



Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 24 November 2022 at 4.30 pm in Committee Room 1 - City Hall, Bradford

Members of the Committee – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRATS	Green
R Jamil Humphreys Godwin Wood A Ahmed	A E Coates J A Glentworth	A Griffiths	C R Hickson

Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRATS	Green
S Akhtar Shabir Hussain U H Khan J Lintern Mohammed	P W Clarke P G Sullivan	A Naylor	C Whitaker

VOTING CO-OPTED MEMBERS:

Susan Crowe - Bradford District Assembly Health and Well Being Forum

Trevor Ramsay - i2i Patient Involvement Network, Bradford District NHS Foundation Care Trust

Helen Rushworth - Healthwatch Bradford and District

Notes:

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- 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:

Asif Ibrahim
Director of Legal and Governance
Agenda Contact: Asad Shah

To:

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

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The Director of Legal and Governance 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. 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)

4. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE 1 - 82

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.

Members are requested to consider how they wish to deal with referrals.

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

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.*

ACTION: Strategic Director, Health and Well Being.

B. OVERVIEW AND SCRUTINY ACTIVITIES

5. UPDATE ON HOST COMMISSIONING PROVISION IN BRADFORD DISTRICT & CRAVEN HEALTH AND CARE PARTNERSHIP 83 - 92

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

Recommended –

- (1) Members are asked to consider and comment on the information provided within the report.**
- (2) Members are asked to receive assurance against the Host Commissioning process in Bradford and Craven.**

(Contact: jacqui.mcmahon@bradford.nhs.uk)

6. DEVELOPMENT OF COMMUNITY DIAGNOSTIC PROVISION IN BRADFORD DISTRICT AND CRAVEN 93 - 96

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

Recommended –

- (1) Members are asked to note the development of the Eccleshill Community Diagnostic Hub and future intentions regarding “spoke” provision across the district.**
- (2) Members are asked to receive a future report on the provision of services in the Hub in January 2024.**

(Contact: Helen Farmer – 01274 237704)

7. LOCAL APPROACH TO COVID-19 AND OTHER RESPIRATORY INFECTIONS 97 - 114

This report of the Director of Public Health (**Document “N”**) provides an update on COVID-19 in Bradford District. It describes the response to the COVID-19 pandemic since February 2022 when activities became integrated within ‘business as usual’. The report sets out how

the Bradford District COVID-19 response is being managed, in line with the management of other respiratory infections like flu. This report summarises what 'Living safely with COVID-19' means for Bradford District, and how we are preparing for this next phase of the pandemic.

Recommended –

The Committee is invited to note and comment on the report and to appreciate the options outlined in section 9.

(Contact: Jorge Zepeda – 07816 082224)

8.	HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2022/23	115 - 120
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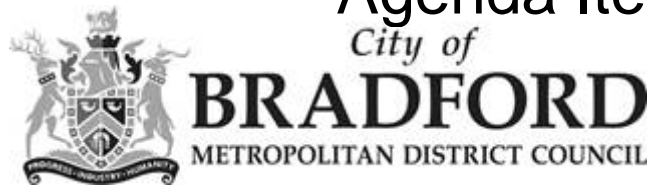
The report of the Director of Legal and Governance (**Document “O”**) presents a draft work programme 2022/23 for adoption by the Committee.

Recommended –

- (1) That the Committee notes the information in Appendix A and considers any amendments or additions it may wish to make.**
- (2) That the Work Programme 2022/23 continues to be regularly reviewed during the year.**

(Contact: Caroline Coombs – 01274 432313)

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Report of the Bradford District and Craven Health and Care Partnership and Bradford Metropolitan District Council to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 24 November 2022

L

Subject: UPDATE ON HOST COMMISSIONING PROVISION IN BRADFORD DISTRICT & CRAVEN HEALTH AND CARE PARTNERSHIP

Summary statement:

This paper provides an update on the national governance arrangements for NHS host commissioning and what has been implemented in Bradford. This paper will also provide a summary of the outcomes of the National Safe and Wellbeing reviews which were conducted in Bradford during 2021/22.

Iain Macbeath - Strategic Director,
Health and Wellbeing
City of Bradford Metropolitan District
Council

Portfolio:

Healthy People and Places

Michelle Turner – Director of Quality
and Nursing
Bradford District and Craven Health
and Care Partnership

Report Contact:
Jacqui McMahon
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1.0 Summary

1.1 The Overview and Scrutiny Committee has requested 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 is shared and triangulated at a West Yorkshire level, within the Integrated Care board (ICB).

1.2 This Bradford District and Craven HCP report sets 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 has the overall statutory function for host commissioning.

1.3 This report will also describe 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 will be provided.

2.0 Background

2.1 The Long-Term Plan (2019) made a commitment to improve the quality of care within an inpatient setting for people with a learning disability, autism, or both. In February 2021 NHS England issued ‘Host Commissioner guidance:

Quality oversight of Health Care Partnership (HCP) commissioned inpatient care for people with a diagnosed learning disability and autism. Any HCP commissioned specialist mental health inpatient unit, providing care to people with a learning disability, autism, or both, needs to have an identified host commissioner and key functions. This applies only to people who are in receipt of inpatient care, and therefore does not apply to people who reside at home with a learning disability or autism.

2.2 NHS Bradford District and Craven HCP as host commissioner on behalf of the WY ICB has a number of key roles namely:

- 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).

See section 3.0 for the responsibilities of Host, Provider and specialised commissioning

2.3 Over the last 20 months Bradford and Craven HCP has further developed the host commissioning model, creating strong partnership relationships, and promoting robust governance arrangements with their 5 host providers:

- Three Valleys
- Cygnet Wyke
- Cygnet Bierley
- Cygnet Adarna
- Malsis Hall

3.0 Host Commissioning Governance

3.1 Health Care Partnership (HCP) Inpatient services commissioned HCPs are usually spot purchased (where there is an immediate need for a placement and one 'bed' is bought with care services) and this often leads to patients being admitted from across the country. Block funding of beds also takes place where a number of beds are also bought. The arrangements are clear that placing commissioners have the responsibility and oversight for those individuals whose care they commission.

3.1.1 However, in circumstances where there is no lead commissioner NHS England proposed host commissioner responsibilities for HCPs. NHS England has advised that the host commissioner responsibility is based on the geographical location of the individual hospital ward/site and includes specialist independent hospital sites that do not have local formal NHS contractual relationships.

3.2 Host Commissioner arrangements and responsibilities for inpatient care commissioned for people with a learning disability, autism or both.

Arrangements:

3.2.1 When an out of area placement is agreed the placing commissioner is sent a letter from the host commissioners. This is to ensure that the placing commissioning organisation is aware of their responsibility to notify the host commissioner of any concerns regarding the quality and safety of patient care at the hospital, including safeguarding concerns.

3.2.2 The host commissioner acts as a central point to receive proportionate and relevant information and intelligence. Bradford District and Craven HCP has established mechanisms for gathering intelligence, logging incidents, and triangulating concerns raised to ensure this is appropriately and proportionately shared with relevant agencies.

3.2.3 Quarterly virtual meetings are well established with the providers to maintain oversight of the contract arrangements and to discuss emerging concerns and to seek assurance about actions to mitigate risk and improve care delivery.

3.2.4 Clinical face to face visits resumed in 2022, using a methodology to standardise monitoring of host commissioner arrangements. The visits are led by a learning disability nurse, accompanied by a general health nurse, to maintain regular oversight of both learning disability and physical health needs.

3.2.5 A Memorandum of Agreement to guide the process and identify responsibilities has been developed and agreed by all relevant host providers.

Responsibilities for Bradford as the Host Commissioner:

3.2.6 Be the point of contact for commissioners and for the Care Quality Commission (CQC) for issues relating to quality and safety for units where inpatient care is delivered

3.2.7 Ensure that placing commissioners are aware of the key contact in the host HCP should they become aware of issues of concern

3.2.8 Establish a mechanism for sharing intelligence between commissioners who are placing individuals (or considering placing individuals) with a learning disability, autism or both within the service

3.2.9 Ensure there is an interface with the relevant local authority adult social care safeguarding service, and also with the local safeguarding adult board (SAB) and with local partners so that any identified actual or potential safeguarding concerns are raised with the host local authority and dealt with as appropriate

3.2.10 Work with colleagues in contracting and quality teams and be the key point of contact with the provider for issues relating to quality and safety, including those that impact multiple commissioners

3.2.11 Work with the provider and with colleagues in contracting and quality teams to develop actions that will deliver required quality improvements, and seek assurance that necessary improvements have been made

3.2.12 Work in conjunction with local, regional and national quality surveillance group (QSG) arrangements, taking a lead role in co-ordinating the response required if there are serious and/or multiple concerns identified.

3.2.13 Ensure the QSG has strong and formal links with the local SAB, so that concerns discussed at QSG can also be discussed with SAB chairs.

3.2.14 If Bradford were to transfer a person with a learning disability or autism out of the area, then the 'out of area place' would then assume the responsibilities of host commissioner

3.3 Placing Commissioner responsibilities for inpatient care commissioned for people with a learning disability, autism, or both

3.3.1 Be responsible for commissioning and overseeing of the individual's placement and pathway of care back into the community.

3.3.2 Be responsible for undertaking regular commissioning reviews of the individual, including new commissioning oversight visits.

3.3.3 Required to undertake visits to individuals in a mental health and learning disability inpatient unit for whom they have commissioned the care, at least every eight weeks for adults to conduct a well-being review. These visits offer an additional, regular quality oversight of the care that each person is receiving in hospital; to provide an opportunity for the person to speak directly to their commissioner of care to raise any concerns or issues.

3.3.4 Responsible for the completion of CETR's (Care, Education and Treatment Reviews, every 6 months and annually for secure services); CPA (Care Programme Approach) and Section 117 aftercare meetings, to ensure statutory requirements and oversight is maintained.

3.3.5 Responsible for individual's care plans and discharge planning arrangements.

3.3.6 If Bradford were to transfer a person with a learning disability or autism out of the area, then Bradford would then assume the 'placing' commissioner responsibilities.

3.4 NHS England Specialist Commissioning responsibilities for any specialist mental health inpatient unit which provides care commissioned by HCP's to people with a learning disability, autism, or both.

3.4.1 NHS England has a role and responsibility in the specialised commissioning of mental health beds and has agreed to be the host commissioner for the beds they commission within Bradford.

3.4.2 They have an assigned case manager and that person also contract manages the service.

3.4.3 Has a commitment to attend the Quality Partnership Meetings which are held bi-monthly to contribute to and share intelligence.

3.5 Bradford Care Trust Arrangements

3.5.1 Currently there are no formal agreements regarding host commissioning input to Bradford District Care Trust, but the host commissioner conducts joint visits with the Bradford placing commissioner to review placed individuals and provide assurance locally.

3.5.2 Monthly Quality Oversight meetings are held between the Senior Head of Patient Safety and the team and the Deputy Director of Nursing at Bradford District Care Trust; where issues relating to host commissioning can be escalated & discussed.

3.6 Transition from Children's services to Adult Services

3.6.1 There are differences, legally, for children's services and this is based on education. There is a transition lead for children with a diagnosed learning disability or autism. A child will receive care in the community (which usually starts at 14 years of age) to ensure a transfer to adult services is supported. For inpatient services the following process would be activated:

- If an 18-year-old is transferred from a Children's and Adolescents Mental Health Service (CAMHS) into adult services, they would be admitted as an adult into the service.
- If a young person (under 18) was admitted to an adult ward, in the situation where there were no CAMHS beds (this is something that can happen occasionally), then the Care Quality Commission (CQC) would be informed that a child is on an adult ward.
- CAMHS for people with a learning disability or autism, who require an inpatient bed, is managed by NHS England. There is a high demand for these beds.

3.6.2 An example of this would be 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 is easier to do in a learning disability assessment and treatment unit as there are 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.

3.6.3 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:

- A pre-admission Care Education and Treatment Review (CETR) would be undertaken to ensure that the individual's identified needs have been considered and can be met.
- For learning disability and autism, the person would require a special educational needs care plan as there is a requirement that a young person has access to education until aged 25 years.

4.0 Intelligence Sharing Arrangements

4.1 Local Quality Partnership meetings are held bi-monthly to triangulate intelligence, with the following system partners: Local Authority Safeguarding Adult Teams, HCP, Care Quality Commission (CQC) and NHS England (NHSE).

4.1.1 The purpose of this group is to support the Bradford system and safeguard patients by providing assurance that mechanisms are in place to identify, manage and escalate concerns/issues affecting people with learning disability and autism in inpatient settings within our geographical patch.

4.1.2 These meetings discuss a surveillance report, which is sent to host providers to complete in advance of the meeting with all known intelligence and appropriate and proportionate responses agreed as required, including a review of the level of surveillance indicated (Routine or Enhanced).

4.1.3 A database has been developed to capture all concerns sent into the host commissioner Inbox which are reviewed and discussed weekly by the team.

4.2 National Host Commissioning Forum is held bi-monthly as a webinar, and is chaired by NHS England's Head of Quality, who reports to NHS England's Learning Disability and Autisms Quality Improvement Steering Group.

4.2.1 The forum is focused on facilitating supportive discussion and engagement amongst commissioners particularly when there are national issues relating to safeguarding and quality associated concerns with individuals and providers, such as Cawston Park, Norfolk

4.2.2 The forum also provides a platform to share intelligence and best practice ideas relating to both NHS and independent sector providers.

4.3 Consideration by committees and programmes at 'place' and the ICS

4.3.1 Host commissioning is a national NHS requirement, and the Integrated Care System (ICS) has agreed a West Yorkshire approach and Bradford has taken on the role and has arrangements in place with the providers (independent sector hospitals for LD/ND/MH) to maintain a clear line of sight and accountability for overseeing quality and safety in these services on a strategic level rather than on an individual placement level.

4.3.2 There are local and regional system oversight mechanisms in place of the host commissioning service through:

- The local Bradford District & Craven System Quality Committee & the Regional West Yorkshire Integrated Care Board (ICB) Quality Committee.

4.3.3 These meetings form part of the West Yorkshire Integrated Care System, which is for a range of stakeholders from the health and care system. There is a standardised key focus on the following four core purposes:

- improving population health and healthcare.
- tackling unequal outcomes and access.
- enhancing productivity and value for money; and
- helping the NHS to support broader social and economic development.
- Learning and development discussions

4.3.4 West Yorkshire Mental Health, Learning Disability & Autism collaborative. In West Yorkshire our specialist Mental Health, Learning Disability and Autism NHS Trusts are (Bradford District Care NHS Foundation Trust; Leeds & York Partnership NHS Foundation Trust; Leeds Community Healthcare NHS Trust and Southwest Yorkshire Partnership NHS Foundation Trust). They have all agreed to work together to deliver the best possible care, experience, and outcomes for people within the available resources.

5.0 Safe and Wellbeing Review Process

5.1 As part of the NHS response to the Safeguarding Adults Review (SAR) concerning the deaths at Cawston Park, a national review, confirmed by the National Director for Mental Health was undertaken to check the safety and wellbeing of all people with a learning disability and autism, who are being cared for in a mental health inpatient setting. This includes people whose care is being funded by ICBs, specialised commissioning and provider collaborative commissioning. The WY ICS process was led by the Director of Quality and Nursing for Bradford. All reviews are now complete.

5.2 Bradford Safe and Wellbeing Process

- Using the NHS England Safe and Wellbeing national sitrep template the host commissioner and placing commissioner worked together to gather intelligence to obtain robust oversight of all out of area placements for learning disability and autistic residents.
- The quality oversight of this process was undertaken remotely by the host commissioner, and focused on the quality review, in particular intelligence for the

whole site, relating to the care of people with learning disabilities and assurance around restrictive practice, use of the Mental Capacity Act (2005), compliance with monitoring of health needs and the training needs for staff.

- Whilst the placing commissioner completed individual residents care and treatment reviews face to face, in the respective geographical areas that they were placed.
- The intelligence was collated and reported to NHS England and West Yorkshire safe and wellbeing scrutiny and challenge panels led by the Senior Head of Patient Safety, supported by the host and placing commissioner.
- 8 multiagency independent panels were held for 59 individuals (commissioned by HCP's, provider collaboratives, NHSE specialist commissioners in March 2022) and these were chaired by a Director of Quality and Nursing from the WY ICS.
- The team completed the panel feedback proformas jointly to ensure a comprehensive collation of intelligence was included. This included a pen picture for each individual and a summary of the hospital site, to provide background information and context. Imperative to this process was input from the service user and their significant others.
- To support the scrutiny panels, themes and trends were collated for Bradford patients, providing additional context for delayed discharges or extended hospital detentions.
- Feedback from the panel was positive and the themes identified at place were reflective across the system.
- The approach highlighted good joint working mechanisms in place locally between host and placing commissioners, and evidenced positive professional relationships with the individual, their families, and the provider.
- The outcome from the panel identified that the care of individuals was safe and due to the relationships established, there was confidence that any risk indicators identified would be addressed promptly.

5.3 Gaps identified from the 'Safe and Wellbeing' independent panels

- Lack of access for people in locked rehab/forensic hospitals for Annual Health Checks
- Lack of attention to physical health needs, weight, holistic health management, complex physical health, and long-term conditions.
- Lack of access to therapeutic activity/social or functional development / activity, particularly for people with autism.

5.3.1 Recommendations from the independent panels

- Apply a standardized approach to improved provision of physical health checks and therapeutic activity
- Develop future delivery of the Safe and Wellbeing assurance process
- Strengthen processes for the collation and triangulation of host commissioner quality surveillance and case management activity across West Yorkshire
- Review the West Yorkshire host commissioning approach to develop a standardised approach for all patients and all learning disability hospitals
- Review West Yorkshire host commissioning and provider collaborative responsibilities

- Review lead commissioner and host commissioning arrangements for the West Yorkshire learning disability assessment and treatment service
- Review the role of the quality oversight group to support mental health /learning disability locked rehab placements in area, or with admissions commissioned within West Yorkshire.

6.0 Affecting change and influencing decision making

6.1. 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 has realigned and strengthened, resulting in greater intelligence sharing and wider oversight of individual care needs.

6.1.1 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.

6.2 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.

6.3 There is confidence that due to robust relationships forged with service users and families, that their voices are heard and therefore have greater influence in the care planning and delivery, in line with the individual's needs.

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

7. Options

Not Applicable

8. Contribution to corporate priorities

Not Applicable

9. Recommendations

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

9.2 Members are asked to receive assurance against the Host Commissioning process in Bradford and Craven

10. Background documents

10.1 Host Commissioners Safe and Wellbeing Reviews Process Criteria

11. Not for publication documents

None

12. Appendices

None

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Report of the Chief Operating Officer to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 24 November 2022

M

**Subject: DEVELOPMENT OF COMMUNITY DIAGNOSTIC PROVISION IN
BRADFORD DISTRICT AND CRAVEN**

**Summary statement: This paper provides members with a briefing on
the intentions for community diagnostic services in Bradford District
and Craven including confirmed funding and future intentions.**

Portfolio:

Healthy People and Places

Report Contact: Helen Farmer
Phone: (01274) 237704
E-mail: Helen.Farmer@bradford.nhs.uk

1. Summary

This report provides committee members with an overview of the intention of health partners to develop community diagnostic services in Bradford District and Craven.

2. Background

Bradford District and Craven Health and Care Partnership have recently been successful in the approval of their business case to develop a community diagnostic centre (CDC) in Eccleshill. The CDC will be staffed and managed by Bradford Teaching Hospitals NHS Foundation Trust, and will 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 is occupied by an independent sector provider.

Community diagnostic centres are a national initiative and funding has been secured for a range of schemes across the country from a central budget until 24/25. The budget will provide the capital to purchase equipment and develop the building, and will also provide the funding for the workforce.

3. Report issues

Professor Sir Mike Richards' independent review of NHS diagnostic services, published in October 2020, 'Diagnostics: Recovery and Renewal', sets out the case for increasing diagnostic capacity in England and for a new model of diagnostic service provision. One of the key recommendations of the report is for the rapid establishment of Community Diagnostic Centres (CDCs).

It was envisioned that CDCs would provide a broad range of elective diagnostic services away from acute facilities, providing easier and quicker access to tests and at greater convenience to patients, as well as relieving pressure on acute sites by reducing footfall and increasing diagnostic capacity.

The subsequent strategic ambitions for NHS diagnostic services are to deliver services that provide the right tests, at the right time, in the right place for patients, and have sufficient capacity to meet growing demand ensuring equality of access, reduction in health inequalities, and highly professional services.

The West Yorkshire Association of Acute Trusts (WYAAT) commissioned Attain, an independent consultancy, to undertake feasibility studies across West Yorkshire and they worked with health partners to outline our intentions in February 2022 where we agreed 3 main priorities for BD&C:

- **Demand:** provide access to diagnostics based on assumption that the demand for specific diagnostic tests will continue to increase.
- **Health Inequalities:** provide access to the population in deprived areas of Bradford District and Craven.
- **Pathways:** provide diagnostic testing capacity and test bundles for Pathways that are in high demand or have increasing waiting times.

The provision of a diagnostic hub in Bradford District and Craven will ensure our patients have access to a range of additional diagnostic tests in community settings, in particular Eccleshill being one of our more deprived communities. We have used a range of NHS and independent sector provision to support us during Covid-19 and as part of our elective recovery, which has ensured we have been able to continue to provide timely elective care to our population. However, performance against our 6-week diagnostic standard requires improvement (currently 85%) and our communities still face difficulties in accessing our 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 has meant we can do this at pace and more cost effectively than building a new centre.

Initial discussions have taken place at the site with contractors, and it is anticipated work would commence in Q4 22/23 with some services available in March 23 and the remainder in Q1 23/24. Nationally, there is a set minimum requirement on the services that must be provided in Eccleshill CDC (Table A) and although not all services will start at the same time, they will be phased over a 3-6 month period and in place during 23/24.

Imaging	CT (incl CT colonography) MRI Ultrasound Plain X-Ray
Physiological Measurement	Echocardiography (ECHO) Electrocardiogram (ECG) Oximetry Blood Pressure Monitoring Spirometry FeNo and Lung Function Tests Blood Gas Analysis Simple Field Tests (eg six min walk)
Pathology	Phlebotomy Point of Care Testing Simple Biopsies NT-Pro BNP Urine testing

Table A: Minimum CDC Requirements

There will also be a range of pathways developed to support earlier diagnosis of cancer alongside our Rapid Diagnostic Clinics (RDC) which provide access to diagnostics for people with vague but concerning symptoms that may be due to cancer. We also intend to work in partnership with Westcliffe Health Innovations (the independent sector provider who occupy the remainder of the Eccleshill treatment centre) who provide endoscopy services so patients can access a full range of diagnostics to support their endoscopy procedures.

The Eccleshill site already houses a GP practice, the Meadows Unit (oncology and haematology unit), community MSK services, out of hours primary care and there are voluntary sector providers in close proximity to the site. This provides a great opportunity to provide holistic “one stop” care to patients accessing these services.

We are also currently writing a further business case to develop “spoke” provision which will be additional diagnostic capacity but on a smaller scale. For example it might not have a CT or MRI scanner but will have X-Ray/Ultrasound and some other tests such as sleep studies and lung function tests. We plan to develop a spoke in Keighley and one close to the city centre of Bradford, and we are currently looking at the best locations for these based on site availability and access to provision in our communities.

A decision will be made on these in December 22/January 23 and as with all current capital schemes, there is a risk this funding could become unavailable.

4. Options

Not applicable

5. Contribution to corporate priorities

Not applicable

6. Recommendations

Members are asked to note the development of the Eccleshill Community Diagnostic Hub and future intentions regarding “spoke” provision across the district.

Members are asked to receive a future report on the provision of services in the Hub in January 2024.

7. Background documents

[Professor Sir Mike Richards’ review of NHS diagnostics capacity.](#)

8. Not for publication documents

None

9. Appendices

None



Report of the Director of Public Health to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 24th November 2022

N

Subject: Local approach to COVID-19 and other respiratory infections

Summary statement:

This report provides an update on COVID-19 in Bradford District. It describes the response to the COVID 19 pandemic since February 2022 when activities became integrated within 'business as usual'. The report sets out how the Bradford District COVID-19 response is being managed, in line with the management of other respiratory infections like flu. This report summarises what 'Living safely with COVID-19' means for Bradford District, and how we are preparing for this next phase of the pandemic.

EQUALITY & DIVERSITY:

An equality assessment has been made on the local plan 'Living safely with COVID-19 and other respiratory infections' with no negative impact on equality; conversely it will help mitigate any widening of existing health inequalities due to COVID-19. This report contributes to the Council's equality objectives: **1. Visibility, leadership and accountability** – through defining the Council's responsibilities in this new phase of the response to COVID-19; and **3. Community** – through identifying and signposting to resources to support people to live safely with COVID-19 and other respiratory infections.

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Portfolio:

Healthy People and Places

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

- 1.1. The COVID-19 pandemic is not over. COVID-19 is still a serious global and national public health threat. While many services are now operating business as usual, some remain under significant pressure, especially health and social care. The virus is not yet endemic (constantly circulating in the population with predictable patterns) therefore we need to be prepared for on-going new waves of infection, mainly related to emergence of new variants.
- 1.2. As a local authority we have the statutory duty to plan and respond to emergencies and public health incidents such as outbreaks of respiratory infections. We 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 have been evidenced and worsened by the pandemic.
- 1.3. Bradford Council's response to COVID-19 since the beginning of the pandemic has 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 sets out the next phase of the COVID-19 response. This report summarises what 'Living with COVID-19' means for Bradford Council and how we are preparing for this new phase of the pandemic.

2. BACKGROUND

Objectives

- 2.1. The current phase of national response to the COVID-19 pandemic aims to enable the country to manage COVID-19 in line with other respiratory illnesses, while minimising mortality and retaining the ability to respond if a new and more dangerous variant emerges.
- 2.2. The [Living with COVID-19](#) national strategy is structured around four principles:
 - **Living with COVID-19** what means encouraging safer behaviours to avoid return of domestic restrictions.
 - **Protecting people most vulnerable** to COVID-19 through promoting vaccination and targeted testing.
 - **Maintaining resilience** of the system and communities via continued surveillance and contingency planning.
 - **Securing innovations** and opportunities from the COVID-19 response.

- 2.3. Vaccines are the backbone of the current response phase. The UK Health Security Agency (UKHSA) will continue leading the COVID-19 response in England, and supporting national recovery. Responding to the virus will be gradually integrated within business-as-usual arrangements. Outbreaks will be managed through collaboration between UKHSA and the local authority.
- 2.4. Lessons from the last two years have been incorporated within plans to prepare for future public health threats. Some lessons from the first two years of local response to the pandemic in Bradford are summarised in Box 1 below.

Box 1: Lessons learned from the local response to COVID-19 in Bradford 2020-21

Good practices	Ongoing risks
<ul style="list-style-type: none"> • Regular meetings to review outbreaks and coordinate local response • Collaborative work with clear and agree responsibilities across organisations • Single COVID-19 reports to all local system partners (common intelligence) • The COVID-19 hub and support workers • Involvement of community leaders and champions 	<ul style="list-style-type: none"> • Uncertainty about future funding for local response. • Recruitment and retention of a qualified and sufficient workforce • Inconsistent communication between agencies reinforcing public misinformation and uncertainty. • Persistently low vaccine uptake among certain groups. • Influenza and COVID-19 co-circulating.

- 2.5. We continue to encourage uptake of vaccines and safer behaviours which are also longstanding ways of managing other infectious respiratory illnesses such as flu. For this, it will be essential to find effective ways of building the confidence of communities in public health advice, vaccines and treatments.

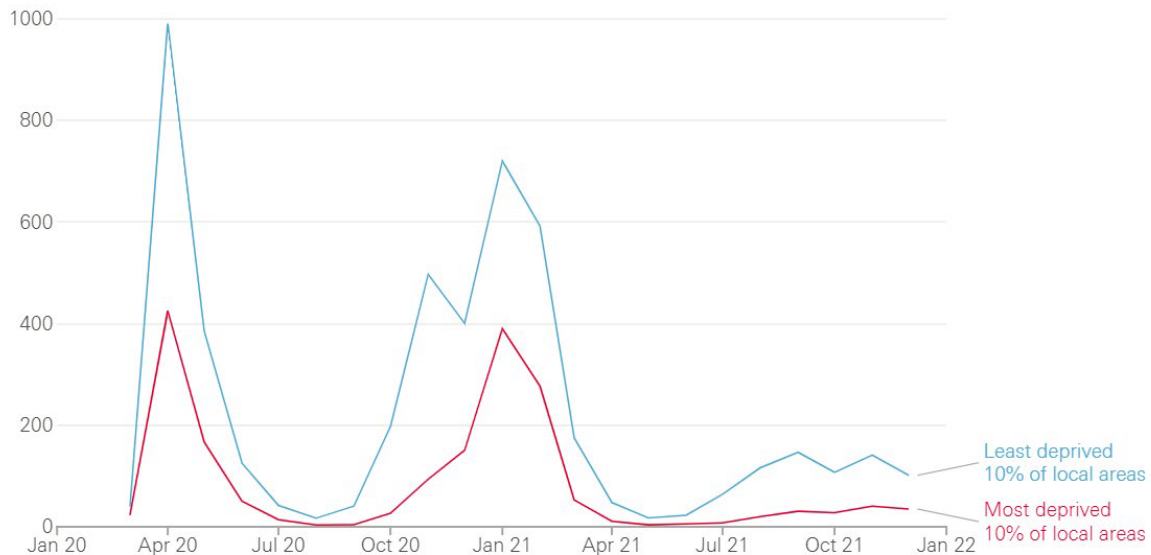
3. REPORT ISSUES

Mortality and inequalities

- 3.1. The roll-out of COVID-19 vaccinations and the discovery of new treatments for those hospitalised with COVID-19 have considerably reduced COVID-19 mortality when compared with 2020-21. Vaccines also reduced the severity of COVID-19 infections, weakening the link between cases, hospitalisations and deaths. However, COVID-19 remains a significant cause of death in the UK.

- 3.2. There is a significant difference in the risk of dying from COVID-19 for those living in deprived areas. Figure 1 shows that between July and December 2021 there were 2.5 times more COVID-19 deaths in the most deprived areas of England, than in the least deprived areas.

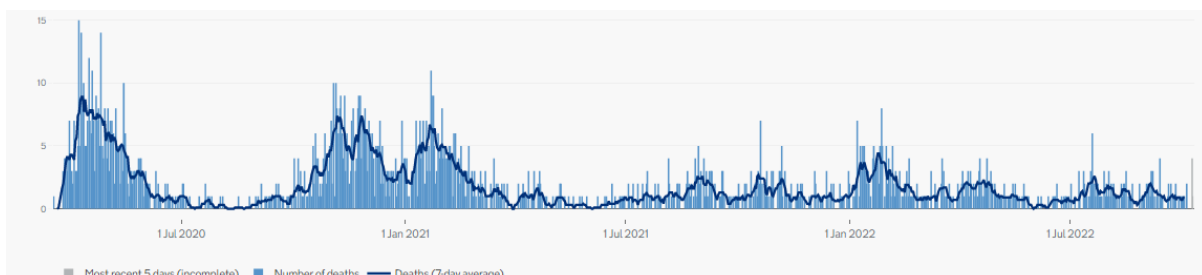
Figure 1: Age standardised COVID-19 mortality rate per 100,000 by deprivation



Reproduced from Finch D, Tinson A. The continuing impact of COVID-19 on health and inequalities: A year on from our COVID-19 impact inquiry. The Health Foundation. Published online 24 August 2022. Available at <https://www.health.org.uk/publications/long-reads/the-continuing-impact-of-covid-19-on-health-and-inequalities>. Accessed 12 October 2022.

- 3.3. Bradford District has had higher COVID-19 transmission rates than most localities in England. Deaths related to COVID-19 have 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, as Figure 2 shows. This corresponds to a rate of 314 deaths per 100,000 people, while the rate for England is 300 per 100,000.

Figure 2: Deaths within 28 days of a COVID-19 positive test in Bradford



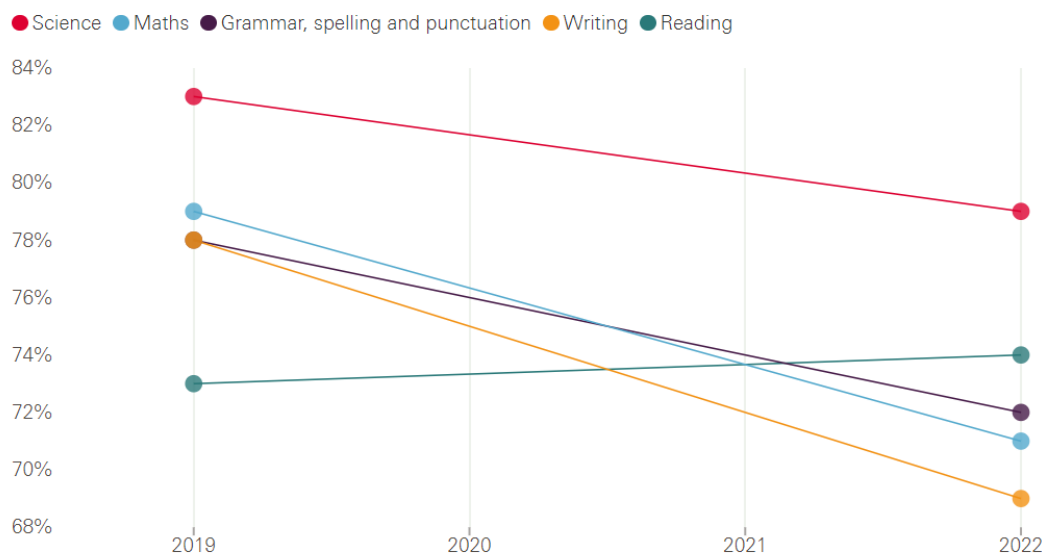
- 3.4. The highest numbers of deaths in Bradford have been in areas with greater levels of deprivation (including City and Keighley Central), older populations (including Ilkley and Bingley) or among those with pre-existing medical conditions. When mortality rates are corrected by the age structure of the population, the highest mortality in the areas of Bradford City where deprivation is highest is even clearer.
- 3.5. It is too early to predict how the pandemic might behave over the colder months. Nationally, COVID-19 cases and deaths increased between September and October 2022 but decreased in the week ending 22 October 2022. The R value and growth rate that show if the pandemic is growing or reducing have also shown a similar behaviour with an increase followed by numbers around 1 in the latest measures.
- 3.6. Plans are in place to provide advice to individuals and organisations and to escalate a local response in the event of a new variant or a surge in cases or deaths.

Long term and indirect impacts of COVID-19

- 3.7. While most people feel better within a few days or weeks of their first symptoms of COVID-19 and make a full recovery within 12 weeks, for some people, symptoms can last longer. Anyone, even those with mild acute illness, can experience ongoing symptoms after COVID-19, although the COVID-19 vaccines reduce this risk.
- 3.8. An estimated 2.3 million people in the UK (3.5% of the population) were experiencing self-reported long COVID as of 3 September 2022 ([ONS data](#)). Of those, almost half (46%) reported symptoms for one year or more. The most frequently self-reported symptoms of Long COVID-19 are fatigue, shortness of breath, cough, muscle aches, loss of smell, loss of taste and difficulty concentrating (brain fog).
- 3.9. In Bradford district, a multi-disciplinary service for people with Long COVID-19 has been operating since July 2021 expanding to offer rehabilitation in January 2022. The pathway offers holistic assessment and multi-faceted rehabilitation through face to face and virtual platforms across Bradford District and Craven with clinics in Bradford University, Moor Park, Bingley and Skipton. Local information can be found on the [Long COVID Rehabilitation guide](#) whilst national guidance can be found on [Your COVID Recovery website](#).
- 3.10. The pandemic has impacted other health outcomes, education attainment, public services and the economy, as described in a [Health Foundation report](#) published August 2022. Some issues are highlighted below:
 - a) The pandemic has increased demand for health care, leading to growing waiting lists and a substantial elective care backlog (including primary care).

- b) Mental health and wellbeing were significantly affected by the huge changes to day-to-day life. Self-reported anxiety among women remains higher than before the start of the pandemic.
- c) It is likely that people are less able to cope with further crises (such as the cost-of-living crisis or a hypothetical return of social restrictions) following the experience of the pandemic.
- d) Young people's overall happiness and confidence are the lowest in 13 years. In a [national survey of people aged 16-25yrs](#), a quarter of disadvantaged young people and those facing unemployment reported always feeling anxious.
- e) Restrictions to face to face education have resulted in learning loss across all areas other than reading, affecting the most disadvantaged students more. See Figure 3 below.

Figure 3: Percentage of pupils meeting the required standard at the end of KS2: England 2019-2020



Reproduced from Finch D, Tinson A. The continuing impact of COVID-19 on health and inequalities: A year on from our COVID-19 impact inquiry. The Health Foundation. Published online 24 August 2022. Available at <https://www.health.org.uk/publications/long-reads/the-continuing-impact-of-covid-19-on-health-and-inequalities>. Accessed 12 October 2022.

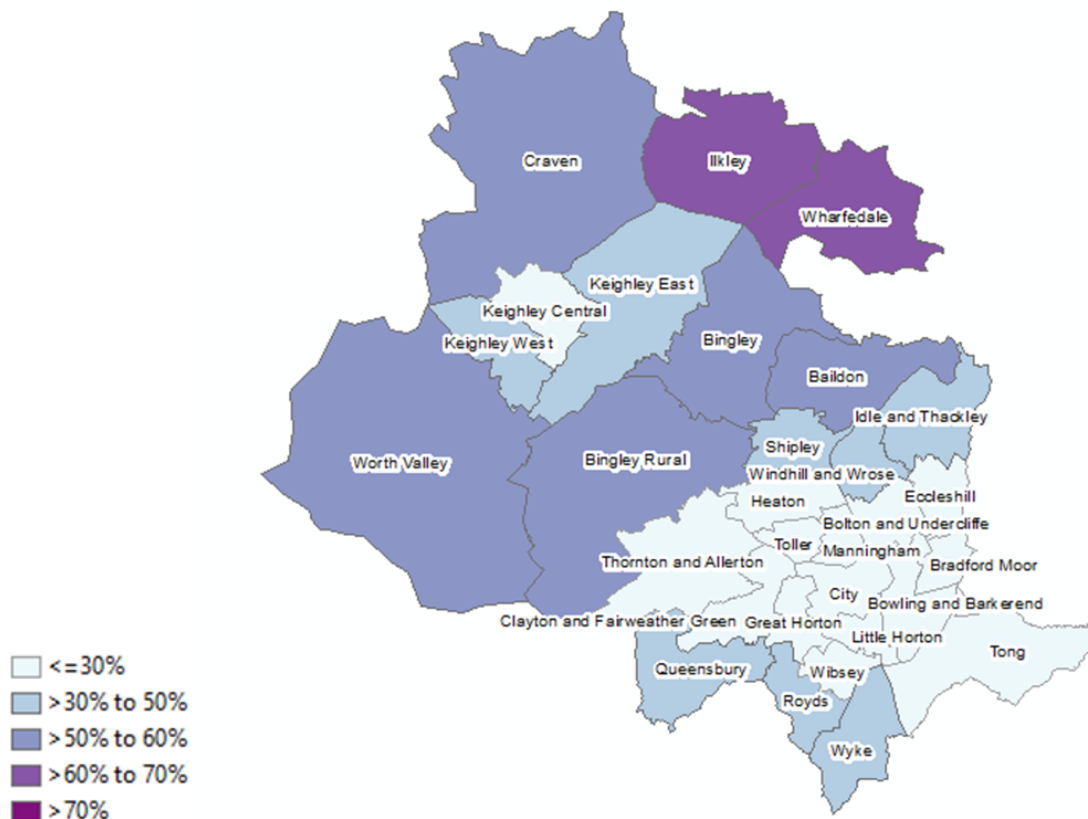
The COVID-19 vaccines and inequalities

- 3.11. As of 27 October 2022, over 93% of the population aged 12 and over in England had a first vaccination dose, 88% a second dose and 69% a booster or third dose. While vaccine uptake in the country has increased it remains lower amongst certain communities.
- 3.12. Nationally, those living in the most deprived areas, those whose first language is not English and some minority ethnic groups are more likely to not be fully

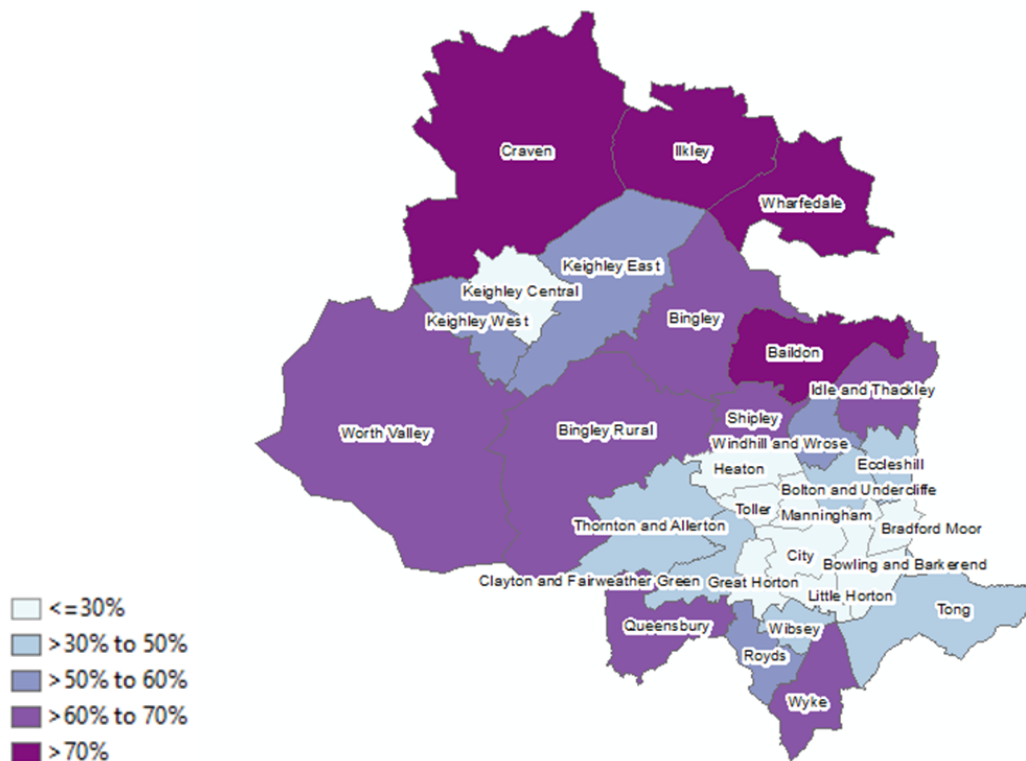
vaccinated. As of July 2022, booster uptake was lowest amongst Black and Pakistani adults (below 35%), adults living in the most deprived areas of England (53%, compared to 84% among those living in the least deprived areas) and younger age groups (39% among 18-24 year olds).

- 3.13. Vaccination coverage continues to be lower in Bradford district than the national average, with 75% of over 12 years old having received a first dose, 70% a second dose and 48% a booster or third dose by 27 October 2022.
- 3.14. The most deprived areas have also had the lowest vaccination rates so far. The maps below are based on data from 20 October 2022 which show uptake of a first vaccine dose (Map 1) and full vaccination (third dose and/or booster, Map 2) respectively. Of particular concern, less than 70% of the population has had a first dose of COVID-19 vaccine in some areas around Bradford City and in Keighley Central.

Map 1: COVID-19 vaccine coverage per ward - any vaccine (first dose or more)



Map 2: COVID-19 vaccine coverage per ward – fully vaccinated (3 doses/booster)



- 3.15. Encouraging vaccination amongst younger people – particularly those under the age of 30 years – has proven difficult at both the local and national level. Pregnant women are another group with very low COVID-19 vaccine uptake – until 20 October 2022, less than half (48.6%) were fully vaccinated (3 doses).

The flu vaccine

- 3.16. The problem of low vaccine uptake is a national issue and it is not limited to COVID-19. In recent years, there has been low uptake of the flu vaccine among specific groups like pregnant women, pre-school (2-3 years) children, and health and social care staff. This season the NHS is launching a joint national COVID-19 and flu communication campaign to maximise uptake of both vaccines and protect people from respiratory infections as a whole. Consistently, a joint COVID-19 and flu vaccination communications group has been constituted in the district.
- 3.17. Locally, uptake of the flu in the season 2021-2022 was good considering the circumstances, with a slight increase compared to the previous years among 65+, those at clinical high-risk, those aged 50-65 yrs. and carers. However, there were inequalities across wards, uptake was below the national average among pregnant women and pre-school children, and overall Bradford district had the lowest uptake in West Yorkshire.

- 3.18. The Flu Operations Group oversees implementation of the Multi-Agency Flu Plan for Bradford District and Craven. This plan outlines the local approach to maximise uptake of the Flu vaccine for the population. The Council's public health team has worked alongside Bradford District and Craven Health and Care Partnership to review the flu plan and prioritise actions for the flu season 2022-23. For the 2022-2023 season, the priority groups for targeted communications are pregnant women and pre-school children (2-3 years).
- 3.19. At the time of this report we are heading towards the midpoint of the flu season that this year runs between 1st September 2022 and 31st January 2023. More than half of residents aged 65 years and over as well as care home residents, have received their flu vaccinations. However only around 1 in 10 pregnant women and children aged 2 and 3 years old have been vaccinated against flu, so far.

The Living with COVID-19 local plan

- 3.20. The **objectives** of the Bradford local plan for living safely with COVID-19 are to:
- a) Ensure that updated, fit-for-purpose local outbreak management plans are in place
 - b) Ensure roles, responsibilities and governance on each aspect of the outbreak response are clear across the system, in particular management of outbreaks in partnership with the UKHSA.
 - c) Ensure the new local COVID-19 plan reflects cross-cutting considerations, such as socio-economic and health inequalities.
 - d) Work with communities to build confidence, long term community engagement and proactive messaging and help everyone live with the virus safely
 - e) To work closely with UKHSA locally and nationally to monitor the local position and manage outbreaks and any new variants of concern in line with national and local guidance.
 - f) Ensure adequate and proportionate contingency planning is in place to deal with a range of scenarios including the emergence of new VOCs, COVID-19 and Flu co-circulating, escalation of local outbreaks or increases in severe illness related to COVID-19
 - g) Move towards mainstream management of COVID-19 alongside other respiratory illnesses, in line with UKHSA guidance
 - h) Ensure uptake of all vaccinations is maximised in all communities and across all geographies including for COVID-19, Flu and childhood immunisations, providing intensive support and building confidence in those areas and social inclusion groups with low uptake

Communications and community engagement

- 3.21. Trusted communication is imperative to the success of reducing the transmission of COVID-19 in Bradford District. The Council's communications strategy has been driven by intelligence gathered through community engagement and by national and local communication materials.
- 3.22. Some principles that will continue to guide our communications strategy regarding COVID-19 and other respiratory infections are summarised below:
- a) Encourage residents to maintain safe behaviours such as 'hands, face, space, fresh air'
 - b) Humanise and normalise the vaccination process and ensure vaccine promotion is community-led
 - c) Engage trusted local figureheads and publicise their positive engagement with safe behaviours
 - d) Publicise the benefits of the vaccine amongst 'regular' residents e.g., protecting their loved ones, not missing out work or leisure
 - e) Whenever possible, coproduce messages with the target groups; ensure messages are owned by local organisations and community leaders
 - f) Leverage on existing research projects (e.g. Bradford Institute for Health Research) and community engagement activities (e.g. Neighbourhood Teams) to understand local needs and fears
- 3.25. We aim to continue working with community partners to develop accessible health messages that will ensure residents have the best chance of accessing the information they need to take effective action to stay safe. These messages must be culturally appropriate and easily understood for all the district's diverse population groups, and whenever possible coproduced with the targeted groups.

Surveillance

- 3.26. Our public health team will continue working closely with UKHSA to monitor COVID-19 cases, with emphasis on the following:
- A rise of COVID-19 related admissions in intensive care units
 - An increase in COVID-19 related hospitalisations
 - The emergence of new variant of concern driving increased rates
 - A rise in all-age all-cause mortality
- 3.27. The Council will meet all the priority areas outlined in the Living with COVID-19 national plan, to avoid further restrictions to social life. This will include monitoring vaccination coverage for both COVID-19 and flu and doing our part to make sure uptake of vaccines is as universal as possible.

Living safely with COVID-19: actions for individuals

- 3.28. There are still actions we can all take as individuals to help reduce the risk of catching respiratory infections like COVID-19 and passing it on to others. The following safe behaviours are still part of the national and local approach to prevent spread of respiratory infections including COVID-19 and should continue to be reinforced for the foreseeable future:
- a) **Get vaccinated:** the single most important protection measure against COVID-19 and flu.
 - b) **Practise good hygiene:** wash your hands, cover your coughs and sneezes, clean your surroundings frequently
 - c) **Consider wearing a face covering** in crowded and enclosed spaces where you meet people that you don't usually meet, or if you have any respiratory symptoms.
 - d) **Let fresh air in** if meeting others indoors, or meet outdoors
 - e) **Stay at home if you have symptoms** of a respiratory infection such as COVID-19 or flu, particularly if you have a high temperature or do not feel well.
- 3.29. The symptoms of COVID-19 and other respiratory infections are very similar. Whenever possible, adults with symptoms of a respiratory infection should stay at home for 5 days (3 days for children). In particular, they should avoid contact with people who have a high risk of becoming seriously ill if they get a respiratory infection.
- 3.30. Whenever people need to leave their home while they have symptoms of a respiratory infection, there are steps that can be taken to reduce the chance of passing on the viruses to others. People in this situation should be advised to wear a face covering, avoid crowded places such as public transport, take any exercise outdoors and practice good respiratory hygiene (cover mouth and nose, wash hands frequently etc.)

Living safely with COVID: actions for those responsible for public spaces

- 3.31 There are additional actions that employers, educational leads, health and social care managers and other responsible for community venues or any places where people gather together (e.g. places of worship and public spaces) can take to make those environments safer. These include:
- a) Promote vaccination to staff, clients and the public
 - b) Review ventilation to improve the amount of fresh air indoors and reinforce cleaning
 - c) Communications to raise awareness among staff, clients, and the public
 - d) Keep local risk assessments and outbreak management plans updated

- 3.32. Cold weather can increase the risk of many health conditions including respiratory infections like COVID-19 or flu. This risk is higher for people who are older, very young, or those who suffer from chronic conditions. Cold weather also affects more severely those in fuel poverty, and fuel poverty will increase this year due to the cost of living crisis and rise in energy prices.
- 3.33. To balance the need to keep indoor environments ventilated and warm while saving on energy costs, we recommend ventilating indoor spaces when they are already warm and opening a small window or vent intermittently for short periods throughout the day.

Testing

- 3.34. Most people are no longer advised to get tested for COVID-19 even if symptomatic. Tests are available to buy from pharmacies and some retailers. Routine asymptomatic testing in health and social care testing was also paused from 31 August 2022.
- 3.35. The following people are still eligible for free NHS COVID-19 tests **if they show symptoms**:
- People with a health condition which means they are eligible for COVID-19 treatments
 - People who are going into hospital for surgery or a procedure
 - Staff or patient/resident in NHS or adult social care settings
- 3.36. Specific operational guidance is available for those situations. Where symptomatic testing is recommended, this should be based on the current list of [symptoms of COVID-19 and other common respiratory infections](#), which is more comprehensive than the list used during the previous phases of the COVID-19 response.

Outbreak management

- 3.37. Public health have reviewed the joint work agreements with the UKHSA regional teams with clear responsibilities between agencies. The UKHSA Yorkshire and Humber Health Protection Team should be the first point of contact for reporting outbreaks in all settings including adult social care. They will log all information received, assess risks, and provide initial advice to the setting. The Council will retain an important role in responding to and monitoring outbreaks in care homes, where there is a high number of vulnerable or at risk individuals.
- 3.38. In most settings, including educational settings and workplaces, outbreaks of respiratory infections do not need to be routinely reported to public health authorities and they can generally be managed by following the recommendations

outlined below:

- a) ensuring that any individuals who are unwell do not attend the setting
- b) ensuring all eligible groups are supported to get vaccines against COVID-19 and flu
- c) ensuring occupied spaces are well ventilated and let fresh air in
- d) reinforcing good hygiene practices such as frequent cleaning and hand washing
- e) considering communications to raise awareness among clients, parents or carers about the outbreak or incident and to reinforce key safety messages
- f) checking the government website for the latest advice:
<https://www.gov.uk/coronavirus>

3.39. Support from the UKHSA Yorkshire and Humber Health Protection Team is available for COVID-19 outbreaks in the following high-risk settings:

- Care homes
- Care settings
- Places of detention
- Residential special needs units
- Refugee, asylum and homeless accommodation
- Special school, boarding school or high-priority special needs day care units (including residential).

3.40. For outbreaks in care homes and other Adult Social Care settings, following reporting to UKHSA, the council's Infection Prevention Control team will maintain regular contact with the setting to monitor cases and provide advice. They will liaise with UKHSA and other agencies if necessary. Measures to be taken to control outbreaks in care homes and other high-risk settings will usually include testing of other staff and residents, and may also include temporary reduction of activities, movement of staff, visiting or admissions.

3.41. There are situations where public health advice and additional measures may be needed even for low risk settings. The local HPT should be contacted for advice if there is concern and/or suspect of:

- a higher than previously experienced and/or rapidly increasing number of staff or student absences due to the same infection
- evidence of severe disease due to an infection, for example if someone is admitted to hospital
- more than one infection circulating in the same group, for example COVID-19 and flu

Maximising vaccine uptake

3.42. The Council's public health team will work with partners to maximise the opportunities for promoting the COVID-19 vaccine alongside flu and other

immunisations. This opportunistic co-promotion approach will be also promoted in multiagency forums where we have a seat, like the Health Protection Committee, Flu Operations Group, Bradford Immunisation Operations Group and WY Health Inequalities Vaccination Meeting.

- 3.43. Employers are in a unique position to support the uptake of COVID-19 and flu vaccines among staff. Helping to promote vaccination will help reduce workplace sickness and brings benefits for the local economy (e.g., lower risk of staff absences and protection to customers).
- 3.44. The [COVID-19 vaccination guide for employers](#) and the [employers' toolkit](#) contain suggestions and resources to help promote vaccination within the workforce, such as:
- Share information on the facts around vaccination
 - Show support for vaccination from senior leadership
 - Engage expert and community leaders
 - Being open with employees about what support the business provides to facilitate workforce vaccination
- 3.45. Bradford Council has their own scheme to promote flu vaccination among staff, a local enhanced influenza vaccination service which is commissioned by the Council (the “Flu Voucher Scheme”). This scheme extends the offer of a free flu vaccine to all CBMDC staff who would otherwise be ineligible for a free flu vaccine under the NHS scheme. For this flu season 2022-23, frontline VCS staff who are eligible for a COVID-19 vaccine will also be offered a flu voucher to obtain a flu vaccine for free.
- 3.46. Local research conducted with Bradford population groups to better understand [vaccine hesitancy](#) and the role of [misinformation](#) have provided useful insights on how to improve vaccine uptake among those groups. The following principles can be used to underpin local vaccination strategies:
- a) Frame messages positively and focus on the key motivations for the target individuals e.g., young people: protecting family and friends, getting life going again, avoiding restrictions
 - b) Challenge myths about vaccination using an evidence-based technique
 - c) Avoid stigma and blame by having messages for different groups but not focusing exclusively on them
 - d) Provide links to or signpost additional evidence-based accurate information about the vaccination to promote an informed choice
 - e) Produce culturally appropriate messages led by trusted role models, faith leaders, high profile vaccine champions aiming to dispel vaccine myths
 - f) Develop a grassroots network of COVID-19 leads to provide neighbourhood advice and support.

- g) Provide health, social and community workers with an updated summary of locally circulating misinformation with resources to help them counter concerns and provide informed reassurance

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1. Funding streams put in place specifically to support local response to COVID-19 have now ended, e.g., the Test and Trace Support Payment for individuals and the COVID-19 Additional Relief Fund (CARF) to businesses. Likewise, NHS free COVID-19 testing for the general public and asymptomatic testing in health and social care settings were paused.
- 4.2. As part of Bradford's local contingency planning for public health incidents, a Memorandum of Understanding was approved in 2022 which includes provision of funding up to 75k (split equally between the Council, the Health and Care Partnership and NHS) for local response to public health incidents and emergencies including COVID-19 outbreaks. The use of this funding is to be authorised by the Director of Public Health.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 5.1. The responsibility for delivering the Council's response to COVID-19 remains with the Director of Public Health (DPH), with support from the public health and environmental health teams and coordination from the Corporate Management Team. The Outbreak Control Board alongside the Health Protection Committee are the local forums for system assurance and coordination between agencies, and they are accountable to the Wellbeing Board.
- 5.2. If there is a temporary surge or a novel variant is detected locally, the DPH will evaluate the need to mobilise additional capacity as required from Environmental Health, Infection Prevention and Control as well as the Voluntary and Community Services, to flex the environmental health and public health teams temporarily for support, or to potentially mobilise contact tracers.
- 5.3. Bradford Council has [emergency response](#) and continuity plans in place for maintaining care services in the event of acute workforce supply challenges. An updated Memorandum of Understanding has been agreed in July 2022 outlining responsibilities for the Council, NHS and UKHSA and other partners in response to public health incidents emergencies, including emergency funding. In the event that the local authority is unable to cope, a request for further support could be made via the Local Resilience Forum (LRF).

6. LEGAL APPRAISAL

The Council has a number of widely expressed powers which enable it to act flexibly and innovatively at a time of crisis. In particular, the Localism Act 2011

enables the Council to do anything which it considers is likely to promote or achieve the economic, social or environmental well-being of the area. In exercising this power, the Council must take account of its continuity and emergency response plans, consider how the use of the power will contribute to the Council's economic, social or environmental objectives, and monitor any such response. This report monitors and reports on the pandemic and where the council are to date, including an options appraisal and looking forward.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

No implications

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

No impact

7.3 COMMUNITY SAFETY IMPLICATIONS

No implications

7.4 HUMAN RIGHTS ACT

No implications

7.5 TRADE UNION

No impact

7.6 WARD IMPLICATIONS

There will continue to be on-going review and reporting of COVID-19 infection rates across wards, including to the Outbreak Control Board, chaired by Councillor Ferriby.

7.7 AREA COMMITTEE ACTION PLAN IMPLICATIONS

(for reports to Area Committees only)

Not applicable

7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

No implications

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

No implications

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

- 9.1. We recommend that the strategic approach to COVID-19 and other respiratory infections moving forward should be based on the elements outlined in sections 3.20 to 3.46 of this report. This approach is in line with the national Living with COVID-19 plan and builds upon learning from the first two years of local response to the pandemic.
- 9.2. The described approach is the most proportionate response to the epidemiological situation. We will keep constant monitoring of any changes in the scenario of the pandemic that could demand an escalation of the Council's level of response.

10. RECOMMENDATIONS

- 10.1. The Committee is invited to note and comment on the report and to appreciate the options outlined in section 9.

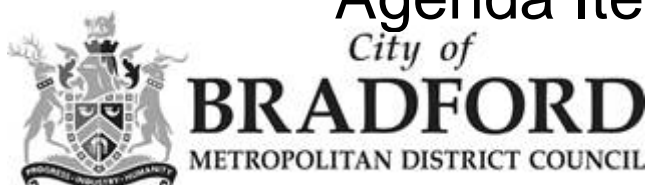
11. APPENDICES

- 11.1 The mentioned report does not contain confidential information that falls under Schedule 12A of the Local Government Act 1972.

12. BACKGROUND DOCUMENTS

- [Coronavirus \(COVID-19\) testing for adult social care services - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/coronavirus-covid-19-testing-for-adult-social-care-services)
- [Infection prevention and control in adult social care settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/infection-prevention-and-control-in-adult-social-care-settings)
- [COVID-19: managing healthcare staff with symptoms of a respiratory infection - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/covid-19-managing-healthcare-staff-with-symptoms-of-a-respiratory-infection)
- [Coronavirus \(COVID-19\) testing for adult social care services - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/coronavirus-covid-19-testing-for-adult-social-care-services)
- [Infection prevention and control in adult social care: COVID-19 supplement - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/infection-prevention-and-control-in-adult-social-care-covid-19-supplement)

- [COVID-19: testing during periods of low prevalence - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [COVID-19 testing in adult social care - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [COVID-19 testing in homelessness, domestic abuse refuge, respite room and asylum seeker accommodation settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [COVID-19 Response: Living with COVID-19 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [COVID-19 vaccination: guide for employers - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [The rollout of the COVID-19 vaccine programme in England - Public Accounts Committee \(parliament.uk\)](https://parliament.uk)
- [Living with Covid - What does 'Living with Covid' mean for Leeds? Report 150722](#)
- [National flu and COVID-19 surveillance reports published - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [Coronavirus \(COVID-19\) Infection Survey, UK - Office for National Statistics](https://www.gov.uk)
- [COVID-19: the future of UKHSA surveillance - UK Health Security Agency \(blog.gov.uk\)](https://blog.gov.uk)
- Bradford Council Local Outbreak Management Plan for COVID-19 and other respiratory infections April 2022 update (unpublished – previous version available [here](#))



Report of the Director of Legal and Governance to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 24 November 2022

O

Subject: HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2022/23

Summary statement:

This report presents the Committee's work programme 2022/23

Report Contact: Caroline Coombes
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Portfolio:

Healthy People and Places

1. **Summary**

- 1.1 This report presents the Committee's work programme 2022/23.

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).

3. **Report issues**

- 3.1 **Appendix A** of this report presents the work programme 2022/23. It lists issues and topics that have been identified for inclusion in the work programme and have been scheduled for consideration over coming year.
- 3.2. Best practice published by the Centre for Public Scrutiny suggests that 'work programming should be a continuous process'¹. It is important to regularly review work programmes so that important or urgent issues that come up during the year are able to be scrutinised. In addition, at a time of limited resources, it should also be possible to remove projects which have become less relevant or timely. For this reason, it is proposed that the Committee's work programme be regularly reviewed by Members throughout the municipal 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 2022/23 reflects the priority outcomes of the Council Plan, in particular, 'Better Health, Better Lives' and 'Living with Covid-19'². 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'.

6. **Recommendations**

- 6.1 That the Committee notes the information in **Appendix A** and considers any amendments or additions it may wish to make.
- 6.2 That the Work Programme 2022/23 continues to be regularly reviewed during the year.

¹ Hammond, E. (2011) *A cunning plan?* p. 8, London: Centre for Public Scrutiny

² Our Council Plan: Priorities and Principles 2021-25 <https://www.bradford.gov.uk/councilplan>

7. **Background documents**

None

8. **Not for publication documents**

None

9. **Appendices**

9.1 **Appendix A** – Health and Social Care Overview and Scrutiny Committee work programme 2022/23

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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, 15th December 2022 at City Hall, Bradford			
Chair's briefing 29/11/22. Report deadline 05/12/22			
1) Mental wellbeing	To include information on the reviews of IAPT and older people	Sasha Bhatt / Kris Farnell	Resolution of 16 Dec 21
2) Re-imagining day services	To include information on the co-production partnership and people with lived experience be invited to attend	Gareth Flemyng	Resolution of 18 Nov 21
3) Shipley Hospital	Update in advance of public consultation	Helen Farmer / Shak Rafiq	Last update on Shipley Hospital received 5 March 2020
Thursday, 19th January 2023 at City Hall, Bradford			
Chair's briefing 05/01/23. Report deadline 09/01/23			
1) Cap on care costs / changes to non-residential care charges	TBC	Jane Wood	Care Act 2014 allowed for a cap on care costs but implementation was postponed. Amended by the Health and Care Act 2022 and now expected to be implemented in 2023
2) Cancer	Outcomes of the lung cancer pilot programme and update on cancer waiting times target performance	Janet Hargreaves	Resolution of 4 July 2019 (postponed from April 2020)
Thursday, 16th February 2023 at City Hall, Bradford			
Chair's briefing 01/02/23. Report deadline 06/02/23			
1) Respiratory Health in Bradford District	Update	Public Health	Resolution of 22 November 2018 to have an update in 2 years
2) Safeguarding Adults Strategic Plan and Multi-Agency Safeguarding Hub	Update	TBC	Resolution of 6 September 2018
3) 0-19 Children's Public Health Services	Update on performance with Bradford District Care Trust	Contact: Liz Barry	Resolution of 23 June 2022

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda

Thursday, 23rd March 2023 at City Hall, Bradford
Chair's briefing 08/03/23. Report deadline 13/03/23

1) Adult Autism

Description

The Committee has resolved its expectation that 80% (256) of the projected number of assessments will have been delivered by March 2023. Report to also include a plan to ensure the sustainability and continued improvement of the service

Report

Walter O'Neill

Comments

Resolution of 17 March 22

2) Health & Wellbeing Commissioning Update
and Intentions - Adult Social Care 2023

Annual report

Contact: Holly Watson

Resolution of 17 March 22

3) ICS/ICB/ICP update

Placed-based Lead and Partnership
independent chair to be invited to attend

Contact: James Drury