City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 6 April 2017 at Committee Room 1 - City Hall, Bradford

Commenced 4.35 pm
Concluded 7.05 pm

Present – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
Gibbons **Poulsen**	**Greenwood** **A Ahmed** **Duffy** **Mullaney** **Sharp**	**N Pollard**

NON VOTING CO-OPTED MEMBERS

Susan Crowe	Strategic Disability Partnership
Trevor Ramsay	Strategic Disability Partnership
G Sam Samociuk	Former Mental Health Nursing Lecturer
Jenny Scott	Older People's Partnership

Observers: Councillor Fozia Shaheen (Health and Wellbeing Portfolio Holder) and Councillor Val Slater (Health and Wellbeing Portfolio Holder)

Councillor Greenwood in the Chair

90. DISCLOSURES OF INTEREST

The following disclosures were made in the interest of transparency:

(i) Councillor A Ahmed disclosed that she was employed by the Yorkshire Ambulance Service NHS Trust and her sister worked in the NHS.

(ii) Councillor Sharp disclosed that she was employed by an organisation that dealt with mental health issues.

(iii) Susan Crowe disclosed that she had a contract with Bradford Districts Clinical Commissioning Group and the Council's Public Health department.

ACTION: City Solicitor

91. MINUTES

Resolved –

That the minutes of the meeting held on 2 March 2017 be signed as a correct record.

92. INSPECTION OF REPORTS AND BACKGROUND PAPERS

There were no appeals submitted by the public to review decisions to restrict documents.

93. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

There were no referrals made to the Committee.

94. RESPIRATORY HEALTH IN BRADFORD AND AIREDALE

The Consultant in Public Health submitted a report (**Document "AK"**) which provided an overview of respiratory health in the Bradford District and outlined what was being done to improve outcomes for people. Members were informed that Bradford was a poor performer and was the second worst District in Yorkshire and Humber. Respiratory disease was the leading cause of people dying early in the Bradford District and 25% of these deaths were preventable. The associated health problems had a significant impact on the person's quality of life and resulted in high attendance at hospitals.

In relation to chronic obstructive pulmonary disease (COPD), the Consultant in Public Health confirmed that over 13,000 people across the District had been diagnosed as having the disease, however, not all sufferers had been identified and it was believed that the actual number of people with COPD was closer to 19,000. It was a challenge to proactively seek people with COPD, as the proportion of those undiagnosed varied across the Clinical Commissioning Groups (CCGs) and between GP practices. The estimated total number had been identified through complicated modelling which looked at similar areas and the makeup of the District's population. COPD could not be cured but could be managed, however, it affected older people who had other conditions and were complex cases to cope with.

The Consultant in Public Health reported that over 40,000 people across the District had been diagnosed with asthma, however, it was believed that this was also underestimated and there was a variation in how it was managed in primary care. The key risk factor was smoking, which was one of the main causes of COPD and according to surveys, one in five people in Bradford smoked. Air quality was considered in relation to respiratory disease and it was an issue in urban locations. The Consultant in Public Health stated that the management of the disease needed to continue and a great deal of work had been undertaken regarding the cessation of smoking in workplaces and hospitals. Smoking in pregnancy had also been a priority for a number of years.

The representative from NHS England explained that the Bradford Breathing Better programme covered adults and children. It was noted that the diagnosis of

COPD was a key factor and if not diagnosed early it was harder to treat. A stakeholder workshop had been held in January that approximately 80 people had attended and considered the four work streams of: self care; prescribing and formulary; clinical template; and pathways. There were also dedicated nurses or GPs in practices across Bradford that were the clinical leads for the programme.

With regard to Airedale, Wharfedale and Craven's Respiratory Action Plan, Members were informed that they were looking at inhaler techniques and had hospital nurses working in the community. A trial of a GP practice using Telehealth for COPD cases was being considered along with the early discharge of patients from hospital with support provided in their own home. It was noted that the next step was to hold a COPD and asthma day in September. In relation to enhanced and complex care, there were 16 practices and the patients' care needed to be tailored to their requirements.

The Consultant in Public Health confirmed that the Council had signed up to the West Yorkshire Low Emissions Strategy and was awaiting the outcome as to whether parts of Bradford would become clean air zones. The key challenges for the District were smoking, smoking in pregnancy and to raise awareness around the prevention of smoking.

