

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 8 September 2016 at Ernest Saville Room - City Hall, Bradford

Commenced 4.40 pm
Concluded 7.50 pm

Present – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
Carmody Gibbons	Greenwood Bacon A Ahmed T Hussain	N Pollard

NON VOTING CO-OPTED MEMBERS

Susan Crowe
G Sam Samociuk
Trevor Ramsay
Jenny Scott

Strategic Disability Partnership
Former Mental Health Nursing Lecturer
Strategic Disability Partnership
Older People's Partnership

Observers: Councillor Fozia Shaheen (Health and Wellbeing Executive Assistant) and Councillor Val Slater (Health & Wellbeing Portfolio Holder)

Apologies: Councillor Sarfraz Nazir

Councillor Greenwood in the Chair

25. DISCLOSURES OF INTEREST

The following disclosures were made in the interest of transparency:

- (i) Councillor Bacon disclosed that she was contracted to work for Bradford District Care Trust, Bradford Teaching Hospitals NHS Foundation Trust and Airedale Hospital NHS Foundation Trust as part of her employment with Unison.
- (ii) Councillor T Hussain disclosed that he was a Governor of Bradford District Care NHS Foundation Trust.



- (iii) Councillor Shaheen disclosed that she worked for an organisation that cared for people with disabilities.

ACTION: *City Solicitor*

26. MINUTES

Resolved –

That the minutes of the meeting held on 28 July 2016 be signed as a correct record.

27. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

28. CONSULTATION ON CHANGES TO ADULT SOCIAL CARE CONTRIBUTIONS POLICY - REPRESENTATIONS FROM PARENTS

The Chair introduced the item by explaining that a number of parents of children with learning disabilities were present at the meeting in order to make representations in relation to the proposed changes to the Contributions Policy.

Parent 1

- Her child lived in supported accommodation.
- Bradford Council had been proactive in the past for people with learning disabilities.
- The large budget cuts were acknowledged.
- The Council's response had been disappointing.
- There was no evidence of any alternate ways to manage the deficit.
- Vulnerable people were an easy target.
- The response from Council officers at the consultation had been shocking and was indicative of the underlying negative attitude towards people with learning disabilities.
- It had been stated that people would pay what they could reasonably afford.
- Her son's contribution would increase four fold, it would take 100% of his disposable income and he would be left with a deficit.
- Her son played learning disability rugby, which was very important to him, however, this would have to stop if he could not afford the £30 insurance.
- There was no other situation where there would be a 100% increase to the cost.
- The proposals would impact on her son's behaviour, self esteem and health.



- There would be an increasing likelihood of abuse.
- A review had been undertaken and the charges did not have to be imposed.
- The amount of the charge should be reconsidered.

Parent 2

- He had a Down's syndrome child.
- How would anyone feel if they could not afford to participate in any social activities?
- He could not understand the proposal to increase the contribution by 100%.
- His child would not have a life and have nothing to look forward to.

Parent 3

- She was a parent and carer for two sons with severe learning disabilities who lived in supported accommodation.
- Socialising was very important for her sons.
- Her sons required one to one support when they went out and the costs of the persons supporting them had to be covered.
- Doctors had stated that her sons needed to be kept active with swimming. If they could not attend they could end up wheelchair bound and this would not be good for their health.
- Current staff were excellent, however, if cuts were made then a situation similar to Winterbourne View could arise.

Parent 4

- His son had severe learning disabilities and had left the education system at the age of 19.
- He had two other able bodied sons.
- After a long process his son had entered into supported accommodation and everything had changed for the better.
- His son had joined a football team and undertook 3 days voluntary work.
- The activities his son participated in were not expensive.
- If the increases came into effect his son would not be able to partake in voluntary work, play football as much or socialise.
- He had found out about the consultation process by accident and had been horrified when he had recalculated his son's budget.
- His son was currently living a normal life and this would be taken away from him.

