

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 26 January 2017 in Committee Room 1 - City Hall, Bradford

Commenced	4.35 pm
Adjourned	5.50 pm
Reconvened	5.55 pm
Concluded	6.50 pm

Present – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
Poulsen	Greenwood A Ahmed Duffy Sharp Mullaney	N Pollard

NON VOTING CO-OPTED MEMBERS

Susan Crowe	Strategic Disability Partnership
Trevor Ramsay	Strategic Disability Partnership
G Sam Samociuk	Former Mental Health Nursing Lecturer

Observers: Councillor Val Slater (Health and Wellbeing Portfolio Holder)
Councillor Richard Dunbar (Minute 61)

Apologies: Councillor Mike Gibbons and Jenny Scott

Councillor Greenwood in the Chair

57. DISCLOSURES OF INTEREST

- (i) Councillor Ahmed disclosed, in the interest of transparency, that she was employed by the Yorkshire Ambulance Service NHS Trust.
- (ii) Susan Crowe disclosed, in the interest of transparency, that she was commissioned by Public Health to deliver services and was working with officers from the Health and Wellbeing department in relation to accessible information on their Vision.
- (iii) Councillor Sharp disclosed, in the interest of transparency and in relation to



Minute 63, that she was employed by an organisation that received funding from Clinical Commissioning Groups in Bradford.

ACTION: *City Solicitor*

58. MINUTES

Resolved –

That the minutes of the meeting held on 8 September 2016 be signed as a correct record.

59. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

60. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

The following referral was received:

REFERRAL FROM THE MEETING OF CORPORATE OVERVIEW AND SCRUTINY COMMITTEE ON 11 JANUARY 2017:

RISK MANAGEMENT UPDATE 2016

Resolved –

(1) That the Executive ensures that Portfolio Holders review Departmental Risk Registers in their respective areas of responsibility.

(2) That this Committee requests that all Overview and Scrutiny Committees consider Departmental Risk Registers relevant to their area of responsibility.

(3) That a progress report be presented to this Committee in 12 months time.

ACTION: *City Solicitor (1) / Overview and Scrutiny Lead (2)*

Resolved –

That the referral be noted.

ACTION: *Overview and Scrutiny Lead*



61. HIV

Previous reference: Council, Minute 107 (2015/2016)

At the full Council meeting on 19 January 2016 the Director of Public Health was asked to provide a report outlining what needs to be done locally in commissioning and provision of services in order to halve late diagnosed and undiagnosed HIV by 2020 including prevention and educational interventions to ensure the sustainability of any reductions achieved.

The Strategic Director of Health and Wellbeing submitted **Document “V”** in response to the above. The Head of Public Health, Health Improvement Specialist, Consultant in Genitourinary Medicine (Bradford Teaching Hospitals) and Chief Executive of Yorkshire MESMAC (a sexual health organisation) attended to present the report.

A presentation was provided outlining what HIV was, the national picture, the support and treatment available for people diagnosed with the virus, the increased risks associated with a late diagnosis, the work undertaken by Yorkshire MESMAC and the need to reduce HIV stigma.

During the presentation Members were informed that, in Bradford, there had been 36 HIV diagnoses, of which 17 were late (8 female and 9 male), from January 2014 to June 2016. In 2015, 385 people were living with a diagnosis of HIV in Bradford. The prevalence rate for Bradford (1.24 per 1000 population of 15 to 59 year olds) was the fifth highest in the Yorkshire and Humber region but was lower than the average for England (2.26 per 1000).

The Consultant in Genitourinary Medicine informed Members that Pre-Exposure Prophylaxis (PrEP) was a way for people who did not have HIV but who were at substantial risk of getting it to prevent HIV infection by taking a pill every day. She stated whilst there was controversy surrounding the cost and use of this drug, she considered it to be highly effective in the prevention of HIV.

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

- Late diagnoses and the testing of anonymous samples showed evidence of people living with HIV who did not know they had it.
- The HIV services at Yorkshire MESMAC were open to everyone with the virus.
- 'Proportionate universalism' was deployed in resourcing and delivering services to respond to the level of presenting need.
- The authority had a target to engage with eight schools in raising awareness of HIV but currently were only working with four.
- HIV awareness and testing was provided as part of other sexual health outreach work e.g. on the HALE (Health Action Local Engagement) bus.
- The Health and Social Care Act 2012 had changed the commissioning and monitoring of HIV prevention, testing, treatment and care services and this was why the testing and treatment of HIV was in two different locations in the district. Efforts had been made to relocate the services to one venue but this



had not yet been achieved.

- Yorkshire MESMAC was expecting to receive the same level of funding from the local authority next year as it had received for the current year. It had also received funding from HIV Prevention England to undertake outreach work with African communities in Bradford to promote HIV testing.
- It was a patients choice to receive treatment out of the district.

Service users of Yorkshire MESMAC were in attendance at the meeting and spoke highly of the support they had received from the organisation. They spoke of not feeling judged and of all service users being from a diverse range of backgrounds. The service was considered a lifeline.

Members discussed the engagement with schools and school nurses in raising awareness of HIV with young people.

Members spoke of the need for increased campaigning to wider audiences in order to reduce the stigma of HIV and encourage people to get tested.

Councillor Dunbar was in attendance at the meeting and addressed the Committee to welcome the scrutiny of this issue which showed the Council's commitment to reducing the number of late diagnoses. He thanked the service users for their attendance and stated that he supported the use of PrEP, which was clinically proven to be 86% effective.

It was agreed that regular updates would be provided to the Chair and the Committee would continue to monitor the issue through reports it received on the Public Health Outcomes Framework.

Resolved –

- (1) That service providers and service users be thanked for attending the meeting.**
- (2) That further updates be provided through the Chair.**

ACTION: Strategic Director of Health and Wellbeing

62. POST DIAGNOSIS SUPPORT FOR PEOPLE WITH DEMENTIA

The Chairs of the Bradford Dementia Strategy Group submitted **Document “W”** which provided an annual update report from the Bradford District Dementia Strategy Group focusing on the services provided in the district to support people with dementia and their carers post diagnosis.

The Commissioning Manager provided a summary of the report and stated that Bradford was above the national benchmark (66%) for the diagnosis rate of the estimated number of people in our population with dementia; the district's figure was approximately 70%. He spoke of partnerships being forged across the district and an outlook to formulate and establish a key pathway for people with



dementia. He highlighted that a Bradford based dementia project had gained national recognition for its work and that dementia services in the district had aspirations to do as much as they could for people living with dementia and their carers.

A representative of Sharing Voices, a mental health organisation, highlighted the recognition to increase dementia awareness and support for South Asian communities. He spoke of the partnership working with the Alzheimer's Society to deliver dementia friendly sessions within BME communities. A pilot project to work with faith leaders to create dialogue and awareness of dementia and encourage people to join the Dementia Action Alliance and organisations to become Dementia Friendly were highlighted; a robust Action Plan was in place to deliver this.

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

- The expected rise in the number of people with dementia was based on studies of the occurrences of dementia in certain communities within the district. The rise was also expected due to people living longer.
- Incentives were already in place for GPs to refer patients for dementia assessments.

A Member referred to the statistic of 25% of hospital beds being taken up by people with dementia as stated in the report. She queried what work was being done to make hospitals more dementia friendly. In response it was reported that all people over a certain age were screened for dementia. Where people were known to have dementia an acute liaison service had been commissioned which provided expert psychiatric options to aid their care plan. Care home liaison service targeted care homes to try and avoid hospital admissions where possible.

In response to a Member's query about what work was being done to raise awareness of dementia amongst young people, the service manager for the Alzheimer's Society in Bradford stated that the Dementia Friendly Communities Programme had been funded by Public Health for four years and allowed his organisation to work with different Council departments and schools. He spoke of the difficulties with rolling out sessions across all schools and the reliance on community leaders to encourage schools to buy into the delivery of dementia awareness sessions. Work carried out amongst schools was ad-hoc and he stated that if there was a systematic approach to get schools on board, he would be keen to utilise it. The Schools Forum was put forward as a suggestion.

The Chair suggested working with Patient Participation Groups to ensure all GP surgeries were dementia friendly.

Resolved –

That a further update report be provided in October 2017 which includes details of the post diagnosis pathway and an update on progress with the Dementia Friendly Communities programme.



ACTION: Strategic Director of Health and Wellbeing

63. BUDGET AND FINANCIAL OUTLOOK

Previous references: Executive, Minute 60 (2016/2017)
Council, Minute 114 (2015/2016)

The Strategic Director of Health and Wellbeing submitted **Document “X”** which provided information on the initial draft savings proposals which were under public consultation and were presented to Executive on 6 December 2016 and the consequential implications of those proposals on Health and Wellbeing Services. The report also reminded the Committee of the savings that were agreed as part of the 2016/17 budget proposals approved by Council in February 2016.

During presentation of the report, it was clarified that the total savings and proposed savings over the two financial years (2017/18 and 2018/19) for Health and Wellbeing amounted to £32m; this included all the savings proposed for Adult and Community Services, Public Health and Environmental Health. It was emphasised that ways of working would need to change. Members were assured that where other local authorities had changed the way they delivered services, budget savings of 20-25% had been realised with better outcomes being achieved.

Members were informed that a Vision for the department was being produced and discussions were taking place with staff about how they could work together better, particularly around early help, intervention and the use of enabling technologies. It was emphasised that changing the culture of social work staff was crucial in driving the Vision forward as well as investment in good homecare and technology. There was on-going commitment to undertake open discussions with staff about how changes could be implemented. The Strategic Director of Health and Wellbeing suggested it would be useful for Members to receive a report on the Vision for a more detailed discussion.

The Chair stated that, as corporate carers, Members had a responsibility to ensure people received a good service. She thanked the Strategic Director of Health and Wellbeing for the assurances provided.

A Member stated that the Strategic Disability Partnership had welcomed being consulted from the start of the process when considering the department’s Vision and that the knowledge provided to service users from it had made them feel more confident about the changes ahead.

In response to a Member’s question about how individualised care could be more cost effective it was stated that there was evidence showing a direct correlation between providing more personalised support and cost-effectiveness.

It was explained that, in moving away from a ‘blame’ culture, a Risk Panel would be introduced. This would enable a process to be in place to provide support to staff in taking risks that were assessed as worth taking.



A Member raised concerns of the lack of qualifications required to work in the health care sector and the need for additional training for home care workers in caring for the elderly. In response, it was stated that the Care Quality Commission specified the qualifications required, however the induction process, training and regular supervisions of care workers were important. Members were informed that Bradford was leading on a piece of work to establish a care concordat for the West Yorkshire region.

Resolved –

That the Vision for the Department of Health and Wellbeing be presented to this Committee prior to its submission to the Executive.

ACTION: Strategic Director of Health and Wellbeing

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

The City Solicitor provided a verbal update on the Committee's work programme 2016/17.

The Scrutiny Lead officer reported that:

- Bradford would be hosting a meeting of the West Yorkshire Joint Health Overview and Scrutiny Committee in March 2017.
- At its meeting of 23 January 2017 the West Yorkshire Joint Health Overview and Scrutiny Committee had considered a report on Stroke services and were scrutinising it on a sub-regional level. NHS England were undertaking a consultation process on changes to the Stroke services across West Yorkshire and Harrogate but this would not be carried out as fully in Bradford as elsewhere as extensive engagement had been undertaken in 2015.
- A visit to Waddiloves Health Centre was due to be arranged.
- The Executive had agreed to commence a consultation process on the closure of Home B; a report on this matter could be considered by Health and Social Care Overview before being reported to the Executive.
- The Committee's next meeting on 9 February 2017 would focus on access to primary care services.

No resolution was passed on this item.

Chair

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

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

