

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 2 March 2017 in Committee Room 1 - City Hall, Bradford

Commenced	4.30 pm
Adjourned	6.35 pm
Reconvened	6.40 pm
Concluded	7.35 pm

Present – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
Barker	Greenwood A Ahmed Duffy Sharp	N Pollard

NON VOTING CO-OPTED MEMBERS

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

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

Apologies: Councillor Beverley Mullaney

Councillor Greenwood in the Chair

74. DISCLOSURES OF INTEREST

- (i) Susan Crowe disclosed, in the interest of transparency, that she was commissioned by the Bradford Districts Clinical Commissioning Group and the Council's Health and Wellbeing department to deliver services.
- (ii) Susan Crowe disclosed a pecuniary interest that she had carried out sub-contracted work for an NHS contract with the Council's District Manager, Access and Inclusion. She therefore left the meeting during consideration of The Accessible Information Standard (Minute 72).



- (iii) Councillor A Ahmed disclosed, in the interest of transparency, that she was employed by the Yorkshire Ambulance Service NHS Trust.
- (iv) Trevor Ramsay disclosed, in the interest of transparency, that he was a Trustee of a mental health charity.
- (v) Councillor Sharp disclosed, in the interest of transparency, that she was employed by an organisation that received funding from Clinical Commissioning Groups in Bradford.

ACTION: *City Solicitor*

75. MINUTES

Resolved –

That the minutes of the meeting held on 26 January 2017 be signed as a correct record.

76. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

77. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

There were no referrals made to the Committee.

78. IMPLEMENTATION PLAN FOR THE MENTAL WELLBEING IN BRADFORD DISTRICT AND CRAVEN: A STRATEGY 2016 - 2021

The Mental Wellbeing in Bradford District and Craven: A Strategy 2016 – 2021 was agreed by the Health and Wellbeing Board at its meeting of 29 November 2016 and was formally launched at an event on 19 January 2017.

The Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups and the Strategic Director of Health and Wellbeing submitted **Document “AD”** which provided an update on the planning and implementation process to deliver the strategy.

The Chair announced that Mick James, Head of Commissioning (Mental Health), working jointly for the CCGs and the local authority, was retiring from his post and wished him well for the future.

Members were informed that the review had helped focus on a new strategy, and the mental wellbeing launch which had taken place had been a vibrant and engaging event. It was clear from the engagement and discussions that prevention and early intervention had to be the first phase of the strategy.

It was stated that the strategy was very detailed and development plans



stemming from it were either agreed or in the process of being developed; across the three pillars (our wellbeing, our mental and physical health and care when we need it) there were 48 “we will” commitment statements followed by 12 enabling commitments; the implementation plan was still in the development phase; a Mental Health Partnership Board had been established to take work on the strategy forward; the Crisis Care Concordat group (a broad group of stakeholders) would look at acute care pathways; and Voluntary and Community Sector sub groups that looked at mental health had met to consider how they could input into the strategy.

Following an overview of Document “AD”, the following information was given in response to Members’ questions:

- Consideration was being given to having mental health champions in schools to strengthen links with children and young people.
- Funding in relation to W4 (mental health Champions) was due to be received in April 2017 covering a three year period.
- Improving Access to Psychological Therapies (IAPT) had been changed into My Wellbeing College. The format had been changed in order to track success. There were various courses/training/resources available for anyone to access. The number of contacts had increased significantly.
- With reference to W9 of Appendix A (relating to establishing mentally healthy workplaces), this was not yet specified in the commissioning process.
- The process in relation to W19 of Appendix A (improved detection and access to evidence based treatment of depression for older people) was not yet mapped out. There were plans to undertake awareness training with front line staff to help identify people and get them into pathways for appropriate care and treatment.

With reference to contracts and commissioning, the Portfolio Holder for Health and Wellbeing stated that events were taking place in the district about inclusive growth and stressed that the principle was about how we could build it into contracts so that everyone benefitted. She also spoke of more integrated and joined up working through the Accountable Care System. She stated that the strategy was ‘work in progress’ following its launch in January 2017 and she was unable to give financial details at this stage. She informed Members that the Strategic Director of Health and Wellbeing and the Member Development Manager were putting together a ‘mind map’ of how related strategies and plans fitted together in order to make it easier to understand.

The Chair stated she had attended the launch day and concurred that it was an engaging event at which there had been many discussions about working with staff and service users, however she found that those details were lacking in the strategy albeit she was aware work in this area was being undertaken.

A Member, with reference to access to therapies, stated that she had received feedback about difficulties in service users obtaining follow up appointments and that long delays had been experienced. She considered this to be a key gap and queried what the 25% increase meant. In response, it was reported that the IAPT



national target had been 15% nationally but had increased to 25%; this referred only to working age and older adults (not children and young people, which was a separate piece of work and figures were unknown).

It was recognised that the IAPT model needed to change to help increase access, particularly for people over the age of 65 who were currently under represented. Members were informed that new models may be piloted to see what worked best.

A Member welcomed the continuation of the Individual Placement and Support (IPS) model to support people into employment.

A discussion took place about waiting lists and Members were informed that there were no waiting lists kept by the local authority for mental health services. A representative of Bradford District Care NHS Foundation Trust stated that there were waiting lists for psychological therapies and where this was the case 'keep in touch' meetings were arranged. Further information about these waiting times was not available at the meeting but it was agreed they would be sent to Members.

In response to a Member's question on how stable and sustainable it was working alongside the voluntary and community sector given their funding cuts, it was stated that the local authority, in commissioning mental health services were trying to stabilise the sector as much as possible and had been successful in helping to expand some voluntary services e.g. setting up The Sanctuary in Mind.

Councillor Fozia Shaheen spoke of her new role as the Mental Health Champion for Bradford Council. She stated that she would be working with schools as early intervention was key.

A Member raised concerns about the delivery of community development work given that funding for the Council's Community Development workers was ending in March 2017. In response, it was stated that reference to community development in the strategy was meant in the wider definition of the term and would link into the People Can Campaign and the work of Ward Officers.

During the discussion it was reiterated that the strategy was in its infancy and a suggestion was put forward for an update to be presented in six months, by which time the strategy would contain more details about how aspects of it were going to be delivered.

Resolved –

- (1) That the information on waiting times, as requested by Members, be provided through the Chair.**
- (2) That a session be arranged for Members on the further development of the delivery plan.**



- (3) That an item on mental health be added to the Committee's 2017-18 work programme and people with a lived experience of mental health services and voluntary sector representatives be invited to attend.

ACTION: *Director of Strategy
Overview and Scrutiny Lead*

79. COMMUNITY MENTAL HEALTH SERVICES

The Bradford District Care NHS Foundation Trust and the Strategic Director, Health and Wellbeing submitted **Document "AE"** which provided an update on Adult Community Mental Health Services and current developments.

Following a summary of the report, Members made the following comments:

- Congratulated Councillor Fozia Shaheen on her new role as Mental Health Champion and encouraged her to incorporate in her role the smooth transition of children from primary to secondary school to help reduce their anxieties.
- Welcomed the development of perinatal mental health services.
- Encouraged the authority and Bradford District Care NHS Foundation Trust to employ more service users.

A Member spoke of the need for a dedicated free phone number available 24/7 and stated that the Yorkshire Ambulance Service received calls from people who had got to a crisis stage as there was no-one else they felt they could call. In response it was stated that a phone number was available but it was not free (local charges applied). The First Response service was also highlighted which offered support 24 hours a day, seven days a week to people of all ages living in Bradford, Airedale, Wharfedale or Craven experiencing a mental health crisis; it took approximately 6,000 calls a month. There was also a telephone support helpline set up at Mind in Bradford.

The following information was given in response to Members' questions:

- There was a dedicated nurse in the Police Control Room to assist in diverting people with a mental health issue away from the criminal justice system and into a more appropriate and caring environment.
- Haven was a partnership between The Cellar Trust as a local mental health charity, the Bradford District NHS Foundation Care Trust and the local authority. It was established to provide an alternative to A&E for people who were in mental distress and needed support.
- Training had been undertaken with Police Officers about taking people to the most appropriate place e.g. Haven.
- There were mental health nurses who were part of the West Yorkshire Vanguard who were based in the A&E department.
- The public chose how they contacted services and it was important to be able to direct them to the most appropriate service quickly.
- The drug and alcohol misuse services had two parts to it; one had gone out to tender and the other (dual diagnosis) was a service being retained by the Care



- Trust.
- Contrary to reports in the local media, there were no reductions in staffing within the local authority in relation to community mental health services due to budget cuts.

In response to a Member's question relating to help for people suffering with post natal depression, the Portfolio Holder for Health and Wellbeing spoke of Early Help hubs that would deliver this service. She also highlighted work that was taking place to reduce duplication and overlapping of duties of health visitors and school nurses which would also strengthen children's safeguarding. She highlighted the creation of multi-disciplinary teams to avoid duplication of services.

A Member queried waiting lists for mental health services. It was reported that there were no waiting lists kept for adult mental health services covering adults 18-65 years of age, which Document "AE" referred to; any waiting lists in relation to Children's Services would be investigated and discussed with the Member after the meeting.

Members were reminded that a joint informal sub-group meeting, with the Children's Services Overview and Scrutiny Committee, to consider children and young people's mental health was scheduled for 27 March 2017.

Resolved –

That the reported position for Community Mental Health Services including the developments outlined in Document "AE" be noted.

NO ACTION

80. HOME FIRST - VISION FOR WELLBEING

The Strategic Director of Health and Wellbeing submitted **Document "AF"** which set out the rationale, key aims and ambitions for the new vision (Home First) for wellbeing in Bradford and the new operating model for the department of Health and Wellbeing. The report also provided an update on the development process and outlined key next steps for the consultation and approval of the final documents.

The Committee were shown a Wellbeing Workshop video created by service users. The video highlighted what 'wellbeing' meant to people with disabilities.

The Strategic Director of Health and Wellbeing thanked Bradford Talking Media for helping to produce the video and spoke of the engagement that had taken place with service users in putting together the Vision document. An easy read version of the draft Home First Vision was tabled. She stated that the plans were designed to keep more people healthy and in their own homes for longer.



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

- Discussions had already started to take place with GPs about the 'to be' operating model (as shown in Appendix 2 of Document "AF") and how plans could be developed with them in line with the Vision.
- The draft Vision was submitted for the Committee's comments; it would be submitted to the Health and Wellbeing Board prior to Executive for approval.
- This was the start of a longer term process in which direct links to other strategies would be realised. The Committee would be provided with annual progress reports following its adoption.
- Staff buy-in was essential and engagement work with staff would continue to take place.
- Staff were being empowered to be more innovative and this was a culture change across the department.
- It had wrongly been reported in the local media that the strategy involved reducing the number of people living in residential care by 20%; this was not the case.
- Demand for residential care was increasing year upon year.
- The imbalance of residential and nursing care in the district was recognised. The offer of additional care and alternatives was stated as a way to improve this.

Members' made the following comments:

- Encouraged the involvement of Patient Participation Groups.
- Welcomed the principles of the Vision and the whole system review.
- Asked to see examples of national good practice as stated in paragraph 3.3.2 of Document "AF" so Members could see where other similar operating models had worked.

Members welcomed the report and found the information very comprehensive.

A discussion took place about concerns raised by the Chief Executive of Bradford District Care NHS Foundation Trust in response to the Council's Budget consultation, which had received media coverage. It was agreed that inviting her to speak to the Committee to discuss those concerns would be added to the Committee's work programme (see Minute 73).

Resolved –

That the progress made towards the development of the new Home First Vision and the new operating model for the Department of Health and Wellbeing be welcomed.

NO ACTION



81. THE ACCESSIBLE INFORMATION STANDARD

From 1 August 2016 all organisations that provide NHS Care or Adult Social Care (this includes commissioned services) have been legally required to follow the Accessible Information Standard.

The Accessible Information standard requires that all health, adult social care and any services they commission:

1. Identify people's accessible information or communication support needs
2. Record these
3. Flag records clearly
4. Meet people's accessible information and communication needs
5. Share their knowledge with other providers.

The Standard is concerned with meeting accessible information and communication needs related to disability. It is not about other language needs. Bradford Council's Adult Services has an Accessible Information Standard Implementation Plan and the Council has adopted accessible information as one of its equality objectives. NHS England are also currently doing a review to find out how the Standard is working and the difficulties people have had or are still experiencing.

The District Manager, Department of Health and Wellbeing, gave a verbal report on the progress of the implementation plan and joint working with the major NHS bodies in the district. He delivered a PowerPoint presentation, during which he tabled the Implementation Plan. He informed Members that he was the strategic lead for the department of Health and Wellbeing and that a corporate lead was yet to be determined. Members were also informed of grants received in relation to this work and that Bradford Talking Media had been commissioned to provide awareness sessions for residential, nursing home and home care providers and produce an e-learning package for staff in commissioned services. It was stated that a total of 271 logs had been recorded to meet people's accessible information or communication needs and that this data could be broken down to ward level if Members wished. Information produced to help guide staff on this matter was also tabled.

A Member stated that Bradford District Care NHS Foundation Trust used a different system to that used in the Council (SystmOne) and it did not record and respond to people's impairments e.g. letters were sent out to visually impaired people. He queried whether the Care Trust was going to start using the same system as the Council. The District Manager was unable to answer this question but assured Members he would raise this matter with the Care Trust.

A discussion took place about the use of different coloured paper to assist people with dyslexia and it was confirmed this was already recognised. A Member suggested the use of different coloured paper (e.g. red for letters that were urgent).



Resolved –

- (1) That details of the corporate lead be confirmed to the Chair as soon as possible.**
- (2) That progress be monitored as part of the Adult Services annual performance report.**

ACTION: *District Manager, Access and Inclusion/
Overview and Scrutiny Lead*

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

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

The Scrutiny Lead officer informed Members that:

- A report on Respiratory Health in Bradford and Airedale (listed on the work programme for 23 March 2017) had been moved to 6 April 2017.
- An additional meeting would be scheduled in May 2017 and a date would be confirmed with Members shortly.

Resolved –

That representatives of Bradford District Care NHS Foundation Trust and any other relevant health bodies be invited to attend a meeting of the Committee for an item on the impact of the Council budget decisions.

ACTION: *Overview and Scrutiny Lead*

Chair

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

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

