

Minutes of the meeting of the Health and Social Care Overview and Scrutiny Committee held on Wednesday, 22 March 2023 in the Council Chamber - City Hall, Bradford

Commenced 4.35 pm
Concluded 7.55 pm

Present – Councillors

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

NON VOTING CO-OPTED MEMBERS

Trevor Ramsay
Susan Crowe

Healthwatch Bradford and District
Bradford District Assembly Health
and Wellbeing Forum

Helen Rushworth

HealthWatch Bradford and District

Apologies: Councillor Julie Glentworth

Councillor Jamil in the Chair

38. DISCLOSURES OF INTEREST

No disclosures were received.

39. INSPECTION OF REPORTS AND BACKGROUND PAPERS

There were no requests received to view background papers.

40. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

No referrals were received.

41. UPDATE ON PROGRESS AND OUTCOMES - ADULT AUTISM PATHWAY

AND ASSESSMENT AND DIAGNOSIS OF AUTISM IN ADULTS SERVICE, BRADFORD DISTRICT AND CRAVEN

The report of the Bradford and Craven Health and Care Partnership (**Document “AA”**) was submitted to the Committee to provide Members with an update on progress relating to the development of a new service model to assess and diagnose adults with autism spectrum conditions.

The Bradford and Airedale Neurodevelopment Service (BANDS) was commissioned in 2015 to provide triage, assessment and diagnosis for both ASD and ADHD for adults (over 18) in Bradford, Airedale, Wharfedale and Craven.

The new model and a new negotiated service delivered in partnership by Bradford District Care Foundation Trust (BDCFT) and South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) enabled improvements to the quality of service available. With the ability to recruit and retain staff and an innovative and sustainable model it became possible to close the gap between demand and the capacity to meet patients' needs.

The report appendices provided Members with plans, revisions and progress since the previous report in August 2022 with the expansion of specialist and non-specialist support alongside a new Assessment and Diagnosis Service.

The new plan included how the new Adult Autism pathway would increase capacity from 40 cases per year to an estimated 600 per year with interventions for those on the waiting list and how the legacy of cases would be cleared whilst providing the service to new patients.

The report contained details of Commissioning intentions and a number of actions such as the Bradford Waiting List Initiative that saw 127 people identified from the waiting list being referred, assessed and subsequently discharged from the service.

The second action saw interim leadership cover from SWYPFT funded by unfilled posts in BANDS.

Action 3 was the development of the new Bradford District and Craven (BDC) Autism Assessment and Diagnosis Service for Adults as the old BANDS model was recognised as being undeliverable and unsustainable.

Action 4 related to referrals through GP ASSIST and Assessment Clinics as GP appointments were not the best way to gather the complex and detailed information needed to make an informed decision relating to whether to refer or not.

Action 5 provided clinical triage so that only those who may have Autism would be offered an assessment, looking for positive indicators to include people rather than negative indicators to exclude them.

Action 6 comprised of communication in order to advise patients of next steps and a feedback letter with an explanation of the outcome.

The report also contained details of the numbers of patients and the indicative costs per patient showing the benefits and savings of the new service model along with data to support and evidence the improvements.

Included in the report were a number of case studies that Officers also highlighted in their presentation to demonstrate how the new model worked in practice for patients.

Members were then given the opportunity to comment and ask questions, the details of which and the responses given are as below.

- A Member asked what the difference was between positive and negative indicators
- What was the timescale for new referrals from the date received to diagnosis?
- A question was asked about the number of referrals rejected as incomplete.

In response to the questions, Officers advised that the process would be inclusive with more specifics available. On the new pathway, initial triage would take place within 12 weeks with the average time for assessment to be completed being 20 weeks. The incomplete referrals were from the old pathway system which were sometimes mixed up, until a new reporting system was embedded.

Members commented that the report gave a good overview of the improvements and thanked Officers for their efforts.

- A Member asked about the numbers contained in a table in appendix 5 of the report and whether they were the legacy figures. Officers confirmed they were
- Was the adult autism hub and peer support for post diagnosis only? Officers advised that it was for support and access both before and after diagnosis to provide interim support and signposting to sources of advice and support.
- A Member asked for an estimate of what the picture would look like by the end of the year and was advised that the numbers of those waiting 18-24 months from referral would be down to zero and the legacy waiting list would be addressed alongside delivery of the new service. It had taken time to set the new model up but was now ready to make progress quickly using flexible resources, not previously available
- A Member asked about whether there was support to help those who may have been unable to respond and was advised that the initial 30-minute meeting would ascertain what support would be needed and patients could also be re-referred with additional support in place
- Members stated that they would like a further update once the new model

was fully operational and asked if Officers were confident that the legacy cases could be cleared and new referrals dealt with in a timely manner. Officers responded that the service was already running in part but would be fully operational from April 2023 with the contract in place with partners' capacity built in to address both sets of patients. The resource to do this was protected and as part of a larger team, with capacity and flexibility available to achieve the objective

- A member commented on the case studies presented and the process to enable diagnosis quicker and was advised that the Adult Autism pathway was moving away from the need for everyone referred getting a formal diagnosis as those who were neuro-diverse could be supported without the long process being required
- A member asked how autism was communicated to ethnic minorities, especially where taboos existed and was there a demographic breakdown available in data collected. A case study where a patient was not autistic was raised as Members wanted to know what position the patient would be left in. Would they go back to the beginning of the waiting list?
Officers advised that there was a new requirement to provide a breakdown to track demographics so this would be provided going forward. In terms of engagement with ethnic minorities there were a number of ways including wellbeing hubs, social subscribers training and Bradford's ambition to be a neuro-diverse friendly city that welcomed and understood neuro-diversity. A patient who was not autistic could be signposted to a range of support options much more quickly and the necessary interfaces to do this were being developed
- Ward Councillors would also be a valuable means to provide information on services available to help and Officers said they would look into obtaining ward specific information. Autism awareness training was being provided for Social Prescribers and for staff in Wellbeing hubs to enable patient discussions. A one-year pilot autism hub was also being developed.
- A member asked whether security staff at job centres were also being trained to be able to interact with neuro-diverse and/or autistic residents and visitors. Officers advised that there were no plans for this within the Adult Autism pathway, but that job centres could make their own arrangements for training
- A member asked about the assessment process and whether it varied between genders and children.
Officers advised that women presented differently so the process was not the same. There was also a transition and priority pathway but work was still needed
- A Member also asked what happened to patients who dropped out, was there any follow up?
Officers advised that patients were contacted twice but that was the only follow up pathway available. If a referral was made using GP Assist, the

GP would be informed. Patients would be signposted to support even if the process was not followed through

- In relation to support with employment programmes, Members were interested to see how the DWP would support employers

Resolved -

That the developments to the BDCFT/SWYPFT service model to develop a new Adult Autism Pathway and service model to assess and diagnose adults with autism spectrum conditions and the benefits for patients and referrers be supported.

AND

A further update report on the progress of the new service model be presented to the Committee in 12 months' time to include focussed demographic data as agreed.

Action: Bradford District and Craven Health and Care Partnership Board

42. UPDATE FROM THE BRADFORD DISTRICT AND CRAVEN HEALTH AND CARE PARTNERSHIP BOARD

The report of the Health and Care Partnership Board (**Document "AB"**) was submitted to the Committee to inform Members regarding the recently completed strategic priorities re-set programme that resulted in a focus made on five priorities that were supported by the four enablers. These linked to the partnership's place-based partnership strategy as well as the ambitions of the West Yorkshire integrated care system.

The Bradford District and Craven Health and Care Partnership was one of five place-based partnerships that formed part of the West Yorkshire Integrated Care System. Each place-based partnership contributed to the work of the integrated care system, while also maintaining a focus on delivering at a local level and continuing to meet the needs of the local populations.

Arising from the Health and Care Act 2022 which included retention of local decision making, new arrangements for the planning and coordination of health and care services were established. These included the establishment of Integrated Care Systems (ICSs) comprising NHS Integrated Care Boards (ICBs) and partnerships between ICBs and local authorities known as Integrated Care Partnerships (ICPs).

Updates relating to legislative changes were also included in the report and the purpose and roles of the Executive, Partnership Board and Chair were explained as part of the presentation. A summary of the work carried out by the Board was provided by the Place-based Lead and the Independent Chair including ongoing work on Governance and the setting up of formal meetings and development sessions. Meetings would be held at different locations in the district and Officers welcomed suggestions and input on suitable locations

It was explained to Members what topics were under discussion and that the Board was measuring the impact of working with partners

The Scrutiny Committee had identified a number of key lines of enquiry that they would wish to return to once arrangements were established in the new Board structures and the report sought to address the questions raised.

The Boards' priorities as contained in the report had been reviewed to ensure they were the right ones. The new priorities replace the previous transformation programmes which it was acknowledged had been deemed very 'medicalised' by stakeholders.

Members were then given the opportunity to comment and ask questions, the details of which and the responses given are as below.

A member asked for more information regarding the relationship between the GP contract and ICS and how Members could engage to enable actions to be carried out. Officers advised that it was part of the Integrated Care Boards' role to look at primary care contracts several Members of the Partnership Board contributed knowledge and perspectives from Primary Care. They also advised that Community Hubs were being developed and the Neighbourhood teams consisted of a mixture of professionals and the VCS.

The Primary Care Recovery Plan was in place to increase access to primary care so that access and signposting help could take place where a GP was not necessary. This would enable GP's to have more availability to do the work they were uniquely able to do. Communications work would be undertaken regarding GP surgeries as the message needed to be relayed on how the service was delivered.

There was a brief discussion regarding the accessibility of information as it was always a priority. A Review Board was already looking into how information was presented to ensure it was accessible.

A Member raised the topic of access to dentists as it was considered as an urgent issue and also commented positively regarding the pendant service. No-shows to appointments needed addressing and the need for mobile health screening and access to services. Members would also like a demographic breakdown of access to health screening if available.

Officers advised that from April 2023 the WYICB would have increased influence on how money is spent and consideration would be given to adding a representative from the Dentistry sector onto the Board. The Chair commented that the West Yorkshire Scrutiny Panel was looking at dentistry and was making representations to central government.

In addition to the comments made above, another Member stated that it cost in the region of £200 for a single filling and dentists were not being paid the full cost to carry out work for the NHS. They also stated that dental training places were in decline.

Resolved –

That the report be noted and an update be presented to the Committee in 12 months' time.

Action: Bradford District and Craven Health and Care Partnership Board

43. HEALTH & WELLBEING COMMISSIONING UPDATE AND INTENTIONS - ADULT SOCIAL CARE 2023

The report of the Strategic Director, Health and Wellbeing (**Document "AC"**) was submitted to the Committee to provide Members with an update on delivery against the new Commissioning Strategy for 2022-2027 and set out the commissioning intentions for 2023-24.

A wide range of Adult Social Care services for people across the District were commissioned by the Health and Wellbeing Department and achieved via a programme of commissioning, procurement, contracting and quality assurance activities. Working in collaboration with providers, partners and the wider community, work was aligned to achieve the key priorities in the Department's 3-year plan.

Officers presented a summary of the report submitted to the Committee and highlighted details relating to the new staffing structure to increase the pace of commissioning work as well as the cost of care exercise which Officers stated further detail could be provided if requested. The report focussed on impact and raising awareness. Officers also pointed to the information contained in the appendix to the main report with contract information on for 2023/24 that provided details of the contracts being worked on with separate information on mental health support included.

Members were then given the opportunity to comment and ask questions, the details of which and the responses given are as below.

- What was the position in relation to direct payments?
- Was IFS still underway?
- HFT contract – what reassurances were there that concerns with the previous contract were being addressed, were users happy with the support being provided?

Officers responded to the above questions as follows:

Information on direct payments could be provided. ISFs were still on the agenda. In relation to New Choices provision, work was ongoing and the next phase was not yet finalised.

Resolved –

That the report be noted and an update report be presented to the Committee in 12 months' time.

Action: Strategic Director, Health and Wellbeing

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