

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

Commenced 4.30 pm  
Concluded 7.50 pm

### Present – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
Hargreaves	Greenwood A Ahmed Kamran Hussain Mir Berry	N Pollard

### NON VOTING CO-OPTED MEMBERS

Susan Crowe Strategic Disability Partnership  
Trevor Ramsay Strategic Disability Partnership

Observers: Councillor Sarah Ferriby (Portfolio Holder, Healthy People and Places)

Apologies: Councillor Khadim Hussain, Councillor Naveed Riaz and Sam Samociuk

### Councillor V Greenwood in the Chair

#### 52. DISCLOSURES OF INTEREST

The following disclosures were made in the interest of transparency and in relation to Minute 57 (Mental Wellbeing in Bradford and Craven – Spotlight on Services):

- (i) Councillor A Ahmed disclosed that she was a Governor for the Bradford District Care NHS Foundation Trust.
- (ii) Councillor Berry disclosed that he was employed by Touchstone (Liaison and Diversion Services) for which the Bradford District Care NHS Foundation Trust was a partner organisation.
- (iii) Trevor Ramsay disclosed that the organisation he worked for (Value,

Involve, Talk, Advocate, Link) received funding from the local authority.

- (iv) Susan Crowe disclosed that her organisation (Bradford Talking Media) had a contract with the Clinical Commissioning Groups and the local authority's Health and Wellbeing department.
- (v) Councillor Hargreaves disclosed that he was a Director and Trustee of Queensbury Community Programme Ltd which held, and may receive funding for, wellbeing cafés.

***ACTION: City Solicitor***

**53. MINUTES**

**That the minutes of the meeting held on 25 October 2018 be signed as a correct record.**

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

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

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

There were no referrals made to the Committee.

**56. MENTAL WELLBEING IN BRADFORD AND CRAVEN - SPOTLIGHT ON SERVICES**

The Director of Strategic Partnerships for the three Clinical Commissioning Groups covering the Bradford district submitted **Document "Z"** which provided highlights of the district-wide Mental Wellbeing Strategy and a spotlight on four key service areas: employment support for people with mental illness, psychological therapies, perinatal services and the acute care pathway.

The Head of Commissioning for Mental Wellbeing (NHS Bradford Districts Clinical Commissioning Group) introduced the report, emphasising the partnership approach taken across the district to meet the five strategic outcomes of the Mental Wellbeing Strategy:

1. Early action, awareness and prevention
2. Promote good wellbeing
3. Easy access to integrated care
4. Services focused on recovery
5. Focus on system transformation

She stated that a much wider approach was being taken which included a broader view of the determinants of mental wellbeing and a greater focus on the integration of physical and mental wellbeing.

Members were informed that a further report on children and young people's mental health was due to be presented to the Committee in February 2019 and

that there were mental health champions in over 100 schools within the district, with an ambition to increase this to 300 schools.

The Committee was then presented with information on the four spotlight areas from service providers. Service users in attendance gave their personal accounts of receiving support from services in relation to their own mental health needs.

### Employment and Vocational Services

The CEO of the Cellar Trust explained that there were three main aspects to employment services:

1. Individual Placement Support
2. Pathways to employment
3. STEPS into employment – a free specialist support service for people living with mental and/or physical health issues, who were looking for paid employment.

She stated that one of the biggest challenges facing service users were benefits sanctions and the pressures and barriers they presented to get back into work. She emphasised that the service was working on creating a positive relationship with job centres to enhance the service user experience.

The Committee heard from a service user and pre-employment support worker employed by the Cellar Trust about the challenges they had faced with their own mental health and the support they had received, and subsequently given, through the service.

The CEO of the Cellar Trust concluded that in partnership with the local authority, health and voluntary and community organisations, a more comprehensive and person-centred pathway had been developed to support people with mental health conditions back into employment.

In response to Members' questions about employment and vocational services, it was reported that:

- The service was experiencing more and more people in distress due to the impact of welfare reforms on their benefits and housing.
- There was a lot of work being undertaken by the partnership across the system helping to raise awareness of mental wellbeing and supporting organisations to support their staff well.

A Member stated that she considered the services worked well partly because they recognised that every person's situation was different and everyone was treated as an individual, not a number.

A Member shared his personal mental health experiences and spoke of the uncertainty around employment, and the additional pressures this creates, as an agency employee. He queried how the service engaged with employers. In response it was reported that engagement with employers was limited, however, in the strategy, the local authority and partner organisations had pledged to lead the way in establishing a district-wide network of organisations that were

passionate about, and committed to, mentally healthy workplaces to proactively share best practice and facilitate small to medium enterprises to engage through accessible training and tools. A service user added that employers needed to show a willingness to understand mental health issues in order to provide the right support and help to their employees.

