

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 24 November 2022 in Committee Room 1 - City Hall, Bradford

Commenced 4.30 pm
Concluded 6.45 pm

Present – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT	GREEN
Jamil Humphreys Godwin Wood A Ahmed	Glentworth Coates	Griffiths	Hickson

NON VOTING CO-OPTED MEMBERS

Trevor Ramsay	Healthwatch Bradford and District
Susan Crowe	Bradford District Assembly Health and Wellbeing Forum
Helen Rushworth	HealthWatch Bradford and District

Councillor Jamil in the Chair

30. DISCLOSURES OF INTEREST

No declarations of interest were received in matters under consideration.

31. INSPECTION OF REPORTS AND BACKGROUND PAPERS

There were no appeals submitted to review decisions to restrict documents.

32. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

At the meeting of the Corporate Overview and Scrutiny Committee on 10 November 2022 the following item was considered and referred to this Health and Social Care Overview and Scrutiny Committee meeting:

"QTR 2 FINANCE POSITION STATEMENT FOR 2022-23

*The Director of Finance submitted a report (**Document "S"**) which provided Members with an update on the forecast year-end financial position of the Council for 2022-23.*

It outlined the revenue and capital budgets and the year-end financial position based on information at the end of September 2022. It stated the Council's current balances and reserves and school balances.

The Committee resolved that:

(3) The Committee requests that the Health and Social Care Overview and Scrutiny Committee considers a report relating to hospital discharges and the processes between Health Services, Adults and Social Care, as well as the financial implications."

Resolved:-

That an report be presented to the 16 February 2023 meeting of the Committee.

Action: Strategic Director, Health and Wellbeing

33. UPDATE ON HOST COMMISSIONING PROVISION IN BRADFORD DISTRICT & CRAVEN HEALTH AND CARE PARTNERSHIP

The report of the Bradford District and Craven Health and Care Partnership & Bradford Metropolitan District Council (**Document "L"**) provided an update on the national governance arrangements for NHS host commissioning and what had been implemented in Bradford. This paper had also provided a summary of the outcomes of the National Safe and Wellbeing reviews which were conducted in Bradford during 2021/22.

At the invitation of the Chair, the representatives gave a synopsis of the report. It was explained that an update against arrangements in "place" in relation to the governance and assurance processes for Host Commissioning arrangements for the Bradford and Craven Health Care Partnership (HCP) and how intelligence was shared and triangulated at a West Yorkshire level, within the Integrated Care board (ICB). This Bradford District and Craven HCP report set out the arrangements established in Bradford; identifying roles, responsibilities, and mechanisms in place to support this, on behalf of the West Yorkshire ICB who now had the overall statutory function for host commissioning. Furthermore, the report described the Safe and Wellbeing review process that took place in 2021/22 in response to a national requirement in light of a report published by Norfolk Safeguarding Adults Board into the deaths of three young Adults: Joanna, Jon and Ben. They were all in their 30s and had learning disabilities and had been patients at Cawston Park hospital and they died within a 27 -month period (April 2018 to July 2020). Key learning from the outcomes and recommendations made from the independent panels were also provided.

Proceeding the presentation, a question and answer (Q&A) session ensued:
How would this framework be managed?

- NHS Bradford District and Craven HCP as host commissioner on behalf of the WY ICB had a number of key roles. To be the main contact for local communication and quality oversight with the provider. To be the main point of contact for placing commissioners to triangulate intelligence, enhanced by the Safe and Wellbeing process undertaken in 2021/22. To develop and implement robust governance arrangements to triangulate and share intelligence with Integrated Care Board partners across West Yorkshire, including local authority safeguarding teams, CQC and local providers. To align to local, regional, and national Quality Surveillance Group (QSG) arrangements, with strong links with the local Bradford Safeguarding Adults Board (SAB);
- How would the transition from children to adult services be managed?
 - There were differences, legally, for children's services and this as based on education. There was a transition lead for children with a diagnosed learning disability or autism. A child would receive care in the community (which usually started at 14 years of age) to ensure a transfer to adult services was supported.
 - If a young person under the age of 18 was admitted into an adult inpatient service, they would be placed in a separate area of the adult inpatient ward, and a risk assessment would be undertaken to understand the risks to the individual in this environment. This was easier to do in a learning disability assessment and treatment unit as there were often areas for long term segregation that lend itself to supporting someone who may be at risk. Pressure would be then placed on the 'placing' commissioners to identify an appropriate CAMHS bed for the individual young person as soon as is practically possible.
 - If a young person over the age of 18 was placed into adults in patient services via the host commissioner route the following oversight would be in place; and,
- What was a major contributor towards the significant wellbeing within the process?
 - As a direct result of the 'Safe and Wellbeing' review process at Bradford, the professional and working relationships between the quality and personalised care team had realigned and strengthened, resulting in greater intelligence sharing and wider oversight of individual care needs. Due to the resilient working relationships between host and placing commissioners at Bradford, the scrutiny panel was assured that due to early identification of any themes, trends or risks, the team were able to influence quality patient care and effective discharge planning. The scrutiny panels advised that due to the relationships established with providers, service users and families, they were assured that any risk indicators identified would be acted up on and addressed promptly. There was confidence that due to robust relationships forged with service users and families, that their voices were heard and therefore had greater influence in the care planning and delivery, in line with the

individual's needs. The established host commissioning oversight mechanisms in place at Bradford provided an opportunity to share good practice regionally and nationally; as well as the ability to influence strategic decision making regarding the host commissioning service.

Resolved:-

That officers be thanked for their informative report.

No action

34. DEVELOPMENT OF COMMUNITY DIAGNOSTIC PROVISION IN BRADFORD DISTRICT AND CRAVEN

The report of the Chief Operating Officer (**Document “M”**) provided the committee with a briefing on the intentions for community diagnostic services in Bradford District and Craven including confirmed funding and future intentions.

The Programme Director was in attendance and with the invitation of the Chair gave a synopsis of the report. She stated that Bradford District and Craven Health and Care Partnership had recently been successful in the approval of their business case to develop a community diagnostic centre (CDC) in Eccleshill. The CDC would be staffed and managed by Bradford Teaching Hospitals NHS Foundation Trust, and would be located in the current Eccleshill treatment centre which previously housed diagnostic facilities prior to the decommissioning of the previous provider in 2014. The remaining space in the centre was occupied by an independent sector provider.

Proceeding the presentation, a question and answer (Q&A) session ensued:

- What exercise had been undertaken to establish the need for this service in a specific location?
 - The provision of a diagnostic hub in Bradford District and Craven would ensure that patients had access to a range of additional diagnostic tests in community settings, in particular Eccleshill being one of the more deprived communities. The service had used a range of NHS and independent sector provision to support the service during Covid-19 and as part of the elective recovery, which had ensured the continuity to provide timely elective care to the population. However, performance against the 6-week diagnostic standard required improvement (currently 85%) and communities still faced difficulties in accessing services, either due to confidence or being unable to access services at a convenient time or location for their personal circumstances (unmet need). Redeveloping the service in the vacant space at Eccleshill had meant that the service could do this at pace and more cost effectively than building a new centre;
- What was the situation in terms of funding?
 - Community diagnostic centres were a national initiative and funding had been secured for a range of schemes across the country from a central budget until 24/25. The budget would provide the capital to

- purchase equipment and develop the building, and would also provide the funding for the workforce; and,
- In terms of “spoke” provision, when would this come to fruition?
 - A case for a further business case to develop “spoke” provision was being written which would be additional diagnostic capacity but on a smaller scale. For example, it may not have a CT or MRI scanner but would have X-Ray/Ultrasound and some other tests such as sleep studies and lung function tests. The plan was to develop a spoke in Keighley and one close to the city centre of Bradford, and also currently looking at the best locations for these based on site availability and access to provision in communities.

Resolved:-

That a report on the provision of services in the Community Diagnostic Hub be presented to the Committee by January 2024 at the latest.

Action: Chief Operating Officer, Bradford District and Craven Health and Care Partnership

35. LOCAL APPROACH TO COVID-19 AND OTHER RESPIRATORY INFECTIONS

This report of the Director of Public Health (**Document “N”**) provided an update on COVID-19 in Bradford District. It described the response to the COVID-19 pandemic since February 2022 when activities became integrated within ‘business as usual’. The report set out how the Bradford District COVID-19 response was being managed, in line with the management of other respiratory infections such as the flu virus. This report summarised what ‘Living safely with COVID-19’ would mean for Bradford District, and how the service was preparing for this next phase of the pandemic.

At the invitation of the Chair, the Consultant in Public Health and the Senior Health Protection Manager gave a joint synopsis of the report. The COVID-19 pandemic was still a serious global and national public health threat. While many services were now operating business as usual, some remain under significant pressure, especially health and social care. The virus as not yet endemic (constantly circulating in the population with predictable patterns) therefore preparation for on-going new waves of infection, mainly related to emergence of new variants. As a local authority, the statutory duty to plan and respond to emergencies and public health incidents such as outbreaks of respiratory infections. The authority should continue to stay vigilant and prepared against COVID-19. That means keeping contingency plans and capacity to escalate a response if needed, while also planning how to address deepening health inequalities that had been evidenced and worsened by the pandemic. Bradford Council’s response to COVID-19 since the beginning of the pandemic had been guided by the COVID-19 Local Outbreak Management Plan (LOMP), first published in July 2020. LOMP’s were part of the COVID-19 Contain Framework, which set out the roles and responsibilities of local authorities and system partners in response to COVID-19 outbreaks. The Contain Framework was withdrawn in April 2022 following publication of the Living with COVID-19 national strategy which set out the next phase of the COVID-19 response. This report

summarised what 'Living with COVID-19' means for Bradford Council and how the authority was preparing for this new phase of the pandemic.

Proceeding the presentation, a question and answer (Q&A) session ensued:

- What was Bradford's rate of infection in comparison to the country?
 - Bradford District had a higher COVID-19 transmission rates than most localities in England. Deaths related to COVID-19 had followed the national pattern of peaks related to new variants, with slightly steadier rates when compared to the national numbers. Up to 27 October 2022, a total of 1705 people had died within 28 days of a positive COVID-19 test within the district. This corresponded to a rate of 314 deaths per 100,000 people, while the rate for England is 300 per 100,000;
- An explanation of vaccines availability with deprived areas was sought?
 - Nationally, those residing in the most deprived areas, whose first language was not English and some minority ethnic groups were more likely to not be fully vaccinated. As of July 2022, booster uptake was lowest amongst Black and Pakistani adults (below 35%), adults living in the most deprived areas of England (53%, compared to 84% among those living in the least deprived areas) and younger age groups (39% among 18-24 year olds). The most deprived areas also had the lowest vaccination rates to date.

Resolved:-

- (1) That the report be noted and officers thanked for their informative report, and;**
- (2) That future Covid-19 updates be included in the Committee's work programme as part of its ongoing overview of respiratory services.**

Action: Strategic Director, Health and Wellbeing

**36. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE
DRAFT WORK PROGRAMME 2022/23**

The report of the Director of Legal and Governance (**Document "O"**) presented a draft work programme 2022/23 for adoption by the Committee.

No resolution was passed on this item

LEAD: Overview & Scrutiny Lead

Chair

Note: These minutes are subject to approval as a correct record at the next meeting of the Health and Social Care Overview and Scrutiny Committee.

THESE MINUTES HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER