

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 12 July 2018 at 4.30 pm in Committee Room 1 - City Hall, Bradford

Commenced 4.30 pm
Concluded 6.20 pm

Present – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
Hargreaves	V Greenwood A Ahmed Johnson Mir	N Pollard

NON VOTING CO-OPTED MEMBERS

Susan Crowe Strategic Disability Partnership
Trevor Ramsay Strategic Disability Partnership

Observer: Councillor Sarah Ferriby (Portfolio Holder, Healthy People and Places)
Apologies: G Sam Samociuk (former Mental Health Nursing Lecturer)

Councillor V Greenwood in the Chair

9. DISCLOSURES OF INTEREST

- (i) Susan Crowe disclosed, in the interest of transparency, that she was commissioned by the Bradford City and Districts Clinical Commissioning Groups and the Council's Health and Wellbeing department to deliver services.
- (ii) Councillor A Ahmed disclosed, in the interest of transparency, that she was a Governor for the Bradford District Care NHS Foundation Trust and had been interviewed as part of the Care Quality Commission Local System Review (Minute 14).
- (iii) Councillor Greenwood disclosed, in the interest of transparency, that she had been interviewed as part of the Care Quality Commission Local System Review (Minute 14).

ACTION: City Solicitor

10. MINUTES

Resolved –

That the minutes of the meeting held on 7 June 2018 be signed as a correct record.

11. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

12. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

There were no referrals made to the Committee.

**13. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE
DRAFT WORK PROGRAMME 2018/19**

The Overview and Scrutiny lead presented the Committee's draft Work Programme 2018/19 (**Document "B"**) for adoption.

She recommended that Members view the Healthwatch Annual Report which had recently been published and was available online.

She also informed Members that, following a resolution of full Council in July 2017 which requested that a report be received by the Health and Social Care Overview and Scrutiny Committee to review the effectiveness of the A-Board ban 12 months after implementation, discussions would be taking place with officers in relation to when a report could be submitted to the Committee following implementation of a district-wide ban in April 2018. This item had not been included on the draft Work Programme but would be added at a later time once a date had been agreed. Following a Member's suggestion of a pre-briefing for Members to discuss the figures relating to the enforcement of the ban, the Overview and Scrutiny lead officer stated that this would be discussed in the Chair's briefing prior to the meeting which all Members would be invited to attend.

Members were informed that a meeting of the West Yorkshire Joint Health and Social Care Overview and Scrutiny Committee had been scheduled for 30 July 2018 and dentistry provision was due to be discussed.

Resolved –

- (1) That the information in Appendix A of Document "B" be noted and that it, along with any amendments or additions be adopted as the Committee's Work Programme 2018/19.**
- (2) That the Work Programme 2018/19 continue to be regularly reviewed during the year.**

ACTION: Overview and Scrutiny Lead

14. CARE QUALITY COMMISSION LOCAL SYSTEM REVIEW

The Care Quality Commission had undertaken a local system review of the health and care system in Bradford District. The Strategic Director, Health and Wellbeing submitted **Document “C”** which presented the findings of that review and described the next steps in the review process.

A presentation giving the context, approach and next steps of the review was provided to Members. It included the following information:

The Approach:

- Focused on the interfaces between social care, general primary care, acute health services, community health services and on older people aged over 65
- Considered system performance along a number of ‘pressure points’ on a typical pathway of care
- Each area had a local report and the findings of the reviews would also be used to inform a national report to give overall advice to the Secretaries of State
- Reports did not include ratings and the reviews did not affect existing ratings

Progress and Next Steps:

- The CQC completed the on-site elements of their review in February 2018
- System-wide Summit took place in May 2018
- The CQC published their local system review of the Bradford District system in May 2018, and had recently published their national report which in part was based on learning in Bradford
- An action plan was finalised in July 2018 and shared with the Department of Health and Social Care
- The Health and Wellbeing Board owned the report on behalf of the system, and the Integration and Change Board would oversee implementation of the action plan on behalf of the Health and Wellbeing Board
- The Department of Health and Social Care would check on progress periodically

Report Findings:

- There was a clear shared and agreed purpose, vision and strategy. This was articulated throughout and at all levels of the system.
- System leaders across health and social care were compassionate and caring. System leaders encouraged the development of communities to build support around the person.
- There was a defined system-wide governance arrangement that pulled the system together.
- At an operational level, there was more work to be done to embed integrated working.
- The system needed to continue to build on relationships to engage all as equal partners.

