

## Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held remotely on Tuesday, 18 August 2020 at 4.30 pm

Commenced 4.30 pm  
Concluded 7.45 pm

### Present – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP
Greenwood Godwin Lintern Humphreys	Goodall Hargreaves	Councillor Griffiths

### Councillor Greenwood in the Chair

Apologies: Councillors J Sunderland and Khadim Hussain

#### 12. DISCLOSURES OF INTEREST

Councillor Lintern disclosed, in the interest of transparency and in relation to Minutes 17 & 18, that she was employed as a manager by Dementia Friendly Keighley.

#### 13. MINUTES

**Resolved –**

**That the minutes of the meetings held on 25 June and 21 July be signed as a correct record.**

#### 14. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

#### 15. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

Members were requested to consider how they wished to deal with a referral from the meeting of the Corporate Overview and Scrutiny Committee on 23 July 2020 where it was resolved, amongst other things,

*“That the Health & Social Care Overview & Scrutiny Committee be requested to consider aspects of the Impower Contract that relate specifically to Health and*

*Well Being*".

It was acknowledged that the Impower Contract had been discussed as part of the budget scrutiny last year and it was proposed that it be considered in the same manner at the end of the current year.

A Member who had attended the Committee meeting making the referral reported that Members, at that time, had wished to know more about the benefits that the contract would make to the health and social care agenda and were concerned that its value was not clear.

It was explained that the issue would be considered again by the Corporate Overview and Scrutiny in three months-time and acknowledged that the Committee would want to understand more about the contract as Impower moved into additional Council departments.

For the benefit of Members who were not on the Committee last year it was clarified, by the Overview and Scrutiny Lead, that the Committee had requested and had considered a specific report on the transformation programme which Impower were undertaking. In addition, the Committee had scrutinised the contract through regular performance reports provided from Adult Services which included performance data including outputs and outcomes. The financial aspect of the contract would be scrutinised through the budget process. As the Committee were having a COVID-19 focus at the current time the cycle of performance reports had not yet been scheduled but would be considered later in the municipal year.

**Resolved –**

**That aspects of the Impower Contract relating to Health and Social Care be scrutinised through the receipt of regular performance reports and budget analysis scheduled to be provided by the Strategic Director, Health and Wellbeing.**

**ACTION: Overview and Scrutiny Lead**

## **16. HEALTH INEQUALITIES IN THE BRADFORD DISTRICT**

Members were aware that health inequalities existed in Bradford District before COVID-19, however, the impact of COVID-19 had shone a light on inequalities in terms of poor outcomes relating to deprivation and ethnicity.

The Director of Public Health presented a report, **Document "C"** which illustrated health inequalities in the District, provided national and local data on health inequalities in relation to outcomes relating to deprivation and ethnicity and discussed what actions had been taken to date and actions which were planned.

The Leader of Council, whilst acknowledging the measures outlined in Document "C", stressed the necessity for structural inequalities in the city to be solved; she reported her belief that living in poverty limited life choices and that health inequality was the most important issue of the time.

Information included in the report revealed that all deaths would identify COVID-19 as the cause of death if life was lost within 28 days of a COVID-19 diagnosis and the rationale for that decision was questioned. The Director, Bradford Institute for Health Research, explained that this was to provide international standardisation as previously a number of countries had been recording deaths differently.

A Member referred to data suggesting that the South Asian population death rates were similar to Caucasian deaths and it was confirmed that was the case. Data revealed that the risk of transmission was greater among people living in crowded places or those in low paid work. Some blood groups had been identified as having a very small genetic component but the greatest risks were environmental factors.

Increases in positive test results were questioned with one Member suggesting that decisions to lock down communities should be based on the number of serious disease as opposed to positive tests. It was acknowledged that high levels of COVID-19 were being identified in the community as the number of tests increased but stressed that people were still getting seriously ill. It was explained that more positive cases were being identified amongst young people. As Bradford had the youngest population in the country the positive test results would be high. Reductions in serious illness may be due to the effectiveness of social distancing or more herd immunity than was first thought. It was felt that there were some signs of hope but caution against complacency was advised.

The Director of Public Health confirmed that younger members of the population were statistically more likely to recover but cautioned that they could still pass on disease to other people who may not. Assurances were provided that the Government did not base lock down decisions on the number of positive tests alone but considered a number of factors. Bradford had a higher positivity rate than the rest of Yorkshire and Humberside and the goal was to reduce the positivity rate to 1 % or below.

