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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Wednesday, 22 March 2023 at 4.30 pm in Council Chamber - City Hall, Bradford

Members of the Committee – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRATS	Green
A Ahmed Godwin Humphries Jamil Wood	Coates Glentworth	Griffiths	Whitaker

Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRATS	Green
Akhtar Shabir Hussain Khan Lintern Mohammed	P Clarke Sullivan	Naylor	Hickson

VOTING CO-OPTED MEMBERS:
Susan Crowe - Bradford and Craven Co-Production Partnership
Trevor Ramsay - i2i Patient Involvement Network, Bradford District NHS Foundation Care Trust
Helen Rushworth - Healthwatch Bradford and District

Notes:

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
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- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

From: **To:**
Asif Ibrahim - Director of Legal and Governance

Agenda Contact - **Asad Shah**
Phone: 01274 432280. E-Mail: asad.shah@bradford.gov.uk

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The Director of Legal and Governance will report the names of alternate Members who are attending the meeting in place of appointed Members.

2. DISCLOSURES OF INTEREST

(Members Code of Conduct – Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

Notes:

(1) Members must consider their interests, and act according to the following:

Type of Interest	***You must:***
Disclosable Pecuniary Interests	*Disclose the interest; not participate in the discussion or vote; and leave the meeting unless you have a dispensatior*
Other Registrable Interests (Directly Related) ***OR*** *Non-Registrable Interests (Directly Related)*	*Disclose the interest; speak on the item only if the public are also allowed to speak but otherwise not participate in th discussion or vote; and leave the meeting unless you have a dispensatior*
Other Registrable Interests (Affects) ***OR*** *Non-Registrable Interests (Affects)*	*Disclose the interest; remain in the meeting, participate and vote unless the matter affects the financial interest or well-being* *(a) to a greater extent than it affects the financial interests of a majority of inhabitants of the affected ward, and* *(b) a reasonable member of the publi knowing all the facts would believe th it would affect your view of the wider public interest; in which case speak o*

the item only if the public are also allowed to speak but otherwise not do not participate in the discussion or vote; and leave the meeting unless you have a dispensation.

(2) Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.

(3) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

(4) Officers must disclose interests in accordance with Council Standing Order 44.

3. INSPECTION OF REPORTS AND BACKGROUND PAPERS

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Asad Shah – 07970 414022)

4. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

Any referrals that have been made to this Committee up to and including the date of publication of this agenda will be reported at the meeting.

B. OVERVIEW AND SCRUTINY ACTIVITIES

5. UPDATE ON PROGRESS AND OUTCOMES - ADULT AUTISM PATHWAY AND ASSESSMENT AND DIAGNOSIS OF AUTISM IN ADULTS SERVICE, BRADFORD DISTRICT AND CRAVEN 1 - 32

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. This briefing and appendices relate to Adult Autism services only, there is no reference to similar services for children.

The report of the Bradford and Craven Health and Care Partnership (**Document "AA"**) sets out the progress made in developing a new service model to assess and diagnose adults with autism spectrum conditions and the benefits for patients and referrers.

Recommended –

Members are asked to support 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.

Walter O'Neill – 07432 721557

6. UPDATE FROM THE BRADFORD DISTRICT AND CRAVEN HEALTH AND CARE PARTNERSHIP BOARD 33 - 44

The Bradford District and Craven Health and Care Partnership Board is the place-based committee of the West Yorkshire Integrated Care Board. It is responsible for the use of NHS resources locally, and for the leadership of the Bradford District and Craven Health and Care Partnership. It was formally established in July 2022.

The Report of the Health and Care Partnership Board (**Document "AB"**) is its first annual update to the Bradford District HOSC.

Recommended –

The views of the Overview and Scrutiny Committee on the content of the report are requested. Particularly the members are invited to add to the views of the public as described at section 5.2.

James Drury - james.drury@bradford.nhs.uk

7. HEALTH & WELLBEING COMMISSIONING UPDATE AND INTENTIONS - ADULT SOCIAL CARE 2023 45 - 60

The report of the Strategic Director, Health and Wellbeing (**Document "AC"**) provides an update on delivery against the new Commissioning Strategy for 2022-2027 and sets-out the commissioning intentions for 2023/24.

Recommended –

That the report be noted.

Jane Wood – 07970 273682

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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Bradford and Craven Health and Care Partnership to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 22 March 2023

AA

Subject:

Update on progress and outcomes
Adult Autism Pathway and Assessment and Diagnosis of Autism in Adults Service, Bradford District and Craven

Summary statement:

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.
This briefing and appendices relate to Adult Autism services only, there is no reference to similar services for children.

This report sets out the progress made in developing a new service model to assess and diagnose adults with autism spectrum conditions and the benefits for patients and referrers.

Acronyms and Abbreviations used
ASC; Autism Spectrum Conditions
BANDS; Bradford and Airedale Neuro Diversity Service
HOSC; Health Overview and Scrutiny Committee
BDC ICB: Bradford district and Craven Integrated Care Board
SQC; System Quality Committee
PLT: Place Leadership Team
T&FG; Task and Finish Group
ASC; Adult Social Care
VCS; Voluntary and Community Sector

Portfolio:

Healthy People and Places

Report Contact: Walter O'Neill
Phone: 07432 721557
E-mail: walter.oneill@bradford.nhs.uk

1. Summary

Following criticism of BANDS by HOSC and complaints from patients, which included concerns about the high number of people waiting, the length of time people had to wait and low levels of activity, a review was conducted and an Action Plan was agreed by the MH, LD and ND Partnership Board to address these concerns and improve the service, to be delivered through a multi agency Neuro Diversity Task & Finish Group.

Early in 2022, it became apparent, mainly due to the resignation of existing BANDS staff and an inability to attract new staff to the service, that the Action Plan could not succeed in delivering its objectives. Undeterred by this failure and recognising that a new, innovative approach was needed to break the cycle of failure for this service, the Neuro Diversity T&FG negotiated with a similar but more successful, service delivered by SWYPFT, to develop a partnership to deliver an innovative, sustainable model of service that would meet patients needs through quality improvements, a proven ability to recruit to posts and a service model which will close the gap between demand and capacity. It was determined that the entire Adult Autism Pathway should be redesigned in order to introduce pre and post diagnostic support options for patients.

This report and appendices provide an update to the report delivered to HOSC in August 2022.
The August 22 report updated on progress, challenges and revisions made to plans since March 2022 and set out the pathway to deliver a new Adult Autism Pathway. The new pathway would include an expansion of specialist and non-specialist support available locally to autistic adults, alongside a new Autism Assessment and Diagnosis Service delivered in partnership between BDCFT and SWYPFT.

A Project Plan was shared with detail of the steps required to realise the new pathway and services, including the increased financial investment required from commissioners, a detailed description of the new service model and a summary of the challenges faced in delivering this plan. The planned outcomes for the pathway were stated as;

- Improve capacity of Adult Autism Pathway to meet demand
- Waiting times to access service to be reduced to NICE guideline levels
- Improved quality of referrals
- Improved experience of the Adult Autism Pathway

Data was shared, demonstrating the gap between demand for this pathway and the growing gap in capacity to meet that demand, alongside an explanation of how the new Adult Autism Pathway would increase capacity from the current 40 cases per year to a projected maximum of 600 cases per year.

Plans for the Bradford Waiting List Initiative were shared. This project was commissioned from SWYPFT, to triage and assess 100 people from existing BANDS waiting list, by April 2023, utilising non-recurrent funding to temporarily increase the number of people assessed and to reduce waiting times for people on the BANDS waiting list.

In a Briefing Session in October, the NHS commissioner and the BANDS provider committed to return to HOSC in March 2023 to share outcomes;

- March 23- Report to full committees on performance – demonstrate 80% of projected assessments are completed.
- Demonstrate a plan for sustainability and continued improvement of service

The new service and pathway started in Jan 2023 and will expand through this year to manage up to 600 referrals and signpost patients to sources of community support.

This report sets out the progress made in developing a new service model to assess and diagnose adults with autism spectrum conditions and the benefits for patients and referrers, with detailed information on;

- Background to Adult Autism
- Project Aims and Objectives
- Bradford Waiting List Initiative
- Development of new Bradford District and Craven (BDC) Autism Assessment and Diagnosis Service for Adults.
    - Interim leadership cover
    - Referral Through GP ASSIST and Assessment Clinic
    - Clinical Triage
    - Communication
- Key service model developments
- Project Plan
    - Outcomes and benefits
    - Performance and Data
        - Referrals
        - People Waiting for a First Appointment
        - Diagnoses

2. Background

Autism is a lifelong neurodevelopmental condition, the core features of which are persistent difficulties in social interaction and communication and the presence of stereotypic (rigid and repetitive) behaviours, resistance to change or restricted interests. The way that autism is expressed in individual people differs at different stages of life, in response to interventions, and with the presence of coexisting conditions such as learning disabilities (also called 'intellectual disabilities').

People with autism also commonly have trouble with cognitive and behavioural flexibility, altered sensory sensitivity, sensory processing difficulties and emotional regulation difficulties. The features of autism may range from mild to severe and may fluctuate over time or in response to changes in circumstances. *(NICE Clinical guideline [CG142])*

Autism Assessment UK

1% of the general population is estimated to have autism and 50% of those to have intellectual disability. For Bradford the autistic only population is calculated at 3,147 by 2025 *(Pansi dataset).*

In response to section 2 of the Autism Act 2009, the Department of Health published
'Fulfilling and Rewarding Lives', The Strategy for adults with autism in England (2010)
https://webarchive.nationalarchives.gov.uk/ukgwa/20170207052351/https://www.nao.org.uk/wp-content/uploads/2009/06/0809556.pdf
The Government's vision is that 'All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them makes the most of their talents". It outlines five quality outcomes:

1. Adults with autism achieve better health outcomes
2. Adults with autism are included and economically active
3. Adults with autism are living in accommodation that meets their needs
4. Adults with autism are benefiting from the personalisation agenda in health and social care, and can access personal budgets
5. Adults with autism are no longer managed inappropriately in the criminal justice system

3. **Report issues**

Adult Autism Project Overview

Strategy

- Mental Health, LD and ND – one of five BDC HCP priorities
  - Parity of Esteem
    - Learning disability / neurodiversity access and outcomes

Aim:

- Deliver a clinically led, resilient Adult Autism pathway providing clinical triage, assessment, diagnosis and support.
- Respond to new referrals within the NICE target of 12 weeks
- Provide information, training and advocacy across the health and care system

Challenges:

- Growing number of referrals – 600 per annum
- Workforce issues – resignations and recruitment difficulties
- Demand and capacity gap – 560 people per annum added to waiting list

Commissioning intentions:

- partnership between BDCFT/BANDS and SWYPFT, building on the principles of the WY Integrated Care System

- joint recruitment to posts, building on SWYPFTs reputation and success
- Revised model of service, to reduce and end waiting times
- Revised Adult Autism pathway, increasing the quality of referrals which leads to better outcomes and and expanding options for support
- Expand non-clinical support options, including support with education, social and employment

Action 1; Bradford Waiting List Initiative (Appendix 1)

This project was commissioned to clear 100 people from the BANDS Autism Assessment waiting list. 127 people were identified from the waiting list, they were referred for assessment between 22nd September 2020 and 14th July 2021.

The project is 79% complete – 100 of the 127 people identified from the list have been discharged. The charts and narrative in Appendix 1 explain how many people have been seen to date by each part of the pathway, and which parts of the pathway are now complete.

Table 1; Bradford Waiting List Initiative

Outsourcing 100 assessments through SWYPFT Sept 2022 to April 2023	• Estate identified for local delivery of assessments • Data sharing in place • Clinical triage of referrals complete • Staff recruited by SWYPFT • Initial communication to patients complete – Appendix 2 • Activity commenced Sept 2022 – Appendix 1 • Project due for completion April 2023 • Project projected to exceed target – total no of patients; 127

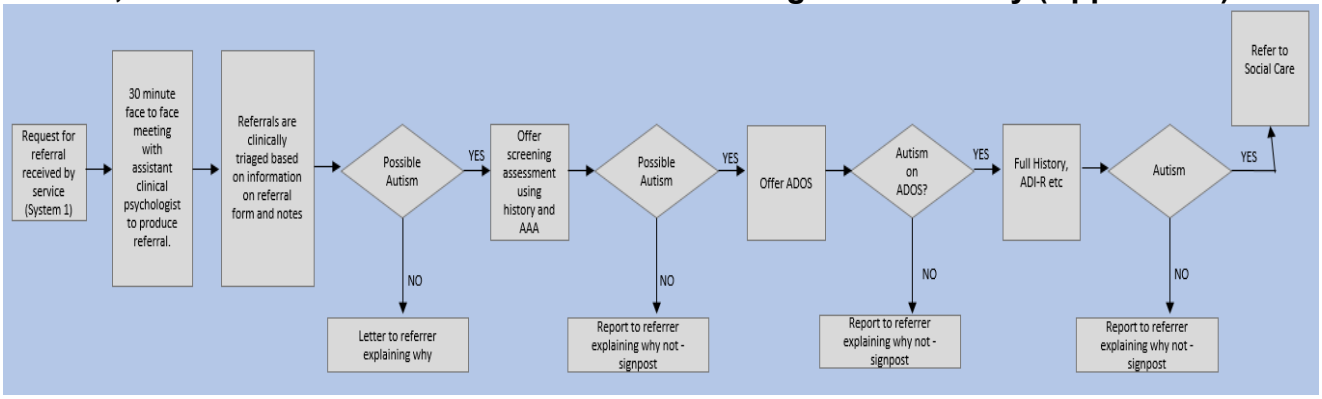
Action 2; Interim leadership cover for BANDS

From June 2022 the SWYPFT Adult Autism service provided cover for BANDS following the loss of all existing staff. This involved providing Referral Management cover and was funded from BANDS underspend due to vacancies. Additional input from Prof Adamou and other team members was received to improve processes and have meetings with local stakeholders.

Action 3; Development of new Bradford District and Craven (BDC) Autism Assessment and Diagnosis Service for Adults.

Recognising that the old BANDS model both undeliverable and unsustainable, a new service model was developed in partnership between BDCFT and SWYPFT. Since July 2022, Dr Sara Humphrey, clinical lead for LD and autism, joined the T&FG and has led on revising and improving the pathway, including the referral process.

Table 2; Revised Adult Autism Assessment and Diagnosis Pathway (Appendix 2)



Action 4; Referral Through GP ASSIST and Assessment Clinic (See Appendix 6)

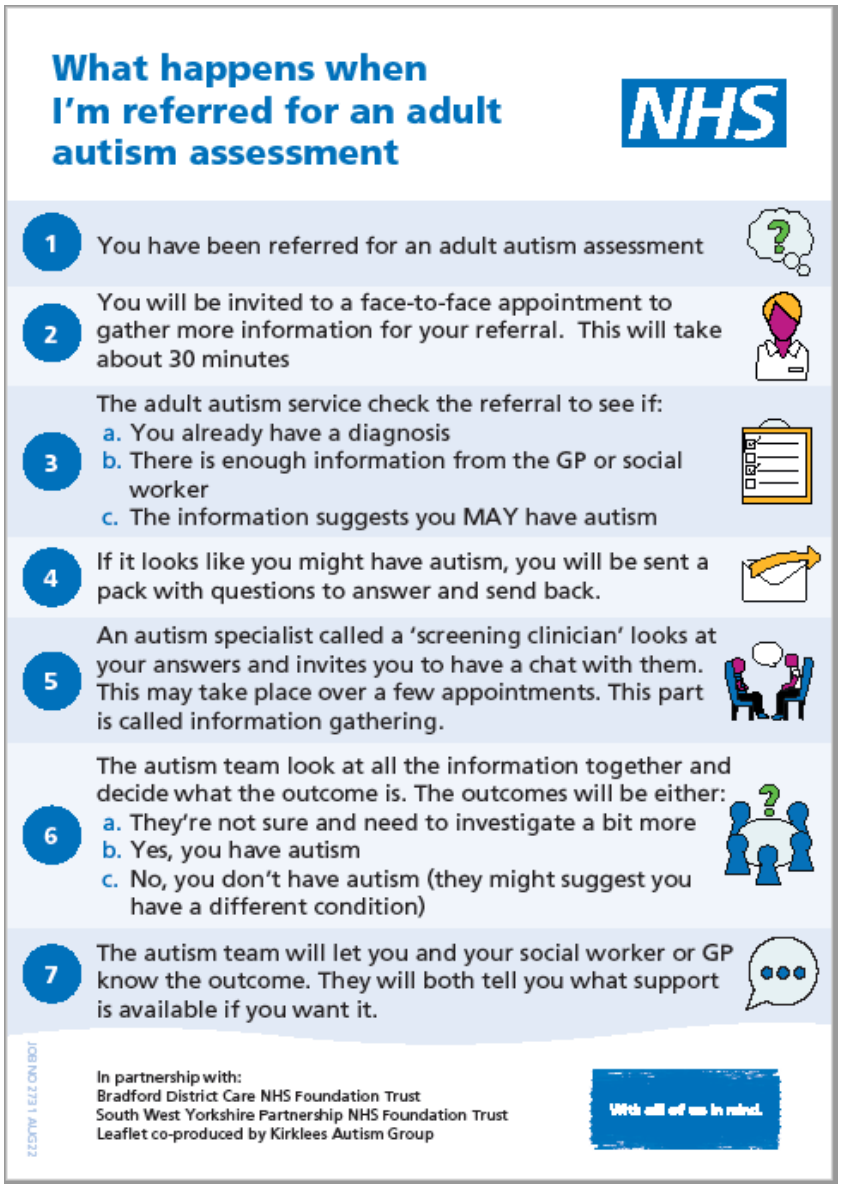
Feedback from clinicians and patients has shown that GP appointments are not ideally suited to gather the detailed and complex background needed to determine whether a patient needs to receive an assessment for autism.
From January 2023, GPs who wish to refer an adult patient to be screened for assessment for autism only need to send basic information to the new service, through ASSIST
Patients will then receive an invitation by the Service at Hillside Bridge Health Centre, Bradford, to a 30-minute face to face interview (assessment clinic) to gather appropriate information and complete a referral.
Expert health professionals in autism will review the information gathered during this referral completion along with other information on file and determine whether the patient has sufficient indicators of autism suggesting they need an assessment.
The new Service will provide reports to patients and to referring clinicians detailing the outcome of this triage process and/or subsequent assessment.
Each person referred receives a letter from the new service, explaining what to expect.

Action 5; Clinical Triage

In order to better prioritise need, the new service model includes a clinical triage step, so only the people who may have Autism are offered an assessment. Clinical triage is guided by utility, maximisation of benefits, and prioritisation based on clinical criteria and is commonly used for other conditions in medicine.
Our clinical triage approach for Autism is not focused on excluding people, but on identifying people who are more likely to be diagnosed; as such, it is looking for positive indicators of Autism and not negative ones. If such indicators are found, then the person is considered clinically appropriate for an assessment, and if not (and on the contrary, negative indicators are also found), then the person does not need to be assessed.
SWYPFT have evaluated this triage approach with a single-blind study, and out of 52 patients who were triaged as not needing an assessment but subsequently offered one, none ended up with a diagnosis.
This approach has been supported by primary care practitioners in Wakefield, Kirklees, Barnsley and Calderdale, where it has been in use for over four years.

Action 6; Communication

Every patient referred receives a letter explaining what to expect and next steps **(Appendix 3).** In addition, each referral results in a detailed clinical feedback letter from BANDS explaining outcome of referral. At whatever stage of the pathway a patient is discharged from the pathway, whether pre or post diagnosis, the patient will be send a letter explaining the reasons for discharge. Each person receives a second letter, at the end of the process, confirming the assessment outcome and explaining the reasons for the autism specialists decision.



What happens when I'm referred for an adult autism assessment

NHS

1. You have been referred for an adult autism assessment
2. You will be invited to a face-to-face appointment to gather more information for your referral. This will take about 30 minutes
3. The adult autism service check the referral to see if:
   a. You already have a diagnosis
   b. There is enough information from the GP or social worker
   c. The information suggests you MAY have autism
4. If it looks like you might have autism, you will be sent a pack with questions to answer and send back.
5. An autism specialist called a 'screening clinician' looks at your answers and invites you to have a chat with them. This may take place over a few appointments. This part is called information gathering.
6. The autism team look at all the information together and decide what the outcome is. The outcomes will be either:
   a. They're not sure and need to investigate a bit more
   b. Yes, you have autism
   c. No, you don't have autism (they might suggest you have a different condition)
7. The autism team will let you and your social worker or GP know the outcome. They will both tell you what support is available if you want it.

In partnership with:
Bradford District Care NHS Foundation Trust
South West Yorkshire Partnership NHS Foundation Trust
Leaflet co-produced by Kirklees Autism Group

Adult Autism Project Key Components

Table 3; Key service model developments

	Old Service	New Service
Staffing	2.5	4.85 (part of a team of 32)
Finance	£65 k p.a.	£352,000 p.a.
Activity	40 cases p.a.	600 cases p.a.

Cost	£1,625 per referral	£590 per referral
Referrals	Referral form completed by GP	Request through GP ASSIST. Referral form completed by service.
Access	Approx. 2 years	12 weeks
Assessment Clinic	No	Yes
Clinical triage	No	Yes
Signposting	No	Yes

Table 4; Project Plan

Recruit to new posts, rebuild and sustain BANDS	• 2 x Band 7 psychology post The B7 posts are Physician Associates https://www.fparcp.co.uk/about-fpa/who-are-physician-associates We are piloting the role in Autism for the first time in the UK • 0.345 x Band 8c Clinical Psychologist • 1 x Band 8a Psychologist • 1 x Band 4 Psychology assistant 0.5 Admin
Legacy Waiting List	• 544 people have been transferred from the old BANDS service • It would have taken the old service 13.5 years to assess this number of patients • The new service will take 24-36 months to reduce this list to 0, from when initial letters are sent to patients.

Table 5; Outcomes and benefits

For patients	• All patients will be offered initial appointment within the NICE recommended 12 weeks • Patients receive a letter after referral, explaining next steps • All triage and assessment engagements will be in a Bradford district and Craven location • All triage and assessment engagements will be in person, not virtual. • Waiting time from first contact to completion of assessment will be, on average, 20 weeks
For referrers	• Onus of collecting initial, detailed referral information is moved from the referrer (predominantly GPs) to the BANDS service through an initial, 30 minute face to face interview • Fewer call-backs asking for additional, or missing, information • Detailed clinical feedback letter from BANDS explaining outcome of referral.

Workforce	• Membership of a large, multi-disciplinary team with clinical sites across West Yorkshire • Career development opportunities • clinical and management support available • Absence and leave cover included

Performance and Data

Evaluation of the service has been challenged by the absence of data covering 2015 to 2021. A new BANDS monthly data report was agreed with BDCFT and has been in place since Nov 2021. (Appendix 5)
Activity updates for the 'Bradford Waiting List Initiative' are produced bi-monthly – **(Appendix 1)**

Table 6; Adult Autism Monthly Data Report (Appendix 5)

Autism Diagnostic Assessment monthly totals															
Metrics	**Nov-21**	**Dec-21**	**Jan-22**	**Feb-22**	**Mar-22**	**Apr-22**	**May-22**	**Jun-22**	**Jul-22**	**Aug-22**	**Sep-22**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**
No referrals received	41	35	48	40	57	43	59	33	26	48	52	56	33	43	44
No of referrals accepted	22	26	35	29	34	28	44	30	18	37	41	35	21	31	26
No of referrals Undecided	0	0	0	0	0	0	1	0	0	0	0	0	0	0	7
Referrals rejected (breakdown of reason)															
Refused By Service	16	8	12	9	21	10	0	0	2	2	0	1	0	1	0
Inappropriate Referral	1	1	0	2	1	2	8	1	1	1	3	6	2	1	4
Incomplete referral request	0	0	0	0	0	0	5	2	5	8	8	14	10	10	7
No of people waiting for first Appointment	238	261	292	325	347	377	421	436	443	474	486	474	477	511	534
No of people receiving first clinic appointment in period	0	0	0	0	0	0	0	0	0	0	7	34	6	1	2
No of people receiving first Autism screening appointment in period	0	0	0	0	0	0	0	0	0	0	0	0	3	4	9
No of people receiving first appointment in period	3	5	2	1	8	3	0	1	0	0	29	34	8	0	3
No of people waitiing for Diagnosis	244	267	297	329	358	366	421	437	444	475	516	532	545	577	556
Number of patients receiving confirmed diagnosis of autism	0	1	1	0	1	8	1	-	-	-					
Number of patients receiving a diagnosis of no autism spectrum disorder	3	4	2	2	0	4	0	-	-	-			1	2	5
Source of referrals (Breakdown)															
Community Mental Health Team	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
General Medical Practitioner	40	34	46	40	48	32	42	29	26	47	48	56	33	43	44
Total	41	35	48	40	57	43	59	33	26	48	52	56	33	43	44

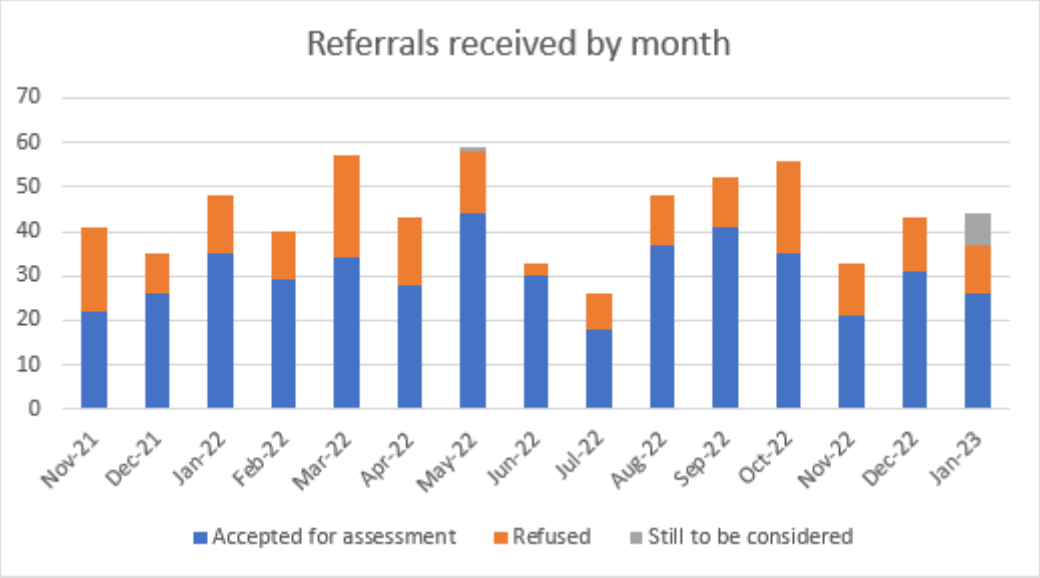
Demographics

The service will collect basic demographic data of patients from GP records, to include;
- o age
- o ethnicity

Referrals

44 referrals were received in January; 26 were prior to the launch of the new pathway on 23rd January 2023, 18 were after this date. Analysis shows that the majority of referrals refused since June 22 are because the referral was incomplete. The introduction to the pathway of a 30 minute meeting with each person referred, in the Assessment Clinic, will mean that referrals will no longer be rejected for reasons of incomplete referral.

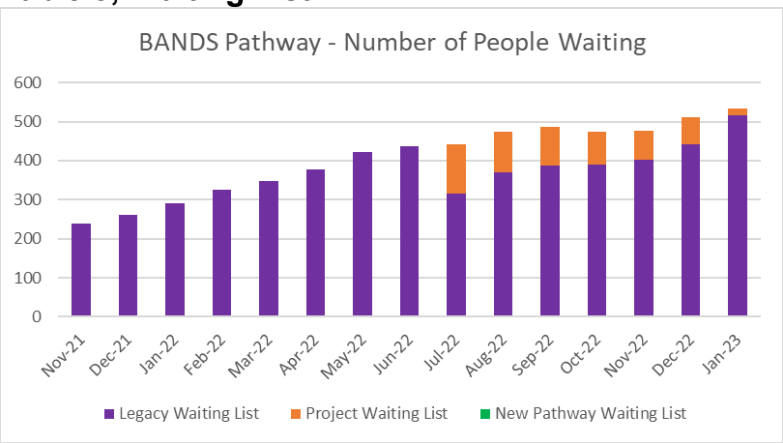
Table 7; Adult Autism Referrals Received by Month



People Waiting for a First Appointment

These are the numbers of people waiting prior to the launch of the new pathway. 517 are from the 'Legacy Waiting List' (the former BANDS waiting list) and a further 17 are some of the 127 people who were part of the SWYPFT Waiting List Project. All 534 were still waiting at the end of January. The remaining 17 who are part of the SWYPFT Project are expected to be seen or discharged by mid-April. There are no people formally waiting for assessment from the new pathway @ the end of January.

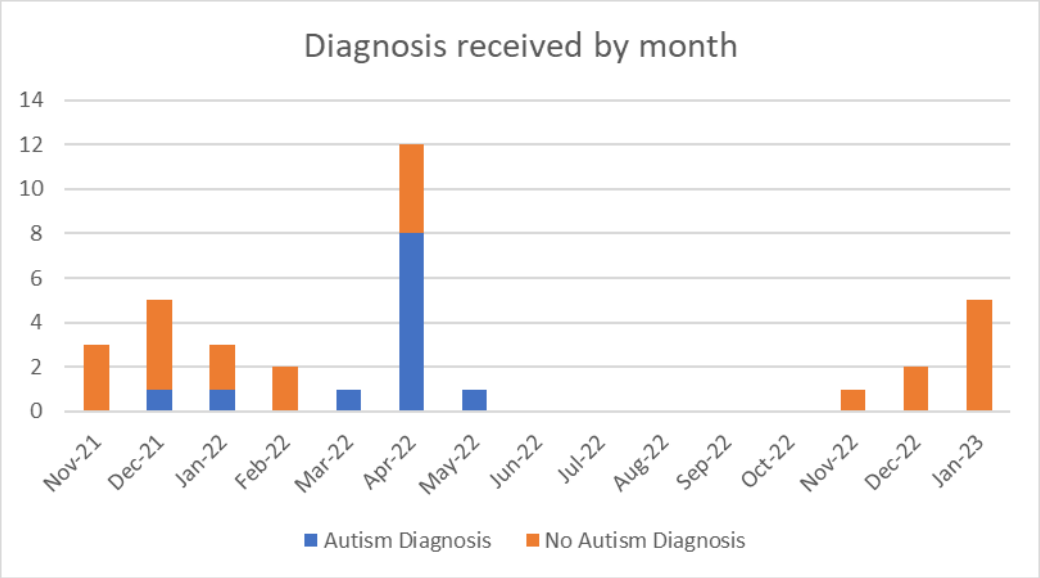
Table 8; Waiting List



Diagnoses

5 cases were concluded in January. All were confirmed as no autism.

The 8 cases concluded since November are all part of the SWYPFT Waiting List Project.



Finance

A proposal was made to BDC Health and Care Partnership, in October 2022, for recurrent funding for a sustainable service model to assess and diagnose adults with autism spectrum conditions, at an annual cost of £350k pa, including clearing the backlog of 500 patients (18-24 months). NHS WY ICB funding is supported, for the period 2023/24, by NHSE grant funding of £187,000. The funding proposal was approved.

Current BANDS model	**Independent sector providers**	**New Assessment and Diagnosis model**
22/23 cost **£76,500** p.a. for 40 assessments	22/23 cost **£62,000 for** 31 assessments	**£352,000** pa, in total
£1,912 per assessment	£2000 per assessment	£408 per assessment, dependent on outcome of clinical triage process
£1,147,000 for 600 referrals	**£1,200,000** for 600 referrals	**£245,000** for 600 referrals, including interview, clinical triage and full assessment, where clinically appropriate.
		£107,000 to address the existing waiting list of 517 people

Case Studies; Bradford Project Case Studies x 2 – **See Appendix 7**

Recognising the unique experience of individuals referred to the service and collecting information that identifies themes and trends is an important part of ongoing service development. The Adult Autism project has liaised with YORLMC throughout and has

received feedback from the engagement group of the WY ICN Neuro Diversity Programme to influence elements of the pathway. Starting with the Bradford Waiting List Initiative and continuing with the new Adult Autism Pathway, the Service will provide 2 case studies in every six month period to demonstrate patient experience and impact Friends and Family data will also be included in service evaluation

Pre and Post Diagnostic Support for Adults with Autism Spectrum Conditions

A review has taken place of specialist and non-specialist support available to patient who have received, or are waiting for, an assessment for autism. Information signposting patients to those services will be shared with each person referred to the Bradford District and Craven (BDC) Autism Assessment and Diagnosis Service for Adults.
Through a WY ICB Neuro Diversity Programme scheme, in-person autism awareness training will be made available to Social Prescribers and to the 6 Wellbeing Hubs, so that they can better engage with, and support, autistic adults to access community, education, employment and health resources.
From April 2023, a WY pilot Adult Autism Hub will be available in Bradford, with 3 key elements of support;

- Offer 1: Pilot Mental Health Navigators
- Offer 2: West Yorkshire Autism Health Champions
- Offer 3: Autistic led Post Diagnostic Peer Support

See **Appendix 5** for information on new and existing support and services to expand awareness and support Adults with ASC.

Work has begun on a framework for a Neurodiversity Strategy for the district with an ambition to connect the work to Bradford City of Culture 2025, Bradford for All and with an ultimate ambition of making Bradford a Neurodiversity friendly city.
'Employment Matters' - a DWP funded Supported Employment programme (LSE) for 100 Autistic People funded to March 2025.
BDMC Adult Social Care wants to, where possible, support all Autistic People to remain in their own homes or live independent lives in supported provision. However, if specialist accommodation and support is needed we want to provide suitable and needs assessed provision that is person centred. We have run a 2 year project, due to end early 2023, working with both providers and people who use services to look at our current housing gaps and what people need from accommodation and services to live independently.
The current tender for a new round of Supported Living provision includes a specific lot for Autism and/or Neurodiversity in recognition of the particular support needs of this group.

4. Options

HOSC is asked to support 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.

5.0 Contribution to corporate priorities

This plan supports the BDC HCP priority; Parity of esteem for access and outcomes for people with Learning disability / neurodiversity

6. Recommendations

Members are asked to support 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.

7. Background documents

None

8. Not for publication documents

None.

9. Appendices

1. Bradford Waiting List Initiative – Progress Update, Feb 2023
2. New Bradford Adult Autism Assessment and Diagnosis Pathway
3. 1st Contact Letter to patients re next steps
4. Pre and Post diagnostic Support
5. Bradford Adult Autism Monthly Data report
6. GP ASSIST Revised BANDS Adult Autism Pathway
7. Adult Autism Case Studies

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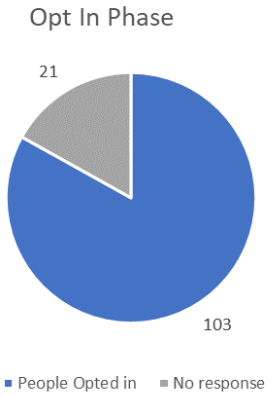
In Partnership with:
South West Yorkshire Partnership NHS Foundation Trust
Bradford District Care NHS Foundation Trust

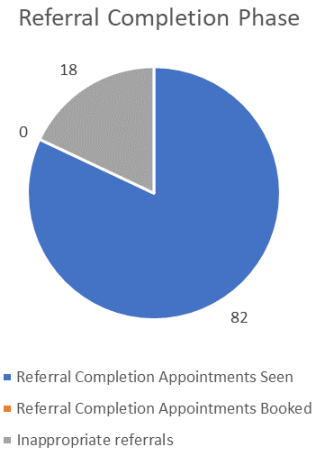
BRADFORD AUTISM ASSESSMENT WAITING LIST PROJECT
Progress Update, 15th February 2023

This project was commissioned to clear 100 people from the BANDS Autism Assessment waiting list. 127 people were identified from the waiting list, they were referred for assessment between 22nd September 2020 and 14th July 2021.

The project is 79% complete – 100 of the 127 people identified from the list have been discharged. The following charts and narrative explain how many people have been seen to date by each part of the pathway, and which parts of the pathway are now complete.

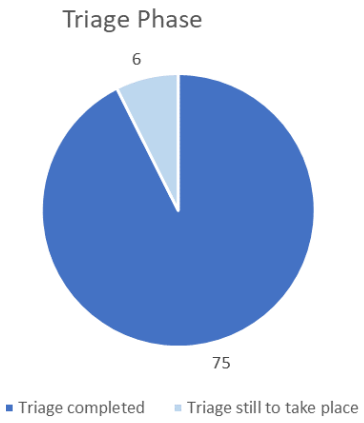


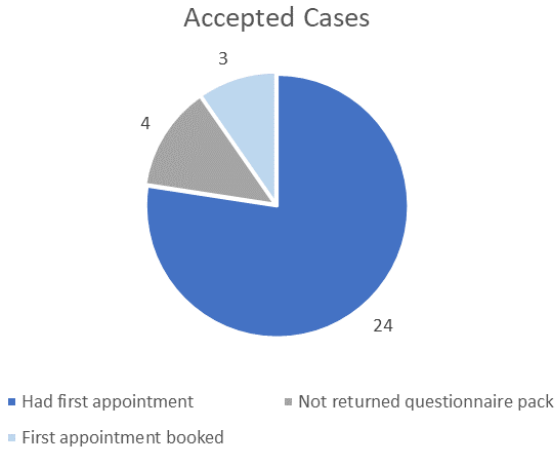
- 127 cases were identified from the waiting list.
- 3 had moved away, so a total of 124 people were informed of the clinical triage process and invited to confirm if they still wanted to be assessed.
- 103 respondents opted in.
- 21 discharged for no contact.
- This phase is 100% complete



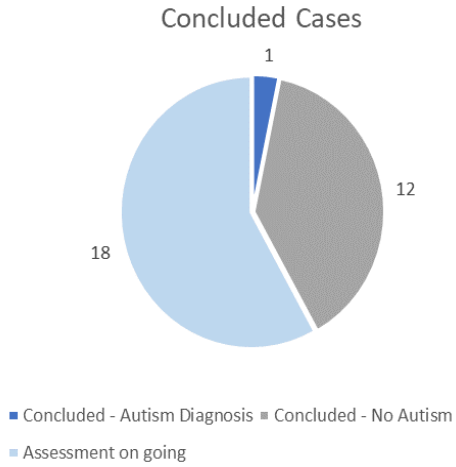
- Of the 103, 18 referrals had enough information to be considered inappropriate after clinical triage (Triage Phase).
- 2 referrals were discharged as they had moved away or had a private diagnosis.
- The remaining 83 cases had insufficient or low-quality information in the referrals so could not be clinically triaged.
- Face to face referral completion appointments were set up to capture the required information, the last of these appointments took place on 14/2/23.
- 1 person was discharged due to non-attendance.
- This phase is 100% complete

- 75 referrals of people seen in the Referral Completion Phase, plus the 18 at the start of the project have already been triaged – 93 to date.
- 1 person seen at the Referral Completion Clinic has moved away and no longer requires Triage.
- Of the 93 already considered, 44 were not

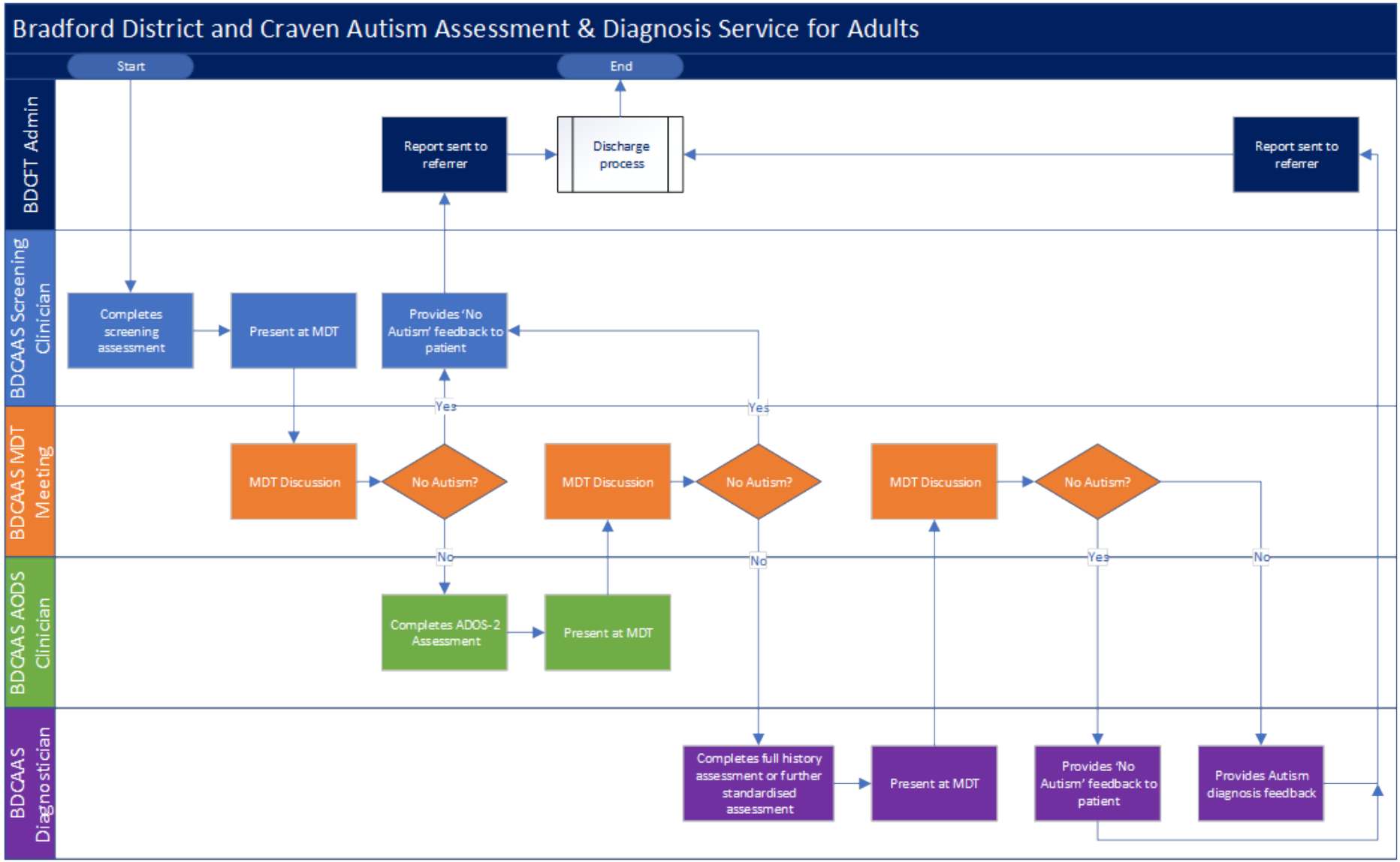




- Of the 31 packs sent, 27 have been returned.
- The four packs that have not been returned were due to be returned in November, it is unlikely they will be returned now.
- 24 people have had their first appointment.
- 3 have an appointment booked to take place before 3/3/23.



- 13 assessments have been concluded to date.
- 1 person has a confirmed Autism diagnosis.
- 12 people do not have Autism.
- 18 people remain under assessment.


Bradford District and Craven Autism Assessment & Diagnosis Service for Adults
Start
End
BDCFT Admin
BDCAAS Screening Clinician
BDCAAS MDT Meeting
BDCAAS AODS Clinician
BDCAAS Diagnostician
Report sent to referrer
Discharge process
Report sent to referrer
Completes screening assessment
Present at MDT
Provides 'No Autism' feedback to patient
Yes
Yes
MDT Discussion
No Autism?
MDT Discussion
No Autism?
MDT Discussion
No Autism?
No
No
Yes
No
Completes ADOS-2 Assessment
Present at MDT
Completes full history assessment or further standardised assessment
Present at MDT
Provides 'No Autism' feedback to patient
Provides Autism diagnosis feedback

What happens when I'm referred for an adult autism assessment

1. You have been referred for an adult autism assessment

2. You will be invited to a face-to-face appointment to gather more information for your referral. This will take about 30 minutes

3. The adult autism service check the referral to see if:
   a. You already have a diagnosis
   b. There is enough information from the GP or social worker
   c. The information suggests you MAY have autism

4. If it looks like you might have autism, you will be sent a pack with questions to answer and send back.

5. An autism specialist called a 'screening clinician' looks at your answers and invites you to have a chat with them.

   This may take place over a few appointments. This part is called information gathering.

6. The autism team look at all the information together and decide what the outcome is. The outcomes will be either:
   a. They're not sure and need to investigate a bit more
   b. Yes, you have autism

c. No, you don't have autism (they might suggest you have a different condition)

The autism team will let you and your social worker or GP know the outcome. They will both tell you what support is available if you want it.

In partnership with:
Bradford District Care NHS Foundation Trust
South West Yorkshire Partnership NHS Foundation Trust
Leaflet co-produced by Kirklees Autism Group

Appendix 4 – Pre and Post Diagnostic Support for Adults with Autism Spectrum Conditions

BDMDC – Adult Social Care support and new developments in post-diagnosis and non-clinical support for adults with ASD

Bradford Local Offer	Information on current services and support available for both children and adults with Autism can be found on the **Bradford Local Offer**. https://localoffer.bradford.gov.uk/ General information for adults with care and support needs can be found at **Connect to Support**. https://bradford.connecttosupport.org/
Support for families and carers	Support for families and carers of children and young people (up to 25 years) with special educational needs and disabilities (SEND) is offered by the **Parents' Forum for Bradford and Airedale**. The **Carers' Resource** service provides support for carers who are defined as people who, without payment, provide help and support to a friend, neighbour or relative who could not manage otherwise because of frailty, illness or disability
Workforce training: (new)	• Introduction to Neurodiversity – all staff • Working with autistic people – social workers who work directly with people with autism; • Level 3 Certificate in understanding Autism (A level equivalent), which once complete will have trained 20 social workers – the course commences in September, • 48 places on a virtual Autism experience bus. This is an immersive training experience to allow participants to understand how autism affects people day to day and how to make adjustments to support autistic people. <u>Outcomes for training</u> • All staff are aware of autism and neurodiversity and how it might present in work, at home, in care settings and the community; Identify practical strategies to support neurodivergent individuals in a range of day to day situations; Understand how to support neurodiversity people and make reasonable adjustments • Staff who work directly with autistic people understand what Autism is and the varied presentation of autistic people understand the main characteristics which lead to a diagnosis of Autism; Understand the range of difficulties and challenges that autistic people can experience in everyday life; Have an understanding of policy and legislation that underpins good practice; Understand how to make practical adaptations and adjustments to make services accessible to autistic people

Supported Employment: (new)	• BDMDC has been awarded grant funding bid from DWP of £350k funding for a local supported employment initiative (LSE) for people with autism. • This new service will support 100 Autistic people into paid employment over the project which will commence next month and is funded until March 2025. <u>Supported Employment Initiative:</u> • Using a structured 5 stage supported employment model support 100 autistic people into sustainable paid employment; provide a job coach to work with individuals through the entire process of gaining employment; to support employers with reasonable adjustments, understanding the needs of autistic people and how they can be an asset to their business; at the end of the project have a sustainable model and robust evidence base to extend the programme post 2025

Sacar/Specialist Autism Services, delivering post-diagnostic and non-clinical support for adults with ASD

<u>Autism Engagement</u>	• Increase opportunities for adults with an ASC across the district (social skills training) • Support social engagement • Support health and wellbeing • Increase awareness and understanding • Support to parents / carers of adults with an ASC by providing respite and encouraging independence / skills development
<u>Autism Works</u>	provides a tailored supported employment programme to increase confidence, employability and overall health and well-being • Includes peer support , passport to work , work orientation visits, volunteering, paid work opportunities etc • Supports health & wellbeing – person centred reviews, evaluate progression and development. • Increases the overall confidence of adults with an ASC through increased social skills, employability, social inclusion and independence.

Autism Diagnostic Assessment monthly totals

Metrics	Nov-21	Dec-21	Jan-22
No referrals received	41	35	48
No of referrals accepted	22	26	35
No of referrals Undecided	0	0	0
Referrals rejected (breakdown of reason)			
Refused By Service	16	8	12
Inappropriate Referral	1	1	0
Duplicate Referral Request	2	0	1
Incomplete referral request	0	0	0
No of people waiting for first Appointment	238	261	292
No of people receiving first clinic appointment in period	0	0	0
No of people receiving first Autism screening appointment in period	0	0	0
No of people receiving first appointment in period	3	5	2
No of people waitiing for Diagnosis	244	267	297
Number of patients receiving confirmed diagnosis of autism	0	1	1
Number of patients receiving a diagnosis of no autism spectrum disorder	3	4	2
Average time waited from referral to diagnosis of autism spectrum disorder (days)	-	479	509
Source of referrals (Breakdown)			
Community Mental Health Team	0	0	0
General Medical Practitioner	40	34	46
Internal Referral	1	1	2
Patient/Parent	0	0	0
self	0	0	0
Other Agency	0	0	0
Total	41	35	48

Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
40	57	43	59	33	26	48	52	56
29	34	28	44	30	18	37	41	35
0	0	0	1	0	0	0	0	0
9	21	10	0	0	2	2	0	1
2	1	2	8	1	1	1	3	6
0	1	3	1	0	0	0	0	0
0	0	0	5	2	5	8	8	14
325	347	377	421	436	443	474	486	474
0	0	0	0	0	0	0	7	34
0	0	0	0	0	0	0	0	0
1	8	3	0	1	0	0	29	34
329	358	366	421	437	444	475	516	532
0	1	8	1	-	-	-		
2	0	4	0	-	-	-		
-	519	557	566	-	-	-		
0	0	0	0	0	0	0	1	0
40	48	32	42	29	26	47	48	56
0	2	3	0	0	0	0	0	0
0	7	7	17	4	0	1	2	0
0	0	1	0	0	0	0	0	0
0	0	0	0	0	0	0	1	0
40	57	43	59	33	26	48	52	56

Nov-22	Dec-22	Jan-23
33	43	44
21	31	26
0	0	7
0	1	0
2	1	4
0	0	0
10	10	7
477	511	534
6	1	2
3	4	9
8	0	3
545	577	556
1	2	5
0	0	0
33	43	44
0	0	0
0	0	0
0	0	0
0	0	0
33	43	44

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You Said – We Did!

Changes to BANDS Adult Autism referrals.

What is it?

A new partnership between BDCFT and SWYPFT has created a revised and improved *Adult Autism Pathway* known as **Bradford District and Craven (BDC) Autism Assessment and Diagnosis Service for Adults.**

Why have we done it?

Feedback from clinicians and patients has shown that GP appointments are not ideally suited to gather the detailed and complex background needed to determine whether a patient needs to receive an assessment for autism.

What's new?

From 23 January 2023, GPs who wish to refer an adult patient to be screened for assessment for autism only need to send basic information to the new service, through **ASSIST**

Patients will then receive an invitation by the Service at Hillside Bridge Health Centre, Bradford, to a 30-minute face to face interview to gather appropriate information and complete a referral.

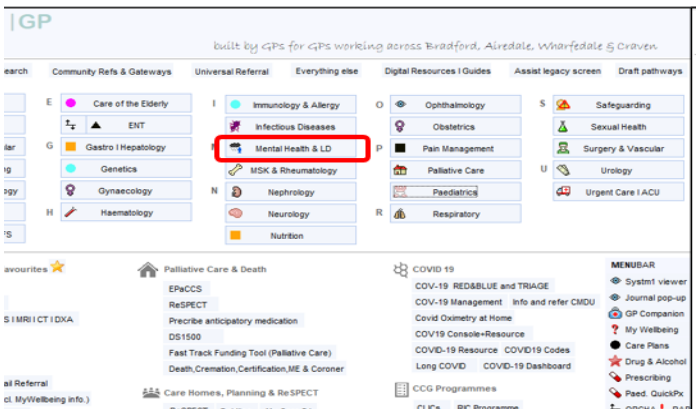
Expert health professionals in autism will review the information gathered during this referral completion along with other information on file and determine whether the patient has sufficient indicators of autism suggesting they need an assessment.

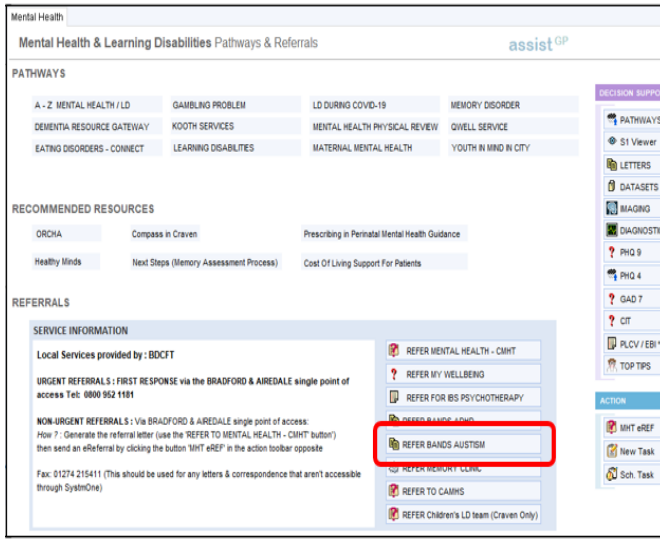
The new Service will provide reports to patients and to referring clinicians detailing the outcome of this triage process and/or subsequent assessment.

From 23/01/2023, the new BANDS Adult Autism E-referral pathway will be available on Assist, it is located at

Assist > Mental Health > Referral BANDS Adult Autism.

Find the new BANDS Adult Autism referral Pathway Here





Autism Pathway – Guidance for Referrers

Before making a referral to the BANDS Adult Autism service please be aware of the following;

1. BANDS Adult Autism service is commissioned to provide **assessment and diagnosis only**. No other support or interventions are provided by this service.
2. BANDS Adult Autism is an **Adult** (18+) service.
3. BANDS Adult Autism service provides assessment and diagnosis of **Autism** only – there is a separate referral pathway for **ADHD.**
4. Consider whether the patient has **mental health difficulties** and needs a CMHT referral first. Is the person currently well enough to undergo an assessment?
5. If the person had no indications of **Autism in childhood**, then it's very unlikely they have Autism as an adult.
6. Autism is a spectrum condition and affects people in different ways. Below is a **list of difficulties** autistic people may share, including the two key difficulties required for a diagnosis. https://www.autism.org.uk/advice-and-guidance/what-is-autism
    a. **Social communication -** Autistic people have difficulties with interpreting both verbal and non-verbal language like gestures or tone of voice.
    b. **Social interaction** - Autistic people often have difficulty 'reading' other people - recognising or understanding others' feelings and intentions - and expressing their own emotions.
    c. **Repetitive and Restrictive Behaviour** – Autistic people often prefer to have routines so that they know what is going to happen
    d. **Sensory differences** - Autistic people may experience over- or under-sensitivity to sounds, touch, tastes, smells, light, colours, temperatures or pain.
    e. **Highly focussed interests, or hobbies** - Many autistic people have intense and highly focused interests, often from a fairly young age.

Development and Stakeholders

The new BANDS Adult Autism referral pathway has been developed with input from Dr Sara Humphrey, Associate Clinical Director Frailty/Dementia & LD Bradford District & Craven Health & Care Partnership; Andy Heckman, Primary Care Pathway Manager; and Prof. Marios Adamou, Consultant Psychiatrist in neurodevelopmental psychiatry (ADHD and ASD) at SWYPFT.
Dr S Patterson and YOR Local Medical Committee Limited have been regularly updated on progress throughout the development of the new pathway

Feedback

Please direct any questions or feedback on this new BANDS Adult Autism referral pathway to Walter O'Neill, Assistant Director Contract Relationships, Bradford District and Craven Health and Care Partnership Board, walter.oneill@bradford.nhs.uk

Review

The new BANDS Adult Autism referral pathway will be reviewed quarterly during 2023.

Service for Adults with Autism

Bradford Project Case Study #1, Miss Green

Patient Details
Miss Green (not real name) is a 26-year-old, British Pakistani lady currently living in Bradford.

Reason for referral
Miss Green was referred for an Autism assessment on the 27th of May 2021 by her GP. The referral was sent following Miss Green's assessment for learning disability. Miss Green was found not to have a global learning disability, however, has significant learning difficulties and is diagnosed with Dyslexia and Dyspraxia.
Miss Green also felt she has difficulties in social interaction and communication and felt that she has always been different to others

Assessment 1
Miss Green attended a referral clinic appointment on the 12th of October 2022 to collect more information to ensure that all her difficulties were captured and to allow for a clinical decision to be made if she needed to be assessed for Autism. During the clinic appointment, Miss Green struggled to articulate herself and was not engaging well with the assessor. Her speech was inappropriate – high pitch and volume, however she demonstrated good nonverbal communication that was in keeping with her affect.
Miss Green told the assessor she did not wish to discuss certain topics, particularly in relation to school and disclosed that she struggles with friendships.

Assessment 2
The information and clinical observations collected during the previous assessment were used to assess the clinical appropriateness of offering an Autism assessment. This review is made by a Panel of experts in Autism who determined Miss Green needed an assessment for Autism.

Assessment 3
Miss Green attended a screening assessment on the 20th of January 2023 with her mother, lasting over two hours. At the beginning of the assessment, Miss Green stated that she had felt low on the day of the referral clinic and wished to do better during this assessment. We explored her mental health and Miss Green also disclosed how she has complex family dynamics, which have greatly affected her psychological wellbeing. Miss Green also said how she experienced severe bullying at school and was tearful at times; she felt betrayed by people who she viewed as friends and was upset that she no longer was in contact with them.

On exploring her mental health further, Miss Green screened positive for several mental disorders. We therefore applied a structured diagnostic tool designed to identify mental health disorders – Miss Green classified for social anxiety disorder, and panic disorder with agoraphobia.
In relation to Autism, Miss Green engaged well in reciprocal conversation, she shared enjoyment in the conversation, shared non routine events and maintained good eye contact that was socially modulated. Miss xxx also did not report having any fixed routines or any obsessional or restrictive behaviours. In addition to this, Miss Green's social difficulties appear to have been more recent and affected by her mental health, she reported friendships in childhood and adulthood and in her local area, that have atrophied as she has become more reclusive.

Outcome
At the final MDT discussion, it was concluded that Miss Green does not meet the criteria for autism spectrum disorder on the 2nd of February 2023. She was signposted to seek treatment of her mental disorders to local Services.
She was provided with the outcome and had the opportunity to discuss her assessments and answer any questions as to how we reached the conclusion.
During the assessment, it was identified that Miss Green had suffered with her mental health due to past negative experiences and family dynamics. We signposted her to psychological services in Bradford and identified a local charity that provides family counselling. Miss Green was grateful for the information and stated that she would be happy to engage with them.

Feedback from Service User
" I had two appointments with the autism service and it was good. I thought I might be autistic but It was explained to me what autism is and how I don't have it, my mum was happy with the decision and I was pleased to have an appointment after a long wait. The building was good and I got the information by post. I was also given information for my wellbeing college and family counselling, I was happy with how it was explained because I don't have anyone to talk to about my problems."

Service for Adults with Autism

Bradford Project Case Study #2, Miss Blue

Patient Details
Miss Blue is a 23-year-old, white British lady currently living in Keighley.

Reason for referral
Miss Blue was referred for an Autism assessment on the 25th of February 2021 by her GP. The referral was initiated by her mother - who had wondered if her daughter may have Autism during her childhood, however had never previously sought an assessment.
They cited difficulties in Miss Blues ability to develop friendships, understanding social situations, communicating with people and not knowing how to verbalise her thoughts or feelings. She also has a strong aversion to change, has fixed routines and can become obsessive about her interests in gaming or collecting objects.

Assessment 1
Miss Blue first attended a referral clinic appointment on the 21st of September 2022 to ascertain if her initial referral was appropriate. During the clinic appointment, Miss Blues presentation was unusual – her non-verbal communication was not appropriate, she spoke at length, was tangential and not engaging in back-and-forth conversations. She also described unusual interests and fixations not appropriate of someone of her age.

Assessment 2
The information and clinical observations were used to assess the clinical appropriateness of offering an Autism assessment. This decision was made by a panel of experts in Autism who determined Miss needed an assessment.

Assessment 3
She then attended a screening assessment on the 29th of November 2022, lasting over two hours. During the appointment, Miss Blue was observed to show deficits in social communication, interaction and presented with restrictive behaviours and interests. This screening assessment indicated a need for a formal assessment using validated diagnostic tools as recommended by NICE CG142.

Assessment 4
Miss Blue was assessed using the Autism Diagnostic Observation Schedule (ADOS-2) – a gold standard diagnostic tool on the 11th of January 2023, which she classified as Autism. We discussed the outcome at the MDT which recommended some more collateral history from her mother before concluding. This was obtained.

Outcome

At the final MDT discussion, it was concluded that Miss Blue meets the criteria for autism spectrum disorder on the 2nd of February 2023.

She was provided the outcome and had the opportunity to discuss her assessments and answer any questions. Miss Briggs was sent the reports, along with the post diagnostic pack, which includes information around ASD, charities and services designed to support people with autism and further information around her rights and the support she may be able to access.

Feedback from Service User

"I had waited a long time for my assessment and was very grateful when I was finally given the opportunity to have an assessment. I received lots of information about the process in letters which explained the steps which was helpful as I like to know about things in advance. The appointments were long, and thorough and I was happy that my mum was also included in them. The building was good, we didn't have long waits and were collected on time, they asked me if I wanted blinds closed or windows opened which was nice of them. I was told about my diagnosis and they had sent me the reports and we also discussed them again after I got them as it is hard for me to talk on the spot. It was weird to see all my difficulties on paper and I am beginning to realise more about myself. We also created an 'autism profile' so I can share this with my work and we created this together and I am happy about this. Overall It was a good experience and my family are happy with the outcome as I now understand myself better"

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Health and Care Partnership Board to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 22nd March 2023

AB

Subject:

Update from the Bradford District and Craven Health and Care Partnership Board

Summary statement:

The Bradford District and Craven Health and Care Partnership Board is the place-based committee of the West Yorkshire Integrated Care Board. It is responsible for the use of NHS resources locally, and for the leadership of the Bradford District and Craven Health and Care Partnership. It was formally established in July 2022. This is its first annual update to the Bradford District HOSC.

EQUALITY & DIVERSITY:

The Integrated Care System has prioritised tackling inequalities in all that it does. That means seeking to improve outcomes for all while reducing unwarranted variation in outcomes arising from social, economic and demographic factors. It also means seeking to ensure access to opportunities for employment within the health and care sector, and ensuring a good experience at work for all our colleagues.

Locally we have established a Reducing Inequalities Alliance to guide and support us; prioritised Equality Diversity and Inclusion within our People (Workforce) Plan; and directed investment differentially to tackle inequalities at specific communities and neighbourhoods informed by population data.

Elaine Appelbee
Independent Chair of the Bradford District and Craven Heath and Care Partnership Board
Mel Pickup
Place lead for Bradford District and Craven Health and Care Partnership

Report Contact: James Drury Partnership Development Director BD&C Health and Care Partnership
E-mail: james.drury@bradford.nhs.uk

Portfolio:

Healthy People and Places

Overview & Scrutiny Area:
Health and Social Care

1. SUMMARY

1.1 The Health Overview and Scrutiny Committee (HOSC) is invited to receive an annual update report from the Bradford District and Craven Health and Care Partnership Board. This is the first such report following the establishment of the Partnership Board in July 2022.

1.2 Our Board is a committee of the NHS West Yorkshire Integrated Care Board. From 1 July 2022 integrated care boards (ICBS) have taken on the statutory responsibility for planning and funding (commissioning) health services. Previously this was the responsibility of clinical commissioning groups (CCG) - for example the former NHS Bradford District and Craven CCG.

1.3 This paper describes how our Bradford District and Craven Health and Care Partnership is one of five place-based partnerships that form part of our West Yorkshire Integrated Care System. Each place-based partnership contributes 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 our local populations.

1.4 Locally we have recently completed a strategic priorities re-set programme which has resulted in us focusing on five priorities that are supported by four enablers. These link to our place-based partnership strategy as well as the ambitions of our West Yorkshire integrated care system.

1.5 We are encouraging members to find out more about our place-based partnership and share our website link with their networks www.bdcpartnership.co.uk and in addition you can find out more about the NHS West Yorkshire Integrated Care Board at www.westyorkshire.icb.nhs.uk/

1.6 We are committed to working with partners to tackle inequalities, we would welcome the support of members for our Reducing Inequalities Alliance You can sign up to our newsletter as well as access a range of resources and toolkits on our website www.bdcpartnership.co.uk/strategic-initiatives/ria/

1.7 This update includes a series of case studies highlighting the work we have already done to date, using our Act as One ethos, that has been nationally recognised too.

2. BACKGROUND

2.1 The Health and Care Act 2022 established new arrangements for the planning and coordination of health and care services, including 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).

2.2 The importance of retaining local decision making is included in the Act, and provision is made for the establishment of 'place-based' committees of the ICB, which work alongside Health and Wellbeing Boards to lead local health and care systems. The Bradford District and Craven Health and Care Partnership Board (the subject of this report) is our place-based committee of the West Yorkshire ICB. We publish papers for all our meetings, which are held in public on our website www.bdcpartnership.co.uk/about-us/how-we-make-decisions/

2.3 In July 2022 the governing documents for the West Yorkshire ICB and the Bradford District and Craven Health and Care Partnership Board (BD&C Partnership Board)

were approved by NHS England. They provide for extensive delegated authority and ensure that most decisions affecting health and care in Bradford District are taken locally. The principle of subsidiarity was already well established in the West Yorkshire Health and Care Partnership prior to the 2022 Act and has been retained in the new arrangements.

2.4 During the year preceding establishment of the West Yorkshire ICB in July 2022, the HOSC received several updates on the planned changes. The Committee highlighted a number of key lines of enquiry to which they would like to return once arrangements had been established. In this report we seek to address those questions:

- Retaining local decision making in the new arrangements
- Ensuring probity of decision making
- Ensuring transparency to the public and to the Committee
- Making a difference for local people

2.5 Following establishment in July 2022 the BD&C Partnership Board and the local team of the West Yorkshire ICB, which supports the Board, have engaged with the HOSC on a range of matters including local healthcare estates, assessments and support for autism, the needs of children, and access to mental health and primary care. There has also been engagement with the Chair of Scrutiny in relation to matters which are the subject of the West Yorkshire Joint Scrutiny Panel, such as the harmonisation of commissioning policies.

2.6 In this report we seek to build upon these recent conversations to demonstrate the following:

- Our local strategic priorities (healthy minds, healthy communities, access to care, children and young people, and workforce) are focused on meeting the specific needs of our citizens, while delivering on the nationally set expectations of the NHS, which are also important for our citizens.
- We are developing our approach to listening to and working with our local communities, to maximise impact. You can see current and previous public involvement activities we have carried out on our dedicated citizen engagement website www.engagebdc.com - note any work we do that involves communities includes a range of options for people to take part using offline and tailored resources such as easy read or interpreters at events.
- The work we are doing that is making a difference for local people

3. Purposes of Integrated Care Systems, and responsibilities within the West Yorkshire Integrated Care System

3.1 Purposes of Integrated Care Systems

All integrated care systems have four core purposes, which are

- Reduce health inequalities
- Manage unwarranted variations in care

- Secure the wider benefits of investing in health and care
- Use our collective resources wisely

3.2 Responsibilities of the NHS ICB and Local Authorities

Integrated care systems are partnerships of health and care organisations that come together to plan and deliver joined-up services, improving the health of people who live and work in the area.

Within ICSs the NHS West Yorkshire Integrated Care Board has specific responsibility for the use of NHS resources to deliver the four core purposes listed above. It is also jointly responsible with the local authorities for convening the integrated care partnership and ensuring it co-creates an integrated care strategy to meet the needs of local people. In doing this the Partnership must have regard to the needs analyses and local health and care plans developed through Health and Wellbeing Boards and related local partnership arrangements.

Local authorities are joint founders of the integrated care partnership and share the responsibility with the NHS for developing and delivering the integrated care strategy.

3.3 Responsibilities of the Bradford District and Craven Health and Care Partnership Board

In West Yorkshire there are five place-based committees of the NHS Integrated Care Board. Ours is the Bradford District and Craven Health and Care Partnership Board. The other place-based committees cover Calderdale, Kirklees, Leeds and Wakefield.

Our Partnership Board has delegated authority from the West Yorkshire ICB to act on its behalf on matters which relate to Bradford District and Craven. The scope of these responsibilities is extensive and is set out in the Scheme of Reservation and Delegation. The Partnership Board is responsible for the use of £1bn of NHS resources to meet the health and care needs of the people of Bradford District and Craven, and to convene the local partnership to achieve the four core purposes of ICSs as set out above.

3.4 Retained matters

A limited number of responsibilities are retained by the West Yorkshire ICB and are not delegated to the BD&C Partnership Board. This is the case in relation to:

- Specialised commissioning of low frequency / high cost services which are provided on a regional basis. Most specialised commissioning will be co-commissioned between NHS England and WY ICB during 2023/24 with further delegation to regional collaboratives of ICBs from 2024/25 onwards.
- Commissioning of high street Pharmacy, Optometry and Dental care, which will be commissioned by NHS West Yorkshire ICB from April 2023, following delegation from NHS England. West Yorkshire ICB will work with neighbouring ICBs to ensure robust commissioning arrangements are retained which benefit from operating at scale.
- Some specialised mental health services are already commissioned by the West Yorkshire ICS through the Mental Health Provider Collaborative, such as specialist perinatal mental health, eating disorders and in-patient children's mental health services.

4. Operation of the Bradford District and Craven Health and Care Partnership Board between July 2022 and March 2023

4.1 Participation and connectivity

The Partnership Board is chaired by an independent Chair. Other non-executive members include the chairs of the three assurance committees which support the Board (Finance and Performance, Quality, and People). Participation on the Board includes both Craven and Bradford District perspectives, and a wide range of relevant sector perspectives (care sector providers, voluntary community and social enterprise sector, primary care) as well as all local council and NHS bodies. The independent Healthwatch organisations for North Yorkshire and Bradford District also participate, and chair the Citizens Forum. In addition we have a clinical forum that helps ensure we have clinical input into our decision making and taking.

The Partnership Board oversees the local health and care system. The delivery of the system is led by an executive group, the Partnership Leadership Executive, chaired by the Place Lead. Our Place Lead is Mel Pickup who is also the Chief Executive for Bradford Teaching Hospitals NHS Foundation Trust. It oversees the work of five strategic priorities, four enabling programmes, and the work of the local ICB team which supports the partnership and delivers the NHS ICB functions in Bradford District and Craven.

The BD&C Health and Care Partnership is one of the strategic partnerships that come together at the Bradford District Wellbeing Board to align our work and maximise our collective impact to deliver the District Plan. The BD&C team of the ICB are also well connected into the Health and Wellbeing Board for North Yorkshire.

The BD&C Health and Care Partnership is well connected into the wider West Yorkshire Integrated Care System. Our Place Lead is a member of the NHS West Yorkshire Integrated Care Board, and participates in the senior leadership and management forums. Our independent chair meets regularly with the chairs of neighbouring Place committees and the chair of the West Yorkshire ICB. Several of our BD&C Partnership Board members from CBMDC and local NHS provider trusts are members of the West Yorkshire Integrated Care Partnership.

4.2 Areas of focus

Since establishment in July 2022 the BD&C Partnership Board has met formally four times and has also undertaken three development sessions.

The areas covered by the Board have included;

- strategy and its delivery through our five priority areas
- assurance and the work of our committees
- system finance, performance and business planning
- management of risks and issues
- estates including Airedale General Hospital, Lynfield Mount, and Shipley Hospital
- system flow and transfers of care
- actions to tackle the cost of living crisis
- a new approach to understanding what matters to our communities through our Listen In programme https://engagebdc.com/listen-in-bdc

Naturally in the first few months of operation there has been a focus on the establishment of governance arrangements for the Board and its committees.

Development sessions have focused on:

- reducing inequalities
- sustainability
- board assurance framework
- measurement of impact and development of a balanced scorecard

4.3 Openness and probity of decision making

The BD&C Partnership Board publishes its papers in advance on the BD&C Partnership website and publicises the forward programme of meetings through all partner communications channels. The Partnership proactively seeks questions from members of the public and considers them at every Board meeting.

Every formal Board meeting is held as a meeting in public at different community venues across Bradford District and Craven to enable members of the public to attend. So far we have met in Bowling, Eccleshill, Skipton, Buttershaw, and Keighley. Our next two meetings will take place at Carlisle Business Centre in Manningham, and Thornbury Centre in BD3.

The policies of the WY ICB are followed in relation to the declaration and management of potential conflicts of interest, with action taken before and during our meetings. There is a published register of interests for all members, which is regularly reviewed and updated.

4.4 Listening and involving

A key development for the Partnership this year has been the introduction of ‘Listen In’. in the weeks prior to each Board meeting a series of visits to local community organisations, and public spaces (markets etc) is undertaken by Board members. These visits are targeted so that they take place in the locality in which the next Board meeting will be hosted. They have been well attended and impactful on the work of the Board. Learning from each programme of visits is discussed at every Board meeting.

This approach has also proved to be an effective way of encouraging public participation through the asking of questions to the Board and attendance at meetings. Section 5.2 highlights some of the learning gained through the Listen In approach and how this is influencing the Partnership.

4.5 Review and evolution

The Partnership Board is committed to ongoing improvement and is about to embark on its first annual committee effectiveness review. While this feels relatively early in our evolution, it will establish an appropriate annual cycle for the future.

Matters that we will include in the review include membership and participation, effectiveness of meetings, delivery of agreed purposes, and opportunities for improvement.

5. Making a difference by Acting as One

5.1 Our Strategic Priorities

We have been working on a strategic priorities re-set programme that's designed to help us meet the challenges we expect to see for our Bradford District and Craven Health and Care Partnership.

These challenges include meeting our core responsibilities that improve the health and wellbeing of our communities as well as our colleagues and to deliver sustainable change across health and care so that we can achieve our vision to keep people 'happy, healthy at home'.

Our focus is on delivering the best possible outcomes, including reducing inequalities, for our communities and for our colleagues.

Our health and care partnership has been working together to refresh our priorities which are as below.

- Access to care - this includes unplanned care (for example when you need help in an emergency), planned care (such as when you need treatment that is scheduled in advance), long-term conditions (such as diabetes) and our cancer screening programmes
- Children, young people and families - this includes our first 1001 days programme (previously known as better births), prevention and early help (such as through public health nursing or the Living Well Schools), pathways and services (such as community therapy services) and complex care (such as transition to adult services)
- Healthy communities - this includes work done through our existing community partnerships, community health and integration (such as virtual wards and end of life care) and local community-based collaboratives such as primary care networks
- Healthy minds - this covers mental health, neurodiversity, learning disabilities and substance misuse
- People development - to recruit, retain and develop our health and care workforce

Our priorities are supported by four enabler programmes which are as below.

- Living well
- Reducing inequalities
- Digital data intelligence and insight
- Estates

5.2 **Learning from listening to local communities**

In the first few months the Partnership Board has responded to questions from the public covering a wide range of topics, many of which resonate with the lines of enquiry pursued by the HOSC. Questions have covered:

- access to general practice services
- access to specialist dental services for people with specific needs
- rural access and transport
- autism assessment capacity
- diversity of leadership in the Partnership
- suggestions to improve transitions from active treatment to end of life care

In addition to these questions the Listen In process has highlighted:

- the importance of good public transport networks, not just in rural areas

- the impact that the cost of living crisis is having on people's health and wellbeing
- the critical role that community groups and hubs play in creating health and wellbeing
- the importance of mental health, particularly expressed by young people
- the public appreciate that resources are limited and want to play their part
- primary care is particularly important to people as a gateway to support

5.4 Partnership risks and issues

The Partnership Board has developed a comprehensive approach to identifying and managing risk, which forms part of an overall risk management system for the Integrated Care System. This will continue to evolve as we seek to focus on the areas where a BD&C Partnership response can add value to the existing work of partner organisations.

Key themes which we continue to work on include:

- estates, particularly the risk to service continuity associated with the extensive presence of RAAC concrete in Airedale General Hospital
- sufficiency of workforce now and into the future
- fragility of the care sector
- ensuring the model of care for children and young people's mental health is fit for the future
- meeting the needs of children and young people with complex needs requiring seamless collaboration between partners
- timely access to care for all, reducing waiting times and managing multiple chronic conditions

5.5 Demonstrating impact for people

We are proud of the work we have been doing building on solid foundations that have been harnessed by our Act as One ethos that helps deliver our vision to keep people 'happy, healthy at home'. In this section we are providing a snapshot of some of the work we have done that is changing lives. We have included links to national reports and case studies that highlight the progress we are making.

Real people telling their stories. Our projects, funded by the reducing inequalities in communities (RIC) initiative, have improved lives in some of our most challenged communities. We have a number of people's stories to demonstrate the impact made, you can watch these stories here https://bdcpartnership.co.uk/strategic-initiatives/ria/ric-human-stories/

We are building up a bank of case studies to bring the work of our partnership to life you can find these here Case studies - Bradford District & Craven Health & Care Partnership (bdcpartnership.co.uk)

Our system transformation programmes. Prior to our recent strategic priorities re-set programme we had been working on seven system transformation programme. The work we have delivered on those programmes has been summarised by a local young person, Haris Ahmed, through a piece of performance poetry

www.bdcpartnership.co.uk/transformation-programmes-our-year-in-review-2021-2022/. In the appendices we have shared an infographic that captures some of our key achievements for 2021-2022.

Our response to the cost of living crisis. We have been featured in a national case study and took part in a national workshop to describe how we have worked as a place-based partnership to respond to the cost of living crisis https://www.england.nhs.uk/integratedcare/resources/case-studies/partnership-working-in-bradford-district-and-craven-helps-communities-with-the-cost-of-living-crisis/

Discharge and flow. While we accept that discharging people from hospital when they are medically fit to do so is challenging, we are recognised for the leading work we have done in this area and we were asked to share our best practice by NHS Providers https://nhsproviders.org/nhs-activity-tracker-2022/july-2022

This may help. We have been leading a national campaign, on behalf of NHS England, called This May Help providing advice and support for parents and carers looking to support their child's mental health https://thismayhelp.me/

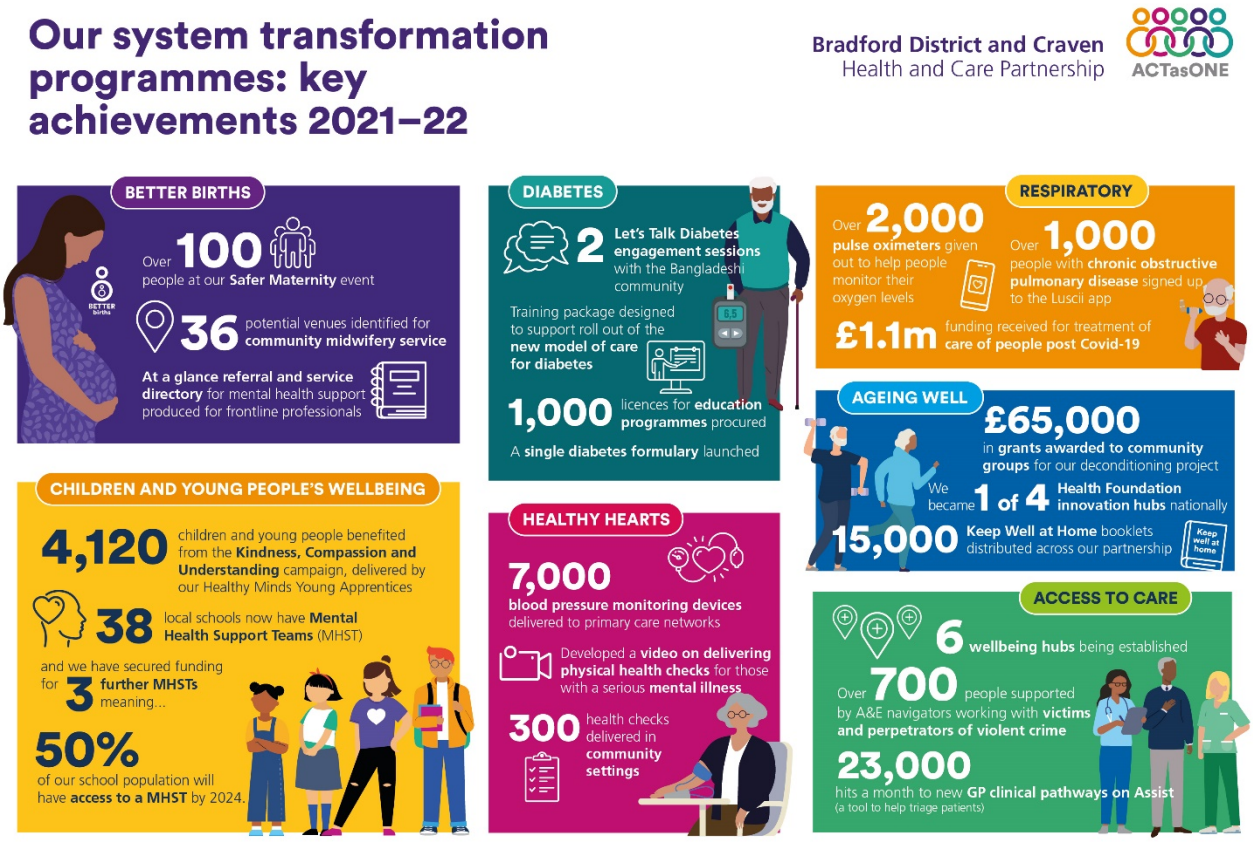
It's a GP Practice Thing is an insight-led campaign which we developed in Bradford District and Craven to increase public awareness of the range of services at GP practices, and how they can be accessed. This campaign has now been adopted across West Yorkshire. The campaign is underpinned by insight from local communities, and was co-developed with local patient groups and primary care staff to co-create the most effective messages, design style, community language versions and marketing channels. You can find PDFs of the Bradford District and Craven booklets and information poster attached. Printed copies can be ordered via our website: It's a GP Practice Thing - Bradford District & Craven Health & Care Partnership (bdcpartnership.co.uk)

6. RECOMMENDATIONS

The views of the Overview and Scrutiny Committee on the content of the report are requested. Particularly the members are invited to add to the views of the public as described at section 5.2

7. APPENDICES

Infographic demonstrating our key achievements from our system transformation programmes 2021-2022



An easy read explainer of our Bradford District and Craven Health and Care Partnership

Bradford District and Craven Health and Care Partnership
We are the health and care partnership for Bradford district and Craven. We Act as One with the ambition of keeping people 'happy, healthy at home'.

Act as One describes our approach for our health and care partnership for Bradford district and Craven that serves a population of around 650,000 people with a health and care workforce of around 33,000 supported by over 5,000 voluntary and community sector organisations. The partnership is made up of NHS, local authority, Healthwatch, community and voluntary sector organisations and independent care providers.

Our focus is on preventing ill health as much as possible. We will create opportunities that help people stay healthy, well, and independent and tackle inequalities across our communities. We will prioritise prevention and early intervention, fostering healthy lifestyles, self-care and nurturing active communities so that people are happier, healthier and more independent.

When people need care and support from our services, it will be easy to access, joined up, designed around their needs, and provided as close to where they live as possible.

We want people to be healthier, happier, and have access to high quality care that is clinically, operationally and financially stable. In other words we want you to be as safe as possible when accessing care while ensuring we make the best use of our resources that are funded by you as taxpayers.

Our health and care partnership has been working together to refresh our priorities which are as below.

- Access to care
- Children and young people
- Healthy communities
- Healthy minds
- People development

Our priorities are supported by four enabler programmes which are as below.

- Living well
- Reducing inequalities
- Digital data intelligence and insight
- Estates

You can find out more about our Bradford District and Craven Health and Care Partnership by visiting www.bdcpartnership.co.uk

Bradford District and Craven Health and Care Partnership Board

Our Bradford District and Craven Health and Care Partnership Board is a place committee of the NHS West Yorkshire Integrated Care Board. Our committee, like those across West Yorkshire, is made up of local health and care leaders, and independent people who do not work for health and care organisations such as Healthwatch and our voluntary and community sector. Supporting the work of our Board are five sub committees - finance and performance; quality; people; clinical forum and citizen's forum.

Our Board is committed to being open and transparent in our decision-making as described below.

- All meetings are held in public either online or, where safe to do so, face to face in accessible venues.
- Papers for the meeting are made available on our place-based partnership website seven days in advance.
- We collect public questions ahead of meetings and publish responses.

You can submit questions for our Partnership Board and register to attend the meeting on our digital engagement platform by following this link engage with our Partnership Board.

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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Strategic Director of Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 22 March 2023

AC

Subject:

Health & Wellbeing Commissioning Update and Intentions – Adult Social Care 2023

Summary statement:

In this report, we:

- Provide an update on delivery against the new Commissioning Strategy for 2022-2027
- Set-out our commissioning intentions for 2023/24.

EQUALITY & DIVERSITY:
As part of the commissioning processes Equality Impact Assessments are undertaken at key points in the process, where requirements necessitate.

The team will contribute to the Council's equalities objectives in the following ways:

- **Leadership and commitment:** Through promoting discussion at Commissioning SMT meetings regularly
- **Workforce:** Positive recruitment of staff with the right values-base to work in social care and who are representative of Bradford's communities.
- **Service Design/Delivery:** We will design, commission and deliver services that are accessible, inclusive and responsive to the needs of people and communities within the District.
  Communities: We will further develop our relationship with community networks to ensure their voice informs our commissioning approach, promote the role of the VCSE and improve our equalities data collection will be reviewed to ensure we're getting the right intelligence to inform our work.

Iain McBeath
Strategic Director of Health and Wellbeing

Report Contact: Jane Wood and Holly Watson (Commissioning Team)
Phone: 07970 273682
E-mail: jane.wood@bradford.gov.uk

Portfolio:

Healthy People and Places

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

1.1 This report provides an update on the commissioning and contracting activities undertaken in 2022/23 and sets out key commissioning plans and intentions for 2023/24.

2. BACKGROUND

2.1 The Health & Wellbeing Department (the Department) commission a wide range of Adult Social Care services for people across the District. This is achieved through an on-going programme of commissioning, procurement, contracting and quality assurance activity.

2.2 This work is aligned to the key priorities of the Department's 3-year plan and the overall ambitions for Bradford residents to be happy, healthy and at home and for Bradford to be a place where people have choice about their health and wellbeing.

2.3 To achieve this, we aim to work collaboratively with our providers, other partners and the wider community to understand our population, continue to develop our local market in Bradford, and how we can best support people to be as independent as possible.

2.4 In the summer of 2022, we launched a new 5-year Commissioning Strategy which sets out the ways in which the Adults Commissioning Team will work to deliver on our annual commissioning intentions and ensure that people in the District are able to get the care and support they need to live happy and healthy lives and achieve their goals.

3. Report issues

Update on commissioning and contracting activity undertaken in 2022/23

3.1 2022/23 saw the expansion on the Adults Commissioning and Contracts Teams following investment from the Council, with new staff joining throughout the year. The Adults team have now also joined Children's and Public Health commissioning teams within a new People Commissioning service. Given the introduction of new staff there has been a strong focus on development and learning within the teams.

3.2 The new staffing structure has enabled the team to increase the pace of commissioning activity and significant progress has been made across all service areas. Commissioning work undertaken has included:

3.2.1 In Early Help and Prevention and Mental Health services:

- Implementation of new Housing Related Support contracts with Horton Housing and Centrepoint.
- Tender, award and implementation of 'buddy' schemes for people with Learning Disabilities and Older People.
- Tender, award and implementation of Mental Health Wellbeing Service, now delivered by The Cellar Trust.
- Extension of the MAST grant agreement.

- Review, tender, award and implementation of Carers services
- Review of the User-Led Organisations contract.

3.2.2 In Learning Disability, Autism and Neurodiversity services:

- New providers were found for 5 supported living properties following the withdrawal of SJOG from the market.
- Tender and award of the first round of a new Supported Living Provider List.
- Re-launch of a project to develop Small Supports in Bradford.
- On-going work to find alternatives for people living in block-funded residential care homes.

3.2.3 In Older People, Physical Disability and Sensory Impairment services:

- Comprehensive review and re-design of Home Support services in Bradford, with the tender launched this month (March).
- Embedding of the Residential and Nursing Care Home Provider List, with 238 homes (in and out of District) now signed up to the contract.
- Review and tender of the Dementia Advice and Support service

3.3 The Contract and Quality Team contract manage over 500 provider organisations with a total spend of c. £140m to ensure that quality and service standards are met in line with the contract. This includes quality monitoring and risk management through a proportionate risk based approach working with other professionals and partners. A key work area in 2022/23 has been the mapping of current procedures, identifying any areas for improvement to ensure the quality systems and process are robust.

3.4 The Contract and Quality Team has responded to some significant quality and sustainability issues, particularly in the care home sector. In 2022/23 four care homes closed within the District. Two were unplanned closures as a result of quality concerns and two were planned as providers took the decision to withdraw from the market, mainly linked to sustainability concerns.

Responding to care home closures

The Contract and Quality Team has a standard operating procedure for care home closures which involves our key system partners and is designed to ensure the needs and wishes of the residents and their family remains paramount, irrespective of any funding arrangements.

It is recognised any home closure is always an extremely distressing and difficult time for everyone involved. Our Social Work team will provide direct individual support in helping people safely relocate. A specific Social Worker will be allocated to each resident and will afford the opportunity for both residents and their family to view potential new accommodation and provide support and choice to help make the right decision for the individual.

A key consideration is always communication and how this is managed, very often this is dictated by timescales for a service ceasing to operate.

We have adopted our procedure for each home closure in the District this year, adapting elements to respond to specific circumstances. In every situation we have been able to successfully relocate all residents to other homes within Bradford.

All post closure reviews include any valuable lessons learned. Social Work staff ensure all relocated residents have settled in their new accommodation, along with the new service monitoring their individual needs.

Working alongside the Bradford Care Association, we have helped any potential displaced staff to continue their employment at a new location. This support is critical as often staff will move along with the residents with whom they have previously worked thus ensuring some continuity and understanding of the person's needs.

3.5 A key communication tool originally started during the pandemic, the Provider Bulletin, has evolved following feedback from stakeholders. Whilst the frequency of 'editions' has reduced, the content now better reflects the mix of accommodation and community based services.

3.6 This year, the team has undertaken fair cost of care exercises for 65+ care homes and 18+ domiciliary care in order to meet the funding requirements set out in the Government's Market Sustainability and Fair Cost of Care Fund. The exercises were run with the support of consultancy firm ARCC. The Council produced reports detailing the process and results of the exercises (available here) and a Market Sustainability Plan which will be published at the end of March.

Delivery against the ASC Commissioning Strategy

3.7 **Co-producing commissioning and quality**
Through the commissioning activity this year, the team have worked to ensure people who use services, their families or representatives have been given opportunities to be involved in review, design and delivery of services. This has included holding consultation events, widening the use of 'I' statements in specifications (taken from national tools such as TLAP Making It Real, and personalised to the service being commissioned being taken from the consultations), and involving people in evaluation panels.

The Co-Production Partnership

In 2022 Equality Together and BTM worked with the Commissioning Team to develop plans for a Co-Production Partnership. Launch and development events took place with over 200 people getting involved. A structure for the Partnership is currently being piloted, with groups set up to work with the Commissioning Team on projects around improving accessible information, day services, independence and choice and access to services.

Engagement work with people with lived experience

As part of our work to develop an Accommodation and Support Strategy for people with Learning Disabilities, we worked with SORM and people with lived experience to produce a series of short films that help people to understand the different types of accommodation options that are available to them across the District. These were used to help thinking during the consultations for the strategy.

In this clip, Howard explains why he likes living in his Supported Living accommodation.

3.8 **Promoting equality and inclusion**

We have introduced a renewed and stronger focus on 'culturally-appropriate services' in all new specifications produced since the launch of the strategy. This approach goes beyond monitoring protected characteristics (which still happens) and focuses on making sure services are open, welcoming and accessible for all, whatever their cultural identity or heritage.

Cultural identity or heritage can cover a range of things. For example, it might be based on ethnicity, nationality or religion, to do with the person's sexuality, gender identity or their disability

People who use our services should be able to say:

- ✓ I feel part of a community that is important to me
- ✓ I am treated with respect and dignity
- ✓ I am supported by people who see me as a unique person with strengths, abilities, and aspirations

Within commissioned services, we have focused on how providers can promote equality and inclusion for the people they support.

Pathways to Employment service

This service is delivered by The Cellar Trust, funded by a Council grant, to support people with mental health needs to prepare for and find work and other vocational opportunities. A case study from the perspective of a person using the service illustrates the benefits the service has had on them. This individual had trouble with applying for jobs and the interview process, and received support to overcome this: *"he's given me such amazing advice about the smallest things to others but biggest impact on me".* They now have tools and techniques to cope with things such as remembering information and better confidence.

3.9 **Outcome-focused services driven by choice**

Work is ongoing to improve how we focus on and describe outcomes within specifications. Within the new model of Home Support being developed there will be an innovation site around outcome-based home support.

Dementia Advice and Support

During development of the new Dementia Support and Advice Service tender, we attended a variety of support groups across the District to speak with people living with dementia and their carers to gather their feedback on the current service and better understand their needs and wants from the new service. A survey was also shared across support groups for completion. From this feedback and conversations with people with lived experience, we have been able to identify the key outcomes which people feel are most important to them after assessing services, and have been able to adapt the specification accordingly.

A Lived Experience Panel has also been created who developed 2 evaluation questions for providers to respond to as part of their tender application. These focus on how the service would be able to deliver key outcomes for these individuals without overwhelming them.

A Direct Payment Action Plan has been worked on with the aim of increasing the number of Direct Payments to the regional average. This year, this has included carrying out a survey of Direct Payment recipients, improving data sources and training within social work teams. Feedback from social workers and people who have Direct Payments identified that trouble finding Personal Assistants was a barrier to people choosing Direct Payments.

Personal Assistant Recruitment Event

In December 2022 the Direct Payments Team, along with colleagues from Skills House and Social Work Teams ran a 'Meet and Greet' event for people in receipt of Direct Payments and for people looking for employment as Personal Assistants.

We wanted the event to be an opportunity for Direct Payment recipients to meet prospective Personal Assistants and also for people looking for Personal Assistant work to join the Personal Assistant Register operated by the Direct Payment Team, and to meet prospective employers. The event was also an opportunity for Direct Payment employers and Personal Assistants to find out information about Social Care training courses.

The event was held in Bradford City Centre in an accessible venue. BSL interpreters attended to support Direct Payment recipients from the Sensory Needs Service.

Approximately 70 people attended the event, a mix of Direct Payment recipients and people looking for work as Personal Assistants. The Personal Assistant Register has significantly expanded following the event.

3.10 **Recognising points of transition and life changes**

We are starting to recognise more explicitly that people often come to the services commissioned in the District at a significant point of change in their lives – including following hospital admissions.

MAST

Serena* was admitted to hospital for excessive alcohol consumption and was referred to the MAST Team for support. At the time she to drinking one to three bottles of gin every evening and felt she was in denial about drinking too much.

Serena felt that the admission to hospital was a 'wakeup call' and she was able to talk about her life and the effects it had on her 3 adult children, one of which was struggling with alcohol issues himself. She wanted to be a good role model for her children and accepted support from MAST.

The MAST Community Worker was able to meet Serena at home, where she felt comfortable talking and being at ease. Serena was supported in the visits and also signposted to other relevant places to get the support she required. Apps, websites and books were also used to support her. She particularly found one of the books very helpful and was able to discuss this with her MAST worker.

As a result of the support, Serena was able to reduce her alcohol consumption. She said she felt a sense of achievement and was talking of becoming sober. She had started discovering alcohol free drinks more. She reported feeling safe and was able to discuss concerns with her worker.

By the end of the support Serena had completely stopped drinking alcohol and was enjoying her life so much more. She felt she had more energy and enthusiasm for life and was also a good role model for her children.

Serena said “Thank you so much for all your advice and support. I really couldn’t have done this without you.”

**Name has been changed.*

3.11 **Promoting support that acts early**

To ensure that people can join in with the activities in community buildings we funded £1m of improvements across the District

The Café West shower

"We have a service user who is wheelchair bound, she lives approx. 25 minutes from the centre however relies on an access vehicle to come to our building. Several weeks prior to the construction of the shower facilities, she unfortunately had an accident within our building, and it was noticeable to others. With no change of clothes and no ability to adequately wash herself, she removed herself from accessing the group for this reason and my staff had conversations with her confirming this was the reason why.

We explained that we were getting a shower fitted through yourselves in a matter of weeks and this reassured her. Two weeks after the shower was constructed, she re-attended the group and we held a towel and spare clothes for her whenever she may need them. This allowed this lady to attend our services for an additional 8 months with dignity and respect knowing that if issues were to arise, they could be dealt with.

This lady unfortunately recently passed away but we ensured she lived the fullest possible life until the end, this grant and access to the showers simply made it possible for her to leave her home for several hours twice a week, receive a warm meal and be surrounded by friends. This is something that a cost cannot be applied to. Thank you"

Watch a short video about new toilets at South Square – here

Early help is also being considered across all service areas – to ensure people get the support at the right time for them, and prevent and delay the need for higher levels of support.

Removing barriers to access

From feedback received from providers and individuals accessing services, we realised that there is a long waiting time currently for people to receive a memory assessment needed for a dementia diagnosis. This means that services which are only available after diagnosis leave people with long periods without support.

From this learning we changed the criteria of our new Dementia Support and Advice Service, removing the requirement of a dementia diagnosis for people to access this service. This now means that people can receive personalised advice and support right from the first time they have concerns about their memory if they wish and they will not be excluded from this service if awaiting a diagnosis. This will help prevent individuals facing a delay in receiving support, during which time their needs may worsen.

3.12 Improving quality

Improvement to monitoring systems

The teams' Customer Care Log (CCL) has been fully reviewed and further developed to ensure concerns and complaints are received, recorded and reacted to in a more systematic way which enables the identification of trends which can then be examined within the team.

Supporting sustainability

At the beginning of 2022 we started to see a significant increase in petrol and diesel costs. This had a big impact on home support staff who need to travel between people's homes to deliver care. The Council has made £590,000 available in 22/23 to Home Support providers to help them, and their staff cover fuel costs.

3.13 Identifying need and tracking impact

Working within the region

We know that at a national level there is a gap in life expectancy for people with learning disabilities and/or autism and we are working together with our colleagues from health and care teams across the region and in West Yorkshire to take on the 'Learning Disability Challenge'. The aim of this initiative is to reduce the gap in life expectancy for people with learning disabilities and for autistic and other neurodivergent people living in West Yorkshire by 10% by 2024.

We are also working with regional and West Yorkshire colleagues to deliver other projects such as: -

- The all-age **Neurodiversity** (Autism and ADHD) **'deep dive'** across West Yorkshire. This project aims to understand the current experience of people who use Autism and ADHD services, map existing provision and identify gaps, with a view to addressing current and predicted patterns of need.
- The **West Yorkshire Housing Needs Analysis** – This project aims to understand and map the housing needs of people with severe mental illness, people with complex learning disabilities and people with autism across the West Yorkshire area.

Supporting people with sensory impairment

Staff at the Morley Street Resource Centre have conducted lots of engagement and consultation with groups across the District supporting those with sensory impairments. The feedback from groups was that they would like the opportunity to access small amounts of money to further develop their groups, advertise them better and run new activities to try increase membership. From this, the Sensory Impairments Friendship Grants were developed to meet this need. Groups also told us that they have low confidence in applying for funding and so we are developing support workshops to show groups how to apply and are making the application process as simple and easily accessible as possible, particularly by adapting the process to suit people with sensory impairments.

3.14 Promoting Voluntary, Community and Social Enterprise (VCSE)

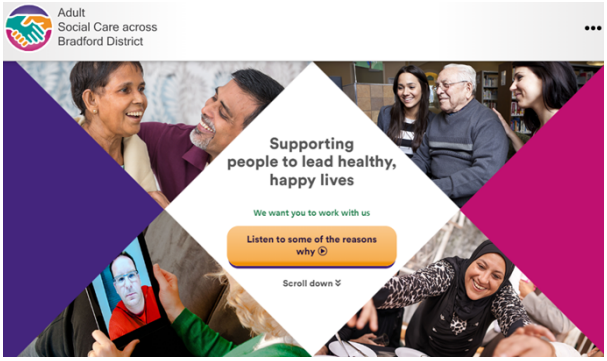
We are currently working with the VCSE to develop a space where the Voluntary Sector and Commissioners can work together more closely. In 2023 we aim to refresh the Compact, develop a VCSE commissioning strategy and work on a vision for early help and prevention.

3.14 **Supporting workforce development**

Providers have told us that access to a stable and suitably experienced workforce is one of the biggest challenges they face. There are issues with both recruitment and retention of staff. Our new Workforce Development Strategy, launched in 2022, sets out plans for how we can start to address some of the issues faced by the sector.

Bradford Cares

Bradfordcares.co.uk/ is a website designed to attract people into care jobs. It describes the range of different roles available both in the independent sector and in the Council (including commissioning). You can read about the benefits of working in care, watch videos of people talking about what they do, and find out about job vacancies.



3.15 **Partnership working with providers**

Working with Home Support providers

Home Support Provider engagement sessions have been taking place fortnightly since October 2022, to allow us to share information with providers about the new contract tendering process and gather feedback on key issues. Different members of the team have led sessions focussing on key areas to ensure providers are aware of the reasoning behind our new contract model.

3.16 **Partnership working with Health**

We have continued to develop strong partnership working approaches with health through system working, in meetings such as the Planning and Commissioning Forum, and within our day to day work through joint commissioning projects such as the Dementia Advice and Support Service and Home Support.

Commissioning Community of Practice December Workshop

In December 2022, commissioners from Adults, Children's, Public Health and the ICB got together to think about how they use data and can share skills and resources around this. Workshops such as this one help to develop system-focused partnership working.

System Working

As part of the Home Support new contracts, the Council and Health are working together to combat the workforce challenges we are facing. This is through developing new opportunities and roles within Home Support, with the aim of attracting new staff and skilling up current staff. This will help promote Social Care as a career of choice and support colleagues in health where they have workforce pressures.

Commissioning Intentions for 2023/24

3.17 Our commissioning intentions for 2023/24 are set out in Appendix 1. Reviews of each service will be undertaken and options appraisals produced. Services listed may be varied, extended or re-procured depending on the most appropriate option available.

3.18 Listed in the table below are the new commissioning intentions that have a value above £2m:

Service or Project	Estimated annual value	Detail
Learning Disability Respite	£500,000	We have reviewed our current offer of respite/ short breaks for adults with Learning Disabilities and have started the process of re-commissioning our accommodation-based service with a longer-term aim of bringing in a wider offer of respite support. The new service will be in place from November 2023. This work has been delayed from 2022/23 due to work to understand and stabilise costs within the current provision.
Mental Health Supported Living	£2.6m	The decision was taken to separate Mental Health services from the Supported Living Provider List opened in 22/23. This is to enable a greater focus of recovery-based and specialist provision for people with Mental Health needs. Current provision will continue while development, co-production and design work takes place.

Homelessness Partnership	£600,000	Current contracts end on 31/03/2024. These services support people who are facing homelessness to access short-term accommodation and support to help them move on to long-term, stable housing. Services will be commissioned in partnership with colleagues from Housing.
New Choices re-provision	£7.14m	In April 2022, day services delivered under a block contract by HfT moved to New Choices, special purpose vehicle owned by the Council. After a year of stabilisation, longer-term re-provision will now take place. This may including moving people into existing provision, supporting user-led approaches and procurement of transformational contracts.
Young People's Service	£1m	We are aware of a current gap in services for support for people leaving children's services, who do not have eligible care and support needs as an adult. We intend to identify providers who can develop services to support this group.

3.19 In the next twelve months, the Contract and Quality Team will:

- Begin the implementation of PAMMS (Provider Assessment and Market Management Solution) which is an electronic platform that enables consistent measure of quality, finance and activity within commissioned services.
- Continue to enhance our joint working with system colleagues – the ICB, (Integrated Care Board) Quality Team and the Safeguarding Adult Team ensuring alignment of our processes and policies.
- Further develop the business relationship function of the Contract and Quality Officers whereby each officer has a specific portfolio of care settings, working closely with and supporting the provider service.

3.20 As the People Commissioning service develops consideration will need to be given to how resources, such as support from Procurement and Legal, are shared across the teams. This may lead to changes in the commissioning intentions over the year so key priorities across the service as a whole are met.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 Commissioning activity is undertaken in line with Contract Standing Orders. Budgets are set in each area of the department and financial and performance monitoring routinely takes place. There is no direct impact on the budget but as the commissioning strategy and intentions are embedded, specific monitoring will take place to ensure that the spend remains within budget.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 Each commissioning project is managed by a team that includes commissioners, operational colleagues, finance, procurement and legal staff. To manage activities and timescales there is a formal project plan, which includes a risk register, equality

impact assessment and a communication plan which is monitored by the project team.

5.2 The project team reports progress to the Assistant Director and the departmental management team. Jointly commissioned projects report to the relevant joint boards.

6. LEGAL APPRAISAL

6.1 All commissioning will be carried out in accordance with Contract Standing Orders.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

7.1.1 Each commissioning project will take into consideration what contribution services can make towards achieving sustainability strategies in the District.

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

7.2.1 Providers of commissioned services will be required to support the Council's commitment to reduce CO2 emissions through the standard contracting arrangements it enters into with Council.

7.3 COMMUNITY SAFETY IMPLICATIONS

7.3.1 There are no community safety implications arising from this report.

7.4 HUMAN RIGHTS ACT

7.3.2 The Human Rights Act 1998 provides a legal basis for concepts fundamental to the rights of people. The fundamental rights include rights that impact directly on service provision in the health and social care sector.

7.3.3 Where services are commissioned, providers of services will be required to comply with the Human Rights Act through the contracting arrangements it enters into with the Council.

7.5.1 TRADE UNION

7.5.1 There are no Trade Union implications arising from this report.

7.6 WARD IMPLICATIONS

7.6.1 There are no direct implications in respect of any specific Ward.

7.7 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

7.7.1 Not applicable

7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

7.8.1 The implementation of an adult social care commissioning strategy and intentions will have positive implications for corporate parenting. The Council's ability to fulfil its legal and moral duty to safeguard and promote outcomes for its Looked after Children, will be considered in the detailed commissioning intentions.

7.8.2 Although the team works primarily with adults we recognise the role the services we commission play in people's lives over time – including as they transition from children's to adult services and supporting adults as parents. The implications for children and young people will be considered during the commissioning process.

7.8.3 As we embed the role of the People Commissioning service, we will also explore the opportunities for closer working with Children's Commissioning and "all age" thinking where relevant.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

7.9.1 A full Privacy Impact Assessment will be undertaken to determine specific areas of UK General Data Protection Regulation (UK GDPR) and information security as part of the commissioning process. It is recognised that the potential for transfer of personal data might be significant when commissioning and procuring services.

7.9.2 There may be a need for partner agencies to share data however this would only be with the express permission of individual affected in the full knowledge of why and what it would be used for.

8. NOT FOR PUBLICATION DOCUMENTS

8.1 None

9. OPTIONS

9.1 This report is for information.

10. RECOMMENDATIONS

10.1 That the Committee note the report

11. APPENDICES

11.1 Appendix 1 – Health & Wellbeing – (Adult Social Care) Commissioning Intentions for 2022/23.

12. BACKGROUND DOCUMENTS

12.1 Adult Social Care Commissioning Strategy 2022-27: https://www.bradford.gov.uk/media/7200/asc-commissioning-strategy-22-27.pdf

12.2 Health & Wellbeing Commissioning Update and Intentions – Adult Social Care 2022 https://bradford.moderngov.co.uk/ieListDocuments.aspx?CId=145&MId=7634&Ver=4

APPENDIX 1 – COMMISSIONING INTENTIONS FOR 2023/24

Service or Project	Service Description	Current end date	Estimated annual value	Lead Team Area	Expected Procurement over £2m in 23/24
Learning Disability Respite	Respite and short breaks for people with Learning Disabilities	30/09/2023	£600,000	LD, A&N	Yes
Home Support	Care and support for people living in their own homes. Currently out to tender (previously reported to the Committee)	30/09/2023	£45m	OP&PDSI	Yes
Alternative to respite	Carers breaks/alternatives to respite service	31/01/2024	£93,800	EHAP	
Mental Health Support Living	Support and accommodation for people with Mental Health needs	31/03/2024	£2.6m	MH	Yes
Affordable Credit	Support for people to access affordable credit through a Credit Union	31/03/2024	£50,000	EHAP	
AccessAble	Online database of accessible venues	31/03/2024	£30,500	EHAP	
Accessible Information	Production of accessible information (such as videos, Easy Read)	31/03/2024	£69,000	EHAP	
Equipment Centre (to be reviewed with Blind Charities Tech)	Advice on and demonstration of equipment which can help people be more independent at home.	31/03/2024	£100,000	OP&PDSI	
Homeless Partnership	Services to support people who are, or who are at risk, of homelessness	31/03/2024	£600,000	EHAP	Yes
New Choices re-provision	Day services for people with Learning Disabilities and Autism, currently supported by New Choices.	31/03/2024	£7.14m	LD, A&N	Yes
Advocacy	Statutory (IMCA, IMHA and Care Act) and non-statutory advocacy provision (to be reviewed in line with LPS)	01/09/2024	£800,000	EHAP	

Service or Project	Service Description	Current end date	Estimated annual value	Lead Team Area	Expected Procurement over £2m in 23/24
Young People's Service	Support for people leaving children's services, who do not have eligible care and support needs	N/A	£1m	EHAP	Yes
Extra Care Review	Extra care services for older people	N/A	£3.6m	OP&PDSI	
SI and Dementia Buddy Schemes	Befriending / social support schemes for people with sensory impairment and dementia	N/A	£80k	OP&PDSI	
LD Block residential re-provision	Re-provision to supported living for people currently living in block purchased residential services	N/A	£4.3m	LD, A&N	
Small Supports	Personalised care and support for people with complex Learning Disabilities	N/A	TBC	LD, A&N	