Parent 5

- His son lived in supported accommodation and he benefitted from this.
- The review notes placed a distinct emphasis that the process would be made easier to understand and if the person had a limited income then



- they would not be asked to pay if they could not afford to do so.
- The notes stated that disability related costs would be considered in the financial assessment, however, this did not include any expenditure that people with learning disabilities required.
- His son required support when out and about and on holiday.
- No incidental or additional costs had been identified.
- Updated care plans were urgently required before financial assessments were undertaken.
- The Council should expect to be challenged if the care plans were not fit for purpose.
- There should be a sanity check to establish how much net income a person would be left with.

Parent 6

- The Council would receive an extra 2% in order to accommodate the increases in Adult Social Care.
- Bradford had always been a benevolent Council but they were becoming less caring.
- People with learning disabilities did not understand money issues.

In response to a point raised, the Chair explained that the Government had allowed Councils to raise Council Tax by 2% to fund social care and then asked Councils to pay the living wage.

29. REPORT FROM HEALTHWATCH RE. CONSULTATION ON CHANGES TO ADULT SOCIAL CARE CONTRIBUTIONS POLICY

The Manager of Healthwatch presented **Document “G”** which detailed case studies that highlighted the potential impact on people’s lives if the Council adopted the proposed contributions policy and aimed to allow Members to consider the impact. It was noted that Healthwatch had become involved in the process following the first public consultation meeting and had raised significant concerns, which had resulted in the consultation date being extended. The documents provided had also been highlighted as an issue, due to the complex information and that they were challenging for those most affected by the proposal, therefore, the Council had stated that they would work with organisations in order to rectify the matter. Some people had not taken part in the consultation process and a separate study had not been undertaken. The Manager of Healthwatch stated that they had wanted the Council to hear real people’s issues and had worked with service users, using Council examples, in order to document the impact on their lives. Members were informed that there would be significant increases for vulnerable people. Individual incomes had not been assessed and people were anxious that they would not be able to make ends meet. It was acknowledged that expenses would be funded by the Council, however, these would not cover all eventualities and many people’s care plans did not include all their expenses. The Manager of Healthwatch reported that the Council’s Equality Impact Assessment showed that the proposals would have a



medium impact on those people with low income, but feedback received by Healthwatch indicated that the impact it would be disproportionately felt by that group. Members noted that five detailed case studies had been provided that detailed a clear impact on service users. The people most affected were the most vulnerable in society and there would be a potential loss of preventative support. The loss of disposable income would result in a deterioration of the person's situation and eventually place more demand on the Council. In conclusion it was recommended that the impact on service users was taken into consideration.

The Chair then thanked Healthwatch for an excellent report.

The Health and Wellbeing Portfolio Holder acknowledged the importance of the issue and the concerns raised, however, she indicated that the matter should be looked at in context. There would be potential losers and there would be others that would benefit from the proposed changes, such as older people. It was noted that the 2% additional council tax would not meet the demands of the social care budget and the Council had been forced into this position. The Health and Wellbeing Portfolio Holder reported that meetings had been undertaken with Healthwatch and parent representatives. She confirmed that the minimum income guarantee had been set by the Government and the Council had added 25% to the basic benefit amount. The issues in relation to Care Plans had been recognised and it was accepted that they would have to be revised. It was explained that arrangements were in place to reassess these plans and until this had been undertaken the charges would not alter. In relation to Winterbourne House, it was noted that there was no evidence that staff would leave and confirmed that homes were regularly checked. The Health and Wellbeing Portfolio Holder stated that the Council did not want to have to make these changes and it had always been generous in relation to its charges, however, this could not continue. The Council needed to recover the cost of care, but if a person could not afford to pay this would be taken into consideration.

Resolved –

That the concerns and case studies highlighted in Document “G” be noted.

Action: Healthwatch/Overview and Scrutiny Lead

30. OUTCOME OF CONSULTATION ON THE PROPOSED CHANGE TO BRADFORD COUNCIL'S CONTRIBUTIONS POLICY FOR NON-RESIDENTIAL SERVICES

The Interim Strategic Director, Adult and Community Services introduced **Document “H”** which detailed the outcome of the consultation on the proposed changes to the Council's Contributions Policy for non-residential services. He explained that all Local Authorities had the ability to make charges to recover social care costs and that Bradford's current system was unique in that it favoured those with the most available income. It had been agreed that a consultation be undertaken on the Contributions Policy with the aim that the more money that



could be recovered, the more services that could still be provided. The funds raised through charges would be spent on people with support needs, however, if the proposals did not go ahead then there would be cuts to social care services. The Interim Strategic Director, Adult and Community Services stated that a wide consultation had taken place and it had been identified early on in the process that the information was not easy to understand. He confirmed that the Council had worked with Healthwatch and other organisations and had extended the consultation process. The Council was looking at a full cost recovery and needed to identify the real costs of a person's care. It was proposed that charges for the Shared Lives Scheme be included in the Contribution Policy in line with all other services. In relation to the Supported Living service, it was noted that if a person was only in receipt of this service the proposals would result in them being assessed to make a contribution. The Strategic Director, Adult and Community Services reported that the responses to specific questions asked on the questionnaire were detailed in the report. He indicated that the proposals had not been well received. Each individual would have a financial assessment that would consist of two elements, a benefit check and a review of the support plan and any changes or effect on the service user's contribution would be identified on their completion. The Strategic Director, Adult and Community Services informed Members that if approved the planned roll out would be over six months and there would be a review or appeal process.

Members then made the following points:

- If the standard alternative was accepted by the Executive, would all services users be assessed? Was the charging formula used nationally or just by Bradford Council.
- Was the Council going up to the full 10% that it could charge on top?
- There would always be winners and losers when changes were implemented, but 40% of service users would be affected which was a significant amount. Could individual reviews be undertaken if necessary, as the most vulnerable people in society would be affected?
- Would the old charge be retained until a review had been undertaken? How long would the review process take? Would the charges be backdated if the review was not successful?
- The issues on both sides were understood and everything would be undertaken to ensure that there was equity.
- Service users had not understood the consultation process, so the Strategic Disability Partnership had been proactive and helped. What would have happened if they had not?
- The number of questionnaires received was concerning. What had been done for those people for whom English was a second language?
- The questionnaire return rate was poor, so it could be assumed that people had not understood it. How was this followed up?
- Responses to the questionnaire should have been chased up.
- The issue regarding questionnaires had been raised many times previously and it was hoped that additional efforts had been made.
- What was the cost to the organisation? Healthwatch was trusted and they were concerned. The Council appeared to be 'robbing Peter to pay Paul'



- and would end up paying out more money.
- The report was daunting and complicated. There was a need to ensure that no-one was unnecessarily affected. Would there be assessments for everyone? What exactly was the Council charging for?
 - It was good that the Council was to take up 'double ups'.
 - Was it appropriate to set the maximum charge? Was the Council adding 10%?
 - In relation to the consultation, accessible standards had been introduced this year, but 80% of service users had been excluded from the process.
 - If the policy was agreed what safety net would be put in place for service users and their families? There could not be a 12 month wait for a report on the implementation of the policy.
 - It had been a difficult consultation and the Council had been reliant on the assistance of others.
 - Why not keep the current policy?
 - The Committee's role was not to make decisions, but to protect vulnerable people.
 - Could the new policy cost the Council more money?
 - Would service users be means tested?
 - Would socialising be included as part of their needs?
 - When would the proposal be submitted to the Executive?
 - It was welcomed that the Council accepted that the consultation process had been flawed, but lessons had not been learnt as this had happened before. Was the report being submitted to the Executive on its own merits?
 - Would the people undertaking the assessments have the correct skills set? It would be beneficial if a knowledgeable person carried out the assessments.
 - Was it anticipated that many challenges or appeals would be submitted?
 - There had to be give and take. A 100% increase was not acceptable. The consultation process could have been handled better and more results obtained.
 - Would the Executive consider the report and not just accept it?
 - If the policy was implemented, it should be phased in, which would take longer but would alleviate hardships.
 - Could the increases be phased in?
 - Would there be a rolling program of implementation?

In response, Members were informed that:

- The contributions policy applied to everyone. The Council had the authority to charge and most Local Authorities did so. The proposals put forward a policy that would be similar to other Authorities in West Yorkshire.
- The Council would be adding an extra 25% on top.
- The Executive would decide whether there would be individual assessments. Any increase in charges would be stressful for service users and any appeals would be undertaken as soon as possible within short



timescales. The percentage figures were guesstimates and the reassessment of care plans could not be taken into account. 60% of service users would gain from the changes to the policy and there would be equity across the system. The Council could not have a two tier system.

- It was accepted that the consultation process was flawed in the beginning and the Council was grateful of the roles that the Strategic Disability Partnership and Healthwatch played in the consultation process.
- The response rate to the initial questionnaire was 21% (723) and 18% to the revised questionnaire. Approximately 3500 questionnaires had been sent out and the results were detailed in the officer's report.
- The response to the postal questionnaire was very good. The Council did not have the resources to visit all 3500 people and relied upon organisations to respond on behalf of individuals. Those people that had not replied had not been contacted.
- Consultation had been undertaken with groups and individuals and part of the role of organisations was to present the information. Not all organisations were contacted and it was expected that those who had been would circulate the information to others.
- The implementation of the proposed policy would have a one off additional cost which had been factored into the budget process. The intention would be to recover the cost of care from those that could afford it. It was about maintaining services and not making cuts.
- The Government had set a minimum amount that people were expected to live on and vulnerable people were allowed disability benefits. The proposal meant that only any money over the minimum income guarantee plus any benefits and the additional 25% on top, would be looked at by the Council to recover for the cost of care.
- There were currently 417 service users that used 'double up' care and 280 did not pay the full costs for one person.
- The Executive could amend the maximum charge to be set.
- As part of the consultation process, letters had initially been circulated and the Council had relied upon carers to provide information. The process had not been perfect but the Council had tried to disseminate the information. Until it was explained by an individual, most people would have difficulties in understanding the proposal. The best way forward would have been to have one to one sessions, however, this could not be undertaken with 3500 people.

At this point a representative of Healthwatch stated that the organisation had assisted the Council in order to improve the consultation process. Healthwatch had agreed with the Strategic Disability Partnership's view and requested that the consultation process be extended, which it had been, however, other recommendations had been made but they had not been put in place. He stated that it was believed that the consultation process had not been carried out properly and stressed that Healthwatch had not been part of the process. The main concern for everyone involved was the impact of the proposals.

Members were further informed that:



- Consultation had been undertaken with People First Keighley and Craven and it was believed that a plain English version of the questionnaire had now been produced. The Council could also provide information in braille or by British Sign Language if requested. It was acknowledged that the consultation had not been perfect, but it was believed to have been wide reaching.
- Discussions would need to be undertaken with the Adult Safeguarding Board in relation to the implementation and a number of lessons must be learnt from the consultation process.
- The proposed policy had not been designed to make people's situation worse and there was no intention to cause harm. Assessments of individuals would be undertaken and their disposable income looked at. It was not expected that people's needs would increase due to the policy and their contribution would be based upon their ability to pay.
- The Government had set the amount a person required to be able to live and the policy would only take account of 75% of disability benefits received.
- The proposal would be submitted to the Executive on 20 September 2016.
- The consultation process had been agreed as part of last year's budget proposals. The budget could be reviewed, but accounts had to be balanced and the funds would have to be replaced. The Department already had an overspend and was accountable for this, as it had legal responsibilities and it was in a position where it would have to do things that it did not want to do.
- Confidentiality issues could arise if people not connected to the Council assisted with the assessments.
- It was expected that there would be appeals.
- There were different elements to the report to be submitted to the Executive.
- Not all the increases would be by 100%. There would be a basic contribution.
- The financial assessments undertaken would be based upon the needs of the individual and a social worker would undertake a review of a service user's support needs.

Resolved –

- (1) That consideration be given by the Executive to a more incremental approach to the introduction of the Standard Assessment process.**
- (2) That, on the assumption that the changes to the Contributions Policy be approved by the Executive, an update report be submitted to the Committee in six months and to include consideration of ways to improve consultation with vulnerable groups.**

Action: Interim Strategic Director, Adult and Community Services



31. JOINT SCHOOL NURSING SERVICE REVIEW

Please note that a combined debate was undertaken on this item and the item on 0-5 Health Visiting and Family Nurse Practitioner Service Review (**Document “I”**).

The Senior Commissioning Manager, Public Health, presented **Document “I” and “J”** and explained that comprehensive reviews had been undertaken on both services, which were crucial to safeguard the health of children. The findings of the Health Visiting Service had indicated that overall it was a good service. The District had a growing young population and the transition from the Family Nurse Partnership to Health Visiting Service was not always smooth. It was noted that access to interpreters within services needed to be considered. In relation to the Family Nurse Partnership Service, the Senior Commissioning Manager stated that it had been reviewed nationally and was a valuable service that improved parenting support. The Council wished to continue with the Service, however, it would have to wait for the national recommendations to be published and consider these in light of the District’s needs. Members were informed that a new Health Visiting and Family Nurse Partnership Service models had been proposed.

The Senior Commissioning Manager reported that a comprehensive study had been carried out for the School Nursing Service review. The Service provided an important role in schools and safeguarding, which was based in schools and the local community. It was a year round service and had links to primary and secondary care. Members noted that a new service model had also been proposed.

Members then made the following comments:

- Parents were best placed to be champions.
- ‘Better Start Bradford’ provided packages.
- Communication must be maintained with parents and children.
- What type of work was being undertaken with people with Learning Disabilities?
- What age range was covered by the Health Visiting Service?
- Many children were home educated. Did the service continue to work with them?
- Could it be ensured that the access to a School Nurse was instant? School nurses should be accessible.
- How were children prepared for school?
- Were the systems used by each service the same? Were there separate systems for different Local Authorities and Districts?
- Some safeguarding issues had been missed in the past. How confident was the Service now?
- Would the Health Visiting and School Nurse roles be integrated?



Members were informed that:

- The resources required to progress issues would be considered.
- The issue of communication had been identified during the consultation. The role of the School Nurse was to work with people and there was no stigma attached to being helped by the Service.
- The School Nurse Service was a specialist provision and had been reviewed with support from Clinical Commissioning Groups and other key stakeholders.
- The Health Visiting Service covered children up to 5 years old.
- Children that were being home educated were identified and it was ensured that they were visited.
- The Health Visiting and School Nurse Services were based within the community and not in GP practices. The School Nurse Service had their own appointment system.
- The Health Visiting Service undertook reviews to ensure children were achieving key stage markers and were there to support and ensure that children were prepared for school.
- The Services worked on the same systems and also used others, however, they often preferred to contact people by telephone. Work was ongoing on an integrated system.
- It was the intention of the Service to include children from birth up to 19 years of age, which should stop matters from being missed and issues would be dealt with via a joint approach. The same provider was responsible for delivering both the Health Visiting and School Nurse Services and they provided a robust service with good links to children's social care.
- The proposed new models had not been implemented as yet. Other Authorities had been contacted and some provided an integrated service. The duplication of effort also needed to cease.

Resolved –

- (1) That the reports (Document “I” and “J”) be commended and officers thanked.**
- (2) That the development of the proposed Health Visiting and Family Nurse Partnership and the School Nursing service models be supported.**
- (3) That the issue of children's health services be added to the Committee's 2017/18 work programme.**

Action: Director of Public Health



32. WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Resolved –

That Councillor Greenwood and Councillor Gibbons be nominated to sit on the West Yorkshire Joint Health Overview and Scrutiny Committee.

Action: City Solicitor/Overview and Scrutiny Lead

33. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2016/17

The Overview and Scrutiny Lead presented **Document “K”** and provided Members with an update.

Resolved –

That the work programme be noted.

Action: Overview and Scrutiny Lead

Chair

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

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

