

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 25 October 2018 in Committee Room 1 - City Hall, Bradford

Commenced 4.30 pm
Concluded 7.20 pm

Present – Councillors

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

NON VOTING CO-OPTED MEMBERS

Susan Crowe
Trevor Ramsay
G Sam Samociuk

Strategic Disability Partnership
Strategic Disability Partnership
Former Mental Health Nursing Lecturer

Observers: Councillor Sarah Ferriby (Portfolio Holder, Healthy People and Places) and
Councillor Jackie Whiteley

Apologies: Councillor Naveed Riaz

Councillor V Greenwood in the Chair

34. DISCLOSURES OF INTEREST

Susan Crowe disclosed, in the interest of transparency, that she received funding from the Clinical Commissioning Groups and Bradford Council's Public Health department to deliver services.

ACTION: City Solicitor

35. MINUTES

Resolved –

That the minutes of the meeting held on 6 September 2018 be signed as a correct record.

36. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

37. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

On 16 October 2018 Council made the following referral to this Committee:

PERIOD POVERTY

Resolved –

This Council notes:

- Because of Government cuts more than one in four children in the UK are living in poverty (27.1% in 2015-16) and this will rise to almost one in three (31.3%) by 2021-22, according to the Institute for Fiscal Studies.
- Food bank use has risen rapidly in recent years with the Trussell Trust reporting it gave out a record 1.3m food parcels to an estimated 666,000 people in 2017-18, up 13% on the previous year.
- People who are unable to afford food might also be unable to afford other essentials such as sanitary products. Young girls may be particularly vulnerable to the impact as it could lead to them missing school or having to choose between buying food or sanitary protection.
- After being tasked by the Leader to explore how we can address this issue, officers launched a pilot scheme at Britannia House in May this year to take donations of products to be provided through the Storehouse, a local charity that supplies over 30 food banks.

This Council will:

- Carry out more detailed research to identify the causes and extent of the issue, what good practice is already taking place and what more can be done to address the problem most effectively across the district.
- Work with partners such as the Clinical Commissioning Group, schools, the Red Box project and the Storehouse to establish the best ways to tackle the problem.
- **Ask officers to report back to the Health and Social Care Overview and Scrutiny Committee before the end of December with their**

findings and options for scaling up our activity with partners.

- Call on Government to remove VAT from all sanitary products.

ACTION: Strategic Director Health and Wellbeing

Following consideration of the above referral, the Committee;

Resolved –

That, following consultation with the Chair and Deputy Chair of Corporate Overview and Scrutiny Committee, and in the view of the fact that the issue is related to poverty rather than health or social care, that the recommendation of Council be referred to Corporate Overview and Scrutiny Committee for consideration.

ACTION: City Solicitor

38. PROGRESS REPORT ON THE BRADFORD DISTRICT AND CRAVEN INTEGRATED WORKFORCE PROGRAMME (IWP) AND THE HEALTH AND SOCIAL CARE INDUSTRIAL CENTRE OF EXCELLENCE (ICE)

The Bradford District and Craven Integrated Workforce Programme (IWP) submitted a progress report (**Document “P”**) on the Bradford District and Craven Integrated Workforce Programme (IWP) and the Health and Social Care Industrial Centre of Excellence (ICE). The report provided:

- A reminder and an update of the context in which the IWP is operating nationally, regionally and locally both from a workforce and a health and care system perspective.
- The key workforce priorities, challenges, and enablers, regionally and locally.
- An update on progress across the four key IWP work programmes, with a focus in particular on the ‘growing our own’ work programme and the IWP alignment with the successful ‘One Workforce’ Bid submitted by Bradford Council, NHS partners, the University of Bradford and Further Education partners to obtain £1.151m funding from the Leeds City Region Business Rates Pool.

A presentation was delivered about how workforce issues and challenges were being addressed. Members were informed of developments in career pathways to ‘grow our own’ health care professionals through a range of apprenticeship schemes through the Health and Social Care ICE. It was stated that the first cohort of nursing apprentices were due to graduate in 2019 and work was on-going with Skills House to develop four programmes in collaboration with Bradford College and Shipley College.

Members were informed that the Health and Social Care ICE programme, established in September 2017, was now working with 8 partner schools and up to 450 students in its second year of operation with the aim of increasing to 13 partner schools in its third year.

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

- There were five ICE programmes operating with schools across the district.
- The Advanced Manufacturing and Engineering ICE was based at Keighley College.
- There had been a focus on social mobility and deprivation when selecting schools for the first cohort of the Health and Social Care ICE and the three schools initially engaged were Parkside, Bradford Academy and Bradford Girls Grammar. Additional schools which had engaged in the second year of the programme were: Titus Salt, Carlton Bolling College, Hanson, Laisterdyke and Tong.
- The ICE staff were working to ensure open access to all schools over the duration of the programmes.
- 3.6 full time equivalent staff members made up the ICE workforce.
- The Health and Social Care ICE was designed to be delivered within schools.
- Work was currently underway to determine what 'success' was for the ICE programme. The aim was for the ICE programme to engage with a total of 15,000 children across the district over five years.

A Member stated that this was an exciting programme which she hoped would continue to develop and grow. She also considered that it presented a good opportunity to work with schools to promote health and social care jobs as a profession to enter into and to show young people the value of the job roles. In response, it was stated that supporting rewarding careers and establishing career progression routes to attract people with the right skills into the industry was at the heart of the successful 'One Workforce' bid.

It was stated that at a recent Careers Carousel event young people had been less focused on job titles and more interested in how they could build on and use their experiences in health and social care careers.

A Member spoke of the importance of ensuring quality work placements were provided to participants of the programme. In response it was stated that this was already a consideration and that, rather than traditional work experience placements, visits to workplaces included tours of facilities and practical activities specific to job roles. Appendix B to Document "P" provided a programme overview with each activity referenced against the Gatsby Benchmarks (a framework of eight guidelines that define the best careers provision in schools and colleges as set by the government).

A Member suggested the ICE consider asking students to join Patient Participation Groups to widen their experience.

Members highly commended the programme and requested to see feedback from participants when an update on the programme was next provided to the Committee.

Resolved –

- (1) That a report on the Health and Social Care Industrial Centre of Excellence be added to the Committee's Work Programme for 2019/20 and that schools and young people be invited to attend.
- (2) That officers be encouraged to consider ways in which the Health and Social Care Industrial Centre of Excellence could collaborate with Patient Participation Groups.
- (3) That officers be commended for the excellent work to date on establishing the Health and Social Care Industrial Centre of Excellence.

ACTION: Strategic Manager, Employment and Skills

39. ENGAGEMENT WITH CARERS

From June – August 2018, the three NHS Clinical Commissioning Groups (CCGs) in Bradford District and Craven worked together with the Council to understand the views and experiences of carers across the area.

This engagement with carers and other stakeholders had been carried out in order to influence and inform the development of the jointly commissioned Carers Service, and the insight would also be used to inform future strategy development.

The Head of Engagement at NHS Bradford District and Craven CCGs introduced the report, **Document "Q"**, which highlighted the key themes emerging from the engagement, which had influenced the procurement process and would shape the service specification.

During her presentation she explained the importance of understanding the significance of the role of unpaid carers which was estimated to contribute over £900 million to the health and care economy in Bradford District and Craven. She stressed that carers were not a homogenous group and that the purpose of the engagement exercise had been to understand what mattered most to them, what they valued most, challenges they faced and barriers to accessing support. She stated that a mixed approach was used to gather information and that approximately 450 carers took part in the engagement activity. The emerging themes mirrored the findings from similar surveys carried out locally and nationally and the feedback would be used to assist the commissioning for the Carers Service and to inform future strategy development.

The Chair thanked officers for undertaking the engagement work and queried whether participants had included people that did not class themselves as carers. In response, it was reported that conversations at outreach sessions had been initiated with leading questions such as "do you look after somebody?" so that people who undertook a carers role but did not class themselves as a carer were also captured.

A Member referred to the table within the report which showed the responses to a

question in relation to the awareness of support services. He stated that it was difficult to put the responses received into context and queried whether more information could be provided to better explain its relevance. In response, it was stated that further analysis into the detail of the responses was available and would be circulated to Members; it would show the reasons relating to the need for care and the awareness of relevant support organisations for that specific area.

Following a Member's question, it was explained that the opportunity to participate in the engagement activity had been open to all carers. The engagement had included an online survey, face to face discussion groups in the community and outreach sessions in public places which had included shopping centres. This survey had been promoted through social media and publicised on the Council's and CCGs' websites and local newspapers. A target figure for the number of participants had not been set as the engagement had been open to any carer wanting to take part in the research.

A Member raised concern that the latest data being referenced was from the 2011 Census, which showed there were approximately 52,000 carers, as the figure was likely to have risen over the last seven years. She also queried why the report did not make reference to young carers. In response, it was stated that the engagement work related to the procurement of the Carers Service which supported adult carers only and that there were other services available that supported young carers.

The Head of Commissioning for Mental Wellbeing for Bradford Council and NHS Bradford District and Craven CCGs acknowledged that the current strategy did not reflect changes since 2011, such as the introduction of the Care Act, and that the Carers Strategy would be updated to reflect changes since 2011 as well as taking into account the demographic of carers across the district.

A Member suggested that, as money and financial worries were a commonly occurring theme, particularly challenges with benefits and the assessment process, that outreach sessions also be held in job centres for future engagement events.

A Member highlighted that some primary carers had a support network of secondary carers and that it would be useful to know statistics in relation to this. In response, it was stated that carers were asked how many hours they spent providing care and that this could be analysed further to provide statistical information on the carers that participated in the engagement activity.

A Member queried whether information was shared with participants on the support that was available during the engagement activities. In response it was explained that whilst representatives from support organisations were not in attendance at the engagement events, participants were signposted to those services where appropriate.

A Member spoke of the negative impact a carer's role could have on an individual and stated that there was a need, as part of the procurement process for the Carers Service, for smaller organisations to be included in supporting carers locally to ensure they did not have to travel long distances to access support

which provided them with respite.

Resolved –

That officers be thanked for the report.

NO ACTION

40. RE-COMMISSIONING OF CARERS SERVICES CONTRACT IN BRADFORD DISTRICT AND CRAVEN

In line with Council Standing Order 4.7.1 all contracts with an estimated value of over £2m must be reported to the relevant Overview and Scrutiny Committee before inviting tenders.

The Strategic Director, Health and Wellbeing submitted **Document “R”** which provided details of the intention to re-commission Carers Services within Bradford District and Craven.

The Assistant Director Commissioning and Integration, officers from the Commissioning Team, the Quality Assurance Manager and the Head of Commissioning for Mental Wellbeing for Bradford Council and NHS Bradford District and Craven CCGs were in attendance at the meeting.

A summary of the report was provided by the Contract and Quality Assurance Manager.

A Member referred to the findings in the Engagement with Carers report (Document “Q”) that stated “27% of respondents had not been able to access support” and that “carers from a Pakistani background were also more likely to report being unable to access support (45%)”. He raised concern that this highlighted inadequacies in the current provision and queried how this would be overcome with the new contract provider. In response it was stated that the service already had an understanding of some of the barriers faced by carers from a black, Asian, and minority ethnic (BAME) background and that an equality impact assessment would be completed as part of the procurement process which would be closely monitored. It was also stressed that the purpose of the engagement exercise was not to provide feedback or evaluate the current provider but to assist the authority to ensure future provision met the needs of the district. The Member stated he was still unclear as to how this issue would be addressed in the process and how carers from a BAME background would be reached. In response, the Assistant Director Commissioning and Integration stated that the service provider would need to demonstrate how it would meet the needs of a diverse district and it would be specified in, and monitored as part of the requirement of the contract. The Head of Commissioning for Mental Wellbeing added that the Carers Strategy would look at how to identify people who needed support as well as areas that required outreach work. She stated that working with the new provider would be key to delivering the strategy.

The following responses were provided to Members’ questions from officers present:

- The tendering process was open to any bidder and was subject to Council Standing Orders and EU Regulations.
- Understanding the make up of the district and its demographic was stressed within the constraints of the framework used for the procurement process.
- It was mandatory to include 'social value' in the procurement process.
- The National Census was undertaken every 10 years and whilst there were challenges around using data from 2011 the service also identified carers through GP practices.
- There was no target figure the service was aiming to reach but when it became aware of carers it was a matter of ensuring they had access to the support available.
- Stakeholder engagement had been undertaken to inform the proposed procurement.

The Scrutiny Lead officer agreed to circulate a briefing note on social value to Members.

A Member referred to the findings in the engagement report which highlighted that only 4.29% of the respondents were aware of Connect to Support. He stated that he was not aware of the service and asked for further information about it. In response, it was explained that Connect to Support was a website which provided carers with information about what support was available in the area and it included advice pages on adult social care. It was acknowledged that the service needed to be publicised more and that links to it would soon be included on the Council's and CCGs webpages to raise its profile. Following further discussion, it was stated that 'Rally Round' (a free and secure online tool that allows family members, friends and carers to organise support for someone they care about) was included in Connect to Support. The Chair stated that the Committee had previously received a demonstration of the Konnektis service (a tablet device that acts as a 'care hub' giving real-time information to homecare workers, family members and medics) and requested that the Scrutiny Lead officer arrange another demonstration for new Members of the Committee.

A Member commented that he considered the authority needed to be stronger in negotiating contracts. In response, the Assistant Director, Commissioning and Integration stated that this contract was a collaboration with partners and she assured Members there was a clear sense of what needed to be delivered.

Resolved –

That an update report on the Carers Service and Carers Strategy be submitted to the Committee in 12 months.

ACTION: Strategic Director, Health and Wellbeing

41. **REPORT ON WAYS TO IMPROVE CONSULTATION WITH VULNERABLE GROUPS**

The Strategic Director, Health and Wellbeing submitted **Document “S”** which provided information on what the authority was doing to ensure that its consultation processes with vulnerable groups were conducted appropriately.

A summary of the report was provided which outlined the concerns raised about the way in which the consultation on changes to the Adult Social Care Contributions Policy was carried out in 2016 and the approaches taken in relation to consultation processes with vulnerable groups that had since been implemented following a review. It was reported that the Council had adopted a corporate approach in relation to consultations in 2017 and that it had worked closely with the Local Government Association (LGA) which had also launched its New Conversation's Guide at the same time. The Council had developed a Consultation Toolkit (appendix 1 to Document “S”) which provided advice to officers undertaking consultations. Members were informed that discussions were underway with officers in Workforce Development with regards to training managers across the Council on how to undertake effective consultations and that this matter was also on the agenda for the Council's next Senior Leadership Team meeting at which Strategic Directors and Assistant Directors attended.

The Chair welcomed the report and emphasised the importance of effective consultations, particularly with vulnerable groups.

A discussion took place about the events that had lead to the review being undertaken. It was acknowledged that the right questions had not been asked during the consultation on the changes to the Contributions Policy and lessons had been learned from that.

Following a Member's question, it was agreed that details of who the authority had engaged with in undertaking the review could be provided to Members.

Members were informed that the Toolkit would be reviewed following any further guidance from the LGA.

The Assistant Director, Commissioning and Integration referred to case studies within the report (Document “S”) which evidenced how the authority had recently undertaken a number of consultations.

Member commended officers for the work outlined in the report and stated they were reassured at the way in which consultations were being carried out.

Resolved –

That officers be thanked for the progress made on improving consultations with vulnerable groups since 2016.

NO ACTION

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

The Overview and Scrutiny lead presented the Committee's Work Programme 2018/19 (**Document "T"**).

Resolved –

That the information contained in Appendix A to Document "T" be noted.

NO ACTION

Chair

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

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