

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

Members of the Committee – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP	BRADFORD INDEPENDENT GROUP
Greenwood Mir Godwin Lintern Humphreys	Goodall Hargreaves	J Sunderland	Khadim Hussain

Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP	BRADFORD INDEPENDENT GROUP
Akhtar Berry Iqbal Jenkins H Khan	Barker Riaz	Griffiths	Sajawal

NON VOTING CO-OPTED MEMBERS

G Sam Samociuk	Former Mental Health Nursing Lecturer
Susan Crowe	Bradford District Assembly Health and Wellbeing Forum
Trevor Ramsay	Healthwatch Bradford and District

Notes:

- Please note that, under the current circumstances, we are only able to produce limited paper copies. A webcast of the meeting will be available to view live on the Council's website at <https://bradford.public-i.tv/core/portal/home> and later as a recording
- Any Councillors or members of the public who wish to make a contribution at the meeting are asked to email jane.lythgow@bradford.gov.uk by **10.30 on Friday 14 August 2020** and request to do so. In advance of the meeting those requesting to participate will be advised if their proposed contribution can be facilitated and, if so, they will be provided with details of how to electronically access the meeting. Councillors and members of the public with queries regarding making representations to the meeting please email Jane Lythgow.
- Approximately 15 minutes before the start time of the meeting the Governance Officer will set up the electronic conference arrangements initially in private and bring into the conference facility the Chair and Members so that any issues can be raised before the start of the meeting. The officers presenting the reports at the meeting will have been advised by the Governance Officer of their participation and will be brought into the electronic meeting at the appropriate time.

From:

Parveen Akhtar, City Solicitor
Agenda Contact: Jane Lythgow
Phone: 01274 432270
E-Mail: jane.lythgow@bradford.gov.uk

To:

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The City Solicitor will report the names of alternate Members who are attending the meeting in place of appointed Members.

2. DISCLOSURES OF INTEREST

(Members Code of Conduct - Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

Notes:

- (1) Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*
- (2) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.*
- (3) Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.*
- (4) Officers must disclose interests in accordance with Council Standing Order 44.*

3. MINUTES

Recommended –

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

(Jane Lythgow – 01274 432270)

4. INSPECTION OF REPORTS AND BACKGROUND PAPERS

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report. If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Jane Lythgow- 01274 432270)

5. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

Any referrals that have been made to this Committee up to and including the date of publication of this agenda will be reported at the meeting.

B. OVERVIEW AND SCRUTINY ACTIVITIES

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

1 - 10

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

Members are asked to consider the proposal for public engagement and it is - Recommended

- 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 the engagement activities with the registered population of the North Street Surgery be noted.**

(Lynne Scutton – 07855832612 /
Robert Maden – robert.maden@bradford.nhs.uk)

7. THE IMPACT OF COVID-19 ON GENERAL PRACTICE

11 - 26

The report of the NHS Keeping Well Director (**Document “H”**) provides an overview of how General Practice, GPs and their staff have adapted to operating in the COVID-19 environment and highlights how learning to date has informed the model of care going forward.

Recommended –

- 1. That the contents of Document “H” be noted 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.**

(Lynne Scrutton – 07855832612)

8. HEALTHWATCH BRADFORD AND DISTRICT SURVEY

The Manager of Healthwatch Bradford and District will provide a verbal report 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

(Helen Rushworth - 07841 565467)

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

27 - 36

The report of the Overview and Scrutiny Lead, **Document “I”** presents the Work Programme 2020-2021.

Recommended –

- 1. That the Committee comments on the information in Appendix 1 and 2 to Document “I”.**
- 2. That the Work Programme 2020/21 continues to be regularly reviewed and updated on a rolling three month basis up to March 2021.**

(Caroline Coombes - 01274 432313)



Report of the Bradford District and Craven CCG to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 22nd September 2020

G

Subject:

Healthcare Estate in Keighley & General Practice APMS Contract for North Street Surgery

Summary statement:

This paper is in two parts and is intended to brief the Health and Social Care Overview and Scrutiny committee (OSC) on the commitment of Bradford District and Craven CCG and the former AWC CCG to deliver fit for purpose primary and community estate in central Keighley, it also provides a briefing in relation to a contract for general practice services which has an end date of November 2021.

Portfolio:

Healthy People and Places

Report Contacts:

Lynne Scrutton
Associate Director Keeping Well
07855 832 612
lynne.scrutton@bradford.nhs.uk

Robert Maden
Chief Finance Officer
robert.maden@bradford.nhs.uk

1. Summary

Part 1: updates on progress made since the formation of Bradford District & Craven CCG on the Keighley estates development; it sets out the high level timeline of planned activities; confirms the financial 'affordability'; outlines the three potential estate options and the intended approach to public engagement..

Part 2: sets out an interdependency - the estate development is also likely to be required to make provision for 6.5k patients currently registered at a practice which has a contract of time limited nature (Alternative Personal Medical Services – APMS contract) with an end date of November 2021

Key points:

- Plans are underway for re-provision of healthcare estate for community services including community diagnostics; community dental services for the Airedale locality; plus Holycroft Surgery (10k patients) and for the APMS North Street contract (6.5k patients)
- The former AWC CCG clinical executive (CEG) commitment for anticipated additional revenue costs was secured December 2019. This will be incorporated into future BD&C CCG financial plans, in line with scheme completion
- The Primary Care Commissioning Committee (PCCC) reaffirmed in July and September 2020 the view that a solution for the premises issues at the North Street Surgery and the Health Centre/Holycroft Surgery in Keighley is the CCG's main estates priority
- There are three potential options which are all viable: re-provide on current site; new build on one of two sites in Keighley.
- Subject to the necessary approvals, the current timeline indicates patient engagement/consultation activities commence in November 2020. The plan and intended approach to engagement will be presented to the committee at the September 2020 meeting and councillor views invited.
- NHSE/I 'Planning, Assuring and Delivering Service Change for Patients' assurance process underway. Strategic Sense Check letter of support received
- The North Street APMS contract for circa 6.5k patients in central Keighley ends November 2021.
- Market testing will be undertaken to inform options and decision making (procurement; managed patient allocation; dispersal)
- The outcome will determine estate requirements for North Street patients
- Early engagement activities are planned for patients registered at the North Street Surgery.

2. **Background**

2.1 **Keighley Health and Wellbeing Estate Solution.**

The need for healthcare estate development in Keighley has been recognised for many years. Former NHS bodies have 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 has not diminished; it is 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 are becoming increasingly expensive to maintain. The case is strengthened through the intent of the NHS Long Term Plan; national policy direction and local strategy and vision.

In central Keighley there are five practices within 1.5 mile of each other. The delivery of an estate solution for Keighley will 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).

NHSE commission dental services for vulnerable people and those who have difficulty accessing a 'high street' dentist as such they are key stakeholders as the community dental service delivered by BDCFT is also located within the health centre. The overall model is for re-provision of current services, recognising that there are opportunities for integrated working and shared space, creating and realising benefits and efficiencies.

The North Street Surgery contract is an Alternative Personal Medical Services (APMS) contract which has already been extended to its limit and so a decision regarding the future of the contract is required. The estate plans include re-provision of the North Street Surgery service which is currently delivered from a converted Georgian House situated on North Street Keighley. There is the ability to scale back should the outcome of decision making be dispersal to Keighley

practices or a managed patient allocation which negates the need for re-provision of estate.. Please see section 2 for more detail regarding the APMS contract.

2.2 APMS contract for North Street Surgery in Keighley ends Nov 2021

The contract for provision of general medical care to patients registered at the North Street Surgery in Keighley is an Additional Personal Medical Service Contract (APMS) which ends November 2021. The contract has already been extended and there is no ability to extend further. Unlike the general medical service (GMS) and personal medical services (PMS) contracts APMS contracts have an end date and are subject to competitive procurement.

The national [Public Health England fingertips' site](#) makes available General Practice profiles and the profile for the North Street Surgery demonstrates that the practice serves a population in the most deprived decile nationally. The list size in April 2020 was 6,659 patients. Patients registered at the North Street Surgery are mainly from a SE Asian background.

In recognition of the need to reduce health inequalities for this population, the current APMS contract has additional requirements as a 'health promoting general practice'. The current provider (Affinity Care), have demonstrated that their approach to care has resulted in improved outcomes for patients and the practice is no longer perceived to be a significant outlier amongst the Keighley practices, as demonstrated through changes in the primary care dashboard.

3. Report issues

3.1 Keighley Health and Wellbeing Estate Solution

Current position:

The Clinical Executive Committee of the former AWC CCG signed off the strategic outline case and financial envelope for the Keighley Estate initiative in December 2019.

The Bradford District and Craven PCCC endorsed Keighley as the CCGs estate priority in July and September 2020.

NHSE as commissioners of community dental services have been briefed and we await formal confirmation of their backing by way of letter of support.

The CCG has set an annual revenue affordability envelope with a ceiling value based on indicative space requirements and capital development costs. This ceiling value is for the re-provision of services and represents the total annual premises costs (rent and rates, and including VAT) of the estates solution. This will be factored into future CCG financial plans in line with scheme completion.

An updated Project Initiation Document (PID) will be submitted to NHSE/I mid-September. This will need NHSE/I approval prior to any engagement and consultation being undertaken.

A range of options have been considered and these have been refined to three viable options:

- a) Re-provision on the existing Keighley Health Centre site on Oakworth Road. Keighley. The Holycroft Surgery is co-located on this site. A feasibility study has been undertaken which confirms that there is the ability to refurbish and expand on the current site and accommodate the expected space requirements. This is 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 are cleared land and would reduce disruption to services and negate the need for a decant solution.

Impact Assessments: Quality; Equality and Privacy impact assessments are being undertaken on each of the three potential options.

The decision making criteria which was included in the paper the AWC CEG approved in December 2019 is being reviewed and there is the option to test the criteria during engagement activities.

A high level timeline of activities has been set out and a senior manager assigned to oversee delivery.

Engagement/Consultation:

With regard to the estate development as a whole; general practice; community and dental services; the Head of Engagement has taken advice about the right approach to ensure that we fulfil our statutory duties, particularly given the restrictions linked to Covid-19. The Head of Engagement and project lead have worked through an engagement screening tool to develop the rationale for our recommended approach and will develop a plan/timeline for engagement activities.

The Head of Engagement will appraise members of the committee of the intended approach by way of presentation at the meeting in September and invite Councillors' views on the plans seeking their support.

NHSE/I's indicative assurance position suggests that a robust and meaningful public engagement process may be the correct approach, rather than formal consultation. However this is subject to the views of the OSC and the CCG Primary Care Commissioning Committee (PCCC).

We are awaiting NHSE's position on the dental aspect and whether they wish to conduct their own engagement activities or be part of the overall approach.

NHS England: Planning, Assuring and Delivering Service Change for Patients.

NHSE/I, as part of the 'Planning, Assuring and Delivering Service Change' process were furnished with a range of documentation and information and in July 2020 the Bradford District and Craven CCG received a letter of support as part of the 'Strategic Sense Check'. Subject to OSC approval, NHSE are supportive of an engagement approach.

3.2 APMS contract for North Street Surgery in Keighley ends Nov 2021

The current registered list size for the North Street Surgery is relatively low. Through experience we are aware that the population express a sense of 'belonging' as a community associated with the practice and particularly value the services received. Taking this into account, the PCCC have advised 'market testing' is undertaken to ascertain interest from potential providers in responding to procurement for a practice with a list size of 6.5k. The outcome of the 'market testing' will inform the PCCC decision making regarding the future of the contract.

In the 'market testing' phase a prior information notice (PIN) will be published on the relevant platforms which ensures that the CCG meets the 'Official Journal of the European Union' (OJEU) requirements. We will also share the PIN with local providers so they have opportunity to respond. The market testing phase is likely to take 8 weeks+ this allows time to assess any responses to the PIN. The responses received will enable an assessment of the market response and in turn determine confidence levels that a re-procurement would have a successful outcome.

Should there be no interest expressed, and then the CCG is able to proceed to managed patient allocation or list dispersal as we are able to demonstrate that due process has been undertaken with regard to procurement activities.

Estate Solution:

Given the long recognised need to provide fit for purpose accommodation for the North Street service, re-provision of estate is factored into the plans for Keighley. The Holycroft Surgery team, as well as the current providers of the North Street contract have engaged in stakeholder activities and affirmed their willingness to work together and share space in order to create an environment which is flexible and multi-functional, thereby realising benefits and efficiencies.

Should the outcome of market testing indicate that there is no market interest in the contract then managed patient allocation/ list dispersal would be a likely outcome and the estates requirements may change. There is the ability to adjust the Keighley Health and Wellbeing estate plans accordingly.

Patient engagement:

Given the imminent market testing, it is proposed that engagement activities with patients registered at the North Street Surgery commence prior to engagement on a broader scale in relation to the overall estate developments. Once the PIN is published on the relevant procurement frameworks the information is publically available. In view of this, it is important to inform patients of the nature of an APMS contract so that the CCG as commissioner and Affinity Care as the current provider are not misrepresented; patients understand the efforts being made to ascertain whether there are providers interested in taking on the contract; and they understand the potential implications if there is no interest.

It would also be an opportunity to advise patients of the forthcoming estate engagement and the importance of responding with views and preferences in relation to future site. The Head of Engagement is developing plans with the current provider so that a partnership approach is taken.

4. Options

4.1 Members may wish to comment on the information provided in the report.

5. Recommendations

5.1 Members of the Health and Social Care Overview and Scrutiny Committee are asked to:

- Note progress made on the Keighley estate development, and note the NHSE/I letter of support.
- Consider the proposal for public engagement
- Note 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.
- Note the engagement activities with the registered population of the North Street Surgery

6. **Background documents**

None

7. **Not for publication documents**

None

8. **Appendices**

None

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Report of the NHS Bradford District and Craven CCG to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 22nd September 2020

H

Subject: The impact of COVID-19 on General Practice

Summary statement:

COVID-19 had an early and almost immediate impact on General Practice.

Since the beginning of March 2020 to current date local practices have been responding to the impact of the pandemic, taking mitigating actions to ensure continued provision of safe, high quality care for their registered population.

The number of positive cases; the volume of admissions to local hospitals and the devastating consequences of fatalities have inevitably had an impact across the health and care sector; including General Practice.

This paper provides an overview of how General Practice, GPs and their staff have adapted to operating in this new environment and highlights how learning to date has informed the model of care going forward.

COVID-19 remains prevalent and presents an ongoing risk to the health and wellbeing of our communities. We acknowledge the tremendous efforts GPs and staff have made to retain ongoing safe service delivery to their registered population throughout this difficult time.

Portfolio:

Healthy People and Places

Report Contact:
Lynne Scrutton
Associate Director Keeping Well
07855 832 612
lynne.scrutton@bradford.nhs.uk

1. Summary

COVID-19 had an early and almost immediate impact on General Practice.

Since the beginning of March 2020 to current date local practices have been responding to the impact of the pandemic, taking mitigating actions to ensure continued provision of safe, high quality care for their registered population.

The number of positive cases; the volume of admissions to local hospitals and the devastating consequences of fatalities have inevitably had an impact across the health and care sector; including General Practice.

This paper provides an overview of how General Practice, GPs and their staff have adapted to operating in this new environment and highlights how learning to date has informed the model of care going forward.

COVID-19 remains prevalent and presents an ongoing risk to the health and wellbeing of our communities. We acknowledge the tremendous efforts GPs and staff have made to retain ongoing safe service delivery to their registered population throughout this difficult time.

2. Background

COVID-19 has been classified as a global pandemic.

On 30th January 2020 NHS England and NHS Improvement declared a Level 4 National Incident triggering the first phase of the NHS pandemic response. A national 'command and control' regime was put in place as part of the Emergency, Preparedness, Resilience and Response (EPRR).

On 31st July the Chief Executive of the NHS and the Chief Operating Officer wrote to relevant NHS organisations setting out restoration priorities to take effect from 1st August 2020. For General Practice this included the expectation that activity was restored to usual levels where clinically appropriate.

As practices within Bradford District and Craven continue to work to restore service delivery we are mindful that COVID-19 is still prevalent, and at a higher rate in many communities within Bradford compared to other areas. To deliver care safely, for both patients and staff, it is necessary for appropriate safeguards to be in place, the nature of which means that 'face to face' activities can now take up to 4 times longer than previously. This is due to the need to adhere to social distancing measures for staff and patients; for instance staggered appointments so less people are in the waiting room; or people wait in cars/outside to be called in; necessary hand hygiene before and after each contact; 'donning and doffing' personal protective equipment (PPE) and enhanced cleaning of all areas particularly clinical areas.

As a result, practices have reconsidered and redesigned how care is delivered. This has resulted in the introduction of 'red hubs' and zoned areas. To ensure care continues to be delivered safely to all who are, or believe themselves to be ill,

alternatives have also been put in place which reduces the number of face to face activities; this includes remote triage and remote consultations.

The majority of the workforce and many patients have quickly adjusted to 'remote' consultations whether this is via telephone; electronic consultations; video consultations. Triage has also been introduced to assess need and support prioritisation. 'Digital first' is expected to become the 'norm' as services recommence. This was made clear in the Health Secretary's announcement 30th July 2020 '*from now on, all consultation should be teleconsultations unless there's a compelling clinical reason not to*'. Clearly there will be a need for practices to continue to offer alternatives to patients who may be less digitally enabled so that health inequalities are not worsened as a result of possible access constraints.

As COVID-19 continues to be prevalent in our local communities' practices continue to learn from experience and adjust their approach; ensuring that they continue to deliver safe care whilst restoring services. There continue to be many challenges for GPs and practice staff; not least the impact of the pandemic on workforce wellbeing; increased workload, and the need to undertake risk assessments of all staff.

This paper shines a light on General Practice in Bradford District and Craven and highlights how GPs and their staff have adjusted to operating in this new environment.

3. Report issues

3.1 'Living With COVID-19' Bradford District and Craven Strategic Approach:

The NHS, well before the inception of the pandemic recognised the growing pressures and problems in sustaining General Practice; given a significant increase in demand and a myriad of other challenges including an ageing workforce. A number of strategic changes had already been implemented including a transition to primary care networks and community partnerships in order to build greater resilience into the system.

The indirect impact of COVID-19 has been much wider than simply health and care per se; it has touched every aspect of local living including housing, homelessness, employment, education and much more. General Practice will no doubt feel the impact of COVID-19 and has prepared itself to meet the challenge by learning from the impact of the pandemic;

In developing our local strategic approach we have included representatives from General Practice and have agreed our three priorities as:

- Making decisions and working together to '**Act As One**' to optimise every element of our response across the health care sector
- Achieving a '**Left Shift**' accelerating emphasis on prevention and early intervention to slow growth in demand

- Approaching our work from a '**Population Health Management**' perspective to focus on **inequalities** and target need accordingly.

It is in this context that we have approached the 'restart' of activities which were paused or scaled down in the earlier stages of the pandemic. Our strategic priorities for the 'recovery phase' are:

- **Clinically led prioritisation** – to ensure urgency and impact on outcomes for individuals inform waiting times.
- **Wellbeing of shielded population** and those with multiple long term conditions
- **Wellbeing of vulnerable children and adults**
- **Prioritise prevention** such as identifying which approaches have the greatest impact on long term population health and support those communities that are socio-economically challenged and where such communities face an uphill struggle with health and wellbeing.
- **Target inequality** - using equality impact assessments and linking in with the work that is happening across West Yorkshire.
- **Single place based approach** to demand and capacity management.
- Use **digital** platforms to underpin transformation (Shared clinical records, patient portals, communication tools)

3.2 Maintaining Service; General Practice During COVID-19 : March to August 2020

As one might expect supply and demand have both been affected by COVID-19 and there was an early impact in terms of primary care workforce being unable to work/self-isolating. This led to some requests to close sites (mainly branch sites) so that practices could consolidate and prepare for the expected surge and any further reductions in available workforce.

As remedial action has been put in place sites previously closed have started to re-open. We have asked practices for their intentions and plans for reopening, mindful that a further surge is expected. **Please see Appendix A.**

Whilst some sites may have temporarily closed it is important to emphasise that patients have always been able to access care. No practices have closed completely however the methods of accessing care have changed.

From the onset, as action has been taken, the overriding priority has been SAFETY, safety of patients and safety of staff.

There has also been a commitment to ensure practices remained financially viable. Measures were put in place locally which offered financial protection pending confirmation of the detail of the national COVID-19 fund. The CCG also covered

additional COVID-19 related expenditure such as IT kit to support remote working; PPE and additional cleaning costs.

3.3 Red Hubs:

In mid-March a collaboration of GP clinical directors; CCG clinical leads and staff quickly rallied to design an approach which enabled separate safe care provision which reduce the risk of cross contamination and spread.

This led to the rapid establishment of four 'red' hubs for people who were COVID - 19 symptomatic or living with someone who was symptomatic. The hubs mobilised 1st April, the appropriate PPE was used; an enhanced level of cleaning was in place and there were appropriate distancing measures.

As demand for 'red hub's reduced and practices started to see more non COVID-19 patients a review was undertaken. As a result the red hub sites have now reduced from four to one. The red hub at Hillside Bridge in Bradford opened 3rd August. All practices are able to direct appropriate patients there. Some primary care networks (PCNs) decided from the start to operate their own model for their own patients from existing sites: Affinity Care: Bingley: Modality Partnership and Wharfedale; Airedale; Craven Alliance (WACA). These practices feel they are in a position to offer care with appropriate safeguards from their own sites.

There is the ability to quickly 'step up' red hub capacity and reopen further sites should there be a local spike which necessitates this.

3.4 Access to Care:

When patients now access care a 'total triage' model has been adopted, this ensures that where clinically indicated individuals that can be supported remotely through use of phone; video and econsultation will be provided with this new model of service. This 'digital' first offer is supported by the local health and care system as a whole and also by the Health Secretary, as referenced in the introduction.

Tools to augment the use of digital offers are available such as British Sign Language (BSL) video relay link - via an app providing interpretation through a three way call

Individuals who require a face to face assessment are seen in practices or in red hubs. Long term condition management and routine care has increased as practices scale up their offer.

Home visiting has been undertaken where indicated including pro-active support for shielded patients. The CCG commissioned cars to support GPs and Practice Nurses to undertake home visits, for Practice Nurses in particular this is a change to their working practice and some had no access to their own transport.

Practices also opened on the Easter and early May bank holiday as part of the national response to COVID-19 thereby providing additional appointments to those available for urgent care through Local Care Direct - the local out of hours provider of general practice. Patients therefore continued to be able to access care over what would traditionally be a bank holiday and as such practices would normally have been closed.

People have been encouraged to continue to access care if they require advice and support through the #stillheretohelp campaign and through work with local community leaders and within communities. We have endeavoured to dispel 'urban myths' which were circulating which may have deterred people from accessing necessary care and to encourage people generally to access care where required.

NHS Digital has made available an assessment of GP appointments by CCG area. The snapshot for Bradford District and Craven indicates an increasing trend with appointments offered and taken up rising closer to levels prior to COVID-19. The link to the tool and the data for Bradford and Craven is available at **Appendix B**.

3.5 Support to care home residents:

New models of remote working and clinical pathways are helping to reduce the risk of infection between residents/patients and clinicians, ensuring that our population receive the right care, right place, first time. The overarching model is the Care@Home COVID-19 operating model, delivered through the Digital Care Hub(DCH) and a Super-rota.

The DCH is commissioned to support all care homes across Bradford District and Craven until 31/03/2021, when its effectiveness will be reviewed. Additional support for people with complex and escalating needs through the Super-rota was commissioned up to 31/07/20, but has been extended to 30/09/2020 to support the ongoing demands on the system from the Covid-19 pandemic.

3.5.1 The **Digital Care Hub** provides access to the **Super-rota** and a **Virtual MDT**- providing expert clinical advice from a range of specialists.

- **Super-rota** (8am to 8pm) is a multi-disciplinary support rota providing clinical support for complex decisions and prescribing and includes input from;
 - GPs,
 - care of the elderly consultants,
 - pharmacists and
 - allied health professions (AHPs)
- **Pharmacy support** (Tues, Fri. 8am to 4pm) offering medication reviews for specific patients or general support to care homes with medication issues.
- **End of Life (24/7)** offers gold standard advice, support and care for people with a serious illness who may be in their last year of life.
- **Older People Mental Health Support** (8am-8pm) a dedicated virtual team of CPNs, ANPs and Consultants to support frail patients with an escalating mental health need
- **Discharge to assess (D2A)** provides a comprehensive assessment to all patients discharged from hospital to care homes, or admitted to a care home from the community
- reduces the risk of coronavirus transmission by providing **video consultations**
- makes **onward referrals** to primary care, intermediate care, community, hospital and voluntary sector services
- supports **safe admissions to hospital**, when that's the best place to meet patient's health needs.

- aims to introduce Allied Health Professional (AHP) therapy staff to support **rehabilitation and therapy** through video consultation

3.6 People's Experience of General Practice During the COVID-19 Pandemic.

Bradford District and Craven CCG uses a system called 'Grassroots' to collect and collate feedback about the services it commissions. It draws from a range of different sources including online platforms, local Healthwatch and our patient support team. The volume of feedback coming into Grassroots from Care Opinion and NHS.uk has reduced significantly during the last few months. The majority of comments coming into Grassroots over the last few months have been related to people's concerns around the coronavirus outbreak and the impact of lockdown, rather than directly relating to their experience of general practice services.

However, our VCS partners Engaging People have adapted their ongoing engagement work to the current context, keeping in touch with communities online and by phone, and have continued to gather feedback from people about their experiences of accessing healthcare services and how this has been impacted by the pandemic.

Between March & July 2020, they fed in 73 comments from individuals about their experiences of GP services. The feedback shows that people's experiences have been varied. Some typical comments:

- *"Struggling with urine infection. Called GP on Thursday, was called back on Friday and didn't receive medication until the following Monday. Had to use relief sachets in the meantime."*
- *"Receptionist very nice but cannot give face to face appointment, they want to video call, but I am no good with all this stuff and just want to see someone in person"*
- *"Surgery has been really good, sending messages regularly and virtual apps have been available."*
- *"First time using PushDoctor service, it was fantastic and very easy to use. Had a telephone conversation with GP the following day and after referral I'm now on waiting list. It put my mind at ease."*
- *"Had a sore throat, rang for an appointment, video call was straight forward and they gave me a prescription."*
- *"Elderly man had been feeling very lethargic, no energy to walk or doing anything since start of lockdown. Thought it was depression and family persuaded him to contact doctor for a check-up. He contacted GP by phone and a telephone appointment was arranged. He went into the GPs for a blood test with the nurse. Within a week he was diagnosed with an iron deficiency and prescribed medication. He now feels much better and back to normal, very happy with the service from GP and relieved that it was not a more serious illness."*

Much of the feedback talks about the change to online or telephone appointments in primary care. A national report has identified some key themes for how to make this work best for patients: <https://www.healthwatch.co.uk/blog/2020-07-27/doctor-will-zoom-you-now> Local practices are also providing guidance to patients.

The CCG engagement team also worked with our local Healthwatch Bradford and District to gather additional insight about people's experiences of healthcare services, including general practice during the pandemic. They have received approximately 300 responses; full analysis is yet to be completed, but Healthwatch have helpfully regularly shared the data they collected through their survey, to enable us to identify and act on any emerging issues. Their report is due to be published in late summer.

The #StillHereToHelp campaign was developed in response to concerns that people felt worried about accessing health services during the pandemic. The aim is to help ensure that local people know that although COVID has not gone away, our services, including GP practices, are still supporting and seeing patients and to reassure that appropriate arrangements have been made to see and treat people safely.

3.7 Personal Protective Equipment :

Early concerns about supply issues did not materialise; the local system worked together to access stock through supply chains. The CCG has supported practices by sourcing and delivering PPE; for example late July over 170,000 PPE face masks were delivered to PCNs to distribute to their practices.

3.8 Restoration: Priorities from August

The NHS Chief Executive Simon Stevens and Chief Operating Officer Amanda Pritchard wrote to commissioners and providers of NHS services in August setting out the priorities for restoring services.

In relation to general practice priorities included:

- Restoring activity to usual levels where clinically appropriate
- Reach out pro-actively to clinically vulnerable patients
- Address any backlog in childhood immunisations and cervical screening through specific catch up initiatives and additional capacity
- Enhanced support to care homes and structured medications reviews
- Continue to offer face to face appointments as well as continuing to use remote triage and video; online and telephone consultations – whilst also considering those who are unable to access or engage with digital services.

In addition there will be a scaled up flu campaign which now includes:

- Over 50's;
- Household members of shielded patients and;
- Young people in the first year of senior school

A system wide taskforce has been established to provide oversight and ensure a system approach to delivery of flu vaccinations and COVID-19 vaccinations as and when this becomes available. It is recognised that general practice are 'the experts' having had years of experience in delivering immunisations to their registered population. Given the increase in scale practices are considering how they can work together through their primary care networks to meet the anticipated demand. There are a range of considerations and challenges in delivering the extended programme not least appropriate safeguards for patients and staff; additional time due to the need for PPE and not least; availability of the vaccine.

Community pharmacy also has a role to play as some individuals may opt for immunisation in a local community pharmacy thereby reducing demand on practices. Innovative approach to administering in local communities are also being considered

3.9 Managing Demand

As services are restored to former levels there will be some prioritisation and an opportunity to lock in beneficial change.

- Total triage and remote assessment will ensure, as far as possible the most appropriate support for individuals
- Referrals for urgent specialist assessment and suspected cancer have continued throughout and still continue to be made.
- Non urgent activity was temporarily paused to allow acute trusts to undertake urgent activity and treat COVID-19 patients in safe environments. As services are restored all referrals will be sent via GP Assist which is a form of triage which advises if a referral is appropriate. This will ensure a consistent approach across Bradford District and Craven and ensure the best outcome for individuals. We recognise that some people may have delays in accessing care and whilst there will be challenges in meeting demand unless alternative approaches are in place when an individual requires specialist care referrals will be made. Non urgent referrals restarted as of the 1st July.
- For those who are on a waiting list, for a range of specialties there will be one approach to waiting list management across Bradford District and Craven. Current waiting lists will be reviewed; assessed and prioritised 'as one' hence people will be seen in order of priority.
- As GP practices are scaling up digital offers, there will also be an expansion of electronic consultation in acute trusts and the ability for GPs to access advice and guidance from specialist consultants will increase avoiding the need for all patients to be seen in the traditional outpatient model.
- Social distancing, Infection prevention, PPE and Zoning will have an operational impact and this is expected to become a necessity for the foreseeable future which in turn will reduce the capacity within the system

- Testing is assumed to continue and grown in scale and timeliness - alongside this there is consideration of the impact of test and trace; as affected staff will need to self isolate.
- Consideration is also given to the impact on workforce of prolonged acute phase, annual leave period and longer term impact on staff
- All NHS organisations are asked to ensure that no matter how people choose to interact with services, they should receive the same levels of access, consistent advice and the same outcomes of care. To monitor this, new care pathways will be tested for achieving a positive impact on health inequalities, starting with four: NHS 111 First; total triage in general practice; digitally enabled mental health; and virtual outpatients. For each of these systems are being asked to assess through experience and observation how the blend of different 'channels' of engagement (face-to-face, telephone, digital) has affected different population groups, including those who may find any particular channel more difficult to access, and put in place mitigations to address any issues.

3.10 Supporting staff:

All employers including general practice have undertaken risk assessment of BAME staff and the risk assessment has now also extended to all employee groups.

Antibody testing has also been offered.

A standard operating procedure (SOP) is in place to support practices if members of staff are contacted via the national 'test and trace' service. To date all contacts identified have been assessed and practices have had suitable safeguards in place (such as social distancing; use of PPE which mean that no further staff have been required to self isolate and there have been no local outbreaks in practices.

Practices have reviewed their business continuity plans in the context of COVID-19 and test and trace. They have also reviewed this at a primary care network level and suitable 'mutual aid' plans have been agreed should any practice experience an 'outbreak' which affects their ability to deliver. This reduces the pressure on clinicians and staff who may otherwise be unable to offer care to their registered population.

A range of national tools and resources are available to support staff wellbeing and the longer term impact of delivering care during covid. These include a telephone and text helpline and access to support for issues such as debt, bereavement, stress, domestic violence etc.

3.11 Monitoring Impact:

A daily dashboard which monitors the impact of covid-19 across a range of indicators continues to be reviewed and monitored. Indicators include but are not limited to:

- Number of covid related 111/999 calls
- Number of staff tested
- Number of case
- No of cases in hospital
- Number of deaths in hospital
- Number of people in local acute hospitals with covid
- Number of people in HDU/ICU
- Staff absence
- Care home cases and deaths in care homes
- Number of people accessing care through the red hubs
- Number of GP appointments offered and taken up

3.12 Issues and Constraints

- The workforce is tired and needs time to recover
- Demand is difficult to quantify when public confidence in accessing healthcare is variable
- Expectations for restoring services have been shared nationally however at the time of writing COVID-19 is still prevalent in Bradford and the district has been classed as 'a high risk coronavirus protection area' with lockdown restrictions which affect the public and staff (confidence; continued shielding; risk of COVID-19) in place.
- Restart and restorations of services is being undertaken whilst the presence of COVID-19 is still in our communities. There are related productivity implications in safely delivering services in hot and cold zones, this includes workforce; additional cleaning and zoning, PPE donning / doffing which reduces efficiency

4. Options

4.1 Members may wish to comment on the contents of the report.

5. Recommendations

Members of the Health and Care Overview Scrutiny committee are asked to:

Note the contents of this report as assurance of actions taken to ensure safe delivery of care by GP practices during covid-19 and note the phased approach to restoring services.

6. **Background documents**

None

7. **Not for publication documents**

None

8. **Appendices**

8.1 **Appendix A:** Practice site temporary closures

8.2 **Appendix B:** Snapshot of NHS Digital GP appointment trends for Bradford District and Craven with link the NHS Digital tool

Appendix A: GP practice temporary site closures

Site Closures as at – 3rd August 2020

B Code	Closed	Alt Site	PCN	Locality	Date Closed	Proactive/Reactive	Open
B83006	Steeton	Silsden (RED SITE)	Modality	Airedale	18 th March 2020	Proactive Steeton reopen due to Silsden being a RED SITE	
B83035	New Hey Surgery	Horton Park	PCN 7	South	19 th March 2020	Reactive	Plans to reopen 1 st September 2020
B83049	Cowgill	Willows	PCN 8	South	20 th March 2020	Reactive	X
B83040	Cottingley	Saltaire/Windhill	PCN1	North	23 rd March 2020	Reactive	X
B82028	Gargrave	Fisher	Modality	Craven	23 rd March 2020	Proactive	X
B83023	Holycroft	Farfield	Modality	Airedale	23 rd March 2020	Proactive	X
B83061	Oakworth	Kilmeny	Modality	Airedale	23 rd March 2020	Proactive	X
B83033	Long Lee	Kilmeny	Modality	Airedale	23 rd March 2020	Proactive	X
B83030	Denholme	Thornton	PCN8	South	23 rd March 2020	Reactive	X
B83040	Cliffe Ave	Saltaire/Windhill	PCN1	North	24 th March 2020	Reactive	X
B83624	Grassington	Ilkley	WACA	Craven	24 th March 2020		Reopened 16/06/2020
B83014	Cross Flatts	Bingley	PCN3	North	26 th March 2020	Reactive	X
B83017	Horton Bank Top (RED SITE)	The Ridge	PCN7	South	27 th March 2020	Reactive/Proactive	Reopened 03/08/2020
B83055	The Ridge	Cousen Road	PCN7	South	27 th March	Proactive	Pending

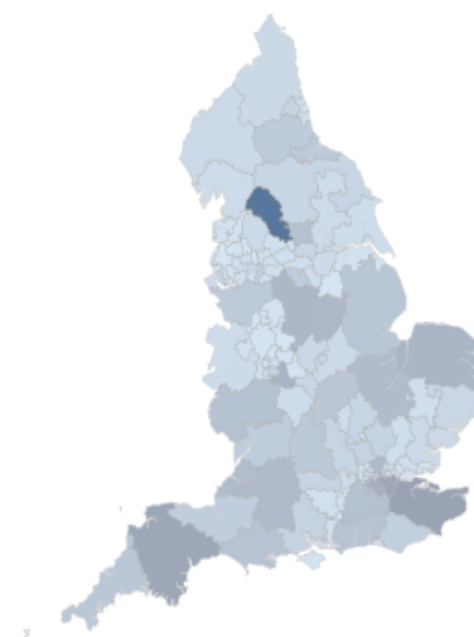
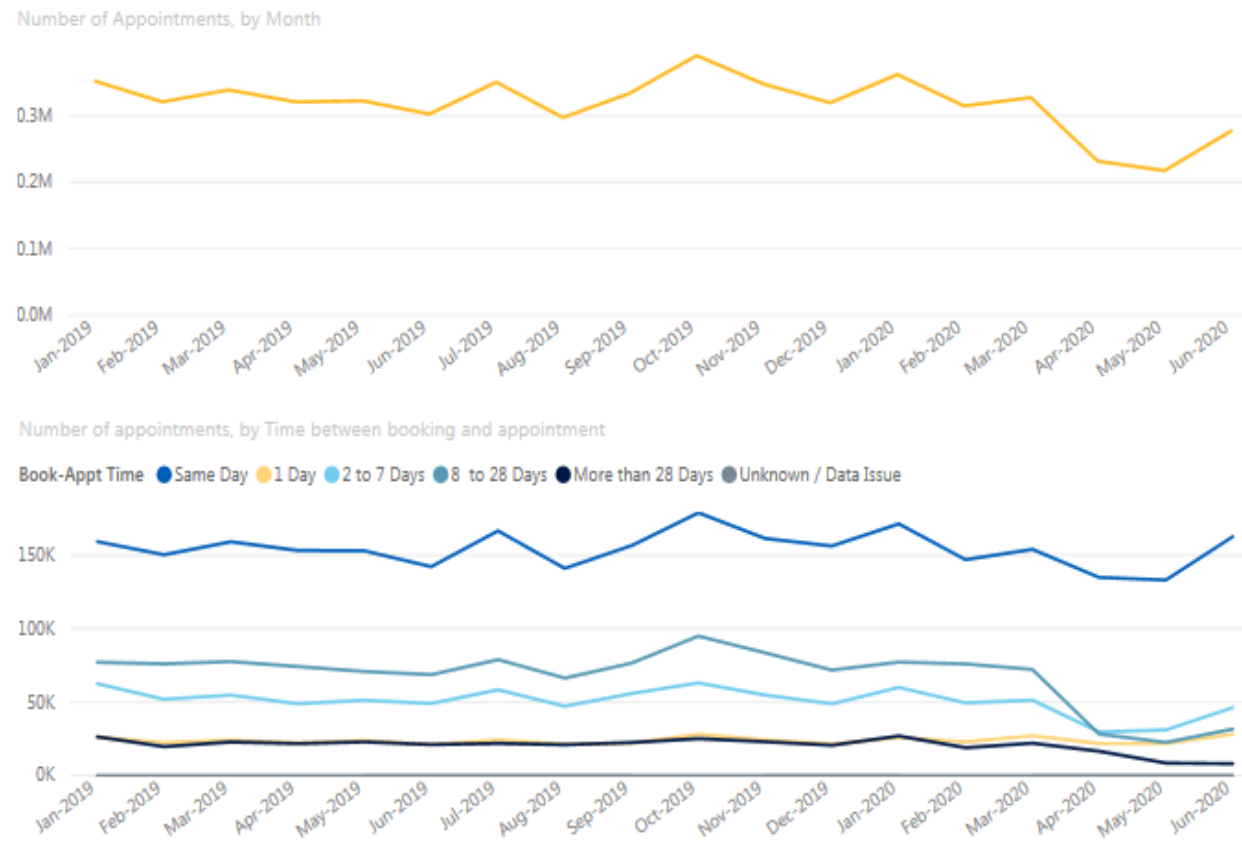
					2020		
B83653	Birch	LHL and Kensington St	PCN6	Central	30 th March 2020	Reactive	Plans to reopen 1 st September 20
B83052	Lower Grange	Kensington Partnership	PCN4	Central	30 th March 2020	Reactive	29/07/20 Kensington Partnership we have been seeing those patients who need to be face to face for some time now so do not need to "restart" services. We are following strict telephone triage before being seeing to ensure no COVID symptoms. Lower Grange is closed according to their website as at 11.08
B83010	Parklands	Park Road	PCN7	South	30 th March 2020	Proactive	Plans to reopen 1 st September 20
B83045	Hollyns - Allerton	Hollyns - Clayton	PCN10	South	1 st April 2020	Reactive	29/07/20 Allerton site for Hollyns Health and Wellbeing are re-opening from the 3rd August 8-1pm daily, this will be reviewed on an ongoing basis in respect of increasing the hours at the site and services provided. Clayton site remains open 8-6 daily for all services.
B83055	The Ridge - Royds	The Ridge – Cousen Road	PCN7	South	1 st April 2020	Reactive	X
B83028	Queensbury	Wibsey	PCN7	South	1 st April 2020	Reactive	X
B83614	Whetley MC	Picton	PCN4	Central	15 th April 2020	Reactive	X
B83611	Dr Akbars - Barkerend	Hillside Bridge		Central	27 th April 2020	Reactive	X

Partial Closure	PCN	Locality	Date Partial Closure	Proactive/Reactive	Details
Townhead	WACA	Craven	25 th March 2020	Reactive	The practice has confirmed they are fully open and patients can ring during core opening hours. 12/05/20

Red Site	Locality	Date Opened	Date Closed as a Red Site
Silsden	AWC	1 st April	
Horton Bank Top	South	1 st April	30 th July 2020
ShIPLEY	North	3 rd April	31 st July 2020
Manningham	Central	6 th April	31 st July 2020
Hillside Bridge (LGF)	Central	3 rd August 2020	

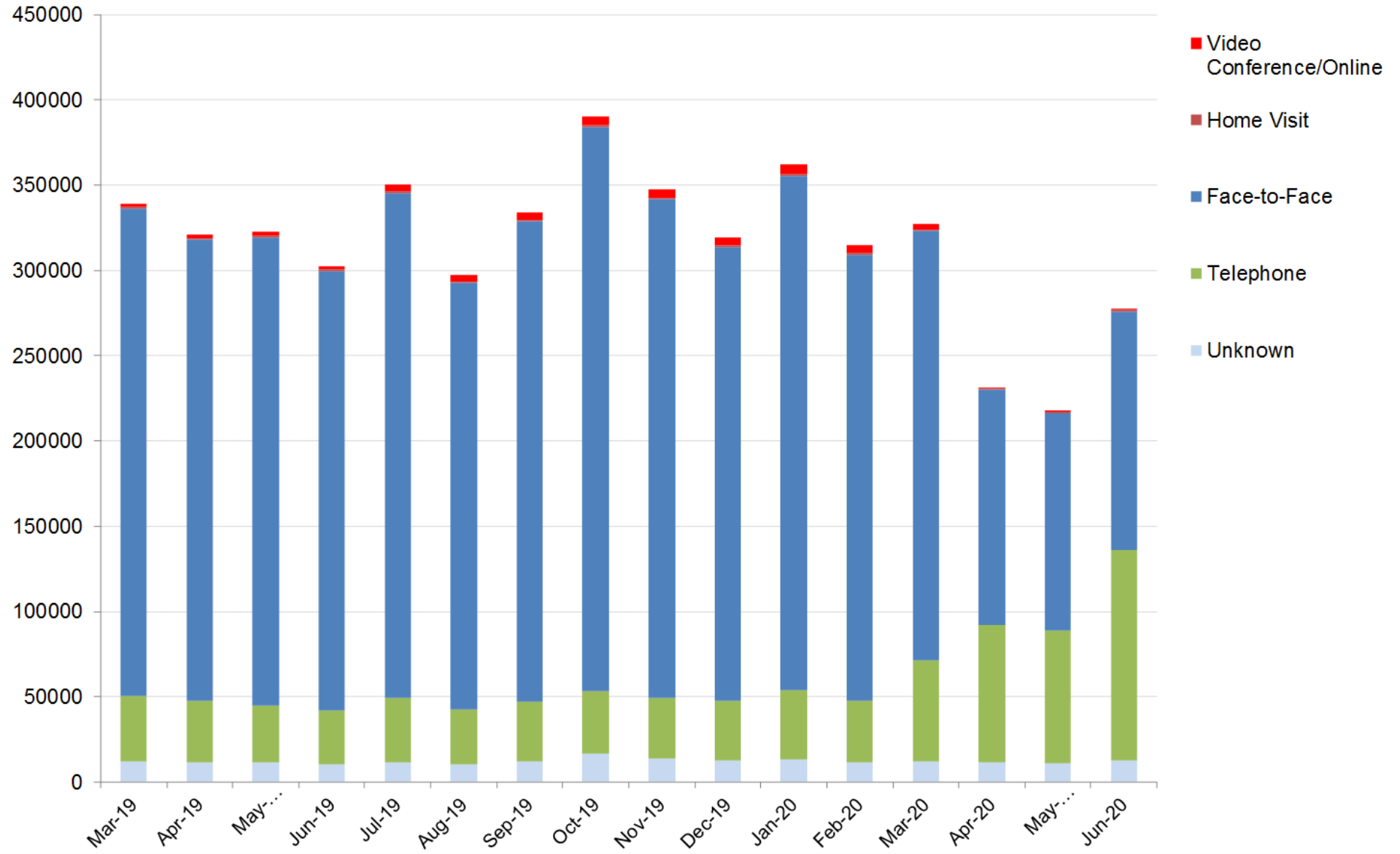
Appendix 2:
NHS Digital GP appointment snapshot for Bradford District and Craven and GP appointment data presented in a bar chart (Source NHSd)

[NHS Digital GP Appointment Tool](#)



The outbreak of Coronavirus has led to unprecedented changes in the work and behaviour of General Practices and subsequently the GP appointments data. The variation in approach to appointment management between practices is likely to be greater than usual and as a result data quality will be impacted. See the main publication for further

GP Appointments





Report of the City Solicitor to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 22 September 2020

I

Subject: Health and Social Care Overview and Scrutiny Committee Work Programme 2020/21

Summary statement:

This report presents the work programme 2020/21

Portfolio:

Health People and Places

Report Contact: Caroline Coombes
Phone: (01274) 432313
E-mail:
caroline.coombes@bradford.gov.uk

1. Summary

1.1 This report presents the work programme 2020/2.

2. Background

2.1 Each Overview and Scrutiny Committee is required by the Constitution of the Council to prepare a work programme (Part 3E – Overview and Scrutiny Procedure Rules, Para 1.1).

2.2 On 7 May 2019 the Government published ‘Overview and scrutiny statutory guidance for councils and combined authorities’¹. This, along with guidance produced by the Centre for Public Scrutiny during the Covid-19 pandemic in May 2020², emphasises the need for the Scrutiny function to prioritise, and at the current time, to consider a narrower programme of work focussing on ‘critical business’ issues. This approach has been supported by Gold Command as part of the Council’s emergency response arrangements.

3. Report issues

3.1 **Appendix 1 and 2** of this report present the work programme 2020/1. **Appendix 1** shows items have been scheduled through to November 2020, while **Appendix 2** lists issues and items for possible consideration during the year. In line with the guidance at Para 2.2 it has been agreed by the Committee at its meeting of 21 July 2020 that the work programme should be reviewed and updated on a rolling three month basis. This will allow the Committee to respond in a timely and flexible way to the evolving Covid-19 pandemic, the impact on the District’s residents and on health and social care provision.

3.2 The statutory powers of the Committee to review and scrutinise any matter relating to the planning, provision and operation of local health services are unchanged, as are the duties placed on NHS bodies to consult the Committee on any proposed substantial developments or variations in the provision of health services.

4. Options

4.1 Members may wish to amend and / or comment on the work programme at **Appendix 1 and 2**.

5. Contribution to corporate priorities

5.1 In addition to the position set out in Paras 2.2 and 3.1, the Health and Social Care Overview and Scrutiny Committee Work Programme 2020/21 reflects the ambition of the District Plan for ‘all of our population to be healthy, well and able to live independently for as long as possible’ (District Plan: Better health, better lives). It also reflects the guiding principals of the Joint Health and Wellbeing Strategy for Bradford and Airedale ‘Connecting people and place for better health and wellbeing’.

¹ <https://www.gov.uk/government/publications/overview-and-scrutiny-statutory-guidance-for-councils-and-combined-authorities>

² <https://www.cfps.org.uk/wp-content/uploads/2020-06-19-covid-guide-2-scrutiny-2nd-edn.pdf>

6. **Recommendations**

- 6.1 That the Committee comments on the information in **Appendix 1 and 2**
- 6.2 That the Work Programme 2020/21 continues to be regularly reviewed and updated on a rolling three month basis up to March 2021.

7. **Background documents**

None

8. **Not for publication documents**

None

9. **Appendices**

- 9.1 **Appendix 1** – Health and Social Care Overview and Scrutiny Committee work programme 2020/21

Appendix 2 – Unscheduled work programme items

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Democratic Services - Overview and Scrutiny

Appendix 1

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda	Description	Report	Comments
Thursday, 25th June 2020 at Remote Meeting			
Chair's briefing 23/06/2020 Report deadline 15/06/2020			
1) Covid 19 - Public Health Update	Update on testing, NHS Test and Trace and outbreak management	Sarah Muckle / Kathryn Ingold	
2) Covid-19 - Dental Services Update	Verbal update on access to dental services in Bradford District	Emma Wilson, NHS England	
3) Work programme 2020/21	Discussion	Caroline Coombes	
Tuesday, 21st July 2020 at Remote Meeting			
Chair's briefing 02/07/2020. Report deadline 07/07/2020			
1) Covid-19 - Adult Social Care response	Update on activity during the Covid-19	Bev Maybury	
2) Work programme 2020/21	Draft work programme for adoption by the Committee	Caroline Coombes	
Tuesday, 18th August 2020 at Remote Meeting			
Chair's briefing 30/07/2020. Report deadline 04/08/2020			
1) Covid-19 - Health Inequalities	What has been learnt about the impact of Covid-19 and health inequalities in the District.	Kathryn Ingold / Sarah Muckle	
2) Covid-19 - Health and Wellbeing System	Report of the health and care system Executive Board covering issues such as the provision and reopening of services, flu vaccinations and meeting the needs to people who have recovered from Covid-19	Report contact: James Drury	
3) Covid-19 - Adult Services	Lessons learned and plans/priorities for 12/24 month	Bev Maybury / Imran Rathore	

Health and Social Care O&S Committee
 Scrutiny Lead: Caroline Coombes tel - 43 2313
Work Programme

Agenda	Description	Report	Comments
Tuesday, 22nd September 2020 at Remote Meeting			
Chair's briefing 03/09/2020 Report deadline 08/09/2020			
1) Primary care in Keighley	Healthcare Estate in Keighley & General Practice APMS Contract for North Street Surgery	Lynne Scrutton / Richard Madden (CCG)	Victoria Simmons (CCG) also attending to update on engagement plans
2) Covid-19 - Primary medical care update	The Committee's annual report on primary medical care has been brought forward and will cover the impact of Covid-19 on access and provision.	Lynne Scrutton (CCG)	
3) Covid-19 - Healthwatch Bradford and District	A report on the findings of Healthwatch Bradford and District's survey of people's experiences of health and care services during Covid-19	Helen Rushworth (Healthwatch Bradford and District)	
Tuesday, 20th October 2020 at Remote Meeting			
Chair's briefing 01/10/2020. Report deadline 06/10/2020			
1) Welfare Advice	Update on the transformation of the service / impact of covid-19	Report contact: Sarah Possingham	Minutes of 1 August 2019
2) Mental Health	Report to cover the findings of the review of what we know so far of the impact of the pandemic, what we know of the emerging needs, and progress on delivering services to	Public Health / CCG / BDCFT	Scoping meeting took place with Committee members in August
Tuesday, 17th November 2020 at Remote Meeting			
Chair's briefing 29/10/2020 Report deadline 03/11/2020			
1) Covid-19: impact on carers and update on the carers strategy	To include information on issues for, and needs of, older carers	Tony Sheeky	Resolution of 16 December 2019
2) Covid-19 : public health update	Update on testing, test and trace, outbreak management work and latest developments	Sarah Muckle	
Wednesday, 9th December 2020 at Remote Meeting			
Chair's briefing 19/11/2020. Report deadline 19/11/2020			
0) TBC			

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda

Description

Report

Comments

Tuesday, 26th January 2021 at TBC

Chair's briefing 07/01/2021. Report deadline 12/01/2021

0) TBC

Tuesday, 16th February 2021 at TBC

Chair's briefing 28/01/2021. Report deadline 02/02/2021

0) TBC

Tuesday, 23rd March 2021 at TBC

Chair's briefing 04/03/2021. Report deadline 09/03/2021

0) TBC

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Democratic Services - Overview and Scrutiny

Scrutiny Committees Forward Plan

Unscheduled Items

Health and Social Care O&S Committee

Agenda item	Item description	Author	Comments
0 Respiratory Health in Bradford District	Update	Public Health	Resolution of 22 November 2018 to have an update in 2 years
0 CQC	Annual update		Resolution of 30 January 2020
0 Assessment And Diagnosis Of Autism In Adults	Update (postponed from April 2020)	Ali Jan Haider	
0 Cancer	Outcomes of the lung cancer pilot programme and update on cancer waiting times target performance	Janet Hargreaves	Resolution of 13 June 2019 (postponed from April 2020)
0 Dementia	To include an update on the Dementia Strategy Implementation Plan	Lyn Sowray	Resolution of 24 January 2019
0 Dept of Health and Wellbeing Commissioning Strategy	Annual report	Jane Wood	Last report received 26 September 2019p
0 Shipley Hospital	Update	Helen Farmer	Resolutions of 1 August 2019 and 5 March 2020
0 Acute Provider Collaboration programme	Update	TBC	Last report received 26 September 2019
0 Living Well Service	Update	Olukemi Adeyemi	Resolution of 30 January 2020
0 Sexual Health Services	Update	Ralph Saunders	Resolution of 13 February 2020
0 'A' Board ban	Update to include options for addressing issues related to obstructions and 'A' boards placed on private land	Darren Badrock	Resolution of 13 February 2020
0 Advocacy Services	Further report be presented tin September 2020 to include updated performance information; information on the methods used to receive feedback from service users and details of that feedback; a breakdown of services delivered by location/postcode; details of advocacy provision for young people in transition; information on activity to increase referrals/outreach.		Resolution of 5 March 2020
0 Older People's Accommodation Across The District	Update	Dean Roberts	Resolution of 16 December 2019

Health and Social Care O&S Committee

Agenda item	Item description	Author	Comments
0 Local NHS Estates Strategy / peripheral service		TBC	Resolution of 1 August 2019
0 Radiology - capacity at St Luke's and longterm provision of services		Chief Nurse, Bradford Teaching Hospitals FT	Resolution of 1 August 2019
0 Safeguarding Adults Strategic Plan and Multi-Agency Safeguarding Hub	Update	TBC	Resolution of 6 September 2018