

Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 18 November 2021 at 4.30 pm in Council Chamber - City Hall, Bradford

Members of the Committee – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP
Greenwood Humphreys Godwin Berry Iqbal	Hargreaves Glentworth Majkowski	Griffiths

Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP
H Khan Mir S Akhtar Lintern Mohammed	Sullivan P Clarke J Clarke	J Sunderland

NON VOTING CO-OPTED MEMBERS

Susan Crowe Bradford District Assembly Health and Wellbeing Forum
Trevor Ramsay i2i patient involvement Network, Bradford District NHS
Foundation Care Trust
Helen Rushworth Healthwatch Bradford and District

Notes:

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
- The taking of photographs, filming and sound recording of the meeting is allowed except if Councillors vote to exclude the public to discuss confidential matters covered by Schedule 12A of the Local Government Act 1972. Recording activity should be respectful to the conduct of the meeting and behaviour that disrupts the meeting (such as oral commentary) will not be permitted. Anyone attending the meeting who wishes to record or film the meeting's proceedings is advised to liaise with the Agenda Contact who will provide guidance and ensure that any necessary arrangements are in place. Those present who are invited to make spoken contributions to the meeting should be aware that they may be filmed or sound recorded.

If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

From:

Parveen Akhtar
City Solicitor

Agenda Contact: Asad Shah

Phone: 01274 432280. E-Mail: asad.shah@bradford.gov.uk

To:

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

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

2. DISCLOSURES OF INTEREST

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

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

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

Notes:

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

3. MINUTES

Recommended –

That the minutes of the meeting held on 23 September 2021 be signed as a correct record (previously circulated).

(Asad Shah – 01274 432280)

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.

(Asad Shah - 01274 432280)

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. AN UPDATE ON COVID-19 IN BRADFORD DISTRICT

1 - 18

The report of the Director of Public Health (**Document “K”**) provides an update on COVID-19 in Bradford District. It describes the response to the COVID 19 pandemic between March and September. The latest data on cases, admissions and deaths are included. The report sets out how the Bradford District COVID-19 response is being managed, including delivery of the COVID-19 Vaccination programme. The report concludes with a section on horizon scanning, considering developments which may impact on how we control COVID-19 in the future.

Recommended –

The Committee is invited to note and comment on the report

(Caroline Tomes - 07929 829751)

7. RE-IMAGINING DAY SERVICES

19 - 28

The report of the Strategic Director of Health and Wellbeing (**Document “L”**) is to update committee on the achievements of the Re-Imagining Days Programme and Re-Opening of Day Services.

Recommended –

That the committee note the report.

(Julie Robinson-Joyce – 01274 434143)

8. **HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2021/22** 29 - 32

The Committee receive a report (**Document “M”**) of the work programme 2021/22.

Recommended –

That the Committee notes the information in Appendix A,

(Caroline Coombs – 01274 432313)



Report of the Director of Public Health to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 18th November 2021

K

Subject:

AN UPDATE ON COVID-19 IN BRADFORD DISTRICT

Summary statement:

This report provides an update on COVID-19 in Bradford District. It describes the response to the COVID 19 pandemic between March and September. The latest data on cases, admissions and deaths are included. The report sets out how the Bradford District COVID-19 response is being managed, including delivery of the COVID-19 Vaccination programme. The report concludes with a section on horizon scanning, considering developments which may impact on how we control COVID-19 in the future.

Sarah Muckle
Director of Public Health

Report Contact: Caroline Tomes,
Consultant in Public Health
Phone: 07929 829751
E-mail: Caroline.Tomes@bradford.gov.uk

Portfolio:

Health People and Place

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

- 1.1 This report provides an update on COVID-19 in Bradford District. It describes the response to the COVID 19 pandemic between March and October 2021. The latest data on cases, admissions and deaths are included. The report sets out how the Bradford District COVID-19 response is being managed, including delivery of the COVID-19 Vaccination programme. The report concludes with a section on horizon scanning, considering developments which may impact on how we control COVID-19 in the future.

2. BACKGROUND

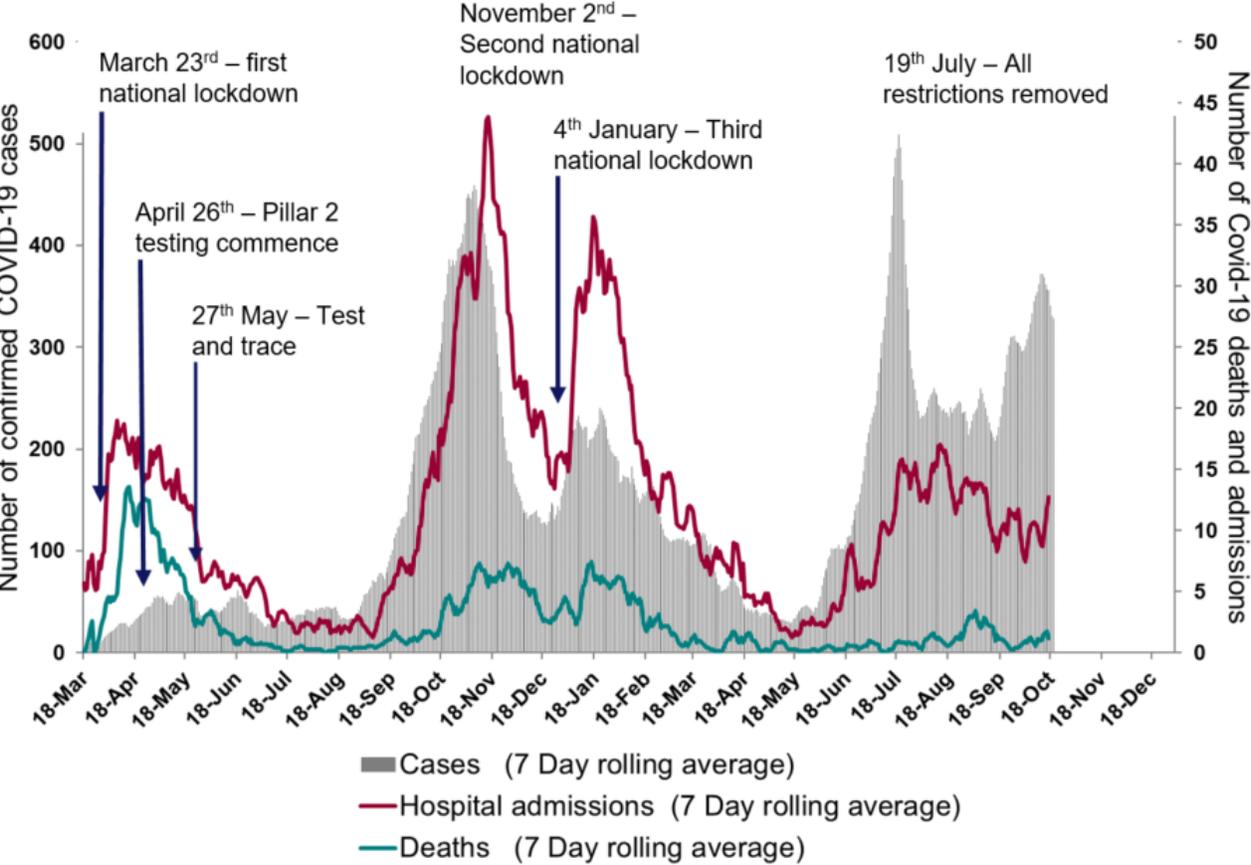
- 2.1 In March 2021, Sarah Muckle, the Director of Public health, presented to the committee giving an overview of the COVID-19 Local Outbreak Management Plan including updates on the Roadmap, local data, outbreak management, testing, contact tracing and the COVID-19 vaccination programme. This report builds on previous reports and provides an update on COVID-19 in Bradford district including local plans to manage COVID-19, epidemiology of the disease, testing, vaccinations, schools, long COVID, addressing inequalities and horizon scanning.

3. REPORT ISSUES

3.1 Local data and epidemiology

- 3.1.1 To date there have been 91,559 PCR confirmed COVID-19 cases, 7,000 hospital admissions and 1,436 deaths related to COVID-19 in Bradford District (**Figure 1**). Figure 1 shows the four waves of infection in Bradford District and the associated deaths and hospital admissions.
- 3.1.2 The number of cases in the first wave will be underestimated as mass testing only began on 26th April 2020 and Test and Trace began on 27th May 2020. Infections remained low in the summer months of 2020 dramatically increasing from September 2020 onwards followed by the second national lockdown on the 2nd November 2020. The third national lockdown on the 4th January 2021 came following the identification of the Alpha variant (previously known as the Kent variant). Restrictions began to ease from the 8th March 2021 with all legal limits on social contact removed on the 19th July 2021. A further increase was seen from the end of May 2021 following the introduction of the more contagious Delta variant.
- 3.1.3 Although the weekly incidence rate remains high (333 per 100,000, as of 8 November 2021) the proportion of cases being admitted is far fewer than the previous two peaks. Currently, approximately 4% of all cases are resulting in a hospital admission, in comparison to 11% in November 2020 and 13% in January 2021 (**Figure 1**). The reduction observed in hospital admissions has been attributed to the vaccine effectiveness. As of 8 November 2021, 77.1% of the eligible population in Bradford District and Craven CCG have received their first dose, 71.9% have received their second dose and 53.9% of those eligible have received their booster (third COVID-19 vaccination) dose.

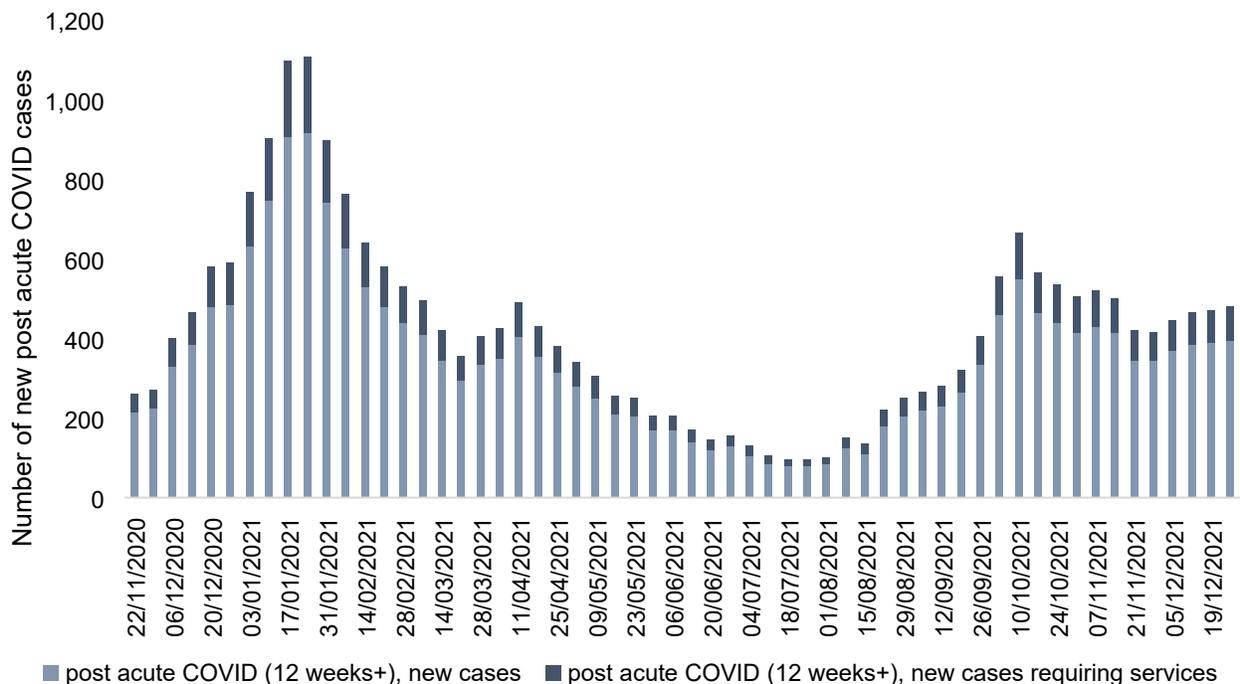
Figure 1: Seven-day rolling average of COVID-19 confirmed cases, hospital admissions and registered deaths in Bradford District. Data source: [UK Coronavirus dashboard](#) and CBMDC Registration Service



3.1.4 There has been growing concern of post-acute COVID-19 syndrome (also known as Long Covid). Estimates have been produced on the number of new post-acute COVID-19 syndrome in Bradford District on a weekly basis with a forecast up to mid December 2021 (**Figure 2**). For modelling purposes post-acute COVID-19 has been defined in line with [NICE guidance NG188](#) as *signs and symptoms that develop during or after infection consistent with COVID-19 which continue for more than 12 weeks and are not explained by alternative diagnosis*.

3.1.5 Approximately 21% of all post-acute COVID-19 cases will require access to services. For instance, the model estimates that there were approximately 440 new cases of post-acute COVID-19 syndrome in the week commencing 24 October 2021 and 95 required a service. The estimates produced relates only to new cases and does not include existing cases.

Figure 2: Number of new cases of post-acute COVID-19 syndrome in Bradford district.
Data source: COVID-19 Situational Awareness Explorer



3.1.6 Since June 2021, the dominant strain of COVID-19 has been the Variant of Concern 'Delta' (B.1.617.2). A sublineage offshoot of Delta was identified in July – AY.4.2. This strain has been expanding across England, and has been designated as a Variant Under Investigation while further assessment is made regarding its properties and likelihood to cause harm. **Figure 3** and **Figure 4** show the number and proportion of COVID-19 variants which have been identified in Bradford district.

Figure 3: Number of COVID-19 PCR tests sequences and genome results in Bradford district per week (source: COVID-19 Genomic Surveillance, [Wellcome Sanger Institute](#))

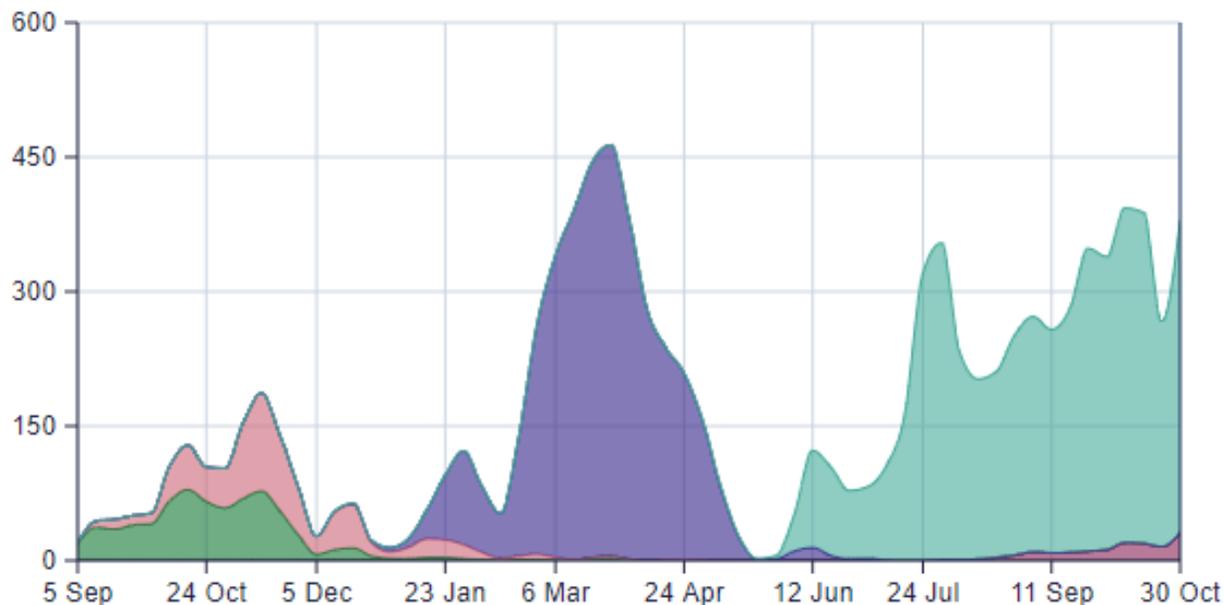
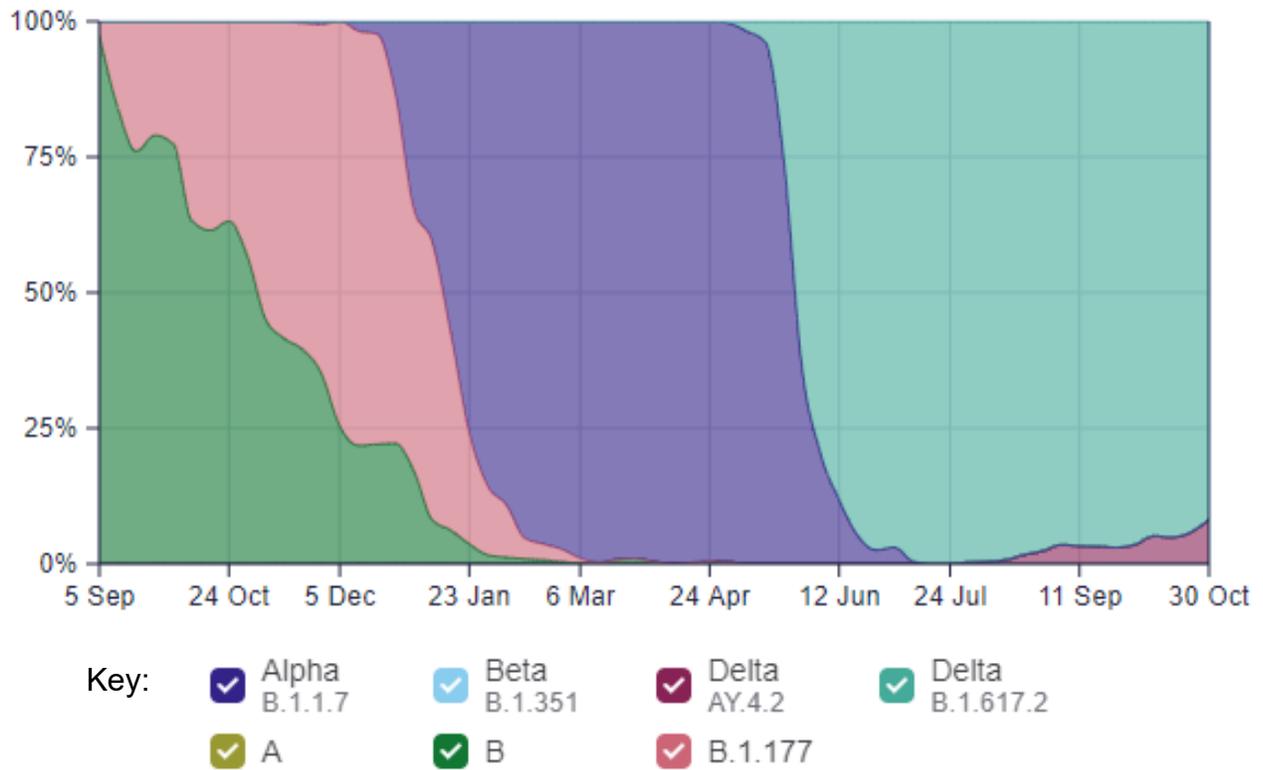


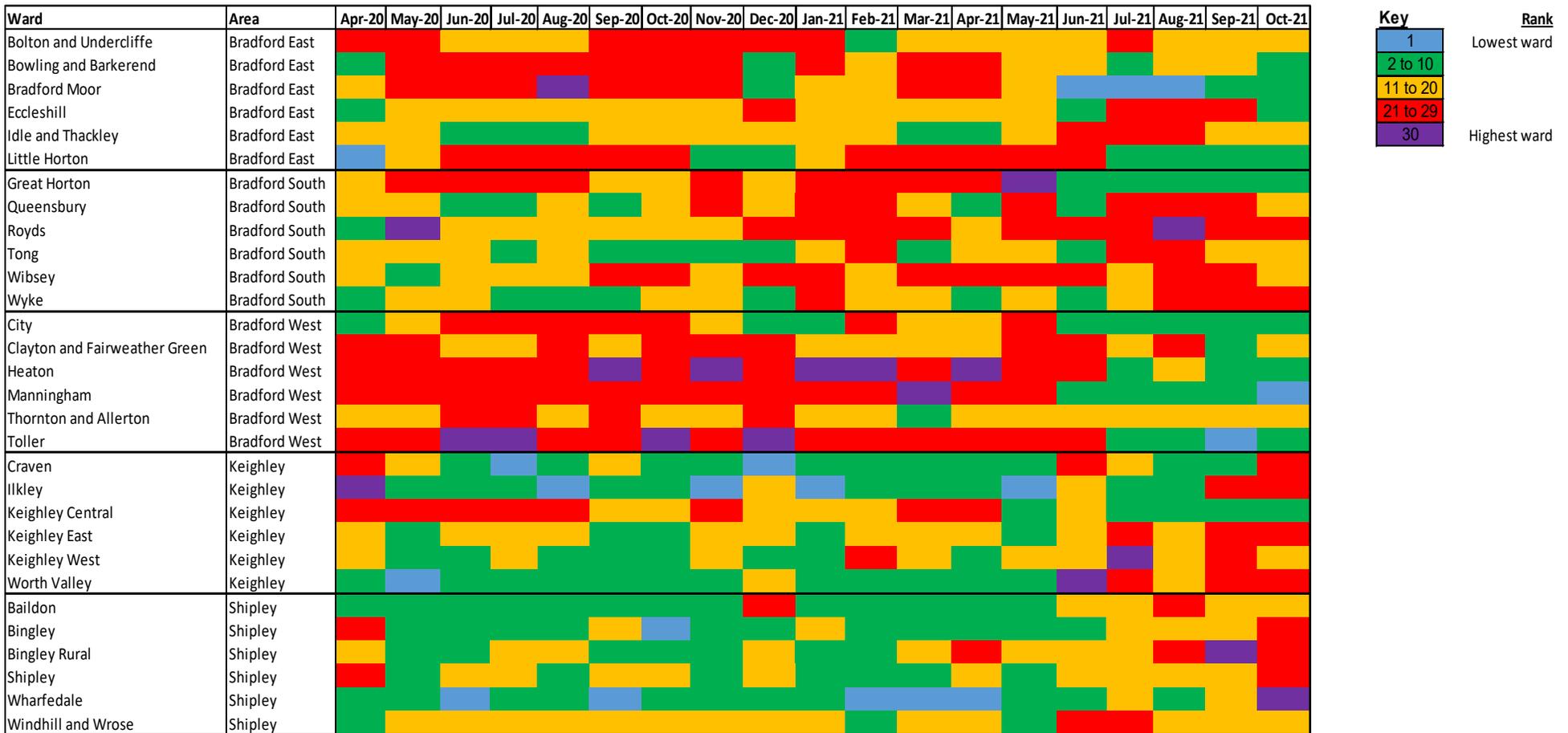
Figure 4: Proportion of COVID-19 variants in Bradford district per week (source: COVID-19 Genomic Surveillance, [Wellcome Sanger Institute](#))



3.1.7 **Figure 5** shows the ranking of monthly COVID-19 infections across Bradford district wards, with those coloured red and purple indicating highest levels of COVID-19 infections. Heaton, Toller and Manningham wards were most often featured in the top 10 highest wards for COVID-19 infections.

Figure 5: ranking of monthly COVID-19 infections across Bradford district wards
(data source: COVID-19 Situational Awareness Explorer)

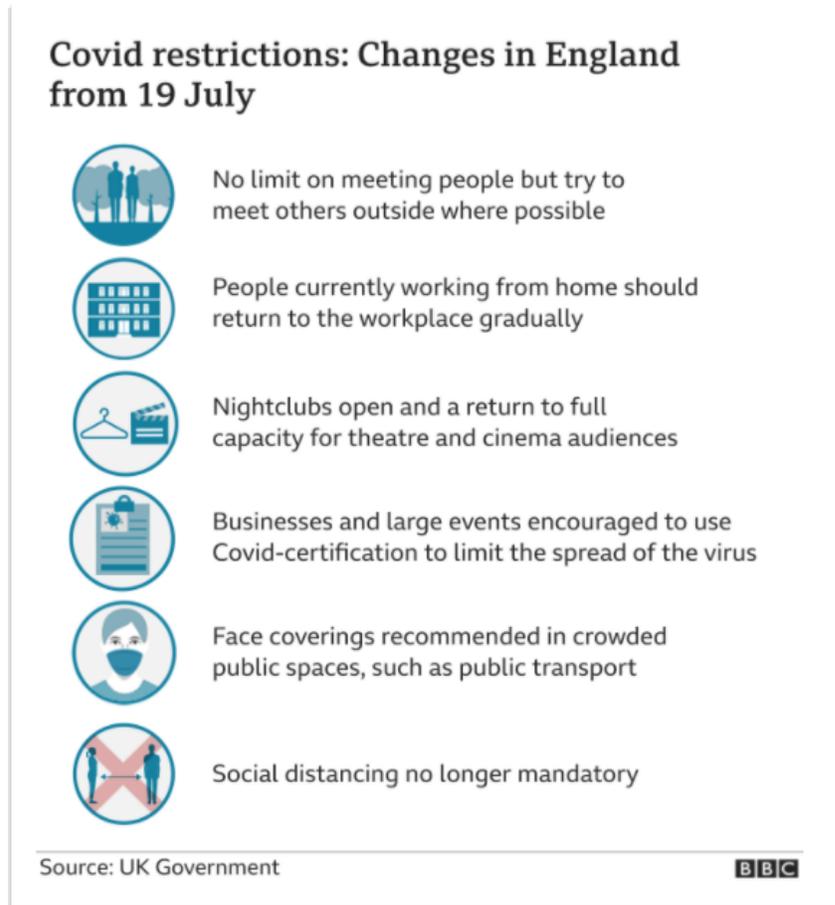
Ranking of rates



3.2 Response to managing COVID-19, March – October 2021

3.2.1 On July 19th 2021, Step 4 of the Government's Spring 2021 Roadmap out of Lockdown was implemented (**Figure 6**).

Figure 6: COVID-19 restrictions: changes in England from 19th July 2021



3.2.2 While restrictions may have come to an end, as a Council we continue to monitor the local impact of re-opening and will leverage our resources to support the safety of residents, local institutions and local businesses. The Council will meet all the national and local priority areas outlined in the [COVID-19 Response: Autumn and Winter Plan](#) (a document that has replaced guidance outlined in both the Spring 2021 Roadmap and the Summer 2021 COVID Response Guidance) including:

- **Building our defences through pharmaceutical interventions:** vaccines, antivirals and disease modifying therapeutics.
- **Identifying and isolating positive cases to limit transmission:** Test, Trace and Isolate.
- **Supporting the NHS and social care:** managing pressures and recovering services.
- **Advising people on how to protect themselves and others:** clear guidance and communications.
- **Pursuing an international approach:** helping to vaccinate the world and managing risks at the border.

- 3.2.3 While the [COVID-19 Response: Autumn and Winter Plan](#) comprise the backbone of 'Plan A' for Autumn and Winter, the Government has emphasised that the rapidly changing nature of the pandemic means more restrictive contingency measures, a 'Plan B' may still be implemented if considered necessary. Details of 'Plan B' have not yet been confirmed, however are anticipated to consider social restrictions, travel restrictions, working from home, and wider use of NHS Vaccine Passport.
- 3.2.4 Since the 19th of July 2021, local authorities and their public health teams are only to be backed by enforcement powers within very specific circumstances. This means the role of these teams has shifted away from enforcing government guidelines and COVID-19 legislation to advising key settings and resident groups on guidance. That said, the Number 3 Regulations are still in place until March 2022 – they will remain under review during this time.
- 3.2.5 The [Local Outbreak Management Plan](#) (v8) was updated in September 2021 to reflect the national policy shift in focus from pre-empting and responding to outbreaks, towards 'learning to live with COVID-19'. The onus is upon balancing economic recovery with the need to minimise the transmission of infection, morbidity, mortality and health service pressures. The [Local Outbreak Management Plan](#) is accessible on the council's website alongside a [summary of changes](#) document.

3.3 Testing strategy and availability

- 3.3.1 For those who live or work in the Bradford district, there continues to be a range of options to test for COVID-19. The national [booking website](#) allocates appointments based on a set list of guidelines. Some sites test people with and without symptoms - in these cases all customers are tested in separate booths which are fully cleaned down before and after the test. Everyone who is tested is treated as if they are symptomatic.
- 3.3.2 Locally, free Polymerase Chain Reaction (PCR) tests are available between 8am and 6pm at Centenary Square, Bradford and Victoria Hall, Keighley. Appointments can be made online or people can walk-in without an appointment. The COVID-19 response continue to provide pop up PCR testing for people with no symptoms at various supermarket carpark locations, giving accurate lab tests results in 24 to 48 hours by text or email. Mobile testing units are run by national coronavirus testing programme staff, and are available in community locations throughout the district. Appointments are accessible through the national website.
- 3.3.3 Individuals without symptoms of COVID-19 can access free Lateral Flow Test (LFT) which generate results within 30 minutes. LFT are helpful in identifying infectious people who are asymptomatic (not displaying symptoms). LFT kits can be collected from a range of locations including pharmacies, Keighley Town Hall and the Customer Services Desk at Britannia House, Bradford.
- 3.3.4 In an effort to monitor and manage the initial local spread of the Delta Variant an Enhanced Testing initiative took place between 23/06/21 and 08/07/21. This additional programme of work involved PCR testing of asymptomatic people across a defined area of the district using our door to door approach coupled with pop up testing sites, open access to both mobile and fixed testing sites (usually reserved

for symptomatic people only) and, due to the number of cases among younger people, most critical was the PCR testing in specified secondary schools. The drive saw a significant increase in testing rates in these areas. By the time the Enhanced Testing initiative was near completion in Bradford, it had become nationally accepted that the Delta Variant had become the dominant strain in circulation and that containment of the variant was unlikely to be managed through Enhanced Testing. Although we couldn't distinguish the asymptomatic tests administered during the Enhanced Testing phase from the results of symptomatic tests in the data sets available it is very likely that this initiative is responsible for the identification of a larger number of cases shown in **Figure 1** for in July. These asymptomatic cases will have been able to self-isolate and help contain the spread.

3.4 Outbreak Management

3.4.1 The definition of a COVID-19 outbreak is where two or more people with confirmed COVID-19 are linked by a common setting. Single cases may be investigated in high-risk settings or where a case is complex. To date, Council Officers have been involved in the management of more than 83 care home and social care situations, 888 education sector situations (including schools), and 196 workplace situations. We have also investigated complex cases including supporting vulnerable groups such as those who are homeless, Gypsy and Traveller groups, those with substance misuse issues, and refugees in emergency accommodation. Locally, primary oversight for outbreak management has returned to the UK Health Security Agency (previously Public Health England) Health Protection Team. However, both the Infection Prevention Control team and COVID-19 Schools team continue provide advice and guidance for Care Homes and Schools, respectively.

3.5 COVID-19 Vaccination Programme

3.5.1 The UK's Vaccination Programme has inoculated near 84 million people nationally, with over 48,590,000 receiving their first dose and over 44,400,000 receiving their second dose. These figures include over 740,000 people from Bradford District alone, whereby (as of 8 November 2021) 395,052 – or 77.1% of our total population – have received one dose and 369,031 – 71.9% of our total population – have received 2 doses.

3.5.2 Diverse delivery models are being used to maximise vaccine accessibility, acceptance and uptake. The following approaches have been – and are continuing to be – used with great effect in Bradford:

- Hospital Sites
- Community Vaccination Sites
- Primary Care Networks
- Pharmacy sites
- Piloting other approaches to reduce inequality in vaccine uptake (e.g. pop-up sites in workplaces, football stadiums, mosques, shopping centres etc.)

3.5.3 A third “Booster” dose of vaccination is being provided to extend the protection against COVID-19 for key population groups. Those included in Phase 1 of the vaccination programme ([priority groups 1 through 9](#)) have started to be offered a booster vaccine 6 months after their second dose. 53.9% of those eligible have received their booster (third COVID-19 vaccination) dose

- 3.5.4 The Joint Committee on Vaccinations and Immunisations (JCVI) has also advised that some immunosuppressed individuals, aged 12 and over, may benefit from a [third primary dose of COVID-19](#) vaccine. Definitions of those eligible and timings are included in appendix 1 and individuals will be contacted either by their hospital consultant or GP if eligible.
- 3.5.5 Information on the offer of COVID-19 vaccinations to children aged 12+ is included in the 'Supporting Schools' section of this paper.
- 3.5.6 The JCVI have reported that efforts to increase booster jab uptake will not be sufficient to prevent more deaths and hospitalisations, and therefore JCVI recommend prioritising reaching individuals who have not yet taken up the offer of a COVID-19 vaccine. Of particular concern is the low uptake rate amongst people who are pregnant. Recent [analysis from NHS England](#) which shows one in six COVID-19 patients requiring intensive ventilation treatment were unvaccinated and pregnant. For those who are more than 28 weeks pregnant or have an underlying condition while they are pregnant, they are at greater risk of becoming seriously ill with COVID-19. COVID-19 vaccination in pregnancy is considered safe and is recommended by the Royal College of Obstetricians, the Royal College of Midwives as well as the JCVI.
- 3.5.7 As outlined in the [COVID-19 Response: Autumn and Winter Plan](#), this winter could be particularly difficult due to the impacts of COVID-19 on top of the usual increase in emergency demand and seasonal respiratory diseases such as influenza (flu). Although flu activity was low last season (2020-2021), there is a risk that flu activity this season may be high. This is because the non-pharmaceutical interventions such as shielding and social distancing that were in place have now been lifted and more of the population may be susceptible to flu this year. As such the groups eligible for a free flu vaccine has been expanded this year (appendix 2) and locally individuals are encouraged to get their flu vaccine as soon as they are able. The JCVI have advised that COVID-19 vaccines can be offered alongside flu jabs, where it is practical to do so. A Multi-Agency Flu Plan is in place locally, supported by the Flu Steering Group for Bradford district and Craven. Progress for uptake of both flu and COVID-19 vaccines is being overseen by the weekly Vaccinations Steering Group.

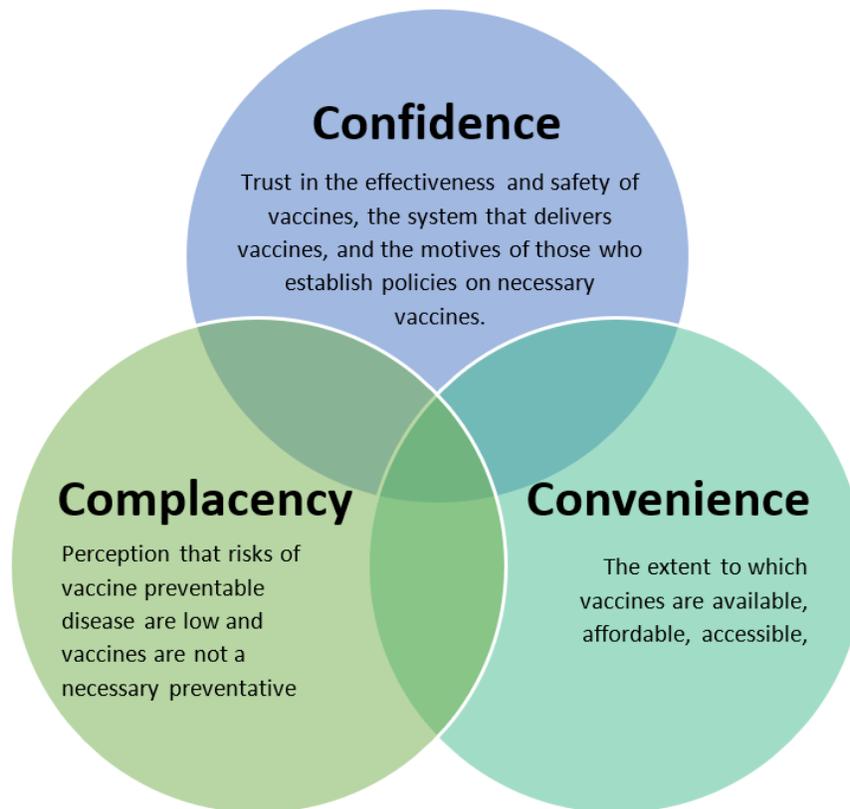
3.6 Vaccine Hesitancy

- 3.6.1 The concept of 'vaccine hesitancy' refers to *the delay in acceptance or refusal of vaccines despite availability of vaccine services*. It is complex and context specific varying across time, place and vaccines. Hesitancy is also noted to be influenced by factors such as complacency, convenience and confidence (**Figure 7**).
- 3.6.2 There is evidence that vaccine hesitancy is prevalent within certain communities across Bradford district. This has been [highlighted within C-SAG research](#) and is evident in recent data from the COVID-19 Vaccination Programme, showing variation in uptake.
- 3.6.3 The COVID-19 Vaccination Programme is working to mitigate inequalities at a local level - as outlined in the Bradford District and Craven COVID-19 Equalities Vaccine

Uptake Plan. The Deliver Plan is owned by the COVID-19 Vaccination Inequalities Group, which directly reports into the Bradford District and Craven COVID-19 Vaccination Programme Steering Group. The collective aim to improve vaccine uptake across all communities is underpinned by four enablers:

1. **Conversations and engagement** (to identify issues and barriers)
2. **Removing barriers to access** (by delivery solutions)
3. **Working in partnership** (to deliver solutions)
4. **Data and information** (to measure programme outcomes)

Figure 7: Factors influencing vaccine hesitancy



3.6.4 Local action to address vaccine hesitancy for COVID-19 has included:

- Gathering local insight through COVID-19 Hub, COVID Champions, Youth Ambassadors, Locality groups, health inclusion groups and workplaces
- Vaccine hesitancy project with Sheffield Hallam University which developed and tested messages to promote COVID-19 vaccination uptake in members of BAME communities in Bradford using a behavioural science approach
- Removing access barriers through innovative pop-ups, including at Broadway Shopping Centre, on the maternity unit at BRI, community centres, supermarket car parks and football stadiums.
- Race Equality Network “Helpline Project” to support GPs across Primary Care Networks 4, 5 and 6 by talking in their preferred language (most required: Urdu, Punjabi, Arabic, Slovak and Czech) to provide reassurance,

increase vaccine confidence and tackling misinformation

- Wide promotion of training to frontline staff across sectors, to increase skills to have conversations using the principles of Making Every Contact Count (MECC) and Motivation Interviewing (MI) to combat disinformation and myths and whilst providing reassurance while having conversations about COVID-19 vaccinations

3.7 Supporting Schools

3.7.1 The Council's COVID-19 Schools Team (including council officers from Children's Service and Public Health) have been supporting schools in the following ways:

- Responding to notifications of cases in schools reported via web form
- Providing advice, guidance and support
- Proportionate tailored support for each school outbreak, taking into account numbers and COVID-19 rates locally
- CO2 monitors have been delivered to all special schools (high school delivery being rolled out and expected by the end of 2021)
- Up to date guidance on the Bradford Schools Online website, including COVID-19 Public Health advice for [Bradford District Schools](#) and [General advice](#)

3.7.2 The Bradford District the School Age Immunisation Service (provided by Bradford District Care Trust) are delivering the offer of COVID-19 vaccines to all children and young people aged 12 and above (first dose). The timing of a second dose for these 12 to 17 year olds will be confirmed later. This build on the existing programme to offer a vaccine to all extremely clinically vulnerable children and children living with immunocompromised household members. Some young people are at greater risk of serious illness if they catch COVID-19 and will be offered two doses of vaccine, 8 weeks apart.

3.7.3 The COVID-19 vaccine offer will cover 47 secondary schools and special schools. Parental / guardian consents for vaccination have been put in place since September 22nd. The consent process usually takes 3 weeks. This high school programme is ongoing, scheduled to complete most of its work by November 10th but will be running school vaccination until the end of November. The immunisation teams have been doing 2-3 sessions in schools each day dependent on number of consent forms returned. Teams have approximately 10 people for an average session which includes;

- Clinical manager
- Pharmacy staff
- Vaccinator Nurses
- Health Care support workers
- Admin support

3.7.4 In situations where parents do not sign a consent form, services are offering an alternative conversation with the school nurse where a child has expressed the wish to be vaccinated, in order to assess whether a child under the age of 16 who wishes to receive the vaccine, has the maturity to make their own decisions and to

understand the implications of those decisions (known as Gillick Competence). Parents with concerns have been supported to discuss concerns at the vaccination centres, which has been well received.

- 3.7.5 From 25th October 2021 parents and guardians will be offered the choice to have their children vaccinated in school for COVID-19, or to make an appointment through the NHS National Booking Service.
- 3.7.6 A COVID-19 education meeting with head teachers, local authority education and public health departments, UK Health Security Agency (previously Public Health England) and local academics is also held weekly to lead the work strategically. Public Health have also presented and taken part in Q&A sessions in webinars for head teachers and with teachers' unions.

3.8 Horizon scanning

- 3.8.1 Controlling COVID-19 depends on future developments. Key developments are mentioned in this section below.
- 3.8.2 **Community engagement** and support is crucial. It is imperative that residents support efforts to avoid infection from COVID-19 and avoid transmission if infected. This requires communities to understand how COVID-19 is spread, and the consequences of the infection as well as trust in the impact of communal efforts to control COVID-19. In response, a range of insight continues to be gathered through engagement in order to understand what our communities think, and to challenge misinformation which is commonplace.
- 3.8.3 **Testing.** The Autumn and Winter plan outlines that PCR testing will continue to be free for those with COVID-19 symptoms and close contacts, and investment is being made to increase sequencing capacity which will strengthen available surveillance systems, including the ability to monitor COVID-19 and new variants. Asymptomatic testing using Lateral Flow Tests is due to continue, particularly focusing on those who are not fully vaccinated, those in education and in higher-risk settings (such as health and social care). The Autumn and Winter plan notes universal free provision of Lateral Flow Tests will end, and individuals and businesses using the tests will be expected to bear the costs, although the timescales for these changes have not been confirmed.
- 3.8.4 **Support to isolate** continues to be vital for curbing transmission, yet evidence suggests that rates of compliance are low. An online survey series of more than 50,000 participants carried out throughout the pandemic (the [CORSAIR study](#)) found that only half of respondents (52%) with COVID-19 symptoms reported fully adhering to self-isolation guidelines. In response, the Local Contact Tracing service was set-up in August 2020 and continues to support local people who have been asked to self-isolate. Research shows that people are more likely to pick up a call with a local number, people are also more likely to respond positively to messages from a local person and can benefit from their knowledge of the local support services that are available. The Local Contact Tracing service has recently

strengthened its Door-Knocking Service, focusing on those household who do not respond to requests for information or who seem unlikely to be complying with self-isolation orders. The Door-Knocking Service also conduct welfare visits, ensuring that those self-isolating are having their physical, emotional and financial needs met.

3.8.5 **COVID-19 vaccines.** The Medicines and Healthcare Products Regulatory Agency have authorised the use of four COVID-19 vaccinations in the UK: Pfizer/BioNTech, Oxford/AstraZeneca, Moderna and Janssen. The Janssen vaccine (not currently being distributed) has the advantage of only requiring one dose for optimal protection – however the evidence base of vaccine efficacy and optimal dosing for different population groups is growing and may change as research trials are concluded. It is unclear at this time how long COVID-19 vaccines will be effective, although current studies suggest they remain effective for at least six months. It is unclear at this time whether an annual COVID-19 booster will be recommended, and whether it is possible for this to be delivered alongside the annual influenza vaccine programme. The Bradford District and Craven COVID-19 Vaccination Steering Group continue to consider community feedback in their delivery plans in order to maximise uptake.

3.8.6 **Variants of Concern (VoC).** National surveillance systems remain in place with a [weekly report published](#) by the UK Health Security Agency. The Bradford Surge Testing Plan for COVID-19 VoC builds on the local COVID-19 Testing Strategy, local knowledge and resources. This plan aims to ensure any surge testing required in response to a new VoC is effective, inclusive, timely and implemented in a highly-organised manner. The principle is to test adequate numbers to detect sufficient numbers of positive tests to control transmission and for sequencing to identify VoCs. Surge Testing is nationally managed by NHS Test and Trace and a local plan has been developed for Bradford District. NHS Test and Trace will provide the necessary resources and test kits to support implementation on the basis of locally determined action with national support. Surge testing is carried out in specific and targeted locations and involves offering tests to everyone living in specified areas, excluding only those who have received a positive PCR test for COVID-19 in the previous 90 days. Protocol is for the Department of Health and Social Care to alert the Director of Public Health (DPH) that Surge Testing is necessary. The DPH would then notify the Chief Executive, Council Leaders and the Corporate Management Team.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 The Contain Outbreak Management Fund through DHSC has enabled local authorities in England to help reduce the spread of COVID-19 and support local public health. Locally, this funding has supported activities directly related to the COVID-19 response, as directed by the Local Outbreak Management Plan. Funding levels and associated expenditure have been planned until March 2022.

4.2 Funding has been made available from DHSC to allow Councils to design and deliver bespoke interventions to support their local communities to self-isolate

successfully when instructed to do so.

4.3 Community Testing is funded separately by DHSC, all associated costs are recovered on a monthly basis.

4.4 The central Covid Hub is supporting the NHS with the ongoing vaccination programme.

4.5 There has been no announcement that funding will continue into 2022/23.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 No significant risks or issues

6. LEGAL APPRAISAL

6.1 No legal issues arising

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

7.1.1 The Council's approach to manage COVID-19 across the district contributes to the following equality objective:

7.1.2 ***Working with our partners and the district's many communities to understand and meet the needs of individuals and communities, and improve their opportunities, wellbeing and ability to live together productively.*** Collaborative working across Council teams and in partnership with the Race Equality Network (REN), Community Action Bradford And Distract (CABAD), health and academic partners has enabled the approach to COVID-19 to adapt to the changing needs of the district's communities. This approach is evident through the Outbreak Control Board membership, COVID-19 Management Team membership, and commissioned work to support the COVID-19 response.

7.2 SUSTAINABILITY IMPLICATIONS

7.2.1 No implications

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

7.2.1 No impact

7.4 COMMUNITY SAFETY IMPLICATIONS

7.4.1 No implications

7.5 HUMAN RIGHTS ACT

7.5.1 No implications

7.6 TRADE UNION

7.6.1 No impact

7.7 WARD IMPLICATIONS

7.7.1 On-going review and reporting of COVID-19 infection rates across wards, including to the Outbreak Control Board, chaired by Councillor Ferriby

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

7.8.1 Not applicable

7.9 IMPLICATIONS FOR CORPORATE PARENTING

7.9.1 No implications

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

7.10.1 No implications

8. NOT FOR PUBLICATION DOCUMENTS

8.1 None

9. RECOMMENDATIONS

9.1 The Committee it invited to note and comment on the report.

10. APPENDICES

Appendix 1: Severe immunosuppression at the time of vaccination is defined by the JCVI using the guidance and timings stated below

Appendix 2: Groups eligible within the 2021-2022 flu vaccine programme

Appendix 1: Severe immunosuppression at the time of vaccination is defined by the JCVI using the guidance and timings stated below

1. Individuals with primary or acquired immunodeficiency states at the time of vaccination due to conditions including:

- acute and chronic leukaemias, and clinically aggressive lymphomas (including Hodgkin's lymphoma) who were under treatment or within 12 months of achieving cure
- individuals under follow up for chronic lymphoproliferative disorders including haematological malignancies such as indolent lymphoma, chronic lymphoid leukaemia, myeloma, Waldenstrom's macroglobulinemia and other plasma cell dyscrasias (note: this list is not exhaustive)
- immunosuppression due to HIV/AIDS with a current CD4 count of <200 cells/ μ l for adults or children
- primary or acquired cellular and combined immune deficiencies – those with lymphopaenia (<1,000 lymphocytes/ μ l) or with a functional lymphocyte disorder
- those who had received an allogeneic (cells from a donor) or an autologous (using their own cells) stem cell transplant in the previous 24 months
- those who had received a stem cell transplant more than 24 months ago but had ongoing immunosuppression or graft versus host disease (GVHD)
- persistent agammaglobulinaemia (IgG < 3g/L) due to primary immunodeficiency (for example, common variable immunodeficiency) or secondary to disease/therapy

2. Individuals on immunosuppressive or immunomodulating therapy at the time of vaccination including:

- those who were receiving or had received immunosuppressive therapy for a solid organ transplant in the previous 6 months
- those who were receiving or had received in the previous 3 months targeted therapy for autoimmune disease, such as JAK inhibitors or biologic immune modulators including B-cell targeted therapies (including rituximab but in this case the recipient would be considered immunosuppressed for a 6-month period), T-cell co-stimulation modulators, monoclonal tumour necrosis factor inhibitors (TNFi), soluble TNF receptors, interleukin (IL)-6 receptor inhibitors, IL-17 inhibitors, IL 12/23 inhibitors, IL 23 inhibitors (note: this list is not exhaustive)
- those who were receiving or had received in the previous 6 months immunosuppressive chemotherapy or radiotherapy for any indication

3. Individuals with chronic immune-mediated inflammatory disease who were receiving or had received immunosuppressive therapy prior to vaccination including:

- high-dose corticosteroids (equivalent to \geq 20mg prednisolone per day) for more than 10 days in the previous month
- long-term moderate dose corticosteroids (equivalent to \geq 10mg prednisolone per day for more than 4 weeks) in the previous 3 months
- non-biological oral immune modulating drugs, such as methotrexate >20mg per week (oral and subcutaneous), azathioprine >3.0mg/kg/day, 6-mercaptopurine >1.5mg/kg/day, mycophenolate >1g/day in the previous 3 months

- certain combination therapies at individual doses lower than above, including those on ≥ 7.5 mg prednisolone per day in combination with other immunosuppressants (other than hydroxychloroquine or sulfasalazine) and those receiving methotrexate (any dose) with leflunomide in the previous 3 months

4. Individuals who had received high-dose steroids (equivalent to >40 mg prednisolone per day for more than a week) for any reason in the month before vaccination.

Individuals who had received brief immunosuppression (≤ 40 mg prednisolone per day) for an acute episode (for example, asthma / COPD / COVID-19) and individuals on replacement corticosteroids for adrenal insufficiency are not considered severely immunosuppressed sufficient to have prevented response to the primary vaccination.

For the most up-to-date advice, see [COVID-19: the green book, chapter 14a](#).

Appendix 2: Groups eligible within the 2021-2022 flu vaccine programme

The Government recommends as many people as possible receive a vaccination against flu this autumn and winter. This could help to reduce overall pressure on the NHS and is especially important this year given the possibility of a substantial resurgence in flu. The NHS has begun to roll out the annual campaign for the flu vaccination from August 2021. A free flu vaccination will still be available for all previously eligible groups:

- Primary school children.
- 65 year olds and over.
- Vulnerable groups.
- Pregnant women.

The Government has also extended eligibility for a free flu vaccination this year to include:

- Secondary school children.
- 50-64 year olds.

As with the COVID-19 vaccine, flu vaccines are available from a range of different providers, including GPs, community pharmacies, and health centres. This ensures that access is as easy as possible for all, including vulnerable groups. The NHS has learned a number of lessons from the successful COVID-19 vaccination programme on reaching out to previously vaccine hesitant groups. The NHS is implementing these lessons in the flu vaccine programme this year in order to drive uptake higher than ever before.

For those not eligible for a free flu vaccine, the City of Bradford District Council are offering Flu Vouchers to council employees and frontline Voluntary and Community Sector workers, which can be exchanged for a flu vaccination at a range of pharmacies across the district. Many of the behaviours that help reduce the chance of catching COVID-19 will also reduce the risk of catching flu, such as washing your hands regularly and trying to stay at home if you are feeling unwell.



Report of the Strategic Director of Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny committee to be held on 18th November 2021

L

Subject:

RE-IMAGINING DAY SERVICES

Summary statement:

The report of the Strategic Director of Health and Wellbeing (**Document “L”**) is to update committee on the achievements of the Re-Imagining Days Programme and Re-Opening of Day Services.

EQUALITY & DIVERSITY:

Equality assessments – The Re-Imagining Days Programme has contributed to increasing the range and diversity of opportunities for people.

Iain McBeath
Strategic Director of Health & Wellbeing

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Portfolio:
Health & Wellbeing

Overview & Scrutiny Area:
Health & Social Care

1. SUMMARY

The Re-Imagining Day Services Programme began in order to move from a very traditional model of daycare to a diverse range of options for people that will give them more choice and control over the support they receive; involve working more closely with communities and creating flexible models that can evolve as needed.

The vision we developed together with people who use Adult Social Care was to work to remove barriers so people can live an inclusive life with chances to:

- Be supported to stay healthy and well
- Be valued and have the respect of others
- Be part of communities that are important to them
- Be connected to where they live and where activities take place
- Be supported to achieve their goals
- Be in the company of friends
- Enjoy new things and become more confident
- Be more independent, learn new skills and get out and about
- Work and earn their own money

We have put the person at the centre of the range of available options.



2. BACKGROUND

Initiatives that have been developed to support this change in day services include:

Community Directories on Connect to Support

We have developed community directories that cover the district so that anyone can find information on local, inexpensive community activities easily.

The screenshot shows a web browser window with the URL bradford.connecttosupport.org/s4s/WhereLive/Council?pagelid=4694&id=ff045030-4102-45f4-9f4f-a9ba00fd14d9. The page title is "Afternoon Matinees at Kirkgate Centre". The content includes a description: "Come and enjoy films, meet people who love movies, have a cuppa and a chat. We show a wide range of films, alternating between classics and newer films each week." The location is "Kirkgate Centre, 39A Kirkgate, Shipley BD18 3EH" and the time is "Monday - 1pm". A map shows the location in Shipley, West Yorkshire, with a red pin at Kirkgate Centre. The map includes labels for "BD18 3EH", "Kirkgate, Shipley", "Salts Mill", "River Aire", "M57", "A657", "Bingley Rd", "Bradford Rd", "NAB WOOD", "MOOR HEAD", "Northcliffe Park", "WROSE", "GAISBY", "WINDHILL", "IDLE MOOR", "THACKLEY", "IDLE", and "BANK TOP". Below the map, there is a "Telephone" number "01274 580186" and a "Website" link "http://www.kirkgatecentre.org.uk/activities/". The "Organiser" is listed as "Afternoon Matinees at Kirkgate Centre".

Grants for Community Activities

We fund 137 community activity groups, with something in every ward. These are groups that bring people together who might otherwise be isolated to share an activity and enjoy the company of others in a welcoming setting. They are predominantly for older people with some groups for people with a learning disability.

There is a very diverse range of groups with 45 who cater for a specific BAME community of older people and have language skills and cultural awareness to support older people to stay independent, active and linked with their communities. Many are gender specific groups. In addition, there are six other men in sheds groups, and two for the older LGBTQ community, again gender specific.

Golden Age Centre at the Polish Club

The group re-opened on the 30th June, 2021 when Covid19 restrictions allowed. Members were contacted by phone about the re-opening and the procedures that were in place for their safety regarding social distancing rules, hygiene and other regulations to make the premises a secure Covid19 environment. We began by having small groups inviting those that would normally socialise together during past sessions; this was suggested to the members and gladly welcomed. Members had expressed concerns about returning to full activities and numbers and some

were apprehensive about coming. As the first members attended, then others gained the confidence and said they would like to join again. A lot had been very isolated during the lockdown period and this opportunity to socialise again added to their wellbeing and physical health through having a nutritious hot meal, exercise and social interaction. The atmosphere at the sessions are very relaxed and full of chatter and laughter. Members have said how nice it is to see friends again and not just talk over the phone. For some, this is the first time that they have had any social interaction over the past 18 months and even using the Access bus to attend has given them the confidence to venture out to other places such as shopping in town and attending mass in the Polish Church on Sunday.

Capital funding to make community buildings more accessible

We are in the process of distributing £900,000 of capital funding to community organisations to improve accessibility in their buildings. This will mean people with support needs will be able to take part in activities that are already running and new activities will be able to be set up. To achieve this we have worked with Neighbourhood colleagues and Participate a VCSE organisation who help groups develop ideas into sustainable projects. To date £300,000 has been awarded with a second round underway, which is oversubscribed.

Bradford Central Mosque has been awarded funding for a platform lift to enable people with mobility issues to access the first floor, making all the building accessible.

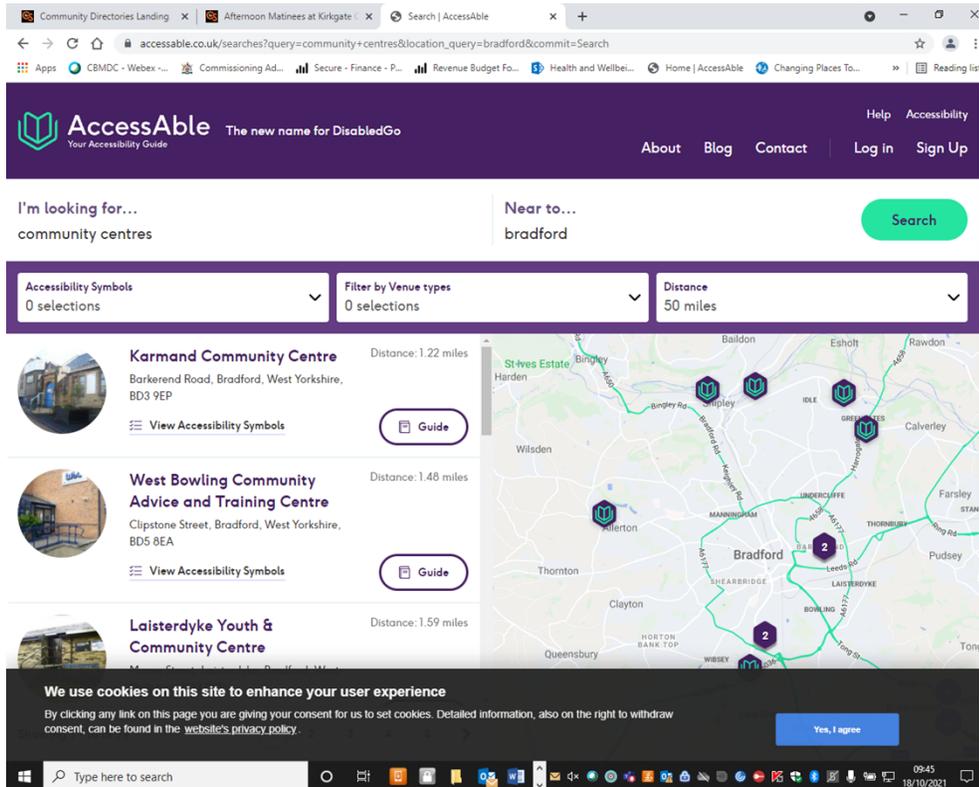
This will mean people who can't currently use the building will in the future be able to take part in educational classes and community events as well joining in worship.

The South Square Centre (Thornton and Allerton Community Association) is an arts project with workshops, rented space, galleries and café/bar. It has been in existence for 36 years and is engaged in updating the buildings (workers cottages from the 1830's) to make them sound, warm and energy efficient. There are no current toilet facilities available for people with mobility issues or in a wheelchair so this prevents some people from visiting or from staying on site. There is another toilet on the first floor which is also not accessible.

It has been awarded funding to create a toilet for disabled users and visitors in the existing toilet block, to widen the doorway within listed status requirements, and to create a new walk way to replace steps with a ramped wheelchair access with hand rails. A consequence of this project is to remove that toilet and bring gallery space from the first floor (also not accessible) onto the ground floor, making the whole of the buildings accessible to visitors.

Funding for AccessAble

This small amount of funding is to survey community buildings in Bradford district so people can go online before planning trips out ascertain how accessible buildings are and what facilities they offer. Each year we add more buildings to the database and next year the buildings who have received funding from the capital pot will be added. We are in the process of creating a link from this database to the Community Directories on CtS.



User Led Organisations project: “Our Lives, Our Way”

This is run by a partnership of Equality Together, Bradford Talking Media, Bradford People First and People First, Keighley & Craven and it is open to people of working age that we support. It has two parts: one to support people to plan, develop and run their own activities; and secondly to run clubhouses where people can drop in to meet friends, plan activities and have fun.



Geeks Retreat
On my first visit, when I walked into Geek Retreat (shop in the centre of Bradford with a gaming room) there was a guy wearing a Sonic the hedgehog face mask and I thought to myself “Yeah, these are my people!”
So what is geek retreat? Well it’s a cafe, a shop, a place where you can hang out, play games, read comics and generally out.
We thought that Geek retreat was a great place so we spoke to Matthew, one of the owners, and he has agreed to set up some taster sessions for 6 person groups who have Autism or Asperger’s to hang out. They have got video games, comics, board games, table top gaming, merchandise and a snack bar. It’s a very relaxed atmosphere, with music playing in the background and comfy sofas to sit on.
I’m looking forward to my next visit and will meet up with my friends there. – A

Gig Buddies

We have put in place a contract with Mencap to run a project called Gig Buddies where people we support who have a learning disability can find a volunteer buddy to go out and

about to enjoy a shared interest. This gives people the opportunity to make friend, stay up late ans enjoy a social life. We plan to extend this project to people with physical or sensory impairments and also people living with dementia, when we re-commission.

K and E were due to be matched on the day of the first lockdown in 2020. Both were disappointed as they were really looking forward to it however both enjoyed attending Gig Buddies virtual socials before their matching meeting was moved online.

Since being virtually matched the pair have enjoyed regular catch ups.

E (Volunteer) says: “We’ve been baking over WhatsApp. We’ve also used the GB pack and gone through some activities like Pause and Reflect, Ask Your Buddy and Coloring. We’ve also made Christmas crafts and are planning on making some mocktails from the Gig Buddies packs. I like how fun K is and up for anything. The Unplugged packs and resources that have been sent out have been really helpful!”

Gig Buddies have since started getting out and about again with a very lively social at the Rooftop Café with a band supported by the School of Rock and Media performing.



Daytime Activities Provider List

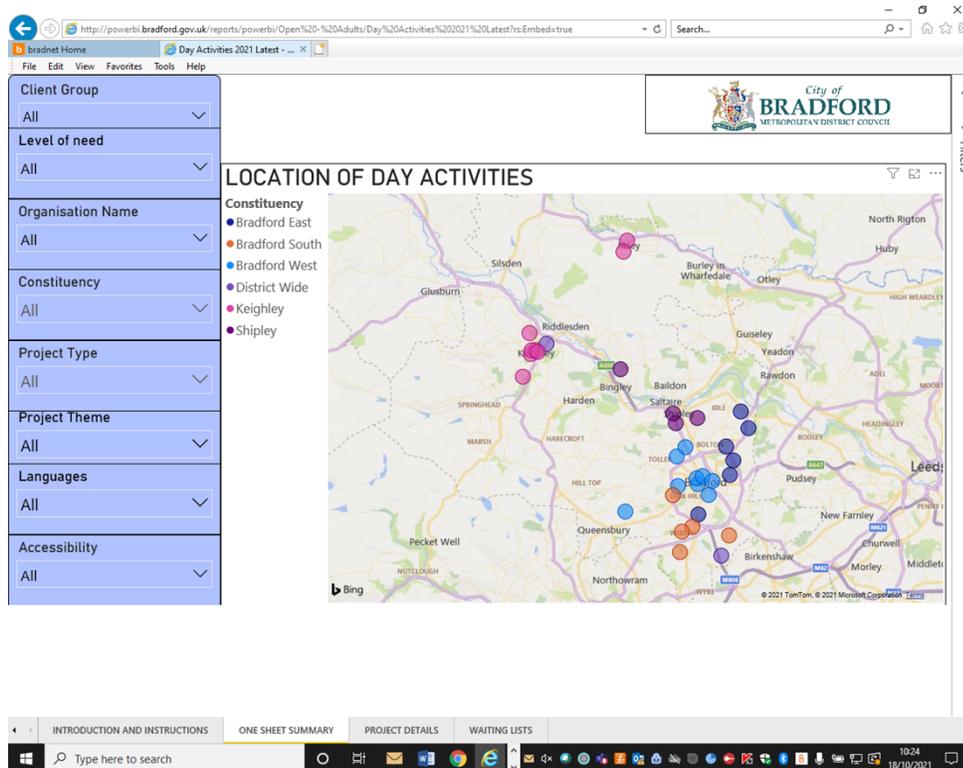
In January 2021 we published a tender that put in place a Daytime Activities Provider List to replace ad hoc spot contracts for Day Services. The Provider List gives information on local organisations who can support people who have an assessed need to get a job, get involved in volunteering or enjoy a variety of group activities.

There are now 22 organisations offering multiple projects each. The activities include drama, dance, music and music production; art; sport and exercise; sewing; gardening and horticulture. These cater predominantly for people with a learning disability.

Introducing this has led to a wider range of more diverse groups, streamlined processes, consistent pricing, as well as introducing a quality assurance process. We have worked with groups to offer training in the Mental Capacity Act, values and strength based practice, and the new quality assurance system. Further training is planned including taking a more user led approach.

This tender will remain open for 10 years in total and as existing groups develop new projects they can be added. In addition other groups can apply to be added to the Provider List. This different way of tendering has allowed us to create a very adaptable system for people we support, as well as creating a supportive environment for Voluntary and

Community Sector Organisations to apply.



Step Change to Transform the 'Block Contract'.

On 5th October 2021 the Executive Committee of the Council agreed to the creation of a temporary Special Purpose Vehicle (SPV) to bring the contract with Hft back under the Council's control on 01 April 2022.

This transfer, is the first phase of a step change to transform the 'block contract' that provides around 80% of our day opportunity support to adults with a learning disability.

The second phase, will be driven by our ambition to offer personalised services that focus on prevention, empowerment and independence. Giving people choice and control of how and where they spend their adult social care personal budget. Creating an array of services that support the diverse communities of Bradford district.

What today is a traditional offer of building-based support will become a dynamic offer that supports people with services they control.

Opening the market to new models of local community-focussed support, learning disability day services will deliver a greater contribution to the health and social care economy. Creating new opportunities that encourage people's independent use of leisure and community services and assist people to find volunteering opportunities or employment.

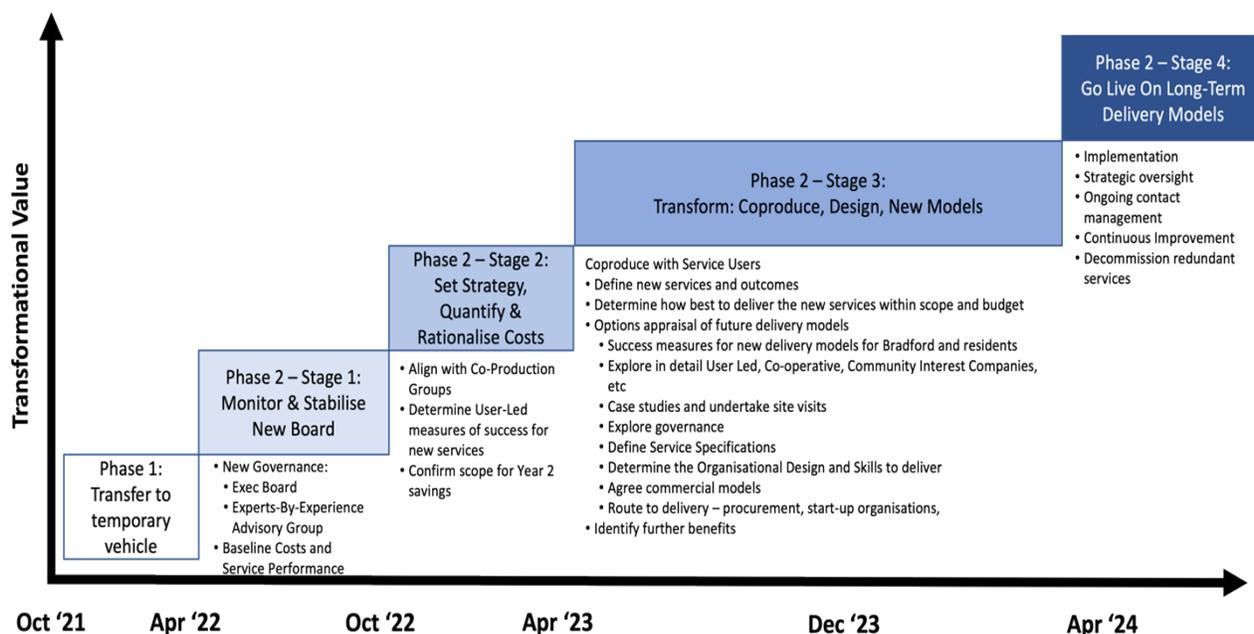
The service must have the people who use it governing its offer and its operation. Our objective is to empower service users by bringing the service user voice to the fore through co-production and ownership of the service's direction. Delivering choice and control as to what services people want to utilise to achieve their goals and outcomes.

This shift will support the creation of new user-led organisations (ULO) and may include the

establishment of new Community Interest Companies (CIC), social enterprises, cooperatives, mutuals, charities as well as parts of the service lending themselves to procurement.

The programme needs to ensure there is sufficient time for service users to understand the options, appraise their suitability for Bradford, and be confident in driving change and undertaking new roles.

The phases and stages of the transformation are shown in the diagram below.



Changing Places Toilets Bid

In September we worked with parent activists, colleagues from Asset Management, Libraries, Museums, the VCSE and Town Councils to submit a bid to MHCLG for funding for additional Changing Places Toilets in the district. If successful this would deliver additional CPTs in Libraries and Museums across the district, Bingley and Ilkley town centres and Kala Sangam Arts Centre.

Into Employment Project

The Preparing for Adulthood service has developed a work placement based employability programme for young people with a learning disability in partnership with a VCSE partner, The School of Rock & Media. It is an internship scheme which has developed from being a short-term none paid work placement accessed via college into a full paid internship programme. The internship model includes bursary-funded employment alongside Level 3 functional skills and employability skills. The programme also provides on-going support to people who have gained employment following completion of their internship.

3. OTHER CONSIDERATIONS

Re-Opening day centres for people with learning disability after COVID

The largest provider of building-based support to people with learning disability is Hft. Hft worked closely with the Council in the initial stages of the pandemic to provide risk

assessments that would enable the re-opening of a limited number of services within guidelines. All Hft services have now re-opened, although the extent to which people in Bradford have returned to building-based services reflects a wider national trend, with a significant number of people who attended this provision prior to the pandemic continuing to request that their support remain suspended or is received via telephone or social media. Individuals not currently requesting support have been prioritised for review by social work teams as part of the wider Hft project work.

By mid-October 2021, all but three of the services on the new Day Activities provider list had re-opened or started. Of the twenty-two providers on this list, sixteen offer activities for people with learning disability. The first quality monitoring return for these provisions is due in October and the Contracts and Quality team will analyse these returns to prioritise visits before the end of the year.

From July 2021, when the government loosened many of the former restrictions related to the pandemic, the Covid-19 Support Team led on the analysis of risk assessments and offering support for the re-opening of the full range of Council-funded providers of day time services and activities for all cohorts. The team is currently working with providers to sign-off a final position and identify which providers are fully open, which are partially open, and if any remain closed. The team is planning to have contacted all providers by the end of October and will then analyse the findings from these contacts to understand any identified concerns and offer support where appropriate.

4. FINANCIAL & RESOURCE APPRAISAL

Commissioning activity has been undertaken in line with Contract Standing Orders. Monitoring takes place to ensure that the spend remains within budget.

Some groups have received an uplift to ensure no organisation was paid below the lowest bands in the cost model.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The Programme has been managed by a team that includes commissioners, operational, finance, and procurement staff. Progress has been reported to the Assistant Director and the Departmental Management Team.

6. LEGAL APPRAISAL

All procurements were carried out in accordance with Contract Standing Orders.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

We will work with services to identify ways they can make a contribution towards achieving sustainability strategies in the District.

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

We will work with services to identify ways they can make a contribution to support the Council's commitment to reduce CO2 emissions.

7.3 COMMUNITY SAFETY IMPLICATIONS

There are no community safety implications arising from this report.

7.4 HUMAN RIGHTS ACT

The Human Rights Act 1998 provides a legal basis for concepts fundamental to the rights of people. The fundamental rights include rights that impact directly on service provision in the health and social care sector.

Providers of services are required to comply with the Human Rights Act through the contracting arrangements they enter into with the Council and training has been provided to those joining the Daytime Activities Provider List.

7.5 TRADE UNION

In relation to Hft current day services workforce the Transfer of Undertakings (Protection of Employment) Regulations 2006 (“TUPE”) apply and this places an obligation on Hft and the Council to consult with the recognised trade unions (or elected employee representatives if there is no recognised trade union) in relation to any of their own employees who may be affected by the transfer or any measures taken in connection with it.

As such Hft are in consultation with Unison and Unison are formally represented in the Joint HR Workstream within the Exit Programme.

7.6 WARD IMPLICATIONS

There are no direct implications in respect of any specific Ward.

7.7 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

7.8 IMPLICATIONS FOR CORPORATE PARENTING

We will work with services to identify ways they can support the | Councils role as a corporate parent.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

There are no protection and information security matters arising from this report.

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

There are no options to outline as this report is to inform and update.

10. RECOMMENDATIONS

That the committee note the report.

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

None



Report of the City Solicitor to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 18 November 2021

M

Subject: Health and Social Care Overview and Scrutiny Committee Work Programme 2021/22

Summary statement:

This report presents the work programme 2021/22

Parveen Akhtar
City Solicitor

Portfolio:

Healthy People and Places

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

1. **Summary**

1.1 This report presents the work programme 2021/22.

2. **Background**

2.1 The Committee adopted its 2021/22 work programme at its meeting of 28 July 2021.

3. **Report issues**

3.1 **Appendix A** of this report presents the work programme 2021/22. It lists issues and topics that have been identified for inclusion in the work programme and have been scheduled for consideration over the coming year.

4. **Options**

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

5. **Contribution to corporate priorities**

5.1 The Health and Social Care Overview and Scrutiny Committee Work Programme 2021/22 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).

6. **Recommendations**

6.1 That the Committee notes the information in **Appendix A**

7. **Background documents**

7.1 Constitution of the Council

8. **Not for publication documents**

None

9. **Appendices**

9.1 **Appendix A** – Health and Social Care Overview and Scrutiny Committee work programme 2021/22

Democratic Services - Overview and Scrutiny

Appendix A

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda	Description	Report	Comments
Thursday, 16th December 2021 at City Hall, Bradford			
Chair's briefing 01/12/21. Report deadline 02/12/21			
1) Mental Wellbeing 2) Carers	To be scoped Update - to include information on the review of the pathway for Care Act assessments for unpaid carers	Sasha Bhatt / Sarah Exall Tony Sheeky	Resolution of 20 Oct 2020 Resolution of 17 Nov 2020
Thursday, 27th January 2022 at City Hall, Bradford			
Chair's briefing 07/01/22. Report deadline 13/01/22			
1) Integrated Health and Care Partnership arrangements progress update and Act as One transformation programme update	Update	James Drury / Helen Farmer / Mark Hindmarsh	Resolutions of 26 Jan 2021 and 26 September 2021
2) Transitions between children's and adult services	Update	TBC	Last considered in November 2017
3) Adult Autism	Update following 28 July 21 meeting - report to include case studies of people moving through the autisms	Ali Jan Hader	Resolution of 28 July 2021
Wednesday, 23rd February 2022 at City Hall, Bradford.			
Report deadline 10/02/22			
1) Better Births	Update on Better Births, one of the priority Act as One transformation programmes	TBC	
2) Public health commissioned 0-19 services	To include health visiting and school nursing	Liz Barry / Duncan Cooper / Joanna Howes / Jo Holt	
Thursday, 17th March 2022 at City Hall, Bradford.			
Report deadline 03/03/22.			
1) Care Quality Commission	Annual update	Lorna Knowles	

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda

Thursday, 17th March 2022 at City Hall, Bradford.

Report deadline 03/03/22.

2) Cancer / lung cancer

3) Health and Wellbeing Commissioning
Strategy and Intentions - Adult Social Care

Description

Update

Progress against the strategy and
update on future intentions

Report

TBC

Jane Wood / Holly
Watson

Comments

Resolution of 4 July 2019 (was
previously scheduled for April 2020
meeting that did not go ahead)

Resolution of 16 Feb 2021