Bradford District Assembly
the voluntary and community sector together

Forum/Assembly Representative Feedback Report

Please provide a **brief** summary of meetings you have attended on behalf of the Bradford District Assembly/VCSForum. This report will be used to inform the Assembly Steering Group/Forum that you represent. The information contained within it will be posted on the Bradford District Assembly website www.bradfordassembly.org.uk . If you wish to report on something confidential, please **mark this clearly.**

Name of Representative	**SUE CROWE**
E mail / contact details	**susan.crowe@btm.org.uk**
Title of the board / group you sit on	**Health Social Care Overview and Scrutiny Committee** on behalf of Strategic Disability Partnership
Date the meetings took place	1st August 2019 26th September 2019
Date of next meeting	24th October 2019
Did you receive the meeting papers in time to have a pre-meeting?	**YES**

1. **What was the purpose of the meeting? To scrutinise Health and Social Care Portfolio reports**
2. **Main areas of discussion (bullet points).** *I need to say that bullet points when trying to convey the work of Scrutiny would render the information sterile and would not really tell you what has been happening and concerns you may, as members of the HWB Forum of the Alliance, want to raise. If you think this report is not useful, I will not take offence and will discontinue.*

Meeting of the 1st August 2019

First was the procedural item of being co-opted

CO-OPTION OF MEMBERS TO THE HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE Under Article 6 of Part 2 of the Constitution the Committee may make a recommendation to Council for the co-option of non-voting members to the Committee. The Committee was asked to recommend the appointment of the following nonvoting co-opted member: Susan Crowe - Bradford District Assembly Health and Wellbeing Forum Resolved – That it be recommended to Council that the following non-voting co-opted member be appointed to the Health and Social Care Overview and Scrutiny Committee for the 2019/20

Municipal Year: **Susan Crowe - Bradford District Assembly Health and Wellbeing Forum**
ACTION: City Solicitor

Items on the Agenda

1. **Shipley Hospital**
2. **Procurement Of Disabled Facilities Adaptation Framework**
3. **Update On Health And Wellbeing Savings Programme 2019-20**

1) SHIPLEY HOSPITAL

The Chief Finance Officer/Deputy Chief Executive (Bradford and Craven Clinical Commissioning Groups) presented an outline of the **proposal to close Shipley Hospital**. The summary to the report explained that the hospital currently accommodated radiology, physiotherapy and general surgery outpatient clinics that were run and managed by Bradford Teaching Hospitals NHS Foundation Trust; a small number of older people's mental health services managed by Bradford District Care NHS Foundation Trust and a voluntary sector service. Following a request by BTHFT to relocate Radiology services to St Luke's Hospital, the CCGs and the Trust had worked with NHS Property Services to review the current utilisation of the site. It was explained that this would be subject to further engagement and consultation with the public.

A visit to the hospital had been arranged for Members and other interested parties on Monday 29 July 2019 and, for the benefit of those that had not been able to attend that visit, the report detailed the location, organisation and current condition of the building. An additional paper was tabled which mapped the locations of patients using the physiotherapy and radiology services and revealed that the majority of users were 15 from the BD18 area. The paper also reported that residents of the postcode areas of BD17; BD10; BD12; BD16 and BD9 were also accessing the services. The relocation of services currently provided at Shipley Hospital had been considered and alternative provision proposals were outlined in Document "C". It was explained that to better utilise radiographic resource to support demand the radiology service could relocate to St Luke's Hospital. The move would increase capacity and ensure that the Trust could provide a resilient and timely x-ray service for patients across the District. Provision of outpatient physiotherapy services from a variety of GP practices and community based sites at Westcliffe and Windhill Medical Centres was reported. It was proposed that Bradford Bereavement Support and memory assessment clinics run from Shipley Hospital would be relocated to a local GP practice.

A general surgery colorectal outpatient clinic would relocate to St Luke's Hospital in order to better utilise staffing resource. Those who had attended the visit to the hospital expressed grave concerns that the condition of the building had been allowed to deteriorate to such an extent. They reported that in the upper floors of the building water from the leaking roof was running down the walls; the ceilings were collapsing; flooding water was beginning to impact the physiotherapy area on lower floors and toilets had been filled. It was agreed by all who had visited that the building was not fit for use.

It was suggested that the building had deliberately been allowed to deteriorate to justify its closure and to centralise provision. The rationale for the proposal to close and dispose of the hospital, as stated in Document "C" was reiterated and included; better

utilisation of the radiographic resource to support demand; the patient environment not meeting expectations and to prevent costs of maintaining void space for which no tenant could be found. It was acknowledged that the building was in a poor state of repair but it was stated that void areas were maintained although not to the same standard as the clinical areas. A refurbishment scheme costing £130,000 had been conducted in 2013 and more recently £10,000 to £12,000 had been spent on maintenance to the roof. Efforts were being made to maintain the building but over time more money was required. A Ward Councillor addressed the meeting and echoed the views expressed about the condition of the building. He reported that he had visited the facility approximately 12 years previously and that the building was in a poor state of repair at that time. He explained that the building had been gifted by a Member of Parliament to the people of Shipley and questioned if the building had a covenant attached. He was advised that the NHS Transaction Team had looked into the legalities of any sale and it was agreed that this would be checked further.

The difficulties which could be experienced by elderly patients being denied local services were expressed. Officers were urged to reconsider the proposals to ensure patients did not have to incur the difficulties and expense of travelling across the city and to ensure they had access to much needed services more locally. In conclusion the Chair referred to the sentiments of all Members who had felt that the facility had been intentionally run down. She urged the presenting officers to liaise with Ward Councillors and to keep the Committee informed on progress.

Resolved – 1. That the Chief Finance Officer/Deputy Chief Executive of the Clinical Commissioning Groups be requested to provide a report on the consultation process and findings on proposed closure of Shipley hospital including details of travel planning to alternative provision. 2. That a report be provided on the local NHS Estates Strategy and the strategy for peripheral services before the end of the current municipal year. 3. That NHS Property Services be requested to take into account the comment of the Committee that should disposal of the Shipley Hospital site go ahead that every consideration be given to the provision of life time homes or extra care housing. 4. That the Chief Nurse, Bradford Teaching Hospitals Foundation Trust, be requested to bring further information on the capacity at St Luke's Hospital and long term for the provision of radiology services.

2) PROCUREMENT OF DISABLED FACILITIES ADAPTATION FRAMEWORK

The report of the Strategic Director, Place advised members of the forthcoming procurement of a framework agreement with a value in excess of £2 million.

Document "D" revealed that Bradford Council's Adaptation Team (Housing Service) within the Department of Place currently utilised a framework agreement for the delivery of major disabled adaptation works. The current framework agreement had been in place since 1 April 2016 and was due to expire on 31 March 2020. Procurement of a replacement framework was required to ensure the delivery of adaptations and to comply with EU procurement Legislation and Contract Standing Orders. For the benefit of new Members to the Committee the Chair explained that contracts for a value over £2 million must be considered by the relevant Overview and Scrutiny Committee. It was expected that the value of the contract Document "D" contained three options and corresponding benefits and disadvantages of each were reported.

A Member expressed a view that the options appeared one sided and the way in which those options had been selected was not clear. For clarity it was explained that the framework option was utilised to ensure that there was the capacity for the work to be

undertaken should individual contractors, for whatever reason, be unable to fulfil their obligations and to ensure that one contractor would not have a monopoly and dictate price. Batch tendering had been undertaken in the past but did not provide as many advantages because small contractors could incur delays through lack of capacity, staff sickness or other issues. Experience had found that having larger firms on the framework meant that the Council was more able to respond quickly and having additional contractors on the "reserve" list meant that these could be drawn upon should unfortunate incidents, such as contractors going into administration, occur. Members questioned the calculations contained in the report with the number of completed DFGs appearing to be above the available budget. It was suggested that a breakdown of the budget spend would have been useful.

In response it was explained that once a DFG was approved a client legally had 12 months for work to be delivered so there was a level of financial commitment held in the budget at all times. Members were also advised that if a client used their own contractor it would not be fair to delay payment until all works were completed so the works were inspected periodically and payments made in stages. The time taken from an initial enquiry to works being completed was queried. It was explained that all cases varied significantly. For most cases there was a wait of approximately one month to have a housing inspection. If cases were not complicated it could take less than there months to get to the contractor stage. Complicated technical schemes could take considerably longer.

A Member referred to delays of six months from referral to Occupational Health inspection. It was suggested that the Adaptations Team and Occupational Therapist should work together as the two departments were located in the same building. In response it was explained that the two teams did have good working relationships and worked very closely but were governed by separate legislation. Customer satisfaction levels which were detailed in the report were discussed and it was questioned why the number of customers who would recommend the service was not revealed.

It was agreed that the data would be investigated and Members advised of those statistics. Based on the statistics which were contained in the report Members raised concerns that 100 of the 500 applicants in the coming year would not be satisfied with the work or quality. The consideration given to quality and price in the tender process was questioned. The assessment ratio had been changed from 60/40 to ensure prices were competitive. Members were advised that the statistics for satisfaction were often affected by the clients' preferred scheme not being the measures recommended by the Occupational Therapist as opposed to the quality of work or prices charged. Assurances were provided that contracts were performance managed at all times and schemes were visited at least twice per week whilst work was on going. Unacceptable workmanship, quality or behaviour would be picked up at that time. Work would not be signed off if it did not meet the required standards. 19 A Member referred to a consultation undertaken by Foundations into the DFG and proposals that it be extended to include smart equipment. It was explained that the regulations were still with the Government and until they were incorporated into policy there was very little that the service could do. The potential for landlords to block adaptations for their tenants was discussed and it was explained that anyone could apply for DFG but if in rented accommodation landlords must give consent for the work to be done.

Members were assured that, in reality, very few landlords refused. In response to suggestions that landlords be tied into a ten year lease following adaptations it was explained that the service did not have the authority to request that commitment. It was explained that clients did sign to confirm their intention to remain in adapted properties

for five years. In response to questions about adaptations in social housing it was confirmed that Incommunities had their own budget for adaptations and work was carried out in those properties. The measures undertaken could sometimes devalue the properties but it was confirmed that Incommunities did try to meet the needs of its tenants.

Benchmarking with other authorities was queried and it was reported that regular meetings were held, however, different procurement methods were utilised to gain the best value for money in each area. A Member referred to the growing number of people living with disabilities and the need to provide suitable accommodation for those residents. She reported a scheme being considered to purchase ex Council houses with large garden plots which could be extended to provide independent living. It was agreed that the issues raised could be discussed at a meeting scheduled later in the year discussing older people's accommodation.

Resolved – That the report be noted.

ACTION: Strategic Director, Place

3) UPDATE ON HEALTH AND WELLBEING SAVINGS PROGRAMME 2019-20

The report of the Strategic Director, Health and Wellbeing, provided information on the achievement of the savings in the Department of Health and Wellbeing as at the end of quarter one 2019.

The Director, Health & Wellbeing reported that savings were being achieved by doing the right thing for people and would take time to embed. It was explained that, nationally, it was recognised that Social Care had been underfunded for a considerable time.

Increasing numbers of residents were living with disabilities but the funding was reducing. It was known that not supporting residents would drive people into crisis so the service was working with more people at an earlier stage to delay the need for high end support. Those measures would also increase the capacity to manage demand for people with higher needs.

Hospital discharge figures evidenced that those measures were effective. Examples cited included reports of one resident with learning disabilities who had been placed in supported living, with 24 hour support, 10 years previously. He was now supported to live in his own home. Those measures were providing savings to the service, but more importantly, giving him the independence he had always wanted. A person with memory problems had received costly home care visits to remind him to take essential medication. That resident now has a watch which reminds him when he should take his treatment. It was reported that the Authority was now the 5th best nationally against delayed hospital discharges. Repeat visits to hospital after 91 days were also reducing and helped the service confirm that the measures where having the correct impact. Reductions in young people going into residential care were also reported and it was explained that only two admissions had been made during the year. Investments had been made with NHS England to provide new units for supported living and it was explained that the Bronte development should be up and running within the next couple of months. Members were assured that Issues with quality of care were reducing as work had been undertaken with providers to ensure that a better quality of care was provided. Investment had been made in Home Care Services with separate payments for travel time and the cessation of 15 minute visits.

Members questioned the payments for travel and were advised that the service paid, at an over base rate, for 30 minute visits. Those payments included compensation for travel time and the 30 minute visits were not compromised through travel. It was acknowledged that the winter months would incur additional costs but Members were advised that the service would end the year in a better financial position than in previous years.

Whilst supporting the actions to prevent too much intervention being undertaken too soon the assessments to ensure people's requirements were being met were queried.

It was explained that a previous document had been amended to take a proportionate approach. Initiatives to allow people to remain in their home included a £200 grant which could be approved in a timely fashion to address factors which could have resulted in home care being required. An example of a person with a twin tub washing machine which they found difficult to use was discussed. That resident had been given a grant to allow the purchase of an automatic washing machine which prevented them requiring home care.

The budget proposals included the reduction from seven to four operational air quality management stations. In response to discussions it was agreed to send out a link to the Council's consultation on air 21 quality.

A co-opted Member referred to The Big Conversation work involving 600 people with autism / learning difficulties which had found that they did not want carers but wanted other help to allow them to live independently.

That Member expressed concern about budget proposals to change the way the Council and its partners delivered customer facing services, focussing on customers getting the right support at the right time. She was worried about welfare advice moving to an on line platform and the removal of face to face support. The Strategic Director explained that information and advice services had challenging budget targets but no decision had yet been made on the provision of those services. It was acknowledged that not all people could access on line services and a mix of provision was required. A model was being tested and work was being undertaken with the corporate customer services centre on best practice. Concerns had been recognised and work was being conducted with providers.

A Member suggested that the amount of support for those services had only recently been allocated to that Welfare Advice and Customer Transformation and she questioned how budget cuts would now be managed. In response Members were advised that the topic would be the subject of a future report to the Committee. In response to concerns regarding the Substance Misuse Service it was reported that a supervised medication service would continue but instead of having many small contracts there would be a partnership with only one contract and people would be supported holistically.

A Member questioned if autism was a learning disability or categorised as a mental heath issue and he was advised that some autism was associated with learning difficulties; some with mental health and some with neither condition. The referral service would provide diagnoses and the Department of Health & Wellbeing was responsible for after diagnosis care and support. A future report was being provided at the next scheduled meeting on the assessment process.

Members raised concern that research had suggested that demand for services by people with limited ability to pay was increasing. The health hazards of isolation and

findings that loneliness was as detrimental to peoples' health as smoking 15 cigarettes a day were discussed. Members related examples of visits to their constituents who had no contact with other people for considerable lengths of time. It was felt that the impact of keeping elderly people in their own homes would increase loneliness. The Director of Public Health provided assurances that the detrimental effects of social isolation were being considered.

A Member raised the impact of the Council's Playing Pitch Strategy and reported that 12.4% of residents used outdoor space for exercise. She was concerned that public health policies were relying on people getting more exercise and keeping healthy whilst the Playing Pitch Strategy was reducing important recreation spaces. The reduction of spaces in her ward for investment in other areas was detrimental to people who may not be able to afford facilities such as sports centres and pools and relied on playing fields for play and recreation. She 22 implored the Strategic Director to challenge that strategy to prevent outdoor space being taken out of communities. The Strategic Director acknowledged the benefits of physical activity and reported that the strategy provided investment in additional sports facilities.

The Portfolio Holder with responsibility for Healthy People and Places addressed the meeting and explained that the Council's Public Health Department and the Department of Place were working to encourage people to be healthy and active using the spaces available but stressed they must be good places. Living well and encouraging older people to stay active may not necessarily include recreation grounds. Revenue raised from the sale of assets would be invested across the district.

Resolved – That the report be noted.

ACTION: Strategic Director, Health & Wellbeing

Meeting of 26TH September

AGENDA ITEMS INCLUDED

1) Health and Wellbeing Commissioning Strategy and Intentions – Adult Social Care
2) Acute provider Collaboration Airedale NHS Foundation and Bradford Teaching Hospitals NHS Foundation Trust
3) CCG Inspection and Bradford District Care Trust NHS Foundation Response
4) North Yorkshire and West Yorkshire Mandatory Joint Health Overview and Scrutiny (Vascular Services) Terms of Reference
5) Additions to work programme

Item 1: Health and Wellbeing Commissioning Strategy and Intentions – Adult Social Care

The Strategy Document and the proposals moving forward are lengthy but are available in full on the Scrutiny Committee website.

https://bradford.moderngov.co.uk/ieListDocuments.aspx?CId=145&MId=7195&Ver=4

The item was presented by Jane Wood and her officers.

The Focus was on the commissioning intentions for the next 2 years

- Early Intervention and prevention
- Personalisation, choice and control
- Accommodation and support services
- Contract Management and financial administration
- Market Shaping facilitation and sustainability

The second part of the report related to the £2m standing order requirement to go out to tender for key streams of commissioning work

Officers presentations covered the following:

- Carers
- Coproduction with people we support in supported living
- Early Intervention & Prevention
- Quality in Residential services
- Ian Westlake, Head of Procurement spoke about adopting a more flexible approach through the Light Touch Regime for Health, Social, Education and certain other Service Contracts

Officers emphasised they wanted to co-produce solutions working in partnership with the CCG's and VCS.

They wanted to 'do the right thing in the right way at the right time'

They expressed a clear dedication to commissioning services and support that would be fit for purpose. They cited the example of the co-production with Carers that Strategy was done with carers' engagement and input. A second example was Supported Living service users were involved in the choosing of providers they also contributed, what was key to the, the need for dignity and respect and who they would like to live with and where they would like to live.

Julie Robinson Joyce spoke about Early Intervention and Prevention.

Julie said there had been a clear change in approach, for e.g. they had funded Age UK to undertake a series of workshops and meetings with older people to ask 'what makes a good life'

Several great things had already happened, a swimming group, luncheon club and a series of events at the light cinema. These groups especially the first two were now self-sustaining.

Age UK Bradford was also holding a launch event with a range of partners for Positive Ageing Partnership on the 1st October at the venue next to the Illusions Gallery.

Deborah Green spoke of the 'light touch contracting', which was on the increase across the country. In our district, as part of the initiative to promote choice and control, it was working well, CQC were working with them as was NICE supporting them moving forward. Co-design and co-production of services and opportunities was working well. As part of the commissioning process they are considering social value before the procurement starts. This

includes whether the services they are commissioning could improve social, environmental and economic wellbeing of the area.

Julie Robinson Joyce explained that 'Re-imagining days' was going well, and it will create a new framework.

Kerry James gave the background to traditional procurement with open tender contracts resulting in block contracts and framework contracts

Several things need to come together:

First phase of ISF is being trailed with Home Support – locality contract.

The wider ISF (Individual Service Fund) roll out is a bigger challenge including how we buy and share services.

The mechanics are being worked through. There are some issues to be resolved around procurement regulations and they clash with the principles and values on due process. We need to unpick these arrangements. The department was very clear that user led organisations are the way forward.

Timing is important and they want to ensure inclusivity with sensory loss, physical disability and mental health service users who may use the market place with an ISF are confident in the new way of working.

Bev Maybury explained that they wanted to ensure that this was in place in the next few months in line with other evidence they had collected that people wanted choice and control.

She then gave the background explaining that when someone was assessed under the Care Act as having an eligible need they are given a broad figure for their care. This can be used in several ways, through a social care managed budget, an ISF or a direct payment.

If people have more than £23,500 in savings then they are what is called self-funders but they still receive an assessment and support plan.

Bev Maybury also explained that there were now further opportunities for supported employment and the possibility in line with recent evidence that people could undertake apprenticeships or try out a work scheme such as the one supported at the ~~BT~~HFT Project Search.

On behalf of the HWB Forum of the Assembly I asked several questions:

1. If more personalised and flexible options are to be available to people and you move away from the big block contracts that exist at the moment as you say at (5.3.3) How and when will you implement this way of working you as you have cited in your report (3.5, and 4.4.3) so that more personalised and focussed offers can be made?
   REPLY
   The team extended the reply already given that they were still at the first stage trailing ISF with Home support. Kerry James said there aim was to roll out and make the offer to all people with an assessed budget by the end of the year or early 2020. I asked for reassurance that people would have enough information they could understand and support to make a choice. I was assured this would be in place.

2. We know that this is what disabled people, especially those with learning disabilities, are asking for; person centred support; with their choices and involvement at the centre of any offer. In fact in many cases they want to take control and organise their own activities with their budgets
   Can you make this happen (cited 5.2 Choice and Control)
   REPLY
   Bev Maybury said that this was indeed their goal that people would be able to build their own choice of day opportunities around the budget.

3. When will ISF be available to people across the district and will people with learning disabilities be able to use their budget for the things they have been asking for that are different to some current day services?
   When will the engagement with the voluntary sector around the management offer of ISF's move forward, there is concern that has halted at the moment
   REPLY
   The team said they were aware that ISF had been mentioned and looked at over a year ago and that progress was not perhaps as fast as some people would like but that it was important that it was robust and clear once in place. Kerry added that they hoped it would be in place across all offers by the end of this year and if not early 2020

4. Is the council going to lead the way offering employment opportunities to people with learning disabilities? If you are, timescales please
   REPLY
   A detailed discussion took place of the options that might be available to people from apprenticeships to placements and work experience. The overall message was that indeed, as expressed by many people who held care packages, they wanted to enable people to experience work and get jobs.

5. People have told the Big Conversation that they want more flexible access to single tenancies and flexible support that they choose when and how. The Assembly, Alliance and VCS would strongly like to make to make an offer to facilitate this. How will the council introduce this?

   REPLY
   Bev replied saying that this was an option they wanted to offer to people in response to their requests and they would welcome support and input from the VCS

Item 8: Acute provider Collaboration Airedale NHS Foundation and Bradford Teaching Hospitals NHS Foundation Trust

This item presented by Stacy Hunter, Rebecca Malin.

2 Acute Hospitals Airedale and BTHFT

Stacy explained that what is behind this is to provide the public with a high quality service whilst ensuring expedient expenditure.

27 specialities are being linked together, full details available in the meeting reports **Item 8**

https://bradford.moderngov.co.uk/ieListDocuments.aspx?CId=145&MId=7195&Ver=4

Stacy emphasised that this was a real step change and the relationship with other secondary care needed to be clear.

There were areas of collaboration already around Paediatrics and Obstetrics

The consultation had raised issues which needed to be ironed out for example the IT Airedale Hospital and the local GP Practices use the same system and share records, Bradford Royal Infirmary and GP Practices locally do not.

A member asked how much the consultation was costing and the figure given was £900,000

The members of the committee asked various questions

Why were the hospitals not merging?

Because the planning group had looked at other services across the country going through similar processes and they had also not seen merger as a way forward.

A comment was made that this doesn't stop people worrying that their jobs will go or they will be made redundant, an example was given of someone working in maternity.

When the consultation is finished it will come back to HSCOSC

Item 9: CCG Inspection and Bradford District Care Trust NHS Foundation Response

Brent Kilmurray BDCFT presented on this item which was the outcome from the latest CQC inspection

There had been enforcement action taken against the Trust who had received a Section 29a Warning Notice in March 2019 about the quality of care provided for the Assessment and Treatment of persons detained under the Mental Health Act.

The Trusts status also remains the same with regard to previous inspection of 'Requires Improvement'

This report is lengthy but can be seen at the link previously posted in this report under Section I Agenda Item 9

There were several members of the committee who asked, why when previous criticism had been to deem some services 'inadequate' the many issues had not been immediately addressed.

Mr Kilmurray said that over 100 staff had been brought together to address the serious concerns.

Another member asked why when many of the points raised previously were here again that these had not been addressed first. It was staggering that staff did not have in place a Ligature Plan and did not have an adequate Assessment tool. There was also still no assessment on entering the ward; also why were there no correct alarms as raised by the CQC at their previous visit.

A member with experience as a Ward Manager in a Mental Health Facility said he found it unbelievable that there was systemic failure across the system. This was wholly unacceptable, the committee agreed.

Mr Kilmurray said they were doing their best to move speedily to correct issues.

A member asked why there was only a business case for the alarms and that they had not just implemented the safety features.

Mr Kilmurray said they would be installed by February/March next year.

He said that 'say so' groups of inpatients had been introduced to give in-patients opportunities to share their experiences and views on how to improve the ward environment.

A new system of recording staff supervision was being piloted.

The two final items were the Work Plan and a procedural item.

Remember – A Scrutiny Committee discusses actions taken and those that are going to be taken. They can make recommendations but they cannot make decisions.

3. **Are you involved in any additional areas of work or meetings as a result of your attendance?**

   Further engagement on Autism Spectrum Conditions coming back to Scrutiny 24th October

4. **Have you any other comments or observations?**

This is an extremely interesting and informative committee. I feel that the contributions from all the non-officer, voluntary sector reps is valued and appreciated.

KEY ISSUES for HWB FORUM from these meetings

- Infrastructure review and effects on services and engagement
- Autism Assessments and Waiting Lists
- Carers Services and Support
- Integrating services and reducing duplication
- Happy Healthy and at Home
- Changes to Day Opportunities

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