

## Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 6 September 2018 in Committee Room 1 - City Hall, Bradford

Commenced 4.30 pm  
Concluded 7.15 pm

### Present – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT	BRADFORD INDEPENDENT GROUP
Hargreaves Riaz	Berry V Greenwood Hussain Mir Shabbir	N Pollard	K Hussain

### NON VOTING CO-OPTED MEMBERS

Susan Crowe Strategic Disability Partnership  
Trevor Ramsay Strategic Disability Partnership  
G Sam Samociuk (former Mental Health Nursing Lecturer)

Observers: Councillor Ferriby, Portfolio Holder with responsibility for Healthy People and Places

Apologies: Councillor Aneela Ahmed

### Councillor V Greenwood in the Chair

#### 17. DISCLOSURES OF INTEREST

- (i) Councillor Berry disclosed, in the interest of transparency, that he was employed by Touchstone Support, Leeds (Minute 23)
- (ii) Trevor Ramsay disclosed, in the interest of transparency, that was a Member of Healthwatch Bradford (Minute 21)
- (iii) Susan Crowe disclosed, in the interest of transparency, that she had delivered easy read materials for West Yorkshire and Harrogate Health and Care Partnership (Minute 23)

***ACTION: City Solicitor***

**18. MINUTES**

**Resolved –**

**That the minutes of the meeting held on 12 July 2018 be signed as a correct record.**

**19. INSPECTION OF REPORTS AND BACKGROUND PAPERS**

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

**20. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE**

There were no referrals made to the Committee.

**21. HEALTHWATCH REPORT ON AUTISM SPECIALIST SUPPORT AND ACCESS TO WIDER SERVICES**

The Manager of Healthwatch Bradford and District submitted **Document “F”** which set out the findings from a new report by Healthwatch Bradford and District on the experiences of autistic people across the area.

It was explained that it was estimated that 1.1 per cent of the UK population was autistic and that figure suggested that there were 5,877 autistic people living in the district.

Healthwatch Bradford had, in February 2017, published a report on the experiences of diagnosis for autistic spectrum conditions (ASC). Since that time they had continued to hear from people about the challenges accessing a diagnosis or support and had prepared a new report, to be published in September 2018, focusing on access to support.

A detailed presentation was presented which gave Members a background to Healthwatch Bradford; the rationale for the production of the latest report and the findings and subsequent recommendations arising from that report.

The presentation revealed that since February 2017 people who thought they may be autistic continued to face delays in diagnosis and in receiving support.

It was explained that an Autism Strategy was being developed by the Autism Partnership and although that strategy had not yet been formally adopted conversations had begun. The strategy included, amongst other things, that:-

- Local Authority and NHS staff should include autism awareness training for all staff.
- Those making decisions affecting autistic people should have a demonstrable knowledge of that condition.
- GPs should have adequate training in autism and a good understanding of the local diagnostic pathway.
- The NHS should provide access to diagnostic services.
- Local authorities and the NHS should jointly ensure the provision of an

autism pathway.

The manner in which children could receive a diagnosis and support for autism was explained and it was confirmed that children, unlike adults, could access support prior to a formal diagnosis. Members were advised that adults required a GP referral for diagnosis and that the service, provided by Bradford and Airedale Neurodevelopment Service (BANDS) had been closed to new referrals for three years. It was stressed that without diagnosis adults could not access support and without an understanding of their condition appropriate care could not be put in place.

The findings of the new report had confirmed that BANDS continued to be closed to new referrals. People were left in limbo without an explanation of their needs or access to support services. The report revealed difficulties with communication and information including that people were asked to use methods of communication they found difficult e.g. phone calls and, despite the introduction of the Accessible Information Standard in 2016, autistic people were often given information which was unclear.

The findings of the report showed that people felt desperate and vulnerable at times because support was not in place and that the effect on carers was significant.

Recommendations arising from the report included:-

- Implementation of the Autism Strategy.
- Expansion of the diagnosis service to include those on the waiting and those waiting for referral.
- Collection and publication of length of time to diagnosis in Bradford.
- Bradford should aim to become an Autism Friendly City with health services and the Council aiming for Autism Friendly Business accreditation.
- Continuous professional development training for NHS and Council staff to improve understanding and accessibility.
- An expansion of support for parents, families and carers.

Following the presentation a Member questioned if there was a good picture of the distribution of the condition and the areas of greatest needs. He suggested that a profile of the communities whose needs were not being met was required. The Director of Public Health explained that the issue had been recognised and that a full needs assessment was being conducted to inform a redevelopment of strategy to pick up on epidemiology and enable areas of need to be targeted. It was hoped that a draft would be completed in November to enable informed decisions to be made to address levels of need.