Recommendations:

- System leaders needed to address issues around quality in the independent social care market

- To build on good relationships that existed between stakeholders and extend this to include the independent care sector more fully
- The commissioning of 15 minute domiciliary care visits needed to be reconsidered.
- There needed to be clearer signposting systems to help people find the support they needed, particularly for people who funded their own care.
- System leaders needed to ensure that staff in health services and independent social care provider services had a better understanding of peoples rights, the Mental Capacity Act etc.
- The commissioning approach to primary care needed to maximise the outcomes from the two at-scale GP models emerging in Bradford.
- To streamline processes when people are discharged from hospital with less reliance on paper based systems.
- Medicines management when people had left hospital needed to be improved.

Following the presentation, the Chair stated that, during a meeting with CQC representatives during the review, they had spoken positively about Members having a good understanding of how the system worked and their scrutiny role.

A Member commented that the report was well written, easy to understand and informed Members of what they needed to know at this stage.

A Member queried what actions would be taken to address the difficulties in obtaining GP appointments and the linked rise to A&E attendance. In response, it was reported that the Clinical Commissioning Groups had a plan to offer extended hours at GP surgeries and were considering how GPs could work together better across the primary care setting. The use of social prescribing and the Community Connector service, funded by the CCGs and delivered by a consortium of local charities, was also available and could be signposted to within GP surgeries and hospitals. It was also reported that Airedale Hospital was meeting the Government's A&E waiting time target (95% of people to be seen and dealt with within four hours).

A Member considered that, from the information presented, the leadership across health and social care was good but it was important to ensure systems were sustainable if the leadership was to change.

In response to a Member's question, it was reported that although there were 88 active residential care homes as stated in Appendix 1 of Document "C", ten had not yet been inspected by the CQC and therefore only 78 were included in their ratings breakdown. The Scrutiny Lead officer added that the Committee were due to receive a report from the CQC on 28 October 2018 on their inspections across the district. She also stated that the Committee were due to receive the Health and Wellbeing Board Annual Report on 4 October 2018 and she would request for the Action Plan relating to this review to be appended to that report.

A Member raised a concern that the Mental Capacity Act had been in force for 13 years and staff were still having difficulties understanding it and explaining it to patients. She suggested the Council could have a Champion. In response, it was reported that there was training and support provided to staff in residential care homes but there was evidently more work that was needed in this area and this

was included in the Action Plan. It was also reported that training on the Deprivation of Liberty Safeguards was being delivered to staff in care homes.

Resolved –

That the positive assurance provided by the Care Quality Commission local system review be welcomed.

ACTION: Strategic Director, Health and Wellbeing

15. RE-COMMISSIONING OF HOME SUPPORT CONTRACTS

In line with Council Standing Order 4.7.1 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, Health and Wellbeing submitted **Document “D”** which provided details of the intention to re-commission Home Support Services within the district.