A Member stated that Bradford District Care NHS Foundation Trust had stated its commitment to employing people with mental health needs. As one in four people were affected by mental ill health at some point in their lives, he considered there should be approximately 25% of staff at Bradford District Care NHS Foundation Trust with experiences of mental health issues. In response, the CEO of the Cellar Trust stated that the Trust was passionate about employing people with lived experience of mental health issues and she had certainly seen a growth in specific roles to support people with mental health experiences back into work. She also stated that, in developing user led services, it was important to move away from the stigma of labelling people.

A Member spoke of the new legislation announced recently by the government to reform mental health care following the publication of an independent review. He spoke of the growing need for mental health support within the workplace, particularly following bereavement and in relation to men's mental health. He commented that he hoped to see Bradford leading the way in managing mental health and well-being within the workplace and suggested that all elected Members should undertake training on Mental Health First Aid.

A Member commented that he had accessed the First Response Service following bereavement and whilst the service he had received was good he had found that it had not been well sign-posted.

It was agreed that, as the implementation of Universal Credit across the district was being scrutinised by the Corporate Overview and Scrutiny Committee, the Chair would raise the concerns about the impact of benefit sanctions on people's mental wellbeing at the next meeting of Scrutiny Chairs.

### Psychological Therapies

Members were informed of the psychological therapies available in adult mental health, as stated in the report.

Members were provided with detailed information about MyWellbeing College; a free NHS service to help people manage everyday problems such as feeling low, having problems sleeping, feeling anxious and experiencing stress. The intensity of the treatment varied to match the severity of the condition. A 'self-help workbook on managing MyPanic' was tabled to give an example of the workbooks used as part of the service's low intensity therapy. Members were informed that anyone could register for MyWellbeing College online or over the phone and did not have to go through their GP and that options ranged from online courses to group courses. The range of services offered in partnership with the Cellar Trust, through home visits, over the telephone and Skype were outlined.

A service user spoke positively of his experience of using the online service provided by MyWellbeing College and stated that he championed the service.

The Chair asked a number of questions on behalf of a non-voting co-opted Member, who was unable to make the meeting, in relation to support available to an individual seeking a psychological intervention and waiting times. The following responses were provided:

- The service (MyWellbeing College) was currently seeing over 95% of referrals within two weeks and the target was to see 75% of people, who self referred, within six weeks.
- A welcome pack was sent out by post (and could also be emailed) which provided information on support available and this also included local organisations that provided support.
- The number of sessions varied as they followed evidence-based guidance and ranged from an initial seven sessions up to 40 sessions (for a recurrent condition). The number of sessions provided could be extended if required.
- If the prescribed therapy was not a 'good fit' for the service user, other options were considered.
- The service was in the process of adapting material for it to be more relevant to the BME and older communities.

A Member queried how the service was targeting older people. In response it was explained that the service was advertised in the free press and that a marketing strategy was being developed. It was acknowledged that more work was required to reach older people through voluntary and community organisations such as Age UK. It was stated that the service aimed to deliver care close to home e.g. through Wellbeing Cafés.

A discussion took place about the need for more community engagement to increase referrals from the South Asian community and tackle the issue of stigma around mental health conditions within that community. A Member stated that she was the Council's Dementia Champion and indicated that there was no specific word in Gujarati, Punjabi or Urdu for the word 'dementia'. She spoke of the difficulties around people, particularly from the older generation within the South Asian community, in fully understanding the condition.

The Assistant Director, Department of Health and Wellbeing, asked a number of questions about access to the service for people with learning disabilities, to which the following responses were provided:

- A record was not kept of the number of people with a learning disability that accessed the service.
- All staff had received training on how to adapt treatment for anyone with a learning disability.
- The service was adapting its course materials to create easy read versions.

A Member stated that easy read versions of course materials should have been developed at the same time as when the original materials were produced and reminded officers that the Council had adopted the Accessible Information Standard. Officers stated they would take this comment on board and ensure the materials were produced as a matter of urgency.

### Perinatal Services

Members were provided with a presentation on Perinatal Services, during which they were informed that the perinatal period (the period including pregnancy and the first year following the birth of a child) was a time of psychological stress and vulnerability; perinatal mental health problems were expected to affect around 1 in 5 women; Born in Bradford research indicated that anxiety and depression may be higher in Bradford as 40% of women identified themselves to have symptoms in the antenatal period; if left untreated, perinatal mental health can have significant and long-lasting effects on the woman and her family. Members were then informed about the services offered by the Specialist Mother and Baby Mental Health Service (SMABS) which worked with the 3-5% of women at highest risk of experiencing severe perinatal mental illness and had been operational since May 2018. Members were informed that the SMABS team served a diverse client group, the majority of the contacts it made were through home visits and 32% of people seen were from a South Asian background and 61% were white. The service would be analysing where people were accessing the service from to identify any gaps.

A Member questioned whether the services being delivered helped to reduce the number of children removed from their parents. In response, it was stated that the research definitely suggested so.

In response to a Member's question, it was reported that the service had only been operating for approximately six months and it was too early to analyse statistical information on the demographic and number of women it had served but this would be considered once the service had been running for a longer period of time. The service had good links with midwives and nurses and tried to identify women as early as possible who would benefit from the service.

The Chair stated that the statistic of 1 in 5 women being affected by perinatal mental health problems was very high and she was assured that there was good work being delivered in this area. She considered it would be useful to see the outcomes of the service after 12 months of operation and that the service may be asked to report back to the Committee to provide that information.

Another Member commented that the report on Perinatal Services was well written and very informative.

Members were informed that a video link in relation to this service would be emailed to them.

#### The Acute Care Pathway

Members were provided with a presentation on the acute mental health services delivered by Bradford District Care NHS Foundation Trust, since 2015, in partnership with the Police, Social Care and the Voluntary Care Services. They were informed about the services provided by the First Response Service which offers support 24 hours a day, seven days a week to people of all ages experiencing a mental health crisis and the three Safer Spaces which offered an alternative to crisis, admission and attendance at A&E. Members were shown a video about the Safer Spaces service, which had delivered 3,500 sessions of support, and heard from a Senior Peer Support Worker from the Haven service

who explained how peer support was provided. Members also heard from a service user about her personal experience of accessing the services and the support she had received.

Members were informed of the work being undertaken to increase the number of service users from BME backgrounds accessing the First Response Service, following which, the Assistant Director, Department of Health and Wellbeing stated that the Council had protected its mental health services from budget reductions and that additional work being done in this area was being carried out with no additional investment. She stated that whilst her staff did a great job, it was important for Members to understand that the service was at breaking point.

Members made the following comments:

- Welcomed that the promotion of the services within communities was being led by people with a lived experience.
- Commended the work of Adult Social Care Workers.
- Commended the partnership working that had prevented adult in-patient Out of Area placements for over three years.
- That the partnership working was outstanding and required a lot of trust and commitment from all involved.

A Member spoke of his personal experience of using the First Response Service, which he commended, but suggested there should be a follow up check on the service user, whilst acknowledging that this would have an impact on resources. He also encouraged using Councillors as a resource to tap into their local communities.

In response to a Member's question it was reported that a pilot was in the process of being developed with the Yorkshire Ambulance Service to consider different routes to access the First Response Service.

Members were informed that the next steps for the service were to enhance access and accessibility and that the key to this was to avoid duplication but to work together as a partnership to deliver clear and concise messages about the services available; this would be done through a public health 'living well' campaign and the introduction of a directory of services which would be launched over the coming year. Opportunities across the West Yorkshire and Harrogate Integrated Care System were alluded to. Members were informed that an event was due to be held on 30 January 2019 in relation to refreshing the strategy for Mental Wellbeing in Bradford and Craven. The role of elected Members as mental health champions was recommended as well as consideration of the mental health of people within the district when the Committee considered policies going forward. Members were also invited to shadow teams within the service to help understand the services better.

The Chair agreed that the report from the Assistant Director, Department of Health and Wellbeing due in January 2019, on the support for people with dementia, should include people in mental health crisis with dementia as this was an area that the authority were not performing well in.

Officers were thanked for a thorough report and service users were thanked for

relaying their personal experiences to the Committee.

The Chair requested that the Portfolio Holder for Healthy People and Places, who was in attendance at the meeting, consider mental health when policies were agreed by the Executive.

**Resolved –**

**That the Committee:**

- (1) Ensure that Mental Health is a key consideration in every policy and programme that comes before it.**
- (2) Supports raising the profile of mental wellbeing champions by encouraging the participation of elected Members.**
- (3) Acknowledges and accepts the partnership's offer of mental health training for all Committee Members including getting to know their services better by shadowing their teams.**

***ACTION: Overview and Scrutiny Lead***

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

The City Solicitor presented the Committee's Work Programme 2018/19 (Document "AA").

**Resolved –**

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

***NO ACTION***

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