been undertaken to support and assist the homeless rough sleepers in Peterborough.

## **ACTIONS AGREED**

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

## **25. 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 requested that a follow up letter be sent to MP's with regard to the following recommendation: *The Health Scrutiny Committee RECOMMENDED that a letter be sent to the Local MP's asking them to lobby the Secretary of State for Health for an increase in the Public Health Grant for Peterborough.* The Director for Public Health advised that she had met with the MP's concerning this matter and lobbying was ongoing. One issue was that a lot of funding was now being redirected to deal with the COVID-19 pandemic. Dr Robin would consult with the Chief Executive and the Acting Director of Finance to ascertain what the current situation was with regard to lobbying for additional funding and if a further letter would be appropriate at this time.
- Members felt that any additional government funding towards the Public Health Grant should not be given for a specific purpose so that Public Health could choose where best to spend the money in line with local priorities.

### **ACTIONS AGREED**

The Health Scrutiny Committee **RESOLVED** to note the contents of the report and note the actions outstanding and requested that the Director for Public Health consult with the Chief Executive and the Acting Director of Finance to ascertain what the current situation was with regard to lobbying for additional funding, and if appropriate write a follow up letter on behalf of the Committee to the Local MP's asking them to lobby the Secretary of State for Health for an increase in the Public Health Grant for Peterborough.

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

The Senior Democratic Services Officer introduced the report which included the latest version of the Council's Forward Plan of Executive Decisions containing decisions that the Leader of the Council, the Cabinet or individual Cabinet Members would make during the forthcoming month. Members were invited to comment on the plan and where appropriate, identify any relevant areas for inclusion in the Committee's Work Programme.

The Committee requested further information on the following decisions:

- Page 58 item 22 Tender for the services of the Dementia Resource Centre Peterborough - KEY/17AUG20/04 - The re-procurement of the Dementia Resource Centre and its services. Why was the service being re-procured? Had the first procurement exercise failed?
- Page 69 and 75 Extension to the Mental Health Anti-Stigma Contract until 31st March 2021 and Anti-Stigma Mental Health Work – Were these decisions the same, how did they differ

### **ACTIONS AGREED**

The Health Scrutiny Committee **RESOLVED** to note the report and considered the current Forward Plan of Executive Decisions requesting additional information on the following decisions:

1. Extension to the Mental Health Anti-Stigma Contract until 31st March 2021 - Non-Key
2. Anti-Stigma Mental Health Work - Non-Key
3. Tender for the services of the Dementia Resource Centre Peterborough - KEY/17AUG20/04

## **27. WORK PROGRAMME 2020/2021**

Members considered the Committee's Work Programme for 2020/21 and agreed to note the items as included and requested that the following item be added to the work programme for a future meeting:

- Members requested a report from the East of England Ambulance Service as it had been noted that a recent Care Quality Commission (CQC) inspection report had put them into special measures.
- The Senior Democratic Services Officer informed the Committee that the outcome of the consultation on the proposals to relocate the urgent treatment centre and GP out of hours service to the Peterborough City Hospital would be known in the next few days. The Cambridgeshire and Peterborough CCG would send a briefing note to the Committee to inform them of the outcome.

### **ACTIONS AGREED**

The Health Scrutiny Committee **RESOLVED** to note the work programme for 2020/21 and requested that the Senior Democratic Services Officer write to the East of England Ambulance Service NHS Trust, and request a report for the January meeting on what actions were being taken in response to the outcome of the recent CQC Inspection report.

## **28. DATE OF NEXT MEETING**

- 11 November 2020 - Joint Scrutiny of the Budget Meeting
- 12 January 2021 – Health Scrutiny Committee

The Chairman closed the meeting by thanking Dr Robin on behalf of the Committee, for the excellent work being carried out by herself and the Public Health Team during the pandemic. The Committee were thankful for all the work being done to keep the people of Peterborough safe during these unprecedented times.

Chairman  
19:00 - 21:03