

## Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held remotely on Tuesday, 20 October 2020 at 4.30 pm

Commenced 4.40 pm  
Concluded 7.25 pm

### Present – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP	BRADFORD INDEPENDENT GROUP
Greenwood Godwin Lintern	Hargreaves	Griffiths	Khadim Hussain

### NON VOTING CO-OPTED MEMBERS

G Sam Samociuk  
Susan Crowe  
Trevor Ramsay

Former Mental Health Nursing Lecturer  
Bradford District Assembly Health and Wellbeing Forum  
Healthwatch Bradford and District

Apologies: Councillors J Sunderland and Goodall

### Councillor Greenwood in the Chair

#### 29. DISCLOSURES OF INTEREST

No disclosures of interest in matters under consideration were received.

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

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

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

There were no referrals made to the Committee.

#### 32. WELFARE ADVICE SERVICES IN THE BRADFORD DISTRICT

The Strategic Director, Corporate Services, presented a report, (**Document “J”**) which outlined the current commissioned welfare advice services across Bradford District, the delivery of services during the last year, including as affected by COVID-19 and plans for future service delivery.

The background to Document “J” revealed that Bradford Council ran a commissioning programme for the delivery of professional welfare advice services

in 2016-17-18. This resulted in five separate contracts let across 4 different lead providers for a term of four years plus one.

The report explained that four of the five contracted services were area/constituency based delivering in Bradford East, West, South and Airedale (a combination of Shipley and Keighley). The last one operated district wide and was aimed at a client group who have complex and/or long term health conditions.

Officers from the lead providers were in attendance at the meeting and were representing Family Action: a local organisation that had expanded nationally with a regionally accountable governance structure; *St Vincent Du Paul/CHAS*, a local organisation affiliated with a national provider with a locally accountable governance structure; Equality Together, a local organisation with a locally accountable governance structure and Bradford and Airedale Citizens Advice Bureau *and* Law Centre: national affiliated organisation with a locally accountable governance structure. It was explained that Lead providers had partners and sub-contracting arrangements with more locally based organisations to ensure that the needs of all the communities in the district were met. A table of providers; their partners, costs and contacts was appended to the report.

The Strategic Director, Corporate Services, reported the services delivered; what had happened during the COVID-19 pandemic; the impacts on access to services and recovery planning for all welfare services.

Members were advised that the needs of those presenting to services during the pandemic had changed. The abeyance of courts, tribunals, evictions proceedings, immigration appeals, late payment notices etc. had meant that many existing complex cases and/or appeals had not proceeded and the numbers of new cases asking for that type of help had reduced. Instead, people were asking for support with Government schemes; furlough and access to welfare benefits as well as personal support around COVID-19, particularly initially those in 'shielded groups and people with underlying health conditions. Welfare advice services were also playing a key role in food distribution for households in food poverty.

Individual service experiences were reported together with outcome and performance data and customer profiles

It was explained that, in recognition of the impact of the pandemic on individuals, particularly concerns relating to household income as a result of furlough, possible redundancy and job losses, there were plans to link up welfare advice services, the Credit Union and advocacy.

A financial and resource appraisal contained in the report, and appended in detail, outlined the cost and budget available for welfare services. It was reported that in Summer 2020 the Council, recognising the importance of welfare services, particularly during the COVID-19 pandemic, had agreed a new, short term, investment of £350,000 until the end of March 2021. Full details were appended to Document "J".

In response to discussions around ease of access plans made in 2018-19 to engage consultants to work across welfare advice services and the Council's own

Customer Contacts service with a view to bringing the two closer together and making significant reductions in the finances underpinning them were reported. This had become the 'Transformation Programme', which was part of wider planning work streams for Early Intervention and Prevention. The advent of COVID-19 had put that programme into abeyance, however, learning points had begun to emerge from the closer working relationships between the services which had come about because of lock down from March 2020.

A risk appraisal had revealed a number of concerns including the anticipated rise in demand specifically relating to complex cases once suspended sanctions were re-imposed and it was felt that the demand would be particularly hard to meet through the restrictive access required under social distancing. Pressure from the community for the resumption of face to face access would increase once restrictions were lifted and the need for continued Personal Protective Equipment was paramount. It was acknowledged that demand on current systems such as the Council Contact system would increase once restrictions were lifted and their role must be maintained to meet that demand. An increase in Universal Credit claimants; changes in national income support systems; expected redundancies and the uncertainty around Brexit was detailed in the report.

A Member questioned if there was any liaison with other agencies to forecast when particular needs might occur and how the services would cope with sudden surges in demand. In response it was believed that an element of the rationale of the Council's short term financial investment of £350,000 was in recognition of the future demand on services. The appendices to the report revealed that a large proportion of that investment would be on staff. Due to the need for personnel to be accredited and qualified workers it would not be possible to employ additional staff but existing employees would increase their hours to create additional capacity.

