

# Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 29 February 2024 in Committee Room 1 - City Hall, Bradford

Commenced 4.30 pm  
Concluded 8.00 pm

## Present – Councillors

LABOUR	CONSERVATIVE
<b>Godwin</b> Humphreys Jamil Kauser Wood	<b>Coates</b> <b>Nunns</b>

## NON VOTING CO-OPTED MEMBERS

Susan Crowe	Bradford District Assembly Health and Wellbeing Forum
Trevor Ramsay	i2i patient involvement Network, Bradford District NHS Foundation Care Trust
Helen Rushworth	Healthwatch Bradford and District

**Apologies:** Councillor J Clarke

Also in attendance: Councillors Ferriby and Duffy

## Councillor Jamil in the Chair

### 51. DISCLOSURES OF INTEREST

Councillor Godwin, in the interest of transparency, declared an interest that he was employed by the Airedale NHS Foundation Trust on a voluntary basis.

### 52. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

### 53. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

There were no referrals to the committee.

#### 54. UPDATE ON NEONATAL SERVICES

In 2019/20 Airedale Trust made a temporary change to its neonatal service due to operational pressures linked to Consultant Paediatrician staffing levels and in consideration of the recommendations of the Neonatal Critical Care Transformation Review. This meant that the unit started operating as a Special Care Unit instead of as Local Neonatal Unit, with approximately 24 families per year being transferred to a neighbouring unit (mostly Bradford) for delivery of their premature baby.

The report of Airedale NHS Foundation Trust and NHS England Specialised Commissioning (Yorkshire and Humber) (**Document “V”**) seeks support to progress with formalising the pathway change for Airedale neonatal unit, so that it continues to operate as a special care baby unit, but no longer provides high dependency care as a local neonatal unit.

The Lead Neonatologist, Airedale Hospitals NHS FT was at the meeting and at the invitation of the Chair introduced the report with a PowerPoint presentation. He commenced with an in-depth explanation of the Quality Impact process, emphasising that impact assessment was an ongoing procedure to ensure that all proposed changes or implementations which could affect patient services were thoroughly evaluated. This included changes in clinical areas, adoption of new information technology software for patient management, or any other business plans that could potentially impact patient care and staff. Any potential risks to quality of care for patients and staff were carefully considered, and necessary actions to mitigate these risks were identified in a standardised manner.

This tool consisted of an initial assessment (Stage 1) to assess the potential positive or negative impact on quality resulting from any proposed changes in service delivery, policy revisions, or introduction of new services. If any potential negative impacts were identified, they would be subject to a risk assessment using a risk scoring matrix to determine an overall risk score. Quality was being evaluated across 6 key areas during Stage 1 assessment. If a potentially negative risk score exceeded 9, it signified the need for a more detailed examination in that particular area. Any quality risk scoring above 9 would proceed to a detailed assessment in Stage 2.

In response to questions by the committee, it was clarified that:

- Approximately 24 premature or unwell babies would be transferred to the neonatal unit;
- The service recognised the challenges faced by families and took into consideration the location of the specialised unit during the referral stage;
- The goal was to ensure that babies were referred to the nearest specialist unit based on the proximity to the parents' home and the most suitable neonatal care required. However, some parents opted to arrange their own placement at the Airedale unit;
- To address the detrimental impact on families, the service established a Parent Advisory Group to oversee the process; and,
- For babies born around the 27-week mark or earlier, the appropriate

neonatal care services were provided based on the baby's health condition. The focus was on enhancing the quality of care provided, and improvements were implemented following assessments. These included adequate staffing levels, necessary resources, and suitable placements for newborn babies requiring special care. If the initial neonatal care was deemed inadequate for a newborn, the baby would be transferred to the Leeds specialist area.

**Resolved:-**

- (1) That Airedale NHS Foundation Trust's intention to progress with formalising the pathway change for Airedale neonatal unit, so that it continues to operate as a special care unit, but no longer provides high dependency care as a local neonatal unit be supported.**
- (2) That the Committee notes that further involvement and engagement with patients will take place to understand if any further arrangements can be made to strengthen the neonatal pathway and transition between services; and**
- (3) That the Committee notes that although the impact is small in terms of numbers, the impact of the change and on patient experience will continue to be monitored closely.**

*To be actioned by: Head of Specialised Commissioning, NHS England North East and Yorkshire*

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

The Bradford District and Craven Health and Care Partnership Board is the place-based committee of the West Yorkshire Integrated Care Board. It was 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 "W"**) provided a second annual update to the Health and Social Care Overview and Scrutiny Committee, following a report received by members on 22 March 2023.

The Deputy Chief Officer and Strategic Director Transformation and Change was in attendance and at the invitation of the Chair, gave a synopsis of the report.

A question session ensued to which the following answers were given:

- The service was actively working in partnership in a transparent manner to find safe solutions to overcome the challenges to services. The main focus was on maintaining high-quality services, emphasising on prevention and early intervention, and to ensure that decisions prioritised reducing health disparities. The service was committed to streamlining its efforts to avoid duplication and ensure that stakeholders were getting the best value

resources from all partners. With a unified approach and dedication to addressing inequalities, the service was steadfast in its goal of enabling people to live happily and healthily in their homes;

- Yes, the trust was on the verge of losing 20 out of a workforce of 187. The staff attrition was for the purpose of cost-cutting measures, service reductions, and service transfers;
  - A non-voting member of the committee stated that funding was not to the extent of retaining some services and therefore staff reduction was the appropriate measure however reassurance was given by the Partnership Board that services would be met as required. Significant planning had been discussed to ensure the delivery of vital services
- Every location was given unique saving targets based on their funding allocations. The targets were determined by taking into account the size of the service delivery area, its current budget, and the feasibility of operating efficiently with fewer staff. For Bradford District and Craven, the goal was to reduce the staffing budget by 15%;
- A funding of £91 million investment would be needed to create a best-in-class acute inpatient facility on the Lynfield Mount site to replace the main central building, and create a modern, therapeutic and inclusive patient environment, that destigmatised mental health; and,
- Due to significant risks that voluntary, community, and social enterprise organizations were currently facing, such as the potential impact on their sustainability, some organisations found themselves in challenging situations despite their efforts to address risks. One of the main contributing factors was the presence of short-term contracts with no opportunity for extensions.

**Resolved:-**

- (1) That officers and the Independent Chair be thanked for their report and attendance at the meeting, and that a further report be presented in 12 months; and**
- (2) That details of Listen In events be circulated to Committee members via the Chair.**

*To be actioned by: Health and Care Partnership Board*

**56. UPDATE ON THE PERFORMANCE OF THE PUBLIC HEALTH NURSING SERVICE (HEALTH VISITING, SCHOOL NURSING AND ORAL HEALTH SERVICES) FOR BRADFORD DISTRICT**

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Committee, following a report received by members on 22 March 2023.

Following a synopsis by Public Health Specialist, a question session ensued to which the following explanations were given:

- A demographics breakdown data could be provided at a later date;
- The proportion of pregnant women receiving antenatal contacts from the Health Visiting Service, 2022/23 was set at a lower target of 55% as opposed to 65% for reasons that some wards could be busier than others and therefore unable to make sufficient time for health visitors. However, the national benchmark was at the 50% target mark;
- Educational material was also available in different languages to meet the needs of various community needs including British Sign Language;
- The delay to health checks for children was due to not being able to meet the ever-increasing capacity of for services;
- In regard to breastfeeding, the service had seen general increase in the number of babies totally or partially breastfed 6-8 weeks after birth over the past year, from an average of 49.9% of babies in 2022-23, to 59.9% of babies so far this financial year; and,
- New mothers were routinely offered maternal mood screening at their 6-8 week review following the birth of their babies. The percentage of Mothers seen for their review by 8 weeks who were screened for maternal mood was 91.5% which had exceeded the target 91%.

The committee expressed its concerns to the health risks of community members in various parts of the city and it was important for the service to identify and tackles obstacles that may lay ahead in order to provide access to core health services.

**Resolved:-**

**That the report be noted and that a further update be presented in 18 months.**

*To be actioned by: Director of Public Health*

**57. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2023/24**

The report of the Deputy Director of Legal and Governance (**Document “Y”**) presented the Committee’s work programme 2023/24.

**Resolved –**

**(1) That the Committee notes and comments on the information presented in Appendix A.**

**(2) That the Work Programme 2023/24 continues to be regularly reviewed during the year.**

*To be actioned by: Overview and Scrutiny Lead*

Chair

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

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