

Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 24 January 2019 at 4.30 pm in Committee Room 1 - City Hall, Bradford

Members of the Committee – Councillors

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

Alternates:

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
Barker Riaz	Akhtar Berry Godwin Iqbal H Khan	J Sunderland

NON VOTING CO-OPTED MEMBERS

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

Notes:

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
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- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

From:

Parveen Akhtar, City Solicitor
Agenda Contact: Jane Lythgow
Phone: 01274 432270
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To:

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The City Solicitor will report the names of alternate Members who are attending the meeting in place of appointed Members.

2. DISCLOSURES OF INTEREST

(Members Code of Conduct - Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

Notes:

- (1) Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*
- (2) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.*
- (3) Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.*
- (4) Officers must disclose interests in accordance with Council Standing Order 44.*

3. MINUTES

Recommended –

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

(Jane Lythgow – 01274 432270)

4. INSPECTION OF REPORTS AND BACKGROUND PAPERS

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Jane Lythgow - 01274 432270)

5. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

Any referrals that have been made to this Committee up to and including the date of publication of this agenda will be reported at the meeting.

B. OVERVIEW AND SCRUTINY ACTIVITIES

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

1 - 16

The report of the Strategic Director, Health and Wellbeing, (**Document “AB”**) outlines 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.

Recommended –

- 1. That the Committee note and comment on Document “AB”.**
- 2. That the Committee note and comment on Section 2.4 of Document “AB” – the proposed plan to develop integrated needs assessments based on wards and constituencies across the Bradford District to be used by the Council, National Health Service and other partners as the basis for planning housing developments for older people and market development of the care market.**

The needs assessment will map:

- demographic profile – older people, learning disabilities, physical disabilities, mental health**
- health needs profile by locality**
- GP practice location/population**

- **current provision of social care paid for by the local authority, support at home, extra care nursing and residential care and day services**
- **voluntary and community service assets, including community capital assets owned by the Council.**

(Lyn Sowray – 01274 432902)

7. POST DIAGNOSIS SUPPORT FOR PEOPLE WITH DEMENTIA AND THEIR CARERS 17 - 32

Previous reference: Minute 87 (2017/2018)

The Bradford District Dementia Strategy Group oversee the implementation of the Dementia Strategy Implementation Plan. The report of the Strategic Director, Health and Wellbeing, (**Document “AC”**) provides an annual update on progress made since the issue was last discussed by the Committee on 12 April 2018.

The Committee is asked to note and comment on the report including the priorities for the coming year outlined in 3.9 and Section 4 of Document “AC”.

(Lyn Sowray – 07825175161 / Sarah Exall - 01274 432600)

8. BUDGET AND FINANCIAL OUTLOOK 33 - 42

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

Members are requested to note and provide feedback on the Executive’s draft proposals as summarised in Document “AD”.

(Wendy Wilkinson – 01274 434163)

9. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2018/19. 43 - 44

The Overview and Scrutiny Lead will present the Committee’s Work Programme 2018/19 (**Document “AE”**).

Recommended –

That the information contained in Appendix 1 to Document “AE” be noted.

(Caroline Coombes – 01274 432313)



Report of the Strategic Director of Health and Wellbeing to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday 24th January 2019

AB

Subject:

A report on Older People's accommodation across the District as part of implementing the Happy, Healthy and at Home vision.

Summary statement:

This report outlines 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 Care Quality Commission (CQC) system review, completed in February 2018, found 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. CQC found that the next steps for the system will be to translate the vision into detailed modelling and operational practice.

The proposed plans outlined in the report are in line with enhancing partnerships and integrated service provision to support older people (including people living with dementia) to remain independent for as long as possible and have choice and control about how they live their lives.

Bev Maybury
Strategic Director of Health and Wellbeing

Portfolio:
Healthy People and Places
Councillor Ferriby

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Overview & Scrutiny Area:
Health and Social Care

SUMMARY

This report outlines 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 Care Quality Commission (CQC) system review was completed in February 2018 and 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. CQC found that the next steps for the system will be to translate the vision into detailed modelling and operational practice.

The proposed plans outlined in the report are in line with enhancing partnerships and integrated service provision to support older people (including people living with dementia) to remain independent for as long as possible, and have choice and control about how they live their lives.

1. BACKGROUND

The Council Executive approved the establishment of the Great Places to Grow Old Programme at the meeting held 15 January 2013. The Transformation Programme is a joint plan with the NHS and incorporates the work commenced in 2009 to develop a strategy for the Council's in-house residential and day services. It includes the implementation of some of the Better Care Fund¹ plans which are focused on integrated health and social care service delivery - as outlined in the Yorkshire and Harrogate Integrated Care System Plan. Delayed transfers of care is a key measure, which across the Bradford District we have consistently performed well in, in relation to other areas of Yorkshire and Humber and nationally.

1.1. The Health and Wellbeing Department's Home First – Our Vision for Wellbeing

This was approved by the Council Executive on 4 April 2017. The aim is to reduce demand for paid for social care services by helping people early, where we will try to prevent minor things developing into major concerns. It aims to build support around people so they can be more independent and will focus on what people can do rather than what they cannot do. We want a more positive approach so that people can live their lives to the full. The Bradford and Airedale & Craven Integrated Health and Care Plan have enshrined the same vision and aims of Home First within all the change programmes, developing new ways of working together across the District.

1.2 Market Shaping and Commissioning Guidance

The Care Act (2014) introduces duties on local authorities to facilitate a vibrant, diverse and sustainable market for high quality care and support in their area, for the benefit of their whole population regardless of how the services are funded. The statutory guidance to the Care Act states the market should include a variety of different providers and different types of services. This should include a genuine choice of service type, not simply a selection of providers offering similar services. It

¹ Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

must include services for older people. We want to move forward with offering personalised services for older people that are holistic, person centred and enable the person to identify their needs and outcomes. The guidance for Bradford Council has been refreshed in order to implement the Home First Vision. This is supporting the implementation of key benefits within the Happy, Healthy and at Home programme and the integrated health and care plan, including all social care and support providers workforce development - with the shared goal of ensuring a trained, quality workforce who have the relevant skills and appropriate working conditions.

2. CARE HOME MARKET

2.1 The Integrated Residential and Nursing Care Framework 2016-2020 was awarded in October 2016. The new framework arrangements support providers to shape their services to meet the needs of individuals and to support the personalisation and integration agendas locally, in partnership with the Council and NHS colleagues. The new models of care in all the Clinical Commissioning Group (CCG) areas support people living in care homes and will include providers of care home provision as partners in localities working with NHS, Voluntary and Community Sector (VCS) and Council providers.

2.1.1 We will support care home providers to respond to people's changing needs, either at a time of illness or deteriorating condition so that people can remain at their place of residence with additional support - rather than be transferred to hospital unnecessarily. When someone who lives in a care home is admitted to hospital we will work closely with the care home providers to support them to return back to their place of residence as soon as possible. We are developing Trusted Assessors between the multi agency integrated discharge teams in hospitals and care home providers with jointly agreed arrangements to support people back to their place of residence.

2.1.2 Quality

2.1.3 The frameworks support providers in fostering a culture of continuous improvement and quality which is monitored by the Council's contract monitoring team. The team work closely with providers to ensure that service improvement action plans are in place to raise quality and standards. Homes of concern are reviewed fortnightly and a log has been set up to evidence the input of support provided by the Local Authority and the CCGs.

2.1.4 The Local Authority and CCGs have worked together with providers to improve the quality of care and support. The number of providers who were assessed by the CQC as "inadequate" across the District in April 2016 was 12% - this has now reduced to 3.4%. The BCF includes plans that support this partnership approach with Care Home providers. Multi agency provider forums have been re-established and we are working closely with providers to improve quality, workforce and training.

2.2 Council Managed Residential and Day Services

- 2.2.1 The strategy for the Council's in house residential and day services in 2009 focussed on streamlining and modernising the residential and day care services at 5 care homes to focus on specialist dementia care services and short term support, alongside a programme to decommission 6 of the initial 11 care homes in existence in 2009.
- 2.2.2 This strategy was reviewed in spring 2012 and included a public consultation on the future of 3 care homes (Neville Grange, Holmeview and Harbourne) where decommissioning was proposed. The consultation was completed in May 2012 and highlighted significant risks to decommissioning these homes as there were insufficient specialist residential dementia care beds in the independent sector. The strategy included a plan to build 5 residential homes across the District and capital was agreed to support this development. A revised financial appraisal of the strategy to redevelop the 5 homes was presented to the Council's Executive on 17 July 2012, which outlined key issues in relation to the affordability of the 5 homes being built.
- 2.2.3 On the basis of the consultation concerning the future of Harbourne, Holmeview and Neville Grange, and revised financial appraisal, it was recommended to Council Executive in July 2012 that Council officers work with NHS colleagues in implementing joint plans to improve efficiencies across the whole system, to implement and align existing strategies and to create an integrated plan that covered the whole spectrum of services including accommodation and support, day services, specialist housing (including extra care) short term support (including intermediate and respite care) through to long term residential and nursing care.
- 2.2.4 In 2013 it was agreed as part of Adult Services budget reductions to decommission in-house social care day services over a three year period. By 2016 this had been achieved along with the budget reduction. The remaining day service provision is funded as part of the Better Care Fund and is for people living with dementia. This is provided in partnership with the NHS. Social care day care is now provided in communities by community and voluntary sector providers. Support in communities is being reviewed in line with the department's Home First Vision for Wellbeing.
- 2.2.5 The decision of the Council to approve the closure of 2 residential homes over 2 financial years (as part of the Adult and Community Services budget proposals for 2014/15 and 2015/16) was made in the context of the Great Places to Grow Old (GPGO) delivery programme which was endorsed by the Executive in January 2013. The plan includes the proposal (previously agreed by Executive in 2009) that the in-house service no longer continues as a long term provider (except for specialist dementia care), to enable the delivery of flexible support as part of the joint community beds strategy in development with the NHS.
- 2.2.6 Neville Grange residential care home in Saltaire closed in November 2013 to allow the development of 45 new build extra care apartments and a 20 bed intermediate care centre. This development was going to be a partnership between Incommunities, Adult Services and the NHS. It was anticipated that the development would be operational in late 2015. However, Incommunities made a decision to

withdraw from the partnership, meaning that the plan to develop the 45 extra care apartments will not now be built.

