City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held remotely on Thursday, 25 June 2020

Commenced 4.00 pm
Concluded 5.50 pm

Present – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP
Greenwood **Mir** **Lintern** **Humphreys** **Berry**	**Hargreaves**	**Griffiths**

NON VOTING CO-OPTED MEMBERS

Susan Crowe	Bradford District Assembly Health and Wellbeing Forum
Trevor Ramsay	Healthwatch Bradford and District

Apologies:
Councillors Godwin, Goodall, J Sunderland, Khadim Hussain and G Sam Samociuk

Councillor Greenwood in the Chair

1. DISCLOSURES OF INTEREST

Councillor Griffiths disclosed, in the interest of transparency and for all items under discussion, that he was a GP working for the National Health Service in the district.

Action: City Solicitor

2. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

3. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

There were no referrals made to the Committee.

4. COVID 19 - PUBLIC HEALTH UPDATE

The Director of Public Health provided a verbal report on the Department of Public Health's strategic Covid-19 plan and updated Members on testing, NHS Test and Trace and outbreak management.

A detailed PowerPoint presentation was provided and explained that there was a requirement for all Upper Tier Local Authorities to have an outbreak control plan with the purpose of reducing the spread of COVID-19 to prevent avoidable mortality and harm.

The presentation outlined the objectives of the plan produced in the Bradford District; to enable lockdown to be eased whilst minimising the spread of COVID-19 in Bradford; the launch of the NHS Test and Trace Service on 28 May 2020 and how local health protection expertise and capabilities were combined with the national response.

It was revealed that Bradford District Covid-19 Outbreak Control built on the existing outbreak plan, scaling up and enhancing existing arrangements and services to meet the needs of local communities.

The aims and objectives of the plan included reducing the health inequalities and health impact of COVID-19 for the people of the district and it was questioned how that would be achieved. It was explained that reducing health inequalities was at the forefront of every thing which the Public Health Department undertook. Postcode data of people who had died from COVID-19 was plotted and revealed a clear correlation between deprivation and dying from COVID-19. Information had been tailored to people living in houses of multiple occupation; communications were provided in plain easy to read formats and were written in community languages. As well as communications to the general population activities were focused on people who faced disadvantage. Assurances were provided that information was also targeted at people with learning disabilities.

A Member raised concerns that, following recent and confusing government advice some people were appearing to act as though the threat of the virus had gone. The effectiveness of the messages communicated so far was acknowledged but it was questioned what action had been taken to counter confusing advice; to prevent a second spike of the disease and allay people's fears.

Those concerns were acknowledged and assurances were provided that proactive communications were being conveyed. The Road Safety team had provided signs advising of two metre social distances. The signs would remain as it was known that two metres was best and one metre plus should be only when two metre distances could not be achieved.

It was reiterated that communications had been conducted with 14 community anchor organisations. That was a two way channel and it was hoped to get

messages out right across communities. The plan revealed investment had been made in 'Support to Isolate' which was to be carried out by Council Wardens. Wardens would continue to talk and engage with communities and residents were to be told to be alert and use common sense. The district's Gold Command group had heard the concerns that there was no law they could enforce so 'softer' channels would have to be utilised to influence people to understand what is being requested and required.

Robust community engagement measures which had been developed to maintain trust and implement test and trace with consensus and local ownership were explained and the Chair stressed the importance of getting the appropriate communications to residents.

Testing facilities including a national pilot to provide home testing kits and the provision of a city centre drop in centre were reported and data collection to understand the pandemic and to manage case were discussed.

In response to the plans to provide 'walk in' testing facilities in Centenary Square a Member expressed his concerns about the safety of that provision. He believed that the centre could encourage people who were experiencing symptoms to travel on public transport and to visit a busy area of the city centre. It was suggested that, with measures being employed to assist businesses to reopen there may be more appropriate sites for the testing centre to be located.

The Director of Public Health acknowledged those issues and agreed that people who were experiencing symptoms should not be encouraged to use public transport. It was explained that residents were unable to walk into other testing facilities and could not always access personal tests. It was hoped that the centre would encourage as many people as possible to be checked and not to think it was too difficult and not bother. If residents tested positive their contacts could be traced and the risk of an outbreak more easily controlled. Assurances were provided that measures were in place to mitigate the risk. The testing centre in Bradford would be positioned right against the City Hall building and away from the centre of Centenary Square. Strong messages would be conveyed to encourage visitors to use face covering and adhere to social distancing guidance. An advantage of the testing centre being in a prominent city centre position would be the reminder to people of the threat of COVID 19 and that we are not back to a normal way of life. It had previously been reported that taxi, train and bus drivers were being disproportionally affected by COVID 19 and it would be easy for them to access a city centre walk in site.

Assurances were provided that the Department of Public Health had worked with officers from Emergency Planning and the company which managed the city centre site. A strict criterion of suitability had been considered and no other site within the city centre had been suitable. It was hoped that Members felt assured by the rationale for using that site and the measures in place to mitigate risk.

Members suggested that it may be prudent to conduct tests at local bus depots or other large centres of employment to develop testing regimes around employment patterns. Whilst they acknowledged that drivers should not be at work if they were ill the benefits of testing asymptomatic drivers who could potentially infect high risk groups was agreed.

In response Members were advised there were a few options available and being considered to make it as easy as possible to get tested. Self test kits were currently being delivered to large organisations in Calderdale and included care homes. This allowed people to swab themselves and the kits were delivered back to a testing facility to be processed. Commencing in July the Director of Public Health would have responsibility for the deployment of mobile testing units run by the army. Following the recent outbreak in Kirklees a testing unit had been set up at the affected work place for three days and all employees were tested. The tests had been conduced at various times to ensure everyone was reached. It was questioned if the unit was testing only symptomatic employees or extending that to their contacts and it was agreed to investigate and provide that information to Members.

The Chair questioned her belief that, to produce accurate results, testing should be carried out between the second and fifth days of illness. The Director of Public Health confirmed that levels of the virus were more likely to be detected during that time period and that false negatives could be produced from people who were asymptomatic. In some care homes where asymptomatic people who had been in contact with those infected were tested some of those people where found to be infected.

Anti body testing was discussed and it was suggested that testing groups such as public transport drivers who had been identified as being at greater risk may reveal not only the current prevalence of the virus but historical information about the numbers who had previously been infected.

The Director of Public Health explained that there were no plans to conduct those checks locally and that would not be considered until the focus on NHS staff had concluded. It was explained that Public Health England did conduct national prevalence tests and officers extrapolated that information to understand how much of the virus was circulating. Whilst immunity testing may satisfy individual curiosity it may not be helpful as it was not yet known what level of immunity was provided following infection

The Strategic Director, Health and Wellbeing, reported that as there was a greater need for surveillance in care homes people were now being regularly re-tested on a three weekly basis.

Following discussions about the collection of data to understand the pandemic and to manage outbreaks a Member questioned if there was any work underway to understand effects of COVID-19 and the risk to Black, Asian and Minority Ethnic (BAME) communities. In response the Director of Public Health explained work undertaken with the Bradford Institute for Health Research and the strategic advisory group C-SAG. It was known that before COVID 19 death rates were higher among people of black and Asian origin and that those communities and other ethnicities had between 10 – 15% higher risks of death when compared to white British people who contracted COVID-19. That research did not account for other possibilities other than ethnicity so things like co-morbidities, (existing conditions) obesity and occupation could have some implications for people who were experiencing COVID 19 worse than other groups. Other evidence had shown that when co- morbidities like diabetes and hypertension were considered

the difference in risk of death amongst hospital patients was greatly reduced. Those statistics indicated that whilst there was definitely a greater risk for people from BAME communities from COVID-19 some of that could be due to other co morbidities that were known to be a risk in terms of their health and wellbeing. Other research revealed that undiagnosed hypertension played a part in how people were affected by COVID 19. The Department for Pubic Health were aware of those issues.

Work had been undertaken with the Council for Mosques to provide risk assessments in larger mosques and risk assessment templates had been provided so that all mosques could conduct risk assessments before they opened. The capacity of mosques had also been greatly reduced and the attendance at those facilities had been reduced to between 5% and 10 % of previous capacity. The Council of Mosques had been very accommodating in ensuring they did everything that was needed to make those environments safe. Communications with the Council of Mosques had included video Question and Answer sessions with a medical person; leaflets; specific information for multi generational households and those communications had been distributed through many different networks and in different languages to get to as many people as we possible. It had been found that some of the Asian older generation were getting information from Pakistan from radio broadcasts and other methods which probably weren't as evidence based as they needed to be. Work would be continued to engage in a variety of different ways with the BAME population.

In relation to the outbreak occurring in a meat processing factory in a neighbouring authority a Member referred to the substantial food processing industry in the Bradford district and that the industry was a major source of employment in the area. He reported that he was aware of employees feeling they had to work whilst they were ill as they had no other income through the absence of sick pay. It was feared that people in the least protected employment with other vulnerabilities like living in overcrowded accommodation and insecure employment were most at risk of any Covid-19. The necessity for dialogue with trade unions, the Chamber of Commerce or others, who could influence employers, and assist those in insecure employment, was stressed.

Members were advised that, as soon the issues in Kirklees occurred communications had been increased to the communities that potentially were employed at that site. At the moment the Department for Public Health did not have postcode data to be able to identify where those people were located and were using communication with communities to prevent further outbreaks. Officers in Environmental Health had been asked to contact all large employers to remind them of their responsibilities to make sure work places were as safe as possible; that all the guidelines were followed and to make sure they understood what needed to happen when employees were unwell and unable to work. Conversations had taken place with the trade unions and the Chamber of Commerce to make employers aware of their responsibilities. Additional welfare advice provision was also being considered to provide essential advice that would be required after the lockdown.

The additional long term benefits of the dialogue being undertaken about

employers responsibilities was acknowledged. A Member who was also a general practitioner echoed his colleagues experience of employers who had a lack of knowledge about statutory sick pay provision.

It was presumed that the proposed walk in centre would be for residents experiencing COVID-19 symptoms and was to kick start the test and trace process. It was questioned what measures were in place to prevent that capacity being taken up by people without reason for concern.

In response it was confirmed that the presumption was correct, however, national policy allowed for anyone to request to be tested. All those attending the centre would be asked the reason for their visit. It was agreed to contact the management company to ascertain how the testing capacity would be protected for those with legitimate concerns.

In conclusion the Director of Public Health and her colleagues were thanked for the provision of a very informative report. It was agreed that rather than ask for a progress report at a specified time the situation would be closely monitored and additional information would be requested as required.

No resolution was passed on this item.

5. COVID 19 - DENTAL SERVICES UPDATE

The Head of Commissioning (Yorkshire and Humber), NHS England provided a presentation on access to dental services in Bradford District during the current COVD-19 pandemic.

The presentation outlined the response following the instruction from the Chief Dental Officer that routine dentistry must cease on 25 March 2020. NHS dental practices had remained open to provide telephone advice and triage services. Urgent Dental Care (UDC) networks had been created and the establishment of seven centres across Bradford and Keighley, together with arrangements to access those services, was reported.

Following discussions about the current situation in the Bradford district it was explained that NHS dental practices had been able to reopen from 8 June 2020 to provide urgent treatment.

A limited range of urgent face to face treatments had been provided where infection control and PPE requirements were in place. The practices would see urgent patients first and the Urgent Dental Care network remained in place. The route for patients accessing dental care in normal working hours remained through a dental practice. All General Dental Practitioners would provide remote triage to any patient, regardless of whether they were a regular patient of the practice.

It was reported that although over 60% of practices in Bradford were offering some face to face care and the number was increasing on a weekly basis the availability of PPE remained a challenge. The plans in place for social distancing;

infection control and PPE meant capacity was reduced to approximately a third.

Members were advised that national guidance was awaited to support the next stage of restoration and to advise when and how services could move to routine care and how the relaxing of lockdown would impact on the service.

In response to questions about charges being imposed on patients accessing private dental services for the provision of PPE the Head of Commissioning reported her expectation that NHS practices would not charge patients for the provision of safety measures.

No resolution was passed on this item.

6. WORK PROGRAMME 2020-2021

The Chair led a discussion on the Committee's work programme 2020/2021.

It had been decided that the work plan would be developed as a rolling plan over a three month period to allow the Committee to react to issues as they arose. Members were asked for the views on issues they wished to consider and priorities for inclusion in the work programme for adoption at the next meeting.

The Co-opted Member representing Bradford District Assembly Health and Wellbeing Forum expressed concern about an increase in mental health issues and in particular for people with learning disabilities.. It was felt that Government messages had been unclear and learning disabled people were worried and required assurance. The provision of a report or discussion on the work programme was requested.

The Strategic Director, Health and Wellbeing expressed her gratitude to the co-opted Member her colleagues for their work which had facilitated contact with service users. It was agreed that the specific issue of reassurance and the wellbeing of people with learning disabilities be considered.

It was also suggested that the issue should be extended to include the impact on older people who had not been out of their homes for a considerable time.

A Member proposed that the effects on primary medical care access be included on the plan in the light of significant change which would be experienced in the long term. The Overview and Scrutiny Lead confirmed that she had requested details of plans on the re-opening of primary care facilities. An annual report on Primary Care was always considered in the New Year but she would ask for that report to be brought forward.

Consideration of advice services which would be faced with considerable backlogs following the lockdown was requested. The Overview and Scrutiny Lead reported that Members were due to receive a report which had been delayed due to the pre election process. She had spoken to officers who confirmed they would be in a position to provide that report in the autumn.

A Member referred to emerging mental health needs and a particular increase he

had seen being faced by lone parent families; people losing their employment and men in their late 50's. It was felt there would be huge demands on service. It was stressed that those services had never been more needed and if those needs were not met the long term consequences would be far more demanding.

The Overview and Scrutiny Lead explained plans to scope out a report on mental health and this would be placed on the agenda as a matter of priority.

Resolved –

That a draft Work Programme, for approval by the Committee, will be prepared for consideration at the next meeting.

ACTION: Overview & Scrutiny Lead

(Caroline Coombes – 07970 413828)

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.