City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 5 October 2017 at Committee Room 1 - City Hall, Bradford

Commenced 4.35 pm
Concluded 7.15 pm

Present – Councillors

CONSERVATIVE	LABOUR
Rickard	**Greenwood** **A Ahmed** **Akhtar** **Johnson** **H Khan**

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)

Apologies: Councillor Mohammad Shabbir, Councillor Mike Gibbons, Councillor Nicola Pollard and Jenny Scott

Councillor Greenwood in the Chair

20. DISCLOSURES OF INTEREST

(i) Councillor Greenwood disclosed, in the interest of transparency, that she was a member of a Patient Participation Group.

(ii) Councillor A Ahmed disclosed, in the interest of transparency, that she was employed by the Yorkshire Ambulance Service NHS Trust.

(iii) Susan Crowe disclosed, in the interest of transparency, that she was the Chair of a Patient Participation Group and had received commissions from Public Health and Clinical Commissioning Groups in relation to Minute 26 and withdrew from the meeting during the consideration of this item.

(iv) Sam Samociuk disclosed, in the interest of transparency, that he was the Chair of a Patient Participation Group and a member of The Peoples Board of Bradford Districts Clinical Commissioning Group.

ACTION: City Solicitor

21. MINUTES

Resolved –

That the minutes of the meeting held on 6 July 2017 be signed as a correct record (previously circulated).

22. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

23. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

There were no referrals made to the Committee.

24. ISOBEL SCARBOROUGH

The Chair informed Members that Isobel Scarborugh, a previous co-opted Member of the Committee and the Social Care Overview and Scrutiny Committee, had died in August 2017. Isobel had retired from the Committee in 2015, but during her time as a Member had provided a constructive contribution and positive approach. The condolences of the Committee had been sent to her family.

Susan Crowe added that Isobel had been a key Member of the Healthwatch Committee and a Memorial Service was to be held in her honour.

25. CLINICAL COMMISSIONING GROUPS' ANNUAL PERFORMANCE REPORT

The Director of Quality, NHS Bradford City Clinical Commissioning Group (CCG) and Bradford Districts CCG presented a report (**Document "G"**) which provided an update on the CCGs' performance for 2016/17. Members were informed that the role of the three CCGs was to buy care services and improve outcomes for patients, whereas NHS England was responsible for purchasing specialist care. The CCGs were held to account and it had been a difficult year in relation to budgets.

The Deputy Chief Officer and Chief Finance Officer, NHS Bradford City and Bradford Districts CCG reported that NHS England had to monitor performance and had introduced a new framework for 2016/17. Overall the three CCGs received a 'Good' rating and this was an improvement for Airedale, Wharfedale and Craven CCG, which had 'Required Improvement' in 2015/16. There were a number of constitutional targets that had to be met, e.g. that patients had to be seen within 18 weeks of referral and the workforce along with funding was a key challenge. Issues in relation to Accident and Emergency performance were being

progressed and the Quality, Innovation, Productivity and Prevention (QIPP) programme would ensure that the money spent brought maximum benefit and quality of care to the public.

The Director of Quality explained that work had been undertaken to improve performance in relation to cancer in Bradford City CCGs, however, not all patients attended appointments and screening was a constant battle. Further engagement with Bradford City CCG patients was required to ensure that they attended. Some good work was ongoing with Accident and Emergency Departments and Mental Health provision was a good news story.

The Clinical Chair of the NHS Bradford Districts CCG stated that the report had been driven by what the CCGs were accountable for and various clinical outcomes would need to be improved in order to increase people's lifespans. In relation to cancer, people needed to attend screening appointments and more information on awareness should be provided. The CCG was under pressure with regard to Accident and Emergency targets and it needed to ensure that people were dealt with correctly.

Members then raised the following questions and comments:

- What was the impact on GP surgeries in relation to waiting times and had they been reduced?
- How had the non-elective admissions in relation to Bradford's Healthy Hearts programme been reduced by 10%?
- How was the gap between annual budgets and the increasing cost of providing healthcare being managed?
- Choices would have to be made about what services would go.
- Airedale, Wharfedale and Craven CCG was in a worse financial situation than the two Bradford CCGs.
- The Mental Health section within the report seemed light in content and confusing.
- A two month wait following a cancer referral was too long.
- What was meant by 'increased demand'?
- Could 'workforce issues' be considered for inclusion in the next report?
- What work had been undertaken in relation to cultural sensitivity?
- What message could be fed back to constituents?
- The neo natal mortality and still birth figures had previously improved.

In response it was clarified that:

- GP streaming had not been fully rolled out and it was hoped that it would reduce waiting times and improve performance by 10%.
- The amount had not reduced within Airedale, Wharfedale and Craven CCG, however, there was indirect evidence that there had been an impact within 12 months.
- What would happen to the demand for the next four years could be projected and calculations could be done to work out the costs and the available funds. Action was being undertaken, however, there were not

enough solutions to close the gap.

- Difficult choices would not have to be made yet, as the CCGs were managing with the funds available. Staff had been consulted and many had ideas. No services would be stopped without consultation and there were many inefficiencies that could be looked at in the first instance.
- The programmes of work were all clinically led and in 2015/16 Airedale, Wharfedale and Craven CCG had not delivered the surplus it should have and was placed in financial recovery. In 2016/17 it had recovered and it was hoped that in 2017/18 it would have 1% surplus.
- The report looked at performance and information could be provided as to the current situation. Mental Health issues had been presented in other reports. The CCGs had worked hard to establish a Mental Health Strategy and more detail could be circulated.
- Cancer targets were complicated and the 62 day target was to start treatment. Often the delay was due to a referral to Leeds and the issue related to treatment, not diagnosis. The reason as to why some communities did not attend appointments needed to be understood and clinicians were encouraging patients to look after themselves with support. Early diagnosis and treatment was key for cancer care.
- People were living longer and developing cancer.
- The report focussed on the CCGs performance and they were not held to account on staffing issues. There were many staffing problems and it was agreed that the right workforce meant a better service. Healthcare professionals could not be attracted in a timely manner, therefore a workforce strategy had been implemented and ways forward agreed. The Health and Wellbeing Board was held to account in respect of the Bradford picture. A slightly different staffing model was now required, as there would be fewer healthcare professionals who would have to work in a different way.
- Bradford City CCG was making sure patients were seen by a psychologist that was sensitive to their culture. It needed to be ensured that assistance was specific to each community and this information could be shared with the Committee.
- If people felt that they 'owned' the NHS service, it would help. The issue was about how the NHS could make people manage their health well.
- The details had been reported against National figures and there had been a slight decline in the improvement.

Resolved –

That a further report be submitted in 12 months.

ACTION: Director of Quality NHS Bradford City and Bradford Districts Clinical Commissioning Group (CCG)/Deputy Chief Officer and Finance Officer, NHS Bradford City and Bradford Districts CCG

26. ADULT AND COMMUNITY SERVICES ANNUAL PERFORMANCE REPORT 2016/17

The Strategic Director, Health and Wellbeing, presented **Document "H"** which provided an overview of the Department of Health and Wellbeing's performance across the Adult Social Care Outcomes Framework in 2016/17. It was explained that there was more confidence in the robustness of the data and the way in which it was recorded could actively change performance. There was still work to be done in the area of learning disabilities, however, overall it was an improving picture. In relation to accessible information progress had been sustained, though this needed to be maintained and the model developed.

Members made the following points:

- Could the graph regarding Learning Disabilities be expanded upon?
- The Council's in house providers had not received training.
- Carers were not satisfied with the support provided. How was this being managed?
- People were receiving too much or too little care. What about a review?
- What was "Power BI"? Would it be rolled out to all teams?
- How often were the booklets updated? Were there any plans to update them?
- How far had the review of literature progressed?
- Was there a budget and resources for the work on accessible information?
- What was being prioritised or was everything going to be implemented?
- Were there any good practices that the Council could share with other organisations?
- Would all the information to be provided be easily accessible?

Members were informed that:

- The survival rate had significantly improved for people with Learning Disabilities and the population of people with them had increased. Some of the services were traditional and there was a lack of emergency services. The Council would want to support someone with Learning Disabilities for their lifetime and not just at points in time.
- The Council needed to spend its money wisely and there had been a significant shift in front line staff. Training was key to providing quality care and there were too few opportunities for people to become independent.
- The Council was working with the National Development Team for Inclusion (NDTI) on a programme that would give people what they wanted.
- It was believed that people went into care too quickly and if the transfer didn't take place within an appropriate timescale there could be a detrimental effect that would delay the person's recovery. It was important to allow people time to recover properly and some people would recover better if they were allowed home.
- "Power BI" was Business Intelligence data and this would enable the Council to manage its performance much quicker. The roll out would start in Adult Social Care and then move on to other areas.
- There was no specific plan to review the booklets, however, each time a person had an assessment they would be provided with a booklet.

- An officer had been appointed to look at the accessible information and had worked closely with provider services, which had resulted in other documents being compiled.
- A modest amount of money had been made available for the work on accessible information and it was easier to change electronic systems instead of re-printing information.
- Finance was the priority area.
- Good practice would be shared with partners.
- The information had to fit the individual's requirements and this required further work. 'Health Talk Online' was a very good resource.

Resolved –

That a further report be presented in 12 months.

ACTION: Strategic Director, Health and Wellbeing

27. THE HEALTHY BRADFORD PLAN: SHAPING THE SYSTEM, IMPROVING LIFESTYLES

The Deputy to the Director of Public Health presented **Document "I"** which set out the four core activities of the Healthy Bradford Plan to be undertaken to tackle the lifestyle behaviours that lead to poor health outcomes and premature mortality for people in the District.

The Health and Wellbeing Portfolio Holder informed Members that the Health and Wellbeing Board had established the Healthy Weight Board, which she chaired and was working on issues with the Deputy to the Director of Public Health and Consultant in Public Health.

The Consultant in Public Health then gave a presentation on the Healthy Bradford Plan, which covered the following issues:

- Background
- Activity to date
- Issues – 67% of the population were obese or overweight and only 50% ate five portions of fruit and vegetables per day
- Healthy Bradford Partnership
- Healthy Bradford Charter - People, Policy and Places and the 'Daily Mile' for primary schools
- Healthy Bradford Movement – 'Beat the Street' campaign
- Healthy Bradford Service
- Outcomes
- Return on investment

Members then raised the following matters:

- How was it known that 67% of the population were obese or overweight?
- Clinical Commissioning Groups had started an engaging people project.

- The ambulance service used heavy duty stretchers and approximately £10 million had been spent on equipment. There was an overall cost to the NHS of £2 billion.
- There would be an issue if budgets were not reaching the right people. Was obesity reduced in Birmingham? How would people be referred to the Healthy Bradford Service?

In response Members were informed that:

- The figures had been taken from the National Health and Wellbeing Survey.
- Other initiatives would be mapped in order for gaps to be identified and the Council needed to know what schemes were successful. The aim was to get people to live a healthy lifestyle.
- Only one solution for obesity had been focused on previously, however, it had been realised that it was more cost effective to bring all the initiatives together. The only solution for morbidly obese people was surgery and the right people would be targeted.

Resolved –

That the Committee:

1) **Accept the broader lifestyle behaviours approach set out in the Healthy Bradford Plan.**

2) **Support the development of the system wide Partnership and the implementation of the actions it identifies as priority areas for improving lifestyles.**

3) **Encourage and support officers, other public sector organisations, business owners and community groups to use the Healthy Bradford Charter within their own organisations to identify and achieve the potential to make healthy lifestyles easier for everyone.**

ACTION: Deputy to the Director of Public Health

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

Members were informed of amendments made to the Work Programme 2017/18.

Resolved –

That the information in Appendix 1 and 2 of Document "J" be noted.

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