

Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Wednesday, 20 February 2019 at 4.30 pm in Committee Room 1 - City Hall, Bradford

Members of the Committee – Councillors

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

Alternates:

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

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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: Palbinder Sandhu
Phone: 01274 432269/432270
E-Mail: palbinder.sandhu@bradford.gov.uk

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. 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.

(Palbinder Sandhu - 01274 432269)

4. 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

5. PRIMARY MEDICAL CARE UPDATE - BRADFORD DISTRICT AND CRAVEN 1 - 8

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"**) outlines the initiatives that the CCGs and primary care providers are undertaking to improve the quality of services delivered, which includes access and how they are engaging patients in the process.

Recommended –

That the Committee:

- (1) Receive and note the CCGs' commitment and actions taken to improve access to appropriate primary medical care services.**
- (2) Receive and note initiatives that are being developed that will impact the primary medical service offer to residents.**

(Victoria Wallace – 01274 237524)

6. STROKE SERVICES - UPDATE 9 - 16

Previous reference: Minute 66 (2017/2018)

The report of NHS Bradford City CCG and NHS Bradford Districts CCG (**Document "AG"**) outlines 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 detail plans to continue to develop a

sustainable, high quality stroke service in the future.

Recommended –

That the Committee:

- (1) Receive, note and acknowledge significant progress made on the Stroke service across Bradford and Airedale.**
- (2) Support the work underway to establish a single stroke service.**

(Kath Helliwell - 01274 237735)

7. AUTISTIC SPECTRUM CONDITIONS: ACCESS TO SUPPORT IN BRADFORD AND DISTRICT 17 - 66

Previous reference: Minute 21 (2018/2019)

Document “AH” sets 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.

Recommended –

- (1) That the Health and Social Care Overview and Scrutiny Committee endorse the plans to re-establish the Autism Strategy Group who will oversee the delivery of a SMART (specific, measurable, achievable, resourced, timed) action plan that will demonstrate improvements for people with Autism in Bradford.**
- (2) That a further update report be submitted to the Health and Social Care Overview and Scrutiny Committee to show the progress against the action plan in 12 months’ time.**

(Jane Wood – 01274 437312)

8. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2018/19 67 - 70

The City Solicitor will present the Committee’s Work Programme 2018/19 (**Document “AI”**).

Recommended –

That the information in Appendix A of Document “AI” be noted.

(Caroline Coombes – 01274 432313)



**Report of the NHS Airedale, Wharfedale and Craven,
NHS Bradford City and NHS Bradford Districts to the
meeting of the Health and Social Care Overview &
Scrutiny Committee to be held on 20th February 2019**

AF

Subject: Primary Medical Care Update – Bradford District and Craven

Summary statement: NHS Airedale, Wharfedale and Craven CCG, NHS Bradford City CCG and NHS Bradford Districts CCG continue to work with patients and stakeholders to improve the quality of all services they commission and to fulfil their statutory duty to improve the quality of primary medical care.

Portfolio: Healthy People and Places

Report Contact: Victoria Wallace
Phone: (01274) 237524
E-mail: victoria.wallace@bradford.nhs.uk

1. Summary

- 1.1 This paper describes initiatives that CCGs and our primary care providers are undertaking to improve the quality of services delivered, which includes access and how they are engaging patients in the process.
- 1.2 Within this report if there is a difference in approach between the three CCGs then this is clearly highlighted. Therefore, if this is not stated then the information presented can be taken as a standard approach across the three organisations.
- 1.3 This report will provide information on the changes made by the CQC and their inspection regime, the impact that this has had locally and the changes that the CCG has introduced to mitigate impact.

2. Background

- 2.1 The CCGs previously reported that there was a recognition that the traditional model of general practice is unlikely to be sufficient to deliver its objectives. Therefore NHS England is supporting the development of new ways of providing and commissioning services. To set out our delivery of this the CCGs have developed 5 year primary medical care commissioning strategies. The CCGs are currently completing a refresh of these strategies which describe our progress with delivery and will reflect the aspirations of the NHS Long Term Plan as published in January 2019.
- 2.2 GP practices in Bradford vary in size when comparing the registered population that they serve (2,275 to 23,179) and as a result of financial pressures we are now seeing differing models of delivery across Bradford District and Craven. There is an emergence of “Super Partnerships”, (multiple partners under one agreement holding a number of contracts) and also the merger of contracts into single form, delivered from existing sites. This enables GP partners to work at scale and to realise some economies of scale, including opportunities for improving the skill mix within general practice.
- 2.3 The CQC in 2018 changed how they inspect GP practices. They did this as they reached a milestone in that they had rated 91% of all practices across England, as either Good or Outstanding. They will now only routinely inspect practices on a 5 yearly basis, but will re-visit practices where there has been a significant change in leadership or contract change (e.g. a partnership or contract merger). The CQC have also changed how they complete the inspections, with there now being a more focused inspection on any apparent “weak spots”. All practices that have been inspected under the new regime have found the more focused inspections challenging.

In Bradford the current ratings are:

Outstanding:	3
Good:	53
Requires Improvement	1
Inadequate:	2

Those GP practices with an outstanding rating are: Tong Medical Practice, Windhill Green Medical Centre, Bevan Healthcare CIC

The GP practice with an inadequate rating is: The Heaton Medical Practice

The Airedale, Wharfedale and Craven ratings are:

Outstanding:	1
Good:	15

The GP practice with an outstanding rating is: Dyneley House Surgery

2.4 The CCG's as delegated commissioners of primary medical care are required to monitor the contracts held by GP practices. The CCG's have therefore developed a local quality assurance process alongside the nationally published guidance manual that describes the requirements of the CCG as a delegated commissioner. Our Primary Care Commissioning Committee as a Committee in Common oversees the implementation of this process and how individual GP practice performance is monitored.

2.5 The CCGs continue to work with practices to improve the offer of access to the most appropriate person within the practice or an alternative service provider, support agency, including the expansion of patient on-line services. The view is that with the active sign posting and digital offer the GP practice will have additional capacity to see patients based on need.

3. Report issues

3.1 Improving Access and Managing Demand

3.1.1 The most recent results of the national GP patient survey data (Jan to March 2018, published in August 2018) indicate that patients who gave a positive answer to the question: "Overall, how would you describe your experience of making an appointment?" responded as follows:

England average	69%
Airedale, Wharfedale and Craven average	69%
Calderdale (comparator CCG to AWC)	73%
Bradford City average	58%
Tower Hamlets (comparator CCG to City)	65%
Bradford Districts average	63%
North Kirklees (comparator CCG to Districts)	64%

This represents most recent published data as the survey is now only undertaken on an annual basis (previously bi-annual). It should be noted that when comparing

the above results with the previous year there has been a national reduction in satisfaction rates of 4%, the local position is as follows:

- a decrease of 5% in satisfaction for AWC CCG
- a decrease of 2% in satisfaction for Bradford City CCG
- a decrease of 1% in satisfaction for Bradford Districts CCG

As reported last year within AWC CCG there is one practice that is an outlier in relation to the national patient survey. The experiences their patients report still 'skew' the overall CCG results due to the variation in experience being reported when compared with other practices. However the gap is closing as people are reporting an improved experience. We continue to work closely with the new long term provider of this practice to monitor progress against a range of outcomes that have been included as part of the practice contract linked to the GP survey results.

3.1.2 Within the Bradford CCG's practices are on an annual basis are required to complete access plans in conjunction with their patient participation groups. They have been asked to refresh their plans taking into account patient feedback including that of the national GP survey. These plans have now been a contractual requirement for 3 years.

This year the practices are asked to look at 10 high impact areas, these are described within the GP 5 Year forward view and provide practices with a selection of actions that they could implement in order to improve the offer to patients. They include the following:

- Active Signposting
- New Consultation Types
- Reduce DNA's
- Develop the team
- Productive Workflows (Document management training)
- Personal productivity
- Partnership working
- Social prescribing
- Support self-care
- Develop quality improvement techniques

Practices have also been asked to complete an exercise that provides information on the number of clinical contacts made at practice level – this will provide the CCG with a measure of patient demand on general practice.

There is a requirement of each practice to complete a comprehensive workforce return – this is a contractual requirement and there are 2 ways in which a practice can submit this information. The CCG has asked that a specific return is completed, as this provides reporting tools and enables the CCG to use this information to inform our work force plans. The CCG has recognised for some time that as independent businesses, practices would not routinely share this information and the CCGs would like to pre-empt any gaps in provision. This would also enable the CCG to support training where required to upskill staff for new roles that are being introduced into the primary care team.

3.1.3 In AWC the equitable funding review, which is known as Personal Medical Services (PMS) premium funding review, has been utilised to harmonise service provision across the patch following discrepancies in local enhanced services inherited from North Yorkshire and Bradford & Airedale PCTs prior to the creation of the CCG. This process has ensured there is equitable access to services for all patients across AWC. In addition the PMS premium funding has been used to facilitate regular engagement with practices which has supported the rapid mobilisation of the initiatives listed below. These initiatives include the national 'Time for Care' development programme and continue to directly, or indirectly, support improved access to GPs or access to alternative support for individuals as appropriate, determined by their needs.

- Enhanced Primary Care which includes 'Physio First' (direct access to physiotherapy for advice and treatment); 'Frailty' (pro—active care for frail people) and social prescribing (advice and signposting)
- Personal Support Navigators/ Care co-ordinators
- Increased self-management and prevention
- GP Streaming in A&E - additional primary care capacity is embedded within A&E 7 days a week
- Primary Care Quality Improvement initiatives and participation in NHSE improvement network
- Extended Practice Opening (Please see section 3.1.4)

Practices have also engaged in review of high impact change areas and have implemented change in areas such as:

- Active Signposting
- New Consultation Types including on-line consultation; remote consultation
- Actions/awareness to reduce numbers of 'did not attends'
- Developing the team; enhanced the skill mix
- Productive Workflow: training for staff to alleviate and reduce clinical staff spending time administering letters and documentation
- Personal productivity
- Partnership working
- Social prescribing
- Support self-care
- Development of quality improvement techniques

3.1.4 All three CCGs commissioned extended access in 2017. This is nationally directed service, the detail of which was set out in the NHS Operational Planning and Contracting Guidance 2017-2019¹. However, it should be noted that the three

¹ <https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>

CCGs commissioned this a year earlier than other CCGs nationally (excepting those that had been part of the Prime Minister's Challenge Fund) as we were part of the West Yorkshire Urgent Care Acceleration Zone.

Extended access – update – hubs and provision type

The Bradford CCGs commissioned Bradford Care Alliance CIC (BCA) to provide the service. Within Bradford there are now three hubs operational serving 100% of the population. They operate out of Westbourne Green Health Centre, The Ridge Medical Practice and Shipley Health Centre and are open 6.30pm – 9.30pm Monday to Friday and 10am -1pm Saturday and Sunday. There are appointments with GPs, physios, practice nurses and voluntary and community services.

As reported previously AWC CCG were an early adopter of extended access and commissioned a group of practices working collaboratively to deliver a pilot from July 2017. This was available to 40% of the AWC CCG population. With effect from 1st October 2018 extended access has been available to 100% of AWC population. Given the geographic footprint of the CCG the service is available from five hubs through the AWC locality. People have a choice of which hub to attend. These are based in: Keighley; Skipton; Addingham; Settle and Silsden. . The hubs are opening on different days across the week. Appointments are available Monday to Friday 6.30pm to 8.00pm; Saturday; Sunday and bank holidays 9.00am to 11.00am. A range of appointments are available with GP's, Advanced Nurse Practitioner (ANP), physiotherapists; practice nurses and clinical pharmacists.

