

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 19 January 2023 in Council Chamber - City Hall, Bradford

Commenced 1635
Concluded 1855

Present – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT	GREEN
Godwin Humphreys Jamil Wood	Coates Glentworth	Griffiths	Whitaker

VOTING CO-OPTED MEMBERS:

Susan Crowe – Bradford and Craven Co-Production Partnership

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

Observers: Councillor Ferriby, Healthy People and Place Portfolio Holder

Apologies: Helen Rushworth, Co-opted member

COUNCILLOR JAMIL IN THE CHAIR

23. DISCLOSURES OF INTEREST

No disclosures of interest in matters under consideration were received.

24. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

25. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

There were no recommendations referred to the Committee.

26. CANCER SERVICES AND PERFORMANCE

The report of the Chief Operating Officers, Bradford District and Craven Health and Care Partnership (**Document “T”**) provided an update on performance against the key cancer standards and actions being taken to improve performance as a follow on from the last report brought in 2019. This paper also included an update on the early phase pilot of the Tackling lung cancer pilot and the subsequent Targeted Lung Health Check Programme.

Representatives from the Bradford District and Craven Health and Care Partnership were present and at the invitation of the Chair, gave a synopsis of the report, that during Covid, cancer services remained a priority for the NHS and our colleagues worked to maintain services throughout and post the pandemic. As seen across all health and care services and health and care systems - regionally and nationally - Covid had presented major challenges in meeting performance targets. One of the most significant impacts was a sharp reduction in the number of people coming forward and being referred urgently with suspected cancer and referred from cancer screening programmes, the latter of which were suspended at the height of the pandemic.

Preceding the introduction, a PowerPoint presentation titled “Cancer Services and Performance” was presented to the committee that covered the following subject areas:

- Lung Cancer Pilot
- Targeted Lung Health Check Programme
- National Cancer Standards
- Cancer Screening Uptake
- Cancer Screening Initiatives
- Covid-19 and our recovery (cancer specific)
- *BTHFT 2 week wait performance
- **AFT 28 day Faster Diagnosis Standard
- **AFT 62 day first treatment

** Bradford Teaching Hospitals NHS Foundation Trust*

*** Airedale NHS Foundation Trust*

A question and answer session ensued:

- What were the reasons behind the contents within this report being identical to one presented to the committee a few years ago and had there been a slow progression in services?
 - The consequences of Covid had a detrimental impact on moving forward with many projects and services within the health service;
 - A number of service areas had only now begun to accelerate to the extent of meeting full potential;
- For the purpose of improving health inequalities, how was cancer awareness being addressed?
 - It was about identifying the right triage and amongst many, pharmacies located in highly populated areas were playing a significant role with the means of a direct hotline to Hospitals;
- Had the service experienced people not wishing to attend referrals?

- Yes, there was a percentage of people who were reluctant to attend screening;
- Was there any focus being invested in the universal human papillomavirus (HPV) immunisation programme, as this was a vaccine that had the potential to eradicate cervical cancer?
 - Despite difficulty in engaging with young people, the team was focused on engagement work directly in communities and via social media;
- Was screening for cervical cancer a cost effective programme?
 - This was an absolute essential service for the reasons that the uptake of cancer screening services and diagnosing cancers early achieved better outcomes and quality of life for patients;
- It was concerning to establish that in the region of only 50% of people were responding to cancer screening. Was there anything that Councillors could do in their respective wards to assist the service?
 - Any form of assistance would be helpful especially in communities that may possess language barriers; and,
- Had the service looked into gaining assistance from community champions and groups to assist in engagement work?
 - This was an area that would be looked into.

During the discussion, made known that due to a change in services, many patients were unable to visit their GP without being interviewed by the surgery staff and, in some occasions, people were unable to communicate their medical issues correctly due to language barriers and this may result in people not being eligible to be seen by a GP.

A further comment was made that it would be a difficult task for patients with mental health issues not being able to explain their medical concerns effectively and therefore without physical health checks, it was possible that individual needs may be overlooked due to work pressures, pressure on existing resources, staff shortages and therefore patients being discharged from hospital care. In order to improve this area, it was paramount that the operational aspect of discharging patients be visited.

The Chair concluded the discussion of the item by stating that if there was a pressure on services, then maybe the option of extending services to the weekend in order to meet the demand could be taken into consideration.

Resolved: -

- (1) That the current outcomes of the targeted lung cancer health check project be welcomed; and,**
- (2) That a further update be presented in 18 months' time to include information on:**
 - a. the full roll out of the lung cancer health check project;**
 - b. the uptake of the HPV vaccine; and**
 - c. that where possible, data be presented for different groups and areas of the Bradford District.**

27. CONSULTATION ON PROPOSED CHANGES TO ADULT SOCIAL CARE NON-RESIDENTIAL CHARGES

The report of the Strategic Director, Health and Wellbeing (**Document “U”**) sought the committee’s comments on a consultation on proposed changes to Adult Social Care non-residential charges with effect from 1 April 2023. These proposed changes were in addition to the annual inflation uplift applied to charges from April each year.

The Strategic Director was in attendance and with the invitation of the Chair, gave a narration on the contents contained in the report. He explained that this was a targeted consultation with people identified as being directly impacted. There were currently 504 people who used social care services who had been financially assessed as having the means to pay for the full cost of their care. In addition, the consultation would also contact people identified by our operational social work teams as likely to be entering the service in the coming months. If consultation is approved, the data would be re-run as at 30 November 2022 to identify any changes to ensure only those impacted were included in the consultation.

The changes were part of the preparatory work for the Government’s adult social care charging reforms, albeit the Government announced these reforms would be delayed to October 2025 in the Chancellor’s autumn statement.

A question and answer session ensued:

- Where was the capacity to give advice and welfare as Bradford struggled at present?
 - Capacity had been produced to communicate information sharing with community groups in regards to the changes to be shared with community organisations who provided welfare advice support;
- In terms of costs, what if people struggled to pay?
 - The government allowed discount schemes;
- What would be the quality of access to the new reforms?
 - Further to information from the government, this was would be based on social and financial aspects;
- What was the reason behind the increase of patients?
 - It was a target consultation exercise that involved engagement through various means; and,
- Why were some people that needed help not picked up in the process previously?
 - It was possible that many people may not have been able to afford the costs associated with non-residential support and therefore dropped out of the system. However, in regards to current times, if people stated that they were unable to afford services then an officer would visit the person and undertake an assessment to establish whether their payments could be subsidised.

Resolved:-

That the report be noted and that the remarks of the Committee be reported back to the Executive when making a decision on this issue at its meeting in February 2023.

Action: Strategic Director, Health and Wellbeing

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

The report of the Director of Legal and Governance (**Document “V”**) presented the Committee’s work programme 2022/23.

No resolution was passed on this item

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