A Member raised concerns about issues currently being faced by people with autism by other agencies including the removal of benefits following capability to work assessments. He referred to an Autism Strategy operated by Leeds City Council which was considered in every other strategy developed. A Non Voting Member echoed those sentiments and reported incidents where people had been thrown out of pubs because their behaviour was not understood whilst other places were more accommodating. He suggested that autism awareness training

could be included in the licensing process.

The cost which would be faced by adults seeking a private diagnosis was questioned but that figure was not known. It was also queried if any specific issues had been identified in the Black and Minority Ethnic (BME) community and it was explained that people approached Healthwatch Bradford and that a breakdown of ethnicity or their location was not recorded. It was acknowledged that communication difficulties would be exacerbated for autistic people who did not have English as their first language.

Examples of the impact of autism on a day to day basis was requested and the Healthwatch Manager provided examples of people who had not received a diagnosis and had subsequently struggled all their lives because of a lack of information; support and understanding. This had disrupted their education and impacted on their employment. In extreme cases those struggles had resulted in people being in prison.

Members agreed the necessity of a focus on awareness and training to ensure the condition was picked up earlier to ease distress for sufferers and to allow them to receive the necessary support at an early stage. Members discussed the requirement for schools and GPs to receive training and it was acknowledged that training was required for all those working with people and should be a fundamental element of equalities training.

The number of individuals awaiting diagnosis was questioned and it was noted that there were delays in diagnosis for both children and adults. The Healthwatch Manager explained she had heard from adults who had been awaiting diagnosis for three years although it was felt the delays for children had reduced. A representative from the Clinical Commissioning Group believed that there were 750 children on the waiting list and the BANDS service had closed because of recruitment issues with 63 adults on the waiting list. It was believed that there were 140 adults on the waiting list for individual funding for out of area diagnosis.

It was questioned what would happen to those people waiting for diagnosis and it was explained that some of those would make individual funding requests to the Clinical Commissioning Group (CCG) and those would be assessed on a case by case basis. Clinical and Public Health colleagues would come together and if they felt that a person could not wait they would be referred for a private assessment paid for by the CCG.

Members expressed concern about the levels of people awaiting diagnosis and questioned if there was any support for them in the meantime. In response they were assured that there were many links in Healthwatch's new report and national websites with additional information. The Autism Alliance was a source of help and there was an autism support group in Keighley.

A Member was concerned that a study by the University of Newcastle had found that 66% of adults with the condition had contemplated suicide.

A non voting Member referred to the wide spectrum of the autism condition and

was concerned that people were being wrongly labelled as difficult and excluded. She stressed the necessity to raise awareness and availability of accessible information for the general public as well as people with autism. She cited an example of a business which had compiled a list of information to help an employee with the condition. The Healthwatch Manager agreed that Autism Friendly Business Accreditation would develop better employers and, therefore, better businesses.

A Member pointed out that Elected Members' roles included acting as corporate parents for the children in local authority care. Concern was expressed about the reduction of support assistants in school which would impact on the level of support to pupils. He referred to a rise in the number of pupils between age 14 and 19 who had been excluded from school because their conditions were not understood. He wished for all Members to lead in awareness of the condition and for Bradford to become a city which celebrated autism and believed targets should be set to become an 'Autism Friendly Society'. He volunteered to become involved in any working parties which could be formed to raise awareness and enable people to contribute to society.

A representative of Choice Advocacy addressed the meeting and, whilst agreeing with the views of Members, raised an issue which she felt had been omitted which was that of parents with autism. She explained that Choice Advocacy dealt with approximately 30 parents with autism last year. It was felt that there was no corporate support for those parents who had to struggle to gain diagnosis and with Adult Social Care Team assessments. The stress of raising a family for people without autism was acknowledged and the additional difficulties people with the condition faced were much greater. It was explained that there was a high incidence of hereditary autism and that parents were often blamed for a lack of empathy or any bad behaviour of their children.

**Resolved –**

**That a joint NHS Council report responding to the Healthwatch findings and recommendations be presented to a future meeting and that the report covers issues raised in the meeting around data and gaps in data; schools; training; awareness raising and access to information.**

***ACTION: Strategic Director, Health and Wellbeing***

## **22. PUBLIC HEALTH OUTCOMES FRAMEWORK**

The Director of Public Health submitted **Document "G"** which provided an overview of local performance based on the Public Health Outcomes Framework and highlighted how indicators compared nationally.

The report also provided additional focus on a number of indicators which were high profile; where the Committee had asked for more detail; or where there had been noteworthy changes in performance.

Document "G" revealed that the PHOF was introduced by the Department of Health (DH) in April 2013 as part of health and social care reforms which gave local authorities statutory responsibilities for the health of their population. The

PHOF examined indicators that helped to understand trends in public health and how well public health was being improved and protected. The framework was broken down into a set of overarching indicators which related to life expectancy; reducing inequalities in life expectancy, and healthy life expectancy between communities. The remaining indicators were grouped into four different domains:

- Wider determinants of health
- Health improvement
- Health protection
- Healthcare and premature mortality

The PHOF data for all local authorities was presented for each indicator. Figures were generally based on annual information or an aggregate of years where numbers were small. Figures for each local authority were compared against the average for England and demonstrated if an indicator was 'significantly worse', 'not significantly different' or 'significantly better' than the England average.

A full list of all indicators and sub indicators along with their current figures were appended to Document "G" and showed current values and provided an indication of trends.

It was explained that of the 131 indicators and sub indicators where significance against the England average had been tested, 51 were significantly worse, 54 were not significantly different and 26 were significantly better. A breakdown of that information by domain was provided.

The health improvement indicators included child excess weight and a Member reported her concern that whilst visiting an authority run swimming pool she had witnessed children purchasing high sugar energy drinks for sale at the pool. The Portfolio Holder with responsibility for Healthy People and Places agreed to take up the matter with officers immediately.

Whilst acknowledging the complexity of the indicators under discussion, and the variety of determinants which could influence those figures, a Member requested that subsequent reports provide a more detailed explanation of indicators which had worsened and what had affected that outcome.

In response to questions about the year on year reduction in incidents of tuberculosis it was explained that this was likely to be in part due to changes in migrant screening undertaken before people moved to the UK.

Members requested information on a potential north/south divide or between ethnic groups for the indicators provided. It was explained that there was a clear link between deprivation and lower life expectancy. Figures were not recorded on ethnicity.

Following discussions on screening for prostate cancer it was reported that a decision had been made nationally not to screen for that type of cancer. That decision was based on advice provided by the National Screening Committee. For any screening test to be introduced there must be clear evidence that people would not be harmed; accordingly having an accurate screening test was key to that. Members were advised that such evidence and developments were

regularly reviewed by the National Screening Committee and Members would be informed if any changes to the advice were made

A Member raised the issue of breastfeeding and statistics demonstrating the health benefits of breastfeeding. It was explained that the evidence was overwhelming supporting the health benefits of breastfeeding and that there were numerous programmes and initiatives to encourage women to breastfeed in the District.

The work undertaken to increase the uptake of the MMR vaccine was welcomed. The measures taken to protect people from domestic violence and violent crime were questioned and in response it was explained that the Corporate Overview and Scrutiny Committee were investigating that issue. Members were also advised that the Health and Wellbeing Board had been expanded to include Members of the Police and the comments made at the meeting about domestic violence and crime would be taken on board.

**Resolved –**

**That the content of the report be acknowledged and a further progress report be presented on the Public Health Outcomes Framework Indicators in 2019.**

***ACTION: Strategic Director, Health and Wellbeing***

**23. MEMORANDUM OF UNDERSTANDING (MOU) FOR THE WEST YORKSHIRE AND HARROGATE HEALTH AND CARE PARTNERSHIP**

The report of the Strategic Director, Health and Wellbeing (**Document “I”**) was presented to inform Members of the increased local authority oversight of the West Yorkshire and Harrogate Health and Care Partnership.

Members were advised that a report seeking the Health and Wellbeing Board’s approval of the Memorandum of Understanding for the Partnership had been approved by the Health and Wellbeing Board on 4 September 2018.

It was explained that the Council’s commitment to the partnership would provide more control over the way the NHS bodies in England were regulated and present a clear route for Members to represent the voice of residents.

The partnership would be in place by April 2019 and would include the Leader of Council; the Chair of the Health and Wellbeing Board and one other representative. The body would meet on a quarterly basis and meeting locations would rotate around the partnership area.

It was questioned if the partnership would involve the voluntary sector and the amount of funding to be spent in the Bradford and Craven district by the third sector was discussed.

In response to questions it was reported that the Memorandum of Understanding

did not make reference to autism services, however, the partnership did have a number of programmes including mental health/learning disabilities and autism.

