

## Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 13 June 2019 in Committee Room 3 - City Hall, Bradford

Commenced 4.40 pm  
Concluded 6.15 pm

### Present – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT	BRADFORD INDEPENDENT GROUP
Greenwood Mir Godwin Berry	Goodall Hargreaves	J Sunderland	Khadim Hussain

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

### Councillor Greenwood in the Chair

#### 1. DISCLOSURES OF INTEREST

Councillor Godwin disclosed, in the interest of transparency, that he was currently working as bank staff at Airedale NHS Foundation Trust.

*Action: City Solicitor*

#### 2. MINUTES

**Resolved –**

**That the minutes of the meeting held on 21 March 2019 be signed as a correct record.**

#### 3. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

#### 4. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

There were no referrals made to the Committee.

**5. CO-OPTION OF MEMBERS TO THE HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

Under Article 6 of Part 2 of the Constitution the Committee may make a recommendation to Council for the co-option of non-voting members to the Committee.

The Committee was asked to recommend the appointment of the following non-voting co-opted member:

G Sam Samociuk – former Mental Health Nursing Lecturer

**Resolved –**

**That it be recommended to Council that the following non-voting co-opted member be appointed to the Health and Social Care Overview and Scrutiny Committee for the 2019/20 Municipal Year:**

**G Sam Samociuk – former Mental Health Nursing Lecturer**

***ACTION: City Solicitor***

**6. DATES OF FUTURE MEETINGS**

**Resolved –**

**That Members note the following dates for the 2019/20 Municipal Year for meetings of this Committee scheduled to take place at 4.30pm in Committee Room 1, City Hall, Bradford:**

**Thursday 4 July  
Thursday 1 August  
Thursday 26 September  
Thursday 24 October  
Thursday 28 November  
Thursday 12 December  
Thursday 30 January 2020  
Thursday 13 February  
Thursday 5 March  
Thursday 2 April**

***NO ACTION***

**7. A PROPOSAL TO CREATE ONE CLINICAL COMMISSIONING GROUP (CCG) TO SERVE BRADFORD DISTRICT AND CRAVEN**

The three clinical commissioning groups in Bradford district and Craven were engaging with their GP practice membership on a proposal to create one Clinical Commissioning Group (CCG) to serve the area from 1 April 2020. As part of the engagement process, the Chief Officer of the NHS Bradford district and Craven CCGs presented **Document “A”** to the Committee which outlined the proposal.

She stated that, in 2018, NHS England and NHS Improvement directed CCGs to reduce running costs by 20% by 31 March 2020. In Bradford district and Craven, this equated to a £2.5m reduction in their running cost allocation from 1 April 2020. Becoming one CCG would improve efficiency and effectiveness, at the same time reducing bureaucracy and helping to achieve around 40% of the required savings (approximately £1m). This would come mainly from reducing the number of statutory office holders, along with a reduction in the costs associated with running three CCGs.

She informed Members that the Councils of Representatives/Members (CoR/Ms) would be meeting to consider this proposal on 27 June 2019 and that there was one council for each CCG. She also stated that work would continue with GP practices at local levels through 14 Community Partnerships across Bradford district and Craven to focus on people's health and wellbeing in local communities.

She concluded that it was important to view the proposal as a refresh for ways of working rather than a merger of three CCGs particularly as CCGs were operating in a different context now to when they were first established in 2013. She stated that if the proposal was not accepted, savings would still need to be made.

The Chair stated that, whilst she acknowledged that the Bradford City CCG was not the only area with high levels of health inequalities, there was a huge gap between it and the other two CCG areas and therefore asked whether there was any way to guarantee that the funding currently allocated to the Bradford City CCG area could be ring fenced. In response, the Chief Officer stated that legally there was no way of providing a guarantee that a new statutory body would honour existing commitments but assured that decisions would be reported through Community Partnerships, openly and transparently. She also stated that the proposed CCG would be scrutinised by the Health and Wellbeing Board to ensure funding was being spent in the right areas. The Chair urged Members to engage with their local Community Partnerships.

The Strategic Director of Health and Wellbeing and Director of Public Health were in attendance at the meeting and expressed their support for the proposal as they considered that negotiating with one set of officers instead of three would be beneficial.

A Member expressed strong reservations against the proposal as he considered it was not being proposed to improve services but to cut costs. He also raised concerns that safeguards could not be put in place to protect allocations of funding already made to areas of deprivation. In response, the Chief Officer stated that although the decision had been driven by the need to cut costs, it had already been identified in the partnership agreement that this decision would be considered – the need to cut costs had just put a sharper focus on this. She stated that her personal view was that the proposal would better serve inner city areas as there would be more opportunities to share learning and benefit from research such as Born in Bradford.

A Member stated that he had never been in favour of the current model of three CCGs covering the district and welcomed the proposal. He considered that the focus needed to be on ensuring that funding delivered the outcomes required to

make improvements in wards across the district rather than ensuring money was being spent in specific wards. He also stated that the Committee needed further information on Community Partnerships and how they would be transparent and accountable.

A discussion took place about uplift funding allocated to the Bradford City CCG area and it was clarified that this funding would not have been secured for that specific area if there had been one CCG covering the district at the time it was considered, but analysis demonstrated that the same amount of uplift funding would have been received for the whole area. It was further explained that this funding backed delivery of the NHS Long Term Plan for the next five years and amounted to £8.6m per year.

Further comments on the proposal from Members included:

- Concerns about poverty issues being diluted.
- Concerns about the risk to the district's ability to attract additional funding.
- That there was a risk that a larger organisation would lose focus.
- It was important to ensure decisions being taken were needs-led and evidence-based.
- Concerns that Community Partnerships would be doing the ground work but would not have the ultimate decision-making powers on where funding would be spent.

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

- There was no proposal to change office locations therefore the existing offices in Bradford City Centre and Steeton would remain open.
- The uplift funding would not be used to spread best practice for schemes, such as Better Start Bradford which had their own funding to do so, or improve access to primary care as GP practices received funded for this work, but it could do more to look at outcomes of Better Start Bradford as well as broader initiatives such as tackling obesity.
- Cancer screening was a Public Health England responsibility.
- Community Partnerships had clear leadership arrangements in place but some were working better than others.
- Reporting as one CCG nationally was a risk factor as some extremes would become more average but there was very little that could be done to mitigate this risk.
- Funding would travel upwards and therefore it would still be possible to report locally by wards.
- Leeds had gone from three to one CCG in 2018 and discussions were taking place in North Yorkshire on a similar proposal.
- The CoR/Ms meeting on 27 June 2019 was not a public meeting but its decisions would be published.
- The consultation process was on-going and 108 responses had been received so far. Similar concerns as those raised by Members had been submitted along with concerns around governance arrangements, redundancies and diluted representation. The feedback also included benefits in relation to decision-making, governance and reduction in bureaucracy.
- If the proposal did not go ahead there was a possibility, under current NHS

plans, to be merged into a much larger CCG in the future, covering West Yorkshire and Harrogate; if the proposal did not go ahead there was a chance this could be imposed.

A Member considered the change in Leeds to have worked well as there seemed to be a more focused approach since the change.

The Scrutiny Lead Officer agreed to feed the Committee's comments into the consultation process. She also proposed to arrange an informal session for Members on Community Partnerships and a briefing on the Health and Care Strategic Partnering (SPA) Agreement which was intended to further develop system partnership working towards the Happy, Health and at Home vision and which the Council had agreed to sign up to following a meeting of the Executive on 11 June 2019.

The Chair requested that the Committee be informed of progress on this matter and that further information be submitted on the areas in which the uplift funding would be spent.

**Resolved –**

- (1) That the Committee's comments be fed into the consultation process on the creation of one CCG to serve Bradford district and Craven.**
- (2) That a report be submitted to the Committee in September 2019 on the additional allocated monies.**

***ACTION: Scrutiny Lead Officer/ Chief Officer, NHS Bradford District and Craven Clinical Commissioning Groups***

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