

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 7 September 2017 in Committee Room 1 - City Hall, Bradford

Commenced 4.40 pm
Adjourned 6.30 pm
Reconvened 6.35 pm
Concluded 8.00 pm

Present – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT AND INDEPENDENT
Rickard	Greenwood Berry Johnson Shabbir T Hussain	Griffiths

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)

Councillor Susan Hinchcliffe (Leader and Chair of Health and Wellbeing Board (Minute 16))

Apologies:

Councillor Mike Gibbons

Councillor Greenwood in the Chair

11. DISCLOSURES OF INTEREST

- (i) Susan Crowe disclosed, in the interest of transparency, that she was commissioned by the Bradford City and Districts Clinical Commissioning Groups and the Council's Health and Wellbeing department to deliver services and that she was a member of a patient network.
- (ii) Trevor Ramsay disclosed, in the interest of transparency, that he was a

member of the Bradford and Airedale Mental Health Advocacy Group (BAMHAG) and also received support from Equality Together (a user led organisation supporting disabled people to live independently).

- (iii) Councillor T Hussain disclosed, in the interest of transparency, that he was a member of the Council of Governors of the Bradford Teaching Hospitals NHS Foundation Trust.
- (iv) Councillor Berry disclosed, in the interest of transparency, that he was a trustee of the Bridge Project (an independent, Bradford-based drug and alcohol treatment registered charity) and a Mental Health Manager employed at a Care Trust.
- (v) Jenny Scott disclosed, in the interest of transparency, that she was a trustee of Equality Together.

ACTION: City Solicitor

12. MINUTES

Resolved –

That the minutes of the meeting held on 23 March 2017 be signed as a correct record.

13. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

14. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

No referrals had been submitted to the Committee.

15. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2017/18

The City Solicitor presented a report (**Document “B”**) which detailed the draft work programme 2017/18 for adoption by the Committee following its work planning discussion at its last meeting.

The Overview and Scrutiny Lead Officer highlighted that issues of concern outlined in the Public Health Outcomes Framework relating to screening and immunisation rates, obesity and smoking cessation were on the Committee’s work programme.

She also informed the Committee that a session on Accountable Care was being developed and would be delivered before the end of the year and that a report on A Boards would be submitted to the Committee in the 2018/19 municipal year following the decision of Council on 18 July 2017 for the Committee to receive a report to review the effectiveness of the ban 12 months after implementation.

Resolved –

- (1) That the Committee notes the information in Appendices 1, 2 and 3 and that Appendices 1 and 2 be adopted as the Committee’s Work Programme 2017/18.**
- (2) That the Work Programme 2017/18 continues to be regularly reviewed during the year.**

ACTION: Overview and Scrutiny Lead

16. JOINT HEALTH AND WELLBEING STRATEGY 2017 - 2022

The Strategic Director, Health and Wellbeing presented **Document “C”** which described the background to the development of a Joint Health and Wellbeing Strategy 2017-2022 and provided a draft strategy for review and comment. She stated that the draft strategy was in its infancy and that it had been submitted to the Committee for comments at this early stage.

She provided a summary of the draft strategy, outlining four priority outcomes:

- our children have the best possible start in life
- the people of Bradford have good mental wellbeing
- people are living their lives well and are ageing well
- Bradford District is a healthy place to live, learn and work

The Chair of the Health and Wellbeing Board was in attendance at the meeting to hear the Committee’s feedback. She stated that the strategy would focus on wider determinants of health.

Members made the following comments:

- The draft strategy was an excellent document.
- Accountability should be clarified in the strategy.
- A concise strategy with greater focus was welcome.
- Concerns were raised about front line practitioners delivering the services under immense pressure and ensuring they received the right care from their employers.

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

- The strategy included working with groups such as older people and people with disabilities. Its references to health and well-being were meant in the broader sense and the importance of ensuring different groups were engaged was acknowledged.
- The Health and Wellbeing Board was a strategic partnership and any concerns about the work of any one of its partners would be scrutinised by the Board itself.
- Detailed action plans would sit behind the strategy.
- A pharmaceutical assessment would be undertaken to consider locations of pharmacies and demand for their services.

- The Home First vision document detailed the vision and ambitions for wellbeing in the District.
- The Economic Strategy had not yet been published therefore it was difficult to say how the two would be aligned but there were potential links to inclusive growth and the role of big businesses in the District as well as a joint priority on reducing the amount of traffic flowing through the city centre in order to improve air quality.

The Strategic Director, Health and Wellbeing spoke of investment in front line staff while emphasising the service's challenging budget. She spoke of mindfulness sessions being delivered for staff as well as a Risk Panel which would ensure social workers felt supported in making difficult decisions following discussions with a panel who would take responsibility collectively for the outcomes of those decisions.

She also spoke of investment in home care staff and work on retention of staff in that sector. In response, a co-opted Member commented that this intention was not evident from the draft strategy.

The Health and Wellbeing Portfolio Holder stated that work would be undertaken with businesses as part of The Healthy Bradford Charter to ask what they could do to help make Bradford a healthier place. She also stated that, with regard to tackling childhood obesity, the Daily Mile initiative would be launched in District schools this term.

In relation to lessons learned, it was explained that the previous strategy was very lengthy in comparison, as it had tried to incorporate everything to be achieved around health and wellbeing which in turn had made it difficult to deliver. Whilst it had been a useful document, it had been considered too lengthy, losing focus on some of the messages it contained, therefore the new strategy would be more concise and clearly focused on key outcomes.

The Health and Wellbeing Portfolio Holder emphasised that good practice from within the local authority and from other local authorities was being utilised.

A Member spoke of the importance of understanding the historical context to some health statistic when considering their impact on life expectancy in certain areas of the District e.g. air pollution and links to working in the textile industry. He also spoke of mental health issues being recognised and addressed earlier in the workplace. With regard to the priority outcome relating to children, he suggested research into what type of parenting brought the best out of children. He considered the strategy should reference the role of schools in relation to childhood obesity and that links to food poverty should also be included. He urged that discussions be held with people who were experiencing this issue in order to fully understand it.

In response to the above, it was stated that actions would be picked up in the Healthy Bradford Charter and that Public Health were producing an anti-poverty strategy. In relation to speaking to people living in poverty, this would be checked and reported back.

The Chair asked for clarification on who would be best placed to provide a report

on workforce issues (including social workers, GPs and nurses). In response, the Chair of the Health and Wellbeing Board reported that the Health and Wellbeing sector's Integrated Workforce Programme was due to be discussed at the Board's next meeting.

Following concerns raised by a Member about the delivery and achievability of the strategy and how it would be monitored, officers stated that the strategy would be monitored by the Health and Wellbeing Board as the accountable body and that there was an emphasis on teams working better together to maximise opportunities to address priorities. The Member was reassured by the increased partnership working. A co-opted Member also commented that the Strategic Disability Partnership had been consulted on the draft strategy and welcomed the increase engagement with the partnership.

Resolved –

- (1) That the points raised by the Committee, including on performance measurement, accountability and workforce issues be considered as part of the on-going development of the strategy.**
- (2) That the Healthy Bradford Charter be presented to the Committee within three months.**
- (3) That the Chair receives briefings on the Anti-Poverty Strategy and the Pharmaceutical Needs Assessment.**

ACTION: Strategic Director of Health and Wellbeing

17. PUBLIC HEALTH OUTCOMES FRAMEWORK

Previous reference: Minute 72 (2014/2015) and Minute 19 (2016/17)

The Strategic Director, Health and Wellbeing submitted a report (**Document "D"**) that provided an overview of local performance based on the Public Health Outcomes Framework (PHOF), giving particular emphasis to:

- a) indicators which show Bradford compares unfavourably, or has had a recent history of comparing unfavourably, with the Yorkshire and Humber region, and/or England as a whole; and
- b) indicators which have been the subject of other Public Health reports presented to the Health and Social Care Overview and Scrutiny Committee.

The report was a follow up to a report presented to the Committee on 28 July 2016. At that meeting, the Committee resolved "that a further performance report on Public Health Outcomes Framework indicators be submitted in 12 months' time."

The Public Health Information Analyst provided an overview of the report, which also contained further information on Infant Mortality, Tuberculosis, HIV diagnosis and Screening and Vaccination rates as they were areas that the Committee had previously asked for more details on in terms of their PHOF indicators:

He stated that there were areas in which Bradford was doing well, such as the provision of accommodation to adults with mental health needs and fewer complaints received about noise disturbances. These were not covered in the report.

He indicated four areas of concern:

- Indicator 1.01i – Children in low income families.
 - The proportion of children who live in poverty had increased.
- Indicator 2.20ii – Cancer screening coverage – cervical cancer
 - The percentage of women screened for cervical cancer had decreased.
- Indicator 2.06ii – Excess weight in 4-5 and 10-11 year olds.
 - The proportion of children aged 10-11 classified as overweight or obese had increased.
- Indicator 2.15i – Successful completion of drug treatment – opiate users.
 - Bradford's rate of the number of adults that successfully complete treatment for opiates in a year and who did not re-present to treatment within 6 months had worsened at a faster rate than regional and national rates.

He also stated that TB treatment was becoming more successful, HIV late diagnosis was improving and although cancer screening for women was a concern, vaccination rates were improving.

With regard to infant mortality, rates had reduced considerably over the last few years but had increased slightly within the last three year rolling period. Overall, numbers of infant deaths had reduced from an average of 68 per annum in 2008-10 to 47 per annum in 2013-15. This equated to 5.9 deaths per 1,000 live births in Bradford compared to 4.3 deaths per live births in Yorkshire and Humber. Further details were provided in Appendix 3 of the report.

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

- In order to improve the dissemination of health messages, Health Champions were being considered. Learning was being taken from Wigan Council where this had worked well, particularly in connecting with hard to reach communities.
- Every infant death in the District was reviewed by the Child Death Overview Panel and if it found any trends, messages were put out to the public.
- Genetics awareness training was delivered sensitively to increase community understanding of the role of genetically inherited congenital anomalies as a cause of infant death.
- Consideration was given to who was best placed to give messages within a community. E.g. in some cases mothers and grandmothers of expectant young mothers were better placed to give messages rather than professionals and work was done to ensure the right messages were disseminated.
- A service review into substance misuse had taken place in 2016.
- In Public Health there was a push to consider issues holistically in terms of lifestyle approaches to avoid issues being reviewed in isolation.
- Reviews were undertaken where improvements were made to ascertain what was working well.
- Sometimes the mechanism by which calculations were made in relation to reporting on indicators varied.

- As there were many indicators reported on; a steer from Members on which to report on would be welcome for future reports.
- Reports would be taken to Area Committees with specific information relating to constituencies.

The Chair commented on the stark differences in infant mortality rates across different wards in the District and emphasised the impact of domestic violence, poor diet, lifestyle, smoking and alcohol on the rates. She also affirmed that the indicators to report on would be discussed in her briefing prior to any future reports being submitted to the Committee.

A Member commented that complacency should not set in if slight improvements in indicators were reported.

A Member referred PHOF indicator 2.15i in the report which stated that 108 of the 2492 adult opiate users in treatment successfully completed treatment and did not re-present to treatment within 6 months. He stated that there were many other unknown drug users in addition to the 2494 cited in the report and that as funding for drug and alcohol treatment services had been cut back, there was likely to be an increase in the drug-addicted population.

Resolved –

That the Committee acknowledges the content of the report and seeks a further performance report on Public Health Outcomes Framework indicators in 2018.

ACTION: Strategic Director of Health and Wellbeing

18. INDEPENDENT ADVOCACY SERVICE PROCUREMENT

In line with Council Standing Order 4.7.1 all contracts with an estimated value of over £2m must be reported to the relevant Overview and Scrutiny Committee before inviting tenders.

The report (**Document “E”**) of the Strategic Director, Health and Wellbeing set out the Independent Advocacy Service commissioning project being undertaken. This activity was in line with the Department’s procurement plan and its Transformation Programme work. This was a collaborative project with the Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG), Bradford City CCG and Bradford Districts CCG.

During presentation of the report it was explained that the current services were provided by five providers under 15 arrangements, of which some were joint funded arrangements with the NHS and some were in the form of Council grants. The purpose of the procurement exercise was to end a multi-contract arrangement and continue providing services under two providers while planning to meet future demand and the Council’s statutory advocacy duties. The new services would commence on 1 April 2018.

In response to Members' questions it was reported that:

- The figures provided in table 4.2 of the report represented how the new services would be configured.
- The service was facing huge increases in demand for Deprivation of Liberty Safeguards (DOLs) and the various forms of statutory advocacy that came from it while maintaining a similar budget envelope to deliver advocacy services.
- All current providers were invited to see the draft plan in January 2017 and further events were held with current providers and potential providers thereafter. 30 organisations had attended these engagement events and two more were planned for September and October 2017.
- No service contracts had been awarded beyond 1 April 2018.
- The tender would be advertised as two lots in an open tender process.
- The Council would be providing 'tender ready' training to any interested parties.
- The department had recently developed its own internal governance arrangements therefore the advocacy project would report to the department's Procurement Assurance Board and Transformation Programme Board to ensure it aligned with the department's vision and priorities.
- This was a District-wide service and advocates would be facilitated to meet service users at their location, as was the case currently.
- Factors such as the demographic of the District had been considered and worked into the model.
- The Independent Complaints Advocacy service had been commissioned through corporate procurement. It was under £2m therefore was not reported to this Committee.
- Advocacy services for people with autism were built into the service plan.

A co-opted Member stated that a number of concerns had been put to the Strategic Disability Partnership from service users who were worried that the changes in provision could lead to the loss of valued and trusted relationships with experienced advocates. Service users felt vulnerable and wanted reassurances that they would still receive a service from someone who would understand their needs. In response, the Strategic Director, Health and Wellbeing assured Members that the on-going process, including consultation, would be carried out robustly.

A number of concerns were put by Members in relation to highly skilled and experienced staff being lost in the change process and the impact this could have on service users. Given that future demand was being catered for by the procurement process, a Member commented that further backlogs were reported to the Committee following this exercise it would signify a failure in the process.

A representative of Choice Advocacy, a Bradford-based charity providing advocacy services to adults with learning disabilities within the District, addressed the Committee to represent concerns raised by the five existing providers. He spoke of the need to ensure national quality standards were met by all bidders in the tendering process, raised concerns about the lack of a full impact assessment of the implications of awarding contracts out of the District and stated that

additional services which were currently provided by existing providers, outside their contract remit, would be lost and the impact across the District would be significant. He stated that he would submit written questions after the meeting as requested by the Chair but emphasised the need for strategic discussions on funding advocacy services as they were provided for other services too such as housing, debt, legal and judicial issues.

In response, the Strategic Director, Health and Wellbeing, while acknowledging the concerns raised regarding quality standards, stated that they related to the 'specification' and the tender process was not yet at that stage. She stated that it was a challenging process and referred to some of the issues raised as potentially describing the social care crisis facing the country. She referred to the personalisation agenda and the need to get providers to sign up to Individual Service Funds (ISF). She assured Members that the Council was not just going to carry out its statutory duties only, that all issues were being considered in reviewing how the service would be procured and that there was time to undertake further consultations and engagement prior to the commencement of the contract.

Resolved –

- (1) That the Committee's comments, including around consultation, be taken into account.**
- (2) That a report on advocacy services, including performance on meeting statutory requirements, be submitted to the Committee in 2018/19.**

ACTION: Strategic Director of Health and Wellbeing

19. SAFEGUARDING ADULTS AT RISK OF ABUSE

The Strategic Director, Health and Wellbeing presented **Document "F"** which provided details of Bradford Council's Health and Wellbeing department's performance in relation to the Protection of Adults at Risk from abuse for the year 2016/17. In addition, the report provided a current summary of activity and on-going development.

Following presentation of the report by the Strategic Director, Health and Wellbeing, who provided the context in relation to how a backlog of 1,000 concerns raised about adults at risk of abuse had previously resulted and provided assurances on mitigation measures that had since been put in place, it was reported that the Safeguarding Adults Board provided a monitoring role and further reports would be submitted to it. Members were informed that the Independent Chair of the Safeguarding Adults Board reported to the Council's Chief Executive. In addition, the Portfolio Holder for Health and Wellbeing informed Members that she was a member of the Safeguarding Adults Board and assured the Committee that monthly meetings to discuss performance were held with the Chief Executive.

During the discussion, it was reported that in establishing a Multi Agency Safeguarding Hub (MASH) for screening and triage of concerns between the

Local Authority and the Police, the Police had allocated a detective and full-time administrator who would be based with social workers in the Access Team at Britannia House to focus on criminal cases.

It was reported that the service collected performance information which was due to be presented to the Committee at its next meeting as part of the Adult and Community Services Annual Performance Report 2016/17.

Resolved –

- (1) That the steps taken to identify and address the backlogs in the service be noted.**
- (2) That the most up to date annual report of the Safeguarding Adults Board be presented to the Committee at the earliest opportunity.**
- (3) That a report on the establishment and operation of the Multi Agency Safeguarding Hub be submitted in six months and that partners be invited to the meeting.**

ACTION: Strategic Director of Health and Wellbeing

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