

**MINUTES OF THE HEALTH SCRUTINY COMMITTEE MEETING  
HELD AT 7.00PM, ON  
TUESDAY, 12 JANUARY 2021  
VIRTUAL MEETING: PETERBOROUGH CITY COUNCIL'S YOUTUBE PAGE**

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

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

**Also Present:** Luke Squibb, Head of Operations, Cambridgeshire and Peterborough  
Marcus Bailey, Chief Operating Officer  
Caroline Walker, Chief Executive, North West Anglia NHS Foundation Trust.  
Jessica Bawden, Director of Primary Care, Medicines Optimisation & Out of Hospital Urgent & Emergency Care Collaborative, Cambridgeshire & Peterborough Clinical Commissioning Group  
Ian Weller, Head of Urgent & Emergency Care, C&P CCG  
Susan Mahmood, Representing Healthwatch

The Chair opened the meeting by expressing sincere thanks to all officers in attendance for their hard work and support that they and their staff were providing to the people of Peterborough during these challenging times. The Chair requested that thanks be passed on to all staff working within the NHS and Primary Care services supporting the people of Peterborough.

**29 APOLOGIES FOR ABSENCE**

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

**30 DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS**

No declarations of interest were received.

**31 MINUTES OF THE HEALTH SCRUTINY COMMITTEE MEETING HELD ON 3 NOVEMBER 2020**

The minutes of the meeting held on 3 November were agreed as a true and accurate record.

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

There were no requests for Call-in to consider.

### **33. EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST (EEAST) RESPONSE TO CQC INSPECTION REPORT AND OVERVIEW OF PERFORMANCE IN THE PETERBOROUGH AREA**

The Chief Operating Officer introduced the report which provided the Committee with an update on the work of East of England Ambulance Service NHS Trust, and action taken in response to the recent Care Quality Commission (CQC) Inspection report published on 30 September 2020.

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

- Members noted the common challenges faced by the Ambulance Service including dealing with more patients, patients with more complex and long term conditions, an aging population and new technology. Members wanted to know what had been put in place regarding resilience planning. Members were informed that one of the benefits of the pandemic had been driving technology forward such as video consultations in the ambulance control room. More patients were being dealt with by telephone as a result of having full access to patient records by clinicians in the control room. Patient presentation had changed over time, the age of the population and deprivation were drivers of health inequalities. Discussions had taken place with the Peterborough and Cambridgeshire CCG to see how partners could work closer together regarding managing patients better, including the 111 provider. Ambulance clinicians were generalist clinicians and were very good at dealing with life threatening conditions but in reality, this was only 5% of calls that were received every day and the rest were people who were generally unwell but not necessarily life threatening. Work was being done on the technology side and areas of focus within treatment pathways was a priority with system partners.
- It was noted that an anonymous harassment survey to gather more in-depth feedback from permanent staff, volunteers and students on their current and historical experiences had been launched and that just under half of those eligible had responded. Members asked if it had been identified why there had been such a low response. Members were informed that the survey was anonymous and therefore were unable to identify why people had not taken part in the survey. People who had identified themselves in the survey and had concerns had been contacted by non EEAST staff to follow up on their concerns. There had been a broad range of information gathered from various sources including the CQC report, National NHS staff survey, the EEAST staff survey and the Harassment survey. All of the information pulled together had provided a good source of information and clarity around the issues. There had also been a promotion of the 'freedom to speak up' campaign which had shown that more people were reporting concerns confidentially.
- The decision to put EEAST into Special Measures was something that the Trust had welcomed, as it had brought with it additional expertise, personnel and resources, designed to help the EEAST improve. It also meant that there would be openness and transparency which would increase staff confidence.
- Members noted that the CQC report had severely criticised the leadership of the Trust and sought clarification on how the Trust had addressed these concerns and whether the senior leadership team were still in place. The Chief Operating Officer responded that he had been in the organisation in various roles for over 20 years and was very proud to work for the EEAST and therefore had found it very difficult to read the CQC report. There had been a time of reflection and having recently taken on a director's role had come to realise that stability at senior leadership level would make an enormous difference as constant change was disruptive. There had been a change of some of the senior leadership team with some interim appointments. The first task was to understand the problem and have the right expertise in place to support and help change behaviour. The Chief Operating Officer assured the

Committee that his commitment to a change in behaviour and making the organisation a good one was unwavering. The Trust would be held to account by the regulatory process through the CQC, NHS Improvement and NHS England.

- Members referred to the Hospital Arrival Liaison Officers (HALOs) who were deployed at Peterborough City Hospital 12 hours per day 7 days a week. They helped provide a smoother transition of flow for patients and support at times of delay and increased demand and acted as the conduit between the Trusts to identify barriers to timely patient handovers. Members wanted to know if having the HALO's in place was working and if the funding which was in place until the end of the financial year would continue. Members were informed that the HALO's had been in place for a number of years and they had assisted with collaborative working with the CCG and acute colleagues to improve communication and staff welfare and support. It was hoped that with the positive feedback received from all partners that the funding would continue next year.
- The Trust were continuing to increase the workforce levels where possible and looking at new initiatives to work with partners like the Cambridgeshire Fire and Rescue Service who had provided Blue Light drivers, this meant that the number of ambulances had increased. Private ambulances had also been used to backfill when there had been an increase in demand. One of the benefits of being a regional provider meant that resources could be flexed across the region. There was a mix of paramedics, Emergency Medical Technicians and Emergency Care Support Workers working on the front line. The advanced paramedics worked on rapid response vehicles as they had wider access to a wider range of medical treatments and could offer a wider range of care. The intention was to have paramedics working alongside GP's in Primary Care to increase their knowledge and then take what they had learnt back out into the ambulance service through a rotational model which is currently being trialled throughout other areas within EEAST. There had also been an increase in recruitment of qualified clinicians from other ambulance services which remains ongoing.
- Specialist Culture Support Teams had been brought in to work with managers across EEAST. There was a Culture Director with a shop floor team of people who were working across different areas of the Trust. This team will provide knowledge and expertise and transfer their skills to ensure sustainability of change when they have gone.
- Members noted that the report stated that hospital delays were seen as a system issue and wanted to know how the use of "Power BI" data and "Informatics" could assist with resolving this issue. Members were informed that informatics provided visibility both locally and across the region, which was shared with partners so that there was an increased understanding and shared ownership of what the issues were, so that partners could work together to try and unblock the issues that were causing the delays.
- Members acknowledged and gave heartfelt thanks for the incredible service that the EEAST had continued to provide during these unprecedented and challenging times.

#### **AGREED ACTION**

The Health Scrutiny Committee considered the report and **RESOLVED** to note the contents of the East of England Ambulance Service NHS Trust report.

34

#### **REPORT ON THE CONSULTATION PROCESS AND CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP GOVERNING BODY DECISION TO RELOCATE THE URGENT TREATMENT CENTRE AND GP OUT OF HOURS SERVICE PETERBOROUGH**

The Director of Primary Care introduced the report. The report provided the Committee with information with regard to the consultation process undertaken for the proposals to

relocate the Urgent Treatment Centre (UTC) and Out of Hours GP service to the hospital site. The report was requested by some members of the Committee to address questions regarding the public consultation, the results of the consultation and the subsequent decision of the Governing Body to relocate the UTC and Out of Hours GP service to the hospital. The Director of Primary Care explained the rationale behind the Governing Body's decision to relocate the services to the hospital site and how the public concerns would be addressed.

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

- Members sought assurance that the City Care Centre in Thorpe Road would not close down and be used for redevelopment once the UTC and Out of Hours GP service had moved to the hospital site. The Director of Primary Care assured Members that there were no plans to sell off the site or to redevelop the site for residential housing. The site was reserved entirely for health services and would continue to be used for health services to serve the local population.
- Members sought clarification with regard to virtual appointments and how these would be used. The Chief Executive, North West Anglia NHS Foundation Trust advised that digital outpatients or non-face to face appointments were in line with the NHS long term plan and that face to face appointments were still happening where necessary. The aim was that the first consultation for diagnostic appointments where a face to face appointment was not needed and follow up appointments would be a digital appointment to avoid patients having to come to the hospital. Members were assured that a combination of face to face and digital appointments would continue dependent on the clinical specialty and whether they were follow up appointments.
- Members commented that in principle a fully integrated service was not an issue however the main issue was that two thirds of the public who responded to the consultation had opposed the move to the hospital site. The reasons for opposing the move had included travel, transport and car parking. People had also said that they were nervous of attending a hospital setting at the current time due to perceived risks posed by the COVID-19 virus. Other concerns raised were the need for a pharmacy at the hospital, the capacity of waiting areas and constraints on the hospital buildings with regard to capacity of waiting areas, staff shortages, poor IT functionality, co-ordination of finances, care pathways and those issues raised by the Community Values Panel, facilitated by Healthwatch. Members asked what mitigating actions were being taken to address these additional concerns. The Director of Primary Care acknowledged that 70% of respondents were against the move to the hospital site and had been surprised of the reversal of views which had been positive towards the move post pandemic. The strength of feeling around the concerns stated would not be forgotten and the Governing Body when making their decision sought assurance from the C&PCCG and the North West Anglian Foundation Trust (NWAFT) that these concerns would be addressed and that they would continue to be monitored as the changes were made. The Oversight Board who were monitoring the move would ensure that those issues raised would be addressed and that patient experience would be monitored as the changes were made. The IT systems in the NHS do not always talk to each other but co-locating the services would improve this. Pathways would be co-ordinated together at the front door and this was being worked on at the moment to see what this would look like. There had been no pharmacy at the City Care Centre, but consideration was being given to the 100 Pharmacies available through the supermarkets.
- The Chief Executive, North West Anglia NHS Foundation Trust confirmed that there was a group set up to work on all of the issues raised during the consultation and some of which would be addressed over time and some immediately. There was currently £4.9m of building work currently in progress at the hospital site to expand the space and this would address some of the concerns raised.

- Members commented that they had felt the consultation had been comprehensive and clear, however the main issue had been about the way the C&PCCG had responded to the consultation. It was noted that the statistics from the Big Conversation that had happened in 2019 had shown that two thirds of the respondents had supported the relocation of services, but the recent consultation had shown that two thirds of the respondents now did not support the relocation of services. Why was the specific question asked regarding the moving the GP out of hours service and the UTC in an integrated model if the intention was to go ahead with the proposed relocation anyway, and under what circumstances would the CCG have considered not moving the service. Members were informed that it was difficult to answer a hypothetical scenario but that all responses and technical data had been considered and it was felt that there was general support in principle to the relocation. It was also felt that concerns raised could be addressed by mitigating actions.
- Members had received feedback from constituents who had felt that their feedback through the consultation process had been ignored and that they had felt it had not been a genuine consultation and that the decision to relocate had been made prior to the consultation. Members were advised that by conducting the consultation issues had been raised that the CCG had not previously been aware of an example of which was the level of concern with regard to infection prevention and control measures. The consultation containing direct questions was therefore a worthwhile exercise.
- 100 extra car parking spaces had been put in place at the hospital site and additional staff parking was planned. Car parking was not currently an issue at the hospital due to the pandemic and it was anticipated that the level of footfall at the hospital would not return to pre pandemic levels going forward and therefore car parking would not be an issue.
- Members felt that it should be made clearer when consultations were undertaken as to how the responses would be viewed and responded to so that people's expectations were managed, and they did not become apathetic in responding to consultations. The Director of Primary Care acknowledged the importance of people responding to consultations and was grateful that so many people had responded. It was the job of the CCG to communicate the outcome of the consultation and what changes would be made and why and when they were being made.
- Members were informed that the building work to accommodate the relocated service at the hospital was on schedule. The relocation had been delayed after listening to the Committees views on not moving during the height of the pandemic and it was anticipated that it would now take place during April if circumstances regarding the pandemic had stabilised and it was safe to do so.
- Councillor Sandford, Councillor Barkham and Co-opted Member Parish Councillor June Bull did not agree to note the contents of the report as they felt that a number of concerns within the report had not been addressed.
- Members requested that a further report be brought back to the Committee in March 2021 detailing actions being taken to mitigate the issues raised by the two thirds of the respondents, who opposed the relocation of the services to the hospital site. Specific concerns that would need to be addressed in the report were highlighted as follows:
  - People feeling unsafe attending the City Hospital due to the current COVID-19 pandemic.
  - Lack of parking at the hospital site.
  - Pharmacy provision at the hospital
  - Lack of direct accessibility by public transport
  - Capacity and emergency waiting times

The Director of Primary Care responded that whilst a report could be provided at the March meeting progress on some of the actions which would have addressed the issues raised may be delayed due to the current pandemic.

The Committee acknowledged the short time frame for the production of a report for the March meeting and agreed that if required the report may need to be listed as 'to follow' when the agenda was published, in order to allow additional time for the C&PCCG to provide some of the information requested.

### **AGREED ACTIONS**

The Health Scrutiny Committee considered the report and **RESOLVED** to request that a further monitoring report be provided at the next meeting of the Committee in March 2021. This report to provide further explanation as to the actions being taken to mitigate concerns raised during the consultation, which included the following:

- People feeling unsafe attending the City Hospital due to the current COVID-19 pandemic.
- Lack of parking at the hospital site.
- Pharmacy provision at the hospital
- Lack of direct accessibility by public transport
- Capacity and emergency waiting times

## **35 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 report also included an update on flu vaccination from the Clinical Commissioning Group.

The Director of Public Health highlighted that the epidemiology figures stated in the report had changed since writing the report and informed Members of the latest figures as follows:

The Covid-19 case rate for week ending 7 January for Peterborough had moved from 486 cases per 100,000 to 520 cases per 100,000. This was a week on week rate of change of 14%, which had been a gradual rise. In comparison there had been 492 cases in Cambridgeshire which had been a weekly rate of change of 10%. The East of England was at 741 cases per 100,000 with a rate of change of 7%. England as a whole was 630 cases per 100,000 with a rate of change of 13%. Peterborough had a high case rate which was of concern. Peterborough also had a higher number of cases in hospital than in the first wave of Covid.

The Director of Public Health reiterated the message of the Chief Medical Officer to stay at home and reduce any non-essential contact with people outside of our own households.

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

- Members noted the rising numbers of Covid cases in Peterborough and questioned why the local enhanced contact tracing scheme had had to prioritise its activities. Members sought further information as to what had been prioritised as this had affected the overall success rate of the scheme. The Director of Public Health acknowledged that there had been a rapid rise in confirmed Covid cases due to the Kent variant. Advice from SAGE had been taken into consideration around interventions that were effective against the new variant which had meant taking the

same actions as had been taken for the old variant but more rigorously. Having looked at the current epidemiology and capacity across the system work had been prioritised as to what actions needed to be taken. The issue for the local enhanced contact tracing was that when it started there were only 20 to 30 cases per 100,000 per population. Having moved quite rapidly to around 500 cases per 100,000 per population had meant that there was a far higher workload and the intensity of effort into each case to get a 90% success rate had no longer been possible as the level of staffing had not increased in line with the number of increased cases. Recruitment of staff was however ongoing. Key priorities were firstly vaccinations, secondly supporting the local NHS who were under intense pressure due to the rise in hospital admissions, and thirdly keeping the case numbers down. The key to keeping case numbers down was through residents not mixing households. Contact tracing had been concentrating on those people who had tested positive but had not yet been contacted.

