

Minutes of a meeting of the Keighley Area Committee held on Thursday, 5 September 2019 in Council Chamber - Keighley Town Hall

Commenced 6.00 pm
Concluded 7.40 pm

Present – Councillors

LABOUR	CONSERVATIVE
A Husain	Ali
Godwin	Brown
Slater	Goodall
Lintern	Herd

Apologies: Councillor Anne Hawkesworth

Councillor Abid Hussain in the Chair

20. DISCLOSURES OF INTEREST

Councillor Godwin disclosed, in the interests of transparency, that he was previously employed by the NHS (Minute 25).

ACTION: City Solicitor

21. MINUTES

Resolved –

That the minutes of the meeting held on 18 July 2019 be signed as a correct record.

22. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

23. PUBLIC QUESTION TIME

(a) In accordance with the provision at Part 3B, Paragraph 6 of the Council's Constitution the following public question was presented:

What is the Council's response to the following statement: " I live off Ilkley Road in Riddlesden, and the traffic speed limit is 30mph, notably from Granby Lane/Banks Lane/Ilkley Road up to Barley Cote. I and many residents in the area think it needs to be reduced to 20mph, as was introduced several years ago in East Morton, where they have a wider road than we do. Particularly on Ilkley road, people just zoom up and down the road, which is dangerous given that it is effectively single lane traffic due to parked vehicles for most of the way. The corner adjoining my garden is difficult and unsafe to navigate at speed, as one often meets someone coming the other way head on. We are on the route for Ilkley Gate, where the local drug dealers and others go to have fun, and they do so at speed. There are houses very close to the road, and it's not a great environment. Both I and neighbours have had cats killed on the road. It's getting to the stage where I seriously wonder about getting another pet. It's much, much worse than when I moved her in 2001. Tractors and other large vehicles whiz along and there isn't much chance of arguing with them. I realise that if the limit is lowered people will not keep to it and there is no real possibility of enforcement, but if it means they actually slow to 30 rather than going at 40, it would be a start. Ilkley Road, Riddlesden, especially, and other roads nearby need a 20mph speed limit zone in the interests of community safety" ?

In accordance with provision at Part 3B, Paragraph 6 of the Council's Constitution the Chair advised that a written response to the question was provided as follows:-

"Thank you for your question to Keighley Area Committee requesting traffic speed restrictions in Riddlesden.

The Strategic Director has been requested to arrange for the road to be assessed for 20mph suitability during the next round of feasibility studies by the North Area Traffic Team. If suitable the proposal will be placed on the Keighley Area Committee outstanding scheme list for consideration at the next budget meeting. In the interim I will contact the local Neighbourhood Police Team regarding this issue to see if any extra roads policing activity can take place".

**Overview and Scrutiny Area: Regeneration and Environment
Action: Strategic Director, Place**

24. STAVELEY ROAD, KEIGHLEY - REQUEST FOR A DISABLED PERSONS PARKING PLACE

The Strategic Director, Place, presented a report, (**Document I**) which considered an application for a Disabled Persons Parking Place at Staveley Road, Keighley.

It was reported that the resident who had made the application had met all the criteria required to secure a disabled parking space outside their home with the exception of the mobility element of the required DWP benefit.

A plan showing the indicative location of a Disabled Persons Parking Place outside 19 Staveley Road was appended to the report. A large scale photograph

of Staveley Road depicting the resident's address was tabled at the meeting.

It was explained that neighbourhood consultation had been conducted and that no objections to the application had been received. It was confirmed that there wasn't any off-street parking at Staveley Road.

A representative of Age UK was in attendance to support the application and addressed the meeting. She referred to a case study produced for the Portfolio Holder with responsibility for Regeneration, Planning and Transport, during a policy review. The case study referred to a similar case to the one under consideration involving a person who did not meet the criteria for a disabled parking space because she was not eligible for benefits which would allow her to meet the criteria. This was because of her age and not the level of her disability.

Following the presentation of the case study it was explained that the applicant avoid leaving her house because she was unable to park when she returned. In response to questions it was confirmed that the applicant was in receipt of a blue disabled parking badge.

The cost of the installation of the parking measures was questioned and it was explained that this would be between £100 and £150.

In response to questions about the location it was confirmed that the parking space depicted on the photograph tabled was to show the best place to park and there was not any residents only provision.

A Member referred to other parking restrictions in the area which had remained once residents had moved from their homes. It was requested that if the application was approved a condition be attached to remove the disabled park place if the applicant moved home.

Resolved –

That the application for the installation of a Disabled Persons Parking Place at 19 Staveley Road, Ingrow, Keighley, be approved with the condition that should the resident move from the property the parking place be removed.

***OVERVIEW AND SCRUTINY COMMITTEE: Regeneration & Environment
ACTION: Strategic Director, Place***

25. AIREDALE AND WHARFEDALE CLINICAL COMMISSIONING GROUP

The Deputy Director, Airedale, Wharfedale and Craven Clinical Commissioning Group presented Document "J" which provided an annual update to the committee in relation to the outcome of the Clinical Commissioning Group Improvement and Assessment Framework and activities undertaken as part of system wide partnership working.

The background to Document "J" reported that the Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012,

and replaced Primary Care Trusts on 1 April 2013. The CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

The report also reminded Members that the City of Bradford Metropolitan District Council was party to the Strategic Partnership Agreement (SPA) for Bradford District and Craven which set out the intent to work in partnership with health care commissioners and providers to deliver transformation and better integration of health and care services for the population of the Bradford and Craven district.

The Deputy Director provided a detailed PowerPoint presentation which focussed on the CCG Improvement and Assessment Framework and partnership working locally.

In respect to improvement and assessment Members were advised that all CCGs were assessed nationally each year. The Airedale, Wharfedale and Craven CCG had been assessed in July 2018 as outstanding and in 2019 as good. Definitions of the four domain areas assessed were provided and were Better Health; Better Care; Sustainability and Leadership. Each domain was given 25% weighting. The results of those assessments were discussed. Members were assured that the deteriorating financial situation was the reason for any worsening assessments and not the quality of care.

It was explained that the CCG spent more than it received and approximately £1,500 was spent on each person registered with a GP in the area. A pie chart depicted how an annual spend of £227.8m had been spent and showed that the largest spend was on acute hospital care.

Running costs were portrayed as 1% of annual spend and Members were advised that all CCGs had been instructed to make a 20% reduction to that figure by April 2020. As a result consultation had been undertaken to close all three CCGs in the area and create one new CCG. All member practices had voted in favour of the proposal. It was acknowledged that bringing the CCG into financial balance would be a challenge and there would be an £8million shortfall this year. A plan had been devised to reduce costs by £5million but it was likely that there would be a £4.5million deficit at the start of the new financial year.

Members were advised that of 195 CCGs nationally the Airedale, Wharfedale and Craven CCGs had been ranked in the top cohort for the past two years. The presentation depicted areas which had been rated good or needing improvement. The rationale for those rankings and actions for improvement were discussed.

Positive results included increased statin provision to improve cardiovascular disease; introduction of a consistent fall risk assessment providing significant improvements; carers feeling supported and 16 GP practices rated good or outstanding by the CCG. Improvements to mental health were also discussed including that there had been only one out of area placement in the last three years; a 6% funding increase for mental health and investment in physical health checks for mental health patients. The checks were in recognition of the fact that deteriorating physical health was often masked by mental health issues.

Areas being targeted for improvement included diabetes with new models of care;

methods to allow people to engage with their clinicians and consultants up skilling primary care workforce.

Issues with children and young people being admitted to hospital with breathing difficulties were discussed and measures to ensure patients were using their inhalers correctly and not ceasing with preventative treatment when they felt well were reported.

Following a detailed presentation on the improvement and assessment framework Members raised a number of issues and queries to which the following responses were provided:-

- The focus on “doing to” referred to in the areas for challenge outlined in the presentation was acknowledging that traditional care provision had focused on what the carers thought was best for the patient. A shift in mind set to what was important for the patient and what they could do for themselves was now being implemented.
- The three CCGs in the area were all statutory bodies in their own right. Reductions in finance resulted in there being insufficient funding to run all three organisations. Shared arrangements had begun including having only one post of finance director and chief officer for all three bodies. There would be some natural wastage during the process and there was a desire for there to be no compulsory redundancies.
- There was a commitment for the CCGs offices in Steeton to remain.
- From April 2020 there would be only one allocation of funding to the new organisation although there would still be finances ring fenced to reduce health inequalities in Bradford City Centre.
- Each of the three CCGs was committed to maintaining standards. They would still have their own priorities and assess the quality of care across Bradford and Airedale, Wharfedale and Craven.
- Local knowledge would be retained in each area.

In response to concerns that Bradford City CCG funds could be ‘raided’ to support patients in other areas assurances were provided that the funding was ‘ring fenced’ for City patients. The GP Assist programme was intended to ensure consistent protocols were followed and all patients would receive the same testing and care.

Key NHS constitutional standards under pressure included an 18 week referral to treatment time and a referral to treatment for cancer at 62 days, A Member raised his concern that difficulties in obtaining GP appointments would impact on those already lengthy waiting times. His own experience of being unable to see a doctor was reported and he questioned how access to a GP could be improved. In response it was explained that the workforce issue was a challenge. Alternative ways to assess GP services were being utilised including telephone consultations and remote access on line. In response to that Member’s statement that he was unable to access a telephone consultation it was acknowledged that

some GP surgeries had more telephone access than others.

Other Members raised concern about access to GPs and felt that those difficulties were exacerbated by residents who had difficulties with the English language.

Members queried the Modality Partnership and were advised that this was a large scale partnership of GPs operating nationally in the UK.

The lead GP for the Airedale Community Partnership explained that reductions in the number of GPs per population were being seen for the first time since the 1960s despite a rise in demand. An audit of calls conducted in one GP practice had revealed that 900 calls were received on a Monday morning. To manage that volume of calls was difficult. Efforts to address that issue included the increase in telephone triage and virtual consultations. It was explained that 30 to 40% of issues in a GP surgery were non medical needs. Those patients were being directed to other services which could better meet their need. As an example it was explained that eye patients' needs may be better serviced by an optician. The role of a personal support navigator, as demonstrated by the previous item discussed, would provide more appropriate help for a person with complex non health needs and alleviate the pressure on GPs.

A Member reported her experience of Push Doctor, an online GP appointment system, and was concerned about the volume of emails received from that service and that the provision was confusing residents who believed that it was a non NHS service for which they would be charged. In response it was explained that the service was a good alternative to the use of temporary locum GPs. Although there was a private element of that service the local provision was funded through the NHS. Assurances were provided that the Member's concerns would be conveyed.

The presentation concluded with a summary on Community Partnerships, of which there were three in the Airedale, Those partnerships provided an asset based community development approach to healthcare. The partnerships brought organisations together and enabled front line professionals to work cohesively. Social issues which caused or exacerbated ill health were addressed by the partnerships. Details of a Live Better in Airedale an 'Open Space' events held in June and October 2018 were provided.

Members were advised of an ABCD (asset based community development) approach in the area including social prescribing and wellbeing activities in GP surgeries.

A focus on street drinkers; people at risk of homelessness and refugees was discussed and a new 'inclusion' scheme which it was intended to help people with chaotic lifestyles to access care was reported. That would also prevent those people becoming ill and using Accident and Emergency Services when they could be better looked after in primary care.

Members welcomed the use of social prescribers in the area which they believed had been very successful although there were concerns expressed that the provision would not be continued. In response it was explained that the CCG funding initially utilised for that service had been non recurrent, however, there

was a plan for GPs to reinvest money to fund that provision.

A Member reported the results of a recent survey which had revealed the benefits of visits to the countryside and suggested that the Council owned moors and surrounding countryside could be utilised. He explained that he was a member of the Pennine Prospect Group and that group's willingness to liaise with primary care providers to improve the health of residents. Another Member referred to projects where he had taken pupils he was teaching into the country and the positive effect that had made to their wellbeing. It was hoped that the projects could be provided again in the future.

The lead GP for the Airedale Community Partnership invited all Members to attend the quarterly Community Partnership meetings.

Resolved –

That the report be noted and further engagement through the involvement of local Councillors in the activities of the community partnerships be supported.

***OVERVIEW AND SCRUTINY COMMITTEE: Regeneration & Environment
ACTION: Strategic Director, Place***

Chair

Note: These minutes are subject to approval as a correct record at the next meeting of the Keighley Area Committee.

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