

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held remotely on Tuesday, 17 November 2020 at 4.30 pm

Commenced 4.30 pm
Concluded 6.15 pm

Present – Councillors

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

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

Observers: Cllr S Ferriby, Portfolio Holder – Healthy People and Places

Apologies: Councillors J Sunderland and K Hussain

Councillor Greenwood in the Chair

36. DISCLOSURES OF INTEREST

In the interest of transparency Councillor Lintern disclosed that she worked for a dementia charity (Minute 40) The interest was not prejudicial and she remained in the meeting during discussion and voting on that item.

ACTION: City Solicitor

37. MINUTES

Resolved –

That the minutes of the meeting held on 22 September 2020 be signed as a correct record.

38. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

39. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

There were no referrals made to the Committee.

40. COMMISSIONING OF A CARERS SERVICES CONTRACT IN BRADFORD DISTRICT & CRAVEN AND THE DEVELOPMENT OF A CARERS STRATEGY

The joint report of the Strategic Director of Health & Wellbeing and the Bradford and Craven Clinical Commissioning Group's (CCG) Strategic Director, Staying Well at Home (**Document "M"**) provided an update on the Council and CCG's jointly commissioned Carer Service within Bradford District and Craven and on the emerging needs of unpaid carers as a result of COVID-19 impacts.

Appended to Document "M" were Carers Service Outputs April 2019 to March 2020 and a Member questioned the low levels of young carers supported. In response it was explained that figures provided were from the Adult Carers Service and a Young Carers service was funded separately by Children's Services.

It was queried if Members were being asked to consider the re-commissioning of a Carers Service in the district. For the benefit of Members who were not on the Committee last year it was confirmed that the report was to provide an update on the service following the report on re-commissioning considered in November 2019. It was further clarified that the contract had already been awarded for a three-year period with an option to extend.

The report detailed a small grants budget process to create additional opportunities for carers more likely to have poorer mental health. The outcomes of that funding and the type of opportunities grants supported were questioned. Members were advised that the grants outlined in the report were a new service provided in response to the Mental Health Needs Assessment and were in addition to the small grants process available for recreation and leisure. The process to distribute those awards was on-going and awards had not yet been granted. Examples of ways in which that support could be utilised were discussed and included financial support to purchase therapies.

In response to questions it was clarified that the £100,000 budget small grants process referred to in the report was for Voluntary Community Services (VCS) to provide additional services and that there was separate funding available to individual carers.

A Member referred to a previous small grants payment from the Carers' Resource and it was confirmed that this was a separate process to the grants being discussed and that this was still available to careers.

It was questioned how long the average waiting time for carers to receive support would be and for how long after a cared for person passed away was support

available to their previous carers. In response it was reported that the average waiting time for support was one week from referral and carers would be supported for up to two years following bereavement.

In addition to support for carers it was questioned if the service could provide support for those being cared for and it was explained that work was on-going to consider work which could be provided through the Care Act. That review was being undertaken by officers including the Clinical Commissioning Group; Public Health; commissioning staff and service providers.

The Chief Executive Officer, Carers' Resource clarified that her organisation sign posted to many other services to allow people to self-refer.

The report revealed that work was currently underway to review the pathway for Care Act assessments for unpaid carers. The work was being undertaken by a multi-disciplinary group of Council officers including operational staff and was in direct response to carer feedback in which they expressed low levels of confidence and value in Care Act assessments.

It was envisaged that the review would result in an increase in the number of carers assessments being undertaken; improved support plans for both carers and the cared for; better planned crisis support and increased joined up work with NHS and community services. In response to the Assistant Director, Operational Services, stating that Councillor support would be welcomed Councillors expressed an interest in becoming involved.

Members questioned if there had been any progress in establishing consistency across the care home sector regarding visits and, whilst that topic was outside of the scope of the report, it was explained that work to develop national and local guidance in a COVID safe manner was on going.

The Overview and Scrutiny Lead reported that consistency in visits had been raised with her colleagues on the West Yorkshire Scrutiny Committee and a cross boundary response was being considered. She agreed to keep Members updated on that issue.

A Member suggested that the availability of 10,000 testing kits could be utilised to test people and one named visitor to allow visits to be maintained.

Officers were commended for including case studies within the report which Members had found useful.

It was agreed that to allow the impact of measures developed to alleviate the impact of COVID-19 to be evidenced, and to compare the situation between the previous year and current years, a progress report be requested in six months-time. That statement was qualified with a request that if there were any dramatic changes a report be presented to Members immediately.

Resolved –

That a further update report be presented to the Committee in six months time.

ACTION: Strategic Director, Health and Wellbeing

41. AN UPDATE ON COVID-19 IN THE BRADFORD DISTRICT

The Director of Public Health presented a report, (**Document “N”**) providing an update on COVID-19 in the Bradford District. It described the response to the first wave of the pandemic between March and September and included the latest data on cases, admissions and deaths. It was acknowledged that the situation was changing rapidly and that since the publication of the agenda some changes to the statistics would have occurred.

The report also set out how the Bradford District COVID-19 response was being managed during the second wave, explaining the leadership role of the COVID-19 Management Group and the ten working groups.

The report concluded with a section on horizon scanning, considering developments which may impact on how COVID-19 was controlled in the future.

The report revealed that the district had seen a reduction in the COVID-19 infection rate but the Director, Public Health, warned people against being complacent as hospital admissions rates continued to rise.

The statistics in the report included 167 hospital in patients with 14 people in intensive care. This was compared to 105 patients at the peak of the first wave.

A Member queried how that figure compared to other years and questioned if the figure was due to normal winter pressures or were hospitals struggling more than usual. It was confirmed that hospitals were reporting additional pressure to the seasonal expectations and that some elective procedures had been stopped. That would result in additional further pressure with people needing to access future routine care that had stopped due to the crisis.

The vaccination process was discussed and concern was expressed that not all GP surgeries would have the storage facilities required. Contingency plans for that situation were questioned and it was confirmed that the currently favoured vaccine would need to be stored at extremely low temperatures. It was explained that there was an additional vaccine which was able to be stored in a manner which surgeries could accommodate and plans were continuing to be developed.

A Member referred to a door to door COVID-19 test he had taken and questioned the rationale for people receiving that service. It was explained that up to date information was used to identify the areas with the highest infection rates and that residents were given notice that testing would be conducted in their area. The Assistant Director, Neighbourhoods and Customer Services, explained that providing two days' notice of testing had increased the take up rate from 1000 to 2000 in one week alone. He agreed to pass Members comments about the helpful nature of those conducting the tests to colleagues.

A Member who was also a doctor at a local hospital reported that he had witnessed a number of younger people being admitted to intensive care wards and suggested that information be communicated to warn people of the dangers. He questioned how logical the restrictions were as his wife was able to mix with pupils at a large secondary school throughout the week but was unable to visit her granddaughter at the weekend. He also expressed concern that a child isolating following an outbreak at school would not have those restrictions imposed on family members who could then spread the virus. He suggested that school infections could be reduced by restricting pupils and that young people should be vaccinated before older people who he felt were less likely to spread infection.

In response it was acknowledged that it could be difficult to understand the logic of restrictions. It was explained that the Government were concerned that children would be left behind with their education and all schools were risk assessed. The vaccine would be targeted at older people to keep them as safe as possible.

A Member referred to the work of the COVID-19 response hub and commended officers for the work in their communities. He suggested that they visit a future meeting to discuss their work and it was agreed that an invitation for them to meet with Members would be sent.

The connectivity of all partners in Bradford was applauded and how they had communicated with residents and dealt with rumours and false information was praised.

