

**Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Monday, 16 December 2019 at 4.30 pm in Committee Room 1 - City Hall, Bradford**

**Members of the Committee – Councillors**

| LABOUR                                                  | CONSERVATIVE          | LIBERAL DEMOCRAT AND INDEPENDENT GROUP | BRADFORD INDEPENDENT GROUP |
|---------------------------------------------------------|-----------------------|----------------------------------------|----------------------------|
| Greenwood<br>Mir<br>Godwin<br>Kamran Hussain<br>Lintern | Goodall<br>Hargreaves | J Sunderland                           | Khadim Hussain             |

**Alternates:**

| LABOUR                                        | CONSERVATIVE   | LIBERAL DEMOCRAT AND INDEPENDENT GROUP | BRADFORD INDEPENDENT GROUP |
|-----------------------------------------------|----------------|----------------------------------------|----------------------------|
| Akhtar<br>Berry<br>Iqbal<br>Jenkins<br>H Khan | Barker<br>Riaz | Griffiths                              | Sajawal                    |

NON VOTING CO-OPTED MEMBERS

G Sam Samociuk  
Susan Crowe

Former Mental Health Nursing Lecturer  
Bradford District Assembly Health and Wellbeing Forum  
Healthwatch Bradford and District

Trevor Ramsay

**Notes:**

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
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- 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  
Agenda Contact: Jane Lythgow  
Phone: 01274 432270  
E-Mail: jane.lythgow@bradford.gov.uk

**To:**

## **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. 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.

(Jane Lythgow - 01274 432270)

#### **4. 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**

#### **5. COMMISSIONING OF A CARERS STRATEGY CONTRACT IN THE BRADFORD DISTRICT & CRAVEN AND THE DEVELOPMENT OF A CARERS STRATEGY** 1 - 40

The report of the Strategic Director, Health and Wellbeing, (**Document “S”**) provides an update on the Council and Clinical Commissioning Group’s (CCG’s) jointly commissioned Carer Service within Bradford and Craven and information on work to progress a Joint Council and CCG Carers Strategy for the District.

**Members are requested to comment on any aspect of the report or on the final draft of the Carers Strategy contained in Document “S”.**

(Tony Sheeky – 01274 43355)

#### **6. OLDER PEOPLE'S ACCOMMODATION ACROSS THE DISTRICT AS PART OF IMPLEMENTING THE HAPPY, HEALTHY AND AT HOME VISION.** 41 - 58

The Strategic Director, Health and Wellbeing, will present a report, (**Document “T”**) which outlines progress made in the implementation of the integrated system vision Happy, Healthy and at Home and the progress made across the sector to improve services and quality in the Care Home market which is overseen by the Service Improvement Board.

**Members are invited to comment on Document “T” and, in particular, note and comment on Section 2.9.2 – to develop integrated needs assessments based on wards and constituencies across the Bradford district to be used by the Council, NHS and other partners, as the basis for planning housing developments for older people and market development of the care market.**

(Dean Roberts – 01274 432942)

**7. WORK PROGRAMME 2019-2020**

59 - 62

The Overview and Scrutiny Lead will present a report, (**Document “U”**) which presents the Committee’s work programme for 2019/2020.

(Caroline Coombes – 01274 432313)

THIS AGENDA AND ACCOMPANYING DOCUMENTS HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER



# **Report of the Strategic Director of Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 16<sup>th</sup> of December 2019**

**S**

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## **Subject:**

**Commissioning of a Carers Services Contract in Bradford District & Craven and the Development of a Carers Strategy**

## **Summary statement:**

**This report provides an update on the Council and CCG's jointly commissioned Carer Service within Bradford District and Craven.**

**This report provides information for members on work to progress a joint Council and CCG's, Carers Strategy for the District.**

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Bev Maybury  
Strategic Director of Health & Wellbeing  
Ali Jan Haider  
Director of Strategic Partnerships

## **Portfolio:**

**Healthy People and Places**

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Phone: (01274) 433559  
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## **Overview & Scrutiny Area:**

**Health and Social Care**

## **1. SUMMARY**

- 1.1 This report provides an update on the Council and CCG's jointly commissioned Carers Service within Bradford District and Craven.
- 1.2 This report provides information for members on work to progress a joint Council and CCG's, Carers Strategy for the District.

## **2. BACKGROUND**

- 2.1 On 25<sup>th</sup> of October 2018 the Health and Social Care Overview and Scrutiny Committee, in line with Standing Order 4.7.1, considered the report for the joint re-commission, by the Council and the CCGs of Carers Services within the Bradford and Craven District.
- 2.2 It was resolved at the above committee that a report on carers services was to be submitted to the Committee in 2019.
- 2.3 It was also resolved at the above committee that a report on progress to develop a new joint Carers Strategy be submitted to the Committee in 2019.
- 2.4 This report therefore sets out to provide an outline on the;
  - Jointly commissioned Carers Services
  - Work to progress a Carers Strategy

## **3. REPORT ISSUES**

### **3.1 Carers Service within Bradford District and Craven**

- 3.1.1 Discussion took place at Committee on the 25<sup>th</sup> of October 2018 regarding the changes the re-commission would introduce.
- 3.1.2 Re-commissioning would be undertaken against priorities identified through extensive carer and stakeholder engagement. These priorities were detailed in a separate report, titled 'Engagement with Carers' as presented to Committee on the 25<sup>th</sup> of October 2018. The following themes and priorities were identified in that engagement;
  - 3.1.2.1 What helps carers keep going:
    - Having and finding time to themselves was hard, but vital in helping them keep going.
    - Support groups where they could get information and share experiences with peers made a positive difference.
    - Being able to maintain good social networks and having someone to talk to about their experiences
  - 3.1.2.2 The challenges carers experience are:
    - Equality of access to service and support for BME communities
    - Equality of access to service and support for working carers.
    - Support which addresses money and financial worries, particularly where these relate to benefits and the assessment process.

- Support for parents of young people in transition between children's and adult services, particularly parent carers supporting children with autism and with other condition specific need

#### 3.1.2.3 What would help carers:

- Information on what's on offer that is up to date; what, where and when.
- Local support, more easily accessible across the whole District.
- Work place support for working carers.

#### 3.1.2.4 What's most important to carers:

- Being able to take breaks away from caring and have small amounts of time to themselves, knowing the person they care for is safe.
- Training to help carers provide better care and to improve their skills and confidence.

3.1.3 In addition to the above the Care Act in 2014 (CA 2014) introduced a general duty on local authorities to promote an individual's wellbeing, including carers. At the heart of the Care Act is the duty to promote people's wellbeing. This duty underpinned the procurement of the Carers Service.

3.1.4 Support for carers is one of a number of key enablers for delivering the vision for Home First in Bradford which focuses on people remaining in their own home for as long as they can utilising early intervention and prevention services which deliver personalised care to individuals, both carers and cared for according to their needs, wishes and preferences and assets.

3.1.5 Re-commissioning recognised the contribution carers make to the local health and social care economy and aimed to provide the supportive services and environment that will enable those carers who wish to, to continue in their caring role. Consequently, carers were involved in developing the service specification for the procurement and were involved in the evaluation of tenders.

3.1.6 In line with the above the Council and the CCGs jointly awarded, in January 2019 a contract for Carers Services within Bradford District and Craven following an open commissioning and procurement process. The contract was awarded to Carers Resource. The contract commenced in April 2019, following an implementation period.

3.1.7 The aim of the service is to promote, support and improve the mental, physical, emotional and economic well-being of unpaid adult carers, so they can continue in their caring role, look after their own health and wellbeing and have a life of their own in terms of opportunities for work, training, education, leisure and social interaction.

3.1.8 The service is for unpaid carers who are adults, including people who care for other adults and those who care for children with support needs.

3.1.9 The service is delivered district wide covering the geographical boundaries of Bradford City, Bradford District and Airedale, Wharfedale and Craven Clinical Commissioning Groups, which includes the City of Bradford Metropolitan District area and the Craven district of North Yorkshire.

- 3.1.10 The service adopts a place based and locality based model of service delivery with frontline staff working in the community to ensure that those carers who are most isolated and experience additional barriers to services e.g. working carers, carers in BAME communities and parent carers of adults with additional needs etc. can access support.
- 3.1.11 It is a requirement of the contract that the locations of service delivery ensure equitable access to support for all carers throughout the Bradford District and Craven and that service delivery venues provide equitable and culturally appropriate access for BAME and other communities of interest.
- 3.1.12 The service is open to any resident in the Bradford District and Craven by direct referral from a range of health and social care agencies e.g. GPs, hospitals, other NHS agencies, Social Workers etc. and through self-referral.
- 3.1.13 The service delivers support for carers that is strength based and helps people to maximise their independence. The service adopts Community Led Support principles and 'What Works' practices in service delivery. These include;
- Developing 'carer champions' in teams of health and social care professionals.
  - Linking and embedding carer support workers within other teams.
  - Having carers support workers who can help carers find and understand what information they need and want.
  - Information and advice that is provided is underpinned by a communication plan co-produced with local carers, voluntary services and statutory services.
  - Support that is person centred and personalised for carers
  - Giving carers support to maintain or gain work or develop skills which can help them move towards (return) to work.
  - Providing support to carers to connect with and gain from natural and peer support in their own communities and to set up self managing groups.
  - Ensuring there is capacity to have timely conversations to carers.
  - Ensuring conversations are focused on the wellbeing principle.
  - Support needs that are flexible, regularly reviewed and responsive to the changing needs of carers as the carers' journey is not always linear
- 3.1.14 The key objective of the carers Service is to ensure carers are identified, recognised and supported to continue in their caring role while having an opportunity for a life outside of caring.
- 3.1.15 The following are the main practical support functions of the service;
- To provide tools, training and strategies for carers to support them to address their health, emotional, social and financial needs.
  - To provide carers with the opportunity to undertake a Wellbeing Review of their needs; access to one to one support and advice from trained, professional carer support workers and where appropriate facilitate referral to health and social care services e.g. for a formal carers assessment.
  - To provide comprehensive information for carers that complies with Accessible Information standards including using a variety of formats and community languages in order that carers have the right information, tailored to their individual needs.
  - To provide access to a Carers Personal Budget scheme for one off payments to

- carers to promote their health and wellbeing and continue in their role as carers.
- To provide support to carers to create Emergency Plans and have systems in place to activate and implement these plans in event of an emergency to provide appropriate care and support for the cared for person.

3.1.16 Service users are already experiencing the benefits of the changed model of delivery and the shift to community based support. The following are examples of service user feedback and satisfaction with the new service;

- Carer telephoned this morning ...*just to say how very grateful she was that the Locality Worker called yesterday and she found the visit and support very helpful.*
- Carer called to say ...*thanks for the information...she is feeling quite positive after the meeting she had with Locality Worker.*
- Carer said ...*arranging for her to attend a local [Toller] support group made a big difference... she was now cheerful and smiley.*
- Carer said ...*“Mum has just received notification that she has received the Attendance Allowance... she is very pleased”. Thank you for helping with the completion of the forms.*
- On receiving DLA for daughter [under 16] carer responded ...*so relieved thank you for your help... ..I don't think I could have managed this without your help.*
- As a result of Locality Worker attending NHS appointment with carers and providing advocacy support to carer, carer said ...*“I feel like crying, I feel I have been heard”.*
- Whole family approach ...*just wanted to say thanks for all your help, support and advice to all of us, you really made a difference.*

3.1.17 Outside of the above commissioned services there are a range of other Council and CCG services that provide support accessible by carers; Shared Lives and Time Out services provide respite support around family based placements and other forms of respite e.g. short breaks. Making Space provides support to carers and cared for where support with mental health is needed. Hospital based Carer Navigators are based in the two main hospitals in the district. They provide early intervention support to new and existing carers improving better outcomes for carers at and following hospital discharge.

3.1.18 The above, together reaffirm and evidence the Council and CCG's commitment to unpaid carers in Bradford District and Craven by providing support that will enable carers to continue in their caring role for as long as they might wish to and maintain a life outside of caring. Our success in achieving this will be in the number of carers who feel able to continue in their caring role.

3.1.19 Improving support for carers will be maintained through the development of a new, all age Carers Strategy for Bradford District and Craven.

## **3.2 Carers Strategy**

3.2.1 The current Carers Strategy, Caring Matters – Think Carer, A Joint Carers' Strategy for the Bradford District was developed prior to the Care Act 2014. There is a need to review this strategy to reflect the new duties towards carers that the Care Act 2014 introduced.

- 3.2.2 The Council and the CCG's have adopted a coproduction approach to the development of a new all age Carers Strategy. The co-production of the strategy will be led by the Carer's Partnership which is a multi-agency forum with key carer stakeholders.
- 3.2.3 Work to review the strategy began in 2018 and involved extensive stakeholder engagement with the sector which including carers the Carers Partnership, the Carers Provider Forum and a wide range of professionals within health and social care.
- 3.2.4 Stakeholder engagement and the review the current carers' strategy was undertaken simultaneously with the engagement activity leading up to the re-commissioning of Carers Services.
- 3.2.5 Priorities identified through this engagement were detailed in the previously mentioned 'Engagement with Carers' report as presented to Committee on the 25<sup>th</sup> of October 2018.
- 3.2.6 In addition to this an online Strengths, Weaknesses, Opportunities and Threats (SWOT) survey of carers and other stakeholders was undertaken by our CCG partners. APPENDIX 2 provides summary of the SWOT results.
- 3.2.7 These priorities underpin the on-going work to develop and produce a new Carers Strategy for the District.
- 3.2.8 The most recent reliable information we have about numbers of carers is from the 2011 census, where 57,637 people in Bradford district and Craven identified themselves as carers. The true number is probably much higher than this.
- 3.2.9 The new Carers Strategy will be a five year strategy. It will include proposals that contribute to meeting the Council and CCG's responsibilities towards carers as defined by;
- The Children and Families Act 2014
  - The Care Act 2014
  - Health and Social Care Act 2012
- 3.2.10 Through the above mentioned carer engagement and SWOT analysis we have identified a number of areas for improvement the strategy aims to address. These areas are;
- The identification of carers.
  - Reducing the number of times carers need to repeat their story to different organisations
  - Ensuring that children's caring roles are appropriate and that all family members are supported
  - Providing more choice and control over support for carers
  - Work to increase greater awareness of young carers and improve educational opportunities
  - Improve workplace support for working carers
  - Improve specialist support locally for carers e.g. in specialist caring skills
  - Support for carers on planning for long-term changes e.g. around transitions
  - Ways to make it easier for carers to take a break, maintain an independent life

- 3.2.11 Having identified areas for change the strategy will include;
- proposals for change
  - be complemented by an action plan to deliver the proposed changes
  - as a means to deliver against the action plan, a commitment to develop a Memorandum of Understanding agreement between the Council, CCGs and voluntary sector organisations to work together for the wellbeing of carers.
- 3.2.12 Following consultation with stakeholders on draft versions of the strategy and consideration of the final draft by the CCG's Joint Clinical Commissioning Group and the Health and Wellbeing, Departmental Management Team a final draft of the new five year strategy is now prepared.
- 3.2.13 The aim is to take this final draft of the Carers Strategy (see Appendix 3) through final approval early in 2020 and work on an action plan to deliver on the strategy. The action plan will be a live document regularly reviewed throughout the life of the strategy.
- 3.2.14 Task and finish groups will be established to deliver on the action plan. Annual reports against the action plan being made to the Joint Clinical Commissioning Board.

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

- 4.1 The procurement of Carers Services within the Bradford and Craven District was undertaken within the proposed contract value as detailed in the 25<sup>th</sup> of October 2018 report to this committee. It is an integrated service with the NHS and jointly funded through allocations in the Better Care Fund (BCF). The proposed strategy will be delivered within the current budget allocations.

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

- 5.1 The governance structure of this work will sit within the Health and Wellbeing Department and will report to Departmental Management Team (DMT), to the CCG's Joint Clinical Commissioning Board and to the Integrated Commissioning Board and the Health and Wellbeing Board where both the Council and CCG's are represented.

#### **6. LEGAL APPRAISAL**

- 6.1 There are no legal issues arising out of this Report in addition to the statutory references made within the body of the Report or detailed in the previous legal appraisal set out in the Report dated 25 October 2018 regarding commissioning of services.

#### **7. OTHER IMPLICATIONS**

##### **7.1 EQUALITY & DIVERSITY**

- 7.1.1 The Carers Service provided through this commissioning and procurement process is designed to support some of the most vulnerable residents in Bradford District and Craven communities. As such they are an important part of the approach to equality and diversity as the Council and CCGs through this service seek to empower unpaid carers.

7.1.2 The on-going monitoring of the contract will provide information on any changes and ensure they are addressed.

## **7.2 SUSTAINABILITY IMPLICATIONS**

7.2.1 None.

## **7.3 GREENHOUSE GAS EMISSIONS IMPACTS**

7.3.1 The commissioned service provider are required to support the Council's commitment to reduce CO2 emissions through the contracting arrangements it enters into with the Council.

## **7.4 COMMUNITY SAFETY IMPLICATIONS**

7.4.1 There are no community safety implications arising from this report.

## **7.5 HUMAN RIGHTS ACT**

7.5.1 The implementation of the Council's and CCGs duties under the Care Act 2014 must be discharged in keeping with the positive obligations incumbent of the Council and NHS to uphold and safeguard people's human rights in keeping with the European Convention on Human Rights and statutory principles of the Mental capacity Act 2005 Code of Practice.

7.5.2 In implementing the Care Act 2014 must safeguard peoples Human Rights whether or not the person has capacity to consent.

7.5.3 The Human Rights Act 1998 provides a legal basis for concepts fundamental to the well-being of older people and others who are in need of Home Support. The Act provides a legal framework for service providers to abide by and to empower service users to demand that they be treated with respect for their dignity.

## **7.6 TRADE UNION**

7.6.1 Not applicable.

## **7.7 WARD IMPLICATIONS**

7.7.1 There are no direct implications in respect of any specific Ward.

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

7.8.1 Not applicable

## **7.9 IMPLICATIONS FOR CORPORATE PARENTING**

7.9.1 None

## **7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

7.10.1 There may be a need for partner agencies to share data however this would only be with the express permission of the individual affected in the full knowledge of why and what it would be used for. GDPR principles relating to any individuals data and rights under the Data Protection Act 2018 will be respected.

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

8.1 None.

## **9. OPTIONS**

9.1 Members may wish to comment on any aspect of the report or the final draft of the Carers Strategy.

## **10. RECOMMENDATIONS**

10.1 That Members comment on any aspect of the report or the final draft of the Carers Strategy.

## **11. APPENDICES**

Appendix 1: Carers Service with the Bradford District and Craven Objectives and Outcomes.

Appendix 2: Summary Analysis of recent Strengths, Weaknesses, Opportunities and Threats.

Appendix 3: Bradford District and Craven; A Great Place for Carers, Changes and Improvements 2019-2024, Carers Strategy. Final draft.

## **12. BACKGROUND DOCUMENTS**

12.1 Report to the Strategic Director of Health and Wellbeing to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on the 25<sup>th</sup> of October 2018 – Document R.

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

## Carers Service with the Bradford District and Craven Objectives and Outcomes

### Objectives

- Ensure the service is carer led with carers leading decision making and regularly engaging with carers
- Consult and work with other well-established forums and provide a platform by which carers' voices will be listened to by local decision makers
- Encourage carer participation in the development and improvement of local services
- Undertake ongoing publicity, promotion and awareness raising activities across the geographical boundaries including planning the delivery of the Annual Carer Rights Day and Carers Week
- To support carers to have control over their lives, including support relating to employment
- To identify concerns over finance and ensure that appropriate advice is accessible
- To provide advice and support to the person in their caring role
- Promote and deliver services in line with legislation, guidance, best practice and research relating to carers as well as responding to local carers needs over the lifetime of the contract; the service needs to continually demonstrate innovative ways of designing, promoting, delivering and monitoring services and include carers in decision making from the outset.
- Work in a spirit of partnership with commissioners and providers in the statutory, voluntary, community and independent sectors to achieve shared goals
- Ensure that staff have relevant knowledge, experience, qualifications and skills to support carers receiving the service to ensure that positive outcomes are achieved and that the requirements of the Contract are met
- Ensure that staffing arrangements provide sufficient flexibility to enable adjustments to respond to changing need and make best endeavours to enable continuity of staff, and ensure the continuity of provision of the service during periods of staff absence due to holidays, sickness, maternity leave or for other reasons
- Seek opportunities, in partnership with other groups and organisations where appropriate, to secure additional funding/resources to support the carer agenda
- Work with NHS111 and commissioners to ensure their details are uploaded to the Directory of Services and Connect to Support.

### As a result carers will:

- Have relevant and timely information and advice that helps them to care safely and sustainably and to pursue their own life choices
- Be supported to plan for their own lives including planning for the future and for emergencies
- Be well informed about and using the health and wellbeing services that they need themselves to enjoy good physical and mental health
- Have opportunities to have a break from caring
- Have good emotional & practical support and feel less stressed about caring, and less isolated

- Be supported to maintain better relationships and provide better support for the cared-for person
- Be well informed about benefits and financial choices
- Be supported to find work and/or retain their employment status
- Identify themselves as carers at an early stage
- Be recognised and valued as expert care-partners
- Be able to balance their caring role with paid work, education, training and other important roles
- Be able to take part in activities with other carers, to access community services (e.g. leisure) and / or to volunteer

#### Outcomes

- Carers report having a good quality of life
- Carers report having the amount of social contact that they would like
- Carers are able to access support including support for their own personal and healthcare needs
- Carers report finding it easy to find information about support
- Carers report that they have been included or consulted in discussions about the person they care for
- Carers are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation

## Summary Analysis of recent Strengths, Weaknesses, Opportunities and Threats

### SWOT: Strengths

- ❖ Strong VCS and community infrastructure
- ❖ Existing digital platforms
- ❖ Outreach provision
- ❖ Services have opportunities to meet carers in person
- ❖ Carer support workers in some GP surgeries
- ❖ Annual carer health check at some GP surgeries

### Maximising strengths

- ❖ Learn from what's working well
- ❖ Use and develop partnerships to avoid duplication and maximise access
- ❖ Dedicated carer support in all GP surgeries

