City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Tuesday, 26 January 2021 in

Commenced 4.30 pm
Concluded 7.15 pm

Present – Councillors

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

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: Councillor S Ferriby

Apologies: Councillor Julie Lintern and Councillor Jeanette Sunderland

Councillor Greenwood in the Chair

50. DISCLOSURES OF INTEREST

In the interest of transparency Councillor Griffiths disclosed that he was a retired GP returning to work to administer the COVID-19 vaccine. The interest, in Minute 55, was not prejudicial and he remained in the meeting during discussion and voting on that item.

In relation to all items Councillor Godwin disclosed that he was working as a doctor at Airedale Hospital during the pandemic. The interest was not prejudicial and he remained in the meeting during discussion and voting on all items.

ACTION: City Solicitor

51. MINUTES

Resolved –

That the minutes of the meetings held on 17 November and 9 December 2020 be signed as a correct record.

52. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

53. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

There were no referrals made to the Committee.

54. UPDATE ON ACT AS ONE TRANSFORMATION PROGRAMMES

The report of the NHS Programme Directors, Act as One Programme and Access to Health and Care Programme, (**Document "R**") provided an update on the transition of the Acute Provider Collaboration into Bradford District and Craven Act as One Programme, and the establishment of seven transformation programmes.

For the benefit of those not involved in the work of the Committee during the 2019/2020 municipal year the report clarified that in September 2019 a presentation had been received setting out the planned work of the Acute Provider Collaboration (APC) between Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust.

The achievements of the APC in bringing teams together was reported together with the rationale for the transition, in July 2020, into seven Act as One programmes.

It was explained that the programmes brought together partners from across the health and care system around fewer mutually agreed priorities and focused on issues both within and outside of the acute hospitals. The programmes encouraged collaboration and partnerships between all sectors involved in the delivery and commissioning of health and care services. All programmes had a broad "end to end" scope, meaning that they covered the whole pathway of care from prevention of illness through to specialist hospital care. The current priority areas were reported as: -

- Children & Young People's Mental Health
- Access to Health & Care
- Diabetes
- Respiratory
- Ageing Well
- Healthy Hearts
- Better Births

The achievements of the APC; the rationale for that programme to be stopped and what had happened to the work planned to take place in the APC were

reported.

The Act as One priority programmes were presented together with the system governance arrangements around them; early achievements; areas of focus and challenges remaining for 2021. Members were advised that challenges included:-

- Support for the recovery of the health and care system from the COVID-19 pandemic and support the roll out of the vaccination programme where possible.
- To Improve working with communities to understand and start to address the inequity in access to health and care services through stronger links with the VCS, grassroots GPs and Community Partnerships.
- Innovate - there are unlikely to be significant funding increases into the health and care system in 2021, so improvements were likely to arise through innovation and improved working arrangements and relationships between partners.

The Chair thanked officers for a detailed presentation and acknowledged that the district had always worked well with partners. The joint work to encourage people to take up the flu vaccination was discussed and in response to questions it was confirmed that 25,000 more people had received the vaccine compared to the previous year.

A Member questioned why the governance arrangements included a member of the Bradford District Care Trust as Senior Responsible Officer for the Children and Young People Mental Health Programme as he believed the programmes were joint ventures between two acute hospital trusts. It was explained that the appointment was in an endeavour to include a mixture of other partners on the board.

It was queried if the Act as One Programmes would reduce the choices of provider or service available to residents. In response assurances were provided that it was not the aim of the programme to reduce choice or providers but to focus on common issues and to improve common outcomes. Patients would still be offered a choice of provider particularly around out-patient services. Members acknowledged that choice could be affected through collaboration but accepted that pathways of care could be beneficial if actions were more efficient.

The report referred to the continuation of the digital super-rota providing access to specialist support seven days a week in the Ageing Well programme. In response to questions it was clarified that it had been identified that there was a need to support care homes during the COVID pandemic and the rota included consultants, GPs, nurses and pharmacists to provide that support. The provision of the rota was not a change to services but the provision of additional support. The care received may not be from consultants for the whole of the week but GPs involved would have enhanced experience in the care of the elderly.

Following questions about primary care involvement it was confirmed that the primary care providers were fully involved in all programmes. GPs were also included and a member of the Local Medical Committee or Clinical Advisory Group was on all programmes. Non-specialist ‘grass root’ GPs were also utilised

to strengthen the programmes.

Significant impacts arising from the programmes included the increased take up of the flu vaccine; the addition of the super rota to support the elderly; support to COPD patients following discharge from hospital to manage and educate on their conditions. Additional work around pathways of care for diabetics was reported and included a GP assist tool kit to allow patients to make better decisions about their condition and care. A major piece of work had also been conducted to allow patients to access appointments on line and partake in digital consultations.

A Member raised concerns about people having to travel to multiple locations for different treatments and that services were not co-ordinated. It was explained that, whilst there was still some way to go, the Act as One approach was to ensure systems spoke to one another and that a co-ordinated approach to treatments be provided. In response to that statement it was acknowledged that co-design was more than choice and choice was not required if people were involved in shaping their services. It was stated that Councillors support to enable connections to communities would be welcomed.

Maternity Services were discussed and concern was expressed that data revealed that Bradford was ranked 122nd out of 140 local authorities. Members were assured that the district had two very good maternity units and that issues were not about hospital provision. In the maternity work stream there was real work required with communities to educate people and ensure that women were fit for pregnancy. Members stressed that as a scrutiny committee they could help with engagement and emphasised that every baby deserved the best start in life.

A Member with experience as a medical doctor confirmed that issues he had seen arsing as a student, doctor, parent and grandparent remained the same. He felt that perinatal mortality figures demonstrated that nationally maternity services were not moving forward.

A Member recited an email she had received from a resident asking if the programme had the right leadership and questioned how a team of non BAME leaders could understand poverty, discrimination and poor or non-existent services. In response assurances were provided that those issues were at the forefront of the Programme Directors' minds. A new director responsible for communications had been appointed from the BAME community with fantastic experience and would provide a senior representative voice to the board. Work had been undertaken with the Voluntary Community Sector (VCS) to build bridges and engage with communities. Discussions had been held with Mosques and others to listen to communities and capture their insights. Work being conducted by the CCG had identified a number of issues; work was being progressed and updates could be provided to Members.

Key priorities for the Access to Health and Care programme included securing elective surgical recovery in partnership with the Independent Sector and the cost of that provision was questioned. Members were advised that the provision was a national arrangement put in place to address a significant backlog of urgent procedures which could not be carried out at NHS hospitals due to the pandemic. The Programme Directors did not have sight of the contract but believed that the Independent Sector could recoup their costs but not profit from the arrangements.

It was agreed to investigate the costs with the national team and report back to Members.

In conclusion the report confirmed that the seven priority programmes were now well established and working relationships and engagement had improved significantly. It referred to supporting the health and care system from the COVID-19 pandemic and assurances were requested that support for staff would be included in that recovery. It was felt that staff on the front line were overstretched, exhausted and sick and the joined up thinking to restore internal staff was queried. Externally the mental health of working age adults was also raised and it was questioned if consideration would be given to the mental health of the nation.

In response it was reported that Occupational Health and Therapy were not included in the Act as One programmes. Whilst those services were not explicitly included there would be a number of things being considered and assurances were provided that efforts would be made to reduce treatment waiting times.

It was explained that that rationale for selecting the seven programmes was in acknowledgement that issues were not being progressed as it was hoped. There had been too much attempted with little focus. In early 2020 the seven programmes had been selected to provide a focus on a smaller number of issues which could provide the biggest impact. Officers were aware that people often had a mix of physical and mental health issues. Conversations were being held to try to break down the boundaries between physical and mental health and officers were keen to incorporate those measures in the programme this year.

A Member with considerable experience in mental health acknowledged that mental and physical health had always been divided in the health system despite whole people suffering from both. It was felt that a person with complex physical health needs would likely be suffering from some degree of anxiety or other mental health issue. He felt that a mental health crisis was looming and the importance of employers supporting the people they employed was crucial. It was believed that when looking at strategic plans it was easy to lose focus on mental health.

Members were assured that the pressure on all staff had been recognised and bereavement and care support was provided.

It was agreed that a progress report be provided and it was requested that service user feedback be included.

The Programme Directors explained that they had contacted the Better Births work stream lead who was happy to provide information for Members and the issues raised at the meeting around maternity services.

The Respiratory work stream had been discussed at a previous meeting and it had been agreed that this would be the subject of an additional report.

Members felt it would also be more helpful to have a separate report discussing health inequalities and the Programme Directors agreed that they could provide a future report on the programme overall with individual details of all seven programmes.

Resolved –

That the NHS Programme Directors be requested to provide a progress report on the Act as One Transformation Programmes in 12 months time.

ACTION: Overview and Scrutiny Lead

55. BRADFORD DISTRICT AND CRAVEN COVID-19 VACCINATION PROGRAMME

The report of the Joint Senior Responsible Officers (SROs), Bradford and Craven COVID-19 Vaccine Programme, **Document "S**", outlined the progress and challenges to delivering a whole population COVID-19 vaccination programme at scale and pace.

The report provided an introduction to the Vaccine Programme and included information on: -

- Governance
- Vaccinations
- The Joint Committee on Vaccination and Immunisation (JCVI) priority cohorts for vaccination
- The available vaccines
- Total numbers to be vaccinated
- Delivery models
- Workforce
- Communications
- Equality Impact Assessment

In recognition of the fast moving nature of current events surrounding the Covid-19 pandemic and the vaccine programme since the agenda publication Members were provided with a verbal update to the report at the meeting.

It was reported that the vaccination programme aimed to vaccinate the entire over 50 years old population that were registered with General Practices within the Bradford and Craven district as quickly and safely as possible (by March 2021) and the population over 18 years of age by July 2021.

The Chief Nurse (Bradford Teaching Hospitals Foundation Trust) explained that she had never seen a programme come together so effectively. Within a matter of weeks, it had been possible to deliver the vaccine in fourteen locations throughout the District and an additional mass vaccination centre would also be opened at Jacobs Well in Bradford on 1 February 2021. It was expected that the biggest challenge would be to reach all communities to ensure that everybody had the opportunity to receive the vaccine and that people had the correct information to enable them to make informed decisions.

It was acknowledged that the roll out rate of the vaccine had been outstanding, however, Members believed it would have been useful to understand the number

of residents who had been vaccinated, reported in Document “S” broken down into cohorts. They were also concerns that the report did not refer to vaccine supply issues.

Following presentation of the report a number of questions/comments were raised to which the following responses were provided: -

- The decision to begin the vaccination programme with elderly people as opposed to people in the working age bracket, who may be more likely to spread infection, was to protect those who would be most vulnerable. It was not known if the virus could be spread by those inoculated and the transmission rates were being investigated.

- There were well documented issues about supply of the vaccine and although supplies were being delivered those deliveries could be at short notice. The model adopted was to primarily deliver the vaccine through the Primary Care Network, however, capacity could be increased with the use of facilities such as the vaccination centre at Jacobs Well, Bradford.

- It was difficult to split those immunised into additional cohorts as a resident would often fall in a number of groups.

- There was no evidence to support reports in the media that supplies were being halved in the District and distributed elsewhere in the country.

- Due to the fragility of the vaccine supplies and, because the entirety of the consignment must be used immediately it was opened it, had not been possible to vaccinate an individual in their own home without wasting large quantities. That volatility had now been resolved and plans were in place to begin to deliver the vaccine to house bound residents very shortly. It was expected that all of the first cohorts would have been immunised by 15 February 2021.

- It was not possible to demand that care workers had the vaccination but clear messages had been communicated to all staff that they had a duty of care to residents or patients. Information had been provided to enable those workers to make the right decision for themselves and others. As the decision whether to receive immunisation was private no patient or resident had the right to ask a care worker if they had been vaccinated.

- There had been many vaccine trials undertaken under stringent conditions. All vaccines had satisfied strict Medicines and Healthcare Products Regulatory Agency (MHRA) criteria and undergone rigorous safety checks before being licensed for use.

- It had been possible to develop a vaccine against COVID-19 relatively quickly as adaptations were able to be made to vaccines already in development against the Ebola virus. A significant amount of finance had been made available from governments and individuals and the knowledge, technology and finance had come together very quickly to provide a vaccine solution.

- There were cohorts of anti-vaccinators both nationally and internationally who continued to be a challenge. It was felt that it would be very difficult to influence those with extremely strong views. The communications strategy would emphasise the need for all people to be immunised and national, regional and local resources would be utilised to get that message to residents.

- Additional Government funding had been received in the District to fight disinformation around the virus and the money would be used to strengthen existing communications strategies and carry out promotional activities. There were concerns that some younger people who felt they would not be adversely impacted by the virus, who, therefore, may be reluctant to take up the vaccine, must be made aware of their social responsibility to prevent the spread of infection to other more vulnerable people.

- The vaccine programme was to prevent complications and death and the cohorts had been categorised to prioritise those most at risk first. Primary Care Networks (PCNs) knew those categories and would send messages or arrange appointments to match the available supplies to those residents. Some people would receive invitations to attend the national mass vaccination centres or may choose to access via their GP surgeries. There was also the provision of open booking systems for care home staff or vulnerable workers to access electronic bookings systems.

- Sufficient vaccine was available to ensure all people in the first four priority cohorts received their vaccination by 15 February 2021.

- Experienced pharmacists and medical professionals were able to maximise the doses of the vaccine received through good vaccination techniques and experience.

- There were few residents who had failed to attend appointments but those who had were given the opportunity to rebook at their choice of location. People who had initially refused the vaccine were contacted again to encourage take up of the vaccine.

- People with severe disabilities who were not living in a care home setting, and their carers, would be provided with the vaccination as a higher priority.

- The potential to provide the vaccines at locations to encourage take up of the vaccine by particular communities was being considered. It had not been possible to do that initially as the use of Care Quality Commission (CQC) regulated NHS properties were required. There was now more flexibility and talks were being held with religious leaders to consider additional facilities and to encourage high profile people to spread messages within communities.

- Vaccination reserve lists had been utilised and professionals had worked additional hours to prevent waste. The Pfizer vaccine must be used within three days. Joint Committee on Vaccination and Immunisation guidance must be followed, however, it would have been morally and ethically wrong to waste supplies of the vaccine and in exceptional cases, to prevent that waste, flexibility had been applied to that guidance.

A Member reported that she had witnessed that people were eager to attend vaccination appointments and were attending with very short notice to facilitate the best use of supplies. She also reported the efficient and exemplary service and the compassion which had been shown to residents. An example of a very concerned deaf person being reassured and provided with a transparent visor whilst at the appointment, was provided.

A retired GP returning as a vaccinator, who was also a Member of the Committee, reported that he had not witnessed a reluctance to take up the vaccine. He explained that he was seeing on a daily basis that people were willing and grateful to receive immunisation and that vulnerable residents were being encouraged by their families. It was stressed that those positive messages should be communicated. That view was shared by Members who acknowledged their responsibility as Councillors to provide assurance and communicate the necessity to become immunised. It was hoped that the additional funding would enable that message to be spread to all communities in the District.

Resolved –

That the Joint Senior Responsible Officers, Bradford and Craven COVID-19 Vaccine Programme be thanked for their attendance and commended for their outstanding work on the vaccination programme.

ACTION: Overview and Scrutiny Lead

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

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

Items for consideration at the next meeting included End of Life Care in the District; Public Health Outcomes Framework and the Health and Wellbeing Commissioning Strategy and Intensions. All Members were provided with details of the Chairs briefing prior to that meeting and invited to attend.

Member were advised that the Care Quality Commission had been invited to attend the meeting in March and were asked to provide details of issues they would like to be considered as part of that item.

In response to questions it was confirmed that the Public Health Outcomes Framework would include progress on vaccinations.

A Member raised concerns about allegations of the bullying of people with

Learning Disabilities at the Cygnet Woodside private hospital and it was agreed to mention those issues for inclusion in the CQC report.

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.