- 3.1.5 A range of practices from all three CCGs are also taking part in an international GP recruitment scheme with the intention of enhancing the local GP workforce by appointing suitably qualified doctors from EEA and non-EEA countries through this process. Initial interviews will be undertaken by a national team with a local stage two process expected to happen early 2019.

3.2 The Local Quality Assurance Process and the CQC

- 3.2.1 As a delegated commissioner of primary medical care the CCGs are required to undertake an assurance process on the delivery of their core GP contracts. A local quality assurance process was developed in 2015 and has continued to develop as national guidance was introduced. The CCGs have also worked closely with the CQC and NHSE to ensure that relevant regulatory bodies are sighted on roles and responsibilities, as there is a requirement to involve all parties should issues arise.
- 3.2.2 In taking on these responsibilities the CCG has signed a delegation agreement with NHSE and as such there is a requirement to have a Primary Care Commissioning Committee (PCCC), this Committee oversees the decisions made by the CCG in respect of these delegated duties. The CCGs have agreed that this Committee will now meet as a Committee in Common. These meetings are held every two months in public and the papers are shared on the CCGs websites.
- 3.2.3 When implementing our local assurance process, the CCG use benchmarking information in the form of a locally developed dashboard this provides a picture of performance and enables the CCG to highlight areas of difference. The CCG has developed an action planning tool, which is used to support practices in preparing

for an assessment – the CCG consider a practices performance on this basis together with “grass roots” information (this reflects feedback from partner organisations and patients, made through NHS Choices, engagement opportunities, complaints received and contacts with the CCG patient advice and liaison service)

- 3.2.3 CCG’s are required to complete a review of the primary medical service contracts on a 3 year rolling basis. Should there be concerns raised then the CCG will continue their assurance process until they are confident that performance is of a standard that enters the contractor into routine surveillance (a review on a 3 year basis)
- 3.2.4 For routine assessments, a desktop exercise takes place to assess the performance dashboards and grass roots information. If a practice is an outlier on areas of delivery then the CCG will send the practice our local action planning tool, this allows the practice to quantify the differences and provide the CCG with the most up to date information as extracted from the clinical system. The CCG assess this additional information and follows this up where required by completing a practice visit, this includes a clinician and a contracting lead.
- 3.2.5. Where there are clear failings identified the CCG will make a recommendation to the Primary Care Commissioning Committee to move the contract into enhanced surveillance. The CCG also make this recommendation when failings have been found following a CQC inspection and result in a GP practice being issued with a CQC rating of inadequate. The CCGs currently have two practices with a CQC rating of inadequate and both have been informed that they are being monitored in this way.
- 3.2.6 The CCG on informing a practice that they are moving to enhanced surveillance convene a meeting with regulatory bodies and an in depth discussion on the issues found takes place. The CCG supports the practice to ensure that an improvement plan is developed and shared. The CCG also applies for funding to support practices, this can include coaching and mentorship support. The CCG will ensure that a weekly update is reflected on and progress against plans are shared with the CQC. The PCCC have also requested that they receive a quality assurance paper for any practices that have a rating of inadequate.
- 3.2.7 The CCG is looking at the issues being addressed and has commissioned additional training for practices, updated and shared the local action planning toolkit. Practice Manager groups are also being asked what support they need to ensure that we limit the risk of practices failing the CQC inspection process.

<http://www.bradforddistrictscg.nhs.uk/about-us/who-we-are/primary-care-commissioning-committee/>

3.3 New Models and Working at scale

- 3.3.1 Our primary medical care commissioning strategies support practices working at scale and as a result we are therefore beginning to see practices working more closely, in order to share resources. In 2018 we have seen a further increase in the

number of practices working in networks, federations, alliances and undertaking practice contract mergers. We have also seen practices apply for vacant practice lists, under our managed patient allocation process.

- 3.3.2 Previously the CCGs described how across Bradford District and Craven that a key method of engaging primary care within new models of care is through the development of Primary Care Home (PCH) communities and locality hubs. These networks have continued to develop and are referred to locally as Community Partnerships. We have 13 Community Partnerships across our Bradford District and Craven footprint.

4. **Options**

Not applicable

5. **Contribution to corporate priorities**

- 5.1 Contributes to the CCGs priorities of:

- Improving patient experience
- Out of hospital care
- Use of assets

6. **Recommendations**

The Health and Social Care Overview and Scrutiny Committee is asked to:

- 6.1 Receive and note the CCGs' commitment and actions taken to improve access to appropriate primary medical care services.
- 6.2 Receive and note initiatives that are being developed that will impact the primary medical service offer to residents.

7. **Background documents**

- NHS England General Practice Forward View <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>
- NHS England: Long Term Plan and five year framework for GP contract reform <https://www.longtermplan.nhs.uk/> <https://www.england.nhs.uk/publication/gp-contract-five-year-framework/>
- NHS England: Primary Medical Care Guidance <https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>

8. **Not for publication documents**

None

9. **Appendices**

None

Report of NHS Bradford City CCG and NHS Bradford Districts CCG to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on Wednesday 20 February 2019

AG

Subject: Stroke Services - Update

Summary statement:

This paper will outline the plans to:

- provide outstanding care for our patients
- be the hospitals chosen by the community for putting patients first, providing excellent, innovative and diverse services, delivering safe standards of care, all underpinned by the constant pursuit of efficiency
- relentlessly pursue achieving the best possible outcomes for patients, whilst maximising our efficiency
- develop both existing and new service provision, changing the models of service delivery and the requisite shape of the workforce in the years ahead

The paper will also update on:

- on-going improvements to the stroke service in relation to Sentinel Stroke National Audit Programme (SSNAP)
 - the development of a single stroke service development across both sites
 - work undertaken to improve patient experience
 - partnership work with the West Yorkshire and Harrogate Healthcare Partnership (WY&H HCP) stroke programme
-

Report Contact: Kath Helliwell
Phone: (01274) 237735
E-mail: kath.helliwell@braford.nhs.uk

Portfolio:
Healthy People and Places

1. Summary

1.1 At the 8th of February 2018, the Health and Social Care Overview and Scrutiny Committee recommended that –

- That the Clinical Commissioning Groups' commitment and actions taken to improve stroke services for the Bradford and Airedale patch be noted.
- That the actions being implemented to improve the stroke services in Bradford and Airedale be noted
- That a further report be submitted to the Committee in 12 months on progress against the action plan.

This paper will outline 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. It will also detail plans to continue to develop a sustainable, high quality stroke service in the future.

2. Service overview

2.1 Given stroke is the third leading single cause of death in the United Kingdom and is responsible for 7% of all deaths in the UK resulting in devastating impacts on the lives of people, their families and carers; it is imperative the stroke outcomes for people are improved. Nationally and locally work has been taking place to improve the stroke outcomes for people who have had a stroke. Providing the best stroke services to further improve quality and stroke outcomes is a priority for us all.

2.2 Locally across the West Yorkshire and Harrogate (WY&H) footprint; HASU provision has been consolidated resulting in fewer HASU units. The West Yorkshire Strategic Case for Change paper (2017) identified further stroke improvement work has taken place such as provider participation in the SSNAP audit; roll out and application of GRASP-AF tool for identifying atrial fibrillation, and implementation of local CCG initiatives such as “hot clinics” that enable direct access to stroke consultants. Work lead by the WY&H HCP stroke programme, is currently also underway to re-establish a stroke clinical network of which the Bradford and Airedale teams will play an active role in.

2.3 The SSNAP measures 44 indicators which are grouped into 10 clinical domains. The programme audits the key stroke processes that have a high impact on patient care and long term health outcomes. The SSNAP reports over recent years have indicated at national level, improvements have been seen period-on-period in the results for stroke care, both in the acute processes of care, including rapid scanning, thrombolysis provision, and access to a stroke unit, and in the standards and processes of care by discharge. However, unacceptable variation across the country has remained.

3. Report issues

3.1 SSNAP

A hospital provider's total 'SSNAP level' score includes all measures of quality care as well as measures of audit compliance. The 10 SSNAP domains that inform this aggregate score are described in the table below.

DOMAIN	INDICATOR	DESCRIPTOR
D1	Scan	Measure of access to brain imaging
D2	Stroke unit	Measure of access to a stroke unit (mix of HASU/ASU)
D3	Thrombolysis	Measure of thrombolysis treatment
D4	Specialist Assessment	Measure of access to 'specialist assessments'
D5	OT	Delivery of occupational therapy
D6	Physio	Delivery of physiotherapy
D7	SALT	Delivery of Speech and Language Therapy
D8	MDT	Multi-Disciplinary team working
D9	Std Discharge	Measure of Standards by Discharge (dietitian screening, Continence plan, mood and cognition screening)
D10	Discharge process	Measure of Effective Discharge Processes (Early Supported Discharge (ESD), joint health & social care plan)

3.2 The overall aggregate SSNAP results for Bradford and Airedale over the last 12 months are shown in the tables below.

REPORTING PERIOD	AIREDALE: SSNAP PATIENT CENTRED RESULTS	BRADFORD: SSNAP PATIENT CENTRED RESULTS
AUG 17 – NOV 17	D	E
DEC 17 – MAR 18	D	E
APR 18 – JUN 18	D	C
JUL 18 – SEPT 18	D	B

REPORTING PERIOD	AIREDALE: SSNAP TEAM CENTRED RESULTS	BRADFORD: SSNAP TEAM CENTRED RESULTS
AUG 17 – NOV 17	D	E
DEC 17 – MAR 18	D	E
APR 18 – JUN 18	D	B
JUL 18 – SEPT 18	D	B

There has been significant improvement in Bradford's SSNAP result and it is anticipated following close working and shared learning, Airedale's SSNAP for the reporting period Oct to Dec 18 (the report for which will be available in Feb 19) will also show an improvement. The audit results have shown:

- A **significant improvement** in BTHFT patient centered SSNAP level from an **E** to a **B**.
- A **significant improvement** in BTHFT team centered SSNAP level from an **E** to a **B**.
- An **increase** in ANHSFT patient centered SSNAP score however we acknowledge, this translates into no change from a level **D** attainment.
- At the moment, **no change** in ANHSFT team centered SSNAP from a level **D** attainment however using the live predicated dashboard for SSNAP results it is anticipated **an increase to a level C** by the next report which is expected in Feb 2019.

Shown below are the SSNAP grades:

SSNAP Boundaries	Scores/Grades
	A= > 80
	B= > 70
	C= > 60
	D= > 40
	E= < 39

Detailed and focus work to improve SSNAP results have been undertaken across Bradford and Airedale. Some of this has been due to shared learning from high performing stroke units across the region; it has also included detailed breach analysis of SSNAP data as well as the development of a live SSNAP dashboard that aids the predictions of SSNAP results and allows for constant reviews and amendments of processes. We are pursuing a single SSNAP submission across both sites which we hope will be agreed by the end of February 2019.

The acute care is comparable across both sites, however Transient Ischemic Attack (TIA) and Early Supported Discharge (ESD) pathways are not at the moment. Task and finish groups have been established for both these areas and are working in partnership with the CCG to standardize provision.

3.3 Single Service Collaboration Progress

Work has been progressing on improved collaboration to support the further development of a single sustainable stroke service for Bradford and Airedale. Some of this work has included:

- Establishment of a single stroke project board and single stroke operational group that has representatives from executive, clinical and managerial staff from both sites
- A series of collaborative workshops are taking place to identify key priorities for further development of the single stroke service including articulating the vision and road map to deliver this
- Focus on relationship building to raise awareness of the whole stroke pathway and challenges
- Undertaking a single approach to patient engagement
- Establishing joint training and shared learning across the clinical teams including work to explore a single patient passport that would follow the patient through their journey of the single stroke pathway across the two sites
- Reviewing an integrated approach to training and quality improvements.
- Exploring the use of a joint social media nursing recruitment campaign via a digital recruitment solution company as well as trying new approaches such as understanding the needs of our future workforce via a marketing exercise to tailor recruitment offers where possible.
- As well as recruitment we are focusing on retention of our staff
- Integrated workforce plans such as joint recruitment events, held locally and nationally and exploring the possibility of single roles for example a clinical educator
- Exploring the pathways across both sites including TIA and ESD and working on plans to extend to a 7 day service across Bradford and Airedale
- Learning from visits to high performing stroke units regionally and using shared learning to improve SSNAP results including changes to the front end of the pathway by working closely with Yorkshire Ambulance Service (YAS).
- Exploring digital solutions to stroke care including the option of telemedicine via a patient engagement app, a single stroke admission I.T template, meetings via video-conferencing for clinical teams to progress the stroke single stroke service
- Exploring a single governance structure and finance structure for collaborative services; including a clinical governance model

3.4 Transient Ischemic Attack

Previously both sites offered a 5 day TIA clinic provision but did not have weekend TIA clinic provision. Patients referred late on Friday could often be accommodated on a Friday afternoon however those referred over the weekend were often seen on a Monday morning which was non-compliant with the 24hr specialist assessment requirement.

A recent pilot at Bradford has meant we are now able to offer TIA telephone consultation clinics at the weekend which offers patients a specialist assessment and advice service; there is still some work to do in extending this to Airedale patients and being able to undertake out of hours TIA investigations.

Staffing and capacity issues across the medical and diagnostics workforce at both sites make it difficult to offer TIA investigations out of hours at the current time therefore full TIA investigations take place on Monday morning.

Given the geography of the Bradford and Airedale catchment area; clinics will be held at both sites through the week to maintain good patient experience; those patients assessed at the weekends via the telephone clinic will be asked to attend the closest site for further TIA investigations on Monday mornings.

A task and finish group to review this pathway has been established and referral processes out of hours (OOH) from the Emergency Dept (ED) or OOH's GP's will also be reviewed. Work is currently being undertaken to establish TIA e-referrals into the ANHSFT System One software. A further work stream for the task and finish group will be to explore the possibility of undertaking TIA investigations at the weekends.

3.5 Patient engagement

A single stroke patient survey has now been designed and approved by reader's panels, clinical teams, stroke association and Healthwatch and will be rolled out in March 2019.

A Healthwatch options appraisal paper has also been approved and commissioned. The stroke service will work alongside Healthwatch over the following year 2019, to ensure the current patient voice is heard and informs the ongoing service improvements. Healthwatch via the means of a stroke ambassador will attend the stroke operational meetings, promote the stroke patient survey and feed stroke updates and progress to the community and other key stakeholders.

We will capture any issues that arise on any geographical challenges via the patient survey and the work with Healthwatch.

A workforce survey has been conducted and shared and there are plans to review the results in line with the patient voice once the patient survey is rolled out and results analysed.

The stroke teams are also exploring VitruCare, a patient engagement app that allows patient to be more involved with their care and the ongoing support available to them. This is a digital patient engagement app that enables self-care and management, co-creating health with their healthcare team where possible. Benefits include video-conferencing, interface with the patient health record, secure messaging, ability to share training videos, prevention advice etc. It is expensive therefore at this stage this is very much in its infancy stage as we want to explore the opportunities to deliver care.

Bed managers and senior clinical leads liaise closely to ensure smooth repatriations. No issues have been raised via PALS/Complaints. A new standard operating procedure (SOP) has been introduced to protect, and where possible,

ring fence stroke beds

3.6 West Yorkshire And Harrogate Healthcare Partnership

The WY&H HCP stroke programme has been undertaking a large piece of work on the HASU re-configuration across West Yorkshire. It has been agreed there will be 4 HASU's across the region and focus has been on standardising processes. Some of this work has included standardised policies for repatriation and stroke service specifications. The Bradford and Airedale single stroke service has been actively involved with this work and as the WY&H HCP stroke programme now start to focus on the establishment of a clinical stroke network, our Trusts will again be represented and play an active role.

3.7 Site Activity

Bradford Teaching Hospitals Foundation Trust Site

In 2017, 853 stroke patients were referred to the service (fewer than the 908 in 2016), and 793 were admitted to stroke beds (843 in 2016). 209 patients referred were from the Airedale area (201 admitted to stroke beds).

135 stroke patients were repatriated to Airedale acute stroke unit in 2017

Airedale Foundation Trust Site

In 2017, 209 stroke patients from the Airedale area were admitted at BTHFT. Eight (3.8%) did not access a stroke bed – 4 were repatriated to Airedale directly from the admissions wards, 3 died and 1 was discharged home.

3.8 Constraints/Challenges

- Workforce and retention issues are leading to reduced capacity to attend training and development opportunities.
- Increase in activity resulting in bed pressures

4. **Options**

Not applicable

5. **Contribution to corporate priorities**

To commission and ensure delivery of safe, high quality and effective services

6. **Recommendations**

The Health and Social Care Overview and Scrutiny Committee is asked to:

- Receive, note and acknowledge significant progress made on the Stroke service across Bradford and Airedale
- Support the work underway to establish a single stroke service

7. **Background documents**

None

8. **Not for publication documents**

None

9. **Appendices**

None



Report from Bradford City and District CCGs, Airedale Wharfedale and Craven CCG and Bradford Metropolitan District Council to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 20 February 2019

AH

Subject:

Bradford City and District CCG's, Airedale Wharfedale and Craven CCG and Bradford Metropolitan District Council's response to Healthwatch Bradford and District's report on:

Autistic Spectrum Conditions: access to support in Bradford and District

Summary statement:

This report sets out a joint response from the Council and NHS to the recommendations made by Health-watch Bradford and District, presented to Health and Overview and Scrutiny Committee in September 2018, on the experiences of autistic people across the area on accessing support.

Bev Maybury
Strategic Director -Health and WellBeing

Portfolio:
Healthy People and Places

Report Contact: Jane Wood
Phone: (01274) 437312
E-mail: jane.wood@bradford.gov.uk

1. SUMMARY

- 1.1 This report sets out a response to the recommendations from a report by Healthwatch Bradford and District presented to the Health and Social Care Overview and Scrutiny Committee in September 2018. The report highlighted the experiences of autistic people across the area. It identified the challenges that people face accessing both diagnosis and support, and the impact that these have on them, their families and carers.

2. BACKGROUND

- 2.1 The Healthwatch report: Autistic Spectrum Conditions: access to support in Bradford and District (Sept 2018) highlighted the following experiences from people with autism across the Bradford, Airedale, Wharfedale and Craven district.
- 2.1.1 People struggle to find information about the pathway for diagnosis, the support available, and about their condition.
- 2.1.2 While increased resources have been made available for diagnosis, demand still far outstrips capacity, as the diagnosis service, Bradford and Airedale Neurodevelopment Service (BANDS) remains closed to new referrals.
- 2.1.3 People continue to wait a long time for an assessment. Their choices are therefore to attempt an Independent Funding Request through their GP for assessment out of area, pay for private assessment, which many cannot afford to do, or wait for it to reopen to new referrals.
- 2.1.4 Specialist support for autism is vital to people's wellbeing; helping them socialise, learn skills, stay in education and employment, and manage their mental health. Despite this, people struggle to access the support they need:
- Without a diagnosis, people are not entitled to specialist support, which means they can be waiting for help for years.
 - People are therefore referred to alternative forms of support, e.g. mental health or learning disability services which are not equipped to meet their needs.
 - The support that is offered can be short-term or inconsistent, and people can find the help they are getting is reduced after a while.
- 2.1.5 There is a lack of understanding about Autistic Spectrum Conditions (ASC) among some GPs and other professionals, including dentists, those working in schools, and social workers, which can make it difficult for people to access diagnosis and support, but can also leave them shut out of other support such as primary care.
- 2.1.6 Because services do not understand their communication needs, autistic people often struggle to understand the information provided to them, or to engage effectively with healthcare professionals.
- 2.1.7 The cumulative impact of these issues has an often devastating effect on the mental health of autistic people and their families.

3. OTHER CONSIDERATIONS

- 3.1 Since the Healthwatch report was presented to the Health and Social Care Overview and Scrutiny Committee, all Local Authorities completed Public Health England's Autism Self- Assessment in December 2018. The self- assessment shows that in Bradford, eight years after the Autism Act 2010 came into law and the NHS Autism Strategy 'Fulfilling and Rewarding Lives' was published, we are still falling short of our ambitions for people with Autism. Particular challenges are in relation to the quality of our data that would allow a clearer picture of how the system is responding to people with Autism. See appendix 2 for the Bradford submission. .
- 3.2 Public Health Bradford, have undertaken a local health needs assessment for people with learning disabilities and people with autism and this will form part of the new Joint Strategic Needs Assessment which will be launched in the near future.
- 3.3 In order to address the gap in leadership and governance for this important area of work, the Transforming Lives Programme Board will include the Autism Strategy as part of its scope. It is proposed that the Autism Strategy Group/Partnership Board is re-established and the Transforming Lives Programme Board is split into two separate agendas, covering Learning Disability and then Autism. The first meeting was on 31st January 2019.
- 3.4 The Neuro-diversity strategy (October 2017) action/work plan will be reviewed and form part of the new SMART (specific, measurable, achievable, resourced, timed) plan to be developed by the newly constituted Autism Strategy Group/Partnership Board.
- 3.5 The work of this group will also focus on addressing the challenges in the autism self-assessment and will also consider the Autism health needs assessment
- 3.6 Appendix 1 provides a summary of the Local Authority, CCG and BDCFT response to the recommendations from the Healthwatch report.

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1 Bradford CCGs is nearing agreement with service providers regarding additional non recurrent funding to address the waiting list for the BANDS service.
- 4.2 Bradford CCGs is contributing to the Autism work stream of the West Yorkshire and Harrogate Integrated Care System development which is seeking to consider alternative sustainable approaches to delivering high quality adult autism diagnostic services which link to local care pathways.
- 4.3 Bradford Council has earmarked funding in the iBCF (improved Better Care Fund) specifically to respond to the anticipated increase in demand for social care support from people who have received a diagnosis of autism through the NHS service.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 5.1 By addressing the issues raised, the statutory needs of people within the Bradford district will be met appropriately.
- 5.2 The governance structure of this work will sit within the Transforming Lives Board. This will report to the Executive Commissioning Board and to the Health and Wellbeing Board.

6. LEGAL APPRAISAL

- 6.1 There are no specific legal issues arising from this report.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

- 7.1.1 Equality objectives – this report outlines the actions to be taken to address the equality objectives for people with autism.

9. OPTIONS

- 9.1 None to report

10. RECOMMENDATIONS

- 10.1 That the Health and Social Care Overview and Scrutiny Committee endorse the plans to re-establish the Autism Strategy Group who will oversee the delivery of a SMART action plan that will demonstrate improvements for people with Autism in Bradford.
- 10.2 That a further update report be submitted to the Health and Social Care Overview and Scrutiny Committee to show the progress against the action plan in 12 months' time.

11. APPENDICES

- 11.1 Appendix 1: Summary of actions addressing the recommendations from Health Watch report on the experiences of people with autism across the Bradford, Airedale, Wharfedale and Craven District.
- 11.2 Appendix 2: Bradford's Autism self-assessment – submitted to Public Health England (December 2018).

Appendix 1:

Bradford City, District, Airedale, Wharfedale and Craven CCG's and Bradford Metropolitan District Council response to the recommendations from Health-watch Bradford and District on:

Autistic Spectrum Conditions: access to support in Bradford and District

Report conclusions:	Lead agency	Response for inclusion in the report
<p>1. Autistic people in Bradford are currently struggling to get the help that they need to live a fulfilling, happy, and independent life. The ongoing problems with access to diagnostic assessment have left people in limbo, in some cases for several years. Without a diagnosis, adults in particular are unable to access support, which can make it difficult to live well, stay in education or employment. It can also have a negative effect on people's mental health.</p>	<p>CCG</p>	<p>Work is on-going with commissioners who are actively seeking solutions to mitigate against the current situation on waiting list for diagnostic services. This includes working in partnership with providers across west Yorkshire. The Care Trust, with support from the Leeds service, is introducing a more robust triage process to ensure that early referral to appropriate service is made and that the right information is collated prior to assessment.</p>
<p>2. However, even where people are able to secure a diagnosis and access specialist support, they often still struggle. While the support available is welcomed, people often feel that they are not offered enough. The process of accessing funding can be challenging, and professionals do not always have sufficient understanding of autism to help them.</p>	<p>CCG/BDCFT</p>	<p>Social Care – pathway to social care assessment following/for people with diagnoses needs review – this will be picked up in the SAF/strategy action plan which will be monitored by the reformed/reconstituted autism partnership.</p> <p>CCG commissioners are working with providers to make sure that people diagnosed with autism without a learning disability can access services like Improving Access to Psychology Therapies (IAPT). Non –recurrent money has been made available via</p>

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		the Integrated Better Care Fund (IBCF) to support post diagnostic pathway work)
3. A lack of autism awareness was reported across a wide range of professionals, including GPs, mental health workers, social workers, and those carrying out Care Act 2014 and other assessments. This can leave people without the support they need, and can be upsetting and frustrating.	CCG/BDCT/CBDMC	Training of key front line personnel across the health and care system will be picked up in the action plan/workplan. Raising awareness about Autism and training to support this has been identified as a priority for the West Yorkshire and Harrogate Health Care Partnership. CCGs across West Yorkshire are being asked whether they would support a regional approach to this
4. There is limited information available about diagnoses pathways and support in Bradford, which can make it more difficult still to get support. Health and other information is often not tailored to the particular needs of people with autism which can affect their access to healthcare as well as other services.	CBMDC/CCG/BDCT	To be picked up in the action plan/work plan. Wider Council health and care webpages are being reviewed and updated in 2019 – this will provide an opportunity to add info and advice for people with autism and their families. Learning from Leeds service, which has recently been through a service improvement project, is being shared with Bradford. Bradford may wish to adopt the same approach
5. It is vital that these issues are addressed. We welcome additional funding to address the waiting list for BANDS, but believe more needs to be		The Healthwatch report and the recent Autism self-assessment exercise (November/ December 2018) will be the basis for refreshing the autism work in

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<p>done to ensure that people with autism can leave happy, healthy and independent lives – and to fully meet the statutory regulations relating to autism.</p>		<p>Bradford, and updating the action/work plan that was an appendix of the 'Autism and other Neuro-diversity strategy' (2017).</p> <p>The Autism partnership will be reconstituted and will link to the Transforming Lives Programme. The first new meeting of this group will be on 31st January.</p>
<p>6. People need to be able to access support before receiving a formal diagnosis, and better information is urgently required to help people understand the pathway, and where to turn for help.</p>	<p>CCG/ CBMDC</p>	<p>The Adult Social Care 'Home First' programme of work focusses on strengths and assets based approaches to support people to be as independent as possible. The focus is on a 3 tier model: the first tier is 'help to help yourself' which includes access to good info and advice and active signposting by the social care access team. This offer should be available to people with autism and their families and will be picked up in the action plan and service development plans in social care.</p>
<p>7. Greater awareness and understanding of autism is needed to ensure that people can live well and access the services to which they are entitled. All staff across the local authority and NHS who are likely to work with autistic people should be trained to have a proper understanding of how this affects people, and how to best</p>		<p>Training of key front line personnel across the health and care system will be picked up in the action plan/workplan.</p> <p>As above – this is also a priority for the WYHHCP</p>

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support them.		
8. We hope that the Council, NHS, voluntary sector and wider autism community can come together to work in partnership to improve support available to people with autism.		The Autism partnership will be reconstituted and will link to the Transforming Lives Programme. The first new meeting of this group will be on 31 st January.
Report recommendations:		
1.The implementation of the Autism Strategy and other Neurodiversity including the Implementation Plan and Training Strategy, and the appointment of a named local lead for the local authority and CCG.		<p>The Healthwatch report and the recent Autism self-assessment exercise (November/ December 2018) will be the basis for refreshing the autism work in Bradford, and updating the action/work plan that was an appendix of the 'Autism and other Neuro-diversity strategy' (2017).</p> <p>The Autism partnership will be reconstituted and will link to the Transforming Lives Programme. The first new meeting of this group will be on 31st January.</p>
2.Provision of a service for diagnosing Autism and other Neurodiversity either by reopening or re-organising BANDS so it is fit for purpose, or commissioning a new service to facilitate undertaking diagnoses of Autism to include those on the current waiting list and those waiting to be	CCG	Work is on-going with commissioners who are actively seeking solutions to mitigate against the current situation on waiting list for diagnostic services. This includes working in partnership with providers across west Yorkshire. The CCGs have identified non recurrent funding to implement a new process to triage the adult referrals which aims to

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referred onto it.		clear the list of those waiting for assessment.
3.Collection and publication of length of time to diagnosis for people with autism in Bradford.	CCG	<p>The SAF report identifies the following data around waiting list:</p> <p>185 – reporting period April 2017 – July 2018. 80 on the current waiting list for referrals.</p> <p>107 requests for assessment were made to the IFR group whilst referrals to BANDS were closed. 40 of these have been made into a formal referral.</p> <p>This will be monitored via the new triage progress mentioned above.</p>
4.Bradford should become an <i>Autism Friendly City</i> , with health services and the Council aiming for the National Autism Society's Autism Friendly Business accreditation. GP practices and other organisations who will support people with autism should be encouraged to apply for this.		To be picked up in the new action/work plan.
5.Continuous professional development training should be made available, ideally compulsorily for NHS and council staff, to improve understanding of autism and how to ensure services are fully accessible to people with autism and		Training of key front line personnel across the health and care system will be picked up in the action plan/workplan.

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<p>other neurodiversity. This should be made available to all staff who may come into contact with people with ASC, including those performing financial and Care Act assessments, mental health services, learning disabilities services, and Bradford's First Response service.</p>		
<p>6. Access to autism-specific services should be improved, and made available while waiting for a diagnosis. This is particularly urgent while significant delays to diagnosis remain.</p>	<p>CCG CBMDC</p>	<p>CBMDC – community led support model (CLS) and active signposting, as well as improvements to information and advice and 'connect to support' are all part of the wider social care Home First work programme and autism needs should be picked up in this work.</p>
<p>7. Clear and accessible information on Autistic Spectrum Conditions and other Neurodiversity, and on accessing diagnosis and support, including support for carers, in Bradford and District, should be easily available in one place. This should be co-designed with people with lived experience to ensure it meets their needs.</p>	<p>CCG/BDCT/CBMDC</p>	<p>To be picked up in the action plan/work plan.</p> <p>Wider Council health and care webpages are being reviewed and updated in 2019 – this will provide an opportunity to add info and advice for people with autism and their families.</p>

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<p>8.Support for parents, families, and carers should be expanded. This should include clear information about autism, diagnosis and support.</p> <ul style="list-style-type: none"> □ A clear pathway should be set out that enables parent/carers and autistic people themselves to identify where they are, and what help is available at any points. This should include a pathway for transition from child to adult services. • The Cygnet programme should be opened up to parents/carers who are waiting for diagnosis • Peer support should be easily available • Online 'good practice' examples of other families' experiences, aspirations, and practical ways forward should be made available 	<p>CCG Children's social care</p>	<p>The CCGs have worked with health service providers to redesign our clinical pathways for the assessment and diagnosis of autism in children and young people – the new pathways are currently being piloted. We await the evaluation of the pilot but initial indications are that there has been a significant reduction in the time taken to complete the assessment process. Next steps include understanding the financial impact of the new clinical pathways.</p> <p>The SEND Strategic Partnership have acknowledged the need for a system wide discussion around the support required by and available to families as children and young people are identified for an ASC assessment.</p> <p>Children's social care are changing the Cygnet delivery model to a 'train the trainer' model so that we can work quicker through the waiting list that we seem to have every year that is growing – this will also give more of an insight of ASC to Children's services prevention and Early help staff as we do with all the other parenting programmes we run, as we will train 20 practitioners to deliver this throughout the year.</p> <p>However we will be insisting that parents/carers can only come on the training if they have had a JAC</p>
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		diagnosis, as families that go through this system should have a range of support needs being addressed by other professionals.
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Autism SAF Questionnaire 2018

NOTE:

This word version of the 2018 autism self-assessment framework is not to be used for submission. It is supplied for you to populate locally prior to submission so that you can (if desired) cut and paste your responses into the survey once these have been signed off. It also allows you to share your responses with partnership groups prior to submission.

Only submissions made online using the online survey tool at <https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=m4KHlp76L> by Monday 10th December 2018 will be accepted.

Section 1 - Contact details

1. Name*

(100 characters)

Mairead O'Donnell

2. Email address*

This must be a valid email address

mairead.odonnell@bradford.gov.uk

3. Local Authority (Upper Tier)

City of Bradford Metropolitan District Council

Section 2 - Introduction

4. How many Clinical Commissioning Groups do you need to work with to implement the Adult Autism Strategy in your local authority area?

Insert number in digits

3

4C. Please indicate which ones these are.

Bradford City CCG, Bradford Districts CCG , Airedale Wharfedale & Craven CCG

5. Are you working with other local authorities to implement part or all of the priorities of the strategy?

Yes

5C. If yes, name these local authorities and identify which priorities, including how you are doing this.

Airedale, Wharfedale and Craven CCG work with North Yorkshire County Council as part of implementing Bradford's neuro-diversity strategy in the Craven area. This is to ensure North Yorkshire Local Authority are making information available and accessible for people with autism and their families. And ensuring their commissioned services are providing autism training for staff supporting families and people with autism in the Craven area.

Section 3 - Planning

6. Does your area have a designated strategic lead for autistic adult services e.g. an Autism Lead Role?

(Please distinguish from operational lead – see next question)

Yes

7. If yes, what is the name of your autism lead?

(200 characters)

Beverley Maybury

8. If yes, what is the job title of your autism lead?

(200 characters)

Strategic Director – Health & Wellbeing

9. If yes, what is the email address of your autism lead?

(200 characters, enter a valid email address)

Bev.maybury@bradford.gov.uk

10. If yes, is this your strategic joint commissioner?

No

11. If yes, how much time is allocated to this autism role in this person's work plan?

Number of half days per week (out of 10)

N/A

12. What are the responsibilities of the joint commissioner/senior manager responsible for services for autistic adults?

The joint commissioner post is responsible for commissioning services for people who have learning disabilities and autism. The term 'learning disabilities' covers those who may also have autism. Responsibilities relating to this client group are:

- Delivering joint commissioning and policy plans to implement strategic priorities within budget.
- Determining through research, intelligence and information any changes required

to commissioning priorities that lead to the development of future service requirements.

- Work with health colleagues, other Council Directorates, independent and voluntary sectors to ensure a "whole systems" approach to service development.
- Lead on the development of service level agreements and/or service specifications for contracts with suppliers across health and social care.
- Co-ordinate effective arrangements for service user, carer and voluntary sector consultation and their participation in service planning and review.
- Lead on the management and development of the market of suppliers of services for people with learning disabilities.
- Keep abreast of policies, procedures, evidence of effectiveness, government guidance and legislation related to adult commissioning and to ensure implementation of national guidance across the Department's areas of responsibility.

In addition to the above, this post currently leads the 'all age' Transforming Care Programme (TCP) that ends in March 2019. This programme has expanded to include people with autism with and without a learning disability and mental health needs.

13. How much time is allocated to this autism role in this person's work plan?

Number of half days per week (out of 10)

2

14. Does your area have a separate operational lead for services for autistic adults? (A different individual from the person named in question 6, section 3).

Yes

15. If yes, what is the name of your operational autism lead?

(200 characters)

Mairead O'Donnell

16. If yes, what is the job title of operational autism lead?

(200 characters)

Joint Commissioning Manager – Learning Disabilities

17. If yes, what is the email address of operational autism lead?

(200 characters, enter a valid email address)

mairead.odonnell@bradford.gov.uk

18. Is autism included and explicitly considered in the local JSNA?

Red: No.

Amber: Steps are in place to include in the next JSNA.

Green: Yes.

Green

18C. Please provide weblink.

<https://jsna.bradford.gov.uk/documents/JSNA%20-%205.%20Adults%20of%20Working%20Age%20and%20Over/5.2%20Disabilities%20and%20Sensory%20Impairments/5.2.01%20Learning%20Disability%20and%20Autism%20in%20Adults.pdf>

<https://jsna.bradford.gov.uk/Health%20Needs%20Assessments.asp>.

19. Does your local JSNA specifically consider the needs of autistic children and young autistic people?

Yes

19C. Please provide weblink and page references.

<https://jsna.bradford.gov.uk/Health%20Needs%20Assessments.asp>

The children's health needs assessment as part of the JSNA considers the needs of children and young people with autism. Please refer to page 7,10, 21-22, 50 and 63

20. Do you collect data on those people referred to and/or accessing social care and/or health care and does your information system report data on people with a diagnosis of autism, including as a secondary condition, in line with the requirements of the social care framework?

Red: Data recorded on autistic adults is sparse and collected in an ad hoc way.

Amber: Current data recorded annually but there are gaps identified in statutory health and/or social care services data. Some data sharing exists between services.

Green: An established data collection and sharing policy inclusive of primary care, health provision, adult social care, schools or local education authority and voluntary sector care providers is in place and used regularly.

Amber

20C. Add any further comments you want (optional).

21. Do you collect data on the total number of people currently known to adult social services with a diagnosis of autism (whether new or long-standing), who meet eligibility criteria for social care (irrespective of whether they receive any)?

Yes

21C. Comment briefly if you wish on how you collect these numbers locally.

The data submitted in this self-assessment has been extracted from System One. The quality of this data needs to be understood in the context of the following:
Reporting of health conditions around Asperger and Autism is mandated by NHS Digital. However, reporting is only in relation to when a person has a social care need. We have around 5,800 people in total in receipt of long term social care support provided/commissioned by Adult Social Care in Bradford across all client groups. Only a very small proportion of people in receipt of long term support, receive this support due to their needs around autism/asperger.

There is potential for people to have autism/asperges and be in receipt of long term support, but the condition is not recorded on SystemOne either due to the person not declaring or knowing they have autism. It is difficult quantify at this stage the amount of under reporting on the needs of people with autism.

22. How many people assessed as having autism meet social care eligibility criteria?

Insert number in digits

256

23. How many people assessed as having autism and learning disabilities meet social care eligibility criteria?

Insert number in digits

69

24. How many people assessed as having autism, who are also in receipt of treatment for mental health problems, meet social care eligibility criteria?

Insert number in digits

8

25. Does your Local Joint Strategic Commissioning Plan (or other statement of joint commissioning intentions such as Health & Wellbeing Strategy, Autism Strategy or Market Position Statement etc., reflect local data and needs of autistic people? (Statutory Guidance, section 4.9)

Yes

25C. If yes, please supply a web link to the relevant document.

<https://www.bradford.gov.uk/media/3578/mental-wellbeing-strategy-in-bradford-district-craven.pdf>

P30, P57, P58 & P 71.

Draft Neuro diversity / Autism strategy has been developed and requires review and implementation – (copy link to your web browser)

<https://bradford.moderngov.co.uk/documents/s17986/HLTCHI28NovDocBapp1.pdf>

Bradford district's strategy for Children and Young People with Special Educational Needs and Disabilities is out for consultation.(copy link to your web browser)

<https://bradford.moderngov.co.uk/documents/s21592/SEND%20Strategy%202018-22%20draft%20for%20consultation.pdf>

26. Do you publish any data other than that collected in the JSNA?

Yes

26C. If yes, please provide a web link.

Public Health are completing a Needs Assessment for people with Learning disabilities and Autism – this will be published in January 2019.

27. Taking together any data in the JSNA and any other sources referenced here, how adequately do current collections of data sources service the requirements of planning and commissioning?

Red: No work underway.

Red/Amber: Collection of limited data sources.

Amber: Have made a start in collecting data and have plans to progress.

Amber/Green: Have started to collect data and whilst not comprehensive, consider this is an accurate reflection.

Green: Information from GPs, Schools or Local Education Authority, voluntary sector, providers, assessments and diagnosis are all collected and compared against the local population prevalence rate.

Red/Amber

28. Are your Local Authority and local Clinical Commissioning Group(s) (including the support service) both engaged in the planning and implementation of the strategy in your local area?

Red: None or minimal engagement between the LA and CCG(s) in planning and implementation.

Amber: Representative (s) from CCG(s) and / or the support service sits on autism partnership board or alternative and are in regular liaison with the LA about planning and implementation.

Green: CCG are fully engaged and work collaboratively to implement the NHS responsibilities of the strategy and are equal partners in the implementation of the strategy at a local level.

Green

29. Do you have a local autism partnership board (as described in section 4 of the Statutory Guidance) or equivalent in place which meets at least once a year and includes representatives of at least Adult Social Care and the Clinical Commissioning Group(s)?

Yes

29C. Please comment further.

The 'Transforming Lives' Board has provided the opportunity to redevelop the local autism partnership Board bringing together different local organisations, services and stakeholders, including CCGs. The Autism SAF will allow us to understand current gaps in service provision and provide an opportunity to set a clear agenda aiming for an improvement to Autism services.

30. If the answer to Question 29 was 'Yes', does this board have an autistic chair or co-chair?

NO

31. How have you and your partners engaged autistic people and their families and carers in planning?

Red: Minimal autism engagement work has taken place.

Amber: Some autism specific consultation work has taken place. Autism partnership board is regularly attended by one autistic person and one parent/carer of an autistic person who are meaningfully involved.

Green: A variety of mechanisms are being used so a cross section of autistic people are meaningfully engaged in the planning and implementation of the Adult Autism Strategy. Autistic people are thoroughly involved in the autism partnership board.

Amber

31C. specify what you did to demonstrate your score.

In 2016- 2017 Bradford developed a Neurodiversity Strategy in consultation with key stake holders including; a cross section of autistic people, support groups, CCGs, and the Autism Partnership board with key recommendations for implementation. We are working to adopt the draft strategy in stages and are currently progressing with reducing assessment times and waiting lists.

32. Have reasonable adjustments been made to general council services to improve access and support for autistic people?

Red: Only anecdotal examples.

Amber: There is a clear council policy covering reasonable adjustments to statutory and other wider public services which make specific reference to autism.

Green: Clear council policy as in Amber and evidence of widespread implementation in relation to needs of autistic people.

Amber

32C. Please give an example.

Bradford Council has a policy to support people with Autism into employment and have offered internships for people with Autism. In addition Bradford's Local Offer provides information to support people with Autism within schools and LA services. Local businesses such as theatre's and cinemas hold regular autism friendly performances and film showings and leisure facilities provide autism friendly sessions. (see 35c for links)

33. In your area have reasonable adjustments been promoted to enable autistic people to access NHS services including primary care or GP services, mental health and acute services?

Red: There is little evidence of reasonable adjustments in NHS services, to improve access for autistic people.

Amber: There are some examples of reasonable adjustments being made to NHS services to improve access for autistic people, across a small range of services.

Green: There is evidence of implementation of reasonable adjustments for autistic people in a wide range of NHS services.

Amber

33C. Add any further comments you want (optional).

Therapists at Bradford District Care Trust (BDCT) have received training sessions from BANDS (Bradford and Airedale Neurodevelopment Service) on making reasonable

adjustments to sessions to enable better access to therapy. Bradford District Care Trust have a process of reviewing and adjusting all of our written literature to ensure that they are 'easy read'.

Currently BDCT are developing a 'My-Wellbeing College' to ensure that the versions appropriate to people with ASD and LD.

Work has commenced to develop the GP patient records to include a flagging system in the clinical record which, as it is rolled out across primary and community care, hospitals and the local authority, will mean that when a person with an additional need presents for an appointment or makes contact it is immediately apparent what kind of additional help may be required to help them access appropriate support and treatment.

34. In your area have reasonable adjustments been promoted to enable autistic people to access health and social care information, support and advice?

Red: There is little evidence of reasonable adjustments to health and social care information, support and advice services, to improve access for autistic people.

Amber: There are some examples of reasonable adjustments being made to health and social care information, support and advice services, across a small range of services.

Green: There is evidence of implementation of reasonable adjustments for autistic people in a wide range of health and social care information, support and advice services.

Amber

34C. Add any further comments you want (optional).

The 'Local Offer' provides information on services available across the Bradford, district. There are plans to develop an information and guidance virtual space linked to the Local Authority website that will be access for all citizens.

Connect to Support (Bradford District) has been developed by Bradford Council and stakeholders to provide information for adults with care and support needs. The focus is to empower people to live happy, healthy lives, where they are in control. This information is accessible for people with learning disabilities and autism.

The voluntary sector organisations provide support and information for families and people with autism: some examples are below - (Copy links to your web browser)

<https://aware-uk.org/useful-links>

<http://www.specialistautismservices.org/bradford>

<https://www.autismlinks.co.uk/support-groups/group-support-yorkshire-and-humberside/bradford-district-autistic-support-group-bdasg?region>

35. (Part 1) In your area have reasonable adjustments been promoted to enable autistic people to access other public services including colleges and universities, libraries and all forms of public transport?

Red: There is little evidence of reasonable adjustments in other public services, to improve access for autistic people.

Amber: There are some examples of reasonable adjustments being made to public services to improve access for autistic people, across a small range of public services.

Green: There is evidence of implementation of reasonable adjustments for autistic people in a wide range of publicly provided and commercial public services.

Amber

35C. (Part 1) Add any further comments you want (optional).

Please see the links below for further information on Bradford Libraries activities for people with Autism and universities and colleges: (copy link to your web browser)

<https://librariestaskforce.blog.gov.uk/2018/02/23/immersive-age-appropriate-sensory-story-times/>

<https://www.bradfordcollege.ac.uk/student-services/student-support/learning-support>
<https://www.bradford.ac.uk/disability/>

35. (Part 2) Is the local authority or its partners encouraging autistic people to take part in culture and leisure activities, or physical fitness programmes and private sector services such as shopping?

Red: The local authority and/or its partners cannot identify substantial actions to encourage autistic people to take part in culture or leisure activities, or physical fitness programmes and private sector services such as shopping.

Amber: There are a few examples of the local authority and/or its partners encouraging autistic people to take part in culture or leisure activities, or physical fitness programmes and private sector services such as shopping.

Green: The local authority and/or its partners have a substantial programme of work to encourage autistic people to take part in culture or leisure activities, or physical fitness programmes and private sector services such as shopping.

Amber

35C. (Part 2) Add any further comments you want (optional).

There are positive examples of culture and leisure services working to provide better experiences for people with autism. For example there are autism friendly film screenings and the National Media Museum delivers an early bird programme allowing families with children who have an ASC, anxiety disorder or a special needs to access quieter opening schedules to meet their sensory needs.

Similarly local shopping centres are providing quieter hours for people who would benefit from a calmer shopping experience. (copy links to your web browser)

<https://bradford.lightcinemas.co.uk/autism-friendly>

<https://www.autismlinks.co.uk/support-groups/group-support-yorkshire-and-humberside/bradford-district-autistic-support-group-bdasg?region=>

<http://www.specialistautismservices.org/>

<https://www.yorkshirepost.co.uk/business/retail/bradford-based-supermarket-chain-morrisons-introduces-the-quieter-hour-1-9257146>

36. How do your transition processes from children/young people's services to local adult services take into account the particular needs of young autistic people?

Red: No consideration of the needs of young autistic people: no data collection; no analysis of need; no training in young people's services.

Amber: Transition process triggered by parental request. Training in some but not all services designed for use by young people, and data collection on young autistic people and/education health and care (EHC) plans for young people with autism identified as a primary or secondary need.

Green: Transition process automatic. Training inclusive of young people's services. Analysis of the needs of young autistic people, including those without education health and care (EHC) plans identifying autism as a primary or secondary need, and specialist commissioning where necessary, and the appropriate reasonable adjustments made.

Amber

36C. Add any further comments you want (optional).

In Bradford and Airedale support is available for those transitioning from children's to adult social care services, leaving school to go on to further education and accessing apprenticeships. The LA transitions team supports young adults with ASC to work towards maximising their independence in preparation for adult hood. Bradford Council, Education, CCG and business community, jointly support 'Project Search' - an employment enterprise to support people with learning disabilities and autism into employment:

<http://projectsearchbradford.org.uk/>

The CCG's commission BDCFT to raise awareness within primary care of the importance of annual health checks for people learning disabilities and autism.

The LA are developing different housing options for young people in transitions to ensure people have a choice of appropriate housing in accordance with Bradford's Home First Strategy. See below

<https://www.bradford.gov.uk/adult-social-care/policies-and-reports/home-first-vision>

37. How many autistic children/young people were in Year 10 in the school year 2017 to 2018?

The numbers below relate only to pupils with an EHCP who have a primary need of Autism. There are a few pupils where ASD is not the primary need but the data cannot be manipulated to include them. Please refer to question 21C for context of data collection.

Insert number in digits

59

38. How many autistic children/young people were in Year 11 in the school year 2017 to 2018?

Insert number in digits

47

39. How many autistic children/young people were in Year 12 in the school year 2017 to 2018?

Insert number in digits

37

40. How many autistic children/young people were in Year 13 in the school year 2017 to 2018?

Insert number in digits

40

41. How many autistic children/young people have completed the transition process in the school year 2017 to 2018?

Insert number in digits

14

42. How does your planning take into account the particular needs of autistic adults age 65 and older.

Red: No consideration of the needs of autistic people aged 65 and older: no data collection.

Amber: There is some work in needs assessment, data collection and/or service planning for autistic people aged 65 and older.

Green: Analysis of the needs of the population of people aged 65 and older inclusive of autism and specialist commissioning where necessary and the appropriate reasonable adjustments made.

Amber

42C. Add any further comments you want (optional).

43. How do your planning and implementation of the strategy take into account the particular needs of autistic women?

The strategy states that the needs of autistic adults, women and people in BME communities can be addressed through awareness raising and their engagement in the autism partnership board and partnership working.

44. How do your planning and implementation of the strategy take into account the particular needs of autistic adults in BME communities?

The strategy states that the needs of autistic adults, women and people in BME communities can be addressed through awareness raising and their engagement in the autism partnership board and partnership working.

45. Do your local hate crime statistics specifically identify autistic people?

No

45C. Add any further comments you want (optional).

Section 4 - Training

46. Have you got a multi-agency autism training plan?

YES

46C. What staff groups and agencies are included?

Provide a link if necessary.

The training plan is Bradford District wide and is for all staff working in health, services to children and young people, education, police, CAFCASS- Children and Family Court Advisory and Support Service, probation services, adult services, voluntary and independent sector and foster carers.

This link below is for Bradford Council workforce development service. The multi-agency autism course can be found by clicking the link 'learn and develop in Bradford' and searching 'autism'

<https://www.bradford.gov.uk/education-and-skills/training-and-development/workforce-development-service/>

47. What training is included in the multi-agency training plan and at which levels for which staff groups?

Please comment further and provide link if necessary.

Bradford Council online training platform 'Evolve' offer the following Autism Awareness Events targeted at all staff across Bradford District .These are free training available to all sectors:

The following courses are available:

1. **Autistic Spectrum Condition – working with children and young people – Level 1 & Level 2**
2. **Autistic Spectrum Condition – 16 +level 1**

The course promotes an understanding of Autism, how to support children/ young people and families at a universal level of need and when to escalate for more help and/or risk support

This is a Bradford district wide multi-agency course for anyone working in health, services to children and young people, education, police, CAFCAS, probation services, adult services, voluntary and independent sector and foster carers.

Other training is delivered locally are

<https://www.barnardos.org.uk/cygnnet.htm>

<http://www.skills4bradford.co.uk/events/event/43-classroom-strategies-for-provision-for-children-with-autism-at-range-3-and-4-teachers-senco-s>

48. Is autism awareness training being/been made available to all staff working in health and social care as directed in Chapter 1 of the Statutory Guidance?

Red: Historical workforce training data available from statutory organisations on request. Not yet devised an autism training plan/strategy.

Amber: Client facing staff identified as a priority. Good range of local autism training that meets NICE guidelines - and some data on take up. Workforce training data available from statutory organisations on request. Autism training plan/strategy near completion.

Green: Focus on all staff. Comprehensive range of local autism training that meets NICE guidelines and data on take up. Workforce training data collected from all statutory organisations and collated annually, gaps identified and plans developed to address them. Autism training plan/strategy published.

Amber

49. Do you record uptake levels of autism awareness training for Local Authority and/or NHS staff working in health and social care?

YES

50. Please outline scope of staff considered eligible for autism awareness training and the agreed frequency for training.

Autism training is available for all staff who require this as part of their work or who self-identify a need or interest. This is not mandatory. As part of implementing the recommendations of the Neuro-diversity strategy we will develop an eligibility criteria of staff required to undertake autism awareness and specialist training for specific staff - particularly client facing staff including those staff undertaking an assessment of an adults care/support needs.

The CCG will engage with GPs and other primary care practitioners in accessing autism training.

51. If yes, what is the number of staff who are eligible for awareness training?

Insert number in digits

163

52. If yes, what is the number of eligible staff who are up to date with training?

Insert number in digits

163 – this training is currently not a mandatory requirement.

53. Specify whether autistic self-advocates and/or family carers of autistic people are included in the design of training and/or whether they have a role as trainers. If the latter specify whether face-to-face or on video/other recorded media.

Yes

53C. Please comment further.

Self-advocates and/or family carers of autistic people have a role in the design and delivery of training via various methods. The course designed by Cygnet and delivered by Barnardos Bradford is delivered at targeted events; through e-learning, face to face, webinars and supported with access to resources. See question 47

54. Is specific training provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?

Red: Specific training is either not being offered or uptake by staff has not yet reached 50% of those for whom it is intended.

Amber: At least 50% of assessors have attended specialist autism training.

Green: More than 75% of assessors have attended specialist autism training specifically aimed at applying the knowledge in their undertaking of a statutory assessment, e.g. applying the Care Act.

Red

54C. Add any further comments you want (optional).

Whilst training is provided we have not yet reached 50% of those for whom it is intended. As part of our implementation of the Neuro-diversity strategy we will discuss how we make autism training mandatory.

55. Do you have specific training that focusses on autistic adults over the age of 65?

NO

55C. Please comment further and give examples of the types of training.

The training on Autism Spectrum Condition awareness for people over 65 is part of the dementia training, assessment and support planning, Mental Capacity Act and people with Learning Disabilities training.

56. Do Clinical Commissioning Group(s) ensure that all primary and secondary healthcare providers include autism training (at levels outlined in the statutory guidance) as part of their on-going workforce development?

No

56C. Please comment further on any developments and challenges, commenting specifically about GPs and secondary care medical staff.

As part of our implementation of the neuro-diversity strategy we will ensure that the training plans must not only focus on autism awareness but on different levels of specialist training for specific staff such as GP and other primary care practitioners. Bradford District Care Foundation Trust are commissioned to support primary and secondary care with making reasonable adjustments for people with learning disabilities who may or may not have autism – this includes ensuring all staff are signposted to relevant training required to support this client group effectively.

57. Criminal Justice services: Do staff in the local police service engage in autism awareness training?

Yes

57C. Please provide specific examples.

In November 2018, autism awareness sessions were delivered as part of the Continuing Professional Development (CPD) week attended by professionals from all service areas including the police. Information leaflets are available to support officers and staff when working with people with autism who are in the criminal justice system.

58. Criminal Justice services: Do staff in the local court services engage in autism awareness training?

Yes / No

58C. Add any further comments you want (optional).

No information available

59. Criminal Justice services: Do staff in the local probation service engage in autism awareness training?

Yes / No

59C. Add any further comments you want (optional).

No information available

Section 5 - Diagnosis led by the local NHS Commissioner

60. Have you got an established local autism diagnostic pathway?

Red: No local diagnosis service planned or established. No clear transparent pathway to obtaining a diagnosis for Adults identified and only ad-hoc spot purchasing of out of area services. NICE guidelines are not being followed.

Amber: Local diagnosis pathway established or in process of implementation/sign off but unclear referral route. A transparent but out of locality diagnostic pathway is in place. Some NICE guidelines are being applied.

Green: A local diagnostic pathway is in place and accessible, GPs are aware and involved in the process. Wait from referral for a diagnosis and initial assessment is less than three months NICE guidelines are implemented within the model.

Amber

60C. Does the pathway meet autistic people's needs regardless of whether or not the person meets learning disability criteria?

Bradford's local diagnostic pathway for adults seeking a diagnosis for Autism is in place via BANDS (Bradford and Airedale Neurodevelopment Service). The referrals for assessment mainly come via primary care and mental health services. The service is currently closed for new referrals due to demand outstripping the commissioned capacity. Plans are in place to address the waiting list for this service.

61. If you have got an established local autism diagnostic pathway, when was the pathway put in place?

The pathway was put in place in April 2015.

61C. Add any further comments you want (optional).

Due to demand outstripping the commissioned capacity of this service, the CCG have approved non-recurrent funding to address the waiting list for the adult Autism Spectrum Condition assessment and diagnosis. The CCG is working in partnership with providers to fast track the triage, assessment & diagnosis with the first MDT meeting taking place in December 2018.

62. In the year to the end of March 2018, how many people were referred out of area for diagnosis, despite a local diagnostic pathway being in place?

Insert number in digits

1

62C. Add any further comments you want (optional).

One person was referred out of area in year 2017-2018 through the Individual Funding request process due to high clinical risk.

63. In weeks, how long is the average wait between referral and assessment?

Notes:

1. This should include all people referred irrespective of prioritisation streams.
2. The waiting time starts when the first referral about an individual is received by the diagnostic service. It finishes either when the person is first seen in clinic or when the person withdraws from the list by notifying the service that they do not want an assessment.
3. In this question you should report the average waiting time for people assessed in the twelve months to March 2018.

Insert number in digits

The average waiting time for people assessed up to March 2018 was 104 weeks. This accounts for the service being closed for two year prior to March 2018.

63C. Add any further comments you want (optional).

64. When will your area be able to meet NICE recommended [QS51] waiting time and expect to be able to keep within them?

Red: We do not anticipate being able to reach NICE recommended waiting times sustainably by March 2019.

Amber: We anticipate meeting NICE recommended waiting times by March 2019 and to be able to sustain this thereafter.

Green: Our area already meets NICE recommended waiting times.

Red

64C. briefly note any contingency arrangements you have in place to manage short term increases in rate of referral to diagnostic services.

Work is on-going with commissioners who are actively seeking solutions to mitigate against the current situation on waiting list for diagnostic services. This includes working in partnership with providers across west Yorkshire. The CCGs have identified non recurrent funding to implement a new process to triage the adult referrals which aims to clear the list of those waiting for assessment.

65. How many people have been referred for an assessment but have yet to receive a diagnosis?

Note: In this question you should report the number who have started but not finished a referral waiting time at a single point in time. The best point to choose for consistency with question 66 would be 31st March 2018 but another specific date within three months would be satisfactory.)

Insert number in digits

185 – reporting period April 2017 – July 2018.

80 on the current waiting list for referrals.

107 requests for assessment were made to the IFR group whilst referrals to BANDS were closed. 40 of these have been made into a formal referral.

65C. Add any further comments you want including the date period selected (optional).

The CCG put in place an Individual Funding request (IFR) process to manage any significant clinical risk whilst the service was closed to new referrals. Those referred to the CCG IFR process, who were not deemed exceptional, have now been offered an 'opt in' to an assessment process.

66. In the year to the end of March 2018 how many people have received a diagnosis of an autistic spectrum condition?

Insert number in digits

13 adult diagnoses with autism.

66C. Add any further comments you want (optional).

Questions 67-71. Of the people who received a diagnosis in the year to end March 2018, how many:

67. Have completed all relevant assessments and are now receiving any support identified as relevant?

Insert number in digits

Data not collected

67C. Add any further comments you want (optional).

68. Have completed all relevant assessments but are awaiting some or all of the support identified as relevant?

Insert number in digits

Data not collected

68C. Add any further comments you want (optional).

Post –diagnosis data is not collected.

69. Have completed all relevant post diagnostic and care assessments and are not considered to need specific support at the present time?

Insert number in digits

Data not collected

69C. Add any further comments you want (optional).

70. Have not yet completed all relevant assessments of their support needs?

Insert number in digits

Data not collected

70C. Add any further comments you want (optional).

71. Do not meet Care Act eligibility criteria?

Insert number in digits

Data not collected

71C. Add any further comments you want (optional).

72. How would you describe the local diagnostic pathway, i.e. Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?

Specialist autism specific service

72C. Please comment further.

We have a specialist neurodevelopmental services (BANDS) which also offers assessment, diagnosis and support for ADHD.

73. In your local diagnostic pathway does a diagnosis of autism automatically trigger an offer of a care assessment (or re-assessment if the person has already had a current Care Act assessment)?

No

73C. Please comment on who receives notification from diagnosticians when someone has received a diagnosis? How is this handled with people unlikely to be eligible for care and support under the Care Act?

A person's GP would have access to the outcome of the diagnostic service. This would also apply if a person were to access Mental Health services

74. Can people diagnosed with autism and a learning disability access post diagnostic specific or reasonably adjusted psychology assessments?

Red: Availability patchy or mainly generic services, with a small number of reasonably adjusted services.

Amber: Available everywhere. Mainly reasonably adjusted services, with some access to autism specific services (when necessary) and some generic services.

Green: All services are reasonably adjusted (in accordance with NICE Guidance) to provide access to post diagnostic specialist assessments. Access to autism specific services is also available when necessary.

Amber

74C. Add any further comments you want (optional).

75. Can people diagnosed with autism and without a learning disability access post diagnostic specific or reasonably adjusted psychology assessments?

Red: Availability patchy or mainly generic services, with a small number of reasonably adjusted services.

Amber: Available everywhere. Mainly reasonably adjusted services, with some access to autism specific services (when necessary) and some generic services.

Green: All services are reasonably adjusted to provide access to post diagnostic specialist assessments. Access to autism specific services is also available when necessary.

Red

75C. Add any further comments you want (optional).

CCG commissioners are working with providers to make sure that people diagnosed with autism without a learning disability can access services like Improving Access to Psychology Therapies (IAPT).

76. Can people diagnosed with autism and a learning disability access post diagnostic specific or reasonably adjusted speech and language therapy assessments?

Red: Availability patchy or mainly generic services, with a small number of reasonably adjusted services.

Amber: Available everywhere. Mainly reasonably adjusted services, with some access to autism specific services (when necessary) and some generic services.

Green: All services are reasonably adjusted to provide access to post diagnostic specialist assessments. Access to autism specific services is also available when necessary.

Amber

76C. Add any further comments you want (optional).

People with a learning disability and autism can access the local Speech and Language Team (SALT). The SALT ensures assessments are accessible.

77. Can people diagnosed with autism and without a learning disability access post diagnostic specific or reasonably adjusted speech and language therapy assessments?

Red: Availability patchy or mainly generic services, with a small number of reasonably adjusted services.

Amber: Available everywhere. Mainly reasonably adjusted services, with some access to autism specific services (when necessary) and some generic services.

Green: All services are reasonably adjusted to provide access to post diagnostic specialist assessments. Access to autism specific services is also available when necessary.

Amber

77C. Add any further comments you want (optional).

CCG commissioners are working with our providers to make sure that people diagnosed with autism without a learning disability can access Speech And Language Therapy (SALT) services at Bradford District Care Trust. The SALT service take referrals from GPs, health visitors, hospital consultants, social services and education services

78. Can people diagnose with autism and a learning disability access post diagnostic specific or reasonably adjusted occupational therapy assessments?

Red: Availability patchy or mainly generic services, with a small number of reasonably adjusted services.

Amber: Available everywhere. Mainly reasonably adjusted services, with some access to autism specific services (when necessary) and some generic services.

Green: All services are reasonably adjusted to provide access to post diagnostic specialist assessments. Access to autism specific services is also available when necessary.

Amber

78C. Add any further comments you want (optional).

People with a Learning Disability and autism can access the learning disabilities Occupational Therapy (OT) team. OT's ensure assessments are accessible.

79. Can people diagnosed with autism and without a learning disability access post diagnostic specific or reasonably adjusted occupational therapy assessments?

Red: Availability patchy or mainly generic services, with a small number of reasonably adjusted services.

Amber: Available everywhere. Mainly reasonably adjusted services, with some access to autism specific services (when necessary) and some generic services.

Green: All services are reasonably adjusted to provide access to post diagnostic specialist assessments. Access to autism specific services is also available when necessary.

Red

79C. Add any further comments you want (optional).

Through the implementation of the neuro-diversity strategy CCG commissioners will work with providers to make sure that people diagnosed with autism without a learning disability can access OT therapy assessments. The will also be part of the training plan for health staff around autism awareness and the need to make reasonable adjustments.

80. Is post-diagnostic adjustment support available with local clinical psychology or other services for those people diagnosed with autism and a learning disability?

Yes

80C. Add any further comments you want (optional).

This is offered as part of the community clinical team offer to people with learning disabilities and autism.

81. Is post-diagnostic adjustment support available with local clinical psychology or other services for those people diagnosed with autism and without a learning disability?

Yes

81C. Add any further comments you want (optional).

Support can be requested via their generic primary care services.

82. Do mental health crisis services in your area routinely anticipate and provide for the mental health crisis needs of autistic people but without a learning disability?

Red: Mental health crisis services do not provide for people with crises that relate to autism in the absence of acute mental illness.

Amber: Mental health crisis services will and do respond to mental health crises in autistic people whether or not these involve an acute mental illness.

Green: Mental health crisis services will and do respond to mental health crises in autistic people whether or not these involve an acute mental illness. In addition staff have specific training about the needs of autistic people and specialised mental health support has been commissioned for this group and is easily available within timescales relevant for crisis work.

Amber

82C. Add any further comments you want (optional).

The Mental Health First Response team offer initial discussion and sign posting for people who have Autism and mental health needs.

Section 6 - Care and support

Questions 83-85: Of those adults who were assessed as being eligible for adult social care services and who are in receipt of a personal budget, how many have a diagnosis of autism both with a co-occurring learning disability and without?

83. What is the number of adults assessed as being eligible for adult social care services who have a diagnosis of autism and in receipt of a personal budget?

Insert number in digits

256

84. What is the number of those reported in question 83 above who have a diagnosis of autism but not learning disability?

Insert number in digits

187

85. What is the number of those reported in question 83 above who have both a diagnosis of autism AND learning disability?

Insert number in digits

69

86. Do you have a single identifiable contact point where autistic people whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?

General entry point

Single point of access with autism specific reasonable adjustments at entry point

Autism specific access point

86C. Add any further comments you want (optional).

Currently a number of general access points are available within the local authority and at health provider settings. We currently do not have an integrated single point of access.

87. Do you have a recognised pathway for autistic people who do not have a learning disability to access a care assessment and other support?

No

87C. Add any further comments you want (optional).

88. Do you have a programme in place to ensure that all advocates working with autistic people have training in their specific requirements?

Red: No programme in place.

Amber: Programme in place, not all advocates are covered.

Green: Programme in place, all advocates are covered.

Amber

88C. Add any further comments you want (optional).

The LA has commissioned Voice-Ability to support advocacy in Bradford across all client groups including people with autism.
The support group for 'Autistic Peers' in West Yorkshire facilitated two Autism Awareness Training sessions for staff and management during Autism week 2017.

89. Do autistic adults who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an appropriately trained advocate?

Red: No autism specific advocacy service available.

Amber: Yes. Local advocacy services are working at becoming autism-aware.

Green: Yes. There are mechanisms in place to ensure that all advocates working with autistic adults have received specialist autism training.

Green

89C. Add any further comments you want (optional).

90. Are low level interpersonal/preventative support opportunities available in your area? See *Think Autism* (2014), para 3.2 and *Progress Report on Think Autism* (2016), Section 4.

Yes

90C. Provide example(s) of the type of support that is available in your area and how you measure if it is successful.

We have three providers offering support for adults with a learning disability and autism within the district. This includes offering people advice and signposting, support in accessing employment services, leisure and day opportunity activities. The success of this is determined via contract monitoring and feedback from people accessing that provision.

91. Can autistic people access other types of support if they are not eligible under the Care Act or not eligible for statutory services?

Yes

91C. Provide an example of the type of support that is available in your area and how you measure if it is successful.

There are voluntary organisations specialising in autism who offer advice and information for people who are not eligible for statutory services. This includes signposting people voluntary groups.