A presentation was provided to Members outlining the current situation with Home Support Services and issues the authority needed to address. The presentation included the following information:

- Home Support Services had been retendered under a framework agreement in 2016.
- There were 99 CQC registered providers in Bradford.
- 3,701 people were provided with 35,000 hours per week of home support.
- Every week 50 new packages were brokered.
- The annual cost of Home Support Services was £43m.
- The current framework was due to expire in September 2018 with an option to extend it for a further 12 months.
- The authority had recently made investments in home support.
- The market of providers was relatively small in Bradford and there had been a 5% reduction in providers in the last 12 months.
- There was a need for more out of hours home support.
- There was a need to improve the number of people who were self-directing their support.
- Provision needed to be aligned with localities.
- The intention would be for the tender to include a number of small locality contracts specifically for geographic areas.
- Contracts covering smaller areas would allow the recruitment of staff who did not drive.
- The intention would be to adopt the principles of the Ethical Care Charter, develop out of hours services, enhance First Response services and cease the use of 15 minute home care visits.
- Key principles to underpin the approach:
 - Focus on dignity, compassion and respect
 - Individual-led personalised support plans
 - Focus on reablement
 - Embed sustainable arrangements

In response to a Member's question, it was reported that ceasing the 15 minute home care visits was about being more outcome focused rather than time focused. There could be an option for a service user to 'bank' time to use later if they only required short visits. The benefits of locality contracts would mean that the service user saw more of the same staff and travel time for staff would be reduced.

The Strategic Director, Health and Wellbeing stated that significant investments had been made to improve the delivery of home care support and she was confident that the service, with longer home care visits, could be sustained by working differently and with the use of technology to complement the face to face contact. She also, in response to a Member's question, stated that reablement services were offered to people in their own homes but she considered there was room to develop the service within a community setting.

A Member praised the use of technology and stated that it was important to consider its use at the beginning of a process, including audio for service users who were blind, and embedding it so it was used effectively.

A Member requested information on the pros and cons of the preferred option (option five) within paragraph nine of the report, as it had been provided for all other options but that one. In response, the officer apologised for the omission and stated that the pros were that the contract would allow for flexibility and the model had worked successfully in Bradford previously and the con was that the contracts were smaller so they may not attract some larger organisations.

Following a short discussion on the need and timescale for a further report on Home Support Services, it was;

Resolved –

- (1) That the report be noted.**
- (2) That a progress report on Home Support Services be submitted to Members in December 2019.**

ACTION: Strategic Director, Health and Wellbeing

16. FUTURE OF PRIMARY CARE SERVICE PROVISION WITHIN THE HILLSIDE BRIDGE LOCALITY - BRADFORD CITY CCG

Previous reference: Minute 70 (2016/2017)

NHS Airedale, Wharfedale and Craven, NHS Bradford City and NHS Bradford Districts CCGs submitted **Document "E"** which provided an update on the most recent developments around the future of GP services being delivered from Hillside Bridge Health Centre as presented to the Health and Social Care Overview Scrutiny Committee on 9 February 2017 and through a subsequent update letter to the Chair on 6 April 2017. The update letter confirmed that enhanced primary care services as delivered by Local Care Direct would no longer be delivered from Hillside Bridge.

The report outlined a proposal to complete a comprehensive primary medical care service needs assessment and primary care estate review within this locality.

A summary of the report was provided during which it was highlighted that the current contract was due to expire on 31 March 2019 and that an assessment would provide a better understanding of the future general medical service needs within the communities served by the Hillside Bridge Health Centre. A formal public consultation was due to take place from September to December 2018 in order for the new arrangements to be implemented by the time the current contract ended.

The Chair reminded officers to ensure that all three Ward Councillors were consulted on the proposals as well as fully engaging with the local community. She thanked officers for flagging the consultation with the Committee and suggested that the outcome of the consultation process be reported to the Committee.

Resolved –

That the Committee:

- (1) Note the CCGs' commitment and actions required to complete the service need and estate review to determine the future provision of primary medical care within this primary care home community serving the population around Hillside Bridge.**
- (2) Note initiatives that are being developed that will impact the primary medical service offer to residents.**
- (3) Receive a report on the outcome of the consultation process.**

ACTION: Clinical Commissioning Groups

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.

THIS AGENDA AND ACCOMPANYING DOCUMENTS HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER