

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 16 November 2017 in Committee Room 1 - City Hall, Bradford

Commenced 4.35 pm
Concluded 7.35 pm

Present – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT AND INDEPENDENT
Rickard Barker	Greenwood A Ahmed Akhtar Johnson	Griffiths

NON VOTING CO-OPTED MEMBERS

Susan Crowe
Trevor Ramsay
G Sam Samociuk

Strategic Disability Partnership
Strategic Disability Partnership
Former Mental Health Nursing Lecturer

Observers: Councillor Susan Hinchcliffe (Leader of Council) and Councillor Val Slater (Health & Wellbeing Portfolio Holder)

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

Councillor Greenwood in the Chair

37. DISCLOSURES OF INTEREST

The following disclosures were made in the interest of transparency:

- (i) Councillor A Ahmed disclosed that she was a Governor of Bradford District Care NHS Foundation Trust, in relation to the Health and Wellbeing Board Annual Report (Minute 41) and the Integrated Transitions Service (Minute 43)
- (ii) Councillor A Ahmed disclosed that she was employed by the Yorkshire Ambulance Service NHS Trust in relation to Adult Safeguarding Board Annual Report.

- (iii) Councillor Akhtar disclosed that she was employed by West Yorkshire Police.
- (iv) Susan Crowe disclosed that she had a commissioning contract with the Health and Wellbeing Department.
- (v) Cllr Griffiths disclosed that he was a General Practitioner and a member of the Local Medical Committee.

ACTION: City Solicitor

38. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

39. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

There were no referrals made to the Committee.

40. ADULT SAFEGUARDING BOARD ANNUAL REPORT

The Chair of the Safeguarding Adult Board (SAB) presented a report (**Document “O”**) which described the function of the Board and how performance was measured. He emphasised that safeguarding was everyone’s responsibility and the Board was to improve its communication and awareness. It was noted that the Asian Community’s knowledge of safeguarding was limited and there was a need to ensure that they obtained the correct access. The Board was still awaiting National figures, so that Bradford could be benchmarked and the quality of the data available was a concern. Members noted that the Council was implementing a new system and it was hoped that the data submitted would improve. The Council would also be undertaking significant operational changes and a Multi Agency Safeguarding Hub (MASH) would be implemented. The Chair of the SAB stated that a new Bradford SAB Strategic Plan would commence from April 2018 and it was hoped that it would be simplified and subject to better consultation.

Members raised the following issues:

- It was interesting that specific communities did not approach the service. How could the service be communicated?
- Universal Credit would be provided to the eldest male in the household, which could result in people with Learning Disabilities being at risk of financial abuse and there could be an increase in the need for financial safeguarding.
- Could the Department of Work and Pensions (DWP) be represented on the



SAB?

- Members of the Asian Community did not know how to report or who to approach regarding safeguarding issues, however, there were many religious worship places that could communicate the information.
- Some people tried to have elderly relatives placed in hospital during festive periods, as they needed a break.
- There had been 714 enquiries and 543 outcomes last year. Why wasn't the number of conclusions the same as the enquiries?
- It was important that the process was being made personal.
- Had any review processes been built in?
- Had the accountability measures been addressed?
- What patterns were being identified that would be high risk or emerging during the review of the Strategy?

Members were informed that:

- Communication was difficult, however, Elected Members had a key role and knew about safeguarding. A great deal of work had been undertaken with Councillors.
- The issue regarding Universal Credit was a very important point and a good communication plan would be required. A Communications Strategy was required to be compiled alongside the new Strategic Plan and work was being carried out with West Yorkshire Police.
- Consideration could be given to the possibility of having a representative from the DWP on the SAB.
- It was very important that safeguarding was made personal to ensure the best for an individual.
- New team measures were being put in place that would hopefully address such issues earlier and additional resources had been secured to progress the matter.
- There had been a significant backlog last year and this had now been reduced, however, there would always be some cases that would not be resolved. The Council was in a different place to where it had been and it would continue to improve. Data had not been available previously and it had to be ensured that it was correct, then the work progressed and the team strengthened.
- Risk needed to be managed correctly and a risk enablement panel would be established that would be centred around the person and family.
- A review process had not been factored in, but would be added.
- Work was being undertaken by all the partners, however, learning had not yet been built in to the process and formality was not being managed consistently. The progress on adult safeguarding was behind that for children, however, improvements would be made over time and it was hoped that safeguarded adults would be treated as importantly as children in the future.
- Self neglect was a challenging area and in relation to prevention duty, people needed to be kept away from radicalisation. Neglect in care homes and home care was also a concern and commissioners would need to have robust processes in place.



The Portfolio Holder for Health and Wellbeing reported that the Corporate Overview and Scrutiny Committee would be discussing Universal Credit and the Chair could be asked to invite Members of the Health and Social Care Committee to that meeting.

Resolved –

- (1) That the content of the Safeguarding Adults Board’s Annual Report, 2016-2017 be noted.**
- (2) That the Committee supports the development of safeguarding measures on a broad front that extends beyond Adult Social Care and into local communities in supporting and developing links and ‘joint agendas’ with relevant agencies in addressing such cross-agenda areas as domestic violence, modern slavery, community safety etc.**
- (3) That consideration be given to inviting the Department of Works and Pensions to be represented on the Safeguarding Adults Board or one of its sub groups.**
- (4) That the refreshed Safeguarding Adults Board Strategic Plan be presented in conjunction with a report on the implementation of a Multi-Agency Safeguarding Hub (MASH) to the Committee’s meeting on 22 March 2018.**
- (5) That the figures on outcomes in future annual reports clarify how many have been resolved year on year.**

ACTION: Safeguarding Adults Board Manager

41. HEALTH AND WELLBEING BOARD ANNUAL REPORT

The Leader of Council introduced **Document “N”** which outlined the work and focus of the Bradford and Airedale Health and Wellbeing Board in 2016-17. Members were informed that there were many budget pressures in Bradford, however, there needed to be a focus on the quality of life for the people residing in the District. The Health and Wellbeing Board had many sub groups and the Portfolio Holder, Health and Wellbeing, had undertaken a considerable amount of work on the Healthy Weight Board. The Leader indicated there had been a great deal of discussion in the media regarding the Better Care Fund and many people within the Social Care sector were poorly paid. Representatives from the NHS attended the meetings and relationships with partners were very important.

Members then made the following statements:

- Was the focus of the sub groups in line with that of the Board?
- The Committee needed to be kept up to date regarding the Better Care



Fund.

- What was being done in relation to a 'Healthy Bradford'?
- Bradford was currently ranked second out of 152 Health and Wellbeing Areas.
- Vending machines were still present at Eccleshill Pool.
- What trends and patterns were expected?
- How did the Board's vision transfer to planning and new homes for Bradford?
- The Strategic Disability Partnership had raised concerns in relation to the success of the Bradford Enablement Support Team (BEST) and whether it was working as well as hoped.
- There was a great deal of confusion in relation to social care and diagnostic care.

In response it was reported that:

- There were many Boards within the Health sector and bilateral conversations needed to take place. The Board had taken a strategic approach over the past year, so that other groups could see where they fit in.
- It was cost effective to undertake an integrated approach and it was about using the same money in a different way. A specification as to what was required was being compiled.
- Bradford was very good at doing many things and this needed to be communicated more. It was performing well with less money against some of the measures. Details of its achievements and good working practices should be highlighted in the trade press in order to entice people to work here.
- The Council had been selected to work with Public Health England and Leeds Beckett University in relation to obesity. The Catering Team in City Hall could become involved by providing healthy options.
- The District needed to ensure it had a sustainable workforce. It was part of the West Yorkshire and Harrogate region and everyone needed to work better together. If there was more employment, the District would be more affluent and have less illness. There were also National and Regional issues that had an impact. Public Health England was looking at obesity, clean air and inclusive growth, which would lead to better jobs for local people.
- The Council was involved in 'Design in Public Sector', which was specifically looking at the Canal Road and City Centre areas. The Council had also tried to obtain 'Lifetime Homes' as a standard in the past.
- The Council had experienced great difficulty in the Home Care market and the issues would not be resolved within the year, but they would improve. A new rapid response team had been established and investment had been made in Home Care, which was working. The Reablement Service needed to focus on those people that genuinely needed assistance.
- Early intervention and prevention was the best way forward and the whole approach should be dealt with in conjunction with partners.



Resolved –

That a further report be submitted in July 2018.

ACTION: Consultant in Public Health

42. ADULT HOME CARE PROVISION UPDATE

The Contract and Quality Assurance Manager presented a report (**Document “P”**) that provided an update of the progress made relating to the provision of home care support. He informed Members that a significant amount of work had been undertaken and great strides forward had been made in relation to Home Care Services in a short period of time. Work had been carried out on a fair cost of Home Services, which had taken the living wage into account. Progress had been made with regard to digital technology and the Bradford Urgent Homecare Support Service (BUHSS). It was noted that extra care had generally been successful and support was being looked at for night care and carers of people with dementia. Regional and comparative Local Authorities had been consulted and the Council had been awarded £50,000, which would hopefully be match funded for the purpose of digital technology.

Members then raised the following points:

- Using digital technology was a great idea. Could tablets be linked to televisions to show messages?
- There may be issues regarding messages on televisions and more work would be required on the operation of technology. Not all people wanted their relatives to see their care package.
- Would the system be backed up?
- Would support be provided for using the technology?
- What about the consultation process? Was the work completed yet?
- Was Wi-Fi required to access the system?
- Would a subscription be required?

In response Members noted that:

- A link could be made to televisions from other technology.
- Work would be progressed on technology with the Strategic Disability Partnership. Service user feedback was required with regard to using the technology available and focus needed to be placed on reducing anxiety and providing information. It was acknowledged that the emphasis needed to be placed on the individual and everyone was different. Consent from the service user had to be obtained that they would like to use the device and a 12 month pilot was underway with feedback expected in July 2018. The Council had submitted a bid for the project to NHS Digital and information was awaited. Bradford was at the cutting edge of technology and this was a good news story.
- Yes, the system was backed up on the Council’s server and could not be



- lost. The information could also be printed.
- Yes, support would be provided for service users.
- The consultation should be completed by Summer 2018 and a draft should be available shortly. The aim was for people to be happy and healthy and at home. Progress had been made but there was still a long way to go. Other models had been looked at and the commissioning, along with its outcomes, needed to be considered.
- The technology was connected to 4G masts and security measures had been taken into account. The project was being led by the Council's IT Department and EE was the service provider.
- Subscriptions were being investigated.

Resolved –

That the progress made be commended.

ACTION: Contract and Quality Assurance Manager

43. INTEGRATED TRANSITIONS SERVICE

The Service Manager (Disabilities) presented **Document “Q”** which provided an update on the progress made since October 2016. He explained that, amongst other issues, the Council's 'Home First – Our Vision for Wellbeing' had been published in January 2017; personal budgets were well established; decision making and Panels was a slow process but was improving; Continuing Health Care represented a challenge but work was ongoing; there was a focus on the conversion from Special Needs Statements to Education Health and Care Plans (EHCP); and Integration was a large complex area.

Members then made the following comments:

- The progress was welcomed and the work undertaken was impressive.
- Councillors had received a lot of case work regarding transitions.
- The transition process was very difficult. Wrap around care was available for children but it all changed once they became an adult.
- If people felt better, they would have less call on services.
- What percentage didn't have an EHCP?
- Would it be expected that everyone should have an EHCP in the future?
- Was it presumed that there would not be many people that wouldn't have a Plan in the future?
- The transition work should have been undertaken.
- What were the critical factors regarding apprenticeships?

In response Members were informed that:

- The Council was paying too high a contribution towards Continuing Care. If it was a medical issue then the NHS should pay and if social either the Council or the person should pay. Staff who undertook assessments had



been re-trained and there was more rigour in the system now. The transition process needed to be understood by all the family involved.

- It was acknowledged that a person would require support through their entire life and future proofing was required. Extra care provision could be used for adults with Learning Disabilities and there were different services and opportunities that people were not using.
- EHCPs were linked to education and when a person's education finished, so did the Plan. The Council had improved its conversion to EHCPs, however, it was still a mixed picture and a person's Plan should not stop on the cessation of their education.
- Yes, it was expected that everyone would have an EHCP in the future. The lead responsibility for EHCPs was education and people were only entitled to one for up to 25 years. Work was being undertaken with younger people that all those with Statements would transfer to an EHCP.
- The criteria for EHCPs had changed.
- Entry levels were being looked at with the Human Resources Department and seven people were starting a scheme, the youngest of which was 17 years old. There had been a general reluctance to undertake apprenticeships and the matter was only just beginning to progress, however, the Council was keen to provide opportunities. A more interesting range of opportunities was now available. There was also a great deal of work to be done with other employers in relation to accepting someone with Learning Disabilities.

Resolved –

That a further report be submitted in 12 months time, if necessary.

ACTION: Service Manager - Transitions

**44. 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 Committee notes the information in Appendix 1 to Document “R”.

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

