Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held remotely on Tuesday, 22 September 2020 at 4.30 pm

Commenced 4.30 pm
Concluded 7.15 pm

Present – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP	BRADFORD INDEPENDENT GROUP
Greenwood **Mir** **Godwin** **Lintern**	**Goodall**	**Griffiths**	**Khadim Hussain**

NON VOTING CO-OPTED MEMBERS

G Sam Samociuk	Former Mental Health Nursing Lecturer
Trevor Ramsay	Healthwatch Bradford and District

Apologies: Councillor J Sunderland and Co-opted Member S Crowe
Portfolio Holder – Healthy People and Places - Councillor S Ferriby

Councillor Greenwood in the Chair

21. DISCLOSURES OF INTEREST

In the interest of transparency Members made the following declarations: -

- Councillor K Hussain disclosed that the healthcare provision reported in Minute 26 was located in his Ward.

- In relation to all health care issues Councillor Griffiths disclosed that he was no longer a member of the local Medical Committee.

As the interests were not prejudicial both Members remained in the meeting during discussion and voting on those items.

ACTION: City Solicitor

22. MINUTES

Resolved –

That the minutes of the meeting held on 18 August 2020 be signed as a correct record.

23. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

24. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

There were no referrals made to the Committee.

25. HEALTHCARE ESTATE IN KEIGHLEY & GENERAL PRACTICE APMS CONTRACT FOR NORTH STREET SURGERY

The joint report of the NHS Associate Director Keeping Well and Chief Finance Officer (**Document "G")** was presented in two parts and intended to brief Members on the commitment of Bradford District and Craven Clinical Commissioning Group (CCG) and the former Airedale, Wharfedale and Craven (AWC CCG) to deliver fit for purpose primary and community estate in central Keighley, it also provided a briefing in relation to a contract for general practice services which has an end date of November 2021.

The first part of the report updated Members on progress made since the formation of Bradford District and Craven CCG on the Keighley estates development; it set out the high level timeline of planned activities; confirmed the financial 'affordability'; outlined the three potential estate options and the intended approach to public engagement.

Secondly the report set out an interdependency as the estate development was also likely to be required to make provision for 6.5k patients currently registered at North Street practice which has a contract of a time limited nature known as Alternative Personal Medical Services (APMS) with an end date of November 2021.
The background to the report clarified the Keighley Health and Wellbeing Estate Solution and explained that the need for healthcare estate development in Keighley had been recognised for many years. Former NHS bodies had proceeded to the public consultation stage; however, the development and delivery of an estate solution for integrated services did not proceed due to a range of reasons including financial constraints and NHS reorganisation.

The case for change had not diminished and was, in fact, stronger due to the growing population need; increasing health inequalities; and the deteriorating nature of the estate; namely Keighley Health Centre, Holycroft Surgery and North Street Surgery which were becoming increasingly expensive to maintain. The case was strengthened through the intent of the NHS Long Term Plan; national policy direction and local strategy and vision.

The report revealed that in central Keighley there were five practices within 1.5 miles of each other. The delivery of an estate solution for Keighley would address the CCG estate priorities and the needs of the Holycroft Surgery (10k patients); North Street Surgery (6.5k patients) and community services, including community diagnostics for the Airedale locality (circa 54k population). The NHSE commissioned dental services for vulnerable people and those who had difficulty accessing a 'high street' dentist. The community dental service was delivered by BDCFT which was also located within the health centre and plans for future estate provision were included in the report. The overall model was for re-provision of current services whilst recognising that there were opportunities for integrated working and shared space and to create and realise benefits and efficiencies.

Plans for the North Street Surgery were explained in detail and included that the Holycroft Surgery team, as well as the current providers of the North Street contract, had engaged in stakeholder activities and affirmed their willingness to work together and share space in order to create an environment which was flexible and multi-functional thereby. It was reported that should the outcome of market testing indicate that there was no market interest in the contract then managed patient allocation/list dispersal would be a likely outcome and the estate requirements may change.
The report detailed a range of options for the Keighley Health and Wellbeing Estate and it was reported that these had been refined to three viable options:

a) Re-provision on the existing Keighley Health Centre site on Oakworth Road Keighley at which the Holycroft Surgery is co-located. A feasibility study had been undertaken which confirmed that there was the ability to refurbish and expand on the current site and accommodate the expected space requirements. This was likely to be through a phased approach to minimise disruption to service provision, otherwise a decant solution may be required.

b) New build on one of two potential sites in central Keighley. Both were cleared land and would reduce disruption to services and negate the need for a decant solution.

In response to query as to the third option it was clarified that options two and three were the potential new build sites.

With regard to public consultation/engagement it was explained that NHSE/I's indicative assurance position suggested that a robust and meaningful public engagement process may be the correct approach rather than formal consultation on the proposals. That was, however, subject to the views of Members and the CCG Primary Care Commissioning Committee (PCCC). Members were, therefore, being asked for views on the plans contained in Document "G".

Following a very detailed presentation and in response to views on the engagement / consultation process to be developed Members raised a number of issues.
Concerns were raised that due to the distance between the two practices which could be merged there would be some impact on one set of practices' users.
It was also believed that as there were a number of practices which used the

Keighley Heath Centre consultation on proposals for that facility should include the wider population and not only the users of the North Street practice. The availability of radiology services at Keighley Health Centre was also felt to be an important aspect to be considered and that the current site was difficult to access by car.
In response Members were assured that a feasibility study had been conducted on the current health centre site; the proposals were viable and as a viable option must be included in the consultation but may not be the final outcome. Assurances were provided that consultation would include the wider Airedale community.

A Member believed that the impact of the proposals on a disadvantaged community must be considered and those residents must be involved in shaping the outcome of plans for their health care. Concern was expressed that the patients at the North Street surgery could be marginalised during the engagement process if account was not taken of the digital divide.

Members acknowledged that the proposals had not been predetermined but neither were residents being given the right to determine what will be, but they were involved in shaping the outcome.

It was questioned if there were voluntary service resources available to sit side by side with residents to enable them to become engaged. It was acknowledged that it was known who lived in the area and what their characteristics would be so there ought to be some understanding of the threshold of what a viable consultation should be. Whilst their involvement may not necessarily shape the outcome people should feel they have been fully engaged in the process.

In response it was agreed that assistance could not be fully provided by the voluntary sector and that it would need to be resourced and given the time and skills required. Assurances were provided that there were existing structures where voluntary sector organisations were funded to carry out engagement on behalf of the CCG and that they would be closely involved in the work. There was also the opportunity to involve more grass roots and smaller organisations in the process. It was explained that, in partnership with the voluntary sector, work to develop skills to tackle digital exclusion had been developed.

Members acknowledged that, in the event of there being no interest in a new APMS provider for the North Street practice, patients would be dispersed. The impact on practices, which could potentially be asked to take 1,000 additional new patients, was discussed and it was questioned if contingencies had been developed for that occurrence. In response it was confirmed that NHS were aware of that impact and that there was additional estate capacity in the area. It was explained that the model of general practice was changing and that there was the opportunity to look at back office functions.

The timeline for the proposals was questioned and it was explained that if an engagement process was preferred the timeline would be run concurrently with the timeline for the development of the estate. This would be developed in key phases and take approximately two to three months' dependant on commencement.

A Member with a community engagement background confirmed that she favoured the engagement process reported. She believed it would provide a wider understanding of the communities rather than a consultation process.

The distinction between engagement and consultation and questioned was discussed and it was questioned if there was an advantage to the population of undertaking formal consultation or a prolonged engagement process.

In response a personal view that engagement could be more meaningful was provided. Members were advised that there was a statutory duty to involve the population and take due consideration of their feedback and both process would be weighted identically.

Resolved –

(1) That progress made on the Keighley estate development, and the NHSE/I letter of support, be noted.

(2) That the need to secure service provision for the 6.5k patients registered at the North Street Surgery post November 2021, informed by the outcome of market testing be noted.

(3) That an engagement approach and activities with the registered population on proposals to secure provision for patients registered at the North Street Surgery be supported.

(4) That an engagement approach and activities with the wider population of Airedale, and the registered populations of North Street and Holycroft Surgeries, on the Keighley estate developments, be supported.

(5) That the comments of the Committee stressing the importance of engaging with those without access to digital resources, and the wider need for accessible information, be taken into account.

(6) That the issue be added to pending items on the Committee's Work Programme for consideration at an appropriate time.

ACTION: Overview and Scrutiny Lead

26. THE IMPACT OF COVID-19 ON GENERAL PRACTICE

The report of the NHS Keeping Well Director (**Document "H**") provided an overview of how General Practice and how General Practitioners (GPs) and their staff had adapted to operating in the COVID-19 environment. The report also highlighted how learning to date had informed the model of care going forward.

Document "H" revealed that COVID -19 had an early and almost immediate impact on General Practice. Report issues included 'Living with COVID19'

Bradford District and Craven Strategic Approach; Maintaining Service; General Practice during COVID-19 March to August 2020; the establishment of 'Red Hub's for people who were COVID-19 symptomatic or living with someone who was symptomatic; Access to Care; Support to Care Home residents; The Digital Care Hub and People's experience of General Practice during the COVID-19 Pandemic.

The report also discussed Personal Protective Equipment; Restoration Priorities from August; management of demand and impact and support for staff. During discussions on report issues the hard work which GP's and health care workers had undertaken was acknowledged.

Members questioned if GP's had continued to visit care homes as it was recognised that not all issues could be addressed digitally. A GP from the Baildon area who was in attendance at the meeting explained that the Bradford the Airedale Digital Hub was the first point of call for care homes. She reported that while she had undertaken fewer visits to care homes, visits had taken place when necessary and she had undertaken wider consultation and ward rounds.

The provision of the flu vaccine for the 50 to 64-year age group was questioned and it was confirmed that this was a new cohort who could access the vaccine free of charge. It was explained that supply could be a challenge as the new cohort had been announced after supplies had been ordered. Further details about supply were awaited.

A Member confirmed that, in discussion with pharmacists, he had been advised that 700 vaccines had been delivered as opposed to 200 in the same period last year indicating that many more people were keen to have the vaccine.

The reliability of anti-body tests was questioned and it was reported that there were various tests available with differing accuracy. Anecdotal reports of people with classic COVID-19 symptoms producing negative test results were reported. It was suggested that as antibody tests were conducted at Airedale Hospital a consultant from that hospital could be invited to a future meeting.

A Member described attempts he had made for a number of years to receive a telephone consultation or communication via email with his GP without success and welcomed that the facility was available at the current time.

He believed that the report under discussion highlighted what had gone well during the pandemic and suggested that it would be helpful to understand what hadn't worked. He said that he heard incidents of people who had not presented their symptoms to GPs which had resulted in serious implications. GP's had confirmed to him that they were not working as normal and it was believed that there was a lot of unmet need. The inability to conduct certain tests digitally was discussed and a subsequent reduction in diagnostic services was reported.

Incidents of residents who had called the NHS 111 telephone helpline being instructed to go to hospital Accident & Emergency Departments unnecessarily were also raised as a matter of concern. It was stressed that an understanding of what had not worked well during the pandemic including incidents where people had received a delayed diagnosis or a diagnosis had been missed, was required.

In response the Strategic Director of Keeping Well at Home, Bradford District and Craven CCG, explained that the report focused on the impact of COVID-19 on primary care rather than hospitals. It was recognised that there had been a reduction in access to general practice and as that was noticed the NHS had been proactive in advising people that GP's were still available. He acknowledged that there were lots to learn but stressed that the focus had always had been on safe systems for the whole population.

GP's in attendance agreed with concerns about reduced access to their services and explained that they were restricted to dealing with the two week urgent referrals and routine referrals had been delayed by three to four months.

A Member, who was a retired GP, believed that a wholesale move to digital consultations would be a risk to patients and questioned if there were compelling clinical reason to do so. He expressed concern that COVID-19 could be used as an excuse to make digital consultations normal practise. In response it was explained that the pandemic had resulted in a massive transformation in operating models of primary care. It was stressed that the transformation was necessary to ensure the safety of health workers and patients. It was believed that all GPs were working at the limits of their clinical comfort zone and whilst there would not be wholesale transformation to digital consultation the measures did offer a suite of options and provided tools to help patients access their GPs.

Document "H" included an account of people's experience of General Practice during the pandemic and, whilst acknowledging the hard work of health professions, concern was expressed that this was not universally felt with 28% reporting a poor or very poor experience of General Practice. It was also felt that this was probably a low figure as people usually said very nice things when asked about their doctors. Anecdotal reports of patients being told to visit Accident and Emergency Departments because face to face consultations were not available were also raised as a concern. It was stressed that this was not only detrimental to patients but harmful to the heath economy as a whole. The variability of patients experiences was very much a concern for Members.

The Strategic Director confirmed that the statistic of 28% of those surveyed reporting a poor experience was taken very seriously. He also stated that if it was brought to the CCGs' attention that people were asked to go to Accident and Emergency it did not go unchallenged. Measures were being undertaken to drill down into the patients' experiences and the issues arising would be addressed. GPs in attendance confirmed that they were eager to return to face to face consultation, however, if patients wanted digital services that would also be available.

A Member questioned the likelihood in a second lockdown period of health sites being closed and, whilst he hoped that a full service could be delivered, he recognised that staff would be impacted and whether practices closed would depend on the impact of lockdown. He was advised that surgery closures had been for operational reasons and services had been centralised to facilitate cleaning requirements and keep people safe. Assurances were provided that all efforts would continue to be made to prevent detrimental impacts on patients and that safety was the key factor behind all decision making.

A co-opted Member questioned the current strategic thinking in terms of timelines and whether plans were being made for three or six months ahead. In response it was explained that the timeline could be six months or more. The reopening of schools could impact on any key worker parent whose child had a cold or temperature as they would be unable to work until tests had been completed.

With the approach of bad weather during the winter it was questioned if there would be arrangements for patients to wait in dry warm environments whilst visiting their doctors' surgery. It was explained that some practices were opening up waiting rooms whilst others were asking people to wait in their cars. The arrangements were dependant on the size of buildings and the availability of larger rooms to facilitate social distancing.

A Member, whilst acknowledging that the health service would build on its experience of COVID-19 and learn from different models, expressed concern about the inability to read people's mood and understand body language via digital consultation. He explained that he had witnessed a build-up of emotional and mental health issues through his employment and believed that consultation models could appear to be technically smart but could not recognise the people element which was required.

GPs at the meeting agreed with that statement and were concerned about the trauma people had experienced over the previous six months. It was believed that those affects would be seen over the coming months and that the right services must in place for issues which maybe health professionals were not yet aware of in terms of quantity.

It was stressed that the operational arrangements had been implemented urgently to deal with the pandemic and it was not believed that those operating models would railroad services in one direction but open up a suite of tools for patients to access their doctors. It was felt that rather than excluding people new models provided opportunities for people such as working age patients who had previously struggled to gain access to primary care. GPs recognised the benefits of face to face consultations and they would still be available. Learning about the tools which had been developed overnight would be essential to ensure they were deployed in an appropriate manner.

It was acknowledged that COVID-19 had hit some of the most disadvantaged and most vulnerable communities the hardest. Details of the Living Well programme in Bradford which focused on self-care and social prescribing were provided and it was believed that the programme would free up general practitioners to deal with more vital issues.

The Overview and Scrutiny Lead explained that there was a report on Mental Health to be considered at the meeting on 20 October 2020. Details of the Chair's briefing prior to that meeting were provided and all were invited to attend and shape the report which would be considered.

It was proposed that a further report be requested in 12 months' time to include lessons learnt from the rapid introduction of digital services. It was suggested that other Committees be advised to consider digital transformation. The Overview and Scrutiny Lead agreed that questions as to how social care and

adult social care had stayed in touch and interfaced with people could be included in performance monitoring reports and the Chair agreed that was something which could be discussed at meetings between the Overview and Scrutiny Chairs.

Resolved –

1. **That the contents of Document "H" be welcomed as assurance of actions taken to ensure safe delivery of care by GP practices during covid-19.**

2. **That the phased approach to restoring services outlined in Document "H" be noted.**

3. **That, taking account of the comments made by Members, the NHS Keeping Well Director be requested to provide a future report in 12 months time and that the report include information on lessons learnt from the rapid introduction of digital delivery of services that has taken place during the Covid-19 pandemic.**

ACTION: Overview and Scrutiny Lead

27. HEALTHWATCH BRADFORD AND DISTRICT SURVEY

The Manager of Healthwatch Bradford and District provided a verbal presentation on the findings of a patient survey detailing people's experiences and challenges of accessing NHS health and care services during the Covid-19 outbreak. The survey took place between May and August 2020.

The presentation explained that Healthwatch helped people find the information they needed to make choices and get the most from health and social care services. It guided people through a system which can be confusing and put people in touch with services that could help. It endeavoured to find out what people thought about health and social care services; recorded the views which were heard and considered patterns to see what needs to be improved.

It also ensured that the people in charge listened to those views when they were making decisions and showed people how their views could make a difference. The rationale for undertaking the survey was the recognised need to respond to COVID-19; to understand what patients and the public's experiences were and to improve services and the response.

It had not been possible to conduct face to face interviews so an online survey with an option to phone was undertaken between 30 March and 29th June. The survey had been promoted via social media and networks and had a BAME focus.

The level of response was provided and included how easy it had been for people to get information. Key issues which had been revealed included communication needs and challenges; uncertainty around the of COVID-19 impact on pre-existing conditions; confusion around shielding and anxiety around a lack of clear information.

Statistics on the volume of people seeking treatment and medical advice; the numbers of people assessing services and people's experiences of health and care were reported.

The percentage of people accessing care for advice of treatment for other health issues together with their experiences of those services were also presented. The survey included details of the impact of COVID-19 on mental health; information on the numbers of residents who had accessed mental health services; the challenges people faced and the ways they had built resilience.

The levels of community support had been assessed and it was reported that most people who had asked for help felt that the pandemic had had a negative effect on them and their wellbeing through feelings of loss of control, helplessness and loss of independence. An area to be revisited would be to consider if solutions had been found or issues still existed.

It was reported that the survey had been shared with the CCG and WYHHCP (West Yorkshire and Harrogate Health and Care Partnership); the full report was shared with key delivery partners including the Voluntary and Community Sector and the report and operational changes had been shared with the public.

The presentation concluded with recommendations to increase the demographic reach of surveys; to increase access to mental health support services; to ensure health messages were communicated in a full range of formats and to provide timelines of changes to services

Following the presentation concerns were expressed about residents, not previously known to Mental Health Services, with low level depression or anxiety who may not know how to access support. It was hoped that surveys such as that conducted by Healthwatch would raise awareness of the support available. The Manager confirmed that information was presented on social media and via a mailing list of all contacts to the service. It was also cascaded to disease specific groups; carers resources and the service had tapped into all contacts to try and spread the message far and wide.

A Member acknowledged the growing concern the survey had found about access to mental health services. He feared that the pandemic had impacted on people's mental health due to job losses; debt and family problems and he questioned how greater access could be developed for marginalised groups.

It was agreed that pregnancy and childbirth had been difficult during the pandemic and it was questioned if information had also been gathered on that topic. It was explained that a report on mental health was due to be considered at the next meeting, to be held on 22 October 2020, and that the issue could be discussed at that time.

It was suggested that the Committee keep in touch with Healthwatch Bradford and District as they had access to useful intelligence. The Manager was thanked for the provision of an informative report and it was agreed that she would circulate a copy of the report on the survey to all Members.

Resolved –

That the Manager, Healthwatch Bradford and District, be thanked for the provision of an informative report.

ACTION: Overview and Scrutiny Lead

28. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2020/21.

The report of the Overview and Scrutiny Lead, **Document "I**" presented the Work Programme 2020-2021.

Members were advised of the items for discussion at the meeting on 22 October 2020. The dates of the Chair's briefing to inform reports for that meeting was provided and all Members were invited to attend.

Items scheduled for consideration at the meeting on 17 November 2020 were reported and included COVID-19 – impact on carers and an update on the carers strategy and COVID-19 Public Health update.

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

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.