A view was expressed that some Government measures were making people unhealthier as their impact on young families, education and the economy was causing intense suffering.

The Leader of Council confirmed that the area was not currently in lock down and explained if that was the case more stringent measures would be in place. She explained that the decision to close sectors of the economy was made by the Government and the Council did not have those legislative powers. It was felt that insufficient testing had been undertaken at the beginning of the pandemic to understand the correlation between infection and deaths. The number of deaths occurring in the district together with the distress to family and friends was reported and it was stressed that throughout the pandemic the focus had always been to preserve life. It was not known how high the rates would have to be to be considered unsafe and whilst wanting to avoid lock down at all costs it was understood that people would not wish to go into the economy if they felt they would not be safe. The Chair stressed the necessity for public leaders to be speaking with one voice.

The accuracy of self-testing was questioned and Members were advised that all tests in the area were classed as self-tests. It was acknowledged that there had been some inconclusive results.

A Member suggested that testing people for anti-bodies could provide more useful information than testing for the virus. In response the Director, Bradford Institute for Health Research, explained that it was not known if people who had contracted the virus could contract it again and that they could still spread the virus to others. A Member questioned that statement and believed anti body testing would have helped the situation in nursing homes where he felt people had been treated badly and that this was not being addressed. He maintained that anti-bodies would afford protection and would provide an indication of the people who had been affected.

The Director, Bradford Institute for Health Research, acknowledged those points. He explained that there were a lot of home based anti-body tests which had not been properly evaluated. More information was required and it was believed that more accurate testing methods would be available shortly.

A Member questioned how many positive tests had been recorded on people who were asymptomatic. It was explained that positive tests had been provided from people who were asymptomatic but they often did not have enough of the virus to provide an accurate result and it was preferable to test people with symptoms as more accurate results were provided. It was confirmed that the majority of asymptomatic patients were young people although it was not certain why that was the case. Bradford was part of the national immunity studies and it was hoped that the studies would provide more valuable information on in the coming months.

Following questions about the long term effects of the disease it was explained that a number of affects were being seen with people suffering issues including chronic fatigue and palpitations. National and regional discussions were being held about that issue and Bradford had one of the first long term COVID clinics in the country.

A Member questioned when the infection would be eradicated and she was advised that it was feared that the virus was here to stay.

The Director of Public Health and the Director, Bradford Institute for Health Research were thanked for their informative report and presentation and Members were assured that health inequality would continue to be included on the Committee's Work Programme and picked up throughout the year.

**Resolved –**

**That the report be noted.**

***ACTION: Director of Public Health***

## **17. HEALTH AND CARE SYSTEM UPDATE**

The report of the Health and Care System Executive Board, (**Document “D”**) explained that the challenge posed by COVID-19 had amplified the health needs of the local population. Document “D” highlighted the existing strengths and weaknesses of the health and care system and revealed future actions required to meet the needs of the people in the District.

The summary of the report explained that the challenge posed by COVID 19 had amplified the needs of the population and equalities between people. Health, care and wider system relationships had come into their own; differences had been set aside and better results had been achieved by working together. Plans to ensure that those ways of working would continue were outlined. A Member questioned if those plans involved the establishment of new forums or groups and it was explained that integration would be through service design and joined up governance.

It had been acknowledged that optimising supply alone would not meet demand and better ways of avoiding and addressing needs were required. All teams would include a number of clinical leads and a community lead to link and challenge

To avoid and address needs arising in the first place, prevention would include an end to end approach. An example was provided with regard to pollution which would consider everything from air quality to the need for ventilation and everything in between.

A Member questioned if the Health and Care System Executive Board were supportive of the ‘Act as One’ approach and if funding would be in place. It was confirmed that the planned approach had received a warm reception by the Health and Wellbeing Board.

The Chief Executive, Bradford Teaching Hospitals NHS Foundation Trust, reported that the opportunity to transform had come from necessity through COVID-19. It had provided a renewed impetus to make tangible progress. It was explained that the collective intelligence of all who were representatives of health care in the district had been valued and the benefits of those partnership had been the speed with which issues could be addressed during the pandemic.

Members questioned how physically tired the staff were and what measures were in place to bolster their mental health.

