

Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 17 November 2016 at 4.30 pm in Committee Room 1 - City Hall, Bradford

Members of the Committee – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
Carmody Gibbons	Greenwood Bacon A Ahmed Nazir Sharp	N Pollard

Alternates:

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
Barker Poulsen	Berry S Hussain T Hussain H Khan Mullaney	Griffiths

NON VOTING CO-OPTED MEMBERS

Susan Crowe
Trevor Ramsay
G Sam Samociuk
Jenny Scott

Strategic Disability Partnership
Strategic Disability Partnership
Former Mental Health Nursing Lecturer
Older People's Partnership

Notes:

- This agenda can be made available in Braille, easy read, large print or tape format on request by contacting the Agenda contact shown below.
- The taking of photographs, filming and sound recording of the meeting is allowed except if Councillors vote to exclude the public to discuss confidential matters covered by Schedule 12A of the Local Government Act 1972. Recording activity should be respectful to the conduct of the meeting and behaviour that disrupts the meeting (such as oral commentary) will not be permitted. Anyone attending the meeting who wishes to record or film the meeting's proceedings is advised to liaise with the Agenda Contact who will provide guidance and ensure that any necessary arrangements are in place. Those present who are invited to make spoken contributions to the meeting should be aware that they may be filmed or sound recorded.
- 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:

Parveen Akhtar
City Solicitor

Agenda Contact: Palbinder Sandhu
Phone: 01274 432269

E-Mail: palbinder.sandhu@bradford.gov.uk

To:



A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The City Solicitor 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 may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*
- (2) *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.*
- (3) *Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.*
- (4) *Officers must disclose interests in accordance with Council Standing Order 44.*

3. MINUTES

Recommended –

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

(Palbinder Sandhu – 01274 432269)



4. 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.

(Palbinder Sandhu - 01274 432269)

5. 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

6. OBESITY IN BRADFORD

1 - 20

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

The aim of the report is 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 is to provide factual and relevant information, in order for members to have better knowledge and understanding of the issue. The Public Health Directorate request support from the committee to tackle the issue of employing a whole system approach.

Recommended –

That activity undertaken on obesity prevention and early intervention be noted and that the Committee provide any feedback and/or comments.

(Alison Moore – 01274 435387)



7. LEARNING DISABILITIES TRANSFORMING CARE PLAN

21 - 34

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) will submit **Document “R”** which provides an update on the learning disability Transformation Care Programme and incorporates 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.

Recommended –

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

(Mairead O’ Donnell – 01274 431517)

8. AIREDALE NHS FOUNDATION TRUST RESPONSE TO CARE QUALITY COMMISSION INSPECTION

35 - 78

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

Recommended –

That the actions within the Improvement Plan and the on-going monitoring to achieve improved compliance be noted.

(Helen Kelly – 01535 294807)



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

79 - 84

The City Solicitor will submit **Document “T”** which presents the work programme 2016/17.

Recommended –

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

(Caroline Coombes – 01274 432313)

THIS AGENDA AND ACCOMPANYING DOCUMENTS HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER



This page is intentionally left blank

Report of the Strategic Director of Health and Wellbeing to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on the 17th November 2016

Q

Subject:

Obesity in Bradford

Summary statement:

This report briefs Health & Social Care Overview & Scrutiny Committee Members on the issue of obesity across the district.

The aim of this report is 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 this report is to provide factual and relevant information, in order for members to have better knowledge and understanding of the issue. The Public Health Directorate request support from the committee to tackle the issue of employing a whole system approach.

Bev Maybury
Director of Health and Wellbeing

Portfolio: Val Slater

Report Contact: **Alison Moore**
Senior Public Health Manager
Phone: (01274) 435387
07582103406
E-mail:
alison.moore@bradford.gov.uk

Overview & Scrutiny Area:
Health & Social Care



1. SUMMARY

This report outlines the rising level of obesity in the Bradford District and considers what we can do to address this, one of the major barriers to achieving good health and wellbeing in our local population. The report focuses on what the evidence suggests we can and should do about it to prevent more people becoming overweight or obese, and to support people who are already overweight or obese to reach and maintain a healthy weight.

2. BACKGROUND

- Almost $\frac{3}{4}$ of the adult population in Bradford (67.9%) are overweight/obese. In Bradford's child population some of our schools have 50-60% of pupils in Year 6 (10-11 year olds) overweight/obese
- Overweight and obesity is detrimental to our health in many ways, causing problems to our; musculoskeletal system, circulatory system, metabolic and endocrine systems, reproductive and urological problems, respiratory problems, psychological and social problems, most significantly causing cancers, heart disease, non-alcoholic fatty liver disease, gastrointestinal disease.
- There is a clear and significant link with deprivation and ethnicity, presenting a difficult challenge in terms of engagement, behaviour change and lifestyle culture.
- The costs to the system are substantial, in particular in terms of health and social care.
- In Bradford, there is a need to co-ordinate our approach to the issue of rising levels of obesity to ensure that the population are given opportunities to reduce weight and prevent excess weight where possible.
- CBMDC commission and develop services that contribute to the prevention and management of obesity. These include work on maternal obesity, breastfeeding, Early Years, School food/nutrition, physical activity/play and active travel, weight management, exercise referral, food issues; high number of takeaways, food poverty and local authority procurement, active transport, cooking skills.

2.1. CAUSES OF OBESITY

- Obesity/overweight occurs when energy intake from food and drink consumption is greater than energy expenditure through the body's metabolism and physical activity over a prolonged period, resulting in the accumulation of excess body fat. However there are many complex behavioural and societal factors that combine to contribute to the causes of obesity.
- See Appendix A for more details



2.2. Health Risks:

Adults

- Musculoskeletal system
- Circulatory system
- Metabolic and endocrine systems
- Cancers
- Reproductive and urological problems
- Respiratory problems
- Non-alcoholic fatty liver disease
- Gastrointestinal disease
- Psychological and social problems

Children

Being overweight or obese in childhood has consequences for health in both the short term and the longer term. Once established, obesity is notoriously difficult to treat, so prevention and early intervention are very important. Obese children and young people are more likely to become obese adults and have a higher risk of morbidity, disability and premature mortality in adulthood.

- Emotional and psychological effects; low self-esteem; anxiety and depression
- Disturbed sleep and fatigue
- Raised blood pressure
- Type 2 diabetes
- Raised cholesterol and metabolic syndrome
- Early puberty
- Eating disorders; anorexia and bulimia
- Skin infections
- Asthma and other respiratory problems

2.3. Prevalence:

Adults

In adults, overweight is defined as a BMI 25-30 and obesity is commonly defined as a body mass index (BMI) of 30 or more.

Data on overweight and obesity among adults (defined as people aged 16 and over) are mainly from the Health Survey for England (HSE) which is a self-reported survey. Results for 2014 showed that in England 61.7% of adults were overweight or obese (65.3% of men and 58.1% of women). The prevalence of obesity is similar among men and women, but men are more likely to be overweight.



In **Bradford 67.9% of adults are overweight/obese**. The rapid increase in the prevalence of overweight and obesity has meant that the proportion of adults in England with a healthy BMI (18.5 - 24.9) decreased between 1993 and 2014 from 41.0% to 32.7% among men, and 49.5% to 40.4% among women. By 2050 obesity is predicted to affect 60% of adult men, 50% of adult women and 25% of children (Foresight 2007).

Children

The National Child Measurement Programme (NCMP) measures the height and weight of around one million school children in England every year, providing a detailed picture of the prevalence of child obesity. In the district, weight and height measurements from 95% of Reception year and Year 6 children taken through the National Child Measurement Programme. As such it is an extremely robust which allows us to gain a comprehensive picture of children's weight across the district.

The latest figures, for 2014/15, show that 14.2% of children in Year 6 (aged 10-11) were obese and a further 21.5% were overweight. Of children in Reception (aged 4-5), 8.5% were obese and another 11.1% were overweight. This means a third of 10-11 year olds and over a fifth of 4-5 year olds were overweight or obese.

Nationally and locally

- more than 1 in 5 children are overweight or obese when they begin school
- almost 1 in 3 children are overweight or obese by the time they leave primary school
- obesity rates are highest in the most deprived 10% of the population - approximately twice that of the least deprived 10%
- obesity rates are higher in some ethnic minority groups of children (particularly Black African and Bangladeshi ethnicities) and for children with disabilities (particularly those with learning difficulties)

2.4. Economic Costs

In 2006/07, obesity and obesity-related illness was estimated to have cost £148 million in inpatient stays in England (Dr Foster, 2010). It is estimated that overweight and obesity overall costs the NHS £5.1 billion per year (Scarborough et al. 2011). However, if current trends continue, these costs will increase by an additional £1.9 billion per year by 2030 (Wang et al. 2011). In 2007, the cost to the wider economy was £16 billion – predicted to rise to £50 billion a year (at today's prices) by 2050 if left unchecked (Foresight 2007)

2.5. National Policy & Local Drivers

- Healthy Lives, Health People – a call for action on obesity in England (2011)
- Everybody Active, everyday (Public Health England)



- UK Government [Childhood Obesity Plan](#) August 2016
- NICE Guidance for the management and treatment of obesity

Regionally – West Yorkshire Transport Plan, West Yorkshire Cycling Strategy, PHE Regional Network for Healthy Weight

In Bradford:

- Bradford and Airedale Joint Health and Wellbeing Strategy (JHWS)
 - Priority 5 ‘Reduce childhood obesity and increase levels of physical activity and healthy eating in children and young people’;
 - Priority 17 ‘Reduce harm from preventable disease caused by tobacco, obesity, alcohol and substance abuse’.
- Public Health Outcome Framework – specific indicators

PHOF Indicator 2.06	Excess weight in 4-5 and 10-11 year olds
PHOF Indicator 2.11	Diet
PHOF Indicator 2.12.	Excess weight in adults
PHOF Indicator 2.13.	Percentage of physically active and inactive adults
- Five Year Forward View for the Bradford and Craven health economy 2014-19
 - ‘To create a sustainable health and care economy that supports people to be healthy, well and independent’
 - Reduction in rates of smoking, **obesity** and alcohol related conditions

2.6. Local Data

Obesity is related to social disadvantage with marked trends, especially in children, by area of residence (The Marmot Review 2010). Proportions of children with excess weight are higher in the Bradford District than nationally in both Reception and Year 6 with levels of obesity higher in Year 6 than in Reception. The prevalence of obesity is closely linked with socioeconomic deprivation. In Bradford, in 2014-15 9.6% of reception children in the most deprived quintile were obese, compared with 3.7% in the least deprived quintile. In Year 6, 25.2% of children in the most deprived quintile were obese, compared with 8.5% in the least deprived quintile. There is also a close link to ethnicity. In Bradford District obesity is higher among BME children with 19.2% obese/overweight in reception and 39.4% in year 6.

More males than females are obese in both reception and year 6, with 9.1% of males obese in reception compared to 7.9% of females, with 22.9% of males being obese compared to 20% of females in year 6.



Children - based on the National Child Measurement Programme

Chart 1: Proportion of pupils who are obese by school year 2014-15

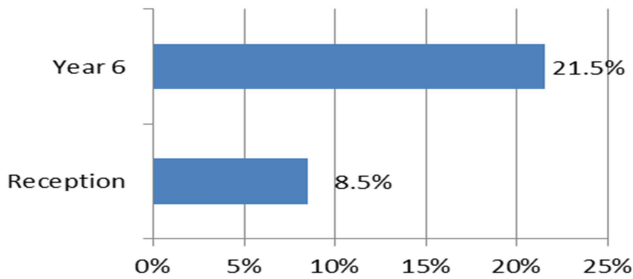


Chart 2: Proportion of pupils who are overweight by school year 2014-15

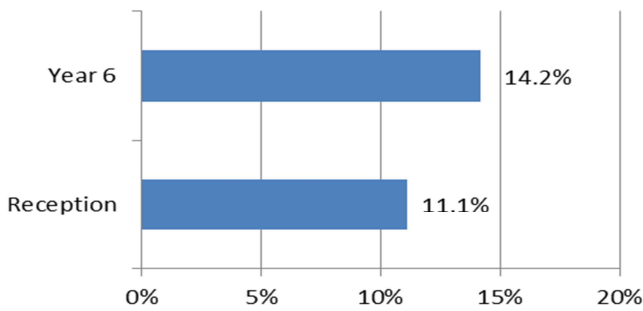
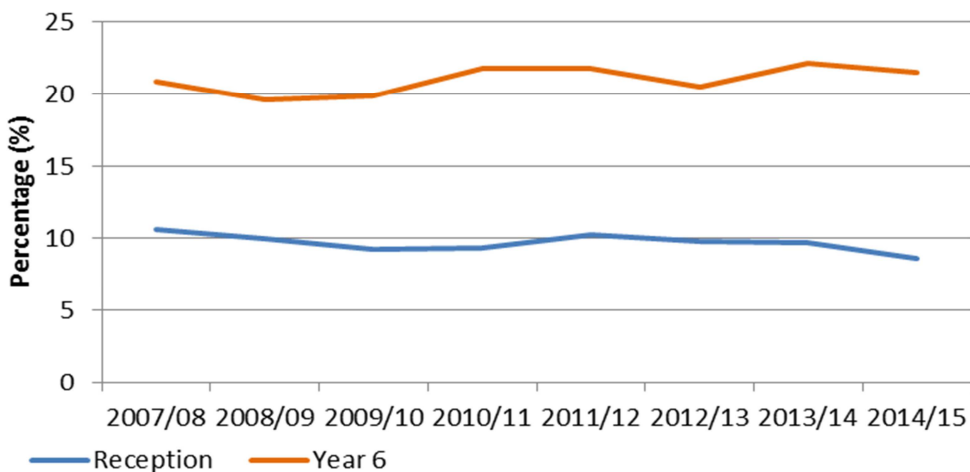


Chart 3: proportion of pupils obese over time by school year

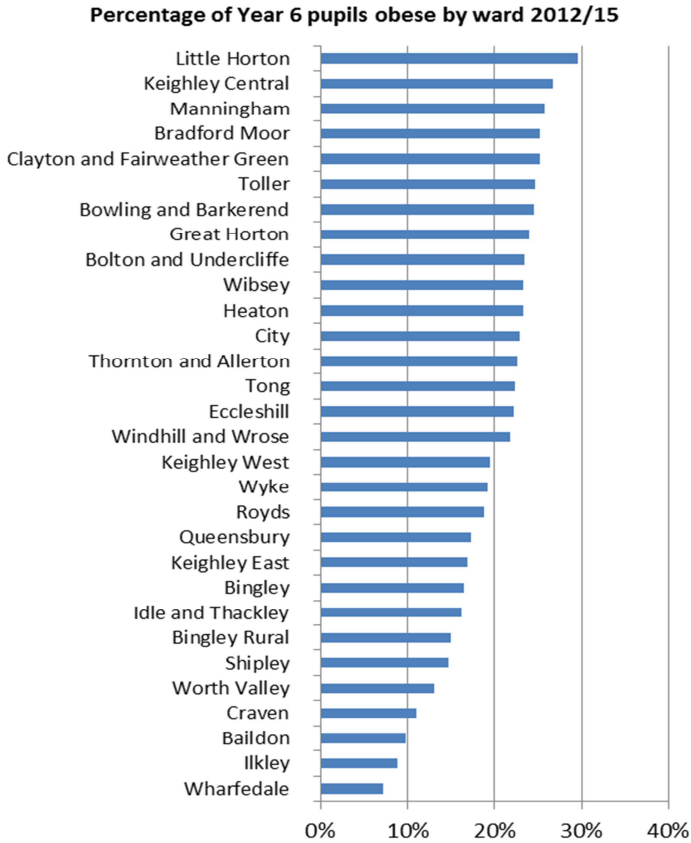


The gap between those obese in reception and year 6 is increasing, so despite the fact that the number of pupils in reception who are obese is decreasing, more pupils are



becoming obese by year 6.

Chart 4: Percentage of Year 6 pupils who are obese - by ward



2.7. What are the local authority currently doing about the issue

CBMDC commission and develop services that contribute to the prevention and management of obesity. We take a life course approach and within the current finance envelop try to address all ages, have both a universal offer and a targeted approach. We invest in both prevention/early intervention and treatment programmes. The programmes are developed using the latest evidence of good practice and could be scaled up to reach more residents.



Population Group	Action	HWB Priority	PHOF
Maternal obesity	Currently working with midwifery to ensure the issue is raised with pregnant women and access to weight management is offered. Midwives are equipped with the appropriate messages and advice	Priority 5 – Reduce childhood obesity	2.06 Excess weight in 4-5 & 10-11 year olds
Early Years Health Professionals	Commission Dietetics to deliver a training programme for professional and carry out work on Public Health Nutrition; Healthy Start, Vitamin D, Resources, Advice	Priority 5 – Reduce childhood obesity	2.06 Excess weight in 4-5 & 10-11 year olds
Breastfeeding	Commission a breastfeeding co-ordinator to facilitate achievement of Baby Friendly Accreditation, that ensures organisational best practice Commission Peer Support programme – Bradford and Keighley – provided by NCT and Keighley Healthy Living Centre	Priority 2 – Reduce infant mortality Priority 5 – Reduce childhood obesity	2.02 Increase breastfeeding rates
Early Years (0-5 year old)	Invest in HENRY – Health Exercise Nutrition for the Really Young. This is a training programme for practitioners and a parent intervention. Proving very successful. Currently available in all Children’s Centres	Priority 5 – Reduce childhood obesity	2.06 Excess weight in 4-5 & 10-11 year olds
Work in Children’s Centres	Contractual target to reduce obesity – driven by <ul style="list-style-type: none"> • Integrated Early Years Strategy • Integrated Care Pathway 	Priority 5 – Reduce childhood obesity	2.02 Increase breastfeeding rates 2.06 Excess weight in 4-5 & 10-11 year olds
Children	<ul style="list-style-type: none"> • Children’s Health Weight Strategy • Weight Management – provided by ABL Health • High School Programme – delivered by Public Health, plus capacity building • Active Travel – provided by Sustrans • School Cooks Training – to ensure healthy meals and potentially cooker clubs for children • Bikeability and balanceability • Cycling proficiency training • NCMP – manage the local programme, feeding back to parents and referral programmes • Link closely with Oral Health promotion team re key messages and commission nutrition programme First Steps 	Priority 5 – Reduce childhood obesity	2.06 Excess weight in 4-5 & 10-11 year olds



	<ul style="list-style-type: none"> • Work with County Sport partnership on increasing school physical activity • Commission the Healthy Active Play Partners Programme internally – intensive family intervention programme to encourage play and healthy eating 		
Adults	<ul style="list-style-type: none"> • Weight management – provided by ABL Health • Exercise on Referral – referral from health professional into exercise programme • Walking programmes x 3 • Commission VCS provision of nutrition/food and physical activity work in areas of deprivation • Food Strategy – work programme on addressing food poverty, food procurement and school food 	<p>Priority 17 – Reduce harm from preventable disease</p> <p>Priority 18 – Reduce mortality from cardiovascular disease, respiratory disease, diabetes and cancer</p>	<p>2.12 Excess weight in Adults</p> <p>2.13 Proportion of physically active and inactive adults</p> <p>1.16 Utilisation of outdoor space for exercise</p>
All	<ul style="list-style-type: none"> • Public Health provide Health Improvement Training available across the districts workforce to improvement knowledge, skills and confidence about the issue of nutrition, food and physical activity • Good Food Award – to improve the availability of healthier choices in our take-aways – provided by Trading Standards • Ministry of Food – learn to cook • Greenline Miles x 4 – walking routes marked on the pavement in Manningham, Little Germany, City Centre and Myrashaye • Active Bradford Board – providing strategic leadership on physical activity across the district. Strategy about to be launched. 	<p>Priority 8 - Improve health and wellbeing for people with long-term conditions</p> <p>Priority 14 – Deliver a healthier and safer environment</p> <p>Priority 17 – Reduce harm from preventable disease</p> <p>Priority 18 – Reduce mortality from cardiovascular disease, respiratory disease, diabetes and cancer</p>	<p>2.12 Excess weight in Adults</p> <p>2.13 Proportion of physically active and inactive adults</p> <p>1.16 Utilisation of outdoor space for exercise</p>



Corporate Plan

Success measures by 2020:

- Increase healthy life expectancy
- Reduce the gap in life expectancy between the most and least deprived areas
- Significantly reduce the proportion of children overweight or obese at age 10 to 11
- Improve mental wellbeing and reduce high anxiety to below the England average
- Build on success at tackling loneliness and social isolation
- Significantly reduce causes of preventable deaths – smoking, being overweight, and obesity – and increase physical activity and healthy eating

2.8. A long-term, whole –system commitment

Successfully tackling obesity is a long term, large scale commitment. Prevention is far cheaper than treatment therefore a more comprehensive approach to tackling the problem would be to invest to save in Prevention. The evidence is very clear that policies aimed solely at individuals will be inadequate and that simply increasing the number or type of small scale interventions will not be sufficient to reverse this trend. Significant effective action is required to prevent obesity at a population level and acting on many of the factors that are driving obesity and overweight.

Tackling the issue across local health and wellbeing systems is complex and requires action at every level, from the individual to society, and across all sectors. Obesity cannot be effectively tackled by one discipline alone and local authorities, led by public health colleagues, are ideally placed to develop co-ordinated action to tackle obesity across its various departments, services and partner organisations. Local authority departments and service areas can influence:

- Transport
- Planning and environment
- Leisure and culture
- Parks and green spaces
- Education and learning
- Health and social care
- Housing
- Workplaces

2.9. Interventions to support Healthy Weight

The four-tier diagram below explains the different levels of intervention that can be taken. It helps describe the need for the whole systems approach to the issue.

Tier 1 are universal services, available to the whole population, services that are not targeted or specialist but promote a healthy lifestyle and are underpinned by the principle of helping people make healthier choices. Tier 1 is also the built environment, our infrastructure and the issues that create the backdrop to our society and our communities. In order to prevent overweight and sustain behaviour change everyone



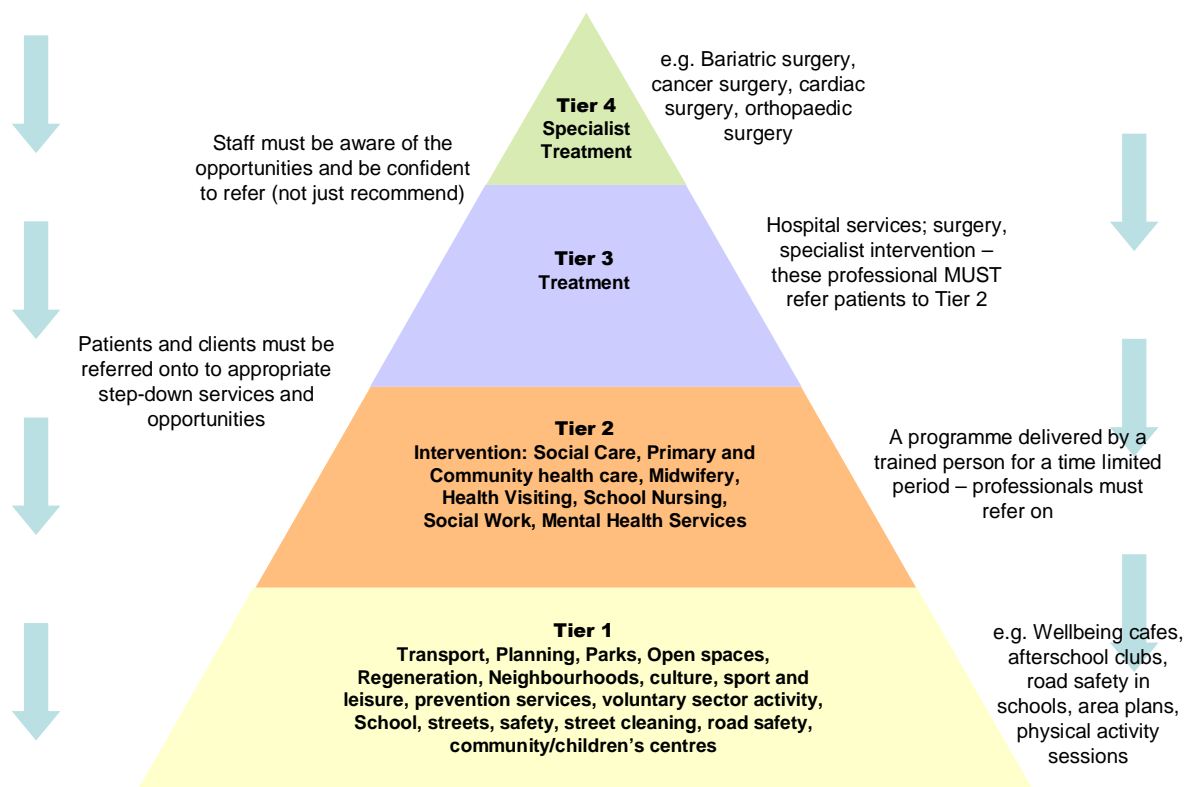
can contribute to this tier; planning, transport, education, primary care, allied health professionals, social care colleagues, leisure, parks/green space, neighbourhoods, workplaces and the media.

Tier 2 are specialist services, generally time limited and offer an intervention/treatment when individuals are already overweight/obese. These interventions need to be evidence based, be easy to access and to facilitate behaviour change. They may be provided by the commercial sector e.g. Weight Watchers. These services also need to ensure that individuals are sign-posted and enabled to access Tier 1 services in order to sustain a healthy lifestyle. It may be the case also that by getting involved in Tier 1 services individuals become aware of Tier 2/specialist services and self-refer or seek referral to these.

Tier 3 is a specialist obesity service providing a medically led assessment and monitoring. This service is a 12-month intervention whereby a medical team check for underlying conditions and enable the individual to access weight management intervention; tier 2, medication and psychological support. This service is also for pre and post weight loss surgery (Tier 4). In order to qualify for surgery individuals need to have accessed at least 6 months of treatment (Tier 2 services), in particular psychological support in order to change their lifestyle behaviour and therefore manage their lifestyle after surgery.

Tier 4 is surgical intervention. It is essential that individuals have made lifestyle changes and access post-operative treatment.





We must enable people to make healthy choices and facilitate the use of the opportunities available – on the streets, in open space, in leisure facilities, in their communities

Tier 1 is where we need to focus our efforts. There is a need to review our policies, strategies and practice and align our contributions, up-skill our workforce and develop a comprehensive plan of action. We have much of what's needed in Tier 1 but unfortunately it's not linked together to create the impact that is necessary to make a difference. Many parts of the system do not see the importance of a whole-systems approach. We need to work across organisations, across the authority and to discuss the contributions that each sector can make. The voluntary and community sector provides varied activities including physical activity sessions, supervised exercise and gym sessions and promoting healthy lifestyles through learning and through sports. See Section 3.5 below.

With need some radical changes regarding the way we build our environment and encourage a healthier lifestyle, to enable people be to physically activity, and help people to eat a healthy diet. This needs broad, strategic thinking and most of all leadership and commitment.

Our commissioning needs to be health promoting and underpinned by the principle of enabling individuals to make healthy choices. We need to cross reference each other's contribution to the agenda and our ambition to enable Bradford residents to live a healthy lifestyle.



Tier 2 services are available and currently underused. There is a need to promote and utilise the services available and a willingness to refer people identified through approaches such as NHS Health Check and Making Every Contact Count.

Tier 3 and 4 are in place, although accessed by small numbers of people.

The NHS is delivering relevant schemes that cross both Tier 1 and 2 - targeting groups in the district with particular health risks:

The Bradford District CCG's *Healthy Hearts* promotes the best use of the cholesterol lowering drugs statins, increases awareness and detection of atrial fibrillation in primary care and uses physical activity to improve management outcomes in cardiovascular disease;

Bradford City CCG's *Beating Diabetes* scheme screens the at-risk population to identify undiagnosed diabetes needing treatment and deliver prevention or risk mitigation interventions to others according to their level of risk.

The development of an Accountable Care System for health and social is also addressing diabetes prevention.

2.10. Building a local whole system approach

The potential benefits of reducing the impact of excess weight on individuals and families and on demand for health and social care make a strong case for an overarching system-wide approach that supports healthier eating and a more active lifestyle at all levels.

In July 2016 the Health and Wellbeing Board received a report on the trend to increasing overweight and obesity in the District and a recommendation to establish an evidence-based system wide approach to healthy weight. The Board resolved-

(1) That the Board leads a system-wide approach to healthy weight for the population of the District.

(2) That a Programme Delivery Board be established to develop an action plan for an integrated system wide approach to healthy weight; the Programme Delivery Board to comprise of representatives from the Local Authority, Clinical Commissioning Groups, Health Providers, and the Voluntary and Community Sector and led by the Portfolio Holder for Health and Wellbeing and the Director of Public Health.

(3) That the Terms of Reference for the Programme Delivery Board be submitted to the Health and Wellbeing Board in 2016.

Action: Director of Public Health/Interim Strategic Director Adult and Community Services/Clinical Chair of Bradford Districts Clinical Commissioning Group.



The programme Delivery Board is due to meet in November to facilitate the development of a whole system approach will allow us to ensure that we are using all the levers that we can to address overweight and obesity. It also allows us to harness the influence of a range of professionals to help people to recognise and address the health risks they face through taking no action or continuing to gain weight, and to understand that help and support is available.

A system-wide approach to supporting people to be a Healthy Weight will be better equipped to identify and remove some of the barriers to making healthy choices the easier choices, and will increase the chance that interventions are not undermined by other factors that have not been taken into consideration.

Options – interventions that have demonstrated success – Appendix B

2.11 Building and Connecting Tier 1 Approaches – Harnessing the Wider Determinants of Health

The Built Environment

In the context of busy lives where many people have the competing demands of work, family and caring responsibilities, the rate of physical activity has reduced and intake of calories has increased, fewer people walk or cycle even on short journeys and reliance on takeaway food and ready meals has grown over the last decades. Areas of the District with the poorest health and wellbeing are also characterised by higher than national rates of poverty, poor housing, and poor physical health, low-paid and insecure work.

If healthy weight interventions (as already noted in the report) are predominately 'aimed' at the individual and are not as successful as we'd like we will need to consider wider determinant factors; the built environment, housing; physical activity; green spaces & safe play. The District's Core Strategy addresses these issues. However, to avoid a further widening of health inequalities between areas within the District, improvements to the design and development of the urban built environment, the development of active transport and the availability of green space and areas that are safe to walk and cycle must include the most deprived areas of the District.

Food and Licensing

Food Strategy initiatives include healthy eating activities (cook and eat sessions and weight management classes), commissioned through VCS organisations and supported by the council. New responses are emerging to food poverty and affordability of healthy food, resulting in the reuse of food from Bradford's large commercial food businesses and organisations. Voluntary and faith based organisations across the district have built up food networks offering a range of crisis interventions; food parcels and hot food for householders struggling to access affordable food. Included in many of these are simple, nutritional recipes. The 'Good Food Award' is delivered by West



Yorkshire Trading Standards which helps educate, train and reward restaurateurs who offer healthy choices and reformulate meals to reduce the calories from fat and sugar.

Planning regulations have been amended in Bradford to reduce the number of hot food takeaway establishments located within 400 metres of schools. Of 16 applications in 2015-16, 7 were refused on these grounds and 4 were withdrawn. It is not possible to judge how many potential applications were not put forward following advice from a Planning officer that such applications were likely to be refused.

Active Transport

The Government target of 100% more trips by bicycle and ambition to reverse the decline in walking has been adopted in the recent draft Single Transport Plan for West Yorkshire with further targets to increase rail travel and to reverse the decline in bus patronage. However the same policy documents plans to maintain current car journeys to city centres and increase overall trips by 5%. From 2011 to present journeys by car and rail have increased, rates of cycling and walking have remained low while bus patronage has fallen.

Sustained efforts to promote cycling in primary schools are set to continue. However cycling rates in Bradford are the lowest in West Yorkshire and qualitative evidence suggests that poor perception of safety is the main barrier to cycling in primary age children. Similar engagement is planned with businesses close to City Connect route focussing on cycling facilities in the workplace. A number of employers have implemented sustainable travel policies; however there is limited evidence of change. Around 70% of journeys into Bradford City centre are by car, an increase in cheap all day parking is likely to maintain this rate.

Initiating and supporting behaviour change

A whole system approach must not further medicalize these issues as that could undermine the message that people can act individually and together in their communities and that what is needed is a whole-system, population level approach. Everyday thousands of people within our communities come into contact with services – social care, education, healthcare, third sector –all sectors will need to be on board and the professionals within them will need to be engaged and to make every contact count in respect of this issue and broader health and wellbeing messages.

A system wide approach will need to consider how and when to engage people in potentially difficult conversations about their health and wellbeing. It will require that we learn from best practice in engaging and sustaining people to change entrenched behaviours.

We will need to ensure that public-facing staff and volunteers across all sectors have the right skills and deliver consistent messages to enable people, particularly those people with the worst health and wellbeing outcomes, to take steps back to healthy weight.



Acting at scale

The District has many initiatives in place; whilst some initiatives are taking place at scale, many appear to be applied piecemeal, others as in the example of travel into Bradford City Centre, can be undermined by other initiatives.

The challenges in taking a system wide approach will include: scaling up more of the effective initiatives; removing disincentives and managing conflicting interests, aiming for consistency of message across different settings and approaches; ensuring that initiatives are effective, well-linked together and supportive not undermining of each other; acting both at a broad community level and targeting initiatives where appropriate.

For example, to make a population level difference, being active every day needs to be embedded across every community in every aspect of life. However, simply focusing on public health messages alone will not be sufficient to change the cultural and behavioural norms that have developed around physical inactivity and unhealthy eating. We will need to be more creative and effective in communicating with different audiences at different stages of understanding?

A system-wide approach means active environments, an active society and active schools, healthy eating embedded and supported across a wide range of organisations. There is a need, therefore, for everyone to play their part in creating a greater understanding of why healthy eating and physical activity are important, and what the consequences of poor diet and inactivity will be.

Robust governance will be needed and a task and finish approach may be required to get things moving.

3. RECOMMENDATIONS

That activity undertaken on obesity prevention and early intervention be noted and that the Committee provide any feedback and/or comments.

4. APPENDICES

Appendix A

The Foresight report (2007) referred to a “complex web of societal and biological factors that have, in recent decades, exposed our inherent human vulnerability to weight gain”. The report presented an obesity system map with energy balance at its centre. Around this, over 100 variables directly or indirectly influence energy balance.

The Foresight map is divided into 7 cross-cutting predominant themes:



- **Biology:** an individual's starting point - the influence of genetics and ill health;
- **Activity environment:** the influence of the environment on an individual's activity behaviour, for example a decision to cycle to work may be influenced by road safety, air pollution or provision of a cycle shelter and showers;
- **Physical Activity:** the type, frequency and intensity of activities an individual carries out, such as cycling vigorously to work every day;
- **Societal influences:** the impact of society, for example the influence of the media, education, peer pressure or culture;
- **Individual psychology:** for example a person's individual psychological drive for particular foods and consumption patterns, or physical activity patterns or preferences;
- **Food environment:** the influence of the food environment on an individual's food choices, for example a decision to eat more fruit and vegetables may be influenced by the availability and quality of fruit and vegetables near home;
- **Food consumption:** the quality, quantity (portion sizes) and frequency (snacking patterns) of an individual's diet.

Appendix B

Active Transport

Facilitating and encouraging walking, cycling, and public transport, which engender more physical activity.

Healthcare

Providing incentives or support to encourage healthy behaviour. These can include general financial incentives, such as premium rebates or reward points, or more targeted facilitating incentives such as free gym membership. Also deliver other interventions such as parental and weight-management programs.

Locally, the Bradford Beating Diabetes and Bradford Healthy Heart initiatives are targeted, at scale initiatives that include referral to lifestyle change programmes to support people to reduce weight and increase physical activity.

Healthy Meals

Improving the health quality of meals in controlled settings such as schools and workplaces.

Calorie Food and Drink Availability

Reducing the ready availability of high-calorie foods to help control impulse consumption, including removing vending machines from schools and workplaces, high-calorie foods from supermarket checkouts, and fast-food retailers from locations outside schools.

Labelling

Providing calorie and other nutritional labelling so that consumers can understand the content of their food. Labels can be plain text or “engaging”— an easy-to-interpret assessment of the health of the product (for example, traffic lights).

Media Restrictions



Restricting high-calorie food advertising to reduce exposure to marketing that is proven to promote consumption.

Parental Education

Empowering and educating parents to promote a healthier lifestyle for their children through regular parental guidance sessions.

Pharmaceuticals

Intervening with drugs to reverse obesity rapidly in cases where it is creating immediate health risks.

Portion Control

Encouraging appropriate consumption through incremental (for example, 1 to 5 per cent) reductions in portion sizes and designing packaging to better delineate portion size to help moderate consumption.

Price Promotions

Restricting promotional activity in high-calorie impulse foods to decrease consumption.

Public Health Campaigns

Delivering a public health campaign through multiple media outlets to promote healthy eating and physical activity habits.

Reformulation

Incrementally reducing calories in food products to drive subconscious reduction in consumption; introducing new product ranges with improved nutritional profiles.

School Curriculum

Introducing additional hours of physical education and healthy nutrition in school curricula to encourage healthier habits.

Subsidies, Taxes, and Prices

Changing agricultural policy or regulatory policy to adjust consumer prices and the supply of select food and/or beverage categories.

Surgery

Scaling up delivery of bariatric surgery to reduce stomach capacity and deliver immediate change in food consumption.

Urban Environment

Making changes to physical spaces and food access to facilitate and encourage healthy habits, such as increasing the walkability of cities and green space, furthering access to community sports facilities, and improving access to grocery stores.

Weight-Management Programs

Educating and empowering individuals to change key weight behaviour through counselling, physical activity programs, and education.



Workplace Wellness

Offering programs and engaging employees to encourage healthy behaviour, for example through financial and non-financial incentives, team competitions, and the provision of education and self-management tools such as personal tracking devices.

5. BACKGROUND DOCUMENTS

Marmot, M. (2010) 'Fair Society, Healthy Lives – Strategic Review of Health Inequalities in England post-2010'. London: The Marmot Review.

Public Health Outcomes Framework for England 2013 to 2016, Department of Health, 2013.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

Healthy Lives, Healthy People: A Call to Action on Obesity in England 2011

<https://www.gov.uk/government/publications/healthy-lives-healthy-people-a-call-to-action-on-obesity-in-england>

Bradford and Airedale Joint Health and Wellbeing Strategy, *Good Health and Wellbeing 2013-2017*

<http://www.observatory.bradford.nhs.uk/Documents/Bradford>

Integrated Early Years Strategy 2015-18

<https://www.bradford.gov.uk/NR/rdonlyres/4F168FB7-3239-496A-9029-F96B32556BD6/0/W32253IntegratedEarlyYearsStrategy.pdf>

Children's Healthy Weight Strategy 2013-2016

NICE Guidance for Weight Management



This page is intentionally left blank

Report of the Strategic Director of Health and Wellbeing and Chief Officer of Bradford and Airedale, Wharfedale and Craven CCG to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 17th November, 2016.

Subject:

R

Update report on the Learning Disabilities Transforming Care Plan – next steps which incorporate the Joint Health and Social Care improvement Plan.

Summary statement:

This report updates members on the learning disability Transformation Care Programme that now incorporates the previous report to Health and Social Care Overview and Scrutiny Committee on the Joint Improvement Plan for learning 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 (BCDfT), Airedale Hospital Foundation Trust (AHfT) and Bradford Teaching Hospital Foundation Trust (BTHfT) to work in partnership to deliver improved outcomes.

This report follows a previous report to the Strategic Director of Adult and Community Services and the Director of Collaboration for the Clinical Commissioning Groups to the meeting of the Health and Social Care Overview & Scrutiny Committee held on 25th March 2015.

Bev Maybury – Strategic Director
Health and Well Being
Helen Hirst – Chief Officer Bradford
Airedale Wharfedale and Craven
CCG

Portfolio:
Health & Wellbeing

Report Contact: Mairead O' Donnell
Phone: (01274) 431517
E-mail: mairead.odonnell@bradford.gov.uk

1. SUMMARY

- 1.1. This report updates members on the Learning Disability Transformation Care Programme that now incorporates the previous report to Health and Social Care Overview and Scrutiny Committee on the Joint Improvement Plan for people with learning disabilities that was being delivered by Adult and Community Services and Health. The Learning Disability Transforming Care Programme plan is an 'all age plan' and requires the three Clinical Commissioning Groups (CCG's), Local Authority (Children's and Adult Services), NHS England and Bradford District Care Foundation Trust (BDCfT), Airedale Hospital Foundation Trust (AHfT) and Bradford Teaching Hospital Foundation Trust (BTHfT) to work in partnership to deliver improved outcomes.
- 1.2. This report follows a previous report to the Strategic Director of Adult and Community Services and the Director of Collaboration for the Clinical Commissioning Groups to the meeting of the Health and Social Care Overview & Scrutiny Committee held on 25th March 2015

2. BACKGROUND

- 2.1. The last report to Joint Health and Overview Scrutiny Committee in March 2015 reported on the work of The Joint Improvement Plan. This plan combined the recommendations and actions from three main reviews of learning disability provision across health and social care. These were:
 - 2.1.1. June 2014 - Audit of local arrangements for the commissioning and support services for people who challenge – Adult Community Service and the CCG commissioned the National Development Team for Inclusion (NDTi) to undertake this audit.
 - 2.1.2. Actions from the Winterbourne Joint Improvement Plan
 - 2.1.3. The Joint Health and Social Care Assessment 2015
- 2.2. Following on from the Winterbourne View scandal, the Department of Health and Partners put in place a programme of work across the NHS and local government to implement changes but progress was disappointing by 2015. A new programme has been established to oversee the production of local plans which are required by NHS England. This report has led to a national Transforming Care Programme for people with Learning Disabilities who may have autism and may have mental health issues.

- 2.2.1 This is an all age change programme focusing on improving services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. This will drive system-wide change and enable more people to live in the community, with the right support, and close to home.
- 2.2.2 The programme endorses the view that children, young people and adults with a learning disability and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. They should have a home within their community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives.

3. Core Principles of Bradford, Airedale, Wharfedale and Craven Transforming Care Plan

- 3.1 **Engagement Event** - an engagement event with stakeholders of Bradford. Airedale, Wharfedale and Craven Transforming Care partnership was held on 11th October 2016. This event clearly identified a vision of what people with learning disabilities and/or autism and their family/carer's want, to enable them to live and contribute as citizens of Bradford.

Some of the views expressed on the day include:

- a) Health service provision need to have more training to raise awareness of people with Learning Disabilities and/or Autism and make reasonable adjustments to support people.
- b) People with learning disabilities and Autism Spectrum Disorders want to work and are employable.
- c) Education, Health and Care Plans (EHCP) – it is not clear how the health and social care should work together.

This information will inform and shape our collective approach across all departments to coproduce a new service delivery model. A meeting is arranged with senior management across Adults, Children's, Health, and Education to begin discussion around this. The meeting is being supported by NHS England.

- 3.2 **The Transforming Care Reference Group** - is established to act as a 'confirm and challenge' group to the Transforming Care Programme (TCP) in Bradford. Membership are drawn from the Learning Disability and Autism Partnership Boards and reference groups, Parents Forum, Carer Resource, Bradford People First, Keighley and Craven People First, Choice Advocacy, Safeguarding Voice, Providers Network and the SEND Partnership. Representatives from the Transforming Care Reference Group will be members of the Transforming Care

Project Board, support will be provided for representatives to attend the Project Board, with accessible information, agendas, minutes and no jargon language.

4. REPORT ISSUES

- 4.1 The delivery of the Programme within Bradford, Airedale, Wharfedale and Craven is collaborative working across health and social care. The CCG's are the lead with a nominated Senior Responsible Officer (SRO) and the Local Authority is responsible for the deputy SRO role. This is a 3 year delivery programme (2016 – 2019).
- 4.2 Bradford and Airedale, Wharfedale and Craven CCG's and the Local Authority will focus on three key areas for change:
 - 4.2.1 Reshaping current community provision of services to reduce dependency on in patient provision to support people with complex behavior presentations.
 - 4.2.2 Develop the provider market with specialist providers to support people with complex presentations in the community
 - 4.2.3 Promote mainstream health provision for people with learning disabilities.
- 4.3 Bradford District, Bradford Central and Airedale, Wharfedale and Craven's CCG's commission 6 inpatient beds for people with learning disabilities. This is well below the national requirement of 25 inpatient beds per million of population as determined by NHS England. However there is a tension between NHS England national team's objective in attaining 'bed closures' within the agreed three year trajectory and our local objective to improve community services and options for all people with a learning disability in the district. We require the community resource to be in place before reducing any further beds.
- 4.4 Our Transforming Care Plan includes twelve people from our area who are in out of area low and/or medium secure services, case managed by Specialized Commissioning. Since publishing the local transforming care plan, NHS Specialized Commissioning have identified an additional five people who are now included in our transforming care numbers. This is impacting on our ability to deliver on reducing the number of people in a hospital setting within our three year plan.
- 4.5 Scrutiny of the transforming care programme is carried out regionally and nationally by NHS England. Local scrutiny is through Health and Wellbeing Board and Bradford Health and Care Commissioning. The regional team from NHS England met with our transforming care board in September 2016 to carry out a 'confirm and challenge' session on our confidence and ability to meet the

requirements of our plan. It was at this session that the additional five people were identified by NHS England. We need to amend our plan to reflect this additional information. We are awaiting a report from NHS England from this session.

- 4.6 The Transforming Care Programme is working closely with Learning Disabilities Partnership Board and Autism Partnership Board to ensure co-production, engagement and communication with people with learning disabilities and/or autism and family carers is embedded across the programme.
- 4.7 As an all age programme (0 – end of life) it will align existing programmes such as 'Future in Mind', 'Journey to Excellence', SEND. Adult Transformation Programme, 'New Models of Care' to ensure there is system wide change as to how services are delivered.
- 4.8 The Transforming Care Project Board is chaired by Helen Hirst, Chief Officer, of the three CCG's. Bernard Lanigan, Assistant Director Adult Services is the deputy SRO and Mairead O'Donnell the Joint Commissioning Lead Learning Disabilities is the Programme Manager.
- 4.9 The board includes core membership from across Health, Social Care and Children's services, representatives from the Learning Disability and Autism partnership boards and representatives from the Transforming Care Reference Group, including people who use services and carers.

5. Work Streams

- 5.1 Each of the seven work streams have been identified to focus on key elements of the Bradford Transforming Care Strategic Plan. In addition, each work stream has been aligned to the reference groups of the Learning Disability Partnership Board and Autism Partnership Board. Where possible we have identified existing effective structures and forums to ensure the programme is integrated into key programmes of work across Health, Social Care and Children's Services. This will ensure the direction of travel for the programme is understood and embedded across all relevant areas. Below is a brief summary of the areas of work for each of the work streams and the groups that will take the lead on each area.

5.1.1 Co-production and Engagement

Co-production and Engagement Task and Finish Group – this group will be supported by engagement officers from the LA and CCGs, self-advocates from Bradford People First and Keighley and Craven People First, people with experience of using services and their families and carers. The work plan for the group will initially be facilitated by Inclusion North, utilising good practice, to

ensure we have a model for engagement and co-production that is fit for purpose for people with learning disabilities and/or autism in Bradford. Key aims:

- Complete a mapping exercises across all programmes of work and pathways in Children's, Adults and Health to identify synergies in outcomes and engagement groups
- Develop a full engagement programme and stakeholder engagement continuum.
- Develop a robust plan for the co-production of the TCP
- Lead on a programme of consultation with all stakeholders in the TCP and the new service model
- Liaise with all task and finish groups as part of the TCP structure, to ensure engagement plans are in place for the work plans of each group
- Link to the communications group to ensure engagement opportunities are communicated, along with other key messages relating to the TCP.

Communications Group

The Communications Group membership will be drawn from communication leads from the local authority Adults, Children's and the CCGs. This group will implement the communications plan which will be overseen by the engagement group, and reported through to the Transforming Care Reference group and Programme board.

Experts by Experience, Families and Carers

People with experience of services and family carers will be supported in a person-centred way to engage in each of the task and finish groups, reference group and Transforming Care Programme board. Involvement and co-production will be tailored to the needs of individuals who want to be involved, and we will seek to ensure involvement is meaningful, representative and a positive experience for people who use services and family carers.

A letter has gone out to all individuals who have accessed the assessment and treatment unit in Bradford and their family carers over the last two and a half years, to introduce the Transforming Care Programme and facilitate involvement from individuals with experience of in-patient provision in the programme, as this is currently an area where we require greater involvement.

5.1.2 Workforce Training and Development

Workforce Development Group - The membership of the existing workforce development group is extended to include children and young people providers. Providers will be required to attend contractually. Initial work areas identified:

- Align existing workforce development plans across Health and Social Care (Children, Young People and Adults)
- Agree an approach and implement a skills audit for staff across Health, Social Care, Children and Young People Services, to ascertain training requirements for the new service model, including positive behaviour support and linking with Skills for Care
- Agree a sustainable workforce training implementation plan to develop a suitably skilled workforce for providers of services for people with learning disabilities and/or autism.

5.1.3 Finance and Activity

Finance and Activity Task and Finish Group – the membership of the group includes finance representatives from the Council, CCGs, Children and Young People's services. Key aims will be:

- To monitor the spend of the LA and CCGs on learning disability and/or autism services against the finance and activity objectives set out within the transforming care plan.
- Identify areas where we can achieve greater value for money
- Track the implementation of integrated commissioning and personalisation, including Personal Health Budgets, Direct Payments, Individual Service Funds
- Support programme decisions for service remodelling with clear financial information
- Assess capital investment requirements for proposed service developments
- Ensure joint funding and pooled budget arrangements, processes and accountability are in place within the existing legislative frameworks.

5.1.4 Health and Wellbeing

Healthier Lives Reference Group (LDPB) – Existing working group of the Learning Disability Partnership Board, membership to be reviewed to ensure clear links to the Self-care programme, Carers, Children and Young People. The Healthier Lives group has developed a work plan for 2016/17 with the Transforming Care Programme providing the key focus. The aims of the group will be to:

- Engage with primary and secondary health care to improve people's health and wellbeing, and improve access to mainstream health services
- Provide training, awareness raising and accessible information to people with learning disabilities and/or autism on annual health checks, national screening programmes and long-term health conditions

- Target health inequalities experienced by people with learning disabilities and/or autism, including mortality rates, health conditions such as diabetes, cardiovascular disease and obesity
- Awareness raising across all CCG's on learning disabilities and/or autism, and mental health

5.1.5 **Children and Young People**

Children and Young People Task and Finish Group – This group is established to strengthen the understanding of children and young people's provision, needs and aspiration's enabling us to embed this understanding across the Transforming Care programme. Core membership is drawn from commissioners, operational staff across health and social care, youth offending, looked after children, health visiting, school nursing, children and young people and/or family carers. The group will ensure the key priorities for children and young people feed into the Transforming Care Plan. Initial aims of the group:

- Map current provision, including preventative and mainstream provision
- Understand the impact of schools and education
- Early identification, diagnosis and pathways
- Work with parents, carers, young people and children
- Priorities, aspirations and plans for change

Early Intervention and Prevention (Children and Young People) – the Integrated Transitions Team will be responsible for identifying issues and proposing solutions relating to early intervention, prevention and the transitions process from childhood to adulthood.

5.1.6 **Market Shaping and Service Model Design**

Early Intervention, Prevention (Adults) and Community Service Model Task and Finish Group – key representation will be drawn from Health, Social Care and Children Services, including CAMHS, mental health services, BDCFT Community Teams, Assessment and Treatment Unit, Probation Service, care management, primary, secondary and specialist health services. Key aims will be:

- Improve case management and regular reviews of packages of care and support
- Effective care and treatment reviews and supporting discharge coordination to help people to move out of hospital and in-patient provision
- Avoiding unnecessary admissions to in-patient provision
- Review the role of the intensive support team and develop new services for in and out-reach teams

- Community team development planning, improving community learning disability teams and autism specialist teams
- Plan the implementation of the national service model for Bradford and propose solutions for service remodelling.
- Link to and coordinate all market shaping activity across Adults, Children's and Health into TC plans

Market Shaping – is aligned to existing work programmes within the Adults Transformation Programme, Journey to Excellence, Future in Mind and SEND reform structures. Key aims will be:

- Commissioning and procurement of services that support the transformation of learning disability and/or autism services, including frameworks for residential and nursing care, intermediate step up step down provision, supported living
- Develop access to respite care and alternative short term accommodation to avoid unnecessary hospital admissions
- Increase the range and availability of housing for people with learning disabilities and/or autism, including developing core and cluster provision
- Develop new and better services, across the statutory, independent and voluntary sector to support choice and control, prevention and social inclusion
- Review block contracts and work with providers to replace these with individual service contracts, tailored to the needs and aspirations of people who use services
- Market engagement activities to develop a vibrant and diverse provider market in the district.

5.1.7 **Data and Information**

Data and Information Task and Finish Group – this group will be established to provide the data and information requirements for the Transforming Care programme. Core membership will be drawn from health and social care, criminal justice, children's performance and informatics teams. Its initial aims will be to:

- Map and gather relevant datasets to understand the prevalence, incidence and needs of people with learning disabilities and/or autism in the Bradford District
- Identify the data sources to capture the needs of the five cohort groups. These are:
 1. Children or adults with a learning disability and/or autism who have a mental health problem, such as severe anxiety, depression or a psychotic illness which may result in them displaying behaviours that challenge.

2. Children or adults with an (often severe) learning disability and/or autism who display self-injurious or aggressive behaviour, not related to severe mental ill-health, some of whom will have a specific neurodevelopment syndrome with often complex life-long health needs and where there may be an increased likelihood of behaviour that challenges.

3. Children or adults with a learning disability and / or autism who display 'risky' behaviours which may put themselves or others at risk (this could include fire-setting, abusive, aggressive or sexually inappropriate behaviour) and which could lead to contact with the criminal justice system.

4. Children or adults with a learning disability and / or autism, often with lower level health or social care needs and disadvantaged backgrounds (e.g. social disadvantage, substance abuse, troubled family background), who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.

5. Adults with a learning disability and / or autism with a mental health condition or whose behaviour challenges who have been in in-patient care for a very long period of time, having not been discharged when NHS campuses or long-stay hospitals were closed.

- Analyse data to inform the Transforming Care Programme
- Identify key datasets that will allow the impact of the implementation of the Transforming Care Programme to be measured
- Ensure data sharing protocols are in place to enable data to be shared across organisations, in line with the Data Protection Act
- Develop an approach to utilising information from care and support plans, care and treatment reviews and education, health and care plans to understand the types of provision required, particularly for those in in-patient and secure placements, and children with complex needs preparing for adulthood.

6. Progress So Far

- Bradford Transforming Care Plan is now signed off by NHS England as 'approved' and is published on NHS England website.
- The Bradford Health and Wellbeing Board are the governance body for reporting progress on the delivery plan.
- PMO board established – SRO is Helen Hirst (three CCG's), Deputy SRO is Bernard Lanigan (Local Authority)

- We held an engagement event of Bradford, Airedale, Wharfedale and Craven Transforming Care partnership with all stakeholders on 11th October 2016. See 4.1 above.
- First steps have been made to ensure the housing and support options are aligned. The Local Authority is also working closely with housing developers and Registered Landlords to increase the choice of housing options for people with complex needs. Aligning both the housing and support in key to ensuring people can be supported well in the community. We are working with these providers across housing and support to develop a 'Step up/Step down model with one site currently identified to develop this.
- An Integrated Commissioner for Learning Disabilities (Mairead O' Donnell) was appointed last year; the post holder is hosted by Adult Services
- A milestone plan, delivery plan and risk log is developed and reviewed monthly by our Transforming Care Programme Board and NHS England.
- Communication plan is developed to ensure stakeholder engagement.
- Review of provider contracts is underway within the three CCG's and LA commissioning to ensure delivery of the Transformation Agenda
- Care and Treatment Reviews (CTR's) are taking place pre and post admission to the Assessment and Treatment Unit. The aim of these reviews is to ensure plans are agreed across health and social care, to avoid delayed discharges from inpatient services and to ensure people are supported longer in their communities to avoid hospital admissions. This approach is proving to be a positive integrated approach for people and their families who are accessing or at risk of needing these services. These reviews are also taking place for people from our district who are in low and medium secure out of district. These cases are managed by Specialized Commissioning and form part of our transforming care inpatient cohort.
- There is a joint residential and nursing framework in place that will support the delivery of this programme. This includes providers with experience in supporting people with complex presentations. The framework will give people choice of provider to meet their needs.
- Bradford District Care Foundation Trust are developing a proposal to that looks at how the learning disability provision is remodelled to offer a flexible outward focused support for families and community services.
- Recruitment underway for the Project Lead role that will develop the Transition Integrated team.
- Learning Disabilities care homes is now part of the Telemedicine and Telecare (Vanguard) Project hosted at Airedale Hospital. Telecare and Telemedicine has now been installed in residential and nursing homes for people with learning disabilities.
- Work has started to develop Personal Health Budgets (PHB) offers for people with learning disabilities.

7. Transitions (14 – 25 Years) Team - Progress Report on the Formation of the Preparing for Adulthood Transition Team (14-25 Years)

- 7.1 In September 2015 a single transitions team for young people with a disability was developed and in April 2015 funding from the BCF Care Act was used by Adults to increase the size of the team, including a 1.0 WTE team manager. The team now has 12 WTE staff. In November 2015 the team has co-located with Children's Social Care, Education and Children's Continuing Health Care Nurses to form an integrated hub.
- 7.2 Transition duty has been established offering a single point of contact, joint visits are undertaken at 16 and earlier assessment and identification of needs so planning for adulthood is commencing sooner.
- 7.3 More proactive work with schools and colleges is taking place and the team are spending time with young people in school to support discussions about aspirations for the future. There is a focus on access to mainstream services and independent living and reducing reliance on traditional social care.
- 7.4 Adults are funding the post of a Transitions Manager (from Care Act funding) and interviews taking place in mid-November. There have been difficulties attracting applicants previously. The workforce has been reconfigured for a 14 – 25 year team under the new manager to work alongside a 0 -13 children's Complex Health team forming a 0 – 25 service.
- 7.5 Training and development for the staff will be essential as the legal and policy context is different in Children's and Adults and both will be enacted in the new team. The most significant training and development for the team will be in strength based assessment, personalisation and cultural change. There will be a need to commission support planning and brokerage options for young people and their families to support the use of personal budgets (social care, education and health).

8. FINANCIAL & RESOURCE APPRAISAL

The total spends on Learning Disabilities across Education, Children's, Adults and Health is £92 million. The Transforming Care Programme focuses on ensuring this spending 'builds a better future' for people with Learning Disabilities and/or Autism; leading to better outcomes.

9. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 9.1 A risk log is developed and a summary of current risks are below.
- Managing this system change within budget cuts across the health and social care economy

- Specialized Commissioning currently case manage all out of area placements for people in low and medium secure provision. Through Care and Treatment reviews the aim is that those people who can are supported to a community setting with appropriate support. The funding responsibility for these people will then fall on the CCG's. This places financial pressure on the three CCG's which as yet is not quantified by Specialized Commissioning.
- The additional five people from our district recently identified within low/medium secure services impacts on our trajectory of reducing people in hospital based provision.
- It will take time to create the responsive market place to develop the alternative support model to in-patient services.
- There is a difficulty in recruiting a skilled workforce within the district - the care sector is competing with better paid industries in this area.

10. LEGAL APPRAISAL

The report is an update on the progress of a work transformation programme. There are no direct legal implications. Any work undertaken within the programme must be conducted within the relevant education and Health and Social Care legislative framework and reflect relevant local and central government initiatives and work programmes.

11. OTHER IMPLICATIONS

11.1 EQUALITY & DIVERSITY

None

11.2 SUSTAINABILITY IMPLICATIONS

None

11.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

11.4 COMMUNITY SAFETY IMPLICATIONS

None

11.5 HUMAN RIGHTS ACT

None

11.6 TRADE UNION

None

11.7 WARD IMPLICATIONS

None

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

None

12. NOT FOR PUBLICATION DOCUMENTS

None

13. OPTIONS

None

14. RECOMMENDATIONS

Recommended –

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

15. APPENDICES

None

16. BACKGROUND DOCUMENTS

16.1 Transforming Care for people with learning disabilities – Next Steps

16.2 Bradford Transforming Care plan links

<https://www.bradford.gov.uk/adult-social-care/disabilities/bradford-learning-disabilities-transformation-plan/>

<http://www.bradfordcityccg.nhs.uk/about-us/our-performance/our-plans-for-learning-disabilities-services-/what-we-are-doing-in-201617/>

http://www.bradforddistrictscg.nhs.uk/about-us/my-ccg---our-performance/our-plans-for-learning-disabilities-services-/what-we-are-doing-in-201617

Report of Airedale NHS Foundation Trust to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 17 November 2016

Subject: Airedale NHS Foundation Trust response to Care Quality Commission Inspection

S

Summary statement:

The purpose of this report is to inform the Overview & Scrutiny Committee of the actions the Trust has taken in response to the Care Quality Commission (CQC) Inspection in March 2016 and the plans in place to ensure sustained improvement.

Karl Mainprize
Medical Director

Portfolio:

Health & Wellbeing

Report Contact: Helen Kelly
Phone: (01535) 294807
E-mail: Helen.Kelly@anhst.nhs.uk



1. **Summary**

The purpose of this report is to inform the Overview & Scrutiny Committee of the actions the Trust has taken in response to the Care Quality Commission (CQC) Inspection in March 2016 and the plans in place to ensure sustained improvement.

2. **Background**

The Care Quality Commission (CQC) visited the Trust in March 2016 and performed an assessment as part of their Hospital Inspection Programme. The Quality Report published on 10 August 2016 detailed the overall rating of "Requires Improvement".

3. **Report issues**

The Trust has developed and provided a detailed improvement plan to the CQC for the identified "must dos" within the report along with those quality issues that will strengthen our compliance with CQC Regulations.

The full report is at **Appendix A**.

4. **Recommendations**

That the actions within the Improvement Plan and the ongoing monitoring to achieve improved compliance be noted.

5. **Background documents**

None

6. **Not for publication documents**

None

7. **Appendices**

Appendix A – Airedale NHS Foundation Trust response to the CQC inspection

Report to:	Overview & Scrutiny Committee				
Date of Meeting:	17 November 2016				
Report Title:	Airedale NHS Foundation Trust response to CQC Inspection.				
Status:	For information requirement	Discussion	Assurance	Approval	Regulatory
Mark relevant box with X	X	X	X		
Prepared by:	Mrs Helen Kelly, Assistant Director, Healthcare Governance				
Executive Sponsor:	Mr Karl Mainprize, Medical Director				
Appendices (list if applicable):	1. Improvement Plan				

Purpose of the Report

The purpose of this report is to inform the Overview & Scrutiny Committee of the actions the Trust has taken in response to the Care Quality Commission (CQC) Inspection in March 2016 and the plans in place to ensure sustained improvement.

Key points for discussion

The Care Quality Commission (CQC) visited the Trust in March 2016 and performed an assessment as part of their Hospital Inspection Programme. The Quality Report published on 10 August 2016 detailed the overall rating of “Requires Improvement”.

The Trust achieved good for all services inspected for the Caring domain and Community Services were rated as “Good” for all domains with the exception of Well-Led where they were rated as “Outstanding”.

The Trust developed and provided a detailed improvement plan to the CQC for the identified “must dos” within the report along with those quality issues that will strengthen our compliance with CQC Regulations.

Recommendation

The Overview & Scrutiny Committee is asked to receive this report, note the actions within the Improvement Plan and the ongoing monitoring to achieve improved compliance.

OVERVIEW & SCRUTINY COMMITTEE – 17 November 2016

**Airedale NHS Foundation Trust
Response to CQC Hospital Inspection**

1. Introduction

This report provides the Overview & Scrutiny Committee with the key aspects of the CQC findings during their announced hospital inspection on 15 – 18 March and their unannounced visit on 31 March 2016.

Following the inspections in March 2016, the Trust informed the CQC of a serious incident that had occurred on the Critical Care Unit; in response the CQC performed a second unannounced visit on 31 May and also met with the Chief Executive to gain assurance that additional actions had been undertaken to ensure safety.

2. Inspection Ratings

The CQC Quality Report for the Trust was published on 10 August 2016 and the Trust was given an overall rating of “Requires Improvement”. Table 1 below details the overall and domain ratings

Ratings	
Overall rating for this trust	Requires improvement 
Are services at this trust safe?	Requires improvement 
Are services at this trust effective?	Good 
Are services at this trust caring?	Good 
Are services at this trust responsive?	Good 
Are services at this trust well-led?	Requires improvement 

The individual service ratings for each of the CQC domains have been separated into those for Airedale General Hospital and for Community Services. Tables 2 and 3 below provide the outcomes.

Table 2

Our ratings for Airedale General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Good	Good	Good	Good
Medical care	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Critical care	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Requires improvement	Good	Good	Good	Good	Good
Services for children and young people	Requires improvement	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

Table 3

Our ratings for Community Services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good	Good	Good	Good	Outstanding	Good
Community health inpatient services	Good	Good	Good	Good	Good	Good
Community End of Life Care services	Good	Good	Good	Good	Good	Good
Overall Community	Good	Good	Good	Good	Good	Good

As the hospital was at REAP level 4, during the CQC visit, the Trust concluded the ratings were a fair reflection of the status of the hospital and community services and was delighted with the good and outstanding ratings for the community services.

3. Quality Improvement Plan (Must Do)

The Trust developed a Quality Improvement Plan in response to the requirements identified within the final report. Each of the 29 Must Do requirements has both an Executive and an Operational Lead. The agreed timeframes for completion are rigorously monitored by a programme of meetings whereby the leads must provide updates in relation to immediate compliance, continued compliance and present the evidence for this.

The Quality Improvement Plan is attached as Appendix 1. However it must be noted; this plan is a live document and consequently is being updated regularly.

4. Action Plans (Should Do)

In addition to the Must Do requirements there were a number of Should Do recommendations made within the report. These are service specific and there are action plans in place that are owned by the General Managers for the Clinical Groups.

The Chief Executive created a Task & Finish Group to monitor the actions within these plans and along with her executive colleagues receive updates every two weeks in relation to progress. These have proved to be very successful, the General Manager attends and details by exception the issues and is supported by key personnel from the specific departments.

These plans are also supported by ward development plans that strengthen the findings from the CQC Inspection.

5. Governance and Assurance

There are a number of key principles underpinning the Trust strategy for supporting the governance and assurance in relation to the achieving of compliance and the sustained improvements required. This is evidenced by all the Must and Should do requirements having

- Executive Director accountability
- Operational / Clinical Manager accountability
- An Improvement Plan that is SMART (specific, measurable, appropriate, realistic and timely) in addition it is evaluated and reviewed.
- Progress reporting to the Executive team
- Non-Executive scrutiny of progress monthly

The Executive Team meets every two weeks and receives progress reports for the must and should do's identified within the report. Challenge is given for the leads to evidence the improvements along with plans for sustained compliance. There is also a Non-Executive led meeting monthly where they received assurance that the must do's within the report are complete, on track for completion and they have the opportunity to raise questions. The Non-Executive chair then reports to the Board of Directors on the progress with the Improvement Plan.

The plan going forward is to introduce a programme of internal peer and self-assessments that will provide a clear picture of the status of compliance and support our path the outstanding.

6. Conclusion

The outcome from the CQC inspection in March 2016 provided the Trust with the opportunity to improve the quality of care we provide to our patients and ensure the changes made are sustained.

7. Recommendation

The Overview & Scrutiny Committee is asked to receive this report, note the actions within the Improvement Plan and the ongoing monitoring to achieve improved compliance.

APPENDIX 1 – QUALITY IMPROVEMENT PLAN

Quality Improvement Plan November 2016

	Delivered
	On Track to Deliver
	Partially Met
	Not on Track on to Deliver

See final page for Glossary of Terms

Page 41

No	Core Service	CQC Domain	Requirement	Action to address requirement	End Date	Progress	Action RAG Status	Operational Lead	Executive Lead
CC3	Critical Care	Safe	The Trust must ensure that the remote telemetry monitoring of patients is safe and effective. (Critical Care)	Ensure a nurse allocated to coronary care has responsibility for telemetry. Nurse allocation to be agreed daily with senior team.	11/08/2016	Nurse in charge and the nurse allocated to the coronary care beds are now formally the responsible person(s) for telemetry monitoring and escalation. This new process has been incorporated into the guidance for telemetry.		Senior Nurse for Critical Care	Director of Nursing

CC3.1				Ensure Telemetry is more accessible to Registered Nurses working in the clinical environment. Additional telemetry screens to be acquired and installed.	27/05/2016	5 additional screens acquired and installed.		Senior Matron	
CC3.2				Make Telemetry more accessible to Registered Nurses working in the clinical environment. Audits to be undertaken within one month of installation.	22/06/2016	Two 'Take 5' (5 patient records reviewed each week) spot check audits have taken place to monitor effectiveness. The Nurse allocated to Critical Care is also responsible for monitoring patients on telemetry.			
CC3.3				Telemetry escalation process to be reviewed, agreed and implemented trust wide through the Medical Directorate. Develop a Telemetry, Management Care and Escalation Guideline.	19/08/2016	Telemetry Guideline now incorporates the standard protocol into one document. This has been ratified at PDRG and is available and visible to all on Aireshare			
MC1	Medical Care	Safe	The Trust must ensure that the remote telemetry monitoring of patients is safe and effective. (Medical Care)	Telemetry Task and Finish Group to review the two procedural documents, 1 SOP and 1 guideline.	30/09/2016	Critical Care Unit and ward guidelines merged and signed off.		Clinical Director Anaesthetics	Medical Director
MC1.1				Re-register the new Telemetry audits with the Clinical Audit department and audit compliance against the new guidance.	12/09/2016	Telemetry audit registered. The first audit undertaken on 7th September and presented at the Medicine			

						Governance meeting on 12th September 2016.			
MC1.2				Present audit findings at the Medicine Governance meeting with learning, outcomes and actions.	12/09/2016	Audit presented at Medicine Governance on 12th September 2016. Action plan being created to address the outcome and monthly re-audits planned.			
MC1.3				Purchase bleeps for AMU, ward 7 and ward 4 to improve communication between the Critical Care Unit and wards.	31/08/2016	Bleeps purchased and in use.			
CC1	Critical Care	Safe	A multi-disciplinary clinical ward round within Intensive Care must take place every day to share information and carry out timely interventions.	Extend weekday MDT meetings to include physiotherapy / microbiology / pharmacy. Nurse Consultant to meet with Lead Consultant and Head of Pharmacy. Monthly review meetings to be reinstated to review progress	31/08/2016	MDT ward round commenced in August 2016. Following handovers both in Theatre and Critical Care subsequent ward rounds take place at the patient's bedside and are conducted by the MDT, including Consultant, Middle grade Doctor(s), Pharmacy, Physiotherapy, Microbiology and Dietetics, Advanced Nurse Practitioner and Nurse at the		Anaesthetic Lead/ Nurse Consultant/ Head of Pharmacy/ Head of Therapies	Medical Director

						bedside.			
CC1.1				Perform a gap analysis and develop an options appraisal to extend the provision of MDT clinical ward rounds at weekends in Critical Care.	31/01/2017	Gap analysis and options appraisal scheduled to be presented at Surgical Services DAG January 2017.		Clinical Director Anaesthetics	
CC4	Critical Care	Safe & Well-led	The Trust must review the governance arrangements and identification and management of risks within critical care to ensure that arrangements for assessing, monitoring and improving the quality and safety of the service are effective.	Ensure continued attendance from the Critical Care Lead Nurse and senior nursing team at the group wide Surgical Services Quality and Safety monthly meeting to report and discuss the critical care AEFs and actions taken.	16/06/2016	Critical Care Lead Nurse and senior nursing team now attending Surgical Services Quality and Safety monthly meeting.		Senior Matron	Director of Nursing
CC4.1				Extend the invite to the Critical Care Consultant Meeting and Wednesday lunchtime education programme to include the multi-disciplinary team. Review the ToR of the monthly Critical Care Business Meeting. Nurse Consultant and Anaesthetic Lead to chair and deliver business meetings. Current anaesthetic educational programme to be widely advertised across the MDT	11/08/2016	ToR reviewed to ensure governance is incorporated in the Critical Care Business Meeting. Reviewed and agreed at the meeting in August 2016.		Clinic Lead for Critical Care/ Nurse Consultant	

CC4.2				Ensure that the monthly Critical Care multidisciplinary ward meetings have AEFs / Complaints and PALS learning as standing meeting items. Attendees should include Dietetics, Pharmacy, Physiotherapy, Doctors, Nurses and the Outreach Team. Develop TORs for the monthly MDT meetings and invite core attendees. Ensure an attendance register is kept.	19/07/2016	Monthly MDT ward meetings are now established. First meeting held in July 2016.		Lead Nurse for Critical Care
CC4.3				Following any incidents the unit, staff will attend all Critical Care unit RCA meetings as well as the Lead Nurse to share learning. Ensure staff are invited and released from duty to attend Critical Care RCA meetings.	31/07/2016	The first RCA meeting took place in July 2016, unit staff attended the meeting and have been invited to attend future meetings.		Senior Matron
CC4.4				Currently the Critical Care risk register sits within the wider Surgical Services risk register. Critical Care risks need to be received at the Critical Care business meeting with mitigating actions and escalated to the Surgical Services Quality and Safety Meeting	28/09/2016	The Critical Care risk register has been separated out from Surgical Services and is monitored monthly by the Nurse Consultant.		Lead Nurse for Critical Care
CC4.5				Arrange for an independent (non-surgical services staff) to perform all future KPI assessments.	31/08/2016	Independent KPI assessments started in June 2016 and continues.		Senior Matron

CC5	Critical Care	Safe	The Trust must ensure there are sufficient numbers of intensivists deployed in accordance with national guidance.	Perform a review and gap analysis in line with GPICS and D16 recommendations including benchmarking against other District General Hospital Critical Care providers.	31/10/2016	Clinical Director has started this review and gap analysis.		Clinical Director Anaesthetics	Medical Director
CC5.1				Develop options appraisal including the affordability to address the gaps identified.	31/10/2016	Clinical Director has started the options appraisal.			
CC5.2				Update current risk assessment in response to the gap analysis.	07/11/2016	Risk assessment will be updated on receipt of gap analysis			
CC5.3				Present outcome of options appraisal to Surgical Services DAG.	31/01/2017	This will be presented in January 2017.			
CC6	Critical Care	Safe & Well-led	The unit must ensure a minimum of 50% of nursing staff have a post registration qualifications in	Obtain advice from the Critical Care Network to clarify exactly what constitutes " a post registration qualifications in critical care". Nurse Consultant to seek advice from the Critical Care Network.	31/08/2016	Network and UKCCN alliance confirms that this is a post registration university course.		Nurse Consultant for Critical Care	Director of Nursing

CC6.1			critical care.	To support the on-going training rotation of band 5 and band 6 Critical Care nursing on the university module for Critical Care. 9 Nurses to be released for training in the academic year 2016/17.	30/06/2017	Already identified as part of the GPICS action plan (March 2016). Currently, the unit employs 7 staff with a post graduate qualification in Critical Care and an additional 4 staff with an acute cardiac post graduate qualification. 3 staff are booked onto the Critical Care post graduate advanced course commencing October 2016. 3 further staff are booked onto the Critical Care post graduate advanced course in January 2017. A further 3 staff have been identified to attend the Critical Care post graduate advanced course spring 2017. This will result in 50% of nursing staff with a post registration qualification in Critical Care.			
-------	--	--	----------------	---	------------	--	--	--	--

CC10	Critical Care	Well-led	The unit must ensure a minimum of 80% of nursing staff within critical care have been appraised.	Nurse Consultant to meet with all band 7 and band 6 staff to ensure eligible and available staff have received their performance review and appraisal.	31/10/2016	The Nurse Consultant has met individually with staff and as at September 2016 81% of eligible staff have received their performance review and appraisal. There are dates scheduled for the remaining eligible staff to receive a performance review and appraisal.		Nurse Consultant for Critical Care	Director of Nursing
MC2	Medical Care	Safe & Well-led	The Trust must review the timeliness and effectiveness of controls and actions on the local and corporate risk register, in medical care (Integrated Care Group).	Migrate the local risk register to the new corporate database.	31/08/2016	Risk Register migrated and excel spread sheet archived.		General Manager - Medicine	Chief Operating Officer
MC2.1				Review the corporate risk register, identify all medicine risks and ensure they are flagged and ownership has been transferred.	31/08/2016	Corporate Risks reviewed. Medicine Governance Group is the reviewing committee for these risks. Each risk has an identified lead who has the responsibility for ownership and leadership.		Resilience and Governance Manager	
MC2.2				Update the procedure for the review of all risks identified within Medicine. (Integrated Care Group)	12/09/2016	Risk process drafted and circulated to the Clinical Management Team for comment and to be presented to Medicine Governance in September.			

MC2.3				Regular review of the Medicine Risk Register by the Clinical Management Team and governance lead.	31/08/2016	Twice yearly meetings now in place.			
MC2.4				Risks graded 9 and over are to be escalated to DAG with further escalation to EAG.	31/08/2016	All risks of 9 and above are reviewed at DAG and EAG.			
CYP2	Services for Children and Young People	Safe & Well-led	The Trust must review the timeliness and effectiveness of controls and actions on the local and corporate risk register, in children and young people's services.	Increase the frequency of the Paediatric Governance meeting to monthly.	08/08/2016	Governance meetings are now held monthly.		General Manager - Women and Childrens Health	
CYP2.1				Embed the routine review of the risk register at the Paediatric Governance Meeting.	31/08/2016	The agenda for the Paediatric Governance Meeting now has review of risk register as standing agenda item.			
CYP2.2				Discuss emerging and on-going risks and mitigation of risks at the Clinical Management Team meeting as part of the standing agenda.	31/08/2016	Clinical Management Team meeting has the risk register review as a standing agenda item.			
CYP2.3				Risks graded 9 and over are to be escalated to DAG with further escalation to EAG.	31/08/2016	All risks of 9 and above are reviewed at DAG and EAG.			

UE2	Urgent and Emergency Services	Safe & Well- led	The Trust must ensure that resuscitation and emergency equipment including neonatal resuscitaires, is checked on a daily basis in line with trust guidelines.	Emergency Department Matron and Team Leader to review current checking and recording procedures.	31/08/2016	Current checking and recording procedures completed. Daily checks now form part of the routine quality and safety checks.		Director of Nursing	
UE2.1				Awareness sessions to be undertaken with all staff to ensure they are aware of the Trust guidelines.	12/09/2016	Awareness sessions have begun via the Emergency Department handover brief.			Matron - Emergency Department
UE2.3				Team Leader/Matron to undertake weekly review of documentation to ensure compliance.	Weekly reviews	Weekly reviews began 8th August 2016. This continues to form part of the monthly nursing KPIs.			
UE2.4				Ensure recording procedures are a standing agenda item on the Emergency Department Clinical Governance meeting.	31/08/2016	The agenda for the Emergency Department Clinical Governance meeting now has recording procedures as a standing agenda item. The next meeting is on 21st September 2016			Matron - Emergency Department and Senior Matron for Medicine
UE2.5				Review and revise the current SOP for opening a ward when additional beds are required.	23/09/2016	A review of the Opening a Ward SOP is underway to include a clear process for completion of checking and recording procedures and formal			Resilience & Governance Manager

						notification to the Medical Director, Director and Deputy Director of Nursing and Senior Matrons. Details of any opened wards will be included at the bed meetings.			
UE2.6				Ensure revised SOP is communicated, published to AireShare and visible to all staff.	30/09/2016	Will be completed following revision of the SOP			
UE2.7				Matron responsible for Ward 15 to undertake daily spot checks to ensure compliance with SOP.	09/09/2016	Matron is currently undertaking daily spot checks on ward 15.			
MG2	Maternity and Gynaecology	Safe & Well-led	The Trust must ensure that resuscitation and emergency equipment including neonatal resuscitaires, is checked on a daily basis in line with trust guidelines.	To develop a SOP for daily checking of the resuscitation equipment.	30/04/2016	SOP developed for daily checking of the resuscitation equipment.		Head of Midwifery	
MG2.1				Ratify SOP at WIGG and through the Trust process.	30/04/2016	SOP ratified, published to AireShare and is visible to all staff.			
MG2.2				Monitor the compliance with daily checking of the resuscitation equipment via the Matron check list and a monthly report at WIGG.	30/04/2016	Compliance with daily checking of the resuscitation equipment is now monitored via the Matron check list and a monthly report at			

						WIGG.			
UE8	Urgent and Emergency Services	Safe	The Trust must ensure it meets national guidance for medical staffing in the emergency department.	Increase the Medical staffing numbers in the Emergency Department.	31/10/2017	A Business Case for additional Consultants in the Emergency Department was approved by the Board in January 2014, to increase the team to 10 WTE. There is further recruitment planned to fully achieve the recommended number. A Consultant returns to work from Maternity Leave on 31/10/2016 and a newly appointed Consultant also commences on 31/10/2016 This takes the number to 8 WTE. Further recruitment is planned with adverts to be placed in February and July 2017 to coincide with the completion of speciality training.		General Manager - Medicine	Medical Director

UE8.1				Complete a risk assessment.	15/09/2016	Risk assessment in place detailing mitigation for the remaining two WTE Consultant Emergency Department vacancies. This is monitored through the Medicine Governance meeting.		Resilience & Governance Manager	
MG12	Maternity and Gynaecology	Safe	The Trust must ensure intravenous fluids are stored in a locked cupboard on the Labour Ward.	Ensure fluids are stored in a lockable cupboard by making alterations to the worktop in the Labour Ward utility room.	09/09/2016	External contractors have completed the required alterations and intravenous fluids are safely stored.		Head of Midwifery	Chief Operating Officer
S1	Surgery Care	Safe & Well-led	The Trust must ensure that where the responsibility for surgical patients is transferred to another person, the care of these patients is effectively communicated.	Audit post-take ward round (PTWR) against internal standards derived from a literature review.	30/06/2016	The June re-audit was presented at the Surgical Services Clinical Governance meeting on 8th July 2016 and demonstrated clear improvements in all aspects of the morning handover after interventions, when compared to data from the previous audit done earlier in 2016.		Clinical Director	Medical Director

S1.1				Respond to the recommendations following the conclusion of the audit.	30/06/2016	Handover logbook introduced and in use. Where possible sister / charge nurse is present for each handover.			
S1.2				Re-audit the efficacy of the handover of patients from PTWRs and implement the findings.	31/12/2016	Re-audit scheduled for November 2016.			
S1.3				Extend the current process to include all handovers.	30/01/2017	The formal handover process for Urology is implemented, the sister / charge nurse attends each handover when available. The afternoon / early evening is formally documented and the attendance log is completed. The re-audit scheduled for November 2016 will include all handovers. The November audit outcome will be presented to Surgical Services Clinical Governance meeting in January 2017.			

S2	Surgery Care	Safe & Well-led	The Trust must ensure the five steps for safer surgery including the World Health Organisation (WHO) safety checklist is consistently applied and practice audited.	Ensure there is a consistent application of all steps of the WHO checklist lead by the Clinical Lead for anaesthetics and General Manager	30/06/2016	Audit results presented to the CQC Task and Finish group for April , May , June 2016. Continuous improvement delivered with 100% compliance in June 2016. Audit to monitor performance agreed and undertaken on a monthly basis.		Anaesthetic Clinical Lead	Medical Director
S2.1				Undertake weekly 'Take 5' audit (5 patient records reviewed each week) with published results. Results taken to Surgical Services Quality and Safety Meeting and distributed to specialty Clinical Audit meetings.	30/06/2016				
S2.2				Individuals or specialities with recurrent non-compliance will be challenged to deliver immediate improvement by the relevant Clinical Lead/Director.	30/06/2016	Any non compliance identified has been escalated to the relevant Clinical Director/Lead.		General Manager - Surgery	
S2.3				Clinical Leads/Clinical Directors to escalate any issues requiring support to the Chief Operating Officer/Medical Director.	30/06/2016	The escalation process now in place.			
S2.4				Mandated silent cockpit in all theatres	30/06/2016	Silent cockpit posters redesigned and implemented.			
S2.5				Redesigned visual aids/documentation to support the WHO process.	30/06/2016				

CYP1	Services for Children and Young People	Safe & Well-led	The Trust must ensure an effective system is in place to ensure that community paediatric letters are produced and communicated in a timely manner.	Reduce the backlog of dictation for community paediatric letters. Ensure the letters are produced in a timely manner. Recruit a locum consultant in Community Paediatrics to backfill the Consultant time to address backlog of dictation.	01/08/2016	Locum in post to support the post holder 18th March 2016. Backlog of dictation for community paediatric letters has been reduced and a monitoring process is in place.		General Manager - Women and Childrens Health	Chief Operating Officer
				Monitor backlog weekly overseen by the General Manager.	01/08/2016	Weekly monitoring of backlog and reporting overseen by the General Manager			
Q1	Quality	Safe & Well-led	The Trust must ensure that physiological observations and NEWS are calculated, monitored and that all patients at risk of deterioration are escalated in line with trust guidance.	Ensure staff are trained in the skills/competency required to undertake NEWS and escalate as per NEWS guidance. Address any training needs identified through audits and or appraisal.	30/06/2016	Staff have been reminded via briefings in clinical areas to escalate in accordance with the guidance. During staff appraisal training needs are identified.		Senior Matron	Director of Nursing
Q1.1				Standard approach and documentation for the NEWS where appropriate across all wards and departments. Matrons review the use of the NEWS tool in clinical areas, audit the outcomes and report to the DAG meetings.	30/06/2016	NEWS is now included within the monthly nursing KPIs. Where KPIs fall below the accepted standard, weekly 'Take 5' audits will be undertaken to target the education and training required to ensure improvement.			

Q1.2				Medical Staff are made aware to escalate any concerns they have re NEWS management to the relevant Matron. Clinical Directors asked to inform all relevant medical staff, and escalate any concerns on an on-going basis to matrons in the clinical areas.	30/06/2016	Medical Staff informed and escalation process in place.			
Q1.3				Regular audit of the process to determine if NEWS is being used consistently. Incorporate Take 5 audit questions into the KPIs from May 2016. KPIs have been reviewed, and a peer review approach has been taken.	30/06/2016	Assurance sought from matrons at the monthly Quality Safety meetings. Monthly report on audit outcomes collated by Deputy Director of Nursing and reported to the CQC Task and Finish Group. Action delivered June 2016 . Audit programme in place to monitor compliance.			
Q2	Quality	Safe	The Trust must ensure records are stored and completed in line with professional standards, including an individualised care plan.	Undertake a risk assessment of the current records storage solution and detail the necessary actions required.	05/09/2016	Risk Assessment completed to describe mitigation for the decision to not purchase locked trolleys for the storage of medical records in in-patient wards and departments. E-mail reminder re: safe storage of medical records sent to all Clinical Directors,		Senior Matrons	Director of Nursing

						Ward Clerks, Matrons & Ward Leaders. Matrons include safe storage of medical records into their daily walkrounds.			
Q2.1				Ensure all staff are aware of the requirements in relation to Information Governance Standards	31/03/2017	At 30th September 2016 72% of eligible staff have completed their annual Information Governance mandatory training update. Human Resources issue monthly training compliance reports to Managers for monitoring and action.			
Q2.2				Continue with the monthly KPI audits of nursing documentation. The audits include compliance checks with the documentation NMC professional standards	01/09/2016	Monthly KPI process reviewed. Audits will continue monthly by peer ward leaders. Quarterly KPI audits will be performed by the corporate nursing team. The nursing documentation is currently under review by a working group established in May 2016.			

Q2.3				Signature sheet to be introduced into the Nursing Documentation to enable clarity of escalation. This will be ratified at the Health Records Group in September 2016.	12/09/2016	Signature template successfully piloted on Harden Ward at Castleberg Hospital. The template will be ratified through the Trust governance processes and implemented to in patient areas. Will be monitored through the nursing KPI's.			
Q3	Quality	Safe & Well-led	The Trust must ensure that, during each shift, there are a sufficient number of suitably qualified, competent, skilled and experienced staff deployed to meet the needs of the patients.	Widespread recruitment plan for registered and non registered nursing staff in place and on-going. This includes International nurse recruitment which happened in July 2016. Job offers were made and staff will start taking up posts at end of August 2016.	31/08/2016	32 job offers made to international recruits, additional interviews via Skype are planned. New recruits now working in the organisation and are undergoing and induction programme.		Senior Matrons	Director of Nursing
Q3.1				Undertake a bottom up review of staffing for all wards. Explore the implementation of band 4 roles by possibly recruiting retired registered nurses who can demonstrate competency at the level of band 4 .	30/09/2016	Job Description has been developed for band 4 Assistant Practitioners (underpinning qualification retired nurse), deployment form signed and agreed, awaiting table top exercise for AfC, advert developed and will be placed once on the 17 October 2016. Nov update - 5 applicants, recruitment process		Deputy Director of Nursing	

						to follow.		
Q3.2				Explore the role of the Associate Nurse as part of a pilot project in conjunction with other organisations.	30/09/2016	The Trust participated in the submission of a national Health Education England bid in partnership with Trusts from Leeds and Bradford. The bid was successful and 5 trainees will be recruited by December 2016 and commence training in January 2017 with a 2 year training contract.		Senior Matrons and Deputy Director of Nursing
Q3.3				Review the nursing establishment and collate quality and safety for each ward. Present for discussion to the corporate nursing team in September.	30/09/2016	A formal peer meeting with Deputy Directors of Nursing from other Trusts took place on 21st September. The outcome of the meeting will be presented to EDG in November 2016 and be included in the 24 month Group Plans 2017 - 2019.		Deputy Director of Nursing
Q3.4				Apprentice scheme for 2016 agreed with Executive Directors in July 2016, ensure that this is implemented to the time line agreed	31/10/2016	The recruitment selection process started in September 2016 and an advert was placed, there was a good response and staff were recruited by 31st		Deputy Director of Nursing and Assistant Director Medical Directors Unit

						October 2016. Offers were made to 16 students and the usual employment checks are underway. The apprentice scheme will start in Jan 2017.			
Q3.5				Continue to undertake twice yearly review of nurse staffing plus monthly reporting of nurse staffing. Develop the reports related to this for the Board of Directors by including where relevant any adverse variance against the NICE nurse indicators. MIAA commissioned to undertake a review and assure the Trust that planned vs actual nurse staffing is accurately reported to the Board. Director of nursing to review the format of the reports. Reports to include the recommendations from the recent MIAA audit report.	30/09/2016	The format of the reports is under review, with input from the recently developed Workforce Healthcheck. The first draft of the report will be presented to the Board of Directors on the 28th September 2016 and the SOP for Hard Truths Report is in place. The second draft report was presented to Board of Directors on the 26th October and was well received, further development of the final report continues.		Director of Nursing	
Q3.6				On a day to day basis ensure Matrons and Senior Matrons are supporting ward teams with any issues relating to gaps in their available staff. Template capturing the staffing situation produced by end of March 2016 and circulated following each bed meeting. This is in SBAR format.	31/03/2016	Template completed each day and circulated via email for action as required.		Matrons	

Q3.7				Ensure e-rostering is rolled out to all wards and departments and determine what reports are required to support effective deployment of staff. E-rostering to be implemented by August 2016.	30/08/2016	E-rostering being used in all ward areas.			
Q3.8				Implement a Ward Development programme across the wards. Template produced and being completed and individualised by the Ward Sisters supported by the Matrons during August 2016	28/10/2016	Initial meetings completed in September 2016 with progress plans developed and completed by the Matrons and Ward Sisters in October 2016.			
Q3.9				Produce an updated Nursing and Midwifery strategy. Consult with the clinical workforce. Produce a draft strategy for formal consultation by the end of September 2016.	31/10/2016	Initial consultation events with the nursing forum, sisters and ward nurses took place in September 2016, this was expected to October 2016 to ensure all the ward staff unable to attend earlier events got the opportunity to input. The draft strategy was has been produced and will be circulated in November 2016 as part of the consultation process.		Senior Matrons	

Q4	Quality	Safe & Well-led	The Trust must ensure the safe storage of medicines (general)	Review relevant policies and procedures relating to safe storage of medicines to ensure compliance with legislation and national good practice.	31/08/2016	Relevant medicines management policies are in date. They have been reviewed and reflect the requirements of legislation and best practice relating to safe storage of medicines.		Lead Pharmacist Clinical Governance and Senior Matrons	Medical Director
Q4.1				Ratify changes to policy and SOPs.	31/08/2016	No changes proposed at this time.			
Q4.2				Audit storage of medicines as part of existing pharmacy-led audit cycle.	15/11/2016	Next quarterly controlled drugs audit and safe handling of medicines audit to be undertaken by 31st October 2016. Report to NMLG and Medicines Safety Group mid-November. Any actions emerging from the audit will be delivered by the operational teams and monitored at local governance groups.			

Q5	Quality	Safe & Well-led	The Trust must ensure the safe storage of medicines (fridges)	Display reminder poster 'how to re-set thermometers' on fridge doors.	01/08/2016	Action completed.		Matrons	Medical Director
Q5.1				Display reminder screen 'to check medicine fridge temperature' as part of Trust-wide rolling screen saver communication tool.	30/09/2016	Action completed.		Lead Pharmacist Clinical Governance	
Q5.2				Audit practice via weekly medicines audit for CQC Task & Finish Group. Matrons weekly spot checks are monitoring compliance.	01/04/2016	Weekly audits of compliance in place. Any training issues which emerge are being addressed.		Matrons	
Q5.3				Identify the medicine fridges unable to hold the required temperature.	19/09/2016	Fridges have been identified and replaced.		Lead Pharmacist Clinical Governance	
Q5.4				Obtain costings for replacement fridges.	30/09/2016	Medicine fridges in clinical areas have been replaced via Supplies where the previous model was demonstrated to be functioning incorrectly.		Lead Pharmacist Clinical Governance	
Q5.5				Explore alternative methods to support maintenance of medicine storage temperatures.	30/09/2016	Estates and facilities department have considered air conditioning of clean utility rooms. This option currently		Lead Pharmacist Clinical Governance	

						unviable due to cost.			
Q5.6				Work with Estates Dept to increase monitoring of ambient temperature in clean utility rooms where medicine fridges are located to inform the risk assessment	30/11/2016	This is a further action to gain more data to assess the risks to stored medicines.		Lead Pharmacist Clinical Governance	
Q5.7				Update risk assessment of medicine storage temperatures in clinical areas with proposed actions to mitigate risks to medicines	30/11/2016	The risk assessment will be updated when further data available on ambient temperatures.		Lead Pharmacist Clinical Governance	
Q5.8				Develop flow chart to aid decision making by nursing staff in response to fridge temperatures being outside of the required range	07/12/2016	The flow chart is currently under development and will be approved at Medicines Process Review Group on the 7th December 2016.		Lead Pharmacist Clinical Governance	
Q6	Quality	Safe & Well-led	The Trust must ensure the safe storage of medicines (discharge)	Review nurse discharge checklist and associated procedure.	31/08/2016	Action completed.		Senior Matrons and Lead Pharmacist Clinical Governance	Medical Director
Q6.1				Confirm nursing staff have read relevant policy and procedures and understand their role and responsibility.	31/08/2016	This is part of the annual appraisal process and induction for new starters.			

Q6.2				Confirm pharmacy staff have read relevant policy and procedures and understand their role and responsibility.	31/08/2016	Action completed.			
Q6.3				Display reminder poster on inside of door to patients medicines lockers to prompt nurse to check fridge for discharge medicines.	31/08/2016	Action completed.			
Q6.4				Display reminder screen to check fridge for discharge medications as part of Trust-wide rolling screen saver communication tool.	30/09/2016	Action completed.			
Q6.5				Monitor practice via the weekly medicines audit. Matrons to undertake spot checks on safe storage of medicines and staff knowledge of their roles and responsibilities.	30/08/2016	Weekly audits of compliance in place. Any training issues which emerge are being addressed.		Matrons	
Q7	Quality	Safe	The Trust must ensure the safe storage of medicines (Controlled Drugs)	Ensure compliance with relevant policies and procedures. Expired controlled drugs to be removed from the clinical areas. Confirm nursing staff have read and understand relevant policy and SOPs including respective roles and responsibilities.	30/08/2016	Process is part of the annual appraisal process and induction for new starters. Local operational group will monitor compliance.		Senior Matrons and Lead Pharmacist Clinical Governance	Medical Director

Q7.1				Confirm pharmacy staff have read and understand relevant policy and SOPs including respective roles and responsibilities.	31/08/2016	Action completed.			
Q7.2				Display reminder poster on the inside of controlled drugs cupboard door with prompt 'to write expiry date on liquid controlled drugs bottles'.	31/08/2016	Action completed.		Lead Pharmacist Clinical Governance	
Q7.3				Display reminder screen 'to write expiry date on the liquid controlled drugs bottles' as part of Trust-wide rolling screen saver communication tool.	30/09/2016	Action completed.			
Q7.4				Audit practice via weekly medicines audit for CQC Task & Finish Group, Matrons' spot checks and pharmacy-led Quarterly controlled drugs audits.	31/08/2016	Weekly audits of compliance in place. Any training issues which emerge are being addressed.		Senior Matrons and Lead Pharmacist Clinical Governance	
Q7.5				Ensure compliance with standards for controlled drugs record keeping, if the controlled drugs records are corrected they must be signed. Audit practice via existing audit cycles. Matrons spot checks and pharmacy-led Quarterly controlled drugs audits.	15/11/2016	Next quarterly controlled drugs audit to be undertaken by 31st October 2016. Report to NMLG and Medicines Safety Group mid-November. Action plans from the Quarterly audits will be delivered and monitored at the local governance		Senior Matrons and Lead Pharmacist Clinical Governance	

						groups.			
Q8	Quality	Safe & Well-led	The Trust must ensure the safe administration of medicines	Review relevant policies and procedures relating to safe administration of medicines to ensure compliance with legislation and national good practice.	31/08/2016	Relevant medicines management policies are in date. They reflect the requirements of legislation and best practice relating to safe storage of medicines.		Senior Matrons and Lead Pharmacist Clinical Governance	Medical Director
Q8.1				Ratify changes to policy and SOPs.	31/08/2016	No changes proposed at this time.			
Q8.2				Matrons to confirm nursing staff have read and understand relevant policy and SOPs including respective roles and responsibilities.	31/08/2016	This is part of the annual appraisal process and induction for new starters. For example, medicines management session is part of the induction programme for the new international recruits and will then be followed up within their preceptorship period.		Senior Matrons	
Q8.3				Monitor incidents relating to administration of medicines.	31/08/2016	Medicine related incidents are monitored at the medicine safety group. Any particular issues are devolved to the operational governance groups		Senior Matrons and Lead Pharmacist Clinical Governance	

						for further action.			
Q9	Quality	Safe & Well-led	The Trust must improve compliance in medicines reconciliation.	Review existing operating practices and map process.	16/08/2016	Presented findings to Pharmacy Leadership Team. Agreed to produce a weekly tracker to monitor on-going performance, review the SOP for medicines reconciliation and produce an operational improvement plan including a stepped target trajectory.		Senior Project Pharmacist	Medical Director
Q9.1				Confirmed current performance (50%) and agreed initial target KPI (80%) with focus on Acute Medical Unit (AMU) weekdays. Trajectory for stepped improvement (60% by end October 2016).	31/10/2016	Medicines reconciliation target aligned with NICE guidance (NG5) and emerging Regional medicines reconciliation definition (Yorkshire & Humber Chief Pharmacists Group meeting which took place on the 2nd September 2016).			
Q9.2				Meet target of 70% medicines reconciliation (on AMU on weekdays) by 31st December 2016 .	31/12/2016	60% was achieved by 31st October 2016.			

Q9.3				Meet target of 80% medicines reconciliation (on AMU on weekdays) by 31st March 2017.	31/03/2017	60% was achieved by 31st October 2016.			
Q9.4				Produce weekly tracker to show % achievement of medicines reconciliation undertaken in agreed clinical areas.	05/09/2016	Action completed.			
Q9.5				Review and improve the pharmacy SOP for medicines reconciliation.	30/09/2016	Action completed.			
Q9.6				Produce an operational improvement plan showing how phased target trajectory will be monitored and delivered. To include proposals for recruitment, skill mix and deployment of ward-based pharmacy staff and optimal use of EPMA.	30/09/2016	Action completed.			
Q10	Quality	Safe & Well-led	The Trust must ensure that guidelines are up to date and meet national recommendations	Review and revise out-of-date guidelines.	30/09/2016	All Core Services have reviewed and revised their guidelines.		General Managers	Medical Director

Q10.1			within NICE guidance or guidance from similar bodies.	Ratify them through the Trust processes.	30/09/2016	All Core Services have ratified their guidelines.		General Managers
Q10.2				Publish them to Aireshare for all staff to view.	31/10/2016	All the ratified Guidelines are now published to Aireshare; any remaining guidelines are being fed through to the Health Information Service for publishing by the 30 October 2016.		Assistant Director Healthcare Governance
Q10.3				Clinical leads for each specialty to provide detail of guidance relating to other relevant national organisations such as Royal Colleges.	31/10/2016	Clinical leads are working with their groups and will share the final lists with the Health Information Service.		
Q10.4			The Trust must ensure that guidelines meet national recommendations within NICE guidance or guidance from similar bodies.	Compile list of relevant national guidance.	31/10/2016	Initial identification of national guidance completed by Assistant Director Healthcare Governance & Senior Health Information Specialist.		Clinical Director
Q10.5				Issue list of service specific national guidance to the Health Information Service to enable the monthly horizon scanning.	31/10/2016	A list of national guidance for Medicine has been issued to the Health Information Service, awaiting the list from the remaining clinical groups.		

Q10.6				Develop a process for the dissemination of relevant guidance to clinicians (similar to current NICE process) to include development of tracker for each speciality.	31/10/2016	Clinical Audit Manager is extending the current NICE guidance dissemination process to include all guidance. This will then be subject to the current monitoring processes in the Trust.		Assistant Director Healthcare Governance	
Q11	Quality	Well-led	The Trust must improve engagement with staff and respond appropriately to concerns raised by staff.	The Trust's People Plan sets out actions that are planned for 2016-17. In addition, there will be a planned series of Board Director listening sessions and walk-rounds commencing by end September 2016. There will also be a series of corporate conversations led by Directors, the first of these will be on 'Right Care the next 5 years'. Develop schedule for Board Director walk-rounds.	15/09/2016	Board Director walk-rounds schedule has been developed. Exec Team weekly Walkarounds commenced October 2016. Individual Exec walkarounds and listening sessions planned for next year - one per director per month. CEO briefing sessions to take place in October. Regular CEO/Exec led briefings of senior leaders takes place weekly.		Director of Human Resources	Director of Human Resources
Q11.1				Consult on the new clinical leadership and accountability arrangements between August and November 2016, prior to implementation from April 2017. Ensure the clinical leadership and accountability arrangements have been shared through a formal	30/11/2016	Consultation document issued and meetings arranged with key groups of staff. Meetings completed with key staff groups; and consultation shared across the Trust via			

				consultation.		team leaders and staff brief. Consultation closed on 30 September 2016.		
Q11.2				Monitor the process to ensure meaningful engagement and delivery of the leadership and accountability framework.	31/03/2017	Consultation underway and running to planned timescale.		
Q11.3				Implement 'Consistently Good People Management Conversations'. Guidance and Communication.	31/10/2016	Resource allocated and work commenced on format and guidelines. Draft guidelines and communications produced.		Workforce Development Manager
Q11.4				To review the Dignity at Work Policy. To publicise the Dignity at Work and Raising Concerns policies via Trust communications through staff side and a lunchtime session for medical staff co hosted with the LNC. Appoint the Freedom to Speak Up Guardian.	31/10/2016	Review of Dignity at Work commenced. Draft Freedom to Speak Up Guardian job description developed for consultation with staff side. Review of Dignity at Work policy completed with staff side and will now go through Trust ratification processes before communicating widely across the Trust. Freedom to Speak up Guardian JD finalised and post will be advertised w/c 10 October.		Human Resource Business Partner

Q11.5				Develop the Pulse Survey through November 2016. Consider delivery options including internal or outsourced options and implement new surveys and reports from January of 2017.	30/01/2017	Arrangements in other Trusts have been considered and discussions have begun with outsourced provider.		Workforce Development Manager	
Q12	Quality	Well-led	The Trust must ensure that staff complete their mandatory training including safeguarding training.	Improve the overall Trust compliance with mandatory training to achieve the 80% target. This includes reviewing the mandatory training matrix for staff groups, developing a workbook for specific groups and running bespoke events for staff groups who can be difficult to reach through the standard offer. Agree a new set of actions to achieve a consistency in compliance across staff groups and mandatory training subjects and set an overall stretch target for the Trust of 90%.	31/08/2016	The workbook developed, matrix reviewed and new stretch target and actions agreed.		Workforce Development Manager	Director of Human Resources
Q12.1				HR Business Partners, ward and departmental managers all share up to date and accurate information.	30/09/2016	Information on Mandatory Training compliance is provided to line managers, senior managers at business groups and at EAG. The clinical management teams are preparing plans to achieve compliance against the 90% stretch target.			

Q12.2				HR Business Partners to test the validity of ward / department plans to check these are realistic and whether additional support is required to realise the plan.	01/10/2016	Reviews completed - actions and additional support underway			
Q12.3				Develop and offer alternative methods of delivering training where appropriate for the subject matter, including extending access to the mandatory training workbook for all staff and further developing the workbook content.	30/03/2017	Workbook developed . Mandatory Training Facilitators developing action plans to improve the content and delivery based on local risk assessments. Additional elements added to the Workbook and Workbook made available to all staff from 7 October.			
Q12.4				Line managers to check compliance at PDR/appraisal before signing off objectives and incremental progression.	30/09/2016	Guidance for 2016/17 PDRs included the requirement to check mandatory training compliance before signing off the PDR and incremental progression. This is being monitored by the Workforce Development Team and managers are being asked to put action plans in place where there are mitigating circumstances. Guidance to be further strengthened			

						for 2017 PDR/appraisals.			
Q12.5				Consider options for exploring the use of e-learning technology to deliver mandatory training and secure funding.	30/09/2016	An options appraisal has been developed based on best practice at other Trusts and work is currently underway to secure funding from within existing budgets. . Options appraisal considered at EDG and funding arrangements agreed linked to training funds and the VR process.			

Glossary of Terms

AireShare	Airedale NHS Foundation Trust Intranet	NEWS	Nursing Early Warning Score
AEF	Adverse Event Form	NICE	National Institute for Health and Care Excellence
ANP	Advanced Nurse Practitioner	NMC	Nursing and Midwifery Council
AMU	Acute Medical Unit	NMLG	Nursing and Midwifery Leadership Group
CCU	Critical Care Unit	PALS	Patient Advice and Liaison Service
DAG	Delivery Assurance Group	PDR	Performance Development Review
EAG	Executive Assurance Group	PRDG	Procedural Documents Ratification Group
EPMA	Electronic Prescribing and Medicines Administration	PTWR	Post Take Ward Rounds
GPICS/D16	Critical Care standards / guidance	RCA	Root Cause Analysis

HR	Human Resources	SBAR	Situation, Background, Assessment, Recommendation
KPI	Key Performance Indicators	SOP	Standard Operating Procedure
LNC	Local Negotiating Committee	ToR	Terms of Reference
MDT	Multidisciplinary Team Meeting	UKCCN	UK Critical Care Network
MIAA	Mersey Internal Assurance Audit	WIGG	Womens Integrated Governance Group
MPRG	Medicines Process Review Group	WTE	Whole Time Equivalent

This page is intentionally left blank

Report of the City Solicitor to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 17 November 2016

Subject: Health and Social Care Overview and Scrutiny Committee Work Programme 2016/17

T

Summary statement:

This report presents the work programme 2016/17

Parveen Akhtar
City Solicitor

Portfolio:

Health & Wellbeing

Report Contact: Caroline Coombes
Phone: (01274) 432313
E-mail: caroline.coombes@bradford.gov.uk



1. **Summary**

1.1 This report presents the work programme 2016/17.

2. **Background**

2.1 The Committee adopted its 2016/17 work programme at its meeting of 14 July 2016.

3. **Report issues**

3.1 **Appendix A** of this report presents the work programme 2016/17. It lists issues and topics that have been identified for inclusion in the work programme and have been scheduled for consideration over the coming year. **Appendix B** lists items for inclusion in the work programme that have not yet been scheduled.

4. **Options**

4.1 Members may wish to amend and / or comment on the work programme at **Appendix A** and **B**.

5. **Contribution to corporate priorities**

5.1 The Health and Social Care Overview and Scrutiny Committee Work Programme 2016/17 reflects the ambition of the District Plan for 'all of our population to be healthy, well and able to live independently for as long as possible' (District Plan: Better health, better lives).

6. **Recommendations**

6.1 That the Committee notes the information in **Appendix A** and **B**

7. **Background documents**

7.1 Constitution of the Council

8. **Not for publication documents**

None

9. **Appendices**

9.1 **Appendix A** – Health and Social Care Overview and Scrutiny Committee work programme 2016/17

9.2 **Appendix B** – Unscheduled items for inclusion in Committee's work programme 2016/17

Democratic Services - Overview and Scrutiny

Appendix A

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda	Description	Report	Comments
Thursday, 8th December 2016 at City Hall, Bradford.			
Chair's briefing 22/11/2016. Secretariat deadline 25/11/2016			
1) Consideration of policies relating to removal Of Obstructions on the highway	Executive resolved that: Subject to the performance of this trial in addressing the concerns of disabled user groups, a further report be presented to the Health and Social Care Overview & Scrutiny Committee to review the findings of the trial and make recommendations as to any amendment to the scope of the zero tolerance policy following the initial trial period. Report to include consideration of the referral from Council of petitions in support of A boards in Saltaire and Ilkley	Richard Gelder	Exec resolution of 13 Oct 2015 and referral from Council of 12 July 2016 of petitions in support of A boards in Saltaire and Ilkley
2) Bradford District dementia strategy and action plan update	Report to focus on post-diagnosis & services for BME populations	Simon Baker	resolution of 8 Oct 2015
Thursday, 26th January 2017 at City Hall, Bradford.			
Chair's briefing 10/01/2017. Secretariat deadline 13/01/2017			
1) Budget and financial outlook	Budget	Wendy Gregory	
2) Maxillofacial Services at Bradford Teaching Hospitals NHS Foundation Trust	Update	Donna Thompson	
3) HIV	Report on action to reduce late diagnosed and undiagnosed HIV in the District	Ralph Saunders	Council motion (19 January 2016)

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda	Description	Report	Comments
Thursday, 9th February 2017 at City Hall, Bradford.			
Chair's briefing 25/01/2017. Secretariat deadline 27/01/2017			
1) Community mental health services	Report to include information on pressures on the service and the outcomes of the review looking at recovery and early intervention.	Mark Trewin / Debra Gilderdale	Resolution of 4 Feb 2016
2) Access to primary medical (GP) services in Bradford	Update including on Pharmacy First, innovative workforce initiatives and the standard access offer to patients	Karen Stothers	resolution of 4 Feb 2016
3) Access to primary medical (GP) services in Airedale, Wharfedale and Craven	Update	Lynne Hollingsworth	resolution of 4 Feb 2016
4) Accessible Information Standard	Details to be confirmed	Alec Porter	
Thursday, 2nd March 2017 at City Hall, Bradford.			
Chair's briefing 15/02/2017. Secretariat deadline 17/02/2017			
0) Items to be scheduled			
Thursday, 23rd March 2017 at City Hall, Bradford.			
Chair's briefing 08/03/2017. Secretariat deadline 10/03/2017			
1) Care Quality Commission	12 month update on inspection activity in the District	Rachel Bowes	resolution of 3 March 2016
2) Respiratory Health in Bradford and Airedale	Report to cover the high level areas outlined in the 'Bradford Breathing Better' programme and to include an update on self care	Andrew O'Shaughnessy	resolution of 3 March 2016
3) Great Places to Grow Old programme	Update	Lyn Sowray	resolution of 3 March 2016
4) Update on the progress made by Airedale and partners enhanced health in care homes Vanguard	Update	Helen Bourner	resolution of 24 March 2016
Thursday, 6th April 2017 at City Hall, Bradford.			
Chair's briefing 22/03/2017. Secretariat deadline 24/03/2017			
0) Items to be scheduled			

Democratic Services - Overview and Scrutiny

Scrutiny Committees Forward Plan

Unscheduled Items

Health and Social Care O&S Committee

Agenda item	Item description	Author	Management comments
0 111 service / out of hours primary care	Update on performance and previous resolution around tagging of patient notes and promotion	Commissioners (Greater Huddersfield CCG)	
0 Independent Complaints Advocacy Team (ICAT) Bradford & District	Annual update	Andrea Beever	
0 CCG/Council joint 5 year mental health strategy	Draft strategy for consultation	Mick James	
0 Diabetes	Details to be confirmed	Public health / CCGs	
0 Domiciliary Care	See resolution of 21 Jan 2016	Bernard Lanigan	

This page is intentionally left blank