It was acknowledged that the report provided an update on the previous 12 months and it was questioned if figures, as opposed to percentages, could be provided on the impact on the services since the start of the pandemic in March 2020. It was also queried how people could contact services if they did not have access to a telephone.

Members were advised that contact was made by residents using the Council's Customer Services telephone line from where people were directed to welfare advice providers. Experience had shown that the vast majority of people had access to a telephone in one way or another. Welfare Advice comparator figures, appended to the report, showed a significant drop in usage figures between quarters one in 2019 and 2020. There had not been the opportunity to make comparisons between current usage but this could be provided once all the data was received.

A Member suggested that usage would have reduced as people were not able to access remote services as easily as physically accessing that support. He provided an example of a relative who would walk to the Citizen Advice Bureau (CAB) but was no longer able to do that as the facility was closed. He was concerned that at a time of crisis effective mechanisms to deal with unmet need were urgently required.

A representative of the CAB confirmed that there had been a reduction in user numbers and a different client profile had been identified. Once the initial lockdown had been lifted a face to face service had been provided whereby people could attend a pre-booked appointment. Efforts had been made to identify why people could not access the services or if they were unaware of the telephone access. The additional Council investment would be utilised to create additional face to face contact but the challenge had been in creating additional capacity.

A Member queried if measures had been taken to predict the level of future demand and when that might occur. It was questioned if any communication was made to services such as job centres to ascertain the number of people who were out of work and could potentially require welfare advice services. In response it was explained that the effectiveness of liaison depended on individual services. The Council's Revenues and Benefits Service had been very helpful and worked with welfare advice services. There was some liaison with the Department for Work and Pensions but national data sharing did not happen in the same way as restrictions applied to what they could reveal.

Reference was made to the appendices to the report which showed that the change in people accessing services was because the nature of issues of concern had changed. Members acknowledged that there were also other mechanisms for the provision of support including that referrals were now being made directly to the customer contact centre for food parcels which were directed to welfare services.

The Chief Executive Officer, Equality Together, explained that there were now other additional intervention programmes available. Activities had been delivered in a more people centred way and word of mouth had helped. The service was prepared to deliver face to face support where necessary.

A Member referred to an anticipated spike in demand in April 2021 as people who had been awarded legacy benefits following the implementation of Universal Credit would have that assistance stopped at that time. He believed that residents were still struggling despite having that assistance and that people were also awaiting tribunal dates which had been lodged about Personal Independence Payments. He also reported experiences of those receiving Disability Living Allowance (DLA) who had previously been able to access telephone and internet communication channels being unable to afford those services due to the cessation of DLA.

The representative of Equality Together explained a lack of communication facilities had been recognised and arrangements to facilitate that had included people accessing their offices to utilise technology and equipment.

A Member raised concern that the presentation had revealed that officers had assisted people on areas outside of their professional expertise and it was explained that people were being redirected to the appropriate service or other services were contacted on their behalf. Assurances were provided that officers would never provide advice outside of their remit.

In response to discussions about the Council's "One Front Door" service,

providing an initial contact point to services it was explained that as part of the Transformation process, detailed in the report, the Council had employed FutureGov to work across welfare advice services and the Council's own Customer Contacts with a view to bringing those services closer together. That work had been halted due to the pandemic but it was believed that this could be part of the new service design when current contracts expired.

In conclusion the Strategic Director thanked Members for the opportunity for service providers to discuss their work.

Members recognised the importance of supporting welfare providers to carry out their roles and assurances were provided that the services were aware of the emotional strain and support for managers and their teams was in place.

**Resolved –**

**That the safe reintroduction of face to face welfare advice services be strongly supported.**

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

**33. THE IMPACT OF COVID-19 ON THE MENTAL WELLBEING OF PEOPLE IN THE BRADFORD DISTRICT**

The joint report of the Director of Public Health and the NHS Director of Keeping Well (Document "K") informed Members of a recent review undertaken to understand the impact of COVID-19 on the local population.

Members received a detailed presentation on the Mental Health Needs Assessment – COVID-19 (May – July 2020). The Head of Mental Wellbeing, City of Bradford Metropolitan District Council, NHS Bradford District and Craven Clinical Commissioning; a Bradford Council Consultant in Public Health; the Chief Executive Officer from MIND in Bradford and Assistant General Manager, Bradford District Care Foundation Trust were in attendance at the meeting.

Following a very detailed presentation the Chair expressed concern about the rising number of people whose mental health had deteriorated during the pandemic but were not known to mental health services or aware of how to access their support. She requested that details of the number of people accessing services as a result of the pandemic be provided.

The Public Health Consultant reported that, in October 2020, the Centre for Mental Health had devised a forecasting tool and, whilst accurate figures were not yet available for Bradford, it was believed that the figure in the district was approximately 4,000. It was explained that nationally approximately one in four people presented with some form of mental health issue each year. Financial issues and social isolation experienced during the pandemic would exacerbate those issues and it was agreed that the forecasting tool should be used, as a matter of priority, to accurately predict demand. Members would be provided with those figures when they were produced.

Instances of people being unable to visit relatives and the resulting rapid

deterioration in patients' mental health were raised by Members. It was believed that those incidents were replicated across the District. It was suggested that there was much more which could be done address those worries and it was questioned what measures were being taken to ensure that meaningful family visits were permitted.

In response assurances were provided that risk management measures were in place to ensure visits to care homes were facilitated whilst mitigating risk. The importance of human contact was acknowledged and examples of garden visits which had been arranged were reported.

The significant impact on people who were unable to visit friends and relatives in in-patient settings was also raised and a Member questioned what action was being taken to allow in patient visits; provide support to friends and families of patients to deal with the emotional trauma and to facilitate a better understanding of mental health issues in nursing and hospital settings.

The Chief Executive Officer, MIND in Bradford, explained that national advice and local guidelines had dictated that visits to in patients must cease during the lockdown. That situation had now been reviewed and risk assessments were conducted to allow visits to take place in safe environments. Training and support was also provided by the Grief and Loss team to the Care Trust and Voluntary Sector to provide an understanding of the mental health impact of the virus. In addition, the Education Psychology Team had received Government funding to work with teaching staff to facilitate conversations with students about mental health.

The interventions proposed to assist older people whose mental health had deteriorated due to lack of family contact was also questioned. It was explained that whilst one size would not fit all there was much which could be done. People already working within mental health services who had the skills to deal with depression in people with dementia had been identified. It was intended that training would be provided to transfer those skills into care homes so that staff had more knowledge of mental health. Psychological therapies were also available and could be utilised to assist elderly people who may be dealing with mental health issues for the first time in their lives.

A Member, whilst thanking officers for a comprehensive, wide ranging and well thought out presentation pointed out his belief that, contrary to the reference that COVID-19 had been a natural disaster, in terms of mental health he believed that the detrimental impact of the pandemic on mental health had been man-made He considered that a number of things which had impacted on people had been as a result of choices made by the Government and others. It was agreed that stress on staff, careers and the bereaved was inevitable, however, the impact of the isolation of older people or on perinatal health was related to choices made about contact. He referred to people, through no fault of their own, being unable to distinguish between population and personal risk. He reported an experience of a fit and healthy person being terrified of the virus and the detrimental impact on her mental health. It was felt that the actions which had been required in order to drive social change in terms of social distancing had impacted on mental health. It was also believed that people were less likely to be resilient when they felt things had been done to them rather than had happened out of the blue.

The Consultant in Public Health agreed with much of that statement and referred to models, outlined in the presentation, about how communities rather than individuals responded to feelings of helplessness. The conclusions of those studies had acknowledged that, as a district, people should be moved from risk to safety; fear to calming; loss to connectiveness; helplessness to self-sufficiency and despair to hope. It was felt that national spirit, experienced during the summer with the clap for carers etc. had diminished and whilst indirect effects of the pandemic were many it was believed that mental health was an important factor.

The inability, from the information contained in the report, to perceive the volume of people affected mentally and the resources required to address mental health during, and following, the pandemic was raised. The increases in problems arising from alcohol abuse was also queried and it was confirmed that those figures were recorded by the NHS and hospitals.

A Member whilst welcoming that the mental health telephone contact line was free believed that this had not been widely communicated. It was explained that the new telephone number had only recently been commissioned and contact information would be updated.

The report revealed that social workers were working with the police to ensure that anyone who was detained had mental health support and a place of safety. It was suggested that former service users could be utilised to help in those instances.

Frustration at the disparity between physical and mental health was expressed. A Member reported physical health issues which had been addressed throughout the pandemic but he believed that mental health issues were not being addressed as urgently. In response the Consultant in Public Health explained that all health issues in the District were taken seriously and he referred to additional funding to address mental health received following the Mental Health Needs Assessment.

A co-opted Member expressed her opinion that mental health services in the District were exemplary and congratulated people coming together to ensure services were maintained. It was questioned, however, what measures had been put in place for people with sensory or learning disabilities. It was believed that there was currently no counsellor for deaf people and it was feared that people were withdrawing from social intercourse and should not be left behind.

The Head of Mental Health Wellbeing explained that virtual working had been undertaken with other authorities to allow access to services not available in Bradford. Kirklees Council had a counsellor for the deaf and Leeds Council had other services not available in the Bradford District. Work with West Yorkshire partners allowed provision to be shared across the region and help to access those services was provided.

**Resolved –**

- (1) That officers be commended and thanked for the depth and breath of the report
- (2) That a further report be presented in 9 months time

***ACTION: Director and Public Health and Director of Living Well***

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

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

The report revealed that items for discussion on 17 November 2020 included the Impact on Carers and an update on the Carers Strategy and a Public Health update including testing and test and trace, outbreak management work and latest developments.

Members were asked to contact the Overview and Scrutiny Lead with any additions, or reallocated priority of issues. to the Work Programme.

**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.**

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