- Members referred to the British Society for Immunology statement on COVID-19 vaccine dosing schedules and sought clarification on who bore the responsibility when administering the vaccines i.e. the clinicians administering the vaccine or the Bodies who had made the decision on when the vaccines should be administered. The Director of Public Health advised Members that there was a significant benefit from people having their vaccination. The first dose of vaccine did give significant protection and because the rates of Covid were currently so high within the community it was essential that people who were vulnerable to Covid received their first dose of the vaccination. The Director for Public Health supported the Joint Committee on Vaccination and Immunisation (JCVI) on the groups that should be prioritised for vaccination and the delay in giving the second dose. This would give more benefit to the population and result in fewer deaths.
- Heart disease was one of the most common causes of deaths in England. Covid related deaths were rising to significant levels and whilst not being at the same level as heart disease they were a significant tributer to deaths in England.
- The Director for Public Health advised that there were a number of theories relating to the causes of Covid and new strains of viruses causing pandemics and how they originated and could provide a report to the committee at a future meeting if required.
- Members asked what the cause was regarding the limitations on the supply of the vaccine. Members were informed that the vaccination programme was organised nationally by the NHS and as Director of Public Health was not involved in the details of the vaccination supply and distribution so was unable to comment.
- The vaccination programme was being rolled out through Primary Care Networks and further information on the vaccination programme could be found on the Cambridgeshire and Peterborough Clinical Commissioning website which was updated daily.
- Members were concerned about a small minority of people who had been flouting the lockdown rules and were encouraged to see that the police were now issuing fines. Members gave a heartfelt plea to have a zero-tolerance policy on the small minority of people flouting the rules particularly in the Millfield area. The Director of Public Health agreed that it was only a small minority of people who were not following the lockdown rules in the Millfield area and would take the message back to the Police and the Community Safety Director that Members were requesting that stronger enforcement be put in place in the Millfield area.

The Committee thanked Dr Robin and the Public Health Team for their tireless and dedicated work during these challenging and unprecedented times.

## **AGREED ACTIONS**

The Health Scrutiny Committee considered the report and **RESOLVED** to note and comment on the Managing Covid-19: Public Health update, and the flu vaccination update from the Clinical Commissioning Group.

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

Dr Robin provided a verbal update to the following recommendations:

- 18 Sept 2020. 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. Update: Discussions had taken place and the focus now was on lobbying for the overall funding for Peterborough part of which was the Public Health Grant rather than writing a separate letter to MP's to lobby for Public Health Grant. This recommendation had therefore been completed.
- 20 May 2020, Joint Scrutiny Meeting. It is **RECOMMENDED** that the Director of Public Health explore the option of Peterborough joining the Department of Health's pilot study of mass testing for COVID 19. Update: This had moved forward with the use of lateral flow tests now being developed. There had been no further communication from the University of East Anglia inviting Peterborough to take part in the study.
- 7 January 2021. It is **RECOMMENDED** that the Committee write to the Health Secretary and the local MP's outlining concerns that the national contract for GP surgeries was not specific enough. The letter to include specific examples of inconsistencies within the system, including the 8 o'clock appointment system. Update: A letter had been sent but a response had not yet been received.

Members requested that the Director of Public Health provide a further update on the Public Health Grant funding at the March meeting if the information was available.

Members referred to the recommendation made on the 5 November 2018 - "*The Health Scrutiny Committee **RESOLVED** to recommend that the Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group review the practice in place by some GP Practices where patients are required to phone their GP at 08.00hrs in the morning to book an appointment and report back to the Committee*" and were disappointed to see that there had been a lack of detailed response since making the recommendation in November 2018. Members acknowledged that during the pandemic other priorities had taken over. There was however still a requirement for the CCG to respond to the recommendation and this could be discussed at the next Group Representatives meeting where a representative from the CCG would be in attendance.

### **AGREED ACTIONS**

The Health Scrutiny Committee **RESOLVED** to note the contents of the report and requested that:

- The Director of Public Health provide a further update on the Public Health Grant



funding at the March meeting if information was available at that time.

### **37 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.

#### **AGREED ACTIONS**

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

### **38 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 the March meeting:

- The C& P CCG to report back to the Committee in March to provide further explanation as to the actions being taken to mitigate concerns raised during the consultation.

The Health Scrutiny Committee **RESOLVED** to note the work programme for 2020/21.

### **39 DATE OF NEXT MEETING**

- 10 February 2021 – Joint Scrutiny of the Budget
- 15 March 2021 – Health Scrutiny Committee

7.00PM - 9.12PM  
CHAIRMAN