

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

### Members of the Committee – Councillors

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

### Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT	BRADFORD INDEPENDENT GROUP
Akhtar Berry Iqbal Jenkins H Khan	Barker Riaz	Griffiths	Sajawal

### NON VOTING CO-OPTED MEMBERS

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

### 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:

Parveen Akhtar  
City Solicitor

### To:

Agenda Contact: Palbinder Sandhu/Jane Lythgow  
Phone: 01274 432269/432270 E-mail: 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 meeting held on 4 July 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.

(Palbinder Sandhu - 01274 432269)

#### **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. 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 is asked to recommend the appointment of the following non-voting co-opted member:

Susan Crowe - Bradford District Assembly Health and Wellbeing Forum

(Caroline Coombes -01274 432313)

#### **7. SHIPLEY HOSPITAL**

1 - 8

The Chief Finance Officer/Deputy Chief Executive (Bradford and Craven Clinical Commissioning Groups) will present **Document “C”** which provides an outline of the proposal to close Shipley Hospital.

**Recommended –**

- 1. That the issues associated with continuing to provide services at Shipley Hospital be noted.**

2. **That the plans for engagement and consultation on the proposals to close Shipley Hospital and relocate services be noted.**

(Helen Farmer – 01274 237704)

8. **PROCUREMENT OF DISABLED FACILITIES ADAPTATION FRAMEWORK** 9 - 20

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

Bradford Council’s Adaptation Team (Housing Service) within the Department of Place currently utilises a framework agreement for the delivery of major disabled adaptation works.

The current framework agreement has been in place since 1 April 2016 and is due to expire on 31 March 2020.

**Recommended –**

**That the report be noted.**

(Alison Garlick – 01274 434512)

9. **UPDATE ON SAVINGS PROGRAMME 2019-20** 21 - 32

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

**Recommended –**

**That the report be noted.**

(Wendy Wilkinson – 01274 434163)

10. **DRAFT WORK PROGRAMME 2019/2020** 33 - 40

The Overview and Scrutiny Lead will provide a report (**Document “F”**) which presents a draft work programme for 2019/2020 for adoption by the Committee.

**Recommended –**

**That Members note the information contained in Appendix A to Document “F” and that it, along with any amendments or additions, is adopted as the Committee’s Work Programme 2019/2020.**

(Caroline Coombes – 01274 432313)

## **Report of the Chief finance officer/deputy chief executive (Bradford District and Craven Clinical Commissioning Groups) to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 1 August 2019**

**C**

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**Subject:**  
Shipley Hospital – proposed closure

### **Summary statement:**

This paper provides an outline of the proposal to close Shipley Hospital.

The hospital currently accommodates radiology, physiotherapy and general surgery outpatient clinics that are 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 have worked with NHS Property Services to review the current utilisation of the site.

This will be subject to further engagement and consultation with the public.

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**Portfolio:**

**Healthy People and Places**

Report Contact: Helen Farmer,  
Deputy Director of Contracting,  
NHS Bradford Districts CCG  
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## 1 Summary

This paper outlines a proposal to close and dispose of Shipley Hospital.

Currently, the following services operate out of Shipley Hospital:

- Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) - outpatient services;
- Bradford District Care NHS Foundation Trust (BDCFT) - older people's mental health services; and
- Bradford Bereavement Support - counselling sessions

Following a request to relocate some services to St Luke's Hospital, the Bradford district and Craven CCGs and BTHFT - together with NHS Property Services (which owns and manages the site) - have reviewed the current utilisation of the site.

## 2 Background

### 2.1 Estate

Shipley Hospital - located at 98 Kirkgate, Shipley BD18 3LT - is a converted dwelling house built over 100 years ago. The building has three floors and a basement, with the ground floor being used by BTHFT, BDCFT, and Bradford Bereavement Support.

In May 2010, the first floor in-patient care ward was closed due in the main to significant fire safety issues. This space is now unused. The building also has a basement and a second floor but these are not lettable as they contain facilities such as the boiler room, and staff changing rooms.

The building continues to pose issues for staff and patients due to its age and condition with frequent roof and boiler issues. Whilst it is safe to provide services to patients on the ground floor, the age and structure of the building mean it is not possible to bring it up to the standard of a modern health facility.

### 2.2 Services

BTHFT runs three services on the ground floor of Shipley Hospital: physiotherapy and occupational therapy (five days per week); radiology services - x-ray services (four mornings per week); and general surgery (one morning per week).

Although overall demand for radiology services has been increasing, activity at Shipley Hospital has been reducing. This places additional demand on staff who work across both sites and have to travel to manage clinics, and also limits the number of appointments available overall.

In order to better utilise radiographic resource to support demand, the service would look to relocate to St Luke's Hospital.

Physiotherapy services at Shipley Hospital include outpatient physiotherapy, balance and walking groups, and community physiotherapy. Outpatient physiotherapy services run from a variety of GP practices and community-based sites across the district, including Westcliffe Medical Centre and Windhill Medical Centre, as well as on site at Bradford Royal Infirmary and St Luke's Hospital.

The community therapy team provide the majority of their services in patients' homes and also runs services at Shipley Hospital for those people who are not housebound. Where a patient requires rehabilitation as part of their ongoing outpatient care, they are seen at Shipley Hospital in order to access the gym. This service would look to relocate into a nearby health building that can accommodate a number of clinic rooms, a small gym and storage for mobility aids.

A general surgery colorectal outpatient clinic runs once per week for a maximum of eight patients, although frequently fewer than this attend. This service would like to relocate to St Luke's Hospital in order to better utilise staffing resource.

A memory assessment clinic runs from Shipley Hospital on a Wednesday afternoon, and there is an older people's psychiatry outpatient clinic on a Friday morning. There are an additional 14 memory assessment clinics which operate out of GP surgeries across the district, and a similar number of psychiatry services. This service would be relocated to a GP practice in the local area where there is capacity.

Bradford Bereavement Support provides counselling on Mondays and Thursday mornings. This service would also be relocated to a local GP practice.

### **2.3 Use of services at Shipley Hospital**

People using x-ray services at Shipley Hospital come from a range of locations across the Bradford District - predominantly Idle/Eccleshill (BD10), Bingley area (BD16), Baildon (BD17), Shipley area (BD18) and Heaton (BD9). Between April 2018 and March 2019, there were 2097 examinations undertaken (though the number of people using the service is lower, as one patient can have more than one examination).

People using physiotherapy services also come from a range of locations including Undercliffe (BD2), BD9, BD10, BD16, BD17 and BD18. From April 2018 to March 2019, there were approximately 2960 appointments for these services at Shipley. However as within x-ray, an individual patient can have multiple appointments.

As would be expected, the highest users of these services are resident in the BD18 area, however the services also see significant numbers of patients from BD17, BD10 and BD2.

Patient and community transport is utilised for those people who are unable to access services via their own or public transport.

Please refer to Appendix A for a map outlining where patients travel from.

## **3 Report issues**

### **3.1 Patient environment**

We expect the environment that we care for our citizens in, and we ask our staff to provide services from, to be high quality, functional, in good condition and cost effective. As outlined in section two above, Shipley Hospital does not meet these expectations and is part of our health and care estate where we have a significant backlog of costs which are needed to maintain our buildings. Following the closure of the community beds and the

risk associated with providing clinical services from this vacant space, the CCG has continued to pay for the space in this building (known as void space costs when no tenant can be found and the building/rooms lay empty) which is a cost to the health system of £72,000 per annum. NHS Property Services has been unable to rent out the remaining space in the building which means 45% of it is currently vacant.

### **3.2 Estates strategy**

The CCG and its partners are responsible for ensuring that resources, including NHS estate, are used effectively. A key strategy for the CCG and its partners is to maximise the use of the modern healthcare facilities in the district and vacate older sites that have significant maintenance costs and are not functionally suitable for the provision of modern day healthcare services. In this way healthcare services can be provided more efficiently and void space costs can be reduced.

Where a site can be vacated and disposed of, this also supports the national estates strategy regarding the rationalisation of the NHS estate and the release of sites for housing developments.

### **3.3 Service efficiency**

The request made by BTHFT to relocate services is driven by the need to ensure the health service is operating at its most efficient both from a staff and patient perspective. It has also provided an opportunity for NHS Property Services, together with the CCG and BTHFT, to review the current utilisation of Shipley Hospital and surrounding health facilities to determine the most appropriate location should services move.

### **3.4 Alternatives to Shipley Hospital**

In order to better utilise radiographic resource to support demand, the radiology service would look to relocate to St Luke's Hospital. This will ensure patients have access to an x-ray walk-in service on five full days per week. At times of staff shortages, the service is unable to staff Shipley Hospital which has meant capacity has had to be reduced. Relocating the service to St Luke's Hospital will ensure that the Trust can provide a resilient and timely x-ray service for patients across the district.

We have reviewed the use of health facilities that may have capacity for all services currently housed at Shipley Hospital, with the exception of x-ray and general surgery. These include: Wrose Health Centre, Shipley Health Centre and three sites at Eccleshill. For those smaller outpatient and voluntary services operating from Shipley Hospital once or twice per week, we are looking to source alternative accommodation in a neighbouring health facility.

However, it is much more difficult to accommodate physiotherapy services due to the restrictions on available space, particularly in relation to the need to provide a physiotherapy gymnasium. As a result, only two of these five options have been considered further – Eccleshill Community Hospital and Eccleshill Treatment Centre. Both these sites have vacant space that could be adapted in a short timescale to accommodate this service.

### 3.5 Engagement and consultation

To help inform our decision about the future of Shipley Hospital and its services, we will be engaging with local people to ascertain their views on options for future service delivery. These views will inform the ensuing consultation with patients, the public, our partners and wider stakeholders, including local Healthwatch.

## 4. Options

The options available are as follows:

### 4.1 All services remain at Shipley Hospital

If all services were to remain, there would be no staff relocation, or changes to where patients receive their care. However, as highlighted in the report, the condition of the building poses a risk that an incident may occur and, whilst the site is maintained, it is a significant cost to the health system to do so and does not take into account the backlog of maintenance that is required. Radiology and general surgery will be unable to make efficiencies if they continue to split across the two sites. It is unlikely, given that one has not been found over the previous years, that a long-term tenant will be found for the space which means the health system will continue to pay £72,000 for space it is not using.

### 4.2 Shipley Hospital is closed and all services relocate to other community and hospital sites

If this option were to be taken, it would see radiology and general surgery relocate to St Luke's Hospital in Little Horton (BD5); older people's and the VCS services relocated into other health care premises in the Shipley (BD18) vicinity; and the physiotherapy and occupational therapy team relocated to another community site. It has not been possible to source health care premises large enough to accommodate the clinic and gym space required for this service therefore we have looked at two options in Eccleshill (BD10) where there is currently sufficient vacant space. Whilst this is further to travel for those local to the central Shipley area, it is convenient for those who access services currently from within the BD10 and BD2 areas.

The preferred option in Eccleshill is the former community hospital ward, which would require minimal work to create treatment rooms and a gymnasium. The site is in a better condition to provide clinical services and has lower maintenance costs than Shipley. Therapy services are already located in the building so this could bring a number of additional benefits for staff including sharing facilities, training support, and mentoring.

If this were the preferred option it would also improve the utilisation of local NHS estate, reduce the void space costs currently being incurred and would release the Shipley Hospital site for development.

These options will be the subject of pre-consultation engagement to test out public/patient views about them prior to formal consultation.

The intention would be to commence engagement in August with formal consultation commencing in September. We would look to relocate all affected services so they commence in their new locations from 1 April 2020.

## 5 **Contribution to corporate priorities**

In line with our strategic vision of *Happy, healthy and at home*, we aim to keep services at a neighbourhood level but we also need to consider the safety, quality and cost-effectiveness of the care we provide. We have taken all of this into consideration in the review of these services and premises.

## 6 **Recommendations**

Recommended:

- 6.1 To note the issues associated with continuing to provide services at Shipley Hospital;
- 6.2 To note plans for engagement and consultation on the proposals to close Shipley Hospital and relocate services.

## 7. ***Background documents***

None

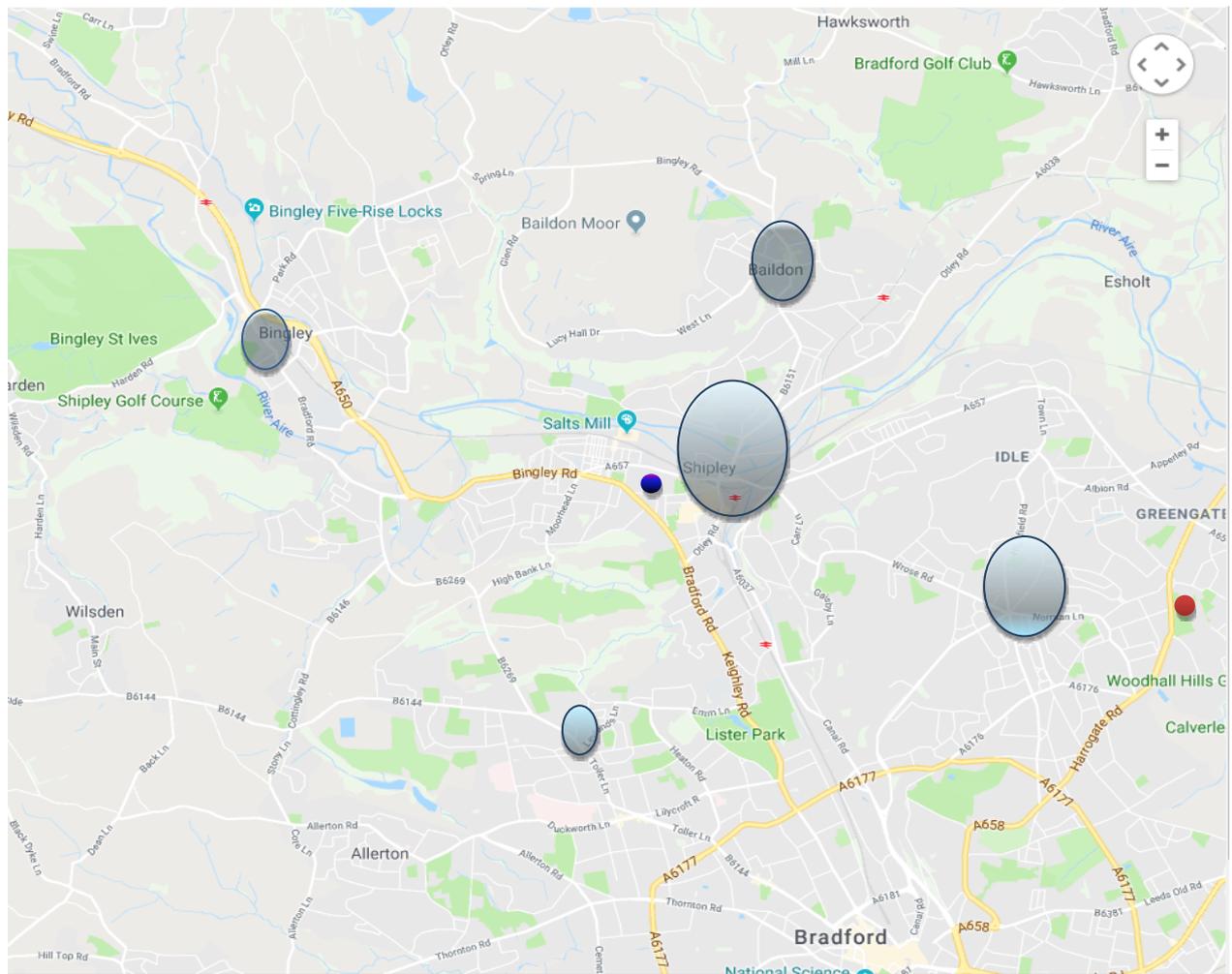
## 8. ***Not for publication documents***

None

## 9. ***Appendices***

***Shipley Hospital Map***

## Appendix A – Shipley Hospital Map



- Shipley Hospital
- Eccleshill Community Hospital

The larger blue bubbles represent where patients reside who are accessing physiotherapy services at Shipley hospital

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## **Report of the Strategic Director of Place to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 1 August 2019**

**D**

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### **Subject:**

**Procurement of Disabled Facilities Adaptation Framework**

### **Summary statement:**

**This is a report provided for information to advise members of the forthcoming procurement of a framework agreement with a value in excess of £2 million.**

**Bradford Council's Adaptation Team (Housing Service) within the Department of Place currently utilises a framework agreement for the delivery of major disabled adaptation works.**

**The current framework agreement has been in place since 1 April 2016 and is due to expire on 31 March 2020.**

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Steve Hartley  
Strategic Director, Place

### **Portfolio:**

**Regeneration, Housing, Planning & Transport**

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### **Overview & Scrutiny Area:**

**Health and Social Care**

## 1. SUMMARY

- 1.1. This is a report provided for information to advise members of the forthcoming procurement of a framework agreement with a value in excess of £2M.
- 1.2. Bradford Council's Adaptation Team (Housing Service) within the Department of Place currently utilises a framework agreement for the delivery of major disabled adaptation works.
- 1.3. The current framework has been in place since 1 April 2016 and is due to expire on 31 March 2020. Procurement of a replacement framework is required to ensure the delivery of adaptations and to comply with EU Procurement Legislation and Contract Standing Orders.

## 2. BACKGROUND

- 2.1. The importance of decent homes that people can afford to live in is one of the six key objectives within the Council Plan. Addressing housing conditions and ensuring homes are suitable for the people that occupy them contributes not only to the housing objective within the Council Plan but also more widely as:-
  - Good quality housing attracts companies and workers - leading to an economically prosperous district
  - Children and young people are better able to benefit from education if they are well housed – leading to a district of excellence in learning
  - Good quality housing promotes community safety – leading to a safer place in which to live, work and play
  - High quality, affordable, warm homes promote health and wellbeing – leading to a healthy district
- 2.2. The principle strategy for health and wellbeing is the "Connecting people and place for better health and wellbeing - A Joint Health and Wellbeing Strategy for Bradford and Airedale, 2018-2023". The focus of the strategy is to create a sustainable health and care economy that supports people to be healthy, well and independent, subsequently summarised as ensuring people are happy, healthy and at home. The provision of major adaptations using Disabled Facilities Grants which enable disabled people, their families and carers to retain independence whilst remaining in their own homes clearly contributes to this vision.
- 2.3. Under the Housing Grants, Construction and Regeneration Act 1996 the Authority has a statutory duty to deliver Disabled Facilities Grants (DFG). The current maximum mandatory grant is £30,000.
- 2.4. Since 2015/16 government funding for DFGs has been incorporated into the Better Care Fund (BCF) but continues to be paid directly to the Council as an annual government grant for Disabled Facilities Grant (DFG). The DFG Grant is a fully audited allocation. Disabled Facilities Grants are funded through annual government funding.

- 2.5. Over recent years Bradford has received an increase in Disabled Facilities Grant funding, year on year. The same has been true for all local authorities. In 2018-19 the authority received an initial allocation of £4,195,774 and an additional in year allocation of £502,660 was received in December 2018 (total annual allocation of £4,698,434 for 2018-19). In 2019-20 an allocation of £4,527,491 was received.
- 2.6. Government guidance to the DFG legislation\* has identified that it is good practice for local authorities to provide an agency service to offer practical help with building works for vulnerable clients (whether home owners or tenants). The Council's Housing Service provides an in-house agency service to DFG applicants which completes the necessary paperwork for clients, organises the adaptation works and oversees the on-site contract management of the works. Housing Technical Officers co-ordinate and project manage this service but the delivery of construction works is procured.  
 (\* Home Adaptations for Disabled People: A Detailed Guide to Related Legislation, Guidance and Good Practice, 2013)
- 2.7. In the majority of cases applicants choose to use the in-house Agency service to organise and deliver the works for them (approximately 79%).
- 2.8. The service routinely surveys clients who chose to use the agency service to determine satisfaction with the service. Customer satisfaction levels are outlined in the table below:

	<b>2018-19</b>
Number of completed DFGs	315
Number using the Agency service	249 (79%)
Percentage of customers satisfied with the agency contractor overall	(56/76) 74%
Percentage of customers satisfied with the quality of workmanship	(60/75) 80%
Percentage of customers who would recommend the agency service	Not reported
Percentage of clients who felt the adaptation was beneficial to their quality of life	(63/75) 84%

- 2.9. Bradford has an increasing older population. From 2011 to 2018, the number of people aged 65+ has grown by 14% and the number of people aged 85+ has grown by 7%. It is useful to compare the percentage increase with the rest of the population. From 2011 to 2018 the total population of Bradford District grew by 3%. (Office for National Statistics, Mid-year Population Estimates 2012-2019)

The most recent population projections published by the Office for National Statistics (ONS) in 2018 use 2016 population estimates as a basis for their calculations. These show that by 2022 the 65+ population will have grown by 11% and the 85+ population will have grown by 10%. By 2025 the 65+ population will have grown by 18% and the 85+ population will have grown by 17%. By 2030 the 65+ will have increased by 30% and the 85+ population will have grown by 27%.

The 2011 census asked people whether illness or disability limited their day to day activities 'a little' or 'a lot' or not at all. 26% of people aged 65+ said that they felt

that their day to day activities were limited 'a little' and 27% felt that their day to day activities were limited 'a lot'. This compares unfavourably with the general population, 9% said their activities were limited 'a little' and 8% said their activities were limited 'a lot'.

- 2.10. Bradford has continued to see a high level of demand for DFG in recent years. In 2017-18, Housing received an average of 44 new referrals per month. During 2018-19 the referral rate increased to an average of 48 new cases per month. For 2019-20 (to date) we are averaging 46 new cases per month, being referred to Housing from Occupational Therapy.
- 2.11. In the light of the continued high level of demand for major adaptations, limited staff resources, limited availability of public funds there remains pressure to ensure that we use those resources effectively. By retendering the Council can maximise opportunities to ensure quality and value for money. By competing on price and quality it is not just a means of saving on costs but the council seeks to maintain/raise quality standards.
- 2.12. Research shows that investing in major adaptations as a preventative measure improves outcomes for individuals and provides considerable efficiency savings, for example: Increased safety and reduced hospitalisation of elderly/disabled clients; reduced need for publicly-funded care home provision; reduced need for social care provision. In addition, there are substantial well-being benefits to clients through their being able to maintain their independence, confidence, autonomy, retained dignity and family/community relationships. This is in line with the Council's 'Home First' Strategic Approach.
- 2.13. "Prevention" is a guiding principle enshrined within the Care Act 2014 which aims to improve people's independence and wellbeing. The Care Act establishes a statutory duty on local authorities to provide or arrange services that help prevent people in their area developing needs for care and support or delay people deteriorating such that they would need on-going care and support.

### **3. REPORT ISSUES**

- 3.1. Bradford Council utilises a framework agreement for the delivery of disabled adaptation works the current framework agreement has been in place since 1 April 2016 and is due for renewal at the end of March 2020.
- 3.2. The framework is used to deliver disabled adaptations for those clients who have signed up to use the Agency Service. The role of the contractor is to carry out the construction works, as specified by the Council Officer.

Typical works include: removing baths and installing level access showers; constructing level access ramps; widening door openings; installing specialist equipment such as wash dry WCs, shower stretchers and high-lo baths; installation of specialist kitchen facilities; safe play areas and safety fencing. (The construction of extensions is not covered by this framework).

- 3.3. The Council has had a framework agreement for the delivery of adaptation works in place since 2004. Lessons learnt through the project management of the frameworks have been incorporated in progressive tenders.
- 3.4. The current framework (2016-2020) consists of six contractors with the top three scoring contractors (based on cost/quality scores) receiving the orders on a rotational basis. The three reserve contractors can then be called upon to fulfil the absence of one of the three main contractors in the event of an unforeseen circumstance. Every twelve months all six contractors are required to re-submit their pricing information so that the Council can re-evaluate and re-score the contractors. This means that the three top scoring contractors who receive the orders in each year, can change from year to year.
- 3.5. A framework of six contractors (where the top scoring three contractors receive the work orders for that year) enables the Council to manage the risk. This means that if one contractor goes into administration or other unforeseen circumstances arise, then the Council can quickly mobilise the other two contractors to pick up the cases and complete the adaptations. We have experience of this happening on a previous framework and we were able to put contingency measures in place with minimum disruption to clients and officer time (staff resources). There is also the provision in the framework to give orders to the fourth contractor on the framework should the volume of orders warrant it.
- 3.6. The advantage of requiring the contractors to re-submit their most competitive tender prices every twelve months ensures the Council achieves value for money.
- 3.7. The quality / price split for the evaluation of the current tender is 70% Price / 30% Quality, in order to achieve maximum value for money.
- 3.8. Other advantages of a framework arrangement of three contractors are as follows:
  - Creates a schedule of rates for each contractor. This speeds up the process significantly as there is no need to individually tender each job.
  - We are able to build up working relationships with contractors which has in the past enabled us to: trial new products to save money or make changes to systems/process to streamline delivery.
  - Contractors are required to liaise with lift and specialist equipment companies to co-ordinate their work with the installation of lifts and to order/arrange the installation of specialist equipment. The framework arrangement allows the contractors to build up links and relationships with these companies to improve efficiencies and the service to clients.
  - The framework arrangement provides us with the flexibility to respond to increased numbers of work orders, as the number of referrals for DFG has increased. There is also the provision in the framework to give orders to the fourth contractor on the framework should the volume of orders warrant it.
- 3.9. The Agency Service generates income for the Council to subsidise the revenue costs of delivering the service.
- 3.10. The length of the framework agreement is three years, with the option to extend for one year.

- 3.11. Based on the uptake of the agency service over the life of the current framework agreement (1 April 2016, to date), the total framework spend for all the contractors is £4.3 M.

With the increasing demand for DFG in recent years and based on the 2017-18 spend through the framework of £1.4M and 2018-19 spend of £1.43M, the new framework is estimated to be worth £1.5M per annum over a three year framework period (£4.5M over 3 years) not including the extension period.

This is subject to capital funding being available in subsequent years and the uptake of the agency service by users.

- 3.12. The proportion of clients choosing to use the agency service increased significantly in 2007 following a process improvement exercise. Pre-2007 the uptake was 38% of clients using the agency, the level of uptake increased and has remained at fairly static levels of approximately 80%.
- 3.13. The value of the framework is dependent on the number of clients choosing to use the agency service. It is written into the framework agreement documentation that the volume of orders to contractors is subject to funding being available and uptake of the service by clients. Work will be allocated to the three contractors on a strictly rotational basis and not on contract value.

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

- 4.1. This framework is to provide a framework of three contractors to carry out disabled facilities grant works on behalf of the Council for grant applicants who have chosen to use the Council's In-house Agency Service to organise the delivery of the works for them.

This arrangement significantly reduces the amount of time required to identify and procure a contractor on an individual case basis. This enables Housing to deliver the DFG programme in a more timely manner and reduces the risk of losing funding if we do not utilise the grant allocation in year.

The framework provides a schedule of rates for each of the contractors. This prevents the need to go out to individual tender so reducing processing times.

Improvements to the overall process and reductions in cost through smarter procurement have meant that the Council has been able to deal with more clients using the same budget but in a shorter time.

- 4.2. The staffing resources required to performance manage and oversee the contract delivery, as well as overseeing the day-to-day management of the works (ie. quality of works, compliance with deadlines etc) is already provided for within the Housing Service.
- 4.3. The volume of work allocated to contractors will depend on the number of disabled facilities grant referrals received from Occupational Therapy and the uptake of the

Agency Service by service users (the uptake of the Agency Service is typically 87% of completed cases).

- 4.4. Government funding for DFG is incorporated into the Better Care Fund (BCF). The Council received a total allocation of £4,698,434 for 2018-19. The Council has received an allocation of £4,527,491 for 2019-20. Over recent years the Council has also received notification of additional allocation in November each year on the condition that it is utilised in year for DFGs. In 2018-19 the additional funding was £502,660. It is quite likely that additional funding may be allocated later in 2019-20 to be used in year for DFG.

The current DFG budget for 2019-20 is £5,575,003, made up of 2019-20 allocation and the carry forward committed allocation from 2018-19. This may increase if additional government funding is received in year.

- 4.5. The DFG process can be lengthy as some adaptations are highly complex. Statute dictates once approved the grant applicant has 12 months to carry out the eligible works, so it is necessary to retain funding to honour that commitment.
- 4.6. The Council has also made corporate capital resources available in the corporate capital programme should the government grant be insufficient to meet the level of demand for DFGs.

## **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

- 5.1. The framework agreement has previously been tendered in the same way on three cycles so Officers have experience of managing this type of contract arrangement. There are six suppliers on the current and proposed framework with the top scoring three contractors (based on cost/quality scores) receiving the orders on a strict rotational basis. Every twelve months the six contractors are required to re-submit their cost information against the schedule of rates. The contractors receiving the works order can therefore change from year to year. If one of the contractors goes into administration then there are other contractors who can take on those work orders.
- 5.2. It is made clear in the agreement that the work orders are subject to the uptake of the service by clients and funding being available. So the Council does not guarantee any volumes of work via the framework, providing no financial commitment.
- 5.3. The risk of the contractor not delivering a satisfactory level of service/non-conformance: Contractors will be managed by Officers in the Housing Service to ensure that any issues are dealt with. There will be a suspension and deletion process incorporated into the framework to assist in managing the contractors.
- 5.4. Governance has been implemented both for the management of the framework within the Housing Service (Department of Place) and in relation to contractor management aligned with contractors by the Consultant and Construction Review Group.

## **6. LEGAL APPRAISAL**

- 6.1. Disabled Facilities Grants are given by the Council under Part I of the Housing Grants, Construction and Regeneration Act 1996. If an individual or someone living in an individual's property is disabled they may qualify for a disabled facilities grant towards the cost of providing adaptations and facilities to enable the disabled person to continue living there.
- 6.2. As stated in the report "Prevention" is a guiding principle enshrined within the Care Act 2014 which aims to improve people's independence and wellbeing. The Care Act establishes a statutory duty on local authorities to provide or arrange services that help prevent people in their area developing needs for care and support or delay people deteriorating such that they would need on-going care and support.
- 6.3. The establishment of a framework agreement of this value requires compliance with EU procurement legislation, in the form of the Public Contracts Regulations 2015. Regulation 33 sets out the process for setting up a framework agreement, and this and all relevant regulations will be adhered to. Failure to comply could lead to legal challenge incurring costs, delays and reputational damage to the Council.
- 6.4. Correct framework establishment helps to reduce the risks undertaken in placing call-offs under the framework, which will still be subject to the legislation but will benefit from the demonstration of a robust rotation process. Framework agreements are a routine procurement method.

## **7. OTHER IMPLICATIONS**

### **7.1 EQUALITY & DIVERSITY**

- 7.1.1. This report relates to the procurement process rather than the individuals who will benefit from the works carried out. Equalities have been considered and the conclusion is that it has no impact to protected characteristic groups.
- 7.1.2. The improvement of housing conditions in the District for people with disabilities will have a positive impact on those groups and individuals who suffer multiple disadvantages associated with their housing conditions.

## **7.2 SUSTAINABILITY IMPLICATIONS**

- 7.2.1. The Council's work to install major adaptations in the homes of people with disabilities supports the objective of making use of existing resources to provide housing wherever possible rather than using new materials to construct new housing. Significant CO<sub>2</sub> emissions occur through construction which may be avoided or minimised by adapting existing housing stock.
- 7.2.2. We expect contractors to design their services to be as efficient and cost effective as possible, such as effective travel management, practical use of office/base accommodation and recycling of waste.

## **7.3 GREENHOUSE GAS EMISSIONS IMPACTS**

- 7.3.1. Significant CO<sub>2</sub> emissions occur through construction which may be avoided or minimised by adapting existing housing stock.

## **7.4 COMMUNITY SAFETY IMPLICATIONS**

- 7.4.1. The provision of major adaptations can increase the independence of people with disabilities and significantly improve their quality of life so making them feel more secure in their communities.

## **7.5 HUMAN RIGHTS ACT**

- 7.5.1. No direct implications under the Human Rights Act 1998 have been identified.

It is noted that The Human Rights Act 1998 makes it unlawful for any public body to act in a way that is incompatible with an individual's human rights. Where an individual's human rights are endangered, Local Authorities have a duty to balance those rights with the wider public interest and act lawfully and proportionately. For this report, the most relevant right, to be considered, from the 16 covered in the Human Rights Act (1998) are:

*"the right to respect for private and family life"*

*"the right to peaceful enjoyment of your property"* (if this were interpreted broadly as enjoyment of one's home).

*"the right to freedom from inhuman and degrading treatment"*

*"the right not to be discriminated against in respect of these rights and freedoms".*

## **7.6 TRADE UNION**

None.

## **7.7 WARD IMPLICATIONS**

None.

**7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS  
(for reports to Area Committees only)**

Not applicable

**7.9 IMPLICATIONS FOR CORPORATE PARENTING**

The Council has a statutory duty to provide major adaptations for any eligible person assessed as requiring access to essential facilities. Major adaptations are often provided for disabled children and this could include children for whom the authority has a corporate parenting responsibility. All applications are dealt with in line with the legislation and are given the option to use the agency service to deliver the works, as appropriate.

**7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESSMENT**

The Housing Service routinely completes Privacy Impact Assessments in line with legislation where there is a change in policy and/or practice. Any issues identified through those assessments are then addressed.

**8. NOT FOR PUBLICATION DOCUMENTS**

None.

**9. OPTIONS**

**9.1. *Option 1 – Framework***

The framework arrangement requires disabled facilities grant adaptation works to be carried out in occupied domestic premises, having experienced staff who understand the clients needs and have experience of the works/specialist equipment means that we can provide a quality service to vulnerable clients and reduces risks to individuals and the Council

Advantages:

- Time to appoint for each individual project is reduced once the framework is established.
- Procuring using the framework of three contractors will allow Housing to tailor its requirements to meet its specific needs such as: deadlines for commencing and completing works
- Requirement to resubmit prices for schedule of work on annual basis enables competitive pricing for works
- No volume of usage guarantee
- In the past we have had contractors who have gone into administration and the framework mitigates this risk
- The framework provides a known supply base. As the supply base is smaller it can be performance managed more effectively.

- The framework offers best value for money, ensures options of contractors, timely delivery of works and safeguards clients

Disadvantages:

- Closed market doesn't allow new contractors to join
- Officer time required to procure the framework

## 9.2. **Option 2 - Batch Tenders** (Group together small batches of individual jobs)

Advantages:

- Open market allows new entrants as potential suppliers.

Disadvantages:

- Batch tenders were used a number of years ago however this means waiting for cases to come through the system to make up batches and allowing time for contractors to submit their tender price.
- Previous experience was that cases were delivered consecutively rather than concurrently.
- Due to the volume of cases currently coming through the system this would take considerable officer time to administer. (Time required to tender, evaluate and engage the contractor for each individual project)
- Larger supply base which is more difficult to performance manage.
- Limited availability of contractors of an appropriate size.
- Need to increase staffing levels to manage the contractors.
- Whilst the risk of challenge is not eliminated and there remains processes to follow for call-offs, the risks of challenge to separate batched tender processes are higher.

All of these factors impact on the time taken to procure and deliver the works for the client. Due to the volume of cases the Council needs an efficient process to procure contractors to carry out individual jobs.

## 9.3. **Option 3 - Utilising existing framework agreements or contracts held by other organisations**

Advantages:

- Does not require Bradford Council officer time to prepare and implement.

Disadvantages:

- Unlikely to provide a Bradford supply base
- There would be a lack of direct management of the supply base
- No other framework agreements or contracts available that offer the provisions required to deliver disabled adaptations in the Bradford District.
- Bradford Council has less/or no control over the establishment of the framework agreement or contract and therefore its compliance with legislation leading to unknown risk.

- 9.4. Option 1 is the recommended course of action. To procure a Bradford Council specific framework provides significant benefits in terms of time management, competitiveness and supplier relationships and performance without the need to guarantee any volume of business. The framework arrangement allows the flexibility to utilise more than three contractors if the volume of work demands it.

## **10. RECOMMENDATIONS**

- 10.1. That the Committee note the report.

## **11. APPENDICES**

None provided.

## **12. BACKGROUND DOCUMENTS**

None provided.

**Report of the Strategic Director of Health and Wellbeing  
to the meeting of the Health and Social Care Overview  
and Scrutiny Committee to be held on 1 August 2019**

**E**

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**Subject:**

**Update on savings programme for 2019-20**

**Summary statement:**

**This report provides information on the achievement of the savings in Health and Wellbeing up Quarter One 2019**

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Bev Maybury  
Strategic Director of Health and  
Wellbeing

**Portfolio: Healthy People and Places**

Report Contact: Wendy Wilkinson  
Business Advisor Health and  
Wellbeing  
Phone: (01274) 434163  
E-mail:  
wendy.wilkinson@bradford.gov.uk

**Overview & Scrutiny Area:**

**Health and Social Care**



## 1. SUMMARY

- 1.1 This report gives a summary of the savings that were proposed for 2019/20 and the forecast position on the achievement of those savings as at the end of quarter one 2019 for the Health and Wellbeing Department.

## 2. BACKGROUND

- 2.1 The Health and Wellbeing Department is made up of Adult and Community Services, Public Health and Environmental Health; the budgets for the year 2019-20 are shown in the table below:

Table 1

	Gross £000's	Income £000's	Net £000's	Savings (already included in budget figures) £000's
Adults and Community Services	186,690	(75,874)	110,816	(1,587)
Public Health	42,051	(41,849)	202	(3,136)
Environmental Health	692	(240)	452	(55)
<b>Health and Wellbeing</b>	<b>229,433</b>	<b>(117,963)</b>	<b>111,470</b>	<b>(4,778)</b>

## 3. REPORT ISSUES

### 3.1 Adult and Community Services

- 3.1.1 The department is currently forecast to underspend its budget by £0.9m mostly due to staffing savings.
- 3.1.2 Adult and Community Services savings for 2019-20 are £1.6m and the savings relate to reducing the demand for services, maximising independence through implementing the district's system wide strategy of "Healthy, Happy and at home".
- 3.1.3 The savings have been projected by iMPower reviewing the cohort of individuals who receive a service and determining what the trajectories should be, based on implementation of the strategies.
- 3.1.4 There are two specific areas that are identified for the savings and those are by



ensuring people are in a safe and caring environment appropriate with their needs that maximises their independence and assesses the person through strength based assessment for:

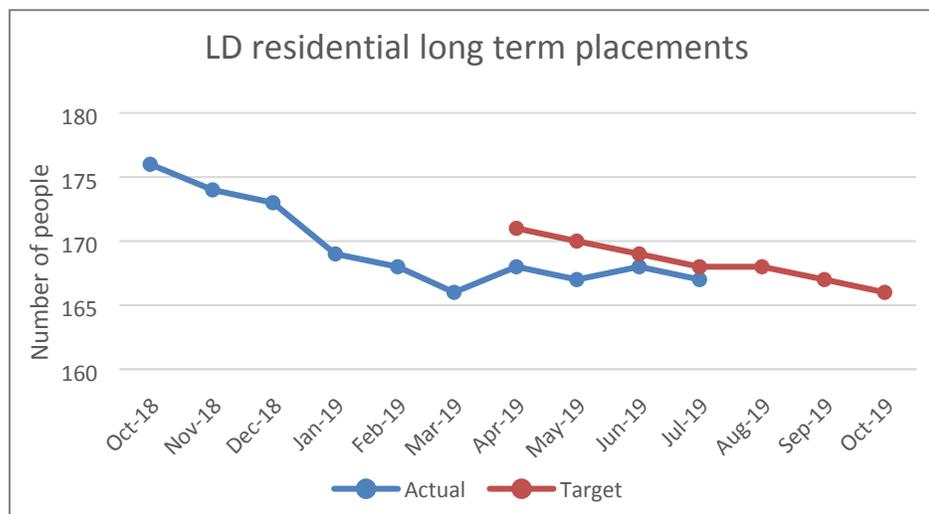
- People with a Learning Disability - to save £804k
- Older People – to save £783k

3.1.5 iMPower are appointed to review the savings proposals and are now supporting the department to implement the changes required to implement the strategy in full and consequentially achieving the reductions in spend according to the trajectories of change.

3.1.6 In this first quarter, reviews, under strengths based assessment, has led to reductions in long term placements in Residential and Nursing Care.

3.1.7 Learning Disabilities are forecasting to overachieve their savings target by £449k by the end of the year and are still accelerating the reviews with a view to getting a good start on the savings for next year. Graph 1 below, shows that Long term residential placements are over achieving the trajectory.

Graph 1

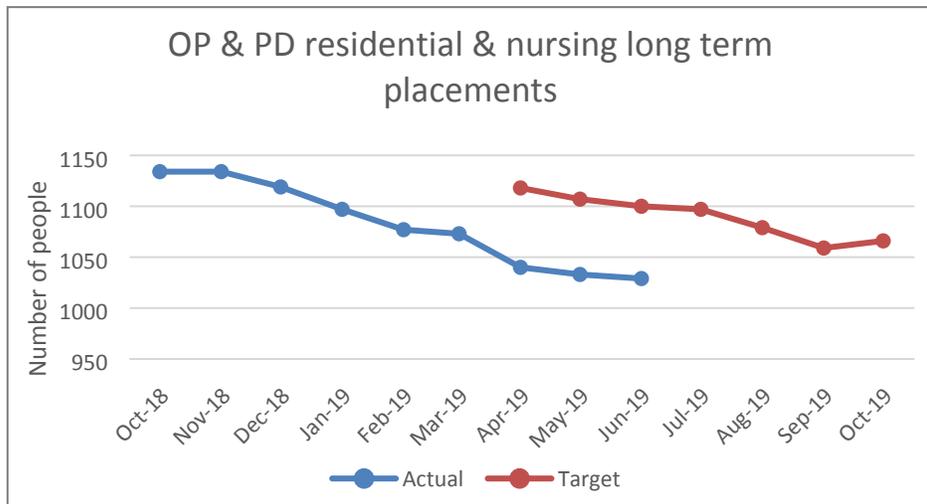


3.1.8 Older People services are making good progress on reducing the number of people in care home settings, reducing the number from 979 in March 2019 to 948 at the end of June. Graph 2 below shows that this area is performing above target. There is also a savings target around reducing the number of hours of purchased home care for older people. Currently we are seeing an increase in the number of people receiving home care and also the hours provided. Graph 3 below shows that Home Care is currently not achieving the trajectory. Work is under way to develop a strategy of dealing with this change which will be concluded by the end of the second quarter.

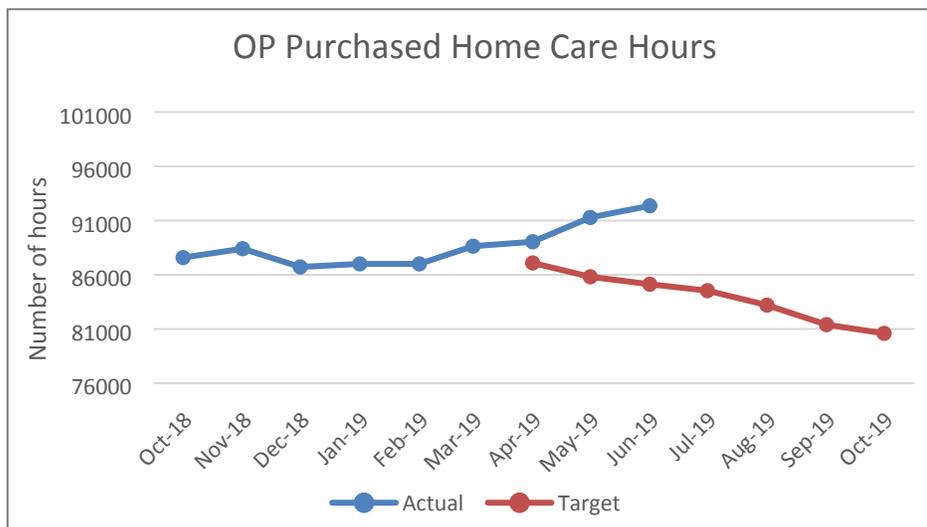




Graph 2

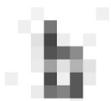


Graph 3



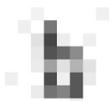
3.1.9 The forecast underachievement of these savings of £196k will potentially reduce as the plan is put into action. In any case the saving not being forecast to be achieved is mitigated by underspends from the delay to the opening of Valley View and Fletcher Court.

Building	Provision	Location	Use
Valley View Court	Residential Care Home	Oakworth, Keighley, West Yorkshire, BD22 7NU	To be used predominately for Older People
Fletcher Court	Extra Care		



3.1.10 The activity to achieve the budget savings outlined in para 3.1.2 is supported by the following four workstream. These workstreams are critical components of the overall Health and Wellbeing Transformation Programme which is summarised in Appendix 2.

Workstream	Key Activity
<b>Access and information</b>	<ul style="list-style-type: none"> <li>• Rolling out Training in the three tier approach and strengths-based practice across Access</li> <li>• Ongoing support for reflective practice through establishment and development of huddles and support to develop strengths-based prompts and tools</li> <li>• Reviewing content and structure for the adult social care web pages to ensure they meet user needs</li> </ul>
<b>Home Support</b>	<ul style="list-style-type: none"> <li>• Establishing a 'Reviewing Team' from Area Teams to conduct reviews of existing service users</li> <li>• Strengths-based, three-tier approach training and support for development of reflective practice by members of the Reviewing Team</li> <li>• Support for all teams carrying out Care Act Assessments to ensure that a strengths-based approach is embedded for people receiving home support for the first time</li> <li>• Review of the operating model for home support and trial interventions at the BEST interface; to ensure that an enablement and strengths-based approach is incorporated throughout the customer journey</li> </ul>
<b>LD Reviews</b>	<ul style="list-style-type: none"> <li>• Training for CTLD teams in the three tier approach and strengths-based practice</li> <li>• Delivering a programme of reviews</li> <li>• Ongoing support for reflective practice through huddles and support to develop strengths-based prompts and tools</li> <li>• Capturing insight and intel to share with commissioning</li> <li>• Tracking impact through metrics and case studies</li> </ul>
<b>Transitions</b>	<ul style="list-style-type: none"> <li>• Training for Transitions teams in the three tier approach and strengths-based practice and embedding this into service way of working</li> <li>• Ongoing support for reflective practice through huddles and support to develop strengths-based prompts and tools</li> <li>• Capturing insight and intel to share with commissioning</li> <li>• Tracking impact through metrics and case studies</li> </ul>



## **3.2 Public Health incorporating Environmental Health**

- 3.2.1 Public Health savings approved are £3.1m for 2019/20. In addition, there are reductions to the Public Health grant of £1.09m in 2019/20. The service is forecasting to deliver £2.4m of the £3.1m planned savings.
- 3.2.2 There will be a delay in achieving the savings for the School nursing and health visiting contract due to the procurement process taking longer than originally expected. The shortfall in savings of £625k will be mitigated by a contribution of £250k from the CCG and use of reserves. A further shortfall of £50k has been identified within Substance Misuse which will be mitigated by savings across Public Health.
- 3.2.3 All other savings are forecast to be achieved.

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

- 4.1 This report discusses the financial savings proposals for the Health and Wellbeing service.

## **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

This report is about the progress on achieving the savings for 2019/20. Whilst there are risks to achieving the savings in full, all risks are currently mitigated.

## **6. LEGAL APPRAISAL**

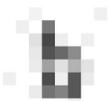
No Legal issues

## **7. OTHER IMPLICATIONS**

### **7.1 EQUALITY & DIVERSITY**

To ensure that the Council complies with its moral and legal obligations on equalities and to support the Council to set the Budget for 2019-20 and 2020-21 in as fair and as transparent a way as possible, the draft proposals are subject to a systematic process of Equality Assessments (EAs).

Preliminary Equality Assessments have been carried out to support the development of the proposals and to give initial consideration as to how the proposals may affect particular groups and communities. Where any potential disproportionate impact on groups identified in the equality legislation is highlighted, the actions that could be taken to mitigate or remove those negative effects are considered.



## **7.2 SUSTAINABILITY IMPLICATIONS**

The long term sustainability of the Council's ability to continue to provide support to people is under considerable pressure due to the increasing demand and the reduction in funding. This issue is not isolated to Bradford and is currently being discussed Nationally by the Government and other influential bodies.

## **7.3 GREENHOUSE GAS EMISSIONS IMPACTS**

N/A

## **7.4 COMMUNITY SAFETY IMPLICATIONS**

The potential implication of the saving proposals may have some community safety implications and these are outlined in both the saving proposal and associated Equality Impact Assessment.

## **7.5 HUMAN RIGHTS ACT**

Since the Supreme Court (Cheshire West judgement in 2014) ruling around the mental capacity Act DoLS, there has been an increase in demand in request for authorisation. Locally we have seen a 10 fold increase in demand. It is anticipated that as the Council better understand the implication of this work, there will be at this stage un-qualified cost of legal expense in keeping with our legal requirements for the Human Rights Act.

## **7.6 TRADE UNION**

The new proposed savings have some staffing implications and these have been discussed and identified, there will also be a need to change the way work is currently done.

## **7.7 WARD IMPLICATIONS**

No specific Ward implications

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

**(for reports to Area Committees only)**

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

None



## 9. OPTIONS

For information only

## 10. RECOMMENDATIONS

10.1 That the Committee notes this report.

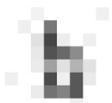
## 11. APPENDICES

Appendix 1 –budget proposal of Health and Wellbeing savings

Appendix 2: Transformation and Change Priorities

## 12. BACKGROUND DOCUMENTS

- Budget workings papers
- Budget savings trackers
- [Quarterly Financial reports to the Executive](#)
- SAP
- [Budget Executive report](#)
- [Equality Impact Assessments](#)

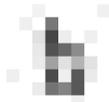


<b>Appendix One</b>		<b>2019-20</b>	<b>2020-21</b>
<b>Department</b>	<b>Saving description</b>	<b>£000</b>	<b>£001</b>
Adult and Community Services - Operational Services	4A1 - Adults Overall Demand Management Strategy - now working with iMPower on the trajectory modelling	1,587	4,477
<b>Adult and Community Services</b>	<b>Total</b>	<b>1,587</b>	<b>4,477</b>
Public Health	4PH1 - School Nursing and Health Visiting - service based efficiencies – primarily management, back office and vacancy control	1,959	988
Public Health	4PH10 - Public Health – reduction in staffing in line with redirecting investment profile towards reducing demand and maintaining health and wellbeing	310	350
Public Health	4PH2 - Substance Misuse Service – combination of redesign, re-commissioning and ceasing recovery service, dual diagnosis service, supervised medication programme, inpatient detoxification services.	625	2,919
Public Health	4PH3 - Sexual Health - combination of redesign, review and ceasing services Health development with young people, sex and relationship education in schools, emergency hormonal contraception	0	648
Public Health	4PH4 - Tobacco – combination of redesign, review and ceasing services	2	304
Public Health	4PH8 - Warm Homes Healthy People – reduction in the short term winter activity based programme	20	0
Public Health	5PH1 - A Home From Hospital Service – Bradford Respite and Integrated Care & Support Service (BRICCS) – review and redesign of the service.	170	0
Public Health	6X1 Welfare advice and Customer Service transformation - Fundamental change to the way the council and its partners deliver customer facing services, focussing on customers getting the right support at the right time		1,700
Public Health	Air Quality monitoring programme- reduction in posts in pollution team and reduce the numbers of operational air quality management stations from seven to four.	55	
Public Health	Health Checks - It is proposed that the current service will cease in 20-21 when it is no longer mandated. Options for efficient and targeted delivery of the programme will be explored with CCG's to consider how Health checks and Healthy Hearts can work in a complimentary and more effective way.		175
<b>Public Health</b>	<b>Total</b>	<b>3,141</b>	<b>7,084</b>
<b>Health and Wellbeing</b>	<b>Total</b>	<b>4,728</b>	<b>11,561</b>



## Appendix 2: Transformation and Change Priorities

<b>Maximising independence</b> <b>SRO: Rob Mitchell</b>	<b>Early help &amp; prevention</b> <b>SRO: Sarah Muckle</b> <b>SRO: Lyn Sowray</b>		<b>Commissioning</b> <b>SRO: Jane Wood</b>	<b>Performance framework</b> <b>SRO: Bev Maybury</b>
<p>1.Roll-out 3 tier approach and CLS – LD reviews / Transitions, home support (reviews and news), Access</p> <p>2.Updating policies and procedures and embedding into practice</p> <p>3.Implement quality assurance process including supervision, audit, etc.</p>	<p>1.Develop strategy for early help and prevention</p> <p>2.Public Health priorities including:</p> <ul style="list-style-type: none"> <li>• 0-19.</li> <li>• Public Health restructure</li> <li>• Clean Air</li> </ul>	<p>1. Develop strategic packages for early intervention approaches including:</p> <ul style="list-style-type: none"> <li>• Embedding assistive technology</li> <li>• Carers</li> <li>• VCS</li> <li>• EHAP</li> </ul> <p>2. Health &amp; care interface</p>	<p>1.Development of commissioning function</p> <p>2.New Supported Living Units</p> <p>3.Home support locality contract implementation</p> <p>4.Reimagining days: HfT day care</p>	<p>1.Roll-out performance framework in all teams</p> <p>2.Performance reporting</p> <p>3.Communications</p> <p>4.Workforce Development</p>



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## **Report of the City Solicitor to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 1 August 2019**

**F**

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**Subject: Health and Social Care Overview and Scrutiny Committee Draft Work Programme 2019/20**

### **Summary statement:**

This report presents a draft work programme 2019/20 for adoption by the Committee

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**Portfolio:**

**Health People and Places**

Report Contact: Caroline Coombes

Phone: (01274) 432313

E-mail:

[caroline.coombes@bradford.gov.uk](mailto:caroline.coombes@bradford.gov.uk)

1. **Summary**

- 1.1 This report presents a draft work programme 2019/20 for adoption by the Committee.

2. **Background**

- 2.1 Each Overview and Scrutiny Committee is required by the Constitution of the Council to prepare a work programme (Part 3E – Overview and Scrutiny Procedure Rules, Para 1.1).

3. **Report issues**

- 3.1 **Appendix 1** of this report presents a draft work programme 2019/20. It lists issues and topics that have been identified for inclusion in the work programme and have been scheduled for consideration over coming year.
- 3.2. Best practice published by the Centre for Public Scrutiny suggests that ‘work programming should be a continuous process’<sup>1</sup>. It is important to regularly review work programmes so that important or urgent issues that come up during the year are able to be scrutinised. In addition, at a time of limited resources, it should also be possible to remove projects which have become less relevant or timely. For this reason, it is proposed that the Committee’s work programme be regularly reviewed by Members throughout the municipal year.

4. **Options**

- 4.1 Members may wish to amend and / or comment on the draft work programme at **Appendix A**. Members may also wish to comment on the outcomes of the Committee’s recommendations for 2018/19 at **Appendix C**.

5. **Contribution to corporate priorities**

- 5.1 The Health and Social Care Overview and Scrutiny Committee Work Programme 2019/20 reflects the ambition of the District Plan for ‘all of our population to be healthy, well and able to live independently for a long as possible’ (District Plan: Better health, better lives). It also reflects the guiding principals of the Joint Health and Wellbeing Strategy for Bradford and Airedale ‘Connecting people and place for better health and wellbeing’.

6. **Recommendations**

- 6.1 That the Committee notes the information in **Appendix A** and that it, along with any amendments or additions is adopted as the Committee’s Work Programme 2019/20.
- 6.2 That the Work Programme 2019/20 continues to be regularly reviewed during the year.

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<sup>1</sup> Hammond, E. (2011) *A cunning plan?* p. 8, London: Centre for Public Scrutiny

7. **Background documents**

None

8. **Not for publication documents**

None

9. **Appendices**

9.1 **Appendix 1** – Draft Health and Social Care Overview and Scrutiny Committee work programme 2019/20

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# Democratic Services - Overview and Scrutiny

## Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

### Work Programme with comments 2019/20

#### Agenda Items

#### Thursday, 13th June 2019 at City Hall, Bradford.

- 1) A proposal to create one Clinical Commissioning Group (CCG) to service Bradford district and Craven

#### Description

The 3 CCGs in Bradford district and Craven are engaging with their GP practice membership on a proposal to create one CCG to serve the area from 1 April 2020.

#### Report Author

Helen Hirst

#### Comments

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#### Thursday, 4th July 2019 at City Hall, Bradford.

Report deadline 20/06/2019.

- 1) Challenges To Cancer Services With A Focus On Lung Cancers And An Overview Of The Tackling Lung Cancer Programme Within Bradford City And District
- 2) West Yorkshire Joint Health Overview And Scrutiny Committee
- 3) Consultation On Vascular Services

An update on the challenges faced in cancer services in regard to 62-day performance at BTHFT, diagnosing cancers and national screening programmes. Information also on lung cancer and the Bradford Tackling Lung Cancer project.

Janet Hargreaves

The Committee to nominate two members from within its membership to sit on the West Yorkshire Joint HOSC

Caroline Coombes

The Committee to agree that 1) changes to vascular services are a proposal for substantial variation in service by NHS England 2) to form a joint HOSC with Calderdale, Kirklees, Leeds, N Yorkshire and Wakefield Councils 3) to appoint two members to sit on vascular services joint committee when it is formed

Caroline Coombes

## Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

### Work Programme with comments 2019/20

Agenda Items	Description	Report Author	Comments
<b>Thursday, 1st August 2019 at City Hall, Bradford.</b>			
Chair's briefing 17/07/2019. Report deadline 18/07/2019.			
1) Adult Services Overall Demand Management Strategy	The purpose of this report is to set out how planned savings will be realised. Consultants (iMPower), currently working with the Dept to review the overall demand management strategy, have been requested to attend.	Bev Maybury	Resolution of the Committee 20 Feb 2019
2) Shipley Hospital - proposed closure	This proposal follows a BTHFT request to relocate radiology services to St Luke's Hospital	Helen Farmer	
3) £2m contract report: procurement of disabled facilities adaptation framework	This report is being presented in line with Contract Standing Orders (as set out in the Constitution of the Council)	Julie Rhodes / Alison Garlick	
4) Work programme	The Committee to agree its 2019/20 work programme	Caroline Coombes	
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<b>Thursday, 26th September 2019 at City Hall, Bradford.</b>			
Chair's briefing 11/06/2019. Report deadline 12/09/2019.			
1) Autistic Spectrum Conditions: adult diagnostic service	Progress update on plans to reduce the waiting list for patients waiting for a diagnostic assessment	Ali Jan Haider	
2) Acute Provider Collaboration programme	Bradford Teaching Hospitals FT, Airedale Hospital FT and the CCGs have launched a programme of collaboration - this is a 2 year programme to develop and implement a single clinical services strategy for secondary care.	Rebecca Malin	
3) 2019-2021 Health and Wellbeing Commissioning Strategy	Details to be confirmed	Jane Wood / Kerry James	
4) Update on decisions made on additional allocated monies to Bradford City CCG			Resolution of 13 June 2019

# Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

## Work Programme with comments 2019/20

Agenda Items	Description	Report Author	Comments
<b>Thursday, 24th October 2019 at City Hall, Bradford.</b>			
Chair's briefing 09/10/2019. Report deadline 10/10/2019.			
1) Safeguarding Adults Strategic Plan and Multi-Agency Safeguarding Hub	Update	TBC	Resolution of 6 September 2018
2) Public Health Outcomes Framework	Annual report	Jonathan Stansbie	Resolution of 6 September 2018
3) Clinical Commissioning Groups' annual performance report	Annual report	Michelle Turner/Julie Lawreniuk	Resolution of 4 October 2018
4) Bradford District Care Foundation Trust CQC Inspection Report (June 2019)	The Trust received an overall rating of 'requires improvement'	Andy McElligott	
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<b>Thursday, 28th November 2019 at City Hall, Bradford.</b>			
Chair's briefing 13/11/2019. Report deadline 14/11/2019.			
1) Health and Wellbeing Board Annual Report	Annual update	Sadia Hussain	resolution of 4 October 2018
2) Carers' Services	Update on the Carers' Service and Carers' Strategy	Kerry James	resolution of 25 October 2018
3) Sexual Health Services	To be scoped	TBC	
4) Adult and Community Services Annual Performance Report 2018-19	Annual Report	Paul Swallow	Resolution 4 October 2018
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<b>Thursday, 12th December 2019 at City Hall, Bradford.</b>			
Chair's briefing 27/11/2019. Report deadline 28/11/2019.			
1) Home support services	Update	Paul Hunt	Resolution of 12 July 2018
2) Adult Services Service Improvement Boards	To be scoped	TBC	Resolution of 22 November 2018
3) An update from the Care Quality Commission	Annual report	TBC	
4) Older People's Accommodation Across the district	Progress update	Lyn Sowray	Resolution of 24 January 2019
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<b>Thursday, 30th January 2020 at City Hall, Bradford.</b>			
Report deadline 16/01/2020.			
1) Budget and Financial Outlook - Dept of Health and Wellbeing	Annual report	Wendy Wilkinson	
2) Dementia	To include an update on the Dementia Strategy Implementation Plan	Lyn Sowray	Resolution of 24 January 2019

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### Work Programme with comments 2019/20

<b>Agenda Items</b>	<b>Description</b>	<b>Report Author</b>	<b>Comments</b>
<b>Thursday, 30th January 2020 at City Hall, Bradford.</b> Report deadline 16/01/2020.			
3) Healthwatch Bradford and District	Item to be scoped but to include an update on work on patient voice related to stroke services	Healthwatch Bradford and District	Resolution of 20 February 2019
<b>Thursday, 13th February 2020 at City Hall, Bradford.</b> Report deadline 30/01/2020.			
1) Primary medical care update - Bradford District and Craven	To include information on the patient voice portal and community navigators. Patient engagement leads working in Bradford City CCG area to be invited to attend	Victoria Wallace	
<b>Thursday, 5th March 2020 at City Hall, Bradford.</b> Report deadline 20/02/2020.			
1) Advocacy Services	Report to include presentation of performance information and outcomes, and consideration of demand for services, cultural competency and diversity	Kerry James/Sasha Bhatt	Resolution of 21 March 2019
<b>Thursday, 2nd April 2020 at City Hall, Bradford.</b> Report deadline 19/03/2020.			
1) Cancer	Report on the outcomes of the lung cancer pilot programme and an update on the cancer waiting times target performance	Janet Hargreaves	Resolution of 4 July 2019