

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Wednesday, 20 February 2019 in Committee Room 1 - City Hall, Bradford

Commenced	4.30 pm
Concluded	6.50 pm

Present – Councillors

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

NON VOTING CO-OPTED MEMBERS

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

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

Apologies: Councillor Andrew Senior

Councillor Greenwood in the Chair

66. DISCLOSURES OF INTEREST

The following disclosures were made in the interest of transparency:

- (i) Susan Crowe disclosed that her organisation (Bradford Talking Media) had a contract with the Clinical Commissioning Groups and the local authority's Health and Wellbeing department and was delivering work in partnership with autism specialist services. She also disclosed that she was a member of a Patient Participation Group.
- (ii) Councillor A Ahmed disclosed that she was a Governor for the Bradford District Care NHS Foundation Trust, she worked for the Yorkshire Ambulance Service and had a family member who worked for a Hyper

Acute Stroke Unit.

- (iii) Sam Samociuk disclosed that he was the Chair of a Patient Participation Group and a member of the Peoples Board.
- (iv) Cllr Greenwood disclosed that she was a member of a Patient Participation Group.

ACTION: City Solicitor

67. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

68. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

There were no referrals made to the Committee.

69. PRIMARY MEDICAL CARE UPDATE - BRADFORD DISTRICT AND CRAVEN

Previous reference: Minute 68 (2017/2018)

The report of NHS Airedale, Wharfedale and Craven CCG, NHS Bradford City CCG and NHS Bradford Districts CCG (**Document “AF”**) outlined the initiatives that the CCGs and primary care providers were undertaking to improve the quality of services delivered, which includes access and how they were engaging patients in the process.

Members were provided with a summary of the report. An omission in the report, within paragraph 2.3 was corrected; there were two GP Practices in Bradford with an inadequate rating which were The Heaton Medical Practice and Avicenna Medical Practice. Members were assured that improvement plans had been put in place for these two practices to ensure that the quality in both improved. An update was also provided that the one practice that was cited in the report as ‘requires improvement’ was now rated ‘good’.

Following a summary of the results from the patient survey, Members were informed that City Health, located in the Bradford City CCG area, was due to launch a ‘patient voice portal’ on 1 March 2019, across a number of digital platforms. This was to improve their patient engagement and in response to the low response rate from the GP patient survey for that area.

It was reported that the name for Primary Care Home had been changed to Community Partnerships following the Committee’s previous comments about the appropriateness of the name.

In response to Members' questions, it was reported that:

- Nationally, the recruitment of GPs was being considered from beyond the EU due to Brexit.
- Social media was used to promote the patient survey. Suggestions on how to further promote the survey were welcomed.
- The initiatives listed in paragraph 3.1.3 of the report were part of a national programme of support and practices chose the initiatives that were relevant to them.

The Chair stated that members of her Patient Participation Group had gone into the practice to encourage patients to complete the GP patient survey which had resulted in a better response rate.

A Member stated that the effectiveness of Patient Participation Groups varied and questioned what could be done to make them work better. In response it was reported that a regular forum was held to share good practice and learning and that there were Patient Engagement Leads within the Bradford City CCG area and part of their role was to help facilitate the Patient Participation Groups. It was reported that Patient Engagement Leads had been received well, practices had seen an increase in patient engagement and discussions had been undertaken about extending this role out across other CCG areas.

In response to a Member's question about the reality of the take up of the extended access (as outlined in paragraph 3.1.4 of the report) it was stated that, whilst statistics were not available at the meeting, there had been a good uptake of appointments being utilised and usage of all three hubs was carefully monitored. It was also reported that practices were considering how many (non-acute) appointments could be booked ahead. Technical issues with the NHS 111 service on a national level were reported and members were informed this was being dealt with.

A Member queried whether the diversity within the workforce reflected the population it served locally. In response, it was reported that the workforce returns did not provide this level of detail but enquiries would be made to find out if this data was available for Members.

A discussion took place about the low uptake of the cervical screening programme, particularly amongst South Asian women. It was reported that CCGs were undertaking initiatives to raise awareness and increase the uptake.

Resolved –

That a further report be submitted to the Committee in a year's time to include information on the patient voice portal and community navigators and that patient engagement leads working in the Bradford City CCG area be invited to attend.