The Chair highlighted a newspaper article in relation to smoking issues in Bradford and lung cancer. In response the Consultant in Public Health stated that lung cancer was difficult to treat and the longer a person smoked the higher the risk of lung cancer. There was a need to focus on stopping people smoking and preventing people from starting smoking.

Members then raised the following comments:

- GPs and nurses needed to ensure that inhalers were used properly. Smaller inhalers were easier to use.
- When would the actual figures be available for COPD?
- Was work with young people being done in ways that would engage them?
- There were many ways in which technology could be utilised in communication.
- Young people may take more notice if a person with COPD promoted their own story.
- There was no cure, so prevention was key.
- Could best practice be used from other regions?
- How were air quality areas identified?
- To what extent was the Council dealing with emissions?
- Could bus and lorry routes be reduced in order to lessen impacts on schools?
- Why was respiratory disease not diagnosed earlier? If a patient consulted a GP with the same symptoms more than once per year this should be picked up.
- People had stopped smoking but had started 'vaping' instead.
- There was a great deal of advertising on television regarding other medical issues. Could something be done on breathing difficulties?
- Bradford had older public transport vehicles and it would help if newer vehicles were used.

- Explosions had occurred in eight homes where oxygen was used and people smoked and this needed to be publicised.
- Smoking was still prevalent in young people and 'vaping' was fashionable and promoted.
- Was 'vaping' 95% safer than smoking?
- People still smoked in confined spaces, even though there was a smoking ban and the vapour exhaled by 'vaping' still affected asthmas sufferers.
- There were no figures regarding smoking cessation in the report.
- Were there records of Council employees that smoked?
- How could the information be quantified when planning permission had been granted for an incinerator plant in Keighley?
- Was the Council using best practice? Did all the public and emergency service vehicles have diesel engines?

Members were informed that:

- It was an interesting point about inhalers and NHS England wanted to ensure that every clinician had the same level of understanding. 'My Health' apps had videos that showed the correct usage of inhalers and there was a need to reinforce how the medication was used at the review stage. Pharmacists also asked patients how they used their inhalers.
- There were two measures in relation to COPD, prevalence and incidents, however, the figures were more like a benchmark and not what was expected.
- Efforts needed to be focussed on children and young people and there were many different schemes, as well as the opportunity to be taught in schools.
- There was a 'Health Talk Online' website where people discussed their own health issues.
- 'NHS Right Care' was being utilised, which looked at similar demographics and organisations and this had proved beneficial.
- Air quality areas were routinely monitored. The issue had been discussed at the Environment and Waste Management Overview and Scrutiny Committee where a couple of roads had been identified in relation to air quality. Both Leeds and Bradford had to have a low emission zone and the issue needed to be investigated. Diesel vehicles were the problem and would have to pay to enter certain zones.
- Buses and lorries were an issue due to the diesel engines and the danger Wards were located in the inner city. Public health was linked to planning and if there was a negative impact mitigating actions could be requested. Trees could also absorb particles and noise.
- It was too early to tell what the impact of 'vaping' would be. A Council motion had been put forward in relation to the permitting of 'vaping' in buildings.
- Bradford District did tend to get older public transport vehicles, however, they had been retro fitted.
- There was no evidence to state that people were smoking and 'vaping' and swapping between the two as yet. It was acknowledged that 'vaping' was marketed to younger people and it was not a healthy alternative.
- All the publications stated that 'vaping' was 95% safer than smoking.
- There was a great deal of work ongoing surrounding passive smoking.

- The report did not provide the level of detail regarding smoking cessation, however, it could be submitted to a future meeting if required. Work was ongoing with regard to how to target limited spend on smoking cessation and key areas such as smoking in pregnancy and manual workers were being focussed upon. The information required could be circulated to Members following the meeting.
- There were no records in relation to Council employees that smoked. The Council had to improve the wellbeing of its employees and there was being focussed on. The Healthy Weight Board, a sub-group of the Health and Wellbeing Board, would become the Healthy Lifestyle Board and was trying to launch initiatives in Bradford to get people involved.
- Planning permission had been granted for the incinerator, however, the company would now have to apply for a permit. A local assessment had to b undertaken and many mitigations had been put forward. A permit request had been submitted to the Environment Agency but had not been granted as yet.
- It was important to look at all the issues. Air quality was high on the Council agenda and should be for every other organisations.

Resolved –

(1) That an update report be submitted in 12 months and the recently appointed clinical lead and service users be invited to the meeting.

(2) That a report on smoking cessation be presented to a future meeting.

Action: Consultant in Public Health

95. BRADFORD DISTRICT SUICIDE AUDIT AND PREVENTION PLAN

The Speciality Registrar, Public Health presented a report (**Document "AL"**) which provided an overview of the findings from a recently conducted audit of deaths by suicide in the District 2013-15 and presented the District's new multi-agency Suicide Prevention Plan, in draft form, prior to its anticipated launch in April 2017.

The Speciality Registrar, Public Health explained that the District had a fairly new Mental Wellbeing Strategy and this included a Suicide Prevention Plan. In February 2017 access was granted to audit Coroner's Office files where it was found that 76 cases of suicide had occurred in the Bradford District. It was identified that the age group most at risk was 50 years old and one of the clear trends was deprivation. The Speciality Registrar informed Members that the Prevention Plan was a multi agency document and modelled on the National Strategy. He reported that there was an aspiration to attain a 10% reduction by 2021 and that there were six key areas within the Plan.

Members then raised the following points:

- Why were 61% of suicide deaths by hanging?
- Had the number of suicides evened out since the financial crisis?
- Were the categories relevant in respect of the person's relationship status at time of death?

- Could staff who dealt with vulnerable people be trained and could it be built into the Plan?
- What was the difference between the Coroner's figures and National figures?
- How many deaths had there been between people aged between 5 and 19 years?
- People were being discharged from hospital, referred back to their GP and still having suicidal thoughts. There were some excellent services available.
- Would information about suicide attempts by age be available?
- Some people may feel better if they had decided to end their life and could therefore be missed. Was this factored into training and plans?
- A psychological assessment should be undertaken before a person who had self harmed was discharged from hospital.
- Were most insurance policies invalidated if suicide was a cause of death?
- How would access to the means of suicide be reduced or prevented?
- Support was required for those that had to deal with the aftermath of an attempted suicide or suicide.
- Was there any detailed analysis in relation to those that had committed suicide and were already known to mental health services and those that were not?
- Suicide rates in prisons had increased.
- It would be worthwhile looking at the suicide rates of prison leavers.

In response Members were informed that:

- Hanging was quick and there was no way back.
- Three year rolling rates had been compiled and the numbers had increased where expected, however, the rates were reducing slightly now. It could not be said that there was a trend though.
- The person's relationship status had been taken from the information recorded by the police at the time of death and there was very little link, however, a major issue in a person's life, such as some form of family break up, was a high risk factor.
- Work was ongoing to develop two or three key points to help in these situations.
- The Coroner had high standards. There were no deaths of people aged between 5 and 19 years in the audit, however, two had been 19 years old. The Child Death Overview Panel (CDOP) investigated all child deaths and there were other threads that pulled together. There could be a delay in issues being referred to the CDOP and there was a need to build resilience in children in order to prevent situations.
- It was difficult to separate the figures of suicide attempts from self harm cases, however, Accident and Emergency Departments could be asked to record them.
- It would be difficult to identify people who appeared to be better but were intent on committing suicide, however, training requirements could be considered.
- Psychological assessments could be looked at.
- It was believed that the issues regarding insurance policies had not changed.

- The reduction or prevention of suicides involved taking reasonable measures and making it more difficult. It could not be stopped but it could be made harder to carry out.
- The Strategy identified support for those affected by suicide and there was some good work ongoing. A training course was now available. Leeds had an effective service that was not expensive and consideration was being given to the commissioning of a Regional service.
- In the information studied there had not been any cases where the person was already known to mental health services, however, there had been a vast reduction in the number of suicides of people in care.
- The issue of suicide levels in prison leavers would be raised at the next mental health meeting.

The Overview and Scrutiny Lead confirmed that the Committee was due to look at the Mental Health Strategy in detail and the issues raised could be included.

Resolved –

(1) That the report be welcomed and noted.

(2) That further work on data collection to identify suicide attempts seen in Accident and Emergency Departments and by psychiatric liaison be undertaken.

(3) That the risk of suicide in relation to prison leavers be raised with partners at a Regional level.

Action: Speciality Registrar in Public Health/Consultant in Public Health

96. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2016/17

Members were informed of amendments made to the Work Programme 2016/17.

Resolved –

That the Work Programme 2016/17 be noted.

Action: Overview and Scrutiny Lead

Chair

Note: These minutes are subject to approval as a correct record at the next meeting of the Health and Social Care Overview and Scrutiny Committee.