

Forum/Assembly Representative Feedback Report

Please provide a **brief** summary of meetings you have attended on behalf of the Bradford District Assembly/VCS Forum. 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	24 th October 2019 28 th November 2019 16 th December 2019
Date of next meeting	30th January 2020
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 24th October 2019 Items on the Agenda

1. ASSESSMENT AND DIAGNOSIS OF AUTISM IN ADULTS

CURRENT SITUATION

Peer review and support was requested by the service. Leeds and York Partnership Foundation Trust (LYPFT) autism service has been through a service improvement initiative to streamline their pathway, ensure robust triage and aim to increase the numbers being assessed. The Leeds service has given peer support to share their learning and particularly to share their new triage process ensuring staff are able to identify quickly whether further information is required prior to assessment and to

identify individuals where a more streamlined pathway to the current one offered in Bradford can be indicated. All referrals on the current waiting list within BANDS (autism service) were subject to this new triage process. Following more in-depth triage some referrals have not been accepted due the lack of information or due to the fact that there is no indication that Autism assessment is required.

The Autism assessment service is still closed to new referrals whilst the waiting list was reduced. Whilst the service has been closed to new patients the IFR process has been the only route for assessment/diagnosis. Over 100 requests were received through IFR whilst the service has been closed. A small number of patients were deemed appropriate for IFR approval (ie were funded to be seen by an alternative service primarily due to the severity/risk being presented). As of August 2019, the waiting list at Bradford District Care Trust has now been cleared. This required additional clinical capacity to be purchased from LYPFT using nonrecurrent funds. Those patients who had been referred for IFR have also now been assessed using clinical services purchased directly from LYPFT and South West Yorkshire Partnership Foundation Trust (SWYPFT). Referrals continue to come in to the IFR process as the only route available to referrers.

Next Steps moving forward

Ali Jan said The CCGs are working with BDCFT to determine the future of an assessment and diagnosis service for Bradford district and Craven. Currently, the local service has clear limitations in terms of resilience, clinical leadership, and capacity. This situation offers us an opportunity to work with partners with assessment and diagnosis service serving much larger populations. This also allows us to consider collaborative working for pre and post-diagnostic support with partners across health and care that could maximise economies of scale.

2. REDUCING INEQUALITIES IN CITY (RIC) PROGRAMME – UPDATE

Establishing priority areas: Significant work has been undertaken by the three community partnerships within the Bradford City area (central locality) to identify the specific needs of their registered populations. This has included feedback from the members of the community partnership teams, analysis of their specific health need assessment packs, and intelligence gathered from patient participation groups and engagement networks. Building on this important work the clinical board determined that the RIC programme should focus on the priority areas identified by the community partnerships.

These are:

- Pre-conception, maternity and children
- Primary and secondary prevention at scale to reduce premature mortality associated primarily with cardiovascular and respiratory conditions and cancer
- Ageing and dying well. Proposals to reduce health inequalities have been developed within these three areas.

Proposed development

A RIC steering group has been created to co-ordinate the development of RIC proposals, and oversee the implementation and monitoring of associated projects. It is a multiagency group consisting of representation from across the system, including public health, voluntary sector, health care provider and local authority colleagues. Task and finish sub groups have been established to develop proposals within each of the priority areas.

These proposals have been developed using:

- feedback from earlier City specific schemes (e.g. women’s health network)
- needs identified in local strategies and health needs assessments
- learning from programmes, services and interventions that already exist
- learning from previous community engagement work and service user feedback

The proposals developed via the RIC programme have undergone a robust prioritisation process created by the BHIRU and public health colleagues to ensure only those proposals most likely to reduce or mitigate health inequalities are funded.

There is an interesting section attached to this report which explains the criteria they used to ascertain priorities.

<https://bradford.moderngov.co.uk/documents/g7196/Public%20reports%20pack%2024th-Oct-2019%2016.30%20Health%20>

3. PUBLIC HEALTH OUTCOMES FRAMEWORK (PHOF) PERFORMANCE REPORT

This discussion was extensive and the report gave an overview of the health and wellbeing of the population of Bradford District, based on the indicators and sub indicators within the Public Health Outcomes Framework (PHOF). The report summarised how indicators and sub indicators compare against the England average and provides a summary of some of the key areas of Public Health relevant to the District.

As you can imagine this is a huge report which is available on the Scrutiny webpages. I have included two tables to give a brief overview of the district

Table 1 – Bradford District in comparison to England across all indicators where significance has been tested

Domain	Number of indicators	Significantly worse	Not significantly different	Significantly better
Overarching Indicators	8	8	0	0
Wider determinants of health	25	9	7	9
Health Improvement	46	20	22	4
Health protection	23	6	13	4
Healthcare and premature mortality	28	10	15	3

3.3 Of the 130 indicators and sub indicators, 21 are ‘getting worse’ – the gap between the district and England is widening; 27 are ‘getting better’ – the gap between the district and England is narrowing; and 73 show no significant change over recent years (**Table 2**).

Table 2 – Changes in trend in recent years for indicators within each domain

Domain	Number of indicators	Getting worse / gap is widening	No significant change	Getting Better / gap is narrowing	No trend data available
Overarching Indicators	8	0	8	0	0
Wider determinants of health	25	1	12	12	0
Health Improvement	46	8	21	10	7
Health protection	23	11	7	4	1
Healthcare and premature mortality	28	1	25	1	1

The next item discussed was the

Connecting People for Health and Place for Better Health and Wellbeing which sets out how partners in the District will work together to improve the health and wellbeing of people in the District.

The Health and Wellbeing Strategy, owned by the Health and Wellbeing Board, sets out the challenge and our ambition.

The strategy identifies four overarching outcomes:

- our children have a great start in life
- people in Bradford District have good mental wellbeing
- people in all parts of the district are living and ageing well
- Bradford District is a healthy place to live, learn and work

To achieve these outcomes we will create a health promoting place to live, promote wellbeing and prevent ill health, and support people to get help earlier and manage their conditions.

More detail is available on particular issues such as child hood obesity, fuel poverty, smoking prevalence, vaccinations and much more at

<https://bradford.moderngov.co.uk/documents/g7196/Public%20reports%20pack%2024th-Oct-2019%2016.30%20Health%20and%20Social%20Care%20Overview%20and%20Scrutiny%20Committee.pdf?T=10>

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

28th November 2019

Items on the Agenda

1. Clinical Commissioning Groups Annual report

The report of the Director of Quality and Nursing and the Chief Finance Officer, NHS Airedale, Wharfedale & Craven CCG, Bradford City CCG and Bradford Districts CCG, (Document “P”) provides an update on the Clinical Commissioning Groups’ performance.

The CCG IAF contains a range of indicators grouped within four domains: Better Health; Better Care; Sustainability; and Leadership, and an assessment against six national clinical priorities. NHS England use the IAF to provide oversight and holds quarterly and annual review meetings with the CCGs. The way the end of year ratings are calculated is across three areas: 25% for Financial Sustainability; 25% for Quality of Leadership; and 50% for the remaining indicators.

In our district all three CCGs have demonstrated improvement across a number of areas during 2018/19, although AWCCCG moved from OUTSTANDING to GOOD this change was primarily as a consequence of the CCG agreeing a deficit financial plan for 2019/20. It is not seen as a reflection of any real deterioration in AWCCCG’s

This result places both CCGs within the top 12% of CCGs in England.

For AWCCCG, the overall rating for Better Health and Quality of Leadership was GREEN.

AWCCCG and BDCCG had a Better Care rating of AMBER.

Both BCCCG and BDCCG had a Better Care rating of RED, indicating this as an area with the greatest need for improvement, but a Quality of Leadership rating of GREEN STAR.

For BCCCG, Better Health was also rated RED. All 3 CCGs had a Sustainability rating of AMBER.

2. Health and Wellbeing Board

The report of the Strategic Director, Health and Wellbeing, highlights the work undertaken for the Bradford and Airedale Health and Wellbeing Board. The Board is the statutory partnership with leadership responsibility for health and wellbeing across the local health, care and wellbeing sector. In March 2018 the board took on the additional function of being the lead strategic partnership for the Bradford and Airedale district.

Areas of work covered by the Health and Wellbeing Board since October 2018

The Board received reports and considered a range of areas since the last meeting through both formal board meetings and development sessions.

Since October 2019, these have included:

- The Joint Strategic Needs Assessment
- The Bradford District plan progress report
- A quarterly report on Logic Models and performance against indicators
- Air Quality in the Bradford and Airedale District
 - Early Help and Prevention
 - Knife Crime
 - The Care Quality Commission local system review and subsequent action plan
- The Housing and Homelessness strategies
 - The Five year strategy of the West Yorkshire and Harrogate Health and Care Partnership

Alongside this, the board continues to receive progress and update reports from the strategic partnerships that report to it.

The Health and Wellbeing Board uses the Logic model approach providing a range of measures that are monitored on a quarterly basis to provide assurance to the HWBB that progress is being made against our strategies.

Susan Hinchcliffe explained the board has been receiving quarterly feedback on logic models at formal meetings.

A summary of information from Logic Models is as follows:

- Of the 41 outcome indicators, 9 are currently RAG (red, amber, green) rated as green, meaning that performance against these outcomes is improving, and we perform the same as or better than our statistical neighbours. Those areas where we are improving include: breastfeeding, smoking at time of delivery, suicide prevention, teenage pregnancy, mental wellbeing, physical activity in adults, successful treatment of non-opiate drug users, and people in employment.
- 11 outcome indicators are currently RAG rated as amber, meaning that our performance is neither getting better nor worse, but this is consistent with our statistical neighbours, or performance against these outcomes is improving but our performance is significantly worse than our statistical neighbours. Those outcomes that are currently rated as amber include: life expectancy, inequality in life expectancy, children achieving a good level of development,

attainment 8 scores, dental decay in children, low birth weight babies, smoking in adults, sickness absence and killed or seriously injured on our roads.

• **21 outcome indicators are currently RAG rated as red, meaning that our performance against these outcomes is getting worse**, or performance is unchanged and is worse than our statistical neighbours. Those outcomes that are currently rated as red include: healthy life expectancy, 16-17 year olds not in education, employment, or training, children in care whose SDQ scores are a cause for concern, infant mortality, improving access to psychological therapies recovery rate, early intervention for psychosis, premature mortality in people with a severe mental illness, adults meeting the 5 a day recommendation, completion of drug treatment for opiate users, childhood obesity, management of long term conditions, use of outdoor spaces, people qualified to NVQ level 3+, fuel poverty, employment rate for people with a mental illness, and air quality.

Susan Hinchcliffe went on to explain that the causes of ill health are complicated and can depend on a range of factors therefore; the Bradford approach has been to focus on the causes of causes (also referred to as wider determinants of health) as the partnership responsible for coordinating the work of the district plan and the health and wellbeing strategy, we continue to try to understand how factors such as housing, employment and education impact the health and wellbeing of communities. They receive quarterly updates on performance indicators and have directed action where performance has not improved.

3. Adult Social Care Annual Performance Report 2018/19

The Strategic Director, Health and Wellbeing, will present a report which provided a summary of performance within Adult Social Care and how performance reporting and business intelligence processes are being improved.

Mental Health. There has been a reduction of 11 people in residential/nursing placements since March 2019. At the end of September there were 157 people in a placement versus a target of 174. We have seen a downward trend since June 2018.

The number of Home Care hours purchased in Mental Health also continues to fall. There were 3,050 fewer hours purchased in September 2019 than in March 2019. In September we purchased 10,039 hours versus a target of 14,300.

Learning Disabilities There has been a reduction of 31 people in residential/nursing placements since March 2019. At the end of September there were 178 people in a placement versus a target of 193.

Commissioning and Quality Back in July 2017 just 57% of the Adult Social Care service providers in Bradford were rated either good or Outstanding by the Care Quality Commission. At the time the average across England was 80%. At September 2019 the proportion of good or outstanding providers in Bradford has risen to 81%. The England average was 84%.

Safeguarding and Deprivation of Liberty Safeguards (DoLS) In 2018/19 we received 1,538 DoLS applications, an increase of 3% on the previous financial year. The number of applications completed rose significantly from 929 in 2017/18 to 2,353 in 2018/19 reducing backlogs.

Bev Maybury explained that the council and CCG have invested in this area with the contracts and commissioning team developing and facilitating service improvement boards working across the sector and with in-house providers. The gap has been

closed significantly and the target is to close the gap between Bradford and the England average completely, we expect this to happen in 2020.

At this point they will review our position and explore setting a revised target that would see care quality provision in Bradford to be at a high standard when compared to our statistical neighbours.

She explained that transformation work has taken place and led to evidenced impact and improved outcomes. The work which has taken place in 2019/20 is part of a three year transformational programme. It is recognised that whilst progress is being seen, **significant challenges remain** in years 2 and 3 of the programme to ensure that targets around demand management and outcomes are met

16th December 2019

Agenda Items

1. COMMISSIONING OF A CARERS STRATEGY CONTRACT IN THE BRADFORD DISTRICT & CRAVEN AND THE DEVELOPMENT OF A CARERS STRATEGY

The report of the Strategic Director, Health and Wellbeing, provided an update on the Council and Clinical Commissioning Group's (CCG's) jointly commissioned Carer Service within Bradford and Craven and information on work to progress a Joint Council and CCG Carers Strategy for the District.

As part of the report a discussion took place on the following two areas.

What helps carers keep going:

- Having and finding time to themselves was hard, but vital in helping them keep going.
 - Support groups where they could get information and share experiences with peers made a positive difference.
 - Being able to maintain good social networks and having someone to talk to about their experiences

The challenges carers experience are:

- Equality of access to service and support for BME communities
- Equality of access to service and support for working carers
- Support which addresses money and financial worries, particularly where these relate to benefits and the assessment process.
- Support for parents of young people in transition between children's and adult services, particularly parent carers supporting children with autism and with other condition specific need

What would help carers:

- Information on what's on offer that is up to date; what, where and when.
- Local support, more easily accessible across the whole District.
- Work place support for working carers.

What's most important to carers:

- Being able to take breaks away from caring and have small amounts of time to themselves, knowing the person they care for is safe.
- Training to help carers provide better care and to improve their skills and confidence.

It was explained that in line with the description just outlined the Council and the CCGs jointly awarded, in January 2019 a contract for Carers Services within Bradford District and Craven following an open commissioning and procurement process. The contract was awarded to Carers Resource. The contract commenced in April 2019, following an implementation period. The aim of the service is to promote, support and improve the mental, physical, emotional and economic well-being of unpaid adult carers, so they can continue in their caring role, look after their own health and wellbeing and have a life of their own in terms of opportunities for work, training, education, leisure and social interaction.

The extensive details of what has been delivered under this contract and the objectives and outcomes are available in the report. The full report and strategy document is also here at: <https://bradford.moderngov.co.uk/documents/g7312/Public%20reports%20pack%2016th-Dec-2019%2016.30%20Health%20and%20Social%20Care%20Overview%20and%20Scrutiny%20Committee.pdf?T=10>

1st item under the agenda.

2. OLDER PEOPLE'S ACCOMMODATION ACROSS THE DISTRICT AS PART OF IMPLEMENTING THE HAPPY, HEALTHY AND AT HOME VISION.

The Strategic Director, Health and Wellbeing, presented a report, which outlined progress made in the implementation of the integrated system vision Happy, Healthy and at Home and the progress made across the sector to improve services and quality in the Care Home market which is overseen by the Service Improvement Board.

There was a detailed report on the number of sites and beds available across the district

Bradford CQC ratings 2017 – 2019

	2017 (no. of homes)	%	2018 (no. of homes)	%	2019 (no. of homes)	%
Inadequate	6	5	4	3	2	2
Require Improvement	41	33	36	31	25	23
Good	57	47	66	56	71	65
Outstanding	1	1	1	1	4	4
No Rating	17*	14	11*	9	7*	6
Total	122	100	118	100	109	100

*Where a home has no rating this is because this is a new Care Home to Bradford or there has been a change in ownership.

It was explained that a key element of 'Happy, Healthy and at Home, is for the Council to support the development of extra care housing schemes due to the shortage across the District. Extra care housing is designed with the needs of frailer, older people in mind and provides 24-hour care and support on site. People who live in these schemes have their own self-contained homes with their own front doors, but can also use communal facilities which can include: restaurant/dining facilities, hairdressers, health/fitness facilities and a computer room for example. This is a key element of the housing strategy to be developed across the District.

A further key piece of information is the table below

Residential & Nursing Fees	2015-16	2016-17	2017-18	*2018-19
Average OP Residential Population	885	871	755	684
Average OP Residential Weeks of Care	49,080	46,489	40,875	36,874
Gross Expenditure Residential Fees	£26m	£25m	£24.7m	23.8m
Average Gross cost to the Council pppw	£565.23	554.09	630.06	668.97
Average OP Nursing Population	346	333	316	295
Average OP Nursing Weeks of Care	18,099	17,861	16,913	15,802
Gross Expenditure Nursing Fees	£10.5m	£10.3m	£10.2m	£9.6
Average Gross cost to the Council pppw	£580.15	£582.00	£622.69	£629.01

5.3 The Council will also aim to achieve reductions in the numbers of older people needing long term residential and nursing care by using technology to help them stay independent and by working closely with health partners to plan and deliver services.

In House Care Provision (October 2019)

Area	Care Home	Total (beds)	Current Designation		Registration categories	Comment
			Long Stay	Short term		
Homes with specialist mental health registration						
Keighley BD22 7NU	Valley View Court	50	6	44	Adults	Short stay
Bradford BD15 7YT	Woodward Court	28	4	24	Dementia / challenging behaviour	Significant investment to make dementia friendly
Subtotal (excluding*)		78	10	68		
Homes with no specialist mental health registration						
Bradford BD2 4BN	Beckfield	34	8	26	Adults	Long stay beds are also used as IC beds
Bradford BD6 1EX	Norman Lodge	35	2	33	Adults	Unit to become short stay/IC
Bingley BD16 2EP	Thompson Court	37	4	33	Adults	
Subtotal		106	14	92		
TOTAL		184	24	160		

N.B. If this is an area of interest to you as a member of the Health and Wellbeing Forum or any organisations you know there is also a detailed and lengthy plan of the new facilities and sites to be invested in across the district.

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?

Yes, have given feedback on the budget changes and participated in a pre-meeting for the Autism Report and have been part of the infrastructure talks

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 when will they open?
- The change from DoLS (deprivation of liberty safeguards) to Liberty Protection Safeguards
- Most recent changes to the Council Budget

Next meeting of Health Social care Overview and Scrutiny Committee is Thursday, 30th January 2020

- 1) An update from the Care Quality Commission Annual Report led by Helyn Aris
- 2) Adult Services Service Improvement Boards led by Lyn Sowray
- 3) Living Well Service Report led by Kemi Adeyemi with Sarah Possingham to cover business/work charter and reporting on schools charter and social movement work
- 4) Budget and Financial Outlook - Dept of Health and Wellbeing Annual Report Wendy Wilkinson

If you would like me to raise any particular questions then please let me know
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