

## Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 24 January 2019 in Committee Room 1 - City Hall, Bradford

Commenced 4.30 pm  
Concluded 7.00 pm

### Present – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT	BRADFORD INDEPENDENT GROUP
Greenwood A Ahmed Kamran Hussain Mir Shabbir	Hargreaves Senior	N Pollard	Khadim Hussain

### NON VOTING CO-OPTED MEMBERS

Susan Crowe Strategic Disability Partnership  
Trevor Ramsay Strategic Disability Partnership  
G Sam Samociuk Former Mental Health Nursing Lecturer

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

### Councillor Greenwood in the Chair

#### 58. DISCLOSURES OF INTEREST

Councillor Ahmed disclosed, in the interest of transparency and in relation to Minute 63 (Post Diagnosis Support for People with Dementia and their Carers) that she worked closely with the Alzheimer's Society and was the Council's Dementia Champion.

***ACTION: City Solicitor***

#### 59. MINUTES

That the minutes of the meetings held on 22 November and 6 December 2018 be signed as a correct record.

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

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

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

There were no referrals made to the Committee.

**62. OLDER PEOPLE'S ACCOMMODATION ACROSS THE DISTRICT AS PART OF IMPLEMENTING THE HAPPY, HEALTHY AND AT HOME VISION.**

The report of the Strategic Director, Health and Wellbeing, (**Document "AB"**) outlined progress made and proposed plans in the implementation of the integrated system vision Happy, Healthy and at Home in relation to accommodation and support services for older people. The report revealed that the a Care Quality Commission (CQC) system review had been completed in February 2018 and had found that there was a clear shared and agreed purpose, vision and strategy described across the system. The vision was articulated throughout all levels of the system. The CQC had observed that the next steps for the system would be to translate the vision into detailed modelling and operational practice.

The background to Document "AB" explained that the Council Executive had approved the establishment of the Great Places to Grow Old Programme at the meeting held 15 January 2013. The Transformation Programme was a joint plan with the NHS and incorporated the work commenced in 2009 to develop a strategy for the Council's in-house residential and day services.

It was reported that the Bradford District had performed well in relation to other areas and, in response to questions; Members were advised that Bradford's performance was in the top quartile nationally. Residents were not being delayed in hospital and services were available for them when they returned to their homes. Visits were made to hospitals to work with partners to assess cases and ways which delays to hospital discharge could be minimalised.

Members were advised that the Bronte development in Keighley would be completed shortly. The 50 bedded residential unit would accommodate dementia specialist services currently based at Holmewood, Keighley. The unit would provide short-term care for both assessment and intermediate care in partnership with health services.

The report revealed that, following a tender process using the Yortender framework, the contract for the project had been awarded to Wildgoose Construction at a significantly lower cost than expected. In response to questions it was explained that the lower tender figure accepted was a result of a change to building costs from the original estimated figure. It was confirmed that the costs had been budgeted for in the capital investment plan for a Great Place to Grow Old budget and any surplus would remain in that budget.

The confidence that the development would be completed on time was questioned and it was explained that at a site visit conducted very recently all the

lower ground flats had their kitchens and balconies installed. Assurances had been received that these would be completed by the end of March 2019 and the residential unit completed between April and May 2019.

Potential procurement issues because of the Brexit proposals were discussed and Members were assured that procurement law was enshrined in UK law and should not be affected by Brexit. It was explained that the tender process considered quality and other factors as well as financial costs.

A Member questioned the ability to retain and recruit staff as he believed that the health sector was struggling with those issues and training needs were not being met. In response details of the Health and Social Care Partnership's One Workforce Programme, to be launched in spring 2019, were provided. The programme would encourage apprenticeships and work with schools to attract people to work and train in the health sector. It was expected to be mid 2020 before the One Workforce Academy was formally opened for business.

The report disclosed that modelling work undertaken by Public Health suggested 168 community beds were required in the Bradford area and 66 in Airedale and it was questioned if those figures would be met. In response it was explained that the modelling referred to short term beds and that the modelling exercise had been carried out by Public Health two years previously. Those figures had been met although a number of the beds were in acute hospital environments. An additional audit was now being conducted and the figures were being refined.

The length of time to complete the Neville Grange development was questioned and Members were advised that the initial proposal was to use land owned by InCommunities and the Council. Incommunities subsequently made a decision to withdraw from the partnership and it was now anticipated that the development would be operational in late 2019.

Members welcomed that the local authority and CCGs had worked together with providers to improve the quality of care and support and that the number of providers who were assessed by the CQC as 'inadequate' across the district had reduced from 12% to 3.4%. It was questioned how that improvement had been achieved and Members were advised that a lot of work had been undertaken and providers pay had been increased. The issues which had led to inadequate ratings had been investigated; additional training had been provided and a lot of joint working with partners had been developed. Recent funding had allowed officers to lead on work with care homes and domiciliary care providers had worked together to support providers.

A Member questioned the number of residents who were waiting for long term residential care. She raised concerns about some of her constituents who were suffering from dementia and were waiting for assessments. She was afraid that they may not be well enough to be living independently. In response it was confirmed there were no significant waiting lists for people to be assessed or a shortage of residential beds. It was explained that when an approach for assistance was received short term support would be provided whilst long term needs were assessed. Measures such as 'Just checking' would be utilised to allow people to remain in their homes where possible. If longer term assistance was required people would be allocated social worker support. The Member who

had raised concerns was asked to provide details after the meeting to ensure that short term support could be provided, if required, to residents in those circumstances

The numbers of people from Black and Minority Ethnic (BME) backgrounds waiting for high needs support was questioned as a Member believed that there was very little provision of extra care for people of BME backgrounds in Keighley. The validity of a perception that people from BME backgrounds did not utilise social care was questioned and it was confirmed that families from BME backgrounds did require and utilise services to support older people. Beckfield, located on Bolton Road, did focus on the BME community. Two separate units were available for elderly Asian residents and the Eastern European community. There had been a reduction in need but specialist provision was still available.

A Member suggested assessing demographics for future service provision and that mapping the needs of the BME community would be useful.

It was questioned if the reduction in available beds had been because of a lack of funding and Members were assured that reduction in the provision of long term beds was due to more people being supported to stay in their own homes.

#### **Resolved –**

- 1. That the report be noted.**
- 2. That the Strategic Director, Health & Wellbeing, be requested to provide a progress report at a time to coincide with the presentation of the work on the Service Improvement Boards.**

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

### **63. POST DIAGNOSIS SUPPORT FOR PEOPLE WITH DEMENTIA AND THEIR CARERS**

Members were reminded that the Committee had last received a report on post diagnosis support for people with dementia and their carers on 12 April 2018. The report of the Deputy Director, Health and Wellbeing, **Document “AC”** provided details of progress since that time.

The Deputy Director addressed the meeting and explained that she was the Chair of the Dementia Strategy Group. She introduced colleagues who were part of that group including a colleague from Shared Services which looked after the needs of Black and Minority Ethnic (BME) groups. It was explained that Shared Services had a dedicated worker and a South Asian Dementia Café, based in Gillington, to provide provision in the heart of that community. Its rationale was to raise awareness and ensure people were supported; to break down barriers and stigma and to raise awareness of the disease.

Members were advised that Shared Services had allowed progress to be made with dementia friendly communities and work was on going in the city centre and

with faith groups. Training had been provided to local Imams and the Dementia Cafés complimented memory assessment centres and provided post diagnostic support.

The Alzheimer's Society Manager, working across the Bradford, Wharfedale and Airedale communities, addressed the meeting. He explained that the society was funded to provide information and support at the time of diagnosis. People diagnosed with dementia were automatically offered onward referral to a Dementia Advisor, making contact within two weeks of referral to provide information about diagnosis and treatment, carers' needs, community support, local services, benefits and legal advice. In addition, daytime community activities, including Wellbeing Cafés were provided by the Alzheimer's Society, and were operated across the district.

A Speciality Registrar in Public Health explained population changes in the district and that the number of older adults was expected to rise by 43% by 2035. That figure would have significant implications for the number of people with dementia. It was estimated that at the current time there were 5200 people affected in the district and that four out of five of those people were diagnosed. It was hoped to continue the good work in diagnosis; by 2035 the figure was estimated to rise to 9,000. It was reported that the proportion of people under the age 65 affected by dementia in the Bradford district was higher than other areas. That figure was low, however, and out of all those diagnosed in the district only two to three per cent of those were aged under 65.

The report revealed the financial implications of the disease and that the Local Authority currently funded around 1900 people at a cost of £20m a year.

Following a very detailed presentation Members queried a statement that the proportion of younger people (aged under 65 years) recorded as having a diagnosis of dementia in Bradford was higher than the rest of the country. It was questioned if there were higher trigger factors in the area and it was explained that Bradford had a higher rate of risk factors which included obesity, smoking and lack of exercise.

A Member referred to the Bradford Dementia Strategy and Action Plan 2015-20, refreshed in November 2017, being Bradford focussed and questioned provision in the Keighley area. In response he was referred to the development of provision at the Bronte development in that area. It was also explained that there were shorter waiting times for memory assessments in Airedale and that Shared Services had undertaken funding applications for that location. Keighley had many dementia friendly services and the largest number of dementia friends in the district. Surgery drop-in sessions were soon to be available at a pilot project at North Street, Keighley and there was a dedicated Community Mental Health Team based at Meridian House, Keighley.

A Member, whilst acknowledging that people would wish to remain in their homes, referred to residents he had witnessed being isolated and alone in his community and he questioned the community support available. In response it was explained that there were day time activities in community cafes and places for people to come together. A VCS mapping process was in place to develop those services. It was acknowledged that more could be done to keep people connected and that

there was a need to engage with carers. The service provided a lot of support to families with payments to allow people to be supported within extended families or to recruit their own staff within South Asian communities.

In response to concerns about support being centred on carers rather than patients it was explained that there were plans to measure the outcomes of patients to ensure that funding was not used for other purposes. It was acknowledged, however, that the needs of carers must also be met.

The belief of a Member that training and awareness was essential in providing support and to spot the signs of dementia early was raised. The resilience of carers was discussed and the difficulties faced when patients become agitated or repeatedly asked questions was recognised. That Member referred to an incident where providing a colouring book had been useful in settling and comforting a patient. The Alzheimer's Society Manager confirmed that services were commissioned to help people to develop coping strategies and build resilience. Work was undertaken to ensure people were aware of that service.

The statement, contained in the report, that patients should receive an annual review of physical health, to monitor changes in memory and review medication by their general practitioner and that people in Bradford were more likely to have had a review in the past year than patients from the rest of the country, was queried. It was also questioned if nurse reviews, as reported in Document "AC", were undertaken every three months. In response it was confirmed that GPs were responsible for the annual reviews but it was known that Bradford did have better number of reviews than in other areas. Further details were not available at the meeting and it was agreed that the information would be provided to Members.

A Member, who was also the Council's Dementia Champion, encouraged all Councillors and officers present at the meeting to attend dementia workshops which were being held in City Hall, Bradford, during March 2019 and agreed to send invitations to those events.

**Resolved –**

**That the Strategic Director, Health and Wellbeing, be requested to provide a progress report, including an update on the Dementia Strategy Implementation Plan, in 12 months time.**

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

#### **64. BUDGET AND FINANCIAL OUTLOOK**

The report of the Strategic Director, Health and Wellbeing, presented a report (**Document "AD"**) which provided information on the initial draft savings proposals which were currently under public consultation and were presented to Executive on the 4th December 2018 and the consequential implications of those proposals on the Health and Wellbeing Services. The report also discussed the forecasted financial outlook for 2018/19.

Members were advised that independent consultants iMPower had been

appointed to review the agreed savings proposals and were working on what could realistically be achieved.

A Member referred to the previous report discussed at the meeting and the increases in support which would be required for the projected increase in people suffering from dementia. It was suggested that because of those issues and reductions in pension credits there would be an additional need for people to receive advice and support.

The Strategic Director, Health and Wellbeing explained that cuts in demand referred to a reduction of placements to very expensive care packages when they were not needed. An example was quoted of a resident who despite wishing to live independently was placed in very costly residential care. The provision did not allow him the independence he wanted. The situation was rectified and whilst still receiving support he was able to live independently in his own home.

With regard to welfare advice it was confirmed that technological systems were used to provide support. A computer system which could be used to calculate what people were entitled to called "Better off" was discussed. It was acknowledged that not all people had access to computers and it was explained that "community connectors" could help people with social problems and to understand issues regarding welfare and debt. A system called Debt Buddies, putting people in contact with people who had been in debt who were now trained to help others, was discussed and it was confirmed that links were also made with Bradford Credit Union.

In response to concerns about the speed of changes proposed and that people on low incomes, older or disabled persons could be the worst hit it was explained that efforts were made to provide a joined up approach with the public and opportunities to boost funding were being sought.

A Member stressed the necessity to begin planning for the proposed changes outlined in the report which would come into force very quickly. It was questioned how priorities were decided and how areas to invest or cut were selected. A concern that cuts in certain areas could lead to additional, more costly; support being required in the future was raised. It was explained that areas providing the best value for money had informed the four year savings proposals. It was acknowledged that the service would have to deal with pressures.

**Resolved –**

**That the report be noted.**

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

**65. 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 "AE). It was agreed that, as there were a number of other reports scheduled for discussion at the meeting on 21 March 2019 that the item on cancer would be deferred for consideration at the first meeting of the 2019/2020 municipal year.

Members were requested to advise the Overview and Scrutiny Lead of any issues they wished to be included in the item on Advocacy Services and it was requested that the item include details of performance on both statutory and non statutory requirements.

**Resolved –**

**That the report 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