2.2.7 The revenue costs for providing services at Neville Grange have been used as part of the budget savings for Adult Services in 2015/16. An 2016 outline plan for the Council owned land (Neville Grange site) was drafted and an expression of interest was submitted to the then STP capital fund, which was supported by the CCG for a bid of £4.5m (which included a 50 bedded unit to re-provide two or three of the in house residential homes in Bradford). The proposal did not get support from the STP capital fund and is proposed in this report.

2.2.8 The decision was made by the Council's Executive on 18 February 2014 to decrease provision by closing a further two in house residential homes, subject to formal consultation. Subsequently, a consultation on Harbourne residential home commenced on 9 September 2014 and a paper was presented to Executive on 16 October 2014. The decision was made to decommission Harbourne and this home closed in January 2015.

2.2.9 The plan to consult on the decommissioning of another Council managed home as per the GPGO plan was delayed in April 2016 because of concerns regarding the quality of provision in the independent sector as assessed by the CQC. At the time, 12% of care homes were assessed as being "inadequate" and could not be used for new placements. Currently 3.4% of care homes are now assessed as being "inadequate" which is a significant improvement. This is as a result of joint quality improvement work between Adult Services, NHS colleagues and Care Home Providers, with the support of CQC.

2.2.10 A report was presented to the Executive on 20 June 2017 for members to make a decision on the future of Holmeview, a specialist dementia care home on the Holmewood estate. The Executive agreed to the home being decommissioned and Holmeview closed in October 2017. This currently leaves 5 in house residential homes which provide a total of 162 beds across the District. Appendix 1 outlines the current profile of Council-managed beds.

2.2.11 As Council managed beds become available these are being converted from long term use to more flexible use for short-term care to enable greater independence and to respond to demand for crisis support. This short-term support offers an opportunity for people to be supported through a crisis or carer crisis and enabled to return home. Short term beds are also provided to enable people to recuperate after a hospital admission or as part of a rehabilitation plan after an accident. This has contributed to the good performance in reducing numbers of days people are delayed in hospital. The Bronte development is on target to be completed by January 2019. The 50 bedded residential unit will accommodate dementia specialist services currently based at Holmewood, Keighley. The remaining beds will be used for short-term care for both assessment and intermediate care in partnership with health services. These beds will enable a timely discharge from hospital allowing the individual to regain their confidence and facilitate a period of comprehensive multi-agency assessment and support back in to the community.

2.2.12 An outline plan for the council owned land (the former Neville Grange site) has been drafted and this has been included in the Community Beds Strategy for Bradford. The site can accommodate a 50 bedded residential unit to the specification of the new build on the Bronte site. If approved other local authority based service would be relocated here. This would enable at least 2 of the existing Bradford Council managed care homes to be re provided in a purpose built building and would future proof services in Bradford.

2.3 Extra Care

2.3.1 A key element of GPGO and 'Happy Healthy and at Home, is for the Council to support the development of extra care housing schemes due to the shortage across the District. Extra care housing is designed with the needs of frailer, older people in mind and provides 24-hour care and support on site. People who live in these schemes have their own self - contained homes with their own front doors, but can also use communal facilities which can include: restaurant/dining facilities, hairdressers, health/fitness facilities and a computer room. This is a key element of the housing strategy to be developed across the District's localities/wards.

2.3.2 Extra Care and Future Developments

2.3.3 The Council has been successful in a bid to the Homes and Community Agency for grant funding to support the building of 69 extra care flats (32 two-bedded and 33 one-bedded) in Keighley at the Bronte school site and a 50 bedded short stay residential unit. Some of the apartments have been specifically designed to support people who are living with dementia and their families. Following the tender process using the Yortender framework, the contract for the project has been awarded to Wildgoose Construction. The building will be completed in January 2019 and a process to identify tenants for the supported living apartments has commenced. Currently there is a waiting list for people wanting to move into extra care living in the Keighley area.

2.3.4 The use of technology such as Just Checking, and adaptations, will be increased so that people are supported to maintain independence without paid for services and risks are managed. We will work with colleagues within Strategic Housing in Place department to review the Disabled Funding Grant (DFG) pathway so that we can optimise the Better Care Fund DFG investment, which is focused on supporting people to remain in their place of residence for as long as possible, and enables people to transfer from hospital as soon as they require no further hospital medical treatment.

2.4 The development of an integrated locality based asset management and vulnerable adults housing plan.

2.4.1 Public Health have done a huge amount of work over the years to understand the population need for community beds and explore opportunities to support people to remain in their own homes. Modelling work suggests 168 community beds are needed in the Bradford area and 66 in Airedale. More recent work has been undertaken examining opportunities to keep people out of hospital (including A&E and acute beds), which is helping to shape the multi-agency assessment unit. Plans

are continuing to be refined and informed by evidence and need. Health and wellbeing profiles have been developed for our emerging 13 communities across the District, which alongside the Joint Strategic Needs Assessment, are informing the strategic planning of services across the health and care landscape.

- 2.4.2 It has been agreed by senior officers within the Council (Place, Corporate and Health and Wellbeing departments) and the CCGs, to work together to develop an integrated plan based on localities (wards and constituencies) of current assets, health and care provision for all of the population and needs assessments as undertaken by Public Health. This will form the basis for planning housing for vulnerable people and for planning the supply of care and support. The locality plans will be used by interagency staff working in the localities as a basis for discussion with citizens living in the localities as well as informing and involving elected members.

3. PROPOSALS FOR THE COUNCIL MANAGED RESIDENTIAL CARE HOMES

3.1 Future of Thompson Court - Crossflats

- 3.1.1 During 2017/18 Thompson Court has undergone extensive capital work as part of the Council's capital programme. Currently Thompson Court has 5 people living there and has 32 beds which are used for short stays to prevent people being admitted to hospital and to assess and enable people after being in hospital. The Thompson Court building is now in good condition after the capital works. The unit is essential to the out of hospital and new models of care development plans for the future. The revenue funding is 50% funded by system resilience funding and Better Care Funding. Therefore we are proposing to continue to operate services from Thompson Court for the foreseeable future. The unit provides services for people in Keighley, Wharfedale and North Bradford.

3.2 Neville Grange site in Saltaire proposal

- 3.2.1 As outlined in 2.2.12 a business case has been developed with plans ready to submit for planning formulated by architects using capital GPGO funding for a 50 bed short stay residential home on the site of Neville Grange in Saltaire. The intention would be to reprovide 2 of the existing Council managed care homes, which currently have 62 beds into the new unit. The unit would be for short stay and currently the Council has some people living in the care homes, as previously stated we have not been offering beds for long stay residents into the Council managed care homes for the past 2 years and the numbers of long stay residents is reducing every year. The 2 reprovided care home sites would be able to be disposed of with the capital receipt from the disposal coming to the Council. The development would future proof Council managed care homes in Bradford as the current care home buildings are not sustainable in the long term and will require considerable investment going forward.
- 3.2.2 The proposed plans are supported by partners and are included in the Bradford community beds strategy. The Council Executive approved the proposal proceed to a full business case which would be submitted to Project Assurance Group. The continued provision of Council managed residential beds is required because it supports people to remain in their own home for longer as demonstrated by the

reduction in long term placements to care homes. It is an essential component to the out of hospital services which reduces unnecessary admissions to hospital and reduces delayed transfers of care from hospital - as evidenced by Bradford's current good performance on delayed transfers of care. The revenue costs of the 50 bed unit would be met by the current revenue costs of the homes which would be re provided and any additional revenue would be funded from the NHS/Better Care Fund.

3.3 Future of the third Council managed Care Home in Bradford

Based on the current community beds strategy and needs assessment we would expect to re provide Woodward Court specialist dementia unit into the Neville Grange redevelopment. Woodward Court currently has 28 beds and this has proved to be frequently insufficient at times because the numbers of specialist NHS beds have reduced significantly over the years. The implementation of the Community beds strategy as part of the Out of Hospital programme will continue to develop detailed integrated plans with the NHS whilst working in partnership with the independent providers of care homes, this will influence the purpose and future use of Council managed care homes in Bradford.

3.4 Care Act 2014

- 3.4.1 The Care Act 2014 requires the local authority to ensure that people are provided with services if their current provider of service is unable to provide support. The current Council managed residential homes are a significant safety net for the Council and have been used at times to support people when their service has no longer been able to provide support for them. This has enabled the Health and Wellbeing Department to control its expenditure on care home placements. As previously outlined we are planning to enhance our partnership working with NHS providers, local authority provider officers and independent care home and home support providers so that we can have sustainable quality provision across the Bradford District. Local authority commissioners and CCG commissioners are also working in partnership to ensure there is a vibrant market of care providers across the District as required by the Care Act.

4. CONTRIBUTION TO CORPORATE PRIORITIES

- 4.1 Bradford Council Plan 2016–2020 to create as good a quality of life as possible for the people and communities of the Bradford District.
- 4.2 Health and Wellbeing Strategy 2013–2017 to improve health and wellbeing and reduce health inequalities, in particular contributes to the following action plan priorities:
- Priority 9 – to improve diagnosis, care and support for people with dementia and improve their and their carers' quality of life.
 - Priority 10 – to promote the independence and wellbeing of older people.

4.3 Home First - Our vision for Wellbeing January 2017 to help people to be independent and have a better quality of life by meeting their care and support needs within their own home, keeping them near their friends and family for as long as possible.

5. FINANCE AND RESOURCES

5.1 The savings required for older people residential care for 2018-19 are £974k. This is to be achieved through reducing demand for residential services. The result of this is an increase in numbers of people and hours of Domiciliary Care in line with the department's strategy.

5.2

Residential & Nursing Fees	2015-16	2016-17	2017-18	*2018-19
Average OP Residential Population	943	892	787	705
Average OP Residential Weeks of Care	49,080	46,486	40,875	36,660
Gross Expenditure Residential Fees	£26m	£25m	£24.7m	22.8m
Average Gross cost to the Council pppw	£529.75	537.79	604.28	621.93
Average OP Nursing Population	346	342	326	300
Average OP Nursing Weeks of Care	18,099	17,861	16,913	15,600
Gross Expenditure Nursing Fees	£10.5m	£10.2m	£10.2m	£10.2
Average Gross cost to the Council pppw	£580.14	£571.07	£603.08	£653.84

*Forecast at Period 5

5.3 The average number of service users at the end of 2017/18 was 787 for older people in residential care. In order to achieve the £974k savings reduction for residential care, the Council would need to reduce the number of service users by approximately 8% to 721; the current forecast for period 9 is showing that this reduction will be fully achieved.

5.4 The reduction in placements will be achieved by supporting more people in their own homes or in extra care supported housing. The Council will also aim to achieve reductions in the numbers of older people needing long term residential and nursing care by using technology to help them stay independent and by working closely with health partners to plan and deliver services.

5.5 In 2016/17 the Council moved towards reducing the number of long stay beds within the in house homes. This increases pressure on purchasing care in the independent sector and meeting the savings targets. The number of long stay beds reduced from 78 in 2016/17 to 57 in 2017/18. This is forecast to reduce further in 2018/19; as at September 2018 there are now just 30 long stay beds across the five in house homes.

5.6 The Council has undergone a process of closing some residential homes as part of the Great Places to Grow Old programme. Harbourne and Holmeview have closed resulting in budget reductions of £2m (including Neville Grange and day services).

5.7 The fee increases for the independent sector have been largely due to the increase in the National Living Wage which increased from £7.50 to £7.83 in April 2018. Based on

the proportion of staffing costs within the fee structure, it was decided that an uplift of 3.26% would be necessary in 2018/19

5.8 Outline costs and plan for revenue from NHS Trust for Bronte

5.8.1 A financial analysis examining the Bronte scheme was undertaken in July 2016 prior to a formal submission to the Project Appraisal Group (PAG). The cost of both the extra care and residential scheme was approximately £16.8m (£12.3m for extra care and £4.5m for the residential home). The funding for the build would come through a mixture of corporate funding, prudential borrowing and government grants. The successful bidder from the tender process, Wildgoose Construction, tendered at significantly less than the expected cost at £10.8m (£7.4m extra care and £3.4m residential). The scheme is currently projected to cost in region of £12.8m and is expected to be completed by January 2019. The financial model was based on the closure of two in house residential homes with staff expected to move the new site. The sale of these two sites will also generate capital receipts for the Council. The new building will be owned by the Council who will also provide both the residential and extra care. The Council will be looking to use a Registered Social Landlord for the management of the flats in the extra care scheme who will be responsible for collecting the rent.

5.8.2 Re provision of Holmewood in Keighley into the Bronte school redevelopment of a 50 bed residential unit attached to 69 Extra Care apartments. It is proposed that the current provision of Holmewood will be reprovided at the new 50 bed short stay unit near Oakworth. The 9 people who currently live at Holmewood will be consulted along with their families and advocates about the move to the residential home. This is scheduled to take place in April 2019. The Holmewood site will then be transferred to the Council asset management team for disposal and the Council will realise the capital receipt from the asset.

5.8.3 The revenue funding for the 50 bed unit will come from the current revenue funding for Holmewood and from additional Better Care Funding which is currently being used to fund short term intermediate care beds in an independent care home and in Airedale NHS Foundation Trust at Airedale General Hospital. It is anticipated that ANHSFT will use the beds released by using the Council managed beds for planned care (surgery) at a reduced cost to the CCG. If this is not confirmed, then one of the three homes in Bradford will be decommissioned, as per the business case, to provide the revenue required in 2019. The BCF winter resilience funding will be used to contribute to the revenue costs for the Council managed residential beds this winter as it was last year.

5.9. Outline costs plan for Saltaire plan

5.9.1 It is proposed that the former site of the Neville Grange residential care home in Saltaire is developed into a 50 bedded short term care home. In order to fund this scheme there will be a need to close two additional in house residential homes with the service provision transferring to the new building.

5.9.2 The cost of the new build would be met through a combination of corporate funding and prudential borrowing and is expected to cost in the region of £4.5m. The financial model supporting the proposal is showing that there would be an additional cost of £0.5m annually over the life of the scheme. There is a need to ensure that this annual shortfall is addressed and any funding to meet this gap is agreed before the proposal is taken to the PAG.

6. RISK MANAGEMENT AND GOVERNANCE ISSUES

6.1 In Bradford the 2 Bradford CCGs have undertaken considerable work in developing out of hospital integrated services, including a Community beds strategy.

6.2 In Airedale Wharfedale and Craven (AWC) CCG area, the development of new models of care is taking place in Airedale (Keighley/Silsden) and Wharfedale. The Council is fully participating in this work which includes developing services to reduce people needing to go into hospital and enabling people to transfer home or to a short term bed for assessment once they no longer require acute medical care. These programmes of work report into the AWC Health and Care Partnership Board.

6.3 The Better Health Better Lives programme is managing the Council's contribution to the partnership and this includes risk management of the Council's assets and resources.

6.4 The business case for the development of the Bronte school site for the Extra Care apartments and 50 bed residential unit was approved at the Project Assurance Group (PAG). The proposed business case for the development of a 50 bed unit on the Neville Grange site will also be submitted for approval to PAG.

7. LEGAL APPRAISAL

7.1 Duties of the LA under the Care Act 2014

7.2 Specific to this report are the principles of –

- promoting individual wellbeing set out in s.1 and
- preventing needs for care and support set out in s.2.

7.3 In terms of promoting diversity and quality in provision of services this is set out in Section 5 (1) and includes the market shaping duty, the duty of the LA to promote an efficient and effective market of care and support services for people in its area available to meet people's needs. In s.5 (2) the following must be considered by the LA (this list is not exhaustive) –

- having and making available information about service providers and the types of service they provide
- current and likely future demands for services and how providers might meet this demand
- enabling service users and carers to participate in work, education or training, where they wish to do so

- ensuring market sustainability
- fostering continuous improvement in the quality, efficiency and effectiveness of services
- fostering a workforce that can deliver high quality services.

It is important to note that when commissioning services consideration must be given to the effect of commissioning decisions on the wellbeing of the people using the services (this duty is explicitly set out in s.5(4)).

8. OTHER IMPLICATIONS

8.1 Equality & Diversity

8.1.1 The Public Sector Equality Duty under the Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it
- Relevant protected characteristics include age, disability, gender, sexual orientation, race, religion or belief.

8.1.2 The status quo is not sustainable, both in terms of the risks of continuing to deliver services in the buildings as they are and the impact of demographic growth on the existing pattern of service provision.

8.2 Greenhouse Gas Emissions Impacts

8.2.1 The overall impact of homes built between the 1960s – 1980s is that people would be cared for in more energy-efficient buildings. In particular, the plans for the proposed new-build homes would include modern energy and cost-saving measures in the design and build.

8.3 Community Safety Implications

8.3.1 Older people with dementia and other long-term conditions are among the most vulnerable people in the community. Providing high quality care and appropriate environment for care services is consistent with the Council's statutory duty to safeguard vulnerable adults.

8.4 Human Rights Act

8.4.1 The Human Rights Act 1998 makes it unlawful for any public body to act in a way which is incompatible with an individual's human rights. Where an individual's human rights are endangered, Local Authorities have a duty to balance those rights with the wider public interest and act lawfully and proportionately. For this report, the most relevant rights from the 16 covered in the Human Rights Act (1998) are:

- the right to respect for private and family life
- the right to peaceful enjoyment of your property (if this were interpreted broadly as enjoyment of one's home)
- the right to freedom from inhuman and degrading treatment
- the right not to be discriminated against in respect of these rights and freedoms.

8.4.2 The definition of adult abuse, in guidance issued under statute, is based on the concept of human rights: "Abuse is a violation of an individual's human or civil rights by any other person or persons". (No Secrets, Department of Health, 2000).

8.4.3 As with the equal rights considerations, the proposed changes are expected to have an overall positive impact on these considerations though there is a risk of adverse impact for individuals who live in the homes currently. In line with legal requirements and Council policy, vulnerable individuals and their friends, families and advocates have been and will continue to be involved in any consultation process and planning of changes, and that planning of change is fair and proportionate, and seeks to mitigate any identified adverse impacts of decisions made.

8.5 Trade Unions

8.5.1 All changes to staff employed by the Council are fully consulted with all trade unions via the Council's industrial relations agreements. No staff reductions are anticipated by any of the developments outlined in this report.

8.6 Ward Implications

8.6.1 All ward Councillors are either currently involved or will be briefed and involved in any of the developments or changes described in this report.

8.7 Area Committee Action Plan Implications (For reports to Area Committees only)

Not applicable

8.8 Implications for Corporate Parenting

Not applicable

8.9 Issues Arising From Privacy Impact Assessment

Not applicable

9. NOT FOR PUBLICATION DOCUMENTS

None

10. RECOMMENDATIONS

10.1 The Committee are invited to comment on this progress report.

10.2 The Committee note and comment on Section 2.4 - the proposed plan to develop integrated needs assessments based on wards and constituencies across the Bradford District to be used by the Council, NHS, and other partners as the basis for planning housing developments for older people and market development of the care market.

The needs assessment will map:

- demographic profile – older people, learning disabilities, physical disabilities, mental health
- health needs profile by Locality
- GP practice location/population
- current provision of social care paid for by the LA, support at home, extra care, nursing and residential care and day services
- voluntary and Community service assets, including community capital assets owned by the Council.

11. APPENDICES

Appendix 1 - Summary of Current In House Care Provision

Appendix 2 – BCF Metrics

13. BACKGROUND DOCUMENTS

None

Appendix 1

In House Care Provision (January 2019)

Area	Care Home	Total (beds)	Current Designation		Registration categories	Comment
			Long Stay	Short term		
Homes with specialist mental health registration						
Keighley BD22 6AB	Holmewood	28	9	16	Dementia	Recent Investment £378,000
Bradford BD15 7YT	Woodward Court	28	4	23	Dementia / challenging behaviour	Significant investment to make dementia friendly
Subtotal		56	13	39		
Homes with no specialist mental health registration						
Bradford BD2 4BN	Beckfield	34	8	25	Adults	Long stay beds are also used as IC beds
Bradford BD6 1EX	Norman Lodge	35	4	31	Adults	Unit to become short stay/IC
Bingley BD16 2EP	Thompson Court	37	5	32	Adults	
Subtotal		106	17	88		
TOTAL		162	30	127		

Appendix 2

The following are standard HWBB BCF national metrics which as in every area's BCF plan:

- Number of Non-elective admissions to acute care
- Long-term support needs of older people (ages 65+) met by admission to residential or nursing care homes, per 100,000 population
- Proportion of older people (aged 65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+)



Report of the Strategic Director of Health and Wellbeing to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday 24th January 2019.

AC

Subject:

Support for people with dementia and their carers post diagnosis

Summary statement:

The Committee last received a report in 2018 as part of an annual update this report will update progress made since the last report. The Bradford District Dementia Strategy group oversee the implementation of the dementia strategy implementation plan.

Dementia is a progressive disease characterised by memory loss and cognitive deficits and it is estimated that 5200 people will be living with Dementia across the District; this is expected to rise over the next 10 years as the number of older people increase.

It is therefore fundamentally important that people and their carers are supported by services which work together to enable people to plan and live their lives in the way they would choose after a diagnosis of dementia.

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Overview & Scrutiny Area:
Health and Social Care

1. SUMMARY

The Committee last received a report in 2018 as part of an annual update this report will update progress made since the last report. The Bradford District Dementia Strategy group oversee the implementation of the dementia strategy implementation plan.

Dementia is a progressive disease characterised by memory loss and cognitive deficits and it is estimated that 5200 people will be living with Dementia across the District; this is expected to rise over the next 10 years as the number of older people increase.

It is therefore fundamentally important that people and their carers are supported by services which work together to enable people to plan and live their lives in the way they would choose after a diagnosis of dementia.

2. BACKGROUND

2.1 Context

2.1.2 The Bradford Dementia Strategy and Action Plan 2015-20 was presented to Health and Social Care Overview and Scrutiny in autumn 2014, followed by its initial launch in June 2015. It was refreshed in November 2017 to re-focus local action and align the actions to the Well Pathway for Dementia set out in the 2016 Challenge on Dementia 2020: implementation plan and used in the NHS England Transformation Framework.

2.1.3 In March 2018 the Dementia Strategy Group presented a report on Post Diagnosis Support for People with Dementia to the Health and Social Care Overview and Scrutiny. The committee noted the report and requested a further update in one year. It was requested that the report should focus on the gap between diagnosis and specialist dementia care services.

2.1.4 We are currently reviewing our approach to post-diagnostic support for people with dementia, taking into account both the feedback from people living with dementia and their carers, and the recent guidance described above. The Clinical Commissioning Groups , Health and Wellbeing department (Public health and Adult services) are working together to develop integrated commissioning arrangements with the aim that multi agency integrated services will be provided to support people living with dementia and their carers to live their lives as independently as possible. The recent guidance **NICE guideline [NG97], June 2018. Dementia: assessment, management and support for people living with dementia and their carers** provides a good structure for the desired services, and we are working towards understand how this can and should be applied in Bradford.

2.2 Overview

2.2.1 Dementia is a progressive illness characterised by memory loss and reduced cognitive function. Often, dementia impacts on mood and behaviour in addition to the ability to carry out daily living activities. Dementia is not a single disease, rather it is a disorder caused by a number of underlying disease processes - the most common of which being Alzheimer's disease and vascular dementia.

- 2.2.2 Surveys between 1991 and 2011 found that the percentage of people aged 65 or over in the UK who living with dementia had reduced from 8.3% to 6.5%¹. This may be related to a healthier population with better education, prevention and treatment of risk factors than in previous cohorts. In care settings, however, 70% of residents in 2011 were diagnosed with dementia – a large increase compared to 1991.
- 2.2.3 Services for people with dementia and their carers in Bradford aim to keep people diagnosed with the disease active and independent for as long as possible, following the principles of Happy, Healthy and at Home. Services should maximise people’s autonomy and dignity, and should strive towards shared decision-making and personal control over their lives through person-centred community and social and health care.

3. Bradford population

- 3.1.1 The population of older adults in Bradford is expected to rise by 43% by 2035. This has clear implications for services for older people, and dementia is no exception. It is expected that the need for dementia services in Bradford over the next 10 – 20 years will increase vastly. An increase in the number of cases of dementia across all age groups is likely, increasing from around 5,200 cases today to 8,900 cases in 2035.
- 3.1.2 Of people aged 65 or more in the District, around 4,300 people were recorded on a GP register as having a diagnosis of dementia as of September 2017. This represents around 4 in every 5 people who are thought to have dementia and is one of the highest rates of diagnosis for those with dementia in the region, reflecting Bradford’s success in diagnosing people. A timely diagnosis enables people living with dementia, their carers, and health and care staff to plan accordingly and work together to improve health and care outcomes.
- 3.1.3 The proportion of younger people (aged under 65 years) recorded as having a diagnosis of dementia is higher in Bradford than the rest of the country on average. This may be due to either better diagnosis of dementia in this younger age group in Bradford, or a higher proportion of people having the disease, or a combination of the two.
- 3.1.4 People caring for a friend, family member or loved one with dementia play a vital role in the care of many people with dementia. In order to support those living with illness, it is essential that this group of people have the support they need. Compared to the rest of the country as a whole, more carers in Bradford report good quality of life measures. However, this still means that more than half of carers do not have as much social support as they wish.
- 3.1.5 Emergency hospital admissions can be distressing and disorientating for anyone. This is particularly true for people with dementia. In 2016/17, Bradford had a rate of emergency hospital admissions for people aged over 65 where dementia was mentioned which was similar to England, and lower than Yorkshire and the Humber. Considering that the rates of recorded dementia in Bradford and Airedale’s CCGs are higher than the regional and national averages, this suggests that local services are doing well at keeping people with dementia out of emergency care. This equated to 2,060 unplanned admissions to BRI with a primary or secondary diagnosis of dementia and 1,156 unplanned admissions to Airedale

¹ Matthews F. E., Arthur A., Barnes L. E., Bond J., Jagger C., Robinson L., et. al. (2013) A two-decade comparison of prevalence of dementia in individuals aged 65 years and older from three geographical areas of England: results of the Cognitive Function and Ageing Study I and II. *The Lancet*. 382; 9902: 1405-1412

in 2016/17 (please note that these are all admissions and could be for people registered outside Bradford and Airedale CCGs).

3.1.6 Dementia is often a life limiting illness. However, mortality rates can be compared against other areas to give an idea of the geographical variation in death rates of people with dementia. Bradford appears to have a higher mortality rate for people with dementia than Yorkshire and the Humber or England as a whole. The causes for this are unclear.

3.1.7 An important marker of quality of care is where people with dementia die. When asked in surveys, people tend to express a desire to die in their own home, with the least popular location to die being in hospital². In Bradford, more people with dementia are dying in their usual place of residence than in the rest of the country. Locally this means that fewer people are dying in hospital and more people are dying in care homes than in the country as a whole.

3.2 Current service provision

3.2.1 Diagnosis usually occurs in a Memory Assessment and Treatment Service (MATS). These are delivered by Bradford District Care Trust (BDCT) through their Older People's Community Mental Health Teams (CMHTs).

3.2.2 There are three Older People's CMHTs in the Bradford and Airedale areas. Each team will offer assessment, treatment and other interventions to older people with mental health conditions. The Teams are currently based within existing Trust properties at Horton Park Health Centre (South & West), Manningham Health Centre (Bradford City & North), Meridian House and Craven Centre (Airedale Wharfedale and Craven Team).

3.2.3 MATS are delivered weekly from 13 community-based GP practices across the district and an Older People's CMHT base in Keighley. There is an annual capacity for around 1,400 new referrals per annum from GP practices across the district, with average waiting times currently around 5-6 weeks in Airedale, Wharfedale and Craven, and 12-15 weeks in Bradford. In 2016/17 over 1750 new referrals were received, resulting in over 6000 planned contacts.

3.2.4 MATS provide initial assessment, diagnosis, treatment and initial review support to people suspected of having dementia. Around 50% of referrals result in a confirmed diagnosis of dementia. Combined, MATS services offer in excess of 3,000 appointments per annum across the district with input from psychiatry, psychology and nursing professions. Around 15% of all referrals are for patients from BAME communities, varying between 55% in Bradford to 6% in Craven. Only 9% of referrals are for patients of working age, with 91% aged 65yrs and above.

3.2.5 The Older People's CMHTs and Memory Services work closely with the carers' hub/ carers' resource in order to ensure support and advice for carers, having strong links with the Alzheimer's society through the memory clinics, and other age/cultural appropriate VCS organisations.

² Gomes B., Calanzani N. and Higginson I. J. (2011) Local preferences and place of death in regions within England 2010. Available online at: http://www.endoflifecare-intelligence.org.uk/resources/publications/lp_and_place_of_death

3.2.6 Each of the three Older People's CMHTs have a Care Home Liaison Practitioner dedicated to providing support to Care Home staff and residents within their CMHT catchment. The service operates Monday-Friday on a consultancy referral basis to offer guidance and advice in relation to and where appropriate assessment of, individual care home residents experiencing psychological distress as a result of mental health conditions including depression, anxiety, psychosis and dementia. This service supports around 120 care homes across the district. In 2016/17 it received 753 new referrals, delivering almost 300 contacts. The current provision needs to be linked with developments planned as a result of the CQC system review in February 2018 to work in partnership with care providers to improve services by developing an integrated service improvement team to include health, social care and therapeutic support.

3.2.7 The current service provision does not provide a 24 hour multiagency Support service for people living with dementia who are in crisis either in their own Home or in a care home this does not effectively support people to remain in their usual place of residence .This is a key issue to address in our integrated planning and operations as a health and care system and will involve urgent care, mental health crisis services, and out of hospital services working in partnership to connect up support across all sectors in order to coordinate personalised support planning and integrated multiagency responses.

3.3 Post-diagnostic Support

3.3.1 Post-diagnostic specialist support for people with dementia is commissioned partially by the Local Authority and partly by the three Bradford and Airedale CCGs via BDCT. A number of different services are commissioned, ranging from universal provision to highly specialist support.

3.3.2 People living with dementia will be supported with personal care services as outlined in the Care Act 2014 whether they are eligible for support under the Care Act funded by the Local Authority or are self-funding their own support .The Local Authority has a legal requirement to ensure there is sufficient supply of care services available. Some people will be eligible for fully funded continuing healthcare and this will be funded by the Clinical Commissioning Groups.

3.4 Community Services

3.4.1 A number of community services provide support, information and advice to people with dementia and their carers.

3.4.2 People diagnosed with dementia are automatically offered onward referral to a Dementia Advisor, making contact within two weeks of referral to provide information about diagnosis & treatment, carers' needs, community support, local services, benefits and legal advice. The Dementia Adviser works alongside Dementia Support Workers from diagnosis and throughout the dementia journey. This is run by the Alzheimer's Society and funded by both the Local Authority and the CCGs, and subsidised with voluntary income. As of September 2018 3,749 people with dementia and 3,650 carers of people with dementia were on the Bradford Alzheimer's Society database: 85% of all those registered with dementia in Bradford.

3.4.3 In addition, daytime community activities, including Wellbeing Cafés provided by the Alzheimer’s Society, are run across Bradford. Dementia-specific cafes host different activities and events for people with dementia and their carers.

Table 1: Dementia Cafés, with numbers attending 2018

Wellbeing Cafes	Apr	May	June	July	Aug	Sept
Ilkley	27	32	14	29	26	38
Eccleshill	34	27	35	18	28	35
Singing For The Brain						
Undercliffe	34	26	22	21	25	44
Ongoing Peer Support Activities						
Evening Cafe	12	4	10	0	15	20
Westcliffe Carers’ Group (Re-launched Oct 2018)	N/A	N/A	N/A	N/A	N/A	N/A

3.4.4 A café for patients from South Asian communities is currently being set up in Girlington Community Centre by the VCS organisation Sharing Voices. This service is being developed with the following aims:

- To raise awareness of dementia and challenge stigma among South Asian communities
- To support early diagnosis through improved access to memory assessment services
- To provide post-diagnostic support through the provision of advocacy
- To support carers from South Asian communities
- To build their knowledge and capacity within other services to work more effectively with the target communities
- To have a friendly and welcoming culture at the dementia café
- Language and cultural support
- Involvement in social activities and community events
- Confidence building activities to encourage independence
- Physical and mental health improvement activities
- To support access to other services around Bradford District

- Tackle lower rates of diagnosis among people living with dementia from BME and religious minority communities
- Set up a weekly dementia friendly swimming group for men and women

3.4.5 The Link worker for this service will also help people with dementia and their carers to understand the illness and manage symptoms, provide support to keep up community connections and make new ones, offer the chance to meet other people with dementia and their carers and family, and help to plan for future decision-making and support.

3.4.6 Other local community services include:

- Online resources covering Self-Care and prevention of dementia:
<https://www.bradford.gov.uk/health/self-care/self-care/>
- Memory Tree groups have recently been commissioned in Low Moor, Shipley & Idle, and Keighley
- A number of Wellbeing Cafés and other community projects across the district which anyone can attend
- Dementia counselling for all ages is commissioned by the Local Authority and provided by Relate
- Sharing Voices provide support for older people with dementia and mental health needs
- Carer's Resource provides support to all carers in the Bradford District and Craven including carers. This includes wellbeing reviews for the carer
- The Royal British Legion has a community Admiral Nurse in Bradford, who provides support to ex-service people with dementia and their families.

3.4.7 In the wider community, organisations (places of worship, healthcare providers, etc.), businesses and communities are encouraged and supported to become Dementia Friendly. This is a national initiative led by the Alzheimer's Society aiming to ensure that communities are "aware of and understand dementia, so that people with dementia can continue to live in the way they want to and in the community they choose". In order to become Dementia Friendly, organisations must be aligned to a Dementia Friendly community. Through the Dementia Strategy Group Bradford has recently become Dementia Friendly in order to support any organisation which wishes to in the District to become Dementia Friendly. The governing body for the three CCGs has recently taken the decision to become a dementia friendly organisation.

3.5 Social Care

3.5.1 The Care Act 2014-The Care Act (2014) introduced duties on local authorities to facilitate a vibrant, diverse and sustainable market for high quality care and support in their area, for the benefit of their whole population regardless of how the services are funded. It also places a duty on the local authority to ensure that there are prevention and wellbeing

services to support people and their carers to remain independent. The statutory guidance to the Care Act states the market should include a variety of different providers and different types of services. This should include a genuine choice of service type, not simply a selection of providers offering similar services. It must include services for older people. We want to move forward with offering personalised services for older people including people living with dementia. The guidance for Bradford Council has been refreshed in order to implement the Home First Vision. This is supporting the implementation of key benefits within the Happy, Healthy and at Home integrated health and care plan, including all social care and support providers workforce development - with the shared goal of ensuring a trained, quality workforce who have the relevant skills and appropriate working conditions, this includes supporting people living with dementia.

Connect to Support is a website for people looking for adult social services, advice and support. It has everything from local to national products and services, as well as links to information, specialist advice, local activities and community groups. It has a register of personal assistants to make it easier for people who want to take up a direct payment to find a PA.

Individual service funds (ISFS) are a personal budget option for adults assessed as being eligible for social support they give the opportunity to have more support flexibility to people who do not want or choose a direct payment. The person can choose a fund holding organisation (provider, Voluntary and Community organisation) to manage the direct payment and the organisation then work with the person or carer to design and develop personal support to meet their assessed needs.

Community Led Support principles –locally services are designed using these principles ,including co-production (bringing people and organisations together around a shared vision);a focus on individual communities (including community partnerships) ;enabling people to get support and advice when they need it so that crises are prevented; the culture becoming based on trust and empowerment; people are treated as equals , building on their strengths and gifts; keeping bureaucracy to a minimum ;and having a responsive, proportionate system which delivers good outcomes

3.5.2 **Safe and Sound and use of technology to support independence**

Safe and sound provides technology with a person's home to support them to live as safely as possible, it includes an alarm system which responds to various triggers and the call handlers can call nominated family or friends to respond, a response team including a response to a fall, ambulance and other emergency services. The technology is extensive but not fully utilised so we have plans in the next year to optimise its use to enable people to remain in their own home for as long as possible.

3.5.3 **Time out and Shared lives**

Time out is a service which provides support in a person's own home to enable a carer to have respite or a holiday. We have expanded the service to respond in a crisis to support a carer who maybe ill or a person with dementia who maybe unwell so that they can remain at home while they are treated with support from a trained carer in their own home while they recover, we hope this will prevent some admissions to hospital. Shared lives provides support to people in the carers home enabling a person's carer to have respite while the person cared for is supported in a carers own home.

3.5.4 Specialised Support is provided through specialist day care centres at Woodward Court (Allerton), Holmewood Resource Centre (Keighley) Local Authority Respite & Assessment Units are available at Woodward Court (Bradford), Holmewood (Keighley),

- 3.5.5 Extra care and supported living is supporting people with dementia to live independent lives and more developments are being planned. A new development in Keighley will open in April which will include 38 apartments specifically for people living with dementia, along with a 50 bed short term residential unit with specialist services for people living with dementia.
- 3.5.6 For those needing Residential and Nursing Home Care long term , homes suitable for patients with dementia are provided in 'EMI' registered facilities, with support from the Care Home Liaison Team and the Complex Care Team / Community Matron. This is an area where more needs to be done to support and work with care home providers to support staff and people living with dementia in their homes as identified in the Care Quality Commission System review in February 2018. This development is included in the enhanced care and health care in care homes work and will be monitored as part of the Integrated care system partnerships.

3.6 Specialist support

- 3.6.1 An annual review of physical health, changes in memory, and medication should be done each year for people with dementia by their general practitioner. This review includes advanced care planning, allowing people to make decisions about what they want for the future. Patients in all three CCGs in Bradford are more likely to have had a review in the past year than patients from the rest of the country on average.
- 3.6.2 In addition, a nurse review is undertaken three months after diagnosis, covering physical health, social needs, practical support, medication, wider mental health, any necessary sign-posting.
- 3.6.3 BDCT provides a dedicated mental health hospital liaison service for people aged 65yrs and above for each of the 5 general and community hospital sites across the district (BRI, St Luke's, Airedale General, Westwood Park & Westbourne Green). The service operates 6 days per week 9am-5pm supplementing the Accident & Emergency Mental Health Liaison Service by providing by direct referral guidance, advice and assessment of hospital in-patients experiencing psychological distress as a result of mental health conditions including depression, anxiety, psychosis and dementia.
- 3.6.4 The Hospital Liaison Service consists of a band 6 mental health nurse, occupational therapist, general nurse and consultant psychiatrist to provide a multi-disciplinary approach, working in active conjunction with general hospital MDTs and social work teams. Focus is on enhancing approaches to supporting patients with mental health needs in general hospital settings and ensuring effective and timely discharge support. The service receives around 750 referrals and provides over 1000 direct contacts per year.
- 3.6.5 For patients with or suspected of having dementia presenting with complex needs and / or behaviour that challenges, there is a 22-bedded specialist in-patient assessment unit for people from across Bradford & AWC Districts. The unit provides multi-disciplinary assessment, treatment and therapy, mainly under the auspices of the Mental Health Act, with patients experiencing an average length of stay of around 90 days. There are strong links with Older People's CMHTs and Care Home Liaison as the majority of patients either arrive from or are discharged to care home settings.

We have plans this coming year to develop a multiagency integrated team to support people who may be at risk of admission and to support transfers from the specialist unit .There is an opportunity to enhance the integrated offer in the local authority managed specialist dementia units for assessment and enablement to support people to remain the community.

3.7 What people have told us

3.7.1 We are currently undertaking a small scale engagement with people living with dementia and their carers on what is most important to them, and what enables them or would enable them to live in a way which is positive for them. This consultation is expected to be completed in January 2019. However themes have already emerged from recent feedback:

- Support from family is valued, particularly if this is a number of people and so we need to consider how we support rather than replace that.
- Carers' emergency plans were felt to be helpful, and the quality and level of detail in care plans important.
- The quality and reliability of care wherever that was provided was important, as was the ability to contact care services easily when needed
- Need for respite and support for carers
- The need for financial advice, including bank accounts, benefits & pensions
- Information about dementia and support available, including what to do in an emergency
- Strategies for carers to help them cope with daily practical issues, such as what to do when the person living with dementia can no longer drive
- Support with finding care homes was important
- Equipment and speed of delivery of this
- Support for people and their carers with early onset dementia was felt to be less well developed than services for older adults
- Importance of good communication between services and organisations
- Support through transitions, including transitions between services (e.g. from residential to nursing homes) and the changes in condition as the illness progresses.

3.8 National guidance

- 3.8.1 Two new pieces of guidance have recently been released, which are summarised below and included in full as appendices.
- 3.8.2 The National Collaborating Centre for Mental Health has recently published guidance for implementation of the Dementia Care Pathway, available online: <https://www.rcpsych.ac.uk/improving-care/nccmh/care-pathways>
- 3.8.3 NICE guideline [NG97], June 2018. Dementia: assessment, management and support for people living with dementia and their carers
- 3.8.4 This guidance places high emphasis on person-centred care, asserting the importance of human value, individuality, experiences, perspective, and relationships for people living with dementia and the needs of their carers.
- 3.8.5 The guidelines make recommendations in 13 key areas, of which the most pertinent to post-diagnostic support are:
- Involving people living with dementia in decisions about their care
 - Care co-ordination – including having a named care co-ordinator to assess the individual's needs, provide information about available services, develop and agree support plans, and to co-ordinate transfer of information between settings.
 - Interventions to promote cognition, independence and wellbeing
 - Assessing and managing other long-term conditions in people living with dementia
 - Palliative care
 - Supporting carers – including offering psycho/social education and skills training intervention that includes education about dementia; developing personalised strategies and building carer skills; training to help them provide care; training to help them adapt their communication styles; advice on how to look after their own wellbeing; advice on planning enjoyable and meaningful activities to do with the person they care for; information about relevant services and how to access them; and advice on planning for the future.

3.9 Dept. of Health & Social Care guidance, May 2018

- 3.9.1 The most important aspects of this guidance with regards to post-diagnostic support for people with dementia are:
- A care plan that sets out what sort of care the person with dementia and their carers might need & who will provide it
 - A named person for support (care co-ordinator) as a contact point for information and a once-a-year review

- Help with day-to-day activities and help for carers including what support people and their carers can get from the Local Authority as outlined in the Care Act 2014.
- Person-centred and outcome-focused care training for health and care staff
- Support to making decisions about the future including end of life care
- Opportunities for people with dementia and their carers to feedback about support
- Details on where to go for more information that is in an accessible format
- Offer carers of people living with dementia a psycho/social education and skills training intervention

4. DRAFT PRIORITIES FOR ACTION PLANNING FOR THE COMING YEAR

- 4.1 Apply the DH and social care guidance as outlined in 3.9 and those relating to Dementia and older people in the NHS Long Term Plan 2019 (background document, Section 10.1).
- 4.2 Undertake analysis on the current spend on services for people living with dementia and their carers across the system and use this as the baseline for future changes/developments
- 4.3 Work together as a system to develop multi-agency 24/7 crisis services for people with dementia which aims to keep people in their place of residence and prevent unnecessary admissions to acute and mental health hospitals as outlined in the NHS Long Term Plan January 2019.
- 4.4 Work together as a system to develop multi-agency teams/services which supports people and their families to live well in their communities by incorporating the expressed views/needs of people living with dementia and their families into the integrated working we are currently doing in some of our programmes of work. Include the needs of people and their families within the Community partnerships/Community led support initiatives, as outlined in the NHS Long Term Plan, January 2019.
- 4.5 Include the needs of people living with dementia into the current refresh of the end of life planning which will be undertaken this coming year.

5. FINANCIAL & RESOURCE APPRAISAL

The local authority currently funds around 1900 people at a cost of £20m a year, people who are self-funding their care in a care home will pay from £487 a week –£937 a week.

6. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 6.1.1 If there are no significant risks arising out of the implementation of the proposed recommendations it should be stated but only on advice of the Assistant Director Finance and Procurement and the City Solicitor.

7. LEGAL APPRAISAL

7.1 Duties of the LA under the Care Act 2014

7.1.2 Specific to this report are the principles of –

promoting individual wellbeing set out in s.1 and preventing needs for care and support s2.

7.1.3 In terms of promoting diversity and quality in provision of services this is set out in Section 5 (1) and includes the market shaping duty, the duty of the LA to promote an efficient and effective market of care and support services for people in its area available to meet people's needs. In s.5 (2) the following must be considered by the LA (this list is not exhaustive) –

- having and making available information about service providers and the types of service they provide
- current and likely future demands for services and how providers might meet this demand
- enabling service users and carers to participate in work, education or training, where they wish to do so
- ensuring market sustainability
- fostering continuous improvement in the quality, efficiency and effectiveness of services
- fostering a workforce that can deliver high quality services.

7.1.4 It is important to note that when commissioning services consideration must be given to the effect of commissioning decisions on the wellbeing of the people using the services (this duty is explicitly set out in s.5(4).

7.2 Mental Capacity Act 2005 (MCA)

7.2.1 The Mental Capacity is a wide ranging piece of legislation which includes legal provision and protection for people who are assessed as lacking capacity to make specific decisions in relation to their care, treatment and accommodation. The Deprivation of Liberty Safeguards (DoLS) came into force in April 2009. The DoLS are designed to ensure that Human Rights are upheld for people who lack capacity to consent to care and treatment within care settings such as Care Homes and Hospital and who are under consistent supervision and control and not free to leave. People may also be deprived of their liberty in other settings, including their own homes or Supported Living settings. Authorisations for these DoLS must be sought through Court of Protection. The MCA recognises that The Local Authority is the Supervisory Body responsible for the authorisations of the DoLS. Care Homes and Hospitals are the Managing Authorities and have the responsibility of identifying deprivations of liberty that may be occurring within their settings.

7.3 Mental Health Act 1983

The Mental Health Act 1983 is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder. The Mental Health Act is structured in many sections. Section 2 of the Mental Health Act is for admission to hospital

for assessment for a period of not exceeding 28 days. The person is admitted to hospital on the grounds that they have a mental disorder of a nature or degree which warrants the detention in hospital and is being admitted in the interests of their own health or safety, or with a view to the protection of other persons. Medical treatment for the mental disorder is undertaken under section 3 of the Mental Health Act.

7.3.1 The majority of people who are admitted to the Dementia Assessment Unit are admitted under section 2 of the Mental Health Act. If they go on to receive medical treatment this is under Section 3 of the Mental Health Act. Once the person is ready to transfer from hospital there are rules under Section 117 about the after-care arrangements which requires clinical commissioning groups and local authorities, in cooperation with voluntary agencies, to provide or arrange for the provision of after-care to people who have been detained in hospital for treatment.

7.3.2 After care service are defined as those services which have the purpose of meeting a need arising from or related to the person's mental disorder and reducing the risk of a deterioration of the mental disorder requiring admission to hospital again for treatment for mental disorder. Section 117 aftercare arrangements in the Bradford District have recently been subject to a joint audit.

8. OTHER IMPLICATIONS

8.1 Equality & Diversity

8.1.1 The Public Sector Equality Duty under the Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it
- relevant protected characteristics include age, disability, gender, sexual orientation, race, religion or belief.

8.2 Community Safety Implications

8.2.1 Older people with dementia and other long-term conditions are among the most vulnerable people in the community. Providing high quality care and appropriate environment for care services is consistent with the Council's statutory duty to safeguard vulnerable adults.

8.3 Human Rights Act

8.3.1 The Human Rights Act 1998 makes it unlawful for any public body to act in a way which is incompatible with an individual's human rights. Where an individual's human rights are endangered, Local Authorities have a duty to balance those rights with the wider public interest and act lawfully and proportionately. For this report, the most relevant rights from the 16 covered in the Human Rights Act (1998) are:

- the right to respect for private and family life

- the right to peaceful enjoyment of your property (if this were interpreted broadly as enjoyment of one's home)
- the right to freedom from inhuman and degrading treatment
- the right not to be discriminated against in respect of these rights and freedoms.

8.3.2 The definition of adult abuse, in guidance issued under statute, is based on the concept of human rights: "Abuse is a violation of an individual's human or civil rights by any other person or persons". (No Secrets, Department of Health, 2000).

8.3.3 As with the equal rights considerations, the proposed changes are expected to have an overall positive impact on these considerations though there is a risk of adverse impact for individuals who live in the homes currently. In line with legal requirements and Council policy, vulnerable individuals and their friends, families and advocates have been and will continue to be involved in any consultation process and planning of changes, and that planning of change is fair and proportionate, and seeks to mitigate any identified adverse impacts of decisions made.

8.4 NOT FOR PUBLICATION DOCUMENTS

None

9.0 RECOMMENDATIONS

- The committee are asked to note and comment on the report including the priorities for this coming year outlined in 3.9 and section 4.

10. BACKGROUND DOCUMENTS

10.1 The NHS Long Term Plan

Published January 2019

www.longtermplan.nhs.uk

10.2 Dementia: assessment, management and support for people living with dementia and their carers,

Published June 2018

NICE guideline

Nice.org.uk/guidance./ng97

10.3 The Dementia Care Pathway – Full implementation Guidance

National Collaborating Centre for Mental Health

Updated October 2018

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**Report of the Strategic Director of Health and Wellbeing
to the meeting of the Health and Social Care Overview
and Scrutiny Committee to be held on 24th January
2019**

AD

Subject:

Budget and Financial Outlook

Summary statement:

This report provides information on the initial draft savings proposals which are 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 discusses the forecast financial outlook for 2018/19.

Bev Maybury
Strategic Director of Health and Wellbeing

Portfolio: Health and Wellbeing

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Business Advisor Health and Wellbeing
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Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

- 1.1 The Council is continuing to face budget reductions as a result of the on-going national austerity measures and the proposals for the reductions are discussed in detail in the Proposed Financial Plan updates 2019/20 – 2020/21 Doc Z to the Executive on 4th December 2018.
- 1.2 This report gives a summary of the savings that are proposed for 2019/20 and 2020/21, together with information about the forecast outturn position for 2018/19.

2. BACKGROUND

- 2.1 The Health and Wellbeing service is made up of Adult and Community Services, Public Health and Environmental Health; the budgets for the years 2017-18 and 2018-19 are as per the table below.

Table 1

	Net		Gross	
	2018-19 £000	2017-18 £000	2018-19 £000	2017-18 £000
Public Health	283	825	43,440	44,809
Environmental Health	436	1,104	726	1,335
Adults	102,251	117,638	174,635	180,597
All Health and Well being	102,970	119,567	218,801	226,740

- 2.2 Adult and Community Services savings for 2018/19 are £8m and in the original budget plan approved by Council in February 2018, were a further £10m for 2019/20. £8m of the savings related to further Demand Management savings and there were two savings targets of £1m that were deferred from previous years (total of £10m). The savings of £10m for 2019/20 have since been reversed in the budget document of the 4th December 2018.
- 2.3 iMPower have been appointed to review the agreed savings proposals and are now working on what can realistically be achieved. Work will continue throughout the year to support the department to implement the changes required to achieve the savings.
- 2.4 Public Health savings approved and proposed are £4.4m for 2018-19 and £3.1m for 2019/20. In addition, there are reductions to the Public Health grant of £1.12m in 2018-19 and £1.09m in 2019/20.
- 2.4 Health and Wellbeing are currently forecasting a £5.3m overspend in 2018/19. This has reduced due to Central Government allocation of winter pressures funding of £2.3m. This grant is only available for two years so the pressure will recur in 2020/21. The £5.3m Overspend is predominantly related to Purchased Care and the inability to achieve the level of savings initially proposed.

3. REPORT ISSUES

3.1 Adult and Community Services

3.1.1 The total savings for 2018-19, in the approved Council budget for 2018-19 were £8m with a further £8m originally planned for 2019-20 and £2m of savings deferred from previous years and a further £8m in 2020-21. Given the mounting pressures on Adults budgets both locally and nationally, this level of savings is not possible. There are also recurring pressures of £6.9m in the budget.

3.1.2 During this year, iMPower have been appointed to review the savings plans and to model the achievable savings over the next three years. Whilst this is still work in progress, initial modelling is suggesting a reduced savings level of £14.4m over the three year period. This is profiled to be much lower in the early years and increasing in year 3.

Table 2

	2019-20	2020-21	2021-22	Total
	£000	£000	£000	£000
New Savings in line with iMPower work	1,587	4,477	8,379	14,443

3.1.3 As a result of the iMPower work; the revised savings target for 2019-20 is £1.6m, thereby allowing time to implement changes, reducing demand on residential and nursing placements, continue implementing the Home First Strategy and reviewing service users' needs.

3.1.4 Table 3 below shows the new position with the changes to the savings.

Table 3

	B/f savings from			
	2017-18	2018-19	2019-20	2020-21
	£'000	£'000	£'000	£'000
Public Health including Environmental Health		4,380	3,136	7,139
Adults original savings target	784	8,000	10,000	8,000
Adults - reverse savings target			-10,000	-8,000
Adults - new proposed savings target.			1,587	4,477
Total Health and wellbeing	784	12,380	4,723	11,616

3.1.5 In addition to reducing the savings, the council has taken steps to adjust the budget in Adults to set a new base budget that reflects the true financial position. In order to cover the structural overspend there has been a £6m investment in the 2019-20 budget. In addition there is funding for demographic growth, inflation and National Living Wage increases. Please refer to the executive report for further details.

Table 4

	2019-20	2020-21	2021-22	Total
Total Investments	13,189	6,420	3,800	23,409

3.1.6 Government have increased the National Living Wage and this will impact on the fees that we have to pay to providers. In addition, the providers are requesting that a cost of care exercise is undertaken to determine the true cost of providing care. This does not mean that the council will be in a position to fully fund the cost of care but a fee rate will be determined that we can work towards paying.

3.1.7 An estimate of funding for demographic growth in the executive report is £1.5m in 2019/20 and £1.7m in 2020/21 and this will assist with the funding for the predicted increase of 2% annually of our older residents who may require a service.

3.1.8 The savings target for 2018/19 is £8m and it is currently estimated that 27% of those savings will be achieved in year. Also, there were £0.7m savings b/f from 2017/18 and it is estimated that 78% will be achieved in this year. There will be a shortfall on the savings of £6m. This is largely due to being unable to achieve the savings as originally predicted.

3.1.9 DoLS has an increase in numbers of people needing an assessment largely due to the Supreme Court Cheshire West judgement in 2014. The recurring pressure on this budget is £0.9m with an ongoing requirement to fund increased numbers of Social Workers to ensure the service is meeting its statutory obligations and is operating safely.

3.1.10 Savings proposal for 2019/20 and 2020/21

We have already made significant cuts to the budget for Adult and Community Services over recent years. The council will put in an extra £19.6m over the next 2 years to cover pay rises, price rises and the extra numbers of people using the service, and for recurrent pressures largely due to the inability to fully achieve all the planned savings in previous years. We still need to make a saving of £14.4m over the next three years.

3.1.11 At the same time, the number of people in long and short term support, is expected to rise from 9,900 now to 10,100 in 2 years' time, which is a 2%

increase. We expect that the demand will continue to keep rising by 2% each year until 2030. This information is derived from statistics from Projecting Adults Needs and Service Information. <http://www.pansi.org.uk/>

- 3.1.12 Our demand management approach will be built around supporting people to be more independent and to think about what they can do rather than what they cannot do - an asset based approach. We want a more positive approach, so that people can live their lives to the full.

3.2 Public Health including Environmental Health

- 3.2.1 Public Health savings are £4.34m for 2018-19 and £3.1m for 2019/20. In addition, there are reductions to the Public Health grant of £1.12m in 2018-19 and £1.09m in 2019/20.
- 3.2.2 The department is forecast to balance the £0.3m net expenditure budget (£43.4m gross budget) and deliver the £4.4m savings as planned.
- 3.2.3 Savings proposal for 2019/20 and 2020/21 are shown in Appendix One.

3.3 Overall Summary of Health and Wellbeing

- 3.3.1 The total savings are £28.7m as shown in table 3 above
- 3.3.2 Current savings targets for 2018-19 are forecast to be 54% achieved overall, however, this is split between Adults achieving 31% of their savings and Public Health achieving 99% of their savings. This includes the savings which were brought forward from 2017/18.
- 3.3.3 Other budget pressures within Adults and Community Services amount to £6.9m.
- 3.3.4 Additional funding for Adults is estimated to be £19.6m over the next two financial years.

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1 This report discusses the financial savings proposals for the Health and Wellbeing service.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

This report is about the proposals for budget reductions over the next two years. The new proposals are currently being consulted on and each proposal has an Equality Impact Assessment. The risks associated with the proposals can be viewed in the main Executive document.

6. LEGAL APPRAISAL

The legal issues are discussed in detail in the Executive report.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

EQUALITY & DIVERSITY

To ensure that the Council complies with its moral and legal obligations on equalities and to support the Council to set the Budget for 2019-20 and 2020-21 in as fair and as transparent a way as possible, the draft proposals are subject to a systematic process of Equality Assessments (EAs).

Preliminary Equality Assessments have been carried out to support the development of the draft proposals and to give initial consideration as to how the draft proposals may affect particular groups and communities. Where any potential disproportionate impact on groups identified in the equality legislation is highlighted, the actions that could be taken to mitigate or remove those negative effects are considered.

7.2 SUSTAINABILITY IMPLICATIONS

The long term sustainability of the Council's ability to continue to provide support to people is under considerable pressure due to the increasing demand and the reduction in funding. This issue is not isolated to Bradford and is currently being discussed Nationally by the Government and other influential bodies.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

N/A

7.4 COMMUNITY SAFETY IMPLICATIONS

The potential implication of the saving proposals may have some community safety implications and these are outlined in both the saving proposal and associated Equality Impact Assessment.

7.5 HUMAN RIGHTS ACT

Since the Supreme Court (Cheshire West judgement in 2014) ruling around the mental capacity Act DoLS, there has been an increase in demand in request for authorisation. Locally we have seen a 10 fold increase in demand. It is anticipated that as the Council better understand the implication of this work, there will be at this stage un-qualified cost of legal expense in keeping with our legal requirements for the Human Rights Act.

7.6 TRADE UNION

The new proposed savings will have some staffing implications and these will need to be identified, there will also be a need to change the way work is currently done.

7.7 WARD IMPLICATIONS

No specific Ward implications

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

7.9 IMPLICATIONS FOR CORPORATE PARENTING

N/A

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

N/a

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

For information only

10. RECOMMENDATIONS

That the Committee notes and provides feedback on the Executive's draft proposals as summarised in this report.

11. APPENDICES

Appendix 1 –draft budget proposal of Health and Wellbeing savings

12. BACKGROUND DOCUMENTS

- Budget workings papers
- Budget savings trackers
- Quarterly Financial reports to the Executive
- SAP
- Budget Executive report
- Equality Impact Assessments

Appendix One			2019-20	2020-21
Department	Saving description		£000	£001
Adult and Community Services - Operational Services	4A1 - Adults Overall Demand Management Strategy - now working with iMPower on the trajectory modelling		1,587	4,477
Adult and Community Services	Total		1,587	4,477
	Savings Description	Mitigation	2019-20	2020-21
Public Health	4PH1 - School Nursing and Health Visiting - service based efficiencies – primarily management, back office, vacancy control and applying skill mix	The Service is being procured during 2018/19 with a new service model and reduced value contract commencing in 2019/20. This will include Health Visiting, School Nursing and Oral Health Services in one service specification and the new service will be fully aligned to the Prevention and Early Help Model. Efficiencies are anticipated from a new service model combining the service areas with savings made in eg estates and buildings costs and by applying skill mix to the staffing structures. There are risks to not securing a new contract and the Council is scoping other options should this arise though remains confident of continued delivery of a safe and effective service.	1,959	988
Public Health	4PH10 - Public Health – reduction in staffing in line with redirecting investment profile towards reducing demand and maintaining health and wellbeing	The PH team will undergo restructure in 2019, this will include statutory consultation where required for redundancy in 20/21 (or before). Restructure will support the team in a redesign to continue business, commissioning and advisory functions whilst developing and continuing public health functions to support prevention and living well.	310	350
Public Health	4PH2 - Substance Misuse Service – combination of redesign, re-commissioning and ceasing recovery service, dual diagnosis service, supervised medication programme, inpatient detoxification services.	This proposal was consulted upon last year . 1.Recovery Service proposal achieved through procurement of new service.2. Dual Diagnosis –scaled down incrementally working with provider. 3. Supervised Medication – new recovery service has reviewed prescribing and reduced demand along with a change to medication offered which will reduce costs. 4. Inpatient detox –demand reduced and mitigated by including within new recovery service and provider taking over responsibility. 5. Needle Exchange – Identified as high risk budget pressure. Costs reduced following review and funding will agreed to be provided through PH Budget.	625	2,919
Public Health	4PH3 - Sexual Health - combination of redesign, review and ceasing services Health development with young people, sex and relationship education in	The budget for the ISRHs service will be reduced through a combination of redesign and review of services, and contracts. The Sexual and Reproductive health service is commissioned as part of a wider Sexual Health economy with GPs providing oral contraception and	0	648

	schools, emergency hormonal contraception	some STI testing which is commissioned by NHSE as part of their core service offer. Bradford residents will be able to access Sexual and Reproductive Health services via their GP practice and the Integrated Sexual and Reproductive health service which is situated centrally within the city centre making it accessible to all with spokes across the district. RSE is to become mandated for schools in 2020.		
Public Health	4PH4 - Tobacco – combination of redesign, review and ceasing services	To achieve the 40% budget reduction the proposal is to redesign the stop smoking service moving away from the current universal offer. The new service model will target stop smoking support including stop smoking medication to priority populations and individuals that are known to experience high smoking prevalence or require specific targeting e.g. pregnant smokers	2	304
Public Health	4PH8 - Warm Homes Healthy People – reduction in the short term winter activity based programme	This proposal was consulted on last year. Currently officers are exploring mitigation which would see a continuation of funding from the CCG (£30K) and an additional investment of £20k from the LA's winter resilience fund to continue the priority aspects of the scheme relating to fuel poverty. This is under discussion but not agreed	20	0
Public Health	5PH1 - A Home From Hospital Service – Bradford Respite and Integrated Care & Support Service (BRICCS) – review and redesign of the service.	The proposal was consulted on last year – the PH contract will terminate with the provider on 31 st March 2019 Public Health has undertaken a review of the service in 2018/19 with options for redesign being provided. These will be fully considered by partners in January 2019 in consultation with provider. Redesign requirements identified based on district and partner need. Consideration will be given to delivering the service through the BCF or new monies. The time frame for 2019/20 start, aligns to CCG/Council reviewing current BCF spend against outcomes.	170	0
Public Health	6X1 Welfare advice and Customer Service transformation - Fundamental change to the way the council and its partners deliver customer facing services, focussing on customers getting the right support at the right time	There is a range of activity relating to this proposal with a separate transformation programme being managed centrally involving cross departmental representatives; Futuregov and the VCS. This is aimed towards streamlining the customer services offer and reducing demand and wasted demand in the system. It cannot fully mitigate the level of the proposed reductions but it can focus support better for those more vulnerable households		1,700

Public Health	Air Quality monitoring programme- reduction in posts in pollution team and reduce the numbers of operational air quality management stations from seven to four.			55
Public Health	Health Checks - It is proposed that the current service will cease in 20-21 when it is no longer mandated. Options for efficient and targeted delivery of the programme will be explored with CCG's to consider how Health checks and Healthy Hearts can work in a complimentary and more effective way.	The contracts with GP providers will end in 2020. There may be a need for a Statutory Consultation should the service continue to be mandated post 2020. Contingency would be to work closely with CCGs to utilise existing prevention services for early identification and redesign other services to ensure a focus on prevention activity.		175
Public Health	Total		3,086	7,139
Health and Wellbeing Total			4,673	11,616



Report of the City Solicitor to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 24 January 2019

AE

Subject: Health and Social Care Overview and Scrutiny Committee Work Programme 2018/19

Summary statement:

This report presents the work programme 2018/19

Parveen Akhtar
City Solicitor

Portfolio:

Healthy People and Places

Report Contact: Caroline Coombes
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1. **Summary**

1.1 This report presents the work programme 2018/19.

2. **Background**

2.1 The Committee adopted its 2018/19 work programme at its meeting of 12 July 2018.

3. **Report issues**

3.1 **Appendix A** of this report presents the work programme 2018/19. It lists issues and topics that have been identified for inclusion in the work programme and have been scheduled for consideration over the coming year.

4. **Options**

4.1 Members may wish to amend and / or comment on the work programme at **Appendix A**.

5. **Contribution to corporate priorities**

5.1 The Health and Social Care Overview and Scrutiny Committee Work Programme 2018/19 reflects the ambition of the District Plan for 'all of our population to be healthy, well and able to live independently for as long as possible' (District Plan: Better health, better lives).

6. **Recommendations**

6.1 That the Committee notes the information in **Appendix A**

7. **Background documents**

7.1 Constitution of the Council

8. **Not for publication documents**

None

9. **Appendices**

9.1 **Appendix A** – Health and Social Care Overview and Scrutiny Committee work programme 2018/19

Democratic Services - Overview and Scrutiny

Appendix A

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda	Description	Report	Comments
Tuesday, 5th February 2019 at City Hall, Bradford			
Chair's briefing 21/01/2019. Report deadline 23/01/2019			
1) Children and Young People's Mental Health	JOINT MEETING WITH CHILDREN'S SERVICES OSC: Update on progress	Sasha Bhatt	Young people to be invited to attend (resolution of 28 Nov 2017)
Wednesday, 20th February 2019 at City Hall, Bradford			
Chair's briefing 05/02/2019. Report deadline 07/02/2019			
1) Primary medical care update - Bradford District and Craven	Annual update on the initiatives that CCGs and primary care providers are undertaking to improve the quality of services delivered, including access and how they are engaging patients in the process	Clinical Commissioning Groups (Victoria Wallace)	Resolution of 8 February 2018
2) Bradford and Airedale Stroke Service	Update on the action plans to improve the Bradford and Airedale Stroke Service	Kath Helliwell	Resolution of 8 February 2018
3) Autism (specialist support and access to wider services)	Report to respond to the recommendations of Healthwatch Bradford and District's report on autism including issues raised at the Committee's meeting of 6 September 2018	Jane Wood / NHS	Resolution of 6 September 2018
Thursday, 21st March 2019 at City Hall, Bradford			
Chair's briefing 06/03/2019. Report deadline 08/03/2019			
1) Advocacy Services	Update following the recommissioning of advocacy services to include performance on meeting statutory requirements	Kerry James (service users and voluntary sector to be involved)	Resolution of 7 September 2017
2) Digital Health	To be scoped but to include the use of technology in primary care, care homes and in people's own homes	TBC but to include providers and stakeholders	Resolution of 12 April 2018
3) Cancer and lung cancer	To be scoped	Ian Wallace / Ian Fenwick	

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