ACTION: NHS Airedale, Wharfedale and Craven CCG, NHS Bradford City CCG and NHS Bradford Districts CCG

70. STROKE SERVICES - UPDATE

Previous reference: Minute 66 (2017/2018)

The report of NHS Bradford City CCG and NHS Bradford Districts CCG (**Document “AG”**) outlined the work and progress to date since the last report on the provision of a single hyper-acute stroke unit (HASU) which allows rapid patient access to specialist care and treatment and then transfer to a dedicated stroke unit for rehabilitation once patients are stabilised. The report also detailed plans to continue to develop a sustainable, high quality stroke service in the future.

The Chief Medical Officer at Bradford Teaching Hospitals NHS Foundation Trust provided a summary of the report which outlined the progress over the last 12 months. He provided a brief history of the background to the service which saw the Airedale HASU move to Bradford Royal Infirmary in 2015. He stated that the service had developed a strong frontline workforce which considered the whole patient pathway for stroke services rather than the HASU working in isolation. Following treatment on the HASU, which was usually between 24 and 72 hours, Airedale, Wharfedale and Craven patients were transferred back to Airedale General Hospital for the rest of their care.

He referred to the Sentinel Stroke National Audit Programme (SSNAP) results as stated in paragraph 3.2 of the report which showed that Airedale had stayed at a rating of ‘D’ and Bradford had improved from an ‘E’ to a ‘B’ rating. He stated he was confident Bradford would be able to at least maintain its ‘B’ rating, although it was aiming for an ‘A’ and that measurable improvements had been made to the service in Airedale, therefore a ‘C’ rating was anticipated as an outcome of the next reporting period.

Members were reminded of the particular workforce challenges that had been present in Airedale General Hospital in relation to stroke services prior to the re-location of its HASU in 2015, which, in hindsight, was considered the right decision. Members were informed that the centralisation of HASUs was now becoming commonplace across the country and lessons were being learned from Bradford’s stroke services. It was stressed that Airedale General Hospital maintained capacity to repatriate patients from Bradford Royal Infirmary as soon as they were ready to leave the HASU and ways in which the entire workforce, across Bradford and Airedale’s stroke services, aimed to provide consistency of care were outlined.

The Head of Collaboration for Stroke Services across Bradford and Airedale spoke of the work being undertaken around patient engagement to gain a better understanding of the patient pathway. She stated that a single stroke patient survey was due to be rolled out in March 2019 and outlined the work that was being undertaken with Healthwatch over the next 12 months which included the recruitment of a stroke ambassador to aid this work.

The Chair thanked officers for their report and commended the amount of progress that had been made within stroke services since last reported to the Committee in February 2018.

A Member commented that the SSNAP results had remained poor for Airedale

compared to those for Bradford and questioned what the timescale was to improve the rating for Airedale. In response, the Chief Medical Officer explained that most quality improvements took six to twelve months to fully implement and sustaining them took much longer. He explained that there was a two month time lag between audits being published and that he was confident that if the current rate of improvement continued the whole system would be rated ‘good’.

In response to Members’ questions, it was reported that:

- A number of small changes had helped to improve the SSNAP rating for Bradford e.g. re-organising the order in which patients were seen for physiotherapy so that new patients were seen first and increasing therapy time from 40 minutes to 45 minutes to meet one of the targets.
- There was no difference to patient outcomes whether they were admitted to the HASU on weekdays or weekends as there was 24/7 cover.
- Data in relation to SSNAP targets was now also collected internally on a weekly basis and fortnightly meetings were held with clinical staff to discuss them. If a SSNAP target had not been met, ways in which to meet it next time were considered.

Members welcomed the progress made to date.

Resolved –

- (1) **That the improvements made in stroke services over the last 12 months be commended and welcomed.**
- (2) **That future progress be monitored through the CCGs’ annual performance report to the Committee.**
- (3) **That the Committee notes the commissioned work that Healthwatch will be undertaking on patient voice and on-going service improvements and that Healthwatch be invited to a future meeting to report back on this work.**

ACTION: Scrutiny Lead Officer/ NHS Airedale, Wharfedale and Craven CCG, NHS Bradford City CCG and NHS Bradford Districts CCG

71. AUTISTIC SPECTRUM CONDITIONS: ACCESS TO SUPPORT IN BRADFORD AND DISTRICT

Previous reference: Minute 21 (2018/2019)

Document “AH” set out a joint response from the Council and NHS to the recommendations made by Healthwatch Bradford and District, presented to the Committee in September 2018, on the experiences of autistic people across the area on accessing support.