92. How would you assess the level of information about local support across the area being accessible to autistic people?

Red: Information about support services for autistic people is either seriously incomplete or not easily accessible.

Amber: There is a moderate level of information available about support services for autistic people which is either incomplete or not readily accessible to autistic people.

Green: There is readily accessible information (as required in the statutory guidance and the Accessible Information Standard) available on all relevant support services available for autistic people.

Amber

92C. Add any further comments you want (optional)

93. Where appropriate are carers of people assessed as having autism and eligible for social care support offered carers assessments?

Red: Carers assessments are not consistently routinely offered.

Amber: Where carers are identified in the course of assessments of autistic people, they are routinely offered carers assessments.

Green: Upon assessment of autistic people carers are routinely identified and offered a carers assessment. Carers can also self-identify and request a carer's assessment. Information about how to obtain a carers assessment is clearly available.

Amber

93C. Add any further comments you want (optional).

94. Access to adult mental health services: Do autistic people or carers report difficulty in accessing local mental health services after their diagnosis has been made?

Yes

94C. Add any further comments you want (optional).

Section 7 - Housing and Accommodation

95. Does the local housing strategy and/or market position statement specifically identify autism?

Red: Needs of autistic people (as distinct from needs of people with other disabilities) not specifically mentioned in housing strategy and/or market position statement (for two tier authorities in any district council areas).

Amber: Housing requirements of autistic people are specifically mentioned but not to level described in Green rating (for two tier authorities not in all district council areas).

Green: Comprehensive range of types of housing need for autistic people considered including estimates of numbers of placements required in each category (for two tier authorities and in all district council areas).

Amber

95C. Please provide a web link and page references to support your answer.

Local offer living independently https://localoffer.bradford.gov.uk/Content.aspx?mid_p58 – makes specific reference to people with autism who require supported living or individual tenancies.

Bradford Learning Disabilities Transformation Plan <https://www.bradford.gov.uk/adult-social-care/disabilities/bradford-learning-disabilities-transformation-plan>
P 12, 36 - makes specific reference to increasing the range and availability of housing for people with LD and/or autism.

Wider housing strategies however such as housing and homelessness and the Bradford council plan refer only to Learning Disabilities. The needs of people with autism are mentioned quite often as part of the umbrella term of Learning Disabilities or vulnerable adults.

96. Do you have a policy of ensuring that the frontline service of social housing providers all have at least one staff member who has training in autism to help people make applications and fill in necessary forms?

No

96C. Add any further comments you want (optional).

Section 8 - Employment

97. How have you promoted in your area the employment of autistic people?

Red: No work in this area has been provided or minimal information not applied to the local area specific to autism. Local employment support services are not trained in autism or do not routinely consider the support needs of the individual taking into account their autism. Local job centres are not engaged.

Amber: Autism awareness is delivered to employers on an individual basis. Local employment support services include autism. Some contact made with local job centres.

Green: Autism is included within the Employment or worklessness Strategy for the Council / or included in a disability employment strategy. Focused autism trained Employment support. Proactive engagement with local employers specifically about employment of autistic people including retaining work. Engagement of the local job centre in supporting reasonable adjustments in the workplace via Access to work.

Amber

97C. Add any further comments you want (optional).

Bradford Council has Disability Confident status. Autism Awareness training is delivered to employers on an individual basis on request through workforce development.

See Q102 C

98. Do transition processes for autistic young people to adult services have an employment focus?

Red: Transition plans do not include specific reference to employment or continued learning.

Amber: Transition plans include reference to employment/activity opportunities.

Green: Transition plans include detailed reference to employment, access to further development in relation to individual's future aspirations, choice and opportunities available.

Amber

98C. Add any further comments you want (optional).

All people supported by the Transitions team are supported to work towards maximising their independence and preparing for adulthood, this includes looking at employment (there is a job coach based with the LA transitions team). See Q36C

99. Does the local authority offer tailored support or programmes to help autistic people enter employment or self-employment, including those with SEND and those with EHC plans?

Red: No tailored support programmes currently provide support specifically for young autistic people.

Amber: Local commissioning of these schemes specifies for at least some they should specifically address the needs of young autistic people.

Green: Local commissioning of these schemes specifies for at least some they should specifically address the needs of young autistic people.

Amber

100. Does the local authority monitor the employment outcomes of autistic people who have received support or participated in programmes?

Note: Local commissioning of these schemes specifies for at least some they should specifically address the needs of young autistic people.

No

100C. Add any further comments you want (optional).

Section 9 - Criminal Justice System

101. Are the Criminal Justice Services (police, probation and, if relevant, court services) engaged with you as key partners in planning for autistic adults?

Red: Minimal or no engagement with the criminal justice services.

Amber:

- discussions between local authority adult social care services and criminal justice service agencies are continuing
- representatives from criminal justice service agencies sit on autism partnership board or alternative

Green: As amber, but in addition:

- autistic people are included in the development of local criminal justice diversion schemes
- representative from criminal justice services agencies regularly attend meetings of the autism partnership board or alternative
- there is evidence of joint working such as alert cards or similar schemes in operation
- there is evidence of joint/shared training
- Red / Amber / Green

Amber

101C. Add any further comments you want (optional).

102. Is access to an appropriate adult service available for autistic people in custody suites and nominated 'places of safety'?

Red: There is not reliable access to an appropriate Adult service.

Amber: Yes, but appropriate adults do not necessarily have autism awareness training.

Green: Yes and these have all had autism awareness training.

Amber

102C. Add any further comments you want (optional).

The use of appropriate adults in custody is decided on a case by case basis. The decision is made between custody staff and the nurses.

If a person with autism is in need of an appropriate adult this would be provided however it is not dependent on a diagnosis of autism specifically.

Liaison & Diversion do offer support to anyone who is vulnerable, this would include someone with autism. It is for the detainee to decide whether they accept the service.

Section 10 - Local innovations

103. Please outline any innovations you have put in place as part of the Transforming Care Programme which are helping provide homes in the community for autistic people who until recently were long stay residents in psychiatric in-patient units.

1500 characters

1. Bradford Transforming Care Partnership is working with neighbouring TCP's to develop a West Yorkshire response for an Assessment and Treatment service.
2. Bradford is part of work underway across Yorkshire and Humber to develop a regional response to providing housing and support for people with complex behavioural presentations linked to either their learning disabilities or autism.
3. Bradford is part of developing a regional Forensic Outreach Liaison Service to support people leaving secure service to live successful within a community setting.
4. The West Yorkshire Integrated Care System is developing a joint response to the needs of people with autism. Children and young people have been identified as a priority within the mental health programme.
5. Bradford is developing a number of new housing options for people with learning disabilities with or without autism. This is to support the planned reduction of admission to Assessment and Treatment Units.
6. We have an integrated workforce plan that is supporting providers in our area to meet the needs of all people with a learning disability and/or autism in our area.
7. Care and Treatment Reviews and Care Education and Treatment Reviews embedded into health and social care practice to support people to leave inpatient services in a timely way and to avoid admissions to inpatient services.

104. (Part 1) If you wish, describe briefly (up to 1500 characters) one initiative of your council, relating to the provision of care, support or development of independence for autistic people, which you think has been successful.

1500 characters

A lived at home with his mum, brothers and sisters until he was 21. At various times, when A was growing up, his mother contacted professionals for support.

At 18, he was finding it more difficult to tolerate other people in his space and started to isolate himself from others. This was difficult at home as A lived in a busy household. There were similar difficulties at school and at respite. Age 19, A found transition from school to adult services difficult.

A was admitted to hospital for a period of assessment in 2013. He was 21 – after 7 months he was then discharged home but very quickly re admitted as continued to present as aggressive to mum.

He then had a long period in hospital of approx. a year whilst the whole MDT and his family worked together to get a formulation and plan to support him in place. This included looking at what sort of environment would be required when he left hospital. The LA purchased two properties close to each other. One of which had space to build a separate flat for A

It is 3 years now since A left hospital. He now has his own flat and his own car. This approach shows that good multi agency work with family involvement can enable people to find the right solution to help them live a healthy and happy life. Learning from this particular case study suggests that early planning may have prevented him from being admitted to hospital.

104. (Part 2) What initiatives have been taken in your area to encourage private sector organisations to improve accessibility, employment opportunities or address other important issues for autistic people.

1500 characters

From May 2017, the DWP introduced Community Partners into Jobcentre Plus districts across the UK. In West Yorkshire, a member of staff from Specialist Autism Services was seconded to undertake this role, along with another local person with a diagnosis of Autism.

Community Partners working in the area were tasked with the following:

- improving Jobcentre Plus staff's understanding of disabilities including Autism.
- ensuring service delivery was more person centred and sensitive to the needs of people with autism.
- working with local employers to attain Disability Confident status and increase employment opportunities for people with disabilities and autism.

Locally, these Community Partners have worked directly with a number of local employers across the private and public sector; providing awareness training and support, promoting the use of Access to Work for Autistic employees, and supporting changes to recruitment processes and communications so that new opportunities are more accessible and fair for those with barriers associated to Autism.

Section 11 - Completion details

Questions 105-121. Which of the following types of partner were involved in the completion of this self-assessment?

105. Local Authority Adult Social Services.

Yes

106. Local Authority Department of Children's Services.

Yes

107. Local Education Authority.

Yes

108. Health and Wellbeing Board.

Yes

109. Local Authority Public Health Department.

Yes

110. Clinical Commissioning Group.

Yes

111. Primary Healthcare providers

Yes

112. Secondary Healthcare providers.

Yes

113. Employment Service.

Yes

114. Business sector.

No

115. Police.

Yes

116. Probation Service.

No

117. Court Service.

No

118. Prisons location in the area.

N/A

119. Local charitable/voluntary/self-advocacy/interest groups.

Yes

120. Autistic adults.

Yes

121. Informal carers, family, friends of autistic people.

Yes

122. Has your local areas response been discussed at a meeting of your local autism partnership board with representatives of both autistic people and family carers present?

No

122C. Add any further comments you want (optional).

This will be presented to the Transforming Lives programme Board in the New Year.

Questions 123-129. Who signed off this self-assessment?

123. Director of Adult Social Services.

Yes

124. Name of Director of Adult Social Services.

(100 characters)

Beverley Maybury

125. Director of Public Health

Yes

126. Name of Director of Public Health.

(100 characters)

Sarah Muckle

127. CCG Chief Operating Officer.

Yes

128. Name of CCG Chief Operating Officer.

(100 characters)

Helen Hirst, Accountable Officer for three CCGs

129. Was this self-assessment signed off by the Local Autism Programme Board referred to in question 29.

No

For administrative purposes only

Do not use.

Section 12 - Final submission details

Do not complete this Section until you have received all your sign offs, proof read your entry ensuring there are no personal identifiers and are ready to submit.

Once you have completed this section, any further changes you make will not be included in the analysis and final report.

We confirm that this is now our final submission and all data may be analysed and no further updates will be entered.

Submitted by:*

(100 characters)

Date:*

We confirm that this submission has been signed off by those named in questions 123-129.*

Yes / No

This is the end of the survey.

If you are ready to submit, please click the **SUBMIT** button. Once you have submitted this form, it cannot be amended.



Report of the City Solicitor to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 20 February 2019

AI

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
Phone: (01274) 432313
E-mail: caroline.coombes@bradford.gov.uk

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

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 include an update on Digital 2020 (one of the enabler programmes of the District's Health and Wellbeing Plan

Cindy Fedell
BTHFT

Resolution of 12 April 2018

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