



**Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 21 March 2019 at 4.30 pm in Committee Room 1 - City Hall, Bradford**

Members of the Committee – Councillors

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

Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT
<b>Akhtar</b> <b>Berry</b> <b>Godwin</b> <b>Iqbal</b> <b>H Khan</b>	<b>Barker</b> <b>Riaz</b>	<b>J Sunderland</b>

NON VOTING CO-OPTED MEMBERS

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

Notes:

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
- The taking of photographs, filming and sound recording of the meeting is allowed except if Councillors vote to exclude the public to discuss confidential matters covered by Schedule 12A of the Local Government Act 1972. Recording activity should be respectful to the conduct of the meeting and behaviour that disrupts the meeting (such as oral commentary) will not be permitted. Anyone attending the meeting who wishes to record or film the meeting's proceedings is advised to liaise with the Agenda Contact who will provide guidance and ensure that any necessary arrangements are in place. Those present who are invited to make spoken contributions to the meeting should be aware that they may be filmed or sound recorded.
- 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:

To:

Parveen Akhtar  
City Solicitor

Agenda Contact: Jane Lythgow  
Phone: 01274 432269/432270  
E-Mail: [jane.lythgow@bradford.gov.uk](mailto:jane.lythgow@bradford.gov.uk)

## **A. PROCEDURAL ITEMS**

### **1. ALTERNATE MEMBERS (Standing Order 34)**

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

### **2. DISCLOSURES OF INTEREST**

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

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

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

*Notes:*

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

### **3. MINUTES**

**Recommended –**

**That the minutes of the meetings held on 24 January and 20 February 2019 be signed as a correct record (previously circulated).**

(Jane Lythgow – 01274 432270)

#### **4. INSPECTION OF REPORTS AND BACKGROUND PAPERS**

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

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

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

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

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

(Jane Lythgow - 01274 432270)

#### **5. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE**

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

### **B. OVERVIEW AND SCRUTINY ACTIVITIES**

#### **6. INDEPENDENT ADVOCACY SERVICES IN THE BRADFORD DISTRICT**

1 - 14

Previous reference: Minute 18 (2017/2018)

The Strategic Director, Health and Wellbeing will submit **Document “AJ”** which outlines the recent commissioned Independent Advocacy that was jointly commissioned by the Council and the Bradford Districts Clinical Commissioning Groups (CCG).

The report also sets out the wider context of advocacy and what other services are available across the District and how future services might be shaped.

**Recommended –**

**That the report be noted.**

(Kerry James/Sasha Bhat – 01274 432576)

**7. DIGITAL HEALTH AND CARE IN BRADFORD DISTRICT**

**15 - 26**

The Digital 2020 Board was formed in 2016 by health and local authority partners across Bradford District and Craven with a vision that appropriate technology could be used across an integrated system to assist in the delivery of health and care services.

The Digital 2020 Board will submit **Document “AK”** which presents, in Appendix A, information on the Local Digital Roadmap: People First – Digital First. The Roadmap is a 5 year plan and is governed by the Digital 2020 Board.

**Recommended –**

**That the report be noted.**

(Cindy Fedell – 01274 364844)

THIS AGENDA AND ACCOMPANYING DOCUMENTS HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER



## **Report of the Strategic Director of Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 21<sup>st</sup> March 2019**

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**AJ**

### **Subject:**

Independent Advocacy Services in the Bradford District.

### **Summary statement:**

This report outlines the recent commissioned Independent Advocacy that was jointly commissioned by the Council and the Bradford Districts Clinical Commissioning Groups (CCG).

The report also sets out the wider context of advocacy and what other services are available across the District and how future services might be shaped.

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**Portfolio:**  
**Healthy People and Places**  
**Councillor Ferriby**

**Overview & Scrutiny Area:**  
**Health and Social Care**

## **1. SUMMARY**

- 1.1 This report outlines the recent commissioned Independent Advocacy that was jointly commissioned by the Council and the Bradford District and Craven NHS Clinical Commissioning Groups (CCG).
- 1.2 The report also sets out the wider context of advocacy and what other services are available across the District and how future services might be shaped.

## **2. BACKGROUND**

- 2.1 On 7<sup>th</sup> September 2017 Health & Social Care Overview and Scrutiny Committee in line with Standing Order 4.7.1, considered the £2m Committee report for joint re-commission, by the Council and the CCGs of Independent Advocacy services.
- 2.2 It was resolved at the above Committee that a report on advocacy services was to be submitted to the Committee in 2018/19. This report therefore sets out the following:
  - An outline on the jointly commissioned new services
  - The wider context of advocacy and what other services are available in the district and how this might shape future services
- 2.3 Discussion took place at Committee regarding the changes the re-commission would introduce. At the time there were a number of different contracting/grant arrangements funded by the Council and the Bradford's District and Craven NHS Clinical Commissioning Groups (namely, NHS Bradford City, NHS Bradford Districts and NHS Airedale, Wharfedale and Craven CCGs).
- 2.4 Committee resolved that comments around consultation be taken into account. In re-commissioning the services consultation and engagement, with stakeholders and people using advocacy services was undertaken and formed the basis of the re-commission.
- 2.5 Committee also resolved that performance on meeting statutory advocacy requirements be submitted to committee. This report sets out how this is now delivered through the statutory advocacy contract. On-going monitoring of the contracts ensures performance is managed in order that statutory requirements are met.
- 2.6. The purpose of the re-commission was to ensure that people had greater choice and control over how their health and social care services were delivered through a new joint approach to funding advocacy services. From the Care Act in 2014, flowed a duty to provide independent advocacy to facilitate the involvement of a person who would otherwise have difficulty.
- 2.7 Introduction of the Care Act in 2014 (CA 2014) changed the role of statutory advocacy and the duties required of the local authorities role. This new duty sits alongside existing statutory duties to provide Independent Mental Capacity

Advocates (IMCA) under the Mental Capacity Act 2005 and Independent Mental Health Advocates (IMHA) under the Mental Health Act 2007.

- 2.8 Advocacy in all its forms seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them; have their rights defended and safeguarded; have their views and wishes genuinely considered when decisions are being made about their lives.
- 2.9 There are different forms of advocacy and the role it plays can be varied. Advocacy can sometimes be confused with other functions that can provide support. The Advocacy Charter developed by the National Development Team for Inclusion (NDTi), for advocacy providers sets out the following principles:
- Clarity of purpose
  - Promoting independence
  - Maintaining confidentiality
  - Person led
  - Empowerment
  - Equality & diversity
  - Accessibility
  - Accountable
  - Safeguarding
  - Supporting advocates
- 2.10 In relation to providing statutory advocacy under the Care Act 2014 it gives eligible people the right to have an independent advocate who can, support and assist their involvement in needs assessments, care and support planning, safeguarding enquires and safeguarding adult reviews and help them understand the processes and options available to them. Local authorities must involve people in decisions made about them and their care and support. No matter how complex a person's needs, local authorities are required to help people express their wishes and feelings, supporting them in weighing up their options, and assist them in making their own decisions.
- 2.11 Advocacy is one of a number of key enablers for delivering the vision for Home First in Bradford which focuses on keeping people at home as long as possible through early intervention and prevention services which deliver personalised care to individuals according to their own needs, wishes and preferences and assets.
- 2.12 The Mental Wellbeing Strategy places great emphasis on wellbeing and the wider determinants of mental health. The strategy is based upon the integration of Care Act 2014 with the Five Year Forward View plan to ensure that mental health services are providing the full range of support required in an integrated way. Advocacy is crucial to ensuring people have the information and support to personalise their care packages and maintain their rights during in-patient stay.
- 2.13 The Transforming Care Programme for Bradford and the CCGs, (NHS England Transforming Care for People with Learning Disabilities and or Autism), focuses on improving the lives of all people with a learning disability, autism or both. Transforming care is committed to enabling more people to live in the community, closer to home and with the right support. Reducing unnecessary admissions to

specialist in-patient services and ensuring that for those who do require in-patient services is outcome focused and only for as long as they need it. Advocacy has a key role to play in supporting people to make informed decisions about their lives including in-patients and those at risk of admission to specialist in-patient service via the Care and Treatment Review process. We provided support for Equality Together to achieve information governance standards.

- 2.14 In line with the above requirements the Council and the CCGs jointly awarded, in December 2017, two contracts for Independent Advocacy services following a commissioning and procurement process. The two contracts commenced in April 2018, following an implementation period. The contracts awarded provide the following Independent Advocacy Services:
- Statutory and Non Statutory Advocacy- provided by Voiceability
  - Self and Group Advocacy, Capacity Building and Volunteering- provided by Equality Together sub-contracting to People First Keighley and Craven and Bradford People First.
- 2.15 Outside of the above commissioned services there are a range of other organisations that provide non statutory advocacy services both to people using social care and health care services, which the Council and the CCGs do not commission but provide self advocacy and provide an important role capturing people's views and supporting them. These include, but not limited to Carers Resource, Age UK, Vital, and Alzheimer's Society.

### **3. REPORT ISSUES**

- 3.1 The Council and the CCGs, following market engagement with the advocacy sector and a commissioning process, have jointly commissioned two Independent Advocacy Services which have now been in place for nearly a year:
- Statutory and Non Statutory Advocacy
  - Self and Group Advocacy, Capacity Building and Volunteering

#### **3.2 Statutory and Non Statutory Advocacy Services**

- 3.2.1 The service provided by Voiceability provides a single gateway for the provision of statutory and non-statutory advocacy services that can be accessed by health and social care professionals, as well as self-referrals.
- 3.2.2 The requirement of the contractor is to ensure the Council and the NHS meets its statutory requirements in relation to the Care Act 2014, the Mental Capacity Act 2005 and the Mental Health Act 1983 (amended 2007).
- 3.2.3 The service also accepts referrals for non-statutory advocacy where it has capacity to do so once statutory advocacy obligations are met.
- 3.2.4 The key objective of the statutory advocacy services is to provide the statutory advocacy services to any eligible people in accordance with the three principal

statutes and all associated regulations and code of practice:

- The Care Act 2014
- The Mental Capacity Act 2005, including the Deprivation of Liberty Safeguards (2009)
- The Mental Health Act 1983 (amended in 2007)
- The Equality Act 2010
- The Health and Social Care Act 2012

3.2.5 Set out in the table below is the various advocacy service roles that are required in relation to statutory advocacy services:

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**Independent Mental Health Advocacy (IMHA) – Mental Health Act 1983 (amended 2007)**

This is an independent advocate who is trained to support people to understand their rights under the Mental Health Act 1983 (amended 2007) and will participate as necessary in decisions about the individual's care and treatment.

**Deprivation of Liberty Safeguards and Paid relevant person's representative (DoLS – Paid RPR) – Mental Capacity Act (MCA) 2005**

Where there is a Standard Authorisation of a deprivation of an individual's liberty, the local authority must appoint a relevant person's representative (RPR) to represent the person who has been deprived of their liberty.

The role of the RPR is to maintain contact with the relevant person, and to represent and support the relevant person in all matters relating to the deprivation of liberty safeguards, independent of the commissioners and providers of the services they are receiving.

**Safeguarding – Care Act 2014**

An independent advocate is appointed to support and represent the person for the purpose of assisting their involvement in a Safeguarding enquiry or Safeguarding Adults Review. This will only happen in situations where the following two conditions are met; the person has substantial difficulty in being involved and if there is not an appropriate individual available to support them.

**Independent Mental Capacity Advocate (IMCA) – Mental Capacity Act 2005**

IMCAs are a legal protection for people who lack the capacity to make specific important decisions. These include making decisions about where they live and about serious medical treatment options. IMCAs are usually instructed to represent people when there is not a family member or friend available, or who is able, to represent the person.

**Rule 1.2 Representatives (Re-X) – The Court of Protection Rules 2017**

A 1.2 Representative is a person who is able to consider whether, from the perspective of an individual's best interests (A 1.2 representative can be but not always an advocate), they agree or do not agree that the Court should authorise the individual's package of care, which would result in a deprivation of the individual's liberty.

#### **Litigation Friend – The Court of Protection Rules 2007**

A 'litigation friend' is a suitable, willing and able person appointed by the court to represent a 'protected party' (a litigation friend can be is not always an advocate). The litigation friend must act in the protected party's best interests and can give instructions on the behalf of an adult who lacks the mental capacity to conduct their own court case.

#### **Care Act – Care Act 2014**

Local authorities must involve people in decisions made about them and their care and support. No matter how complex a person's needs, local authorities are required to help people express their wishes and feelings, supporting them in weighing up their options, and assist them in making their own decisions. The service is commissioned to promote awareness and understanding of statutory advocacy services to those people in receipt of service, their carers, voluntary and community organisations, health and social care professionals.

#### **Equality Act – Equality Act 2010**

Local authorities and CCGs must consciously consider the need to do the things set out in the general equality duty: eliminate discrimination, advance equality of opportunity and foster good relations and ensure contracts with providers are designed in such a way as to meet the advocacy needs of people who share protected characteristics.

#### **Health and Social Care Act – Health and Social Care Act 2012**

Public sector organisations must provide support to people who want to make a complaint about the NHS, and need some support to do this. Support may range from receiving a self-help pack, information and options, to support from an advocate, depending on needs.

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3.2.6 The service also provides advice and support around statutory advocacy issues to the general public and health and social care professionals.

3.2.7 The role of the service is also to develop good working relationships with health and social care organisations, wider advice/advocacy organisations and the voluntary and community sector.

3.2.8 Appendix 1 sets out the service outcomes and objectives for the statutory and non statutory advocacy service.

### **3.3 Self and Group Advocacy, Capacity Building and Volunteering Services**

3.3.1 The Council and CCGs have commissioned Equality Together to deliver the above advocacy services. The Council and the NHS are required to:

“Consider the person’s own strengths and capabilities and what support might be available from their wider support network or within the community to help in considering what else other than the provision of care and support might assist the person in meeting the outcomes they want to achieve”.

- 3.3.2 The service is open to any resident in the Bradford District by direct referral from a range of health and wellbeing agencies e.g. GPs, hospitals, other NHS agencies, Community Mental Health workers, Social Workers, etc., and through self-referral. The service is for all persons requiring support to express and/or represent their own interests and obtain the care and support they need.
- 3.3.3 Self and group advocacy refers to a range of measures which may support a person to express and/or represent their own interests and obtain care and support. The service has developed an infrastructure of volunteer peer supporters who work across local communities, supporting people who are in receipt of health and social care services.
- 3.3.4 The key aims and objectives of the service are to:
- Improve outcomes for Service Users and their Carers who are in need of Self and Group Advocacy;
  - Improve awareness and understanding of Self and Group Advocacy concepts amongst service users, Carers, professionals and health and wellbeing partners across the public, private and voluntary and community sector.
  - Ensure sufficiency of supply of Self and Group Advocacy and contribute to developing self-advocate capacity and infrastructure.
  - Provide a contact point and relevant information for people who need Self and Group Advocacy, their Carers, friends and family members.
  - Promote awareness campaigning opportunities and projects aimed at increasing the understanding of issues faced by people with learning disabilities, for example Healthy Living, Hate Crime, and self care
  - Provide or commission appropriate training for volunteers within Bradford to ensure sufficiency of supply of volunteer peer support.
  - Provide advice and support around Self and Group Advocacy, Capacity Building and Volunteering to the general public and health and social care professionals.
  - Develop good working relationships with health and social care organisations strategic partnerships, wider advice / advocacy organisations and the voluntary & community sector.
- 3.3.5 Appendix 1 sets out the service outcomes and objectives for the self and group advocacy service.
- 3.3.6 Both advocacy service contracts have been in place for a year and are fully operational. The Council and the CCG have regular meetings/liaison with the providers where operational issues are discussed and service levels monitored.

### **3.4 Wider Advocacy and engagement across the Bradford District**

- 3.4.1 The focus of advocacy is to ensure people have choice and control in relation to the support they receive. As well as the services that are directly commissioned by the Council and the CCGs, there are a range of opportunities for the voice of the “self-

advocate”.

- 3.4.2 Examples include the work being undertaken by the “Big Conversation”, where people with Learning Disabilities and Autism are being asked about what the idea of a good life looks like.
- 3.4.3 Community Led Social Work is about moving towards a model of community based social work practice which recognises people as experts in their own lives and builds on the strengths within their networks and family. This is co-production which brings people together to talk about what will work for them in terms of support.
- 3.4.4 Many organisations, both statutory and voluntary, provide self advocacy in some form. The commissioning process is designed to capture the voice of the person to help co-design services.
- 3.4.5 There are systems and structures in place that help people navigate and connect to health and social care systems. To an extent these provide a certain amount of self advocacy for people. Greater connection across the services could lead to more resource in relation to advocacy.
- 3.4.6 It is clear that investing in self advocacy is important, it plays a role in connecting those it supports to build their own knowledge connections and thereby resilience. This in turns strengthens people to make their own informed choices and helps to design the services/support required.
- 3.4.7 Advocacy has an increasingly important role to play in the lives of people. Giving people control over their own lives, when systems and services are changing rapidly it helps all to ensure outcomes are achieved for all.
- 3.4.8 It is understood that there is a feeling of un-met need in relation to self advocacy. This may have arisen due to increasing need from changes in the welfare benefits system and the changing role and focus of services provided to people in need of support and prevention services.
- 3.4.9 It is clear that there are challenges in relation to providing advocacy services:
  - Advocacy can have a wide meaning and interpretation
  - Advocacy can “tip into” advice or support
  - Changes in services and systems are meaning people are requiring more advocacy support
  - People are encouraged to take control and have a voice –this means increased need for advocacy services

### **3.5 Looking Forward**

- 3.5.1 There are a range of factors that have led to the growing role of advocacy, legislation (the Care Act 2014, the Health and Social Care Act 2012 etc.), the move to greater choice for people and a strength based approach to social work. Getting the role of statutory advocacy right is of key importance for the department. The first priority for adult social care funding had to be to meet statutory requirements which had changed and increased significantly, whilst also recognising the value of non-statutory advocacy for those people who are or may become eligible for social care

services. It was also highlighted that funding needed to be used to support further Mental Capacity Act and Best Interest Assessments and practice within the department to ensure the Council and the CCGs were meeting their statutory requirements.

- 3.5.2 It has been fed back from the advocacy sector, that the recent introduction of Universal Credit and Personal Independence Payments (PIP's) has created issues for some vulnerable people who have then sought support and advice. This will potentially have a knock on effect on people's health and wellbeing, amongst other things, and is a challenge for the Council.
- 3.5.3 Advocacy was previously commissioned through a range of grant agreements from a number of organisations. These arrangements had been in place for a number of years and they enabled a fluid approach to advocacy support and allowed the wider remit of advocacy to be pursued.
- 3.5.4 The re-commissioning of these services had led to a change in the system that has enabled the Council and the CCGs to meet their statutory requirements and provide a wider advocacy function.
- 3.5.5 Networks and structures are in place across the Bradford District to provide all forms of advocacy. What we need to do going forward is harness these networks and expand them further to ensure that the voice of the person is heard and provides challenge to what we do.
- 3.5.6 Ensuring that networks provide a voice for people is very important. Advocates have a key role to play on forums ensuring that they provide a voice for people.

#### **4. FINANCIAL & RESOURCE APPRAISAL**

- 4.1 There are no financial issues arising from this report.

#### **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 through the contract that has been put in place for Statutory Advocacy Service and the legal framework for social work practice.
- 5.2 The governance structure of this work will sit within the Health & Wellbeing Department and will report to Departmental Management Team and the Executive Commissioning Board and to Health and Wellbeing Board.

#### **6. LEGAL APPRAISAL**

- 6.1 The Care Act places a duty on local authorities to arrange an independent advocate to be available to facilitate the involvement of an adult or carer who is the subject of an assessment, care or support planning or review process, if that local authority considers that the adult would experience substantial difficulty in understanding the

processes or information relevant to those processes or communicating their views, wishes, or feelings.

- 6.2 The duty under the Act does not apply if the local authority is satisfied there is an appropriate person to represent the adult, who is not engaged in providing care or treatment to the adult in a professional or paid capacity, and the adult consents to being so represented by that person, or where the adult lacks capacity to consent, the local authority is satisfied that it would be in the adult's best interests to be represented by that person.
- 6.3 Regulations specify the arrangements on the provision of independent advocacy including the requirements for an independent advocate, what a local authority has regard to in determining whether an individual would experience substantial difficulties in their involvement in the assessment, specifying any circumstance in which any exception does not apply, and making provision as to the manner in which independent advocates are to perform their duties.

## **7. OTHER IMPLICATIONS**

### **7.1 EQUALITY & DIVERSITY**

- 7.1.1 The service provided through this commissioning and procurement process is designed to support some of the most vulnerable residents in Bradford's communities. As such they are an important part of the approach to equality and diversity as they seek to empower those who may not have a voice.
- 7.1.2 The on-going monitoring of the contract will provide information on any changes and ensure they are addressed.

### **7.2 SUSTAINABILITY IMPLICATIONS**

- None.

### **7.3 GREENHOUSE GAS EMISSIONS IMPACTS**

Not applicable.

### **7.4 COMMUNITY SAFETY IMPLICATIONS**

None.

### **7.5 HUMAN RIGHTS ACT**

- 7.5.1 The implementation of the Councils' and CCGs duties under the Care Act 2014 must be discharged in keeping with the positive obligations incumbent of the Council and NHS to uphold and safeguard people's human rights in keeping with the European Convention on Human Rights and the statutory principles of the Mental Capacity Act 2005 Code of Practice.
- 7.5.2 In implanting the Care Act 2014 must safeguard peoples Human Rights whether or

not the person has capacity to consent.

- 7.5.3 The Human Rights Act 1998 provides a legal basis for concepts fundamental to the well-being of people and others who are in need of Independent Advocacy Support. The Act provides a legal framework for service providers to abide by and to empower service users to demand that they be treated with respect for their dignity.

## **7.6 TRADE UNION**

Not applicable.

## **7.7 WARD IMPLICATIONS**

Not applicable.

## **7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS**

Not applicable.

## **7.9 IMPLICATIONS FOR CORPORATE PARENTING**

Not applicable.

## **7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESSMENT**

Not applicable.

## **8. NOT FOR PUBLICATION DOCUMENTS**

None.

## **9. OPTIONS**

There are no options associated with this report. Its contents are for information only.

## **10. RECOMMENDATIONS**

- 10.1 That the contents of the report be noted.

## **11. APPENDICES**

Appendix 1 – Independent Advocacy Service Outcomes

## **12. BACKGROUND DOCUMENTS**

None.

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## Appendix 1

### INDEPENDENT ADVOCACY SERVICE OUTCOMES

#### **Statutory and Non Statutory Advocacy Services**

##### **Service Outcomes:**

- Have ready access to information in respect of independent advocacy services and the levels of service that are available in their particular circumstances.
- Have greater understanding of the care, support and health care planning systems, their right to information, to be involved, to be heard, to exercise control & choice and to challenge.
- Have greater capacity and skills to articulate their needs, with or without the assistance of an Independent Advocate, including negotiating arrangements to meet their care, support and health needs.
- Be influencing and shaping commissioning and the development and improvement of local services
- Be able to utilise the care and support planning process to obtain the support they require and to achieve the personal outcomes to which they aspire.
- Citizens who are prevented through lack of mental capacity from participating in specific decisions concerning their treatment, health or care under the authority of the Mental Capacity Act / Deprivation of Liberty Safeguards, receive effective independent protection of their rights and best interests

##### **Service Objectives**

- Bradford citizens will understand their right to be actively involved in the assessment, review and management of arrangements to address their personal care, support and health needs and the role of independent advocacy in protecting the interests of those who may be subject to requirements of the MCA 2005 and the MHA 2007.
- Agencies and organisations working within the health and social care economy will understand the role of independent advocacy in supporting people to articulate their needs, exercise choice & control, protect their rights & liberties and to secure services which are effective in meeting their assessed needs on a personalised basis
- Bradford citizens who have a statutory entitlement to independent advocacy will receive prompt referral to the independent Statutory Advocacy Service and the appointment of a suitably experienced and trained advocate, those who do not qualify will be provided with alternative sources of advice, support, self-help tools and brief interventions
- Service-users will have confidence that their views or best interests, (according to specific statutory requirements) are effectively and independently represented by the Independent Advocacy Service
- The Council and its partners will have confidence that statutory duties to provide independent advocacy across all citizen groups are being met in a timely and effective manner within an agreed code of practice and a quality assurance framework
- Relatives, friends and community organisations who may be called upon to provide informal advocacy on behalf of Bradford residents will be encouraged and supported through the timely provision of information and advice
- Bradford Citizens will clearly identify the independent Statutory and Non Statutory Advocacy Service as an effective and credible source of information, advice and support in respect of the negotiation of their care and support needs
- The independent Statutory and Non Statutory Advocacy Service will enjoy good working relationships with health and social care organisations and the voluntary & community sector
- The independent Statutory and Non Statutory Advocacy Service will provide wider social value by attracting inward investment to further develop independent advocacy in

Bradford, to strengthen its independence, sustainability and reach by developing a range of interventions which support equitable access to health & social care services across the district and provide opportunities for volunteering & skill development

- The independent Statutory and Non Statutory Advocacy Service will demonstrate continual learning and improvement. Service Users will be actively involved in shaping the service; feedback will be routinely sought and acted upon.
- The Service will at all times deliver good value and bear down on cost through innovation and flexible working practises

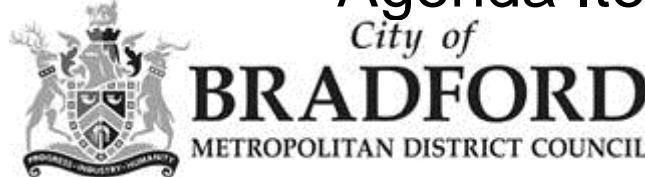
## **Self and Group Advocacy, Capacity Building and Volunteering**

### **Service outcomes**

- Have access to information in respect of all independent advocacy services and the levels of service that are available in their particular circumstances.
- Have greater understanding of the care, support and health care systems, their right to information, to be involved, to be heard, to exercise control & choice and to challenge.
- Have greater capacity and skills to articulate their needs, including negotiating arrangements to meet their care, support and health needs.
- Be influencing and shaping commissioning and the development and improvement of local services
- Be able to use the care and support planning process to get the support they need and to achieve the personal outcomes they want to achieve.

### **Service Objectives**

- People will be able to, individually or collectively, speak up about issues that are important to them.
- People will have a better understanding of their rights in relation to their care, treatment and life in general
- People will be lobbying and campaigning to bring about change and improvement in service provision, not just health and social care but in a wider context e.g. transport
- People will be providing training to other Bradford citizens, professionals and organisations about the benefits of self and group advocacy and about issues that may affect their lives
- People will be involved in Quality Checking and providing feedback to organisations and strategic bodies regards service quality
- People will be active members of local partnerships (e.g. Learning Disability Partnership) and will be participating in consultations form public services
- Self and Group Advocacy, Capacity Building and Volunteering providers will enjoy good working relationships with health and social care organisations and the voluntary & community sector
- Self and Group Advocacy, Capacity Building and Volunteering providers will provide wider social value by attracting inward investment to further develop self and group advocacy in Bradford, to strengthen its independence, sustainability and reach
- Self and Group Advocacy, Capacity Building and Volunteering providers will demonstrate continual learning and improvement. Service Users will be actively involved in shaping the service; feedback will be routinely sought and acted upon.
- Self and Group Advocacy, Capacity Building and Volunteering providers will at all times deliver good value and bear down on cost through innovation and flexible working practises



## **Report of the Digital 2020 Board to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 21 March 2019**

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**AK**

**Subject: Digital Health and Care in Bradford District**

**Summary statement:** This report (**Appendix A**) presents information on the Local Digital Roadmap: People First – Digital First. The Roadmap is a 5 year plan and is governed by the Digital 2020 Board.

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**Portfolio:**

**Healthy People and Places**

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## 1. **Summary**

This report (**Appendix A**) presents information on the Local Digital Roadmap: People First – Digital First. The Roadmap is a 5 year plan and is governed by the Digital 2020 Board.

## 2. **Background**

The Digital 2020 board was formed in 2016 by health and local authority partners across Bradford District and Craven with a vision that appropriate technology could be used across an integrated system to assist in the delivery of health and care services fundamentally changing the relationship with citizens and deliver better outcomes. See **Appendix B** which shows the governance and collaboration structure of the Bradford health and care system.

The aim of the board is to provide leadership for the innovation and adoption of digital health technologies by supporting the development, implementation and evaluation of digital health solutions (both technology and data focussed) that are targeted to improve the health and well-being of the local population.

The board has worked to address the difficulties of working across organisational boundaries, the change process required to introduce new technology, the challenges of trust and information security when utilising data and most importantly how to keep the person at the centre of these changes.

## 3. **Report issues**

See **Appendix A**: Digital Health and Care in Bradford District.

## 4. **Options**

4.1 Members may wish to comment on the contents of the report at **Appendix A**.

## 5. **Recommendations**

5.1 That the report be noted.

## 6. **Appendices**

6.1 **Appendix A**: Digital Health and Care in Bradford District

**Appendix B** Bradford health and care system - governance and collaboration structure

## Appendix A

### Digital Health & Care in Bradford

<b>Presented by</b>	C Cindy Fedell, Co-Chair, Digital 2020 and Chief Digital and Information Officer, Bradford Teaching Hospitals NHS Foundation Trust Justin Tuggey, Co-Chair, Digital 2020 and Chief Clinical Information Officer, Airedale Hospital Foundation Trust
<b>Purpose of the paper</b>	Provide an update on the health and care digital position in Bradford District
<b>Action required</b>	To note

<b>1</b>	<b>PURPOSE/ AIM</b>
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1.1 This paper outlines the state of the digital health and care in the Bradford District.

<b>2</b>	<b>BACKGROUND/CONTEXT</b>
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- 2.1 Bradford District & Craven, defined as one Place by NHS England and part of a total of six Places for the West Yorkshire & Harrogate Partnership (WY&HP integrated care system), in June 2016 produced a Local Digital Roadmap entitled *People First – Digital First*.
- 2.2 The Roadmap outlined an ambitious five year plan through 2020/21 that was aimed primarily at seeing the completion of the strategy to have a “fully interoperable electronic health record” based on two electronic records – SystmOne from TPP and Millennium from Cerner, who are a highly-rated, international supplier of patient record systems.
- 2.3 The Roadmap plan is being executed through each of the local partners and is governed by the Digital 2020 (D2020) Board which reports to the Integration and Change Board. The Digital 2020 Board is comprised of all local partners, including Airedale Hospital NHS Foundation Trust, Bradford District Care NHS Foundation Trust, Bradford District/Bradford City/Airedale, Wharfedale and Craven CCGs, Bradford Teaching Hospitals NHS Foundation Trust, Bradford Institute for Health Research, Bradford Voluntary Care Sector Alliance, City of Bradford Metropolitan District Council, Digital Health Enterprise Zone, University of Bradford and participation from the two key suppliers TPP and Cerner.

2.4 The Roadmap called for progress in the following areas (see diagrammatic representation of all components in Appendix A):

- Records, assessments and plans to ensure that all organisations have digital patient records that are then accessible anytime, anywhere.
- Remote care to allow clinicians to care for patients from anywhere, which expedites clinical decisions and treatment.
- Transfers of care to ensure quick and safe transfer of patient's care between different care settings, i.e., once discharged from a hospital to the care of a GP ensuring the GP has the right information in a timely way.
- Medicines management and optimisation that intelligently helps clinicians by, for example, alerting clinicians to allergies.
- Orders and results management to expedite the diagnostic process as a critical step in diagnosing the patient and developing a treatment plan.
- Decision support to assist clinicians, enabled by digital clinical records.
- Assets and resource optimisation to ensure we use our funding as efficiently as possible.
- Supporting the programmes of work locally and for the West Yorkshire & Harrogate Partnership (the integrated care system), the Yorkshire & Humber Shared Care Record, and the National agenda.

3	<b>CURRENT POSITION</b>
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3.1 The targeted deliverables around Information Sharing and System Capability to enable the above noted progress are mostly complete, on target for completion and, in some areas, ahead of target. In particular a 'shared' electronic patient record is mostly complete with care homes and social care to be added, which are planned for this coming year. The Health Information Exchange, which provides a view into the two patient record systems, is in use for the clinicians at both acute Trusts and in primary care. Technically the access for the Care Trust and social care is in place, with final pieces of work to be done to allow turning this on.

3.2 This shared record enables near seamless transfer of care real time for the contemporaneous clinical record. This improves the person's experience (not

repeating their ‘story’ at every encounter), improves safety (clinicians are working from a ‘single’ record with shared information including medication and allergy status) and is a key enabler to transformative pathway redesign across health and care traditional boundaries. Why would a patient with an acute stroke, cared for across two acute providers, and supported by primary and social care not expect their relevant clinical and care information not be available to all professionals in real time?

3.3 In addition there have been several areas where we have moved beyond the Roadmap, for example:

- A transformational pathway re-design for diabetes that includes enabling patients to upload wellness and outcome-focussed goals using mobile apps, including video.
- Advanced the application of population health analytics via Connected Bradford. For example, using multiple pieces of data to enable the identification of people who could be frail to support self-management and avoiding harm.
- Bradford Teaching Hospitals, houses, in conjunction with a number of local partners, operates an Elderly Virtual Ward and Intermediate Care Hub with over 200 beds, caring for people at home who would otherwise be admitted to hospital or remain in hospital longer.
- The new Paediatric Ambulatory Care virtual ward (called ACE) came on line this year. The service works with GPs to allow specialist following of paediatric asthmatic patients at home, improving outcomes and avoiding hospital admission. This service won the Health Service Journal Improvement Award in Emergency and Urgent Care in November 2018.
- Use of early-stage devices to help monitor patients being cared for by the Virtual Ward, for example, door sensors.
- A Joint Information Governance lead was appointed and recruitment is in progress for a Joint IT Architect across Airedale Hospital and Bradford Teaching Hospitals. These appointments facilitate more robust sharing of data and infrastructure.
- Creation of a Security Operations Centre at the Care Trust and steps taken across the patch to become more cyber secure with more partnership working across organisations. The Care Trust and Bradford Teaching Hospitals are now two of

only a dozen NHS organisations with secure email accreditation; the Teaching Hospitals is expected before the end of March 2019.

- The National Institute for Health Research - Yorkshire and Humber Patient Safety Research Centre's digital innovation theme has been created, housed at the Bradford Institute for Health Research. This work is progressing several digital projects to enhance patient safety, for example, computer-assisted clinical risk scoring whereby clinicians will be assisted through previous clinical findings with assessing a patient's clinical risk.
- Continue to analyse our population's data to provide intelligence that local organisations can action through the Connected Bradford initiative at the Bradford Institute for Health Research. Findings have included to date, for example, that most deprived communities in Bradford have highest air pollution rates.
- The Bradford Institute for Health Research (BIHR) have led the development, validation and implementation of the award-winning Bradford Electronic Frailty Index (eFI) which helps calculate an elderly person's risk of disability, impairment, falls and complications of chronic diseases, as well as, their diminishing independence and capability. This is now being used by 98% of all GPs across the country.
- More generally, clinical engagement in digital initiatives has progressed to ensure solutions are helping clinicians to better care for patients in particular for more mobile staff, as part of a more efficient use of estate and accommodating flexible working for employees.
- Continue to be a vanguard for telemedicine in care homes which means care homes have video conferencing access to clinicians to support treatment and care on site to enable quicker triage and clinical advice, and quicker treatment.

### 3.4 Digital 2020 is currently progressing the following five work streams:

**3.4.1 Shared Care Record** - Completion of the remaining steps to a fully shared care record across health and social care, including completion of the digitisation of care homes and sharing with social care and further advancement of mental health in community settings.

**3.4.2 Business Intelligence** - Progression of a business case to support a real-time population health management system that will provide a tool for staff delivering care

to patients on behalf of multiple organisations, real-time alerting of the need for interventions using clinical data from all electronic patient records, data for improved planning and intelligence that would include views based on communities, and data for applied health research to expedite the work of Connected Bradford.

**3.4.3 Innovation** – A number of innovations are being explored for application. For example, exploring opportunities to attract funding to support a ‘test bed’ locally to support innovation in diabetes care, use of further monitoring tools for people’s homes to which clinicians can monitor remotely, use of self-care smart apps, and a unique engagement between the Care Trust, TPP, and the University developing patient engagement tools.

**3.4.4 Information Governance** - Definition and implementation of a more robust information governance service across all organisations. Whilst there is a technically fully shared record in place (see above), the impact of multiple data controllers for each organisation and understandable risk aversion in light of the General Data Protection Regulation (GDPR) means that at the point of care delivery, there is a not seamless sharing of the record. The intention of Digital 2020 is to utilise resources to ensure that a model is implemented for the governance of the shared record. This will be done with standardisation of a Place-based data sharing agreement aligned with best practice, but maximising the full potential of shared care record. Seamless sharing of clinical data will not only support service transformation and clinical delivery, but also give patient level business intelligence to support population health management (see Appendix B).

**3.4.5 Infrastructure** - Further progression of shared infrastructure and IT skill set where it makes sense to do so. This initiative will see specialised skill set, for example, certified cyber security staff leveraged across organisations and see infrastructure shared or continue to be standardised to ease the maintenance burden, for example personal computer upkeep.

<b>4</b>	<b>NEXT STEPS</b>
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4.1 Beyond the boundaries of the Bradford District, the Bradford District and Craven Place and West Yorkshire & Harrogate Partnership have continued to mature digitally, supporting programmes of work across the geography. The Yorkshire Imaging Collaborative has progressed with image sharing technically functioning and has expanded to cover the integrated care systems of West Yorkshire and Harrogate

Partnership and now the full Humber Cost and Vale Partnership. In addition the region has secured one of five sites in the country for development of a Yorkshire and Humber-wide Shared Care Record. This Shared Care Record will utilise the work on the Bradford District & Craven Shared Care Record to create an ability for clinicians to care for patients across the geography and Yorkshire and Humber.

- 4.2 The NHS released a Long Term Plan in January 2019. There has also been a national review recently completed; the Topol Review. Each of these national documents provide guidance and direction for Place-based plans.
- 4.3 The NHS Long Term Plan sets out five major practical changes to the service model. One of those five is “digitally enabled care will go mainstream across the NHS”. This will include using digital to;
  - Empower people, e.g., to own their own health records and have the choice to access services digitally starting with the NHS App.
  - Support health and care professionals, e.g., more community based staff to have better access to mobile digital services so they can spend more time with people.
  - Support clinical care, e.g., enable fast easy access to specialist advice and guidance for GPs or direct access to investigations.
  - Improve population health, e.g., use data to improve planning of care needs, predict risks and intervene early and to ensure that people get the right help at the right time.
  - Improve clinical efficiency and safety, e.g., decision support and artificial intelligence.
- 4.4 The Topol Review focusses on preparing the healthcare workforce to deliver the digital future. The key recommendations are around building a digitally-ready workforce with Board-level digital leadership, creating of capacity to evaluate new technologies and utilising academia for a digital curricula. The review included the base requirement of shared electronic patient records.
- 4.5 Several of the Digital 2020 organisations have recently updated their digital strategies. These updates, along with the national updates outlined above, will be leveraged to compile an updated roadmap/digital strategy for the Bradford District and Craven Place. Additional key themes from across the Place will focus on:

- Using artificial intelligence to analyse our data we can assist in determining when patients would do better with other interventions than coming into the hospital;
- Using tele-medicine and technology to ‘see’ patients where they are and help them manage their conditions better outside of hospital with and without our virtual help;
- Using home monitoring instead of in-hospital monitoring to keep people at home; and
- Preparing our staff and our citizens for use of digital tools in health, wellness and care.

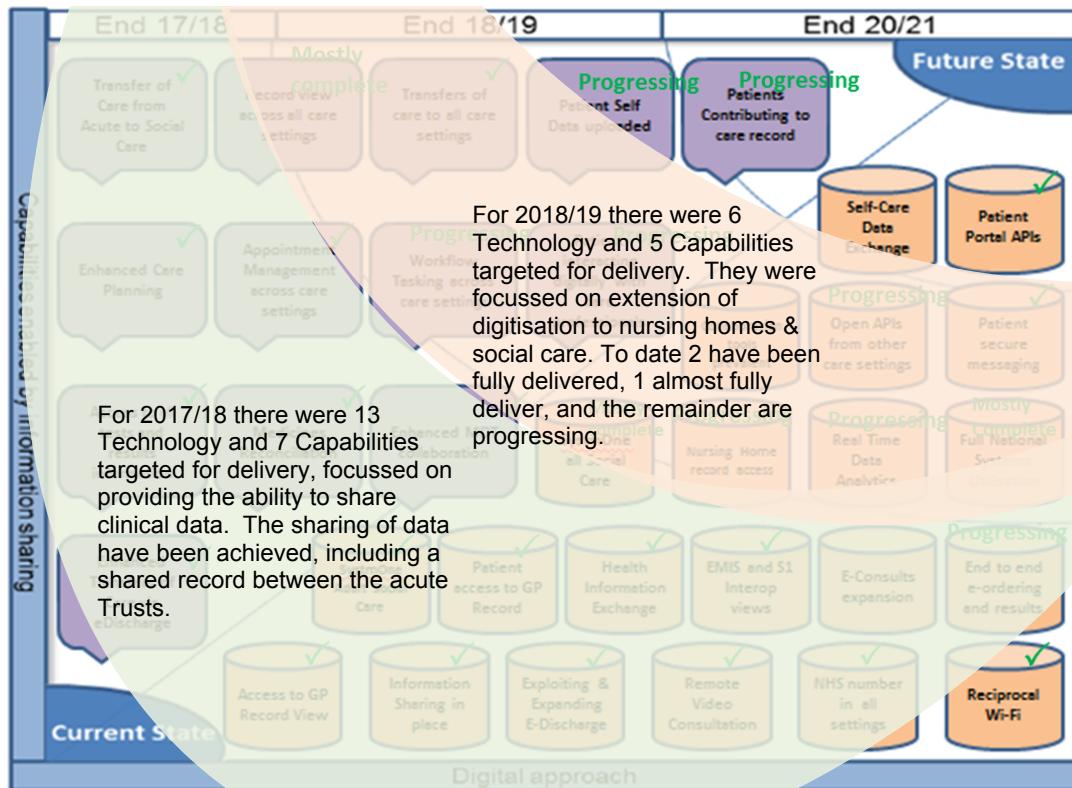
<b>5</b>	<b>RECOMMENDATIONS</b>
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5.1 The Overview & Scrutiny Committee are asked to receive this update.

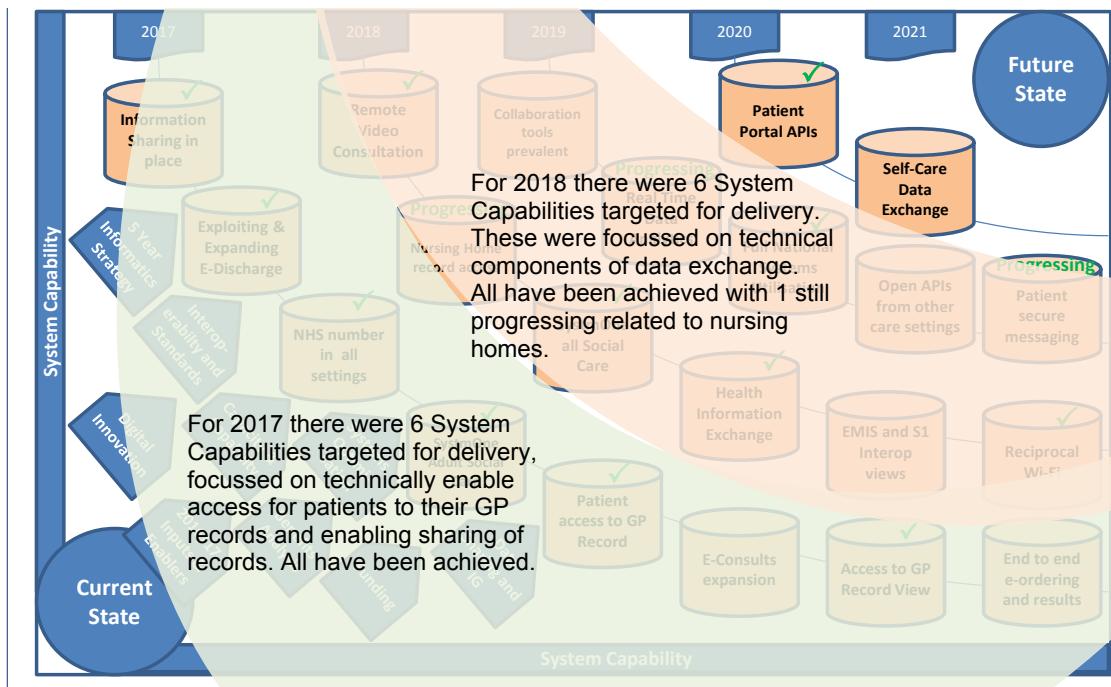
<b>6</b>	<b>Appendices</b>
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**Appendix A:** Bradford District & Craven 2016 Local Digital Roadmap current state against plan

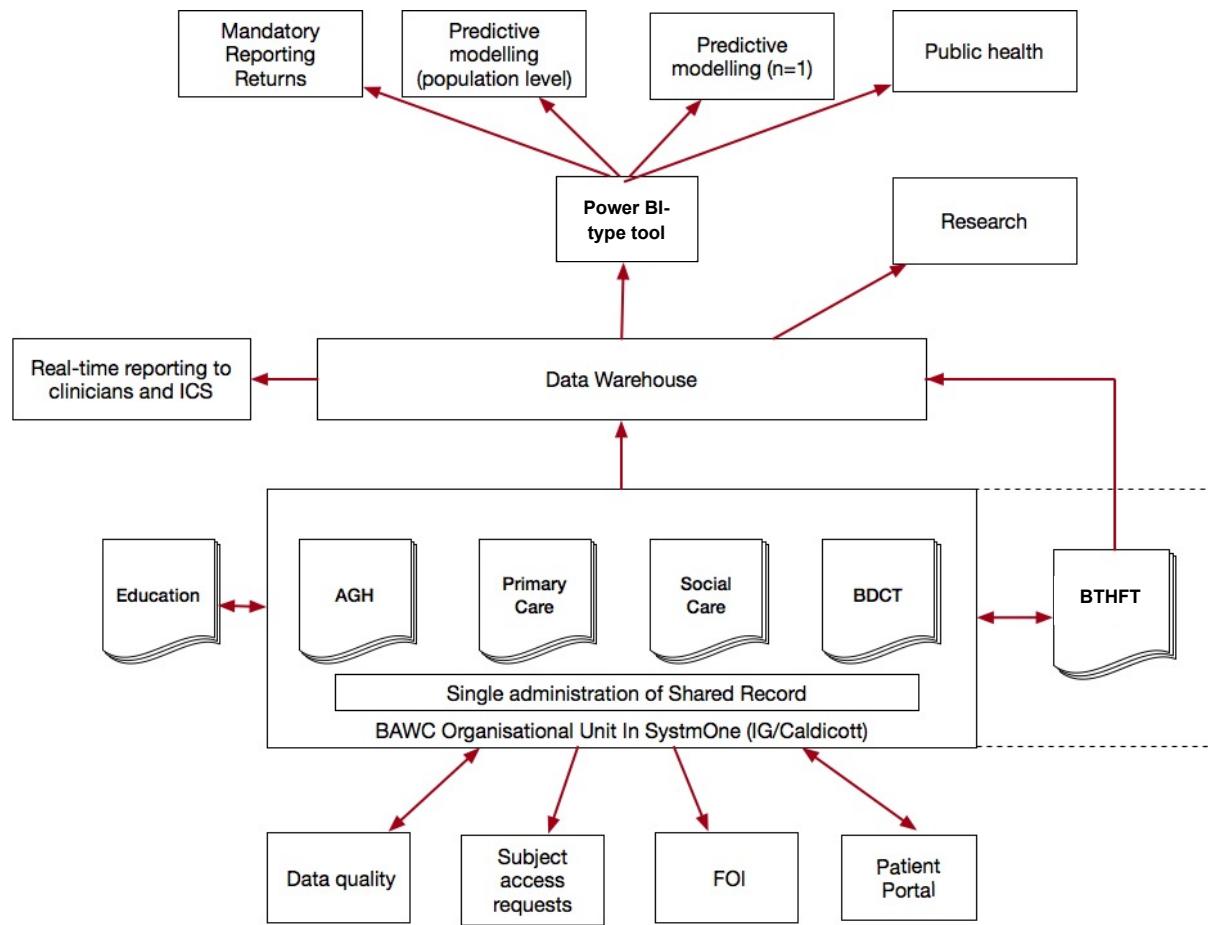
## Current status of Information Sharing Plan



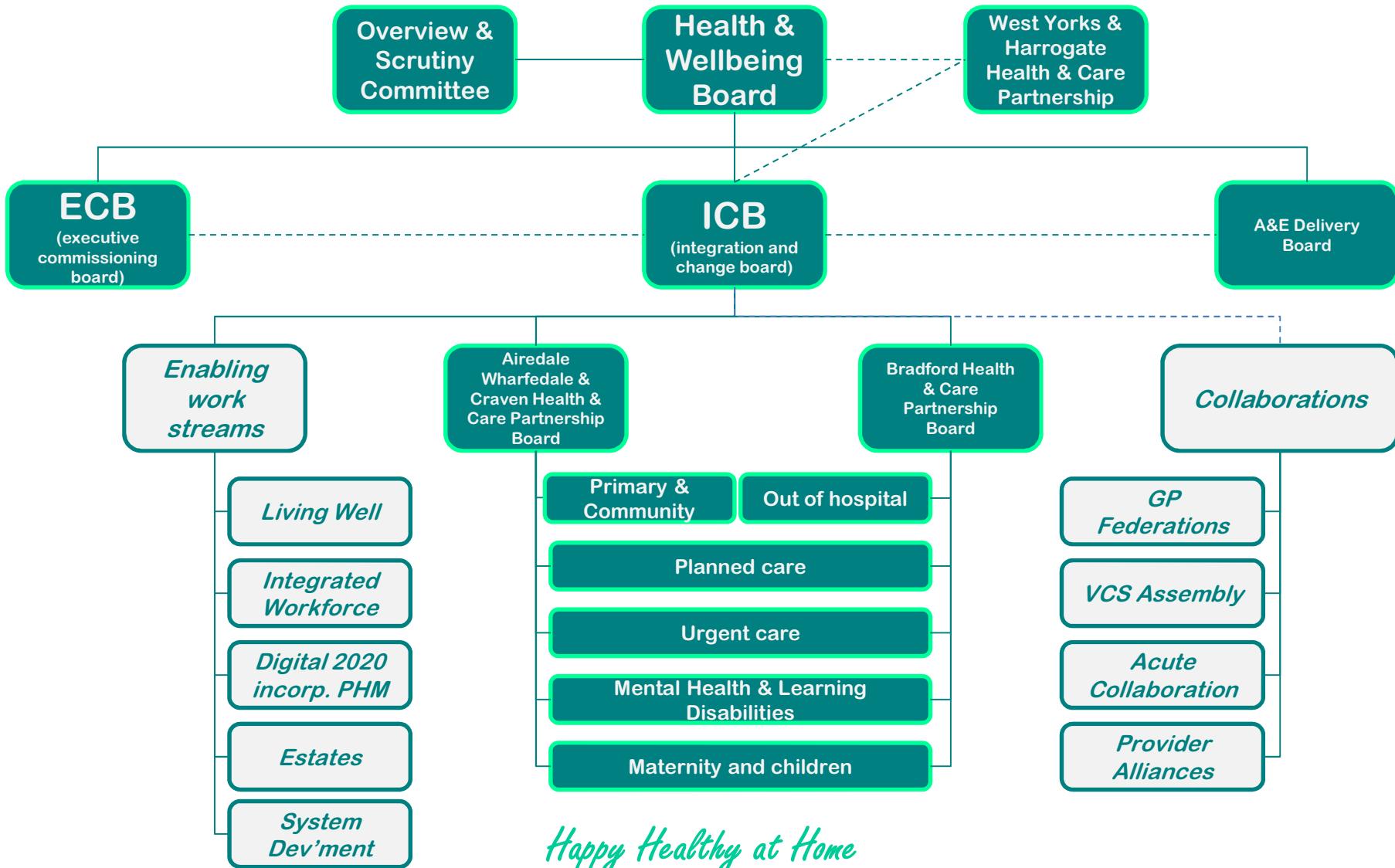
## Current status of Capability Plan



**Appendix B:** Schematic representing future state for governance of the shared record



# Governance and Collaboration



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