The Assistant Director Commissioning and Integration stated that, since the previous report to the Committee, the authority had submitted its Autism Self-Assessment to Public Health England (attached as Appendix 2 to Document “AH”). This was an assessment that was required every 18 months and

information from it was used by Public Health England for its national report and to highlight areas of concern and areas of good delivery. She stated that whilst there were many ‘amber’ ratings and areas requiring improvements in Bradford, actions to address the recommendations from the Healthwatch report were outlined in Appendix one and would be included in a new SMART (specific, measurable, achievable, resourced and time-bound) Action Plan, which would be developed by the newly formed Autism Strategy Group/Partnership Board.

The Director of Strategic Partnerships, Bradford District and Craven CCGs, stated that, in 2018, the CCGs approved non-recurrent funding to tackle the Bradford and Airedale Neurodevelopment Service (BANDS) waiting list which had had 160 patients on it waiting for a diagnostic assessment. He informed Members that work had been undertaken collaboratively with providers from Leeds and the number of patients on the waiting list (which was currently closed to new referrals) was expected to be reduced to zero by summer 2019. He explained that a tried and tested system in Leeds had been used to sift out patients on the waiting list who did not need a diagnostic assessment; these patients had been referred by their GP and a simple screening process determined whether a diagnostic assessment was the correct path for them. He further explained that the quality of the service in Bradford was already good but ways to improve the efficiency of the system had been identified and advised on by experts from Leeds.

The Chair raised strong concern that the information presented in relation to 160 patients on the BANDS waiting list was new information to the Committee as it was not contained within the report.

The Assistant Director, Commissioning and Integration, stated that Bradford CCGs were contributing to the development of the Autism work stream of the West Yorkshire and Harrogate Integrated Care System which was seeking to consider alternative sustainable approaches to delivering high quality adult autism diagnostic services which linked to local care pathways.

In response to Members’ questions, it was reported that:

- The decision to work in partnership with Leeds had been taken due to their expertise, to add to Bradford’s skillset and the ability to work at the West Yorkshire level. There were many synergies to be gained from partnership working with Leeds.
- Triage forms were completed by the GP when they referred patients for a diagnostic assessment.
- If, following an initial assessment, a patient on the BANDS waiting list did not require a full diagnostic assessment, they were signposted to alternative services.

In response to a Member’s question that had raised concerns about patients who could not get onto the BANDS waiting list since its closure in 2016, it was explained that 107 requests for assessment had been made to the individual funding requests (IFR) panel whilst referrals to BANDS was closed and 40 of these had resulted in a formal referral. In response to a further question, it was stated that there was a backlog of demand that had not yet impacted on the IFR panel but work was being undertaken to address this to ensure the service had the capacity to meet demand.

A Member raised concern about whether the service was at a stage where it fully understood that signposting patients to other services was working well.

A Member suggested mandatory training on autism for all GPs which would aid them in completing the triage forms when they were referring patients for a diagnostic assessment.

Following concerns from Members about the information lacking in the report about the BANDS waiting list and plans to meet demand in future, the Scrutiny Lead officer suggested that she and the Chair convene a group of Members to look at the plans for the service going forward, prior to May 2019.

Resolved –

That an informal meeting be convened for the Committee to be updated on the planned developments in the adults diagnostic service and consideration be given at that meeting to the next steps the Committee wishes to take in scrutinising this issue.

ACTION: Strategic Director, Health and Wellbeing

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

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

It was agreed that, further to the consideration of the Strategic Director, Health and Wellbeing's Budget and Financial Outlook report (Document "AD") at the Committee's meeting on 24 January 2019, a report on the 'Adults Overall Demand Management Strategy' be added to the Committee's 2019/20 work programme and that the independent consultants (iMPOWER), that had been appointed to review the agreed savings proposals, be requested to attend to explain how the savings would be realised.

Resolved –

- (1) That the information contained in Appendix A to Document "AI" be noted.**
- (2) That a report on the 'Adults Overall Demand Management Strategy' be added to the Committee's 2019/20 work programme and that iMPOWER be requested to attend.**

ACTION: Scrutiny Lead Officer

Chair

Note: These minutes are subject to approval as a correct record at the next meeting of the Health and Social Care Overview and Scrutiny Committee.

THESE MINUTES HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER