

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

Commenced 4.35 pm
Concluded 7.40 pm

Present – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT AND INDEPENDENT
Gibbons Rickard	Greenwood A Ahmed Akhtar Johnson Shabbir	N Pollard

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 Val Slater (Health & Wellbeing Portfolio Holder)
Apologies: Jenny Scott

Councillor Greenwood in the Chair

45. DISCLOSURES OF INTEREST

- (i) Councillor A Ahmed disclosed, in the interest of transparency, that she was a Governor of Bradford District Care NHS Foundation Trust, in relation to the reports on the Industrial Centre of Excellence (Minute 48) and the Health and Wellbeing Sector Workforce (Minute 50).
- (ii) Councillor Rickard disclosed, in the interest of transparency, that he had undertaken work at the University of Bradford, as part of his employment, in relation to the report on the Industrial Centre of Excellence (Minute 48).
- (iii) Susan Crowe disclosed, in the interest of transparency, that she had received commissions from Public Health and Clinical Commissioning Groups.

ACTION: City Solicitor

46. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

47. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

REFERRAL FROM THE GOVERNANCE AND AUDIT COMMITTEE, 30 NOVEMBER 2017:

LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN - REVIEW OF LOCAL GOVERNMENT COMPLAINTS 2016/17

- (1) That the Committee takes assurance from the result of the Local Government and Social Care Ombudsman's Annual Review of Local Government Complaints 2016/17, that the Authorities complaints process is overall satisfactory.*
- (2) That the Committee expresses concern at the number of complaints upheld by the Local Government Ombudsman in Adult Social Care and asks the Health and Social Care Overview and Scrutiny Committee to examine the reason why so many complaints were upheld in 2016/17 compared to the number of complaints received in this service area.*

Action: Strategic Director Health and Wellbeing/Overview and Scrutiny Lead Officer

Resolved –

That the referral be noted and that the Chair seek further information and advise the Committee at its next meeting on any action she considers the Committee should take.

ACTION: Overview and Scrutiny Lead Officer

48. BRADFORD DISTRICT HEALTH AND SOCIAL CARE INDUSTRIAL CENTRE OF EXCELLENCE (ICE)

The Industrial Centre of Excellence (ICE) Programme is a strategic partnership between industry and education. It has come out of a need to improve the skills levels of young people across the Bradford district. The ICE addresses the skills shortage in the health and social care sector by providing young people with the skills, behaviours and attributes to support Bradford capability to secure more jobs and inward investment in the future.

The ICE:

- Improves the opportunities for 14-19 year olds to benefit from specialist skills influenced by Industry, developing progression routes in further higher



- learning and skilled employment
- Engages with business to identify their priority skills in order to redesign, shape, create fit for purpose education and training programmes that address market failure and transformational change.
- Provide young people with a set of in-demand and marketable qualifications weaved in with employability skills to help them secure employment

The Director attended the meeting to give an update on the establishment and activity of the Bradford District Health and Social Care ICE to date. During her presentation she stated that:

- The Health and Social Care ICE Programme commenced in October 2017 with 80 students attending a Careers Carousel Exploration Day at the University of Bradford.
- The ICE Programmes had been rolled out in 18 secondary schools and to 3,000 students across the district, delivering industry led programmes since 2013.
- Students studied technical based programmes which were considered key to the district 'growing its own' workforce in areas where there were skills gaps.
- Business engagement and partnership working was at the heart of the programme.
- The ICE Programmes were an innovative way in which students could gain skills and qualifications to give them pathways into industry and further training.
- Young people on the programme were expected to complete 12 competencies which helped towards creating a CV and personal statement for university.
- The programme currently had seven industry partners and five educational partners.
- The ICE Board members included representatives from: Bradford Teaching Hospitals NHS Foundation Trust, Airedale Hospital, Bradford District Care Trust, Bradford Council, Bradford Trident, Skills for Care, Bradford University, Bradford College, Bradford Girls Grammar, Bradford Academy and Parkside School.
- Schools taking part in the Health and Social Care ICE Programme were: Bradford Girls Grammar School, Bradford Academy and Parkside School. All schools were selected by the ICE Board.
- Qualifications being offered were: A Level Science (Biology, Physics, and Chemistry), Cambridge technical level 2 and 3 in Health and Social Care and BTEC Level 3 National Award in Children's Play, Learning and Development.
- A four year rolling programme for the Health and Social Care ICE Programme had been devised.
- The programme has been created through mapping the curriculum to the skills required by industry.
- Each programme was tailored to individual schools and the qualification that they delivered.
- The programme contextualised the learning by putting theory into practice.
- Employability skills were weaved into the curriculum and delivered by industry professionals.
- Young people on the programme had the opportunity to undertake work



placements and visits which included speaking to staff about their job roles e.g. visits to hospitals to speak to Radiographers and Midwives etc.

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

- The programme worked alongside the private sector and had started with three schools initially; it hoped to increase the number of schools it worked with.
- Bradford Pathways worked with young people aged 13 and 14, prior to their involvement in the ICE Programme; this helped young people to discover the opportunities available in different sectors as most did not know what career path they wanted to follow at that age. Part of the programme's role was to provide guidance around career exploration so that young people could make informed choices.
- The Clinical Commissioning Groups were funding the Health and Social Care ICE Programme for one year and Bradford Trident were funding it for a further three years.
- The career advisor model no longer existed in schools.
- The pilot programme had started with 80 young people and 3,000 were now part of the programme.
- It was for industry to define what they wanted from the programme as ultimately it was to fill the industry skills gaps.
- Industry and school involvement was critical to the programme.
- It was hoped that in five years time the programmes would be the recruiter of choice for industry.
- The programme worked with the voluntary sector to provide volunteering opportunities to 16-18 year olds which also supported their university application.
- It was not within the programme's remit to influence industry on pay rates.
- The number of young people expected in jobs at the end of the programme had not yet been confirmed but it was hoped that at least 50% would enter the industry sector.
- The programme worked with schools and colleges; it did not currently work with young people who were Not in Education, Employment, or Training (NEET).

A Member questioned whether the programme was influencing young people at an impressionable age to follow a career path in health and social care and closing down other options. In response it was stated that this was not the case and that the programme was about giving young people knowledge and transferable skills along the way.

A discussion took place about providing a realistic experience of the job roles being explored. It was acknowledged that this was difficult to do due to the existing strains on staffing in healthcare settings. The emotional intelligence of young people in healthcare settings was also discussed as well as how the programme and industry needed to work together to get the right candidates for health and social care jobs. Members suggested using video clips to showcase job roles and involving the voluntary sector to help carry out mock interviews.



Resolved –

That a progress report be submitted to the Committee in 12 months time and that young people involved in the Industrial Centres of Excellence (ICE) Programme and representatives of schools signed up to it be invited to the meeting.

ACTION: ICE Programme Director

Councillor A Ahmed in the Chair

49. SCREENING AND IMMUNISATION PROGRAMMES

The report (**Document “T”**) of the West Yorkshire Screening and Immunisation Team provided an update on the progress with regard to the uptake and coverage of screening and immunisation programmes in the Bradford locality through partnership working.

A brief summary of the report was provided, highlighting the governance arrangements. It was reported that trends outlined in the report for Bradford were mirrored regionally and were not unique to the district; work was on-going with the communications team to promote screening and immunisation through the media to increase uptake of the programmes. It was stressed that the Screening and Immunisation programmes were unique in that they invited healthy people for a screening test, often invasive, which would tell them whether or not they had a disease.

A Member commented that the uptake of bowel and cervical screenings was low and questioned whether the team were speaking to people about why they were not getting screened. In response, it was explained that feedback was sought locally and nationally on this matter and information in the leaflets which went out to people inviting them to make an appointment for these screenings were being simplified as an outcome, in order for the process to be easier to understand.

In response to Members questions, it was reported that:

- Awareness training was provided for carers e.g. how to complete the bowel screening kit.
- The communications team were working with the national campaign to raise awareness at a local level to increase the uptake of screenings.
- The decline in cervical screening rates in Bradford was mirrored nationally. Some of the barriers e.g. access hours were being addressed with GPs.
- It was acknowledged that some people would fear going for a screening and approaches were taken to try to make people feel at ease e.g. explanation in the leaflets, informing them they could be accompanied and trying to ensure they saw the same person on their screening care pathway.
- Many compliments were received from patients following their appointments with the specialist screening practitioners and any complaints received were looked at in detail with the clinicians.
- Breast screening was the only programme that would include a genetics



pathway; it would be accessed through the GP and individuals screened yearly.

A Member thanked officers for the work undertaken in her ward (Manningham) and suggested the targeting of local gyms in the area to try to increase BME bowel screening uptake rates. Officers agreed to feed this back to Screening and Immunisation Co-ordinators.

The Chair thanked the officers for the report.

Resolved –

- (1) That the report and the on-going work to support and promote the NHS England commissioned screening and immunisation programmes within the Bradford area be noted.**
- (2) That the Committee notes that Bradford Council continues to engage and assurances are given to the Director of Public Health in relation to commissioned screening and immunisation programmes which are sought through local operational groups, programme boards and West Yorkshire Screening & Immunisation Oversight Group.**
- (3) That performance on an on-going basis be monitored through the Public Health Outcomes Framework report which is submitted annually to this Committee.**

ACTION: Overview and Scrutiny Lead Officer

50. HEALTH AND WELLBEING SECTOR WORKFORCE

NHS Airedale Wharfedale & Craven, Bradford City and Bradford Districts Clinical Commissioning Groups submitted **Document “S”** which provided both a strategic overview of the national, regional and local priorities and associated workforce challenges and enablers for the health, social care and wellbeing sector, and a progress update on the development and delivery of the Bradford District and Craven Integrated Workforce Programme’s workforce strategy.

Members were informed that in June 2017 the Bradford and Airedale Health and Wellbeing Board held a development meeting and workforce issues had been identified as a key area for the Board’s work programme.

A presentation was given which included an overview of how Bradford District and Craven were addressing the workforce issues and challenges identified. During the presentation, Members were informed that:

Bradford District and Craven data tells us that:

- There were more than 27,000 paid staff working across: acute, primary care and community, mental health and social care.
- It was estimated that there were over 57,000 unpaid carers.
 - There were real gaps in available workforce data for voluntary and



- independent sector and some gaps in primary care data.
- A lack of system wide strategic workforce planning was identified for the new roles required for integrated working for the future. The available data and workforce information currently suggested the main challenges would be where there was decreasing staff in post and an increasing demand i.e. Psychiatric Nursing, Neonatal Nursing, Diagnostic Radiography, Clinical Psychology, Registered Pharmacist and Operating Theatre Staff.
- Social Care experienced difficulties in recruiting to:
 - Home Care Assistants to work daytime shifts and also particularly to work nights
 - Social workers (Adults and Children's)
 - Educational Psychologists
- Primary care had identified a greater need for support staff in the future.

Workforce Issues and Challenges:

- A lack of comprehensive and robust workforce data across the system
- High turnover in some occupational groups and sectors
- A national shortage of professionally qualified staff
- High vacancy rates in some occupational groups and sectors
- The 'Brexit effect'
- High numbers of older workforce/staff retirement
- High sickness absence rates
- Growth rates in demand for some services
- Lack of capacity and skills shortage in mentoring for clinical placements
- Difficulties in resourcing the release of staff for training
- Over reliance on agency staffing in some sectors
- Ensuring the necessary cultural shift for working differently

Common Workforce Priorities (identified across the system)

- Effectively planning for the supply of health and care roles and understanding future requirements
- Recruitment and retention of appropriately qualified staff to existing and new services
- Ensuring good career structures are in place within and across occupational groups and organisations
- Workforce re-design, role re-design/role substitution and extended role scope
- Engaging staff in new ways of working, across boundaries and in an integrated way
- Cultural shift from one of 'caring for' to one of enabling, encouraging and empowering people to self care
- Releasing staff for training

Progress and Good News Stories

- Health and Social Care Industrial Centre of Excellence
- Co-ordinated approach to careers work with schools
- Shared recruitment narrative
- Bradford Medical School
- Shared approach to apprenticeships



- Joint leadership development programmes
- Shared approach to statutory and mandatory training
- Common set of values for integrated working
- Examples of 'blurred boundary' working
- Promoting health and wellbeing in the workforce

What are we doing to address our workforce issues and challenges?

- Widening participation through apprenticeship schemes for Healthcare Support Workers
- Developing career pathways from apprentice to registered nurse / Allied health professionals and "growing our own"
- Role substitution where this is safe to do so : e.g. Advanced Clinical Practitioners
- Ensuring all those in clinical roles are working at the 'top of their licence' and therefore developing supporting roles to enable this e.g. Discharge Liaison Officers
- Successful bid to be in the first wave of the Nursing Associate Pilots : commenced January 2017 for Bradford teaching Hospitals NHS Foundation Trust and Airedale NHS Foundation Trust; Bradford District Care Foundation Trust is looking join in next year

The Director of Quality and Nursing stated that the report did not contain the delivery plan, however this could be sent to Members after the meeting.

Members welcomed the integrated way of working and having one person caring for the patient, especially for those patients with dementia.

In response to a Member's question about why there were two Accountable Care systems for the three CCGs and whether it would be better to have just one, the Director of Quality and Nursing stated that the organisations were in the stages of learning to collaborate with each other and she did not consider it beneficial to move to one Accountable Care system at this time. She provided assurances that planning work in hospitals was done with the involvement of both Accountable Care systems.

In response to a Members question, it was reported that the Health and Wellbeing Board held the Integrated Workforce Programme Board to account. A follow up report was due to be submitted to the Health and Wellbeing Board in 2018.

A discussion took place about the need 'grow our own' health professionals but also find ways to make the district more attractive for them to stay in Bradford. In response, the Chief Nurse (Airedale NHS Foundation Trust) stated that discussions were taking place with Bradford Teaching Hospitals NHS Foundation Trust on offers that could collaboratively be put to staff to encourage them to stay. Feedback was also sought from staff on their training experiences to better understand how it could be improved.

A Member commented that the work pressure on staff and the lack of management support ultimately led to patients suffering. He welcomed that the workplace was being made more attractive to retain staff but had concerns about



workplace anxiety linked to the job roles as well as difficulties changing working practices within the 'medic model'.

It was agreed that the delivery plan would be circulated to Members.

Resolved –

- (1) That the Committee is assured that the Integrated Workforce Programme (IWP) strategy and work programmes are taking the right approach and actions to support achievement of the vision and objectives for health and social care in the District.
- (2) That Members of the Committee provide support in communicating the ambitions and actions of the IWP at regional and district forums; providing any links or connections that Members think may strengthen the approach of the IWP.
- (3) That a further report be submitted to the Committee in July 2018.

ACTION: NHS Airedale Wharfedale & Craven, Bradford City and Bradford Districts Clinical Commissioning Groups

51. REIMAGINING DAYS

In line with Council Standing Order 4.6.1 all contracts with an estimated value of over £2m must be reported to the relevant Overview and Scrutiny Committee before inviting tenders.

The Strategic Director of Health and Wellbeing submitted **Document “U”** in line with the above requirement. The report gave an overview of the Reimagining Days project, which is part of the Department's Transformation Programme work and seeks to assist people to participate in ordinary community activities and is based on the philosophy that everyone has contributions to make to their community.

The Commissioning Manager reported an error in the report: paragraph 4.2 should state “an envisaged saving of £300,000”, not £3,000. She stated that the procurement of the contract was at the beginning of the tender process and that there would be further engagement.

A Member stated that she had a number of questions from the Strategic Disability Partnership but was happy for them to be responded to by officers after the meeting. Service users had raised concerns about the changes and were worried about how they would be affected.

Resolved –

- (1) **That the Strategic Director of Health and Wellbeing be requested to respond in writing to questions submitted by the Strategic Disability Partnership in response to the report (Document “U”) through the**



Chair.

- (2) **That the Committee receives a further report on Reimagining Days prior to contract award.**

ACTION: Strategic Director of Health and Wellbeing

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

A work planning discussion took place on the Committee's work programme for the remainder of the 2017/18 municipal year.

Members were informed that a training session on 'scams' would be held on 30 January 2018.

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

