Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 1 August 2019 in Committee Room 1 - City Hall, Bradford

Commenced 4.30 pm
Concluded 7.50 pm

Present – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT
Mir **Godwin** **Kamran Hussain** **Lintern**	**Hargreaves**	**J Sunderland**

NON VOTING CO-OPTED MEMBERS

G Sam Samociuk — Former Mental Health Nursing Lecturer
Susan Crowe — Bradford District Assembly Health and Wellbeing Forum

Observers: Trevor Ramsay (Strategic Disability Partnership), Councillor Sarah Ferriby (Portfolio Holder with responsibility for Healthy People & Places) and Councillor Martin Love (Shipley)

Apologies: Councillor Owen Goodall and Councillor Khadim Hussain

Councillor Greenwood in the Chair

15. DISCLOSURES OF INTEREST

Susan Crowe disclosed that her organisation (Bradford Talking Media) had a contract with the Clinical Commissioning Groups and the local authority's Health and Wellbeing department (Minute 22).

Action: City Solicitor

16. MINUTES

Resolved –

That the minutes of the meeting held on 4 July 2019 be signed as a correct record.

17. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

18. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

There were no referrals made to the Committee.

19. 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:

Susan Crowe - Bradford District Assembly Health and Wellbeing Forum

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:

Susan Crowe - Bradford District Assembly Health and Wellbeing Forum

ACTION: City Solicitor

20. SHIPLEY HOSPITAL

The Chief Finance Officer/Deputy Chief Executive (Bradford and Craven Clinical Commissioning Groups) presented Document **"C**" which provided an outline of the proposal to close Shipley Hospital.

The summary to the report explained that the hospital currently accommodated radiology, physiotherapy and general surgery outpatient clinics that were run and managed by Bradford Teaching Hospitals NHS Foundation Trust; a small number of older people's mental health services managed by Bradford District Care NHS Foundation Trust and a voluntary sector service.

Following a request by BTHFT to relocate Radiology services to St Luke's Hospital, the CCGs and the Trust had worked with NHS Property Services to review the current utilisation of the site. It was explained that this would be subject to further engagement and consultation with the public.

A visit to the hospital had been arranged for Members and other interested parties on Monday 29 July 2019 and, for the benefit of those that had not been able to attend that visit, the report detailed the location, organisation and current condition of the building.

An additional paper was tabled which mapped the locations of patients using the physiotherapy and radiology services and revealed that the majority of users were from the BD18 area. The paper also reported that residents of the postcode areas of BD17; BD10; BD12; BD16 and BD9 were also accessing the services.

The relocation of services currently provided at Shipley Hospital had been considered and alternative provision proposals were outlined in Document "C". It was explained that to better utilise radiographic resource to support demand the radiology service could relocate to St Luke's Hospital. The move would increase capacity and ensure that the Trust could provide a resilient and timely x-ray service for patients across the District.

Provision of out patient physiotherapy services from a variety of GP practices and community based sites at Westcliffe and Windhill Medical Centres was reported. It was proposed that Bradford Bereavement Support and memory assessment clinics run from Shipley Hospital would be relocated to a local GP practice. A general surgery colorectal outpatient clinic would relocate to St Luke's Hospital in order to better utilise staffing resource.

Those who had attended the visit to the hospital expressed grave concerns that the condition of the building had been allowed to deteriorate to such an extent. They reported that in the upper floors of the building water from the leaking roof was running down the walls; the ceilings were collapsing; flooding water was beginning to impact the physiotherapy area on lower floors and toilets had been filled. It was agreed by all who had visited that the building was not fit for use. It was suggested that the building had deliberately been allowed to deteriorate to justify its closure and to centralise provision.

The rationale for the proposal to close and dispose of the hospital, as stated in Document "C" was reiterated and included; better utilisation of the radiographic resource to support demand; the patient environment not meeting expectations and to prevent costs of maintaining void space for which no tenant could be found. It was acknowledged that the building was in a poor state of repair but it was stated that void areas were maintained although not to the same standard as the clinical areas. A refurbishment scheme costing £130,000 had been conducted in 2013 and more recently £10,000 to £12,000 had been spent on maintenance to the roof. Efforts were being made to maintain the building but over time more money was required.

A Ward Councillor addressed the meeting and echoed the views expressed about the condition of the building. He reported that he had visited the facility approximately 12 years previously and that the building was in a poor state of repair at that time. He explained that the building had been gifted by a Member of Parliament to the people of Shipley and questioned if the building had a covenant attached. He was advised that the NHS Transaction Team had looked into the legalities of any sale and it was agreed that this would be checked further.

Following a detailed presentation of the report by representatives of the Bradford and Craven Clinical Commissioning Groups; NHS Property Services; Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) and the Department of Public Health Members raised a number of issues and concerns to which the following

responses were provided:-

- The building was not located in a conservation area and was not classed as a listed building.
- Radiography services had been at the hospital for at least 18 years. The sessions offered had reduced over a number of years.
- Economies of scale and enhanced staff utilisation would result from relocating the radiography service to St Luke's Hospital in Bradford.
- The unused ward at Eccleshill Hospital was as a result of fire regulations; staffing issues and increases in size of hospital beds which prevented them from being removed from the ward.
- Efforts were being made to relocate bereavement services and memory assessment clinics in the BD18 area. An update on proposed relocation of services would be provided to Members via the Overview & Scrutiny Lead.
- The health and safety issues raised at the meeting would be discussed with the NHS Property Services team.
- A 12 week consultation process on the proposals would be commenced after the summer holiday period and would be discussed with NHS England and a business case would be developed. The voluntary /community sector and Healthwatch would be consulted about engagement methods. If Members were aware of any groups to include they could also be included.
- Ward Councillors would be consulted on proposals via email.
- The conservatory at Shipley Hospital had been erected in the 1990s.

In response to a Member's personal experience of the facilities at St Luke's Hospital it was acknowledged that the building could be difficult to access by public transport for some residents; that the journey could require multiple bus journeys for some patients; there could be some difficulties for patients manoeuvring around the old building and transport costs would be incurred by those not eligible for assistance with travel.

A Member requested to see proposals in the NHS estate strategy for the disposal of the hospital site and suggested that if the site were sold it should be utilised to provide safe and secure lifetime homes for Shipley residents. It was also requested that Ward Councillors be consulted on any disposal plans. In response it was explained that commissioners would need to declare the building surplus to requirements prior to disposal and the facility being placed on the market. Efforts would be made to ensure that the best value for money was achieved.

The location of the building in a potential conservation area was queried and it was confirmed that it was neither in a conservation area or had listed building status. The location of the nearby conservation area was reported.

Statistics contained in Document "C" about the number of patients who did not attend appointments (DNA) were discussed and a Member reported his own experience of appointments not being received on time and many other reasons patients may not attend.

Statistics reporting the number of patients or families with members experiencing dementia were discussed. Members questioned the capacity for services at

additional sites and the impact on people suffering with dementia; depression and requiring bereavement support.

The difficulties which could be experienced by elderly patients being denied local services were expressed. Officers were urged to reconsider the proposals to ensure patients did not have to incur the difficulties and expense of travelling across the city and to ensure they had access to much needed services more locally. Members requested that they be advised of the proposed relocation of all the services currently provided at Shipley Hospital, specifically the relocation of services provided for patients attending the memory assessment clinics on Wednesday afternoons and the older persons psychiatry outpatient clinics on a Friday morning.

In conclusion the Chair referred to the sentiments of all Members who had felt that the facility had been intentionally run down. She urged the presenting officers to liaise with Ward Councillors and to keep the Committee informed on progress.

Resolved –

1. **That the Chief Finance Officer/Deputy Chief Executive of the Clinical Commissioning Groups be requested to provide a report on the consultation process and findings on proposed closure of Shipley hospital including details of travel planning to alternative provision.**

2. **That a report be provided on the local NHS Estates Strategy and the strategy for peripheral services before the end of the current municipal year.**

3. **That NHS Property Services be requested to take into account the comment of the Committee that should disposal of the Shipley Hospital site go ahead that every consideration be given to the provision of life time homes or extra care housing.**

4. **That the Chief Nurse, Bradford Teaching Hospitals Foundation Trust, be requested to bring further information on the capacity at St Luke's Hospital and long term for the provision of radiology services.**

ACTION: Scrutiny Lead Officer

21. PROCUREMENT OF DISABLED FACILITIES ADAPTATION FRAMEWORK

The report of the Strategic Director, Place (**Document "D**") advised members of the forthcoming procurement of a framework agreement with a value in excess of £2 million.

Document "D" revealed that Bradford Council's Adaptation Team (Housing Service) within the Department of Place currently utilised a framework agreement for the delivery of major disabled adaptation works. The current framework agreement had been in place since 1 April 2016 and was due to expire on 31 March 2020. Procurement of a replacement framework was required to ensure the delivery of adaptations and to comply with EU procurement Legislation and

Contract Standing Orders.

For the benefit of new Members to the Committee the Chair explained that contracts for a value over £2 million must be considered by the relevant Overview and Scrutiny Committee. It was expected that the value of the contract would be approximately £4.5million.

Document “D” contained three options and corresponding benefits and disadvantages of each were reported. A Member expressed a view that the options appeared one sided and the way in which those options had been selected was not clear. For clarity it was explained that the framework option was utilised to ensure that there was the capacity for the work to be undertaken should individual contractors, for whatever reason, be unable to fulfil their obligations and to ensure that one contractor would not have a monopoly and dictate price. Batch tendering had been undertaken in the past but did not provide as many advantages because small contractors could incur delays through lack of capacity, staff sickness or other issues. Experience had found that having larger firms on the framework meant that the Council was more able to respond quickly and having additional contractors on the “reserve” list meant that these could be drawn upon should unfortunate incidents, such as contractors going into administration, occur.

Members questioned the calculations contained in the report with the number of completed DFGs appearing to be above the available budget. It was suggested that a breakdown of the budget spend would have been useful. In response it was explained that once a DFG was approved a client legally had 12 months for work to be delivered so there was a level of financial commitment held in the budget at all times. Members were also advised that if a client used their own contractor it would not be fair to delay payment until all works were completed so the works were inspected periodically and payments made in stages.

The time taken from an initial enquiry to works being completed was queried. It was explained that all cases varied significantly. For most cases there was a wait of approximately one month to have a housing inspection. If cases were not complicated it could take less than there months to get to the contractor stage. Complicated technical schemes could take considerably longer.

A Member referred to delays of six months from referral to Occupational Health inspection. It was suggested that the Adaptations Team and Occupational Therapist should work together as the two departments were located in the same building. In response it was explained that the two teams did have good working relationships and worked very closely but were governed by separate legislation.

Customer satisfaction levels which were detailed in the report were discussed and it was questioned why the number of customers who would recommend the service was not revealed. It was agreed that the data would be investigated and Members advised of those statistics. Based on the statistics which were contained in the report Members raised concerns that 100 of the 500 applicants in the coming year would not be satisfied with the work or quality. The consideration given to quality and price in the tender process was questioned. The assessment ratio had been changed from 60/40 to ensure prices were competitive. Members were advised that the statistics for satisfaction were often affected by the clients’

preferred scheme not being the measures recommended by the Occupational Therapist as opposed to the quality of work or prices charged. Assurances were provided that contracts were performance managed at all times and schemes were visited at least twice per week whilst work was on going. Unacceptable workmanship, quality or behaviour would be picked up at that time. Work would not be signed off if it did not meet the required standards.

A Member referred to a consultation undertaken by Foundations into the DFG and proposals that it be extended to include smart equipment. It was explained that the regulations were still with the Government and until they were incorporated into policy there was very little that the service could do.

The potential for landlords to block adaptations for their tenants was discussed and it was explained that anyone could apply for DFG but if in rented accommodation landlords must give consent for the work to be done. Members were assured that, in reality, very few landlords refused. In response to suggestions that landlords be tied into a ten year lease following adaptations it was explained that the service did not have the authority to request that commitment. It was explained that clients did sign to confirm their intention to remain in adapted properties for five years.

In response to questions about adaptations in social housing it was confirmed that Incommunities had their own budget for adaptations and work was carried out in those properties. The measures undertaken could sometimes devalue the properties but it was confirmed that Incommunities did try to meet the needs of its tenants.

Benchmarking with other authorities was queried and it was reported that regular meetings were held, however, different procurement methods were utilised to gain the best value for money in each area.

A Member referred to the growing number of people living with disabilities and the need to provide suitable accommodation for those residents. She reported a scheme being considered to purchase ex Council houses with large garden plots which could be extended to provide independent living. It was agreed that the issues raised could be discussed at a meeting scheduled later in the year discussing older people's accommodation.

Resolved –

That the report be noted.

ACTION: Strategic Director, Place

22. UPDATE ON HEALTH AND WELLBEING SAVINGS PROGRAMME 2019-20

The report of the Strategic Director, Health and Wellbeing, (**Document "E")** provided information on the achievement of the savings in the Department of Health and Wellbeing as at the end of quarter one 2019.

The Director, Health & Wellbeing reported that savings were being achieved by doing the right thing for people and would take time to embed. It was explained

that, nationally, it was recognised that Social Care had been underfunded for a considerable time. The Government's Green Paper on Social Care had been delayed four times and services were being managed piecemeal until that legislation was in place.

It was explained that measures were being adopted to working practices to avoid; reduce or delay the time when people became reliant on long term care. Increasing numbers of residents were living with disabilities but the funding was reducing. It was known that not supporting residents would drive people into crisis so the service was working with more people at an earlier stage to delay the need for high end support. Those measures would also increase the capacity to manage demand for people with higher needs. Hospital discharge figures evidenced that those measures were effective.

Examples cited included reports of one resident with learning disabilities who had been placed in supported living, with 24 hour support, 10 years previously. He was now supported to live in his own home. Those measures were providing savings to the service, but more importantly, giving him the independence he had always wanted. A person with memory problems had received costly home care visits to remind him to take essential medication. That resident now has a watch which reminds him when he should take his treatment.

It was reported that the Authority was now the 5th best nationally against delayed hospital discharges. Repeat visits to hospital after 91 days were also reducing and helped the service confirm that the measures where having the correct impact.

Reductions in young people going into residential care were also reported and it was explained that only two admissions had been made during the year.

Investments had been made with NHS England to provide new units for supported living and it was explained that the Bronte development should be up and running within the next couple of months.

Members were assured that Issues with quality of care were reducing as work had been undertaken with providers to ensure that a better quality of care was provided. Investment had been made in Home Care Services with separate payments for travel time and the cessation of 15 minute visits. Members questioned the payments for travel and were advised that the service paid, at an over base rate, for 30 minute visits. Those payments included compensation for travel time and the 30 minute visits were not compromised through travel.
It was acknowledged that the winter months would incur additional costs but Members were advised that the service would end the year in a better financial position than in previous years.

Whilst supporting the actions to prevent too much intervention being undertaken too soon the assessments to ensure people's requirements were being met were queried. It was explained that a previous 42 page document had been amended to take a proportionate approach. Initiatives to allow people to remain in their home included a £200 grant which could be approved in a timely fashion to address factors which could have resulted in home care being required. An example of a person with a twin tub washing machine which they found difficult to

use was discussed. That resident had been given a grant to allow the purchase of an automatic washing machine which prevented them requiring home care.

The budget proposals appended to Document “E” included the reduction from seven to four operational air quality management stations. In response to discussions it was agreed to send out a link to the Council’s consultation on air quality.

A co-opted Member referred to The Big Conversation work involving 600 people with autism / learning difficulties which had found that they did not want carers but wanted other help to allow them to live independently. That Member expressed concern about budget proposals to change the way the Council and its partners delivered customer facing services, focussing on customers getting the right support at the right time. She was worried about welfare advice moving to an on line platform and the removal of face to face support.

The Strategic Director explained that information and advice services had challenging budget targets but no decision had yet been made on the provision of those services. It was acknowledged that not all people could access on line services and a mix of provision was required. A model was being tested and work was being undertaken with the corporate customer services centre on best practice. Concerns had been recognised and work was being conducted with providers.

A Member suggested that the amount of support for those services had only recently been allocated to that Welfare Advice and Customer Transformation and she questioned how budget cuts would now be managed. In response Members were advised that the topic would be the subject of a future report to the Committee.

In response to concerns regarding the Substance Misuse Service it was reported that a supervised medication service would continue but instead of having many small contracts there would be a partnership with only one contract and people would be supported holistically.

A Member questioned if autism was a learning disability or categorised as a mental heath issue and he was advised that some autism was associated with learning difficulties; some with mental health and some with neither condition. The referral service would provide diagnoses and the Department of Health & Wellbeing was responsible for after diagnosis care and support. A future report was being provided at the next scheduled meeting on the assessment process.

Members raised concern that research had suggested that demand for services by people with limited ability to pay was increasing. The health hazards of isolation and findings that loneliness was as detrimental to peoples’ health as smoking 15 cigarettes a day were discussed. Members related examples of visits to their constituents who had no contact with other people for considerable lengths of time. It was felt that the impact of keeping elderly people in their own homes would increase loneliness. The Director of Public Health provided assurances that the detrimental effects of social isolation were being considered.

A Member raised the impact of the Council’s Playing Pitch Strategy and reported

that 12.4% of residents used outdoor space for exercise. She was concerned that public health policies were relying on people getting more exercise and keeping healthy whilst the Playing Pitch Strategy was reducing important recreation spaces. The reduction of spaces in her ward for investment in other areas was detrimental to people who may not be able to afford facilities such as sports centres and pools and relied on playing fields for play and recreation. She implored the Strategic Director to challenge that strategy to prevent outdoor space being taken out of communities.

The Strategic Director acknowledged the benefits of physical activity and reported that the strategy provided investment in additional sports facilities.

The Portfolio Holder with responsibility for Healthy People and Places addressed the meeting and explained that the Council's Public Health Department and the Department of Place were working to encourage people to be healthy and active using the spaces available but stressed they must be good places. Living well and encouraging older people to stay active may not necessarily include recreation grounds. Revenue raised from the sale of assets would be invested across the district.

Resolved –

That the report be noted.

ACTION: Strategic Director, Health & Wellbeing

23. DRAFT WORK PROGRAMME 2019/2020

The Overview and Scrutiny Lead provided a report (**Document "F")** which presented a draft work programme for 2019/2020 for adoption by the Committee.

Following discussion on the previous item it was agreed that Welfare Advice and Living Well would be added to the programme.

The forthcoming report on autism was discussed. It was agreed, that to allow Members the opportunity to consider the claims and assurances requested when the experiences of autistic people accessing support was discussed on 20 February 2019, that the draft report would be circulated prior to the meeting.

In response to disappointment expressed that iMPOWER, consultants appointed to review the savings plan and to model the achievable savings over the next three years, had not been in attendance. The Strategic Director reported her intention to invite iMPOWER, together with front line social workers and users of the service, to a future meeting to provide their views.

A Member suggested that patient transport be considered as a future topic for inclusion on the programme. He believed that assumptions were made about people's ability to pay transport costs to hospitals and that there was no consideration given to poverty in transport strategies. He also expressed concern that, at the inception of car parking charges, the revenue raised from those charges was to be used for the hospital but that this was no longer the case. A

Member referred to community partnerships working with models on transport and travel and questioned if future strategies would result in patients having to travel to access services or if services would be relocated. In response it was explained that it would be difficult to consider plans for peripheral health services as each trust determined their own policies. It was agreed that Patient Transport could be a future topic.

A suggestion that facility plans could be assessed by the Council's transport officers to model future travel requirements was made.

Members were advised that the Leader of Council would attend a meeting scheduled for November to talk about the Council's Health and Wellbeing Plan and it was agreed that issues around the Acute Trusts' reviews of deaths occurring in hospitals, discussed previously, could be raised at that time.

Resolved –

That the information contained in Appendix A to Document "F", together with the issues raised by Members be noted, and Appendix A be adopted as the Committee's Work Programme 2019/2020.

ACTION: Scrutiny Lead Officer

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.