The report revealed that there had been a significant increase in the demand and acuity in mental health services and a Member questioned what measures were in place to help people who had regressed during the pandemic and to address the needs of people who were struggling but not known to care services. In response it was explained that it was essential to keep communicating and to work with organisations to allow people to live a good life. There was a good network in place and communication, including social media, made people aware of services to help. It was acknowledged that the Voluntary and Community Services (VCS) had experienced an increase in demand and it was important to ensure that the VCS were not put under too much pressure.

Members questioned how much confidence there was that some of the new ways of working were better and how improvement would be monitored. He referred to

the increased use of IT systems which had been forced by the pandemic and, as this had become the new normal, he questioned how its effectiveness would be assessed. In response it was acknowledged that some of the IT solutions were welcomed but not all patients had access and they were aware of those issues.

A Member referred to poorer outcomes and that not all conditions could be treated using IT. He was concerned that GP's who could not physically assess patients were telling some patients to attend Accident and Emergency Units. A Member who had worked in health care in the district for a number of years believed that the previous Bradford Health Authority structure had worked well and dispersed organisations now needed to come back together.

Priorities for recovery contained in Document "D" were questioned and a Member expressed concern about unmet clinical need and in particular that for cancer services. He suggested that, despite deficits in funding, additional capacity to that available in previous years would be required to attend to the backlog and he requested that such information on that demand and capacity be highlighted in future reports.

In response to questions about cancer services the Chief Executive, Bradford Teaching Hospitals NHS Foundation Trust, explained that it was known that during the pandemic people did not present, as they had in the past, to the hospital as urgent cases. Engagement with primary care had also reduced and it was felt that people were fearful of attending hospitals and reluctant to burden GP's. The initial route for fast access for treatment had reduced significantly and a number of patients were waiting for treatment. Patients were not, however, waiting beyond the Royal College of Surgeons waiting time parameters for specific interventions.

Members were advised that the physical estate at Bradford Royal Infirmary had been reduced due to the continued use of Nightingale Wards. The additional cleaning and sterilisation needed together with the requirement for personal protective equipment (PPE) had also impacted on capacity.

The report revealed that independent sector capacity, at the Yorkshire Clinic and Optegra hospital, had been contracted during the pandemic and mainly focused on cancer, endoscopy and urgent eye procedures. The extent and capacity of that sector was queried.

In response to questions it was reported that the Oncology and Chemotherapy services had been 'lifted and shifted' to the Yorkshire Clinic to provide a safe environment for vulnerable patients. A number of Endoscopy and Haematology clinics had also taken place at the Yorkshire Clinic and 43 eye operations at Optegra. The independent sector had increased the availability of ventilators to address the anticipated need for equipment and staff resulting in increased critical care capacity. It was confirmed that the independent sector would continue to be contracted as plans for recovery were implemented

Members were aware that Mental health services had always utilised the independent sector to supplement NHS services. Although activity had increased in the demand for mental health services it was still lower than usual. Good feedback had been provided from electronic solutions and local IAPT (Improving

Access to Psychological Therapies) would continue.

The Programme Director, Health and Care System Executive Board, explained that the next phase in recovery would include proactive measures to identify people requiring support and promote easy and safe access to the services available. Members were reminded that there was an update on primary medical care scheduled for consideration at the next meeting.

A Member referred to lots of support being provided by local communities and it was acknowledged that there were many people to be thanked for their support during the pandemic.

**Resolved –**

**That an update on the Health and Care System be scheduled into the Committee’s Work Programme for consideration at a future meeting.**

***ACTION: Overview and Scrutiny Lead***

**18. COVID-19 - LESSONS LEARNT AND IMPLICATIONS ON ADULT SOCIAL CARE SHORT, MEDIUM AND LONG TERM PLANS.**

The Strategic Director, Health and Wellbeing, presented a report (**Document “E”**) which provided a summary of the key lessons and experiences that Adult Social Care services had faced during the COVID-19 pandemic and the implications on the departmental plan for the future.

It was explained that the report built on the presentation to the Committee on 21 July 2020 which had set out, in detail, the Adult Social Care response to COVID-19.

The report revealed that planning for a possible lockdown had begun in early March and included a business continuity risk assessment ensuring that the department was able to step down some services to continue providing core services to the most vulnerable. This had enabled the service to take a targeted and needs based approach to the people who were currently supported and to deploy resources to respond and manage Covid-19 specific additional demand.

The key learning from the service’s approach and experience over the last few months was outlined in the report and included that staff had been flexible and positively embraced the virtual working environment; there had been issues with Information Technology but this had also provided benefits to some residents by facilitating additional contact with distant relatives; there had been insufficient Personal Protective Equipment but this had been rectified and stocks were closely monitored and that relationships with the Independent Care Sector were enhanced due to a greater understanding and increased communication. The psychological impact of the pandemic had been acknowledged; particular actions needed to be intensified and it had been recognised that some carers needed a break.

It was explained that the situation was seen as an opportunity to listen and to define what was needed in the district. A survey of learning disability service

users had revealed that 25% of those people missed the service they previously had whilst other people wanted other things.

It was confirmed that what had worked well was keeping people well and in their own homes. It was explained that prior to the pandemic there were high levels of vacancies in care homes. The service had invested heavily in the care sector but it was recognised that some care workers suffered with poor working conditions including zero hour contracts and a lack of sick pay and holidays. The need to consider a fair deal for the care market and to value those people on the front line of care was stressed.

A representative from the Bradford Care Association addressed the meeting and reiterated those concerns. She believed that the care sector was reaching crisis levels and urged the Government to provide more funding for pay and to allow a move away from zero hour contracts.

A Member referred to the impact of lockdown on people with mental health issues and requested reassurance that those people could re-energise and control would be given back to those service users. In response the Strategic Director acknowledged that the Members concerns were shared by all. Assurances were provided that efforts were being made to restore contact with those people. Great strides had been made and intended to continue to embrace new ways of working.

The Strategic Director was thanked for her commitment to drive the happy, healthy and at home agenda and the huge difference that had made to people was acknowledged.

In response to discussions about the Ethical Care Charter the Overview and Scrutiny Lead explained that the Committee had previously considered working arrangements in care homes and concerns had been raised about a number of issues including 15 minute visits and zero hour contracts. The Committee received an annual report on the performance of Adult Services and in addition considered the budget implications each year.

Members questioned the status of the Ethical Care Charter and were advised that the Adult Green Paper was still outstanding. A Social Care Task Force was meeting and the draft report included a number of suggestions including free PPE for the care sector. It was explained that the Association of Directors of Adult Social Services were lobbying Government and it was agreed to keep Members updated on national activity.

**Resolved –**

**That the report be noted.**

***ACTION: Strategic Director, Health & Wellbeing***

**19. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY WORK PROGRAMME 2020/2021**

The report of the Overview and Scrutiny Lead, **Document “F”** presented the Committee’s Work Programme 2020-2021.

Members were advised that reports to be considered at the meeting in September; a primary care medical update and a presentation from Healthwatch Bradford and District on people’s experiences of health and care services during COVID-19, would provide them with a deeper understanding of those issues and key developments.

The status of a report which had been postponed from the meeting scheduled for April 2020, Assessment and Diagnosis of Autism in Adults, was questioned and it was explained that due to the focus on COVID-19 related issues that had not yet been rearranged. It was planned to hold an informal meeting for Members with Healthwatch Bradford and District and officers on that topic. The informal meeting would provide the opportunity for Members to raise questions and to inform a formal report.

In response to a Members belief that Autism should not be defined as a single condition reassurances were provided that the focus of the report would be across the spectrum of conditions. For the benefit of Members who had not been involved with the Committee when the issue had been considered in June 2019 it was explained that there had been a backlog of referrals for assessment. Delays in receiving a diagnosis, and other issues, had been a cause for concern. It was questioned if the issue should be considered by the Children’s Services Overview and Scrutiny Committee. In response it was explained that adults and children’s services were commissioned separately, however, it had been suggested that the Children’s Services Overview and Scrutiny Committee could consider the topic.

**Resolved –**

**That the Work Programme 2020/21 continues to be regularly reviewed and updated on a rolling three month basis up to March 2021.**

***ACTION: Overview and Scrutiny Lead***

**20. CHAIR’S NOTE**

The Chair thanked Bev Maybury, the Strategic Director, Adult Services, as she left the Authority, for her commitment and support to the Committee and for postponing her departure to assist through the current COVID-19 pandemic.

Bev was wished well for the future and her replacement, Iain MacBeath, was

welcomed to the District and the Committee.

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.**

THIS AGENDA AND ACCOMPANYING DOCUMENTS HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER