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Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 6 October 2016 at Committee Room 1 - City Hall, Bradford

Commenced	4.33 pm
Adjourned	6.05 pm
Reconvened	6.15 pm
Concluded	7.50 pm

Present – Councillors

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

NON VOTING CO-OPTED MEMBERS

Susan Crowe	Strategic Disability Partnership
Trevor Ramsay	Strategic Disability Partnership
G Sam Samociuk	Former Mental Health Nursing Lecturer
Jenny Scott	Older People's Partnership

Observers: Councillor Ralph Berry (Labour) and Councillor Val Slater (Portfolio Holder for Health and Wellbeing)

Apologies: Councillor Sarfraz Nazir

Councillor Greenwood in the Chair

34. DISCLOSURES OF INTEREST

(i) Councillor A Ahmed disclosed a pecuniary interest that she was employed by the Yorkshire Ambulance Service NHS Trust, in relation to Minute 40 and left the room during consideration of the item.

(ii) Councillor Bacon disclosed, in the interest of transparency and in relation to Minute 39, that she was employed by the Unison trade union which was currently in dispute with some providers of Adult Social Care.

(iii) Councillor T Hussain disclosed, in the interest of transparency, that he was

a member of the Council of Governors of the Bradford Teaching Hospitals NHS Trust.

(iv) Councillor Gibbons disclosed, in the interest of transparency, that he was a member of the NHS Foundation Trust Board.

(v) Susan Crowe disclosed, in the interest of transparency, that she was commissioned by Public Health and Bradford City and Bradford Districts Clinical Commissioning Groups to deliver services, in relation to Minutes 38, 39 and 40.

(vi) Councillor Greenwood and Susan Crowe disclosed, in the interest of transparency, that they were members of Patient Participation Groups.

ACTION: City Solicitor

35. MINUTES

Resolved –

That the minutes of the meeting held on 1 September 2016 be signed as a correct record.

36. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

37. ACCESS TO NHS DENTISTRY IN BRADFORD DISTRICT

Healthwatch Bradford and District presented a report (**Document "L"**) on continuing problems with access to NHS dentists in the district.

The Manager of Healthwatch Bradford and District stated that access to NHS dentists was the most common reason for people to contact her organisation. She referred to the findings of a survey of 1,000 local people which showed that 43% of adults and 30% of children had no access to an NHS dentist. She stated that 10% of those surveyed had attended A&E as a result of dental pain and being unable to access dental care. She stated this was a significant issue, particularly in relation to the oral health of children and that a lack of access to routine dental care for families undermined public health work on prevention and education. She acknowledged that there was some good work being undertaken to tackle this issue but concerns remained as 74% of those surveyed who did not have an NHS dentist said they had tried to find one, without success. At the time of writing the report no practices within Bradford were listed on the NHS Choices website as accepting new NHS patients and last month only two practices in the whole of West Yorkshire were taking on new NHS patients. Healthwatch had welcomed the recommendation put forward by the NHS England Task and Finish Group to set up a pilot scheme in Bradford to improve access in April 2016, but had not seen any progress on this matter. She also queried the potential to

adjust the routine intervals of those who had access to an NHS dentist, in line with NICE guidelines, in order to free up appointments for those without access and with urgent need.

The Chair queried whether there were alternative ways for people to find an NHS dentist other than the NHS Choices website. In response, the Healthwatch Manager stated that the most common way was to telephone dental practices direct or call NHS 111. She was aware that work was being done to review how to keep the NHS Choices website up to date.

A Member questioned what the dental practices were doing to tackle this issue. A representative of the Local Dental Network stated that the funding available did not meet the demand for the service and one of the ways to reduce the demand would be to educate people about self care and prevention. He stated that there was due to be a new contract in 2018/19, but until more funding was available for practices to take on more patients, the cost burden would fall on practices and the practices that were struggling the most were in areas with high deprivation.

A Member questioned if the Healthwatch survey had highlighted a high number of people who had resorted to paying for private treatment due to not being able to access dental case within the NHS. In response, it was stated that the number was low and not considered a significant finding.

The Healthwatch Manager was thanked for her report.

Resolved –

(1) That the problem of lack of access to NHS dentists in the District, as highlighted by Healthwatch's survey, be noted.

(2) That Healthwatch Bradford and District be thanked for the information provided in their report.

NO ACTION

38. NHS ENGLAND DENTAL COMMISSIONING UPDATE 2016/17

NHS England – North (Yorkshire and Humber) submitted a report (**Document "M"**) which provided an update to the Committee since the last update in October 2015 on the current commissioning and commissioning plans for dental services in the Bradford and Airedale area encompassing access, performance, Public Health and other dental updates.

The Senior Primary Care Manager, NHS England – North (Yorkshire and The Humber) outlined the report highlighting the constraints of the system in place and the limited scope to move funding within it to areas of higher need. He stated that funding was constrained by the number of units of dental activity which dental practices were commissioned to deliver. He explained that there was opportunity to claw back funding when practices under delivered on their commissioned units of dental activity (UDA). He spoke of the increasing spend on unscheduled dental

care which had risen from £3.93m in 2014/15 to £4.25m in 2015/16. He outlined findings from the National GP survey which suggested that access was improving whilst recognising the challenges still being faced as outlined in the report from Healthwatch.

In response to the Healthwatch Manager's concerns regarding the lack of progress on the pilot project, he informed the Committee that the Director Team of NHS England – North (Yorkshire and The Humber), in considering the proposals, had advised that the assessment be expanded across Yorkshire and The Humber and before any investment could be considered it was necessary to develop an evidence base to demonstrate priority areas. This further work had commenced with support from colleagues across the region and would be discussed again with Directors in the future. No timescales could be provided.

With regard to the NHS Choices website, Members were informed that the existing NHS dental contract encouraged practices to keep their information on the website up to date. Due to current access issues, if a dentist was to advertise vacancies they would receive an overwhelming response.

It was reported that NHS England supported the development of a new national contract for 2018/19 and that there was a prototype practice in Bradford. The timescales for the new dental contract were yet to be confirmed nationally.

In response to Members' questions it was reported that:

- The evidence originally presented to the Director Team had been constrained to Bradford and North Kirklees, not the Yorkshire and The Humber footprint for which NHS England – North was responsible for.
- Under delivered UDAs were not necessarily the fault of the practice. It could mean that patients had not attended appointments which had hindered the ability of practices to plan. Within the current contract, a practice was able to over deliver the following year by the percentage amount that they had under delivered the previous year.
- In 2006 there were just over 1,000 A&E admissions in relation to dental care of which only three were serious conditions requiring hospital treatment; other patients were prescribed pain killers or advised to access dentistry care. The cost of these admissions was £64 per patient. It needed highlighting that A&E was not the place to go for dental issues.
- There did not appear to be any difficulties in recruiting new NHS dentists.

A Member of the Local Dental Committee addressed the Committee to share his concerns about the lack of progress on increasing access to NHS dental care within Bradford. He raised concerns about unspent funding in the region of £2m was being lost due to under delivered UDAs within dental contracts in West Yorkshire. He considered that if work was undertaken to tackle the access issue in Bradford, even on a temporary basis, it would not hinder assessment work being undertaken across the wider region.

Members commented that it was concerning if practices were not showing they had vacancies on the NHS Choices website for fear of being overwhelmed by

people needing dental care and that this just highlighted the problem. A suggestion was made to have an out of hours dentist service available at A&E.

Following a discussion about the constraints of the current system and the existing national dental contract, the Scrutiny Lead officer reminded Members that the Chair of the Committee had written to the Secretary of State for Health two years ago in relation to this; she agreed to re-circulate the response received from the Department of Health which acknowledged the problems being faced.

The Portfolio Holder for Health and Wellbeing spoke of the need to look at health needs in a whole system approach rather than in isolation. It was evident that problems with access to dental care were putting pressures on other service areas such as GPs and A&E, which were more costly to the system as a whole.

A Member raised concerns that there was a failure to understand the required model of dental care required for the district and considered that it should be looked at in conjunction with strategies for anti poverty and housing.

The Consultant in Public Health gave an overview of the data relating to the oral health of children in the Bradford district, as provided in the report. The Chair expressed concern at the high number (4.1) of decayed, missing and filled teeth (dmft) in 5 year olds from the Bowling and Barkerend ward in comparison with all other wards in the district. It was reported that the dmft averages for 5 year olds for 2014/15 were 1.5 for the district, 1.0 regionally and 0.8 nationally. The district average had decreased from 2.42 in 2007/08. Whilst it was recognised that there was still a lot of work to do, the picture was improving.

A discussion took place about the training and retention of dentists within the NHS. It was stated that there were no restrictions placed on dentists who were trained through the NHS on where they could seek employment. Due to funding for NHS practices, it was stated there were fewer limitations for a practice to set up as a private practice than as an NHS practice.

Members acknowledged the need to discuss this issue on a regional basis.

Resolved –

(1) That the Committee expresses its disappointment that no action has been taken by NHS England on progressing the pilot scheme in Bradford as put forward by the NHS Task and Finish Group.

(2) That the Committee's Members of the West Yorkshire Joint Health Overview and Scrutiny Committee raise the issue of access to NHS Dentistry to be considered on a sub-regional level.

ACTION: Scrutiny Lead Officer

39. NHS BRADFORD CITY CCG AND NHS BRADFORD DISTRICTS CCG DRAFT PRIMARY MEDICAL CARE COMMISSIONING STRATEGY

The Clinical Commissioning Groups (CCGs) in Bradford are producing a Primary Medical Care Commissioning Strategy which outlines the approach that will be taken to the commissioning of primary medical care services within Bradford over the next 5 years. The strategy outlines the proposed end state and focuses on six key areas: access; quality; workforce; self-care and prevention; collaboration; and estates, finance and contracting.

The strategy is a key underpinning aspect of the Sustainability and Transformation Plan (STP) for the district as strong, high quality, sustainable primary care is a critical part of our health and care system.

The strategy is currently in draft form and is out to public and stakeholder consultation. NHS Bradford City CCG and NHS Bradford Districts CCG presented **Document "N"** which contained the draft strategy and invited feedback from the Committee to inform the final version.

The Chief Officer of Bradford City and Bradford Districts CCGs provided a summary of the report. She reported that issues relating to the Mental Health Strategy, the increasing amount of time GPs were spending on mental health issues, the role of carers and the importance of collaboration were the issues that had featured most strongly during the consultation period so far; there was just over a week left of the consultation period.

In response to Members' questions, it was reported that:

- Pharmacy First had worked well and the feedback received showed that people were returning to use the service and were having a positive experience.
- There was no additional funding for the strategy; funding to implement it would come from existing baseline resources.
- The GP Forward View spoke of investing in 3,000 new fully funded practice-based mental health therapists; this highlighted the need to look at services relating to mental health within GP practices and the need to consider primary care and mental health strategies side by side.
- 'Commissioning services to provide people with other routes into care other than their GP' related to instances in which a GPs advice was not required and about empowering people.

A Member considered there was a need for CCGs to publicise that the strategy was being delivered within existing resources and not new funding.

A discussion took place about the potential new health professional roles which could be implemented within GP practices in the future. In relation to Bradford, it was recognised that this needed to be considered as a whole system approach as it was a multi layered workforce issue which also related to nurses in hospitals. Tackling loneliness through commissioning voluntary sector activities and low level first responses were example provided which could potentially free up some GP appointments.

A Member welcomed Pharmacy First but stated there were other services people

could access through Emergency Care Practitioners, Mental Health Practitioners, Asthma Nurses etc. She stated that people were not accessing those services direct as they were not advertised well and questioned what could be done to change this. In response, it was stated that, as with the Pharmacy First scheme, the issue was about people accessing services where they perceived they would get the best experience and the way to change this was to encourage people to have a different experience; this was recognised as being a slow process change.

A Member welcomed Pharmacy First and spoke of a pilot that had helped a pharmacy create a stronger link with its community.

Resolved –

That the report be noted.

NO ACTION

40. CLINICAL COMMISSIONING GROUPS' ANNUAL UPDATE

The Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups submitted **Document "O"** which provided an update on achievements and challenges for 2015/16.

Following a summary of the report, a discussion took place about ambulance response times. It was reported that a piece of work had been carried out to look at ambulance response times in Keighley and it had found that the times were similar to those of other rural areas. Members were informed that the nearest ambulance resource always responded to an emergency call.

A discussion took place about the improvements made at Bradford District Care Foundation Trust in achieving a 'good' rating from a previous 'requires improvement' rating from the Care Quality Commission (CQC). The CQC were currently inspecting care homes and the % rating for those rated 'inadequate' was currently 12%; a decrease of 2.3% since August 2015. The Assistant Director of Integration and Transition stated that a lot of collaborative work was being undertaken in social care to meet tough standards.

A Member stated the he knew of people on the waiting list for the Improving Access To Psychological Therapies (IAPT) service who were requiring additional cognitive behavioural therapy which they had previously received on a time limited basis due to delays accessing the IAPT service. It was reported that, whilst the 50% target recovery rate for IAPT services had not been met, the figure was improving. The work of the voluntary sector in supporting people with mental health problems was acknowledged.

Resolved –

That the report be noted and a further update be provided in 12 months.

ACTION: Bradford City, Bradford Districts and Airedale, Wharfedale and

41. ADULT AND COMMUNITY SERVICES ANNUAL PERFORMANCE REPORT 2015/16

The Director of Adult and Community Services submitted **Document "P"** which set out a summary of the Adult and Community Services Department for the financial year 2015/16 across a range of national performance indicators.

The Assistant Director of Integration and Transition provided a summary of the report and explained that the data within the report was subject to validation from NHS Digital and was due to be published nationally soon. The report drew comparisons with 2014/15 performance figures. He stated that, of the 27 performance measures monitored, 17 had shown an improvement, one had remained the same and four had shown a deterioration since 2014/15. He stated that, overall, the data showed a year upon year improvement over the last three years.

In response to Members' questions, it was reported that:

- The ' Making Work Work' project was funded via the Clinical Commissioning Groups.
- The move to more electronic means of communication was not considered to increase people feeling more isolated as there were schemes in place via the voluntary sector to deliver befriending services. It was recognised that some people preferred a face to face visit and volunteers were recruited to provide that contact.
- There was a scheme currently being piloted where tablet devices were being placed in service users' homes for carers to record information about their visits which the family would be able to view and also input on.
- The Rally Round service (a free online service which allowed friends, family, neighbours and care staff to work together more easily when looking after a loved one or service user) was available in Bradford. This could be attached to a telephone and/or tablet device.

Members made the following comments:

- The 'Making Work Work' programme was praised but there needed to be a better way of referring people to it.
- Congratulated the service for the improvements made despite cuts to the budget.
- Welcomed the Rally Round service which was also beneficial for the emergency services when needing to access vital information quickly.
- Welcomed the increase in the number of new clients who received short-term support to maximise independence.

A discussion took place about the indicator of the number of clients receiving either a Direct Payment or council managed Personal Budget which had increased from 79.8% in 2014/15 to 86.8% in 2015/16. It was reported that there had been a lot of work undertaken with staff to change the culture towards

enabling people to manage their own personal budgets and the figure was expected to increase the following year. The Portfolio Holder for Health and Wellbeing added that, despite improving performance, Bradford remained one of the bottom performing councils in the region on this measure and this would be a key target for the newly appointed Strategic Director of Health and Wellbeing.

Resolved –

That the report be noted and a further update be provided in 12 months.

ACTION: Strategic Director, Adult and Community Services

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.