Measures to reassure people with learning disabilities were discussed and a Member referred to some people he knew being unaware that they had a Do Not Resuscitate (DNR) note on their patient records. Assurances were provided that during the second wave of the virus there had not been any increased deaths of people with learning disabilities. The Assistant Director, Neighbourhoods and Customer Services, agreed to feedback comments about people being unaware of DNR notices and as the Strategic Director, Adult Services, was present at the meeting it was assumed he would do the same.

The Assistant Director, Neighbourhoods and Customer Services, continued with a presentation to update Members on the work of his colleagues and provided assurances that plans for occurrences such as the pandemic had been in place for some time.

It was reported that the Youth Service, Customer Services and Neighbourhood Teams were well connected and had good relationships with the voluntary sector. Teams had quickly adapted to working seven days a week, working late and at night and arrangements were working well.

The Communications Team had worked to quell rumours and misinformation and provided reassurance to residents

Information reported recently that those most likely to break lock down restrictions were 50 to 69 year olds was discussed. It was believed that young people felt

stigmatised as super-spreaders when in fact it had been found to be older people who were more likely to visit a relative or collect shopping. Members were assured that services were in place to support people isolating and for them to access food, medicine or other services.

Communications in own languages from officers who knew areas well had been helpful in gaining the trust of communities. The Assistant Director expressed his pride in his colleagues for contacting over 10,000 residents and 1,000 businesses in one week and explained that they had visited residents in cold weather and dark evenings to provide safety advice and to allow them to access essential services.

Members discussed mass testing measures and it was suggested that the local knowledge of Ward Members would be useful at an early stage. Incidents of testers being unfamiliar with neighbourhoods were raised. It was questioned how areas for testing were selected and it was explained that intelligence was analysed and areas of high or increasing infections were targeted. Information from tested areas suggested that 10% of tests were positive and was high compared to the district as a whole. The contact also provided an opportunity to engage in conversation and discuss support which might be needed such as dog walking; shopping or addressing loneliness.

A Member with medical experience expressed astonishment at the 10% positivity figure believing that those figures suggested every resident would shortly have had the disease or that the tests were flawed.

In response, it was explained that Public Health had expected a figure of 5%. There were massive variations across the district with some areas having a 2% positive test rate and others up to 20%. It was felt that the higher rate reported evidenced that the correct areas had been targeted and that it was a good use of resources.

A Member referred to the previous comments about 50 to 69 year olds being most likely to break lockdown restrictions. He believed that people were frustrated that since April they had been unable to meet other people of their age group. He believed it would have been particularly difficult for people who did not work or have the advantage of a garden. He reported that he had contacted the Leader of Council at the start of lockdown to ask for people to be given guidance on places near their homes they could visit for exercise or to pass the time.

The Director of Public Health agreed with those comments and feared that there could be real mental health implications because of restrictions.

The Portfolio Holder, Healthy People and Places, explained that Council officers had distributed packs to isolated people with suggested activities. Online resources had also been provided.

In response to concerns about the mental health implications it was agreed to provide Members with statistics on suicide and to break down those figures by age group and provide comparisons with previous data to allow that issue to be considered further.

Resolved -

That a further update on Covid-19 in the Bradford District be scheduled into the Committee's Work Programme for consideration at a future meeting.

ACTION: Strategic Director, Health and Wellbeing

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

The Overview and Scrutiny Lead presented **Document "O"** which reported the Work Programme 2020/21.

The next meeting (Wednesday 9 December 2020) would include a presentation on the activity of the District's health and wellbeing Voluntary Community Services (VCS). Members were asked to inform the Overview and Scrutiny Lead of any issues they would like including in that presentation.

Members were also reminded that they were invited to attend the Regeneration and Environment Overview and Scrutiny Committee on 1 December 2020 to consider an item on Active Travel School Streets and Play Streets. The Council had resolved at its meeting on 16 July 2019 that the issue would be of interest to both Committees.

(Council Minute 28 2019-20).

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