**Resolved –**

**That the report be noted.**

***ACTION: Strategic Director, Health and Wellbeing***

**24. SAFEGUARDING ADULTS STRATEGIC PLAN AND IMPLEMENTATION OF THE MULTI-AGENCY SAFEGUARDING HUB**

The report of the Strategic Director, Health and Wellbeing (**Document “H”**) provided details of Bradford Council’s Health and Wellbeing Department’s safeguarding activities.

It was explained that following discussions at the meeting on 16 November 2017 regarding the Adult Safeguarding Annual Report Members had requested 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 a future meeting. Document “H” included the response to that request and endeavoured to summarise the most recent actions undertaken in a period of transition.

The background to the report explained that the Care Act 2014 set out a clear legal framework for how local authorities and other parts of the system should support and protect adults at risk of abuse or neglect and summarised a number of safeguarding duties arising from that Act which were being undertaken in the district.

The report revealed that Safeguarding Adults Concerns (SAC) data for the period 17/18 has demonstrated a significant increase on the numbers of safeguarding concerns received with an increase of 57 % from 3064 in 16/17 to 4815 in 17/18. Previously only 20% of concerns indicated further enquiries were undertaken, in comparison to regional variations of between 37% and 100%. This had increased in Bradford in the period 17/18 to a conversion of 61%. The statistics suggested that more enquiries were being made in response to concerns raised about Adults at Risk (AAR) in Bradford.

The increase, both on amount of concerns raised and the increased enquiries undertaken, had significant resource implications to meet the increased demand. A business case was being completed to consider the necessary resources for the future sustainability of the safeguarding service in Bradford.

Members were reminded that the Multi Agency Safeguarding Hub (MASH) had been established in October 2017 and the rationale, composition and functions of the MASH were reported. It was explained that a recent review of the MASH had been undertaken by both Adult Social Care and the Police and the findings of that evaluation were reported.

The report explained that the Safeguarding Adults Board (SAB) had a statutory



responsibility to complete a Strategic Plan. The SAB was in the process of collating its three year Strategic Plan which was a culmination of information, discussions and deliberations obtained by engaging with people, professionals and community groups in Bradford. It was reported that a new chair of the SAB had recently been appointed and had recommended that further priorities may need to be included in the Plan.

Following a detailed presentation the improvements made to safeguarding adults at risk were acknowledged and welcomed.

In relation to concerns raised about funding issues assurances were provided that the work being undertaken by the 'Voice', a user sub group of the Safeguarding Adults Board, would continue to be supported. It was explained that the involvement of adults at risk was fundamental to receiving feedback and an understanding of safeguarding by users of that service.

Members questioned if the rise in Safeguarding Adults Concerns was as a result of increased concerns or through people becoming more able to report their issues. In response it was explained that the service had actively campaigned to promote safeguarding and had worked with professionals to increase their awareness of the issue and methods of reporting. Work undertaken with the police and partners had also resulted in increased awareness and information sharing although it was not possible to identify, at the current time, if the level of incidents reported was because of increased awareness or a rise in the number of incidents occurring.

Members questioned if the increased volume of work would result in cases being delayed or not being addressed. In response it was explained that a business plan to fully staff the department to safe levels was currently being proposed and that would incur an additional cost of £906k. That proposal would be the subject of a report which would be presented to the Executive in the very near future.

A Member welcomed the work undertaken to 'Make Safeguarding Personal' and suggested that sufficient whistle blowing procedures should be in place for victims who were not able to ask for help. The requirement for systems to be amalgamated to encourage a culture of increased reporting and to meet increasing demand was discussed.

A Member raised concerns that Universal Credit was distributed to the eldest person in a household and discussed the problems which could occur if the payment was in the wrong people's hands. The issue was acknowledged and assurances were provided that the service had liaised with the Department of Work and Pensions (DWP) and a representative of the DWP was to become a Member of the Safeguarding Adults Board (SAB). Assurances had also been provided from the DWP that safeguarding measures had been implemented and people were offered a safe place to talk about their concerns.

#### **Resolved –**

- (1) That the progress made and the appointment of a DWP representative on to the Adult Safeguarding Board be welcomed.**

**(2) A progress report be presented in 12 months time.**

***ACTION: Strategic Director, Health and Wellbeing***

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

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

Members were advised that a report on progress on the Health and Social Care Industrial Centre of Excellence (ICE) programme; Bradford District and Craven Integrated Workforce Programme's workforce strategy and two reports on the findings of the consultation on carers' services in the District would be presented to the meeting on 25 October 2018.

**Resolved -**

**That the information contained in Appendix A to Document "J" be noted.**

***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