City of BRADFORD
METROPOLITAN DISTRICT COUNCIL

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 8 February 2018 in Committee Room 1 - City Hall, Bradford

Commenced	4.35 pm
Adjourned	6.05 pm
Reconvened	6.10 pm
Concluded	7.30 pm

Present – Councillors

CONSERVATIVE	LABOUR
Gibbons	Greenwood
Rickard	A Ahmed
	Akhtar
	Johnson

Observers: Councillor Val Slater (Portfolio Holder, Health and Wellbeing)
Councillor Alun Griffiths (Local Medical Committee)

Apologies: Councillor Mohammad Shabbir and Councillor Nicola Pollard

Councillor Greenwood in the Chair

62. DISCLOSURES OF INTEREST

(i) Councillor A Ahmed and Councillor Gibbons disclosed, in the interest of transparency, that they were appointed by the Council as Governors of Bradford District Care NHS Foundation Trust, in relation to the Primary Medical Care Update (Minute 68).

(ii) Councillor Ahmed disclosed, in the interest of transparency, that she had a close family member who was employed as a Nurse on the Stroke Unit at Bradford Teaching Hospitals NHS Foundation Trust in relation to the Bradford Stroke Service Update (Minute 66).

(iii) Sam Samociuk disclosed, in the interest of transparency, that he was the Chair of a Patient Participation Group and a member of the Patient Participation Group network.

(iv) Susan Crowe disclosed, in the interest of transparency, that she was a member of a Patient Participation Group and had received commissions from Clinical Commissioning Groups.

(v) Councillor Greenwood and Councillor Gibbons disclosed, in the interest of transparency, that they were members of a Patient Participation Group.

(vi) During consideration of the Bradford Stroke Service Update (Minute 66), Councillor A Ahmed disclosed, in the interest of transparency, that she was employed by the Yorkshire Ambulance Service as an Emergency Medical Dispatcher.

ACTION: City Solicitor

63. MINUTES

That the minutes of the meetings held on 26 October and 7 December 2017 be signed as a correct record.

64. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

65. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

No referrals had been submitted to the Committee.

66. BRADFORD STROKE SERVICE - UPDATE

NHS Bradford City CCG and NHS Bradford Districts CCG submitted **Document "AA"** which provided an overview of the current position regarding the Bradford Stroke Service, its relationship with the Airedale service and action plans to move a coordinated Bradford and Airedale Stroke Service forward.

The Head of Commissioning for the CCGs provided an overview of the report. She explained that there was one Hyper Acute Stroke Unit (HASU) within the district, based at Bradford Royal Infirmary (BRI); the HASU provided immediate care for stroke patients and met the national recommended guidelines; patients spent 42-72 hours in the HASU before being transferred to their local stroke unit for on-going care; the HASU that had previously been provided (prior to March 2014) at Airedale General Hospital had experienced problems delivering the service due to staffing issues and it had not me the national guidelines.

Paragraph 2.3 of the report contained a breakdown of activity relating to patients from the Airedale, Wharfedale and Craven area who were admitted to BRI in 2016. In relation to stroke patients from the Bradford area, it was reported that 843 patients were admitted to stroke beds in the acute stroke unit at Bradford Teaching Hospitals NHS Foundation Trust, from 908 referrals. Of the 65 patients not admitted to stroke beds, 34 were discharged quickly form the admitting wards, 18 had died on the admission wards, 8 were repatriated (7 to Airedale and 1 to Calderdale), 2 were discharged to care homes and 3 were transferred directly to intermediate care for on-going rehabilitation. The mean age of the 843 patients

was 72.8 years and the range was 27-99 years.

A representative of the CCGs referred to the Sentinel Stroke National Audit Programme (SSNAP) data informed by the National Clinical Guidelines for Stroke. The combined key indicator level for overall performance for Bradford Teaching Hospitals NHS Foundation Trust was rated ‘D’. He explained that this rating covered at least 10 indicators, of which there were sub indicators within them. While the overall rating was not high, he stated that there was good practice within the areas assessed and that care planning and rehabilitation in the later part of the pathway were areas for improvement.

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

- The SSNAP data rating had moved from a ‘C’ rating to a ‘D’ rating but had been at ‘D’ for some time. Discussions were taking place with colleagues in Calderdale in relation to improving the way the data was reported and learn lessons from them as their rating was higher.
- The level of data to ascertain the exact areas requiring improvements were not available at the meeting but would be circulated to Members after the meeting.
- There had been good working relationships and discussions between the services in Bradford and Airedale in relation to Airedale patients receiving stroke services in Bradford and being repatriated back to Airedale Hospital.
- In relation to the prevention of strokes, work was on-going to identify and treat patients with untreated atrial fibrillation (AF) which meant they had an irregular heartbeat, as this was one of the causes of stroke. This work was expected to prevent 190 strokes.
- In 2017 Healthwatch Bradford and District produced a report on patients’ experience and feedback from that report was being taken on board. Views from patients would also be invited when the wider pathway was reviewed.
- Feedback from patients was regularly received via the Stroke Association.
- The figures provided in the SSNAP data within the report showed an increase in the patients discharged (176) in comparison to the number of patients admitted (175) due to data covering a snap shot period.
- If a patient from Airedale was not fit to be transferred back from BRI, they would be transferred to an acute care unit within BRI from the HASU.
- Transfers back to Airedale were by ambulance.
- The emergency services used the FAST test to help detect and enhance responsiveness to stroke victim needs and high priority was given to those patients.
- The ambulance staff were treating as well as transferring, therefore a transfer by car was not appropriate for suspected stroke patients.

Members were informed that concerns from Airedale patients, about whether the transfer time by ambulance to the BRI HASU would be detrimental to their health, had been fed back from patients through the Healthwatch report. However, patients who had gone through this pathway had stated that it had not been an issue and that the quality of the service was more important than the additional travelling distance. It was also highlighted that there would be a measurable

impact of additional repatriation journeys carried out by the Yorkshire Ambulance Service. A Member suggested that a study be undertaken to measure the impact. In response, it was reported that the CCG could not track patients themselves but the idea was welcomed as the information would be valuable; this would be suggested to Healthwatch.

It was agreed that further information on the SSNAP data would be circulated to Members.

Resolved –

(1) That the Clinical Commissioning Groups' commitment and actions taken to improve stroke services for the Bradford and Airedale patch be noted.

(2) That the actions being implemented to improve the stroke services in Bradford and Airedale be noted.

(3) That a further report be submitted to the Committee in 12 months on progress against the action plan.

ACTION: NHS Bradford City and NHS Bradford Districts CCG

67. DIABETES SERVICES IN BRADFORD

NHS Bradford City CCG and NHS Bradford Districts CCG submitted **Document "AC"** which gave an overview of the development of the diabetes services in Bradford. This included an update on the development of the new model of care, primary prevention services and national diabetes transformation funds.

The Head of Commissioning for the CCGs provided an overview of the report. She explained that the District's three CCGs had jointly submitted a £1.5m bid to NHS England and that NHS Bradford City CCG and NHS Bradford Districts CCG had bid for funding in the areas of structured education and the three NICE treatment targets. These were considered the areas that needed improving as national data suggested that only 3% of people in Bradford attended an education programme within 12 months of their diagnosis. The bid had been successful in receiving funding for a two year programme and confirmation of the year two funding was awaited. The programme had commenced in November 2017 with a trajectory of 200 referrals a month. There had been issues with the number of patients being referred into the programme, as they had been much lower than expected, however, referrals had since increased and there had been 187 referrals to the programme in January 2018. Online options to undertake the programme were being considered.

In response to Members' questions it was reported that, in 2016-17, 2,900 people had declined an appointment for a blood test to ascertain whether they were at risk of Type 2 Diabetes and 26,500 had attended an appointment, of which 2,600 had taken up the intervention programme referred to them, all others had

declined. The intervention programme which had been run by Bradford District Care Foundation Trust had received 528 referrals and had an approximate 40% completion rate of all sessions.

Due to the difficulties in getting people to commit to a classroom based programme, work was on-going to review the delivery method of the prevention programme with Bradford Care Alliance.

It was reported that the trajectory increase of referrals to the programme had originally been set at 10% over the year but had since been decreased to 5% which was considered more realistic given the difficulties being experienced in getting patients to attend appointments. One-to-one, early morning, evening and women only sessions had been offered to patients in order to encourage attendance, however attendance remained a significant problem and this was a national issue.

The importance of how the message about reducing the risk of diabetes at the first point of contact with a healthcare professional was recognised as key to encouraging people to undertake the programme and training had been provided to frontline staff to help 'sell' the programme to those who were at high risk of developing Type 2 diabetes.

Members were informed that Leeds Beckett University had undertaken an evaluation of the preventative work undertaken on diabetes. 51 people had been interviewed and had filled out evaluation forms a year after their time on the programme. The results showed that participants were more informed about diabetes, had a better understanding about the links between diabetes and food and had noticed an improvement in their health. Of those assessed, blood sugar had reduced overall and participants gave positive feedback about the programme.

Members were pleased to see an increase in the take up of the programme.

The Health and Wellbeing Portfolio Holder stated she was pleased to see a bigger focus on preventing diabetes and spoke of the establishment of Health Champions in communities across the District as outlined in the Healthy Bradford Charter, who could play a part in encouraging people to take up the programme. She also stated that more work needed to be done around making health literature easier to understand.

A discussion took place about the need to work with providers to deliver care in a targeted environment e.g. to people with mental health issues.

In response to a Member's question, it was stated that feedback had been given to NHS England to urge them to undertake a national campaign to raise awareness and understanding of how food is linked to diabetes as it was recognised that this was a confusing area for people to understand.

Resolved –

(1) **That the Clinical Commissioning Groups' commitment and actions taken to improve diabetes services and increase the focus on prevention of diabetes be noted and welcomed.**

(2) **That the initiatives being developed that will impact the diabetes service offer to residents be noted and welcomed.**

NO ACTION

68. PRIMARY MEDICAL CARE UPDATE - BRADFORD DISTRICT AND CRAVEN

NHS Airedale, Wharfedale and Craven CCG, NHS Bradford City CCG and NHS Bradford Districts CCG submitted **Document "AB"** which described initiatives that CCGs and primary care providers were undertaking to improve the quality of services delivered, which included access and how they were engaging patients in the process.

The Deputy Director of Accountable Care Bradford provided an overview of the report. She referred to the most recent results of the national GP patient survey data (January to March 2017) as outlined in paragraph 3.1, which showed a slight improvement in all three CCG areas, in response to a question about GP access when compared with the previous year. It was reported that the one practice in the Airedale, Wharfedale and Craven CCG area which was skewing the results negatively was based in Keighley, however work had been done to improve access issues at that practice so the survey results going forward should improve. It was reported that a nationally commissioned extended access service was being rolled out across the district, by April 2018 it was due to serve 50% of the population and 100% coverage was expected by October 2018. Members were updated on the development of Primary Care Home communities, locality hubs and the development of new roles within this model. Members were informed that the mobile app mentioned in paragraph 3.3.6 of the report was not yet in place.

A Member raised concerns about the use of an online consultation system as patients could easily miss out on informing the medical professional about critical information. In response, it was reported that clarification was still being awaited about how the system would work and practices would not be required to use it but this was a system being delivered nationally and was one which the CCGs were required to commission.

The Portfolio Holder for Health and Wellbeing stated that there needed to be elected Member involvement in the locality work undertaken within Primary Care Home communities. The Head of Design and Delivery, Airedale, Wharfedale and Craven CCG endorsed this and stated that talks were underway with the Council's neighbourhood offices in developing the service.

A representative of the Local Medical Committee (YORLMC), while welcoming the Primary Care Home model, spoke of the pressures on existing staff with excessive demand on primary medical care with marginal funding to support new

ways of working.

A Member stated that the Strategic Disability Partnership had serious concerns about accessibility. She considered that those GP practices that had a good working relationship with their Patient Participation Group (PPG) were in the minority and despite concerns about accessibility being raised previously there were still GP practices that were not flagging patients with disabilities or communicating in a way that met their needs. She urged for a more honest appraisal of PPGs. In response, the GP Lead for the Airedale, Wharfedale and Craven CCG accepted that the level of PPG engagement across the district varied but stated that there were practices that had stated they were trying hard to get a good representation on their PPG but were finding it difficult to recruit volunteer patients. He stated that a 'big conversation' with people across the local area had been held in 2017 about the future of health and social care services with the aim to find out what mattered most to people, where there might be willingness to compromise and what could be done differently in future. The Member stated that the Strategic Disability Partnership had also received complaints from disabled people that those consultations had been inaccessible and that the term 'home' in 'Primary Care Home communities' was confusing for disabled people as it gave the impression that the service delivery would take place in their home.

A discussion took place about the emerging care model and Members were informed that, as it was in the very early stages, questions about how it would work could not yet be answered. Members were reassured that decisions would still continue to be made on the basis of safety first.

Resolved –

That a progress report be submitted in 12 months.

ACTION: NHS Airedale, Wharfedale and Craven CCG, NHS Bradford City CCG and NHS Bradford Districts CCG

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

The Scrutiny Lead officer informed Members of upcoming training sessions in February 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.