

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 17 November 2016 at Committee Room 1 - City Hall, Bradford

Commenced 4.32 pm
Concluded 7.25 pm

Present – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
Carmody Gibbons	Greenwood Bacon Berry Sharp	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

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

Apologies: Jenny Scott

Councillor Greenwood in the Chair

42. DISCLOSURES OF INTEREST

- (i) Susan Crowe disclosed, in the interest of transparency, that she was commissioned by Public Health and Clinical Commissioning Groups to deliver services.
- (ii) During consideration of the Learning Disabilities Transforming Care Plan (Minute 47) Councillor Bacon disclosed that she was contracted to work for Bradford District Care Trust, Bradford Teaching Hospitals NHS Foundation Trust as part of her employment with Unison.

ACTION: *City Solicitor*



43. MINUTES

Resolved –

That the minutes of the meeting held on 14 July 2016 be signed as a correct record (previously circulated).

44. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

45. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

No referrals had been made to the Committee.

46. OBESITY IN BRADFORD

The Strategic Director of Health and Wellbeing submitted **Document “Q”** to brief the Committee on the issue of obesity across the district.

The aim of the report was to inform the Committee of the threat to the public's health due to the issue of obesity/overweight within the Bradford population. The objective of the report was to provide factual and relevant information, in order for Members to have better knowledge and understanding of the issue. Support was sought from the Committee to tackle the issue of employing a whole system approach.

A Senior Manager in Public Health introduced the report and provided a presentation which included the following information; that 69.7% of Bradford residents (300,000 people) were overweight; obesity in Year 6 children was 35.7% and in Reception Year was 19.9%; being overweight caused ill-health but the costs were hidden e.g. social care, primary care, secondary care, employment and education; and there were clear links to poverty, ethnicity and under-nutrition. The development of a whole system approach was outlined and workshops were due to be carried out shortly to consider how this could be done strategically.

A Member spoke about weight gain being a side effect of some medication. He suggested more access to counselling for people on medication for their mental health. A correlation between depression and over-eating was also highlighted.

A Member considered that there was a need to concentrate on making changes in areas that were within the authority's control such as in schools and with children in care. Links between poverty and obesity were also highlighted and a suggestion was made to work with Pay As You Feel Cafés and Food Banks which, although delivering a vital service for those in receipt, mostly gave out tinned rather than fresh food. In response it was stated that Public Health supported Food Banks across the district and, whilst it was acknowledged that nutrition of the food tended to be a secondary factor and there were difficulties with storing perishable food, there was work being undertaken to look at ways to



improve this.

A Member spoke of a school initiative she had seen where children were asked to run for a short length of time. It was stated that this was called The Daily Mile and it was supported by Public Health but it was up to individual schools to take it up. A discussion followed about physical activity within schools, the impending sugar tax and the need to have policy translated into layman's terms.

The Health and Wellbeing Portfolio Holder stated that a meeting was being held next Friday which would consider what work had been effective in helping to reduce obesity. She spoke of the need to scale up measures and referred to methods which had been used by Wigan Council which had helped to reduce obesity levels; all primary schools in Wigan were signed up to The Daily Mile. She considered that Bradford could deliver many initiatives at very little cost to make the best and most effective use of its budget.

In response to Members' questions it was reported that:

- Work to address obesity was being scaled up and targeted in areas of greatest need. The issue of obesity was evident in all of the district's wards.
- Projects being undertaken with the voluntary sector reached approximately 7,000 people a year. 82% of these projects were working well and delivering the required outcomes; only a few would be questioned on their activities. There were 27 providers in total.
- A whole system approach would provide more targeted work which would be scaled up to reach more people, particularly those in areas of deprivation and greatest need.
- Officers had considered that there may be resistance from schools to implement The Daily Mile.

The importance of early interventions in the first year of a child's life was stressed.

A Member stated that she had good links with schools in her ward (Queensbury) and would speak to them to encourage take up of the The Daily Mile; she urged other Councillors to do so in their wards too. Members considered that it was possible to implement it with schools across the district, particularly as there was evidence to show that it reduced obesity levels in children and increased educational performance.

A Member stated there were numerous simple things that could be implemented to tackle obesity e.g. considering the food available in hospitals, having a water only policy in school and not allowing children to buy from takeaways during school lunchtimes. In relation to suggestions regarding hospitals, the Health and Wellbeing Portfolio Holder stated that the Council was not able to instruct hospitals and those measures would need to be done in agreement. She also spoke about 'nudge' techniques to encourage healthier eating.

A Member referred to a cook book that members of a 'food and mood' group had produced containing recipes with natural serotonin to boost dopamine. He stated it would be beneficial for this to be distributed to hospitals.



A discussion ensued about cook and eat sessions and Members were informed that there were 84 Council-funded cook and eat programmes running across the district.

Members spoke of the importance of educating children leaving care to make healthy food choices and for children and young people to be consulted to find out what they considered would work to help them eat healthier. A Member added that there needed to be a degree of sensitivity when targeting and sending messages to schools due to bullying in schools relating to obesity.

In response to a question relating to the tendering process for activities, the Health and Wellbeing Portfolio Holder stated that the tender had been delayed from going out under her authority due to the Healthy Weight Board being set up; she considered it to be counter-intuitive for the tender to go out until a strategy had been decided by the Health and Wellbeing Board.

In response to a Member's question regarding working with supermarkets, it was stated that this had not been done due to a lack of resources, however, some of the smaller supermarkets had already made changes in their stores to promote healthier eating and some of the funded projects undertook supermarket tours to educate people about healthy foods.

Resolved –

- (1) That efforts to impact on this issue on a wider scale be supported.**
- (2) That a further report be submitted during the 2017/18 municipal year from the Healthy Weight Board setting out its identified priorities and information on what is currently known to be working effectively.**

ACTION: Strategic Director of Health and Wellbeing

47. LEARNING DISABILITIES TRANSFORMING CARE PLAN

Previous reference: Minute 78 (2014/2015)

The Strategic Director of Health and Wellbeing and the Chief Officer of Bradford, Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG) submitted **Document “R”** which provided an update on the learning disability Transformation Care Programme which incorporated the Joint Improvement Plan for people with disabilities that was being delivered by Adult and Community Services and Health. The Learning Disability Transformation Care Programme requires the three CCG's, Local Authority (Children's and Adult Services), NHS England and Bradford District Care Foundation Trust, Airedale Hospital Foundation Trust and Bradford Teaching Hospital Foundation Trust to work in partnership to deliver improved outcomes.

The Joint Commissioning Manager (Learning Disabilities) provided a summary of the report highlighting that there were six inpatient beds commissioned for people



with learning disabilities in the area which was below the national requirement. She outlined the national plan to develop community services and close inpatient facilities for people with a learning disability. She stated that the Joint Improvement Plan focused on providing better community resources to people with learning disabilities prior to any further reduction in beds. Meetings with providers were due to take place shortly regarding training and skills of staff required to deliver the agenda. Members were informed that there were currently 18 people who were receiving out of area low and/or medium secure services and were case managed via specialised commissioning.

A Member stated that concerns had been raised by the Strategic Disability Partnership over the re-modelling of services and fears of losing specialist health support currently provided at Waddiloves Health Centre for adults with learning disabilities who were unable to access mainstream health services. The Joint Commissioning Manager assured Members that the Plan was about reviewing what people with learning disabilities needed and to ensure the appropriate services were in place. She emphasised that this was the start of a three year programme and there were no plans to close Waddiloves Health Centre but the services there would be reviewed. Due to concerns raised, the Chair requested to be kept informed of plans for Waddiloves Health Centre.

A Member stated that there needed to be a more enabling and active approach taken to involve people with learning disabilities in their local communities. He also raised concerns of the increasing pressures on the Disabled Facilities Grant and the pressures to adapt homes to allow people to stay with their families.

The Portfolio Holder for Health and Wellbeing reminded Members that the meeting of the Joint Health and Social Care and Children's Services Overview and Scrutiny Committees had considered a report on the integrated transition services for young people with disabilities in Bradford and how services were working towards engaging with them much earlier.

A discussion took place about housing support/options for people with learning disabilities and Members were informed that there were strong links between Adult Services and housing officers to develop appropriate housing options.

A Member stated that adequate consultation periods needed to be in place if there were any plans to close services. She emphasised the need for transparency.

Resolved –

That members support the proposals within the Bradford, Airedale, Wharfedale and Craven Learning Disabilities Transforming Care Plan.

NO ACTION



48. **AIREDALE NHS FOUNDATION TRUST RESPONSE TO CARE QUALITY COMMISSION INSPECTION**

Airedale NHS Foundation Trust submitted **Document “S”** which informed the Committee of the actions the Trust had taken in response to the Care Quality Commission (CQC) Inspection in March 2016 and the plans in place to ensure sustained improvement.

The Assistant Director of Health Care Governance at Airedale NHS Foundation Trust provided a summary of the report.

The Chair stated that she usually received an invite to attend the CQC summits but had not done so for this one. She emphasised the need to be kept informed of such issues and be invited to the CQC summits.

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

- The Trust had declared approximately 30 serious incidents in the financial year 2015-16.
- Research showed that if an organisation was a high reporter of incidents it demonstrated that it was an open and transparent organisation, not necessarily a poor organisation.
- The information contained in Table 2 of the report was based on the findings of the three day inspection on 15-18 March and unannounced visit on 31 March 2016; a Task and Finish Group was established immediately after the inspection to monitor actions within the Quality Improvement Plan.
- Areas requiring improvement related to a mixture of processes and procedures. Some processes were found not to be as robust as they could be.
- A ‘leadership walk around’ took place at the hospital and it was found that this visible presence had increased morale amongst staff.
- Staff were a lot more aware and confident to escalate concerns/issues.
- A shortage of nurses was a national issue and, as an organisation, the Trust was looking at different ways to recruit staff which included possibly recruiting retired, registered nurses and international nurses. Induction, mentoring and a dedicated programme of support was in place to help nurses settle into their roles and the local area.
- Some mandatory training was undertaken online. Mandatory training was monitored on a monthly basis.
- The Medical Director was holding listening events to hear what staff were saying and small mock inspections were being undertaken.
- Staff were being empowered to come up with different ways of working.

Members recognised that staff within the Trust were often dealing with challenging behaviour and commended the Trust for the improvements it had made in a short space of time.

The Chair reminded the Assistant Director of Health Care Governance of its obligation to inform the Committee of any significant changes in service.



Resolved –

That the Improvement Plan and the on-going monitoring to achieve improved compliance, which has been achieved within a short timescale, be noted and commended.

NO ACTION

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

The City Solicitor submitted **Document “T”** which presented the work programme 2016/17.

Resolved –

That the information in Appendix A and B of Document “T” be noted.

NO ACTION

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

