

Public Document Pack



Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held remotely on Tuesday, 26 January 2021 at 4.30 pm

Members of the Committee – Councillors

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

Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP	BRADFORD INDEPENDENT GROUP
Akhtar Berry Iqbal Jenkins H Khan	Sullivan Barker	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 non member 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 **10.30am on 25 January 2021** 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 meetings held on 17 November and 9 December 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. **UPDATE ON ACT AS ONE TRANSFORMATION PROGRAMMES**

1 - 6

The report of the NHS Programme Directors, Act as One Programme and Access to Health and Care Programme, (**Document “R”**) provides 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.

Members are asked to consider and comment on the information provided within the report.

(Mark Hindmarsh - 07984 291931 / Helen Farmer - 07932 946494)

7. **BRADFORD DISTRICT AND CRAVEN COVID-19 VACCINATION PROGRAMME**

7 - 20

The report of the Joint Senior Responsible Officers (SROs), Bradford and Craven COVID-19 Vaccine Programme, **Document “S”**, outlines the progress and challenges to delivering a whole population COVID-19 vaccination programme at scale and pace. The Vaccination programme aims are to vaccinate the entire over 50 years old population that are 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.

Members are asked to note the information provided, the proposed trajectories and the timescales.

(Nancy O'Neill / Karen Dawber – 01274 432313)

8. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2020/21 21 - 26

The Overview and Scrutiny Lead will present **Document “T”** which presents the Work Programme 2020/21.

Recommended –

- 1. That Members comment on the information contained in the appendix to Document “T”.**
- 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 Act as One Programme Directors to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 26th January 2021

R

Subject: Update on Act as One transformation programmes

Summary statement:

This paper provides an update on the transition of the Acute Provider Collaboration into Bradford District and Craven Act as One, and the establishment of seven transformation programmes.

Portfolio:

Healthy People and Places

Report Contacts:

Mark Hindmarsh

Programme Director – Act as One Programmes

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E-mail: mark.hindmarsh@anhst.nhs.uk

Helen Farmer

Programme Director – Access to Health & Care Programme

Phone: 07932 946494

E-mail: helen.farmer@bradford.nhs.uk

1. Summary

In September 2019, a presentation was made to this committee setting out the planned work of the Acute Provider Collaboration (APC) between Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust. The paper identified eleven initial hospital based clinical specialties to be worked on together as priorities, largely identified as a result of workforce pressures and increasing demand from the public.

This paper sets out some of the achievements of the APC and explains why, in July 2020, it transitioned into seven Act as One programmes. Act as One brings together partners from across the health and care system around fewer mutually agreed priorities, and will focus on issues both within and outside of the acute hospitals.

This report summarises the work underway, sets out some initial areas of focus and early achievements and explains some of the challenges and ambitions for 2021.

2. Background

The APC programme achieved much in bringing teams together, and joint work led by the APC on Stroke services for example is now well embedded in our region. In July 2020 it was recognised that in order to address some of the underlying issues within hospital specialties, there was also a need to improve working arrangements and pathways of care with partners outside the hospital – especially those in Primary Care, Community Care and in Public Health.

This resulted in the evolution of the formal APC programme into the Act as One programmes. This change however does not signal the end of collaboration efforts between hospital services at AFT and BTHFT. Work at individual specialty level that was shared with the committee back in September 2019 is now being taken forward by each team rather than by a separate project team, and is being overseen by the normal hospital management and governance arrangements. This also serves to improve the ownership of collaboration work within the teams, and ensure that they will be at the heart of designing improvements to services.

Act as One, whilst including the seven programmes is a guiding principle for how we do things and get things done, building on the great work we have done both pre and during COVID. Within this we are developing our partnership, delivering our core business and transforming our services. This transformation is being undertaken by seven priority programmes which commenced in July 2020 and is underpinned by a number of enabling strategies.

The programmes encourage collaboration and partnerships between all sectors involved in the delivery and commissioning of health and care services. All programmes have a broad “end to end” scope, meaning that they cover the whole pathway of care from prevention of illness through the specialist hospital care. The current priority areas are:

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

The enabling strategies are

- Digital
- Capital and Estates
- Workforce
- Engaging people
- Communications
- Population health
- Living well

3. Report issues

What did the Acute Provider Collaboration (APC) achieve?

Together great strides were made through the APC in developing a collaborative culture and starting to design and engage colleagues in thinking about service sustainability across the region. Key achievements included:

- Agreement with the Sentinel Stroke National Audit Programme (SSNAP) that the service now works across the region and submits a single data report into the audit
- Engaged with over 500 members of teams to help inform and shape a more collaborative culture
- Held two clinical summits, with great attendance and high energy showing our commitment to working together.

-

Why was the APC programme stopped?

The COVID-19 pandemic has served to reinforce the importance of collaboration and joint working arrangements (and we are starting to see this too in the roll out of the COVID-19 vaccination). Our collective experience from the pandemic has demonstrated the need to ensure wider collaboration in order to address the challenges of the day, and to involve all of our partners; Primary Care, Community, Mental Health, Local Authority and Voluntary sector colleagues.

With this in mind the decision was taken to build on the strength of what was learned and achieved during the APC and move to 'Act as One'. This enables the whole health and care system to identify a jointly agreed set of shared programmes and priorities across the place that everyone can support and get behind.

What has happened to the work that was planned to take place in the APC?

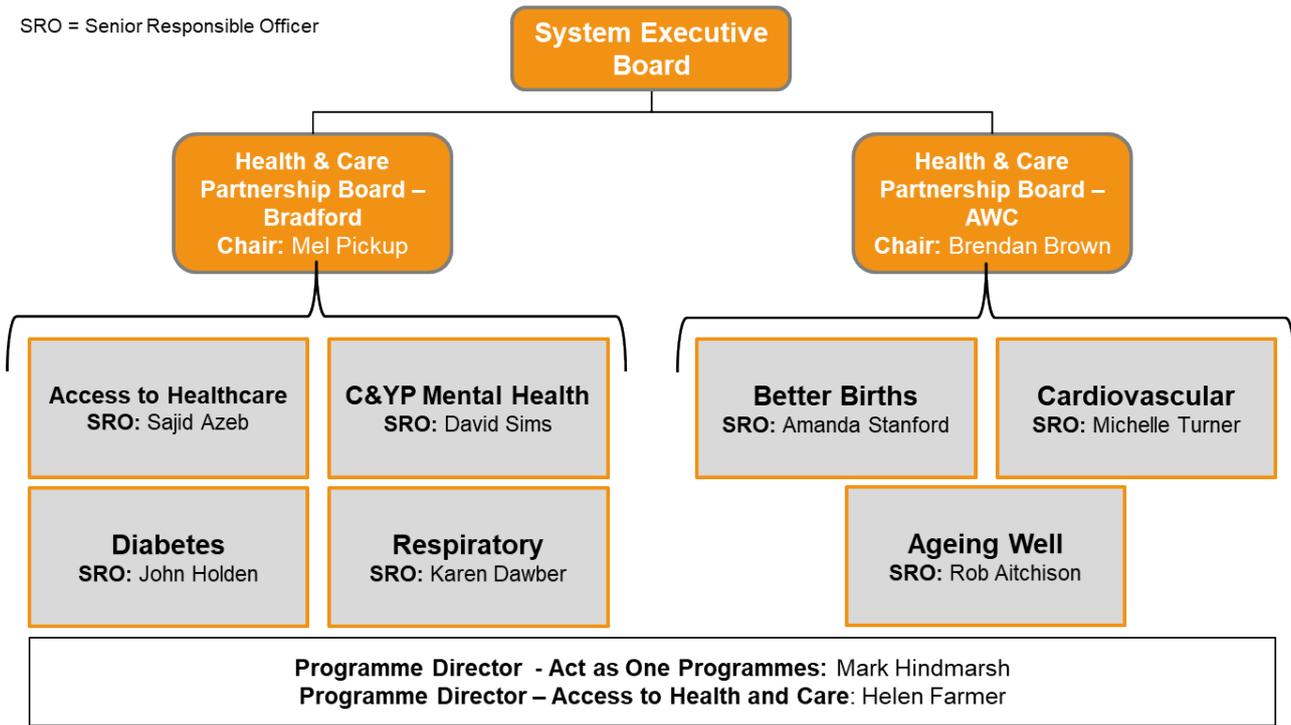
Under the banner of the APC, many specialties have worked hard to start to build relationships and work towards a more collaborative service model. The majority of the work planned to take place with specialties will continue – but it will be led and driven by the specialty teams themselves at each Trust. This work will be overseen using the normal Trust management and governance arrangements and ultimately will be overseen by the respective Chief Executives.

Some of the planned APC work has moved across to the Act as One Programmes, but will now also include input from sectors outside the acute Trusts. This includes work in the Respiratory, Healthy Hearts and Access to Health & Care Programmes.

Act as One Programmes.

The seven Act as One priority programmes and the system governance arrangements around them are set out below.

SRO = Senior Responsible Officer



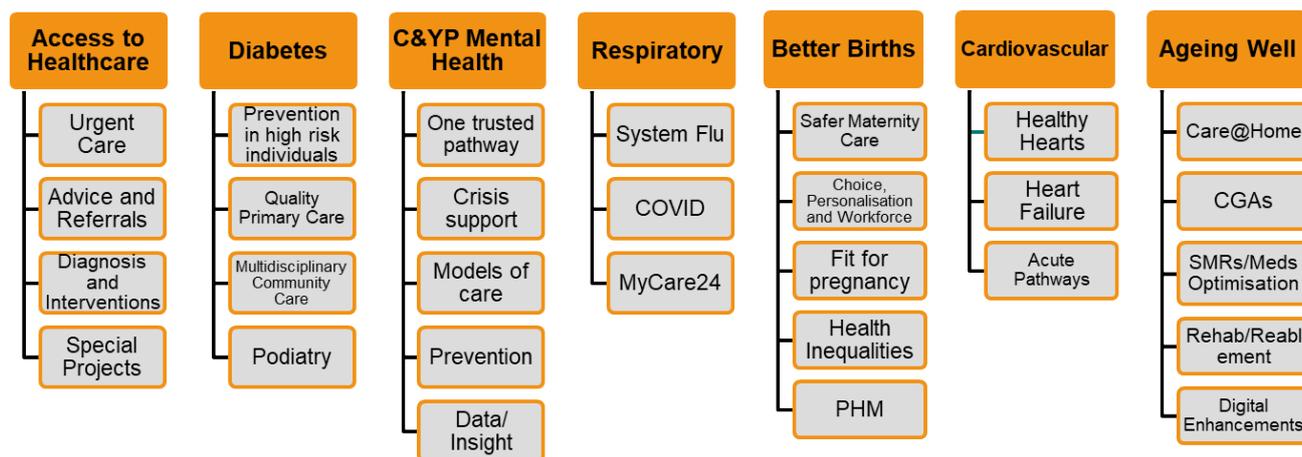
Each programme has a senior responsible officer (SRO) leading the work, who is also an Executive Director at one of the health and care organisations within Bradford District and Craven. The programmes report directly into one of the Health and Care Partnership Boards, who are chaired by the Chief Executives of the Acute Trusts. The programmes are all working to common aims and vision, which is:

“People will take action, and be supported to stay healthy, well and independent through their whole life and will be supported by their families and communities through prevention and early intervention with greater focus on healthy lifestyle choices and self-care...Happy, Healthy at Home”

Every programme board has representation from all sectors from the Health and Care system, including primary care, the VCS, community groups and public health.

Within each of the work programmes, there are a small number of focused areas of work taking place, most of which have a sub-group that meet to progress their area of work. The sub-groups report on their progress to the relevant programme board meeting, chaired by the SRO who then is able to take a formal programme highlight report to the Health & Care Partnership Board monthly.

The initial sub-groups for each of the programmes are set out in the chart below.



The programmes are only around five months old, but have managed to come together and start delivering on a number of key priorities as set out below:

PROGRAMME	EARLY ACHIEVEMENTS AND AREAS OF FOCUS
Healthy Hearts	<ul style="list-style-type: none"> Established a multi-agency Heart Failure working group Refocused work to support primary care during 2nd wave of COVID
Better Births	<ul style="list-style-type: none"> Regional networking and engagement event Focus on peri-natal mental health and wellbeing
Ageing Well	<ul style="list-style-type: none"> Continuation of digital super-rotas, giving care homes access to specialist support seven days a week Agreement on a whole system Discharge to Assess pathway
Respiratory	<ul style="list-style-type: none"> Increased Flu Vaccination rates this year compared to last Remote support for patients with respiratory disease
C&YP Wellbeing	<ul style="list-style-type: none"> One trusted referral pathway Engagement and work of “apprentices”
Access to Health & Care	<ul style="list-style-type: none"> Securing elective surgical recovery in partnership with the Independent Sector 46 new pathways of care agreed between Primary and Secondary Care
Diabetes	<ul style="list-style-type: none"> Establishment of clinical forum to guide change New pathway agreed with primary care on Glycaemic control

Whilst each of the programmes has their own key focus areas and project work streams, there are strong inter-connections between them, for example diabetes and healthy hearts, and where that is the case work is brought together by the two programme directors.

2020 has seen us “close the year” with a series of brief virtual engagement sessions for each of the programmes recognising we haven’t been able to bring people together as we would in non-COVID times, but highlighting the importance of communicating and sharing ideas within teams.

Challenges for 2021

The seven priority programmes are now well established in our place and working relationships and engagement have improved significantly. In 2021 there are three challenges for all programmes to address:

- Support the recovery of the health and care system from the COVID-19 pandemic and support the roll out of the vaccination programme where possible.
- Improve our 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 are likely to arise through innovation and improved working arrangements and relationships between partners.

4. **Options**

Not applicable

5. **Contribution to corporate priorities**

Not applicable

6. **Recommendations**

Members are asked to consider and comment on the information provided within the report.

7. **Background documents**

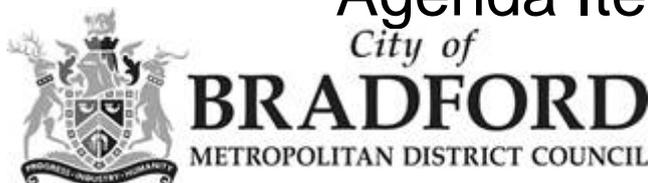
None

8. **Not for publication documents**

None

9. **Appendices**

None



Report of the Bradford District and Craven COVID-19 Vaccine Programme to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 26 January 2021

S

Subject: Bradford District and Craven COVID-19 Vaccination Programme

Summary statement:

This paper (**APPENDIX 1**) outlines the progress and challenges to delivering a whole population COVID-19 vaccination programme at scale and pace. The Vaccination programme aims are to vaccinate the entire over 50 years old population that are 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.

Portfolio:

Health People and Places

Report Contact: Nancy O'Neill and
Karen Dawber – Joint SROs
Bradford District and Craven COVID-
19 Vaccine Programme
Phone: (01274) 432313
E-mail:
caroline.coombes@bradford.gov.uk

1. **Summary**

- 1.1 This paper outlines the progress and challenges to delivering a whole population COVID-19 vaccination programme at scale and pace. The Vaccination programme aims are to vaccinate the entire over 50 years old population that are 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.

2. **Report issues**

- 2.1 The report at **Appendix 1** provides an introduction to the Vaccine Programme and gives information on:

- Governance
- The Vaccine
- 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

- 2.2 In recognition of the fast moving nature of current events surrounding the Covid-19 pandemic and the vaccine programme, in addition there will be a verbal update at the meeting.

3. **Options**

- 4.1 Members may wish to comment on the information at **Appendix 1** and presented at the meeting.

5. **Recommendations**

- 5.1 Members are asked to note the information provided, the proposed trajectories and the timescales

6. **Background documents**

None

7. **Not for publication documents**

None

8. **Appendices**

Bradford District and Craven COVID-19 Vaccination Programme
Briefing Note

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Bradford District and Craven COVID-19 Vaccination Programme

Briefing Note

Overview and Scrutiny Committee January 2021

1.0 The Programme

This paper outlines the progress and challenges to delivering a whole population COVID-19 vaccination programme at scale and pace. The Vaccination programme aims are to vaccinate the entire over 50 years old population that are 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. It is important that we do not waste any vaccines so meticulous planning and call and recall systems are imperative.

To aid the rapid deployment of the vaccination programme the government have produced a series of pieces of guidance and directions that have guided the vaccination programme implementation. Due to the changing nature of the national vaccination programme and the requirement of the vaccination centres to be able to respond at very short notice (within hours) to significant changes in cohort prioritisation and vaccine and service delivery, there is a requirement to have separate functions for the operational management and strategic oversight of this programme.

The programme has 4 elements to it and the vaccine delivery sites are spread across the geography to limit the amount of travel for individuals accessing vaccination:

- 3 x Hospital Vaccination Centres (HVC)
- 10 x Primary Care Network Vaccination Centres (PCNVC)
- 2 x Community Vaccination Centres (CVC)
- 1 x Community Pharmacy Vaccination Centres (CPVC)

There are several challenges and risks associated with the delivery of the programme and these include:

- Access to appropriately skilled and available workforce
- Vaccine supply and short notice of vaccine delivery has made scheduling appointments difficult
- Logistics of transporting and storing vaccines
- Communication to population with consistent messaging to addressing evolving concerns in a timely manner
- Frequently changing guidance and requirements for the programme
- Delivery of a programme in a way that is COVID Secure for multiple people at any given time
- Community Site confirmations (Bradford College).
- Changing governance landscape and Lead Provider model

Additionally the Joint Committee on Vaccination and immunisation (JCVI) have produced clear evidence based prioritisation cohorts.

1.1 The Governance

Within Place there are joint SRO's: Nancy O'Neill and Karen Dawber, this is in recognition of the planning required and the necessity to be able to make senior decisions across 7 days per week.

There is a structured process in place that enables tracking of actions, risk mitigation and swift decision making:

Figure 1 – Overarching Roles and Responsibilities:

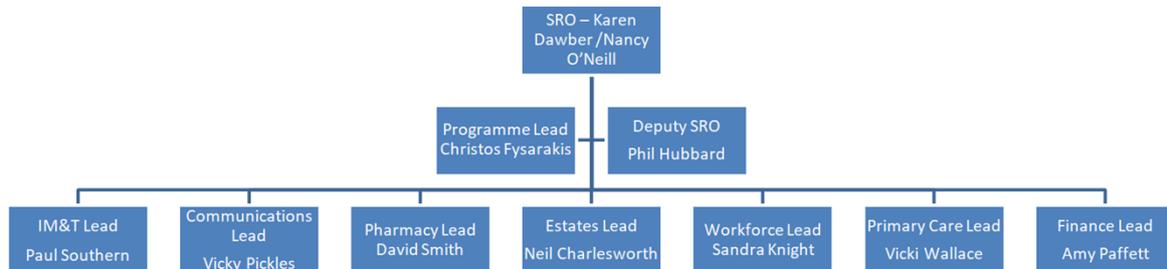
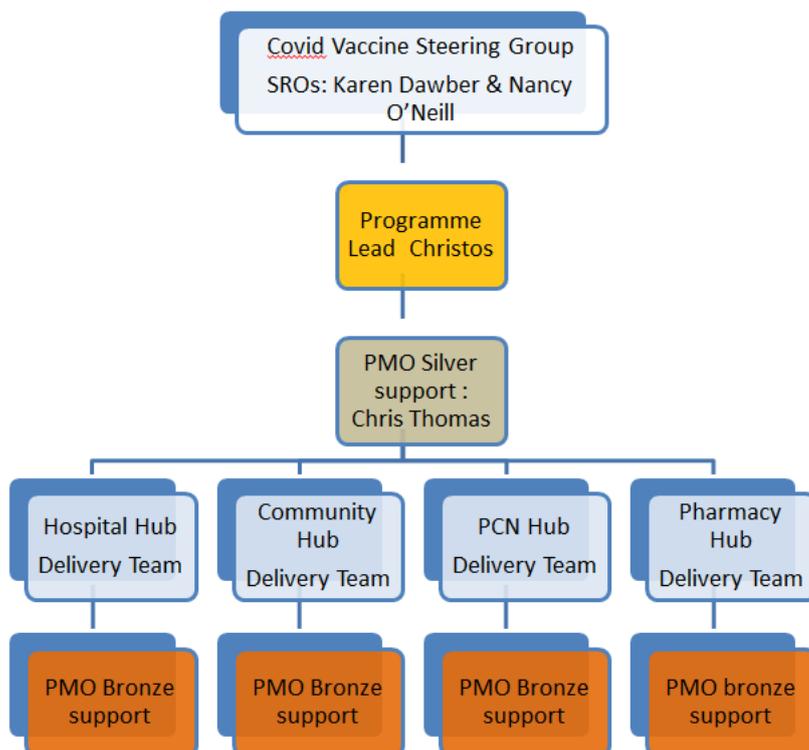


Figure 2 – Overarching Governance:



2.0 The Vaccine

COVID vaccines are being progressed at an expedited rate, the vaccines are still subject to MHRA approval and conditions of licence, this brings with it additional complexities that need to be considered depending on the vaccine being rolled out or the changing nature of the guidance.

2.1 The Joint Committee on Vaccination and Immunisation (JCVI) priority cohorts for vaccination

In line with the National and regional systems West Yorkshire and the Bradford vaccination programmes have started to vaccinate people in the following priority order as recommended by the JCVI:

1. residents in a care home for older adults and their carers
2. all those 80 years of age and over and frontline health and social care workers
3. all those 75 years of age and over
4. all those 70 years of age and over and clinically extremely vulnerable individuals those 65 years of age and over
5. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
6. all those 60 years of age and over
7. all those 55 years of age and over
8. all those 50 years of age and over

It is estimated that taken together, these groups represent around 99% of preventable mortality from COVID-19.

2.2 The available vaccines

There are currently three vaccines licensed for use in the UK: Pfizer, AstraZeneca and Moderna.

2.2.1 The Pfizer/Biontech mRNA (PV)

The Pfizer/Biontech vaccine was approved by the MHRA for use in adults over 18 years old on 2nd December 2020. This vaccine has very specific requirements in terms of storage and reconstitution which in turn has an impact on the arrangements for delivery and staffing of vaccination centres. Once the vaccine had been approved it was delivered into COVID vaccination sites in batches of 975 vaccines, in a phased approach; Bradford became the second place in West Yorkshire to start vaccinating with a COVID-19 vaccination.

There are some specific clinical and logistic points to note relating to the administration of the Pfizer vaccine:

- It could not be transported again once it has been delivered by PHE/wholesaler to a site
- It must be delivered to patients/ people on that site and ideally with as little movement as possible
- The vaccine must be stored on the site at -70 for a number of months, or refrigerated at 2-8 degrees for 5 days
- Initially the minimum delivery was 975 vaccines but from 28th December 2020 batches of 75 vaccines were made available for use in larger care homes
- The second vaccine must be a minimum of 21 days after the first vaccine has been administered – this has been revised and current national directive is to delay second doses for up to 12 weeks.

2.2.2 The AstraZeneca/Oxford vaccine (AZV)

The AstraZeneca/ Oxford vaccine was approved in late December 2020 by the MHRA for use in adults over 18 years old. This vaccine began being distributed to covid vaccination sites from the week commencing 4th January 2021. The first AZV arrived in Bradford PCNs on the 7th January 2021.

- This vaccine is more stable than the Pfizer vaccine and is easier to handle and transport
- It does not need to be stored frozen at -70 and can be stored for longer periods in a refrigerator
- The second vaccine must be a minimum of 28 days after the first vaccine has been administered - this has been revised and current national directive is to delay second doses for up to 12 weeks.

2.2.3 The Moderna (MV)

The Moderna vaccine was approved on the 8th January 2021 by the MHRA for use in adults over 18 years old. We are still waiting for confirmation about when this vaccine will begin to be delivered into the Bradford District and for the details about the specifics for the vaccines safe storage and delivery.

- This vaccine can be stored frozen at -20 for 6 months
- The second vaccine must be a minimum of 28 days after the first vaccine has been administered – we are waiting for clarification if this will also be revised and the same current national directive will to delay second doses for up to 12 weeks as with the other two approved vaccines.

2.3 Commonality of all three vaccines

- All vaccines require 2 vaccinations and the latest guidance is that the vaccinations should be 12 weeks apart
- All vaccines need to be from the same make of vaccine (cannot switch between the two manufacturers)
- Both PV and AZV vaccines need to be used within 5 hours of the vial being punctured – we are waiting for more information about the MV
- Neither PV or AZV vaccine can be given until at least 7 days after a flu vaccination
- Neither PV or AZV vaccine should be given to someone who has previously suffered from anaphylaxis
- Neither PV or AZV vaccine contains animal products
- Neither PV or AZV vaccine should be given to someone who has tested positive for covid in the previous 28 days
- Vaccination centres will need to liaise with public health to agree the best approach to vaccinating care homes during or after an outbreak before the residents and staff in the home are vaccinated
- None are licensed for use in children or pregnant women

3.0 Total Numbers to be vaccinated

Total people				Number of vaccine required per week
Cohort	Total	Take up	Vaccinations	
Care Homes	10,416	75%	15,624	
Over 80s	22,539	75%	33,809	
Health/social workers	31,022	75%	46,533	
50-79	181,498	75%	272,247	
18-49	189,598	75%	284,397	
Already vaccinated	-14,380			
TOTAL	435,073		638,230	25,530

3.1 The vaccination roll out timescale, site and cohorts

Vaccination start date	Vaccination site	Cohorts
14 th December 2020	Bradford Teaching Hospital (BTHFT)	Priority 1& 2 (front line health and social care staff) – With over 80's in week 1. Plan to roll out all health and social care staff
15 th December 2020	3 x PCNs	Priority 1& 2 (over 80's first and care home staff and residents)
19 th December	3 x PCNs	Priority 1& 2 (over 80's first and care home staff and residents)
22 nd December	1 x PCN	Priority 1& 2 (over 80's first and care home staff and residents)
6 th January 2021	1 x PCN	Priority 1& 2 (over 80's first and care home staff and residents)
7 th January 2021	1 x PCN	Priority 1& 2 (over 80's first and care home staff and residents)
8 th January 2021	1 x PCN	Priority 1& 2 (over 80's first and care home staff and residents)
8 th January 2021 to April 2021	10 x PCNs	Priority 1- 8 (working through each priority group starting at one through to 8)
11 th January 2021	Airedale Hospital	Priority 1 & 2 including front line health and social care YAS, Hospice, independent sector
12 th January 2021	Lynfield Mount Hospital	Priority 1& 2, inpatients and out patients, front line health and social care staff and LD services
25 th January 2021	Rimmingtons community pharmacy	18 to 49 year olds
1 st February 2021	Jacobs Well	18 to 49 year olds
TBC	2 nd Community Vaccination site	18 to 49 year olds (if additional capacity required)
1 st April 2021 to	All Vaccination centres	All cohorts 2 nd Vaccinations

12/01/2021 – for HOSC 26/01/2021

3.2 Trajectories:

Figure 1 – Total number of vaccines by site by week

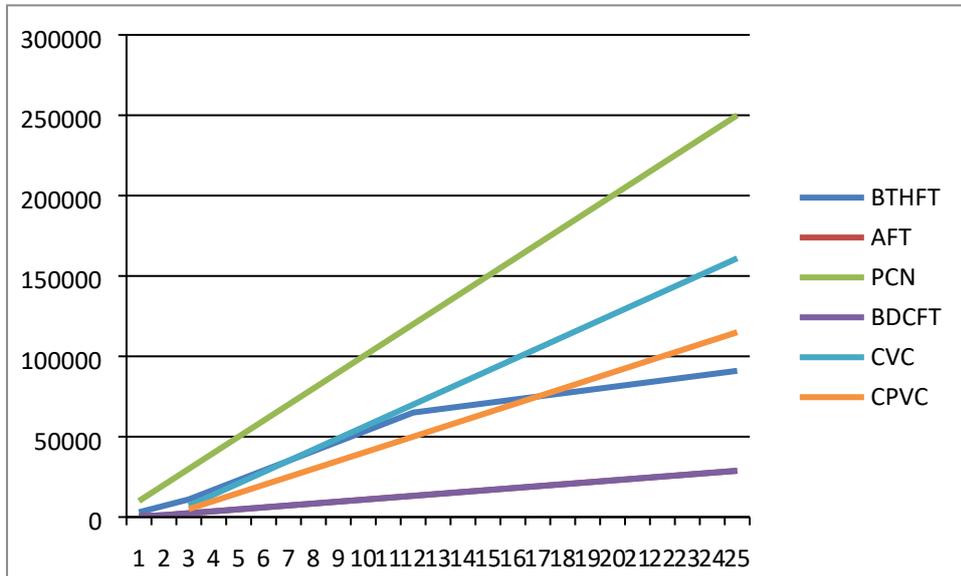


Figure 2 – Total number of vaccines by site by date including grand total

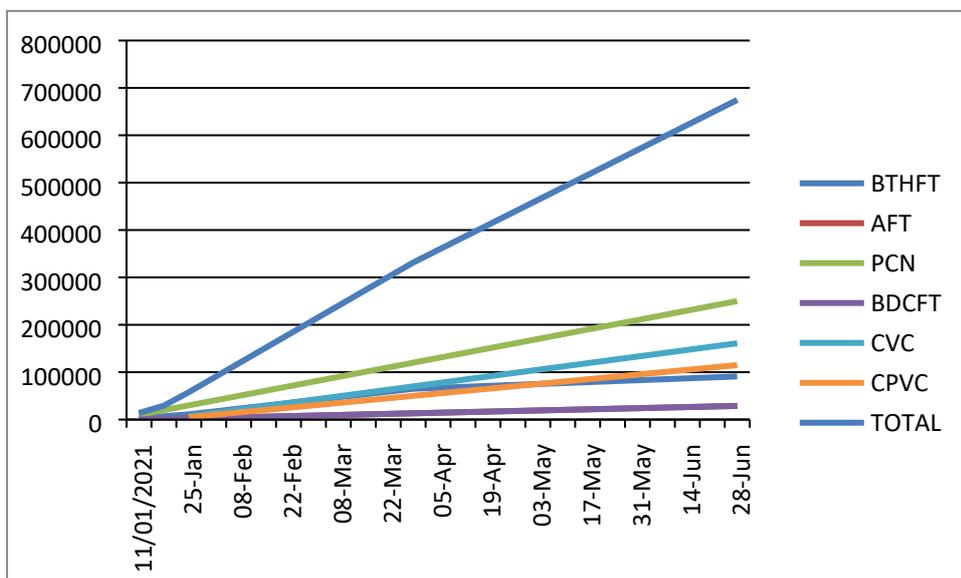


Figure 1 & 2 assumptions –

- Vaccine delivery is stable and readily available
- Each person requires 2 x Vaccines 12 weeks apart, 75% uptake
- Working over 7 days a week
- BTHFT Capacity reduces at end of March (**closure of SLT**)
- PCNs deliver 10,000 per week
- Community Pharmacy (CPVC) deliver 5000 per week
- Community Vaccine Centre (CVC) delivers 7000 per week
- AFT / BDCFT deliver 1200 per week

12/01/2021 – for HOSC 26/01/2021

4.0 Delivery Models

There are a number of delivery models in place including Hospital Vaccination Centres; Community Vaccination Centres; Community Pharmacy hub and PCN's

4.1 Hospital Vaccination Centres

Bradford Teaching Hospital Foundation trust (BTHFT) commenced vaccinating with the Pfizer vaccine on the 14th December 2020. This centre has focussed on delivering vaccinations to front line health and social care staff.

In the first week, 975 doses (1 tray of vaccine) were delivered over 5 days, through 4 vaccination stations. For the subsequent weeks a full tray has been administered, albeit over a reduced number of days during the Christmas period, which has been possible due to more efficient use of the existing resource. The capacity has been increased to 2 trays (2340 doses – now getting 6 doses from each vial rather than 5) from week commencing 4 January 2021, which has required the establishment of 2 additional vaccination stations. There is an expectation that this be increased further, to at least 3 trays by the end of January. The activity will reduce from 31st March 2021 from 6,000 per week to 2,000 per week to allow the use of the lecture theatre.

Bradford District Care Foundation Trust (BDCFT) commenced vaccinating from Lynfield Mount Hospital on the 12th January 2021 using the AstraZeneca vaccine. Like BTHFT they also focus on delivery of vaccines to front line health and social care staff (including independent sector) but will also begin vaccinating inpatients and outpatients at Lynfield Mount Hospital. The centre initially started with 4 vaccination stations but this could be increased if required to a maximum of 9 (staff and vaccine supply permitting). The BDCFT centre will operate 7 days per week and assumes that the AZ vaccine supply is available. BDCFT are using the AstraZeneca and this enables greater flexibility and movement of vaccine and a move away from a fixed vaccination centre model.

Airedale Foundation Trust (AFT) commenced vaccinating from Airedale Hospital on the 11th January 2021 using the AstraZeneca vaccine. They also focus on delivery of vaccines to front line health and social care staff. The centre will initially commence with 4 vaccination stations and are planning to deliver up to 2000 vaccines per week. The centre will be open 5 days per week for 8 hours per day. If vaccine supply is available this can be increased to a 7 day per week service. AFT are using the AstraZeneca and this enables greater flexibility and movement of vaccine and a move away from a fixed vaccination centre model.

4.2 Primary Care Network Vaccination Centres (PCNVC)

Ten PCNs across the district have been designated as Vaccination Centres. They have focussed on the delivery of vaccinations to the over 80 year olds and care home staff in the first instance. The PCNVCs began delivering vaccinations on the 29th December 2020 to all residents in the larger care homes in their geography because the Pfizer vaccine became available in smaller packs of 75 vaccines and revised guidance provided the ability to safely transport these smaller packs. Unfortunately, since the vaccine could only be transported once, to avoid vaccine wastage, it was not possible to go into smaller care homes. From the 6th January the AZV started to be delivered to the PCNVCs and this has enabled the PCNs to start delivering vaccines to residents in the smaller care homes within their locality. The PCNs plan to give the first vaccine to all care home residents that are willing and clinically able to have the vaccine by the end of January 2021.

4.3 Community Vaccination Centres (CVCs)

Even with the 3 HVCs and 10 PCNVCs working at full capacity it is not likely that all individuals in each cohort would be able to receive two vaccinations by September 2021. We have therefore commissioned a CVC located on Jacobs Well car park. The porta cabins were delivered on the site on the 4th January 2021 and are expected to commence functioning as a vaccination centre week commencing 1st February 2021.

We are in the process of negotiating for a second site but this is not yet confirmed and we are waiting for the building owner to send a lease agreement for approval.

Any site that is not on NHS premises provides additional challenges in getting the correct information technology (IT) accessibility and our IT teams are working together to ensure that the CVC sites have access to the necessary IT solutions.

4.4 Community Pharmacy Vaccination Centres (CPVC)

NHS England has commissioned Rimmingtons pharmacy in Bradford city centre to provide 5,000 vaccinations per week from the 25th January 2021. NHSE are considering the possibility of commissioning an additional 3 CPVCs in the district but we do not have a timescale for when a decision is to be made on taking these new community pharmacy sites forward.

5.0 Workforce:

The vaccination programme is additional work for the local NHS that has already managed through two waves of COVID-19 and continues to provide care and treatment to people with conditions other than COVID-19.

Whilst it has been necessary to utilise existing operational and clinical staff to establish the BTHFT hub, this is not sustainable going forward as it is having a significant impact on the substantive roles of a significant number of individuals involved. The ongoing management of the BTHFT vaccination centre requires a significant management presence both to react to changing national expectations and requirements, as well as troubleshooting day to day operational problems. It is therefore proposed to implement a sustainable model that identifies specific roles and responsibilities that will form the basis for implementation across other HVCs and the community vaccination site(s). It is recommended that some of these key roles are filled via secondments/temporary staff or acting arrangements, rather than on an ad hoc basis.

At first, with just BTHFT HVC delivering vaccinations, the 3 NHS trusts in the district were able to provide enough staff to meet the staffing levels required to deliver the available vaccinations but these staff will inevitably be required to go back into their employing organisations to support their own vaccination centre activity. Meanwhile the PCNs have utilised staff from their own practices to deliver vaccinations in their sites and into care homes and this may not be sustainable in the longer term. However, this will not be sustainable going forward, the whole of the NHS is under pressure and the work load is immense, some staff are isolating and others off sick so it will not be possible to staff all of the future vaccination Centres without the availability of additional staff.

- We have identified the required numbers of the following staff groups and how many of each group we have available from the current workforce.
 - Vaccinators
 - Administrations
 - Clinical supervisors
 - Stewards

- National and local recruitment campaigns are underway and will provide additional staff to bridge the workforce gap. We are utilising a variety of recruitment routes including Skills House, contacting recent retirees and those who have recently left the NHS for other reasons, NHS Providers, Bradford College and the CBMDC Covid and community engagement teams.
- National on line training is provided
 - COVID specific training for people already experienced in vaccinating
 - Vaccination training for people new to vaccinating
 - Clinical supervision for people over seeing newly trained
 - Anaphylaxis training for all involved
 - Site manager training for CVCs

6.0 Communications

- The WY ICS are leading on communications
- Vicky Pickles (ANHSFT) is the vaccine communications lead and is liaising with the ICS communications team as well as the local system communications team
- Prof Dinesh Saralya has produced short videos promoting the safety and efficacy of the vaccine
- Council of Mosques are actively involved in communications
- We need a clear communications strategy developing
- We are working closely with the mass covid testing team and community engagement teams in CBMDC to share resources, skills, knowledge, expertise and approaches

7.0 Equality Impact Assessment

We are working closely across West Yorkshire and more locally with our communities to understand the impact on our community and how we can best maximise the impact of the vaccination programme. We are acutely aware of health inequalities across the city and the impact of covid in different communities and are mindful of these when we are modelling provision.

8.0 Conclusions

We believe we have the infrastructure in place to deliver a mass vaccination programme within Bradford District and Craven. This is based on modelling of cohorts and prioritisation as per the JCVI document.

This programme is not without its risks and there remain a number of unknowns and tight schedules to meet to deliver by the end of June 2021. However, we have a small but proven track record of delivering at pace within PCN's and within hospital centres. We believe the lessons learnt from the initial 3 weeks and the roll out of the more stable AZ vaccine will enable continued success.

9.0 Recommendations

Members are asked to note the update provided, the proposed trajectories and the ambitious timescales

Nancy O'Neill and Karen Dawber, Joint SROs Bradford Covid Vaccination Programme

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Report of the City Solicitor to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 26 January 2021

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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
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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 This report presents the work programme 2020/1. **Appendix 1** shows items have been scheduled through to March 2021. 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**.

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**
- 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

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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
Tuesday, 16th February 2021 at Remote Meeting			
Chair's briefing 28/01/2021. Report deadline 02/02/2021			
1) Health and Wellbeing Commissioning Strategy and Intentions - Adult Social Care 2020-21	Annual update	Jane Wood / Kerry James	Resolution of 26 September 2019
2) Public Health Outcomes Framework	Annual update	Duncan Cooper	
3) Covid 19: End of life/use of DNRs	To include information on use of DNRs for learning disabled people	CCG	
Tuesday, 23rd March 2021 at Remote Meeting			
Chair's briefing 04/03/2021. Report deadline 09/03/2021			
1) Covid-19: Public Health Update	Update	Sarah Muckle	
2) Covid-19: Care Quality Commission (CQC)	Update on CQC activity during the Covid-19 pandemic	TBC	
3) Adult Safeguarding	TBC	TBC	

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