

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 25 January 2018 in Ernest Saville Room - City Hall, Bradford

Commenced 4.40 pm
Concluded 7.15 pm

Present – Councillors

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

NON VOTING CO-OPTED MEMBERS

Susan Crowe
Trevor Ramsay
G Sam Samociuk

Strategic Disability Partnership
Strategic Disability Partnership
Former Mental Health Nursing Lecturer

Observer: Councillor Val Slater (Portfolio Holder, Health and Wellbeing)

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

Councillor Greenwood in the Chair

53. DISCLOSURES OF INTEREST

- (i) Councillor A Ahmed disclosed that she was employed by the Yorkshire Ambulance Service NHS Trust.
- (ii) Susan Crowe disclosed that she had a commissioning contract with the Health and Wellbeing Department.
- (iii) Cllr Griffiths disclosed that he was a General Practitioner and Head of the Local Medical Committee.

ACTION: City Solicitor

54. MINUTES

Resolved –

That the minutes of the meetings held on 6 April and 5 October 2017 be signed as a correct record.

55. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

56. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

No referrals had been submitted to the Committee.

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

The Overview and Scrutiny Lead officer informed Members of the upcoming training sessions and amendments to the Work Programme.

Resolved -

That the amendments to the Work Programme be noted.

ACTION: Overview and Scrutiny Lead

58. BUDGET AND FINANCIAL OUTLOOK

The Strategic Director, Health and Wellbeing introduced a report (**Document “V”**) which provided information on the initial draft savings proposals, their consequential implications on Health and Wellbeing Services and the savings that were agreed as part of the 2017/18 and 2018/19 budget proposals. Members were informed that only 14% of the Department’s budget was spent on staff and the largest part funded care. A comparison had been undertaken with other Local Authorities in the Region and a team had been established that would engage with people. The Strategic Director, Health and Wellbeing explained that the number of people needing care was increasing, however, the funds were decreasing. The Department was trying to shift the culture from the reliance on in-house provision to people having their own care packages and if services were delivered differently then the Council could achieve better outcomes.

Members raised the following points:

- There was a risk of the opposite effect occurring and services would

- not be provided.
- Would early intervention assist more people and have long term savings?
- Why was there a need to measure against the Regional average?
- Out of area care for people with Learning Disabilities was being reduced. Was this working?

The Strategic Director, Health and Wellbeing confirmed that:

- The pre-work was not being undertaken at present and the biggest challenge was to manage the culture and practice.
- Research showed that early intervention worked for Local Authorities in the long term and results had been achieved.
- The Oxford Brookes model took best practice and it had been modified to a West Yorkshire perspective.
- Results were not being achieved in the Learning Disabilities area and a rethink was being undertaken. It was an area of overspend and work was currently being carried out on day services. The issue had been discussed in Management Team meetings.

The Business Advisor, Health and Wellbeing, informed Members that savings in all budgets had to be identified due to the continuing national austerity measures. The proposed savings for Adult and Community Services was £8 million for three years with a total savings target of £11.4 million for Health and Wellbeing in 2018/19. Further cuts had been proposed and these had been presented to the Council's Executive on 5 December 2017. Members were informed that a great deal of activity was ongoing, however, the culture could not be changed any quicker. The culture was embedded within the staff and it would take time to bring in the changes. The Business Advisor stated that a £6 million overspend, which was less than had been expected, had been predicted and savings would be achieved in some areas. The District had an increasing demographic growth and savings over £75 million had been required to be made over the past few years. The purchase of care was an enormous challenge and there had been increasing pressure on the budget for No Recourse to Public Funds. It was noted that a review of the Better Care Fund, including where it had been spent and how it had been delivered, would be undertaken.

Members made the following comments:

- Disadvantaged people would be penalised even more.
- Some consultations were helpful, but many people were unaware of the affect the budget savings would have upon them.
- Action was required regarding data sharing.
- Had Clinical Commissioning Group (CCG) Rebasing been requested or agreed?
- A transformational change needed to be implemented. Were there any examples of the changes to the culture?
- If the Council was to have meaningful integration could it be linked to GPs?

In response Members were informed that:

- The Department needed an approach to make the best of what it had or alternatively it could look at eligibility very strictly as per the Care Act. It wanted to be able to make investments that would help people have longer and healthier lives. If early interventions were undertaken, the amount of money spent on people in hospital would decrease.
- Health colleagues had agreed that a resolution should be put forward that work was undertaken on how the process could be better managed.
- The Rebasing was subject to consultation. When Public Health had been part of the NHS there had been many contracts and now that it was part of the Local Authority they were being looked at, as they were not achieving Value for Money. This would be a change to previous contractual arrangements.
- Approximately 1500 thousand people were employed within Health and Wellbeing and it was a challenge to put new practices in place. A vision had been submitted to the Committee around nine months ago and training had been undertaken, however, there were still some challenges. New processes meant people had to operate in a different way and even though a great deal of preparatory work had been undertaken, it was still demanding.
- Work would be undertaken on integration.

Resolved –

That Members' comments and the report be noted.

ACTION: Strategic Director, Health and Wellbeing

59. REFRESH OF THE HEALTH AND CARE PLAN

The Programme Director, Integration and Change Board, presented a report (**Document “W”**) which introduced the first draft of 'Happy, Healthy and at Home: A Health and Care Plan for Bradford and Craven' and then gave a presentation which covered the following:

- Engagement by Healthwatch
- The existing Plan
- Context and connectivity
- Need to refresh the Plan
- Review process and planned changes
- Key messages of the Plan
- Financial implications of the Plan
- Proposal to complete the Plan

Members made the following comments:

- There had been a great deal of input into the Plan. How would the general

public become involved in the consultation process? Different ideas may be obtained from service users.

- Service users should be approached.
- There had been a lack of accessible information available for the Healthwatch sessions. Bradford City Clinical Commissioning Group's (CCG) 'Engaging People' work was a good example and their Head of Engagement should be contacted.
- Any communication should be carefully undertaken.
- The public did not want change, so it should not be claimed that they did.
- It was not possible to have quick, good and cheap healthcare. The Plan should be more realistic.
- What about the Child and Adolescent Mental Health Services (CAMHS) funding? Would there be a new building?
- What was the measure for air quality?
- Would Bradford be introducing any hybrid buses?
- The cost of hybrid vehicles should be addressed with the Government.

In response the Programme Director confirmed that:

- A communication plan would be published.
- The Plan was owned by all parts of the system and the Head of Engagement would be approached.
- If people were helped to keep well there would be fewer interventions down the line.
- A funding model had been secured and a site found for a CAMHS in-patient facility at St Mary's Hospital in Armley, Leeds. Information on the building would be provided after the meeting.

With regard to the issues regarding air quality, the Portfolio Holder for Health and Wellbeing stated that:

- Information on the air quality measure would be provided following the meeting. A campaign in relation to 'No Idling' was due to start and would be chased up.
- Any decision to introduce hybrid buses in Bradford would be taken by the West Yorkshire Combined Authority.

In conclusion the Overview and Scrutiny Lead officer requested that Members sent comments to the Programme Director and the Chair requested that the Committee be kept updated on issues.

Resolved -

That the draft Health and Care Plan be noted and Members' comments be taken into consideration.

ACTION: Programme Director, Integration and Change Board

60. CARE QUALITY COMMISSION REVIEW OF THE BRADFORD LOCAL SYSTEM

The Strategic Director, Health and Wellbeing, submitted **Document “X”** and explained that a peer review was taking place in Bradford, which was not an inspection and there may be a review of the leadership process. Members were informed that a number of reviews had taken place prior to Christmas and the remainder would be completed by the end of March. There had been a great deal of criticism of the whole system and the Care Quality Commission (CQC) was visiting Bradford as it was a Local Authority with good practice. The Council needed to concentrate on the things that were being done well and preparations had already commenced. The Strategic Director reported that each area had to submit a System Overview Information Return (SOIR) in advance of the review and Bradford’s should be completed by 26 January 2018. The CQC would be visiting Bradford on 31 January 2018 for two days and return to complete the full review. It was noted that it was a balanced process, as the Council had examples of good practice, however, work was required in other areas. A ‘Relational Audit’ had to be completed and if the CQC found issues regarding people under 65 years of age they would be pursued, however, the visit was predominantly about those over 65 years old.

A Member stated that the reason the Council had been selected was due to it being good in not delaying transfers of care, which was positive, however, all other aspects would be reviewed. He then questioned where the weaknesses were in the movement through the social care system. The Strategic Director confirmed that certain areas had poor outcomes and the key messages summary was important. Another Member requested that the Department’s Action Plan was included when the issue was reported back to the Committee. Members were informed that the CQC would inform the Bradford and Airedale Health and Wellbeing Board of the outcome.

Resolved -

That the report be noted.

ACTION: Strategic Director, Health and Wellbeing

61. HEALTH AND WELLBEING NON RESIDENTIAL CONTRIBUTIONS POLICY

The Strategic Director, Health and Wellbeing, presented **Document “Y”** and explained that a new charging policy had been introduced for Health and Social Care, which had created issues and the Council had been legally challenged in relation to the decision. A consultation had been undertaken and the process delayed, however, the policy had been implemented from 2 October 2017, though charges would not change until users had been re-assessed. The Strategic Director stated that it had been specified that clarity would be provided in relation to what was classified as disability related expenditure and the policy had been clarified in relation to wellbeing. Members were informed that the charges would be phased in for those affected by the new policy.

A Member reported that disabled people would be on a low income when Universal Credit was introduced and the cost to the Local Authority would be increased. In response the Strategic Director confirmed that work was ongoing in relation to the issue. There would have to be a set level before a charge could be made and safeguards for vulnerable people. Another Member questioned whether it had been factored in that a significant number of people would have less income and was informed that Universal Credit was a very difficult system. The Council had tried to re-profile the budget and the drop in its income had been taken into account as much as possible.

Resolved –

That the report be noted.

ACTION: Strategic Director, 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