### SWOT: Weaknesses

- ❖ Carer comes second to person cared for.
- ❖ Many carers are not identified
- ❖ Support does not consider whole family
- ❖ Carers don't always have their own assessment or care plan
- ❖ Laborious form-filling for carers' grants
- ❖ Lack of information and guidance, lack of signposting
- ❖ Lack of practical help
- ❖ Lack of financial support or advice
- ❖ Lack of geographical coverage and reach
- ❖ Services not visible
- ❖ Services disjointed
- ❖ Little support at night and weekends

### Addressing weaknesses

- ❖ Increase identification to enable early support before crisis
- ❖ Respond to carers as individuals: own support plans and budgets
- ❖ Named support worker for each carer
- ❖ Whole-family approach

- ❖ Support carer mental and physical health
- ❖ Proactive contact with carers and 24 hour support: opportunities to talk
- ❖ More visible support
- ❖ Staff with lived experience and relevant skills
- ❖ More day care and sitting services: flexible and reliable
- ❖ More co-ordination and flexibility
- ❖ Share records
- ❖ Publish directory of services
- ❖ Review paperwork and forms
- ❖ Focus on inner city
- ❖ Better transport

### **SWOT: Opportunities**

- ❖ Improve financial wellbeing + support for working carers
- ❖ More opportunities to talk and ask questions
- ❖ Maximise benefit of every contact with services
- ❖ Joint appointments for carer and cared for person
- ❖ Earlier support to stop care needs escalating
- ❖ More carer support in primary care including use of clinical system
- ❖ Join up Local Authority and Continuing Health Care
- ❖ Bereavement support
- ❖ More referrals to other agencies
- ❖ Local willingness to volunteer
- ❖ Work with community organisations to increase access
- ❖ Development workers to support existing groups and develop new groups
- ❖ Extra care housing so couples can continue to live together
- ❖ Explore more carers' grants through British Legion, Trades Associations, charities

### **Maximising opportunities**

- ❖ Meet people and speak in ordinary language
- ❖ Recognise carers in wider society
- ❖ Change workplace culture
- ❖ Services should be culturally competent
- ❖ Don't make assumptions about roles and expectations in different communities

- ❖ Work with GP practices
- ❖ Involve people who have become isolated
- ❖ Training or coaching for carers; peer support to increase resilience
- ❖ Identify volunteer skills, recruit befrienders and sitters
- ❖ Bereavement support and support when someone goes into residential care

### **SWOT: Threats**

- ❖ Budgets and prioritisation
- ❖ Data and evidence not available
- ❖ Carers can be ignored and dismissed
- ❖ Carers are not valued or respected.
- ❖ Carers feel they are a burden.
- ❖ Carers' cannot meet personal work and family commitments
- ❖ Carers are stretched looking after complex needs
- ❖ Carer burn-out

### **Mitigating threats**

- ❖ Plan in advance and provide adequate funding
- ❖ Intervene early
- ❖ Work for culture change in society, care services and at work



## **Bradford district and Craven: A great place for carers**

**Changes and improvements 2019 – 2024**  
**Carers Strategy**

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## 1. Introduction

A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid. <sup>1</sup>

There are more than 57,000 unpaid carers in the Bradford District and Craven, and 3 in 5 people will be carers at some point in their lives.



Carers in Bradford contribute the equivalent of nearly £1 billion annually to the local health and social care economy. The NHS Clinical Commissioning Groups and Bradford Council value this contribution and recognise that if carers were unable to continue caring there would be a significant impact on health and social care services.

It's clear from the evidence that in future an increasing number of people are likely to be called upon to contribute to caring for a family member, partner or friend at some point in their life. We need to do all we can to identify carers of all ages and support them in this role.

This is why the three local NHS Clinical Commissioning Groups and Bradford Council set themselves the task of producing a joint carers' strategy that clearly sets out their commitment to do all they can to create an environment where carers of all ages are valued, shown appreciation and helped to continue in their caring roles.

We need to ensure that carers have the best possible personal, social and economic wellbeing, and that services understand their needs.

We value carers for the huge contribution they make to health and wellbeing in Bradford and Craven. This strategy sets out how we will show this and the improvements we plan to make as we support individuals with a caring role to live happy, healthy lives.

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<sup>1</sup> <https://www.england.nhs.uk/commissioning/comm-carers/carers/>

## 2. Our commitment

At the outset Bradford Council and the local NHS Clinical Commissioning Groups jointly wish to acknowledge the significant contribution unpaid carers make to the local health and social care economy. In pure financial terms this amounts to the equivalent of £900 million per year.

However, the challenges faced by carers are many. Carers may be stigmatised because they are close to someone with a disability or because they receive benefits. Key priorities are accessible local support, breaks and a life outside the caring role, guidance for carers in education and employment, and financial advice.

This strategy addresses the challenges faced by unpaid carers of all ages in the Bradford District and Craven areas and shows how we aim to respond to the needs of carers as we support them in their caring role. Our strategy is focused on the themes of prevention and resilience, providing support to carers before they reach a crisis point and providing the types of support that make it possible for them to continue in their caring role for as long as they wish to.

This strategy builds on the strengths of existing provision for carers, there is much to praise and be valued in the district for carers. We will build on this resource and expertise to address the challenges faced by carers from all communities.

We want all unpaid carers in Bradford district and Craven to be proud of their indispensable role, to have good mental and physical health and to live satisfying, happy lives. This strategy sets out our shared aims for the next five years with four areas for improvement and action; improving identification of carers so that we can support them, improving carer support in health and social care; carers in the community; and providing specialist support for carers.

### 3. Summary

We identified priorities for change after detailed conversations with carers and service providers in all parts of Bradford district and Craven. The priorities are:

1. Identifying carers
2. Better support for carers in health and social care
3. Better support for carers in communities
4. Better support for carers in education and employment
5. Specialist support for carers (carer support services)

We can make some of these changes immediately; for others we will need to agree improvements with a number of different organisations and this will take longer.

|                                                          | <b>Immediate changes 2019-21</b>                                                                                                                              | <b>Longer term changes 2019-24</b>                            |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| 1. Identify carers                                       | Practices, community services and schools encourage people to register as carers with their GP                                                                |                                                               |
| 2. Better support for carers in health and social care   | Personalised Care<br>Memorandum of Understanding                                                                                                              | Services work together for the wellbeing of individual carers |
| 3. Better support for carers in communities              | Access to social prescribers<br>Carer Friendly recommendations                                                                                                | Contribute to review of community transport                   |
| 4. Better support for carers in education and employment | Practical workplace support for carers<br>Increase awareness of young and parent carers<br>Guidance for young carers wishing to work in health or social care | More support for young carers in schools and colleges         |
| 5. Specialist support for carers                         | Support and information for carers easily accessible in all localities<br>Coaching for skills and resilience<br>More opportunities to plan for change         | More access to respite care and short breaks                  |

Section 9 contains more detail of the planned changes.

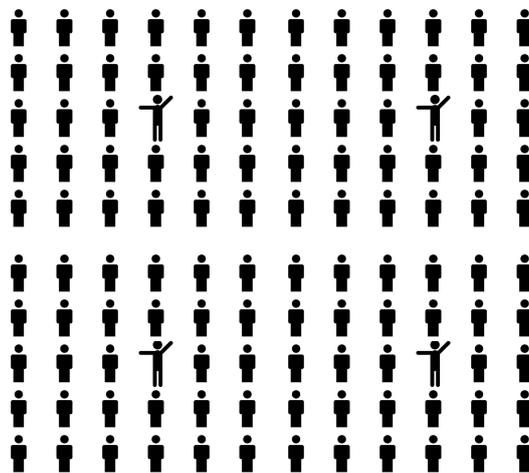
## 4. Where are we now?

### 4.1 How many people in Bradford district and Craven provide unpaid care?

#### Young carers

More than 5,000 children and young people provide some form of unpaid care in Bradford and Craven. That's the equivalent of 5 secondary schools full of young people who provide unpaid care, or nearly one child in every classroom.<sup>2</sup>

We know that young people often see caring responsibilities as just part of their lives and don't think of themselves as carers.



- 68% of young carers are bullied in schools and having a caring responsibility is one of the main characteristics of young people aged between 14-16 who have been bullied
- Over 39% of young carers had not informed their teacher or a member of staff they were a young carer
- 27% of young carers (aged 11-15) miss school or experience educational difficulties (40% where children care for a relative with drug or alcohol problems)
- Young adult carers aged between 16-18 are twice as likely to be not in education, employment or training (NEET)
- The difficulties experienced by young carers affect them at a time when they are building the foundation for their adult life and making important choices about their future.

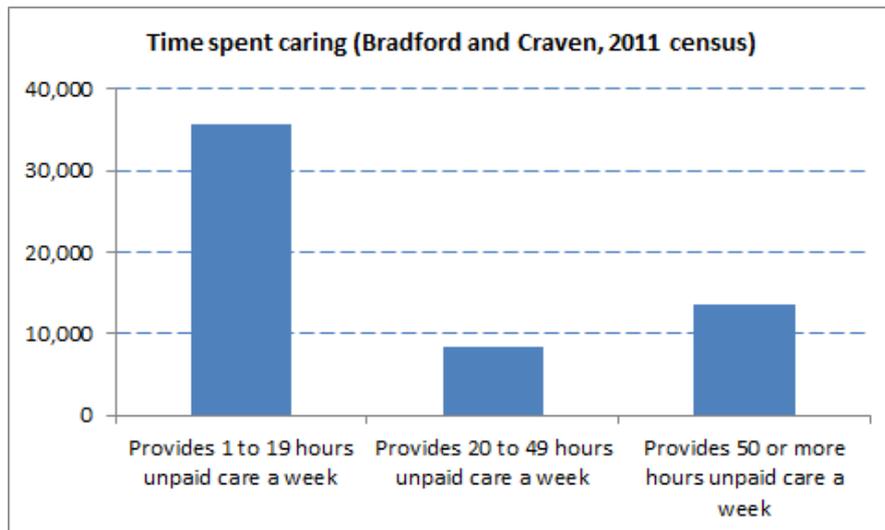
<sup>2</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

## Adult carers

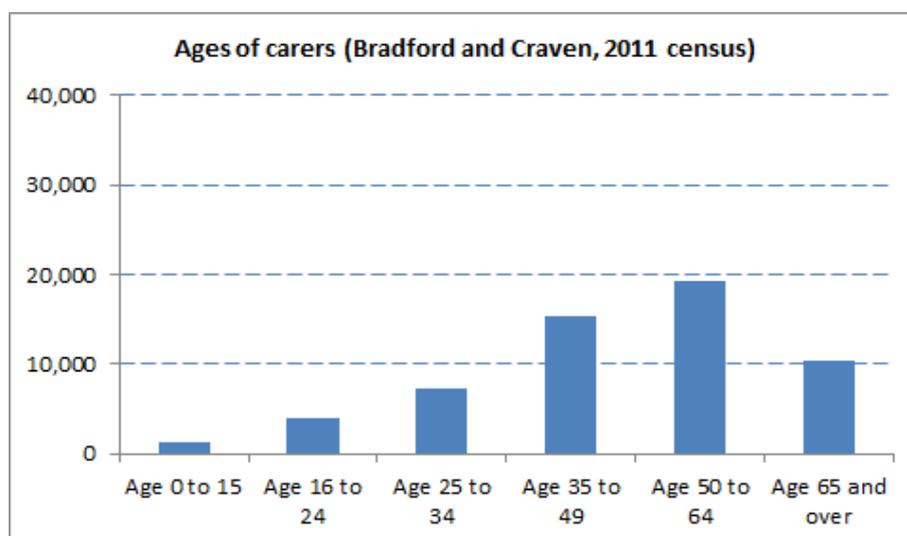
### Adult carers in Bradford

The most recent reliable information we have about numbers of carers is from the 2011 census, where 57,637 people in Bradford district and Craven identified themselves as carers.<sup>3</sup> The true number was probably higher because many people think of themselves as a partner, child or friend rather than a carer. The amount of time spent caring varied from a few hours to more than 50 hours per week.



Nearly three-quarters of people in Bradford district and Craven who spent time giving unpaid care were aged between 25 and 64, so were of working age. Some people look after children as well as providing care for older or disabled family members.

For nearly 13,500 people, the amount of unpaid care given – 50+ hours per week – was more than a full-time job. 84% of people providing this much care were aged 35 or over, and nearly a third were over 64.



<sup>3</sup> <https://www.nomisweb.co.uk/census/2011>

## Carers in Craven

- 6,611 provide some unpaid care (all ages)
- Majority in rural areas
- 1,178 people provide 50+ hours per week
- More than 1 in 4 of the female population aged 50-64 provide some unpaid care

The number of people affected by health conditions such as stroke, dementia, mental health conditions, physical disability and autistic spectrum disorders is predicted to increase between now and 2021, so we expect that the need for unpaid care will also rise. <sup>4</sup>

## Working carers

Nationally 1 in 7 of the workforce cares for someone who is older, seriously ill or has a disability. In the last two years nearly half a million people in the UK have left their jobs because of caring responsibilities. This is a loss to the economy and may result in isolation and financial hardship for carers.

“I left my job. I had no choice.”

In 2011 over 30,000 unpaid carers aged 16+ (57%) in Bradford district and Craven were in work as employees or self-employed. They included more than half the people caring for 20-49 hours per week and 31% of people caring for more than 50 hours per week.

When we asked carers what they thought in 2018, many talked about having to reduce their working hours or give up work entirely to fulfil their caring responsibilities. Some said that employers did not understand the demands of caring, and that it was difficult to arrange flexible working. Some described how caring had reduced their ability to earn money and created the additional challenges of financial difficulties. <sup>5</sup>

## Carer health

The percentage of Bradford and Craven carers who said they were in poor health increased with the time spent caring. 4% of people who spent 1-19 hours a week giving unpaid care said they were in bad or very bad health, but 12% of people spending 50+ hours a week caring said they were in bad or very bad health.

## 4.2 What support do carers have today?

- Carers' Service commissioned by Bradford Council, the three local Clinical Commissioning Groups and North Yorkshire County Council and delivered by Carers' Resource. The service supports young and adult carers from bases in Shipley and Skipton, and through staff working in the community
- Bradford District Care Trust's Carers' Hubs support people in their caring role in Bradford and Craven
- Action for Children: young carers in Craven

<sup>4</sup> <https://www.poppi.org.uk/index.php?pageNo=328&areaID=8640&loc=8640>,  
<https://www.pansi.org.uk/index.php?pageNo=396&sc=1&loc=8397&np=1>

<sup>5</sup> <https://www.bradford.gov.uk/media/4927/engagement-with-carers-report.pdf>, p11.

- Alzheimer's Society (Bradford), Dementia Forward (Craven): support for carers of people with dementia
- Age UK: health and wellbeing support for people with caring responsibilities in North Craven
- Sharing Voices: culturally sensitive support for carers of people with dementia and mental health problems
- Making Space (Bradford) and Pioneer Projects (Craven): support for carers of people with mental health problems
- Time Out provides short breaks for adult carers so they can go shopping, visit friends, follow an interest or hobby or simply sleep or rest
- Shared Lives in Bradford and Craven offers respite breaks for carers through placements in families. Breaks can be overnight, a weekend or up to a couple of weeks in length. The service is for adults with learning disabilities, older people or people with dementia.
- Organisations such as Parkinson's UK and the Stroke Association support both people with certain conditions and their carers.
- Bradford Council commission daytime activities and support groups for carers and the people they care for including support groups. These can provide regular short breaks for carers.
- Carers can find Personal Assistants through Bradford Council's Connect to Support website.

### **Support for health and wellbeing**

It is vital for carers to maintain their own health and wellbeing. Two thirds of adult carers responding to the recent public engagement said that caring had a negative impact on their own health and a quarter of carers had found it hard to access services for their own health and wellbeing.

Current services include

- Health and Wellbeing grants are small grants to carers intended to alleviate stress and help a carer continue in their caring role.
- Emergency Plans provide reassurance for carers that in the event of crisis the person they care for will be looked after. Available through Carers' Resource with links to the Safe and Sound, 24/7, 365 day emergency response service.
- Some existing services such as My Wellbeing College (talking therapies) and Guideline (telephone helpline) can already offer support to adult carers, and Carers' Resource offers resilience workshops.
- Special arrangements and support in some GP practices including carer champions and flexible appointments for carers.
- We have begun to develop Personalised Care in West Yorkshire and Harrogate to give people more choice and control over their mental and physical health care. A short video with more information about Personalised Care is on the NHS England YouTube channel at <https://www.youtube.com/watch?v=OLJGOjWv9s4>.

## **Information**

Examples of current support available

- Information and support from Carers Resource including fact sheets.
- Information for carers at every GP practice in Bradford and Craven.
- Information for carers in Bradford on the Connect to Support website (adult carers) and the Local Offer website (young carers and parent carers)
- Information for employers and working carers from the Employers for Carers website.

## **Working carers**

- The CReate project is run by Carers' Resource. It helps people already balancing caring and employment, and those who would like to return to work.
- Bradford Council subscribes to online resources from Carers UK Employers for Carers. These provide both employers and carers with guidance and e-learning on many aspects of caring and work.

## **4.3 What do carers say?**

### **Carers survey (Bradford)**

- 34% reported that they had received support which met their needs.
- 30% reported that they had received support but that it did not meet their needs
- 20% reported that they had been unable to access support when needed
- 66% of carers reported that caring had impacted negatively on their own health

### **Challenges faced by carers**

- Mental wellbeing, anxiety, depression
- Balancing working and caring
- Culturally appropriate support
- Money and financial worries
- Finding good quality private care

### **Carers with a long term health condition**

- 65% of carers we talked to said that caring had been negative for their health
- 29% said that they had met barriers in accessing services for their own health and wellbeing
- The GP Survey asks carers whether they feel supported to manage their long term health condition. The low percentages answering 'Yes' show that many carers need more help to take care of their own health.

## **5. Strengths, weaknesses, opportunities and threats (SWOT)**

In July 2019 we invited carers and people working in health and social care to participate in an analysis of Strengths, Weaknesses, Opportunities and Threats in local carer support. We collected their views through an online survey and during detailed discussion at a meeting of the Carers' Partnership.

Our summary of responses is in the Appendix to this strategy. The responses have informed the planned improvements listed in Section 8 of this strategy.

## 6. Other strategies and legislation

### 6.1 National and local strategy

National, regional and local strategy already supports the changes we plan to make.

| National priorities <sup>6</sup>                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Young carers</b> <ul style="list-style-type: none"> <li>• identifying young carers</li> <li>• encouraging good educational achievement</li> <li>• improving access to support services</li> <li>• a smooth transition to adult services when the time comes</li> </ul>                                                                                                                                         | <b>Adult carers</b> <ul style="list-style-type: none"> <li>• Services and systems that work for carers</li> <li>• Employment and financial wellbeing</li> <li>• Recognising and supporting carers in society</li> <li>• Research to improve carers' lives</li> </ul>                                                                                                      |
| West Yorkshire and Harrogate priorities for all ages <sup>7</sup>                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                           |
| <ul style="list-style-type: none"> <li>• Carer support in GP practices, community care and in hospitals</li> <li>• Support for young carers and working carers</li> <li>• Using Personalised Care to give carers more choice and control over their own healthcare <sup>8</sup></li> </ul>                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                           |
| Bradford priorities <sup>9</sup>                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                           |
| <ul style="list-style-type: none"> <li>• Early identification</li> <li>• No wrong door</li> <li>• Raising awareness across education, health, care and voluntary services</li> <li>• Assessment</li> <li>• Safeguarding</li> <li>• Supporting young carers to learn and thrive</li> <li>• Mental and physical wellbeing</li> <li>• Information advocacy and advice</li> <li>• Equalities and Diversity</li> </ul> | <ul style="list-style-type: none"> <li>• Creating choice and control</li> <li>• Joining up services</li> <li>• Safeguarding children and adults</li> <li>• Focus on resilience</li> <li>• Involving carers as experts</li> <li>• Reaching out</li> <li>• Home first</li> <li>• Mental and physical wellbeing</li> <li>• NDTI Carers' Journey Quality Framework</li> </ul> |

<sup>6</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/713781/carers-action-plan-2018-2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713781/carers-action-plan-2018-2020.pdf)

<sup>7</sup>

<https://www.nypartnerships.org.uk/sites/default/files/Partnership%20files/Health%20and%20wellbeing/Public%20health/Caring%20for%20Carers%202017-2022.pdf>

<sup>8</sup> <https://www.england.nhs.uk/personalisedcare/>

<sup>9</sup> <https://bdp.bradford.gov.uk/site-navigation?l1=3086>

North Yorkshire priorities for all ages (Craven is in North Yorkshire) <sup>10</sup>

- Improving identification of carers
- Improving information and advice
- Enabling carers to take a break
- Improving carers' health and wellbeing
- Enhancing financial wellbeing
- Involving carers as experts

## 6.2 Legislation

### The Children and Families Act 2014

- gives all young carers the right to an assessment of need
- Requires local authorities to identify young carers and consider whether they are a 'child in need' <sup>11</sup>
- Requires local authorities to provide an assessment to parent carers if it appears that they have needs, or if they request an assessment
- Encourages a whole-family approach to support

### The Care Act 2014 (adult carers)

- A carer has a right to an assessment for care and support if the local authority believes a carer may be in need of support or if a carer requests one, whether or not the person they look after receives local council support.
- The assessment will focus on aspects of wellbeing ('outcomes') that are important to the individual carer: for example
  - Maintaining a habitable home environment
  - Engaging in work, training, education or volunteering.
  - Developing and maintaining family or other personal relationships.
- Carers have a legal right to access services to support them in their caring role where the assessment identifies needs and the carer meets three conditions of eligibility:
  1. The carer's needs for support arise because they are providing necessary care to an adult.
  2. As a result of their caring responsibilities, the carer's physical or mental health is, or is at risk of deteriorating, or the carer is unable to achieve any one of the outcomes listed in the Care Act.

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<sup>10</sup>

<https://www.nypartnerships.org.uk/sites/default/files/Partnership%20files/Health%20and%20wellbeing/Public%20health/Caring%20for%20Carers%202017-2022.pdf>

<sup>11</sup> <https://www.citizensadvice.org.uk/family/looking-after-people/local-authority-services-for-children-in-need/#h-who-are-children-in-need->

3. As a result of being unable to achieve these outcomes, there is or there is likely to be, a significant impact on the carer's wellbeing.<sup>12</sup>
- If the local council decides that a carer has eligible needs, they must consider how those needs could be met.
  - Where there is a charge for services to meet the eligible needs, the council will pay if the carer's income is below a certain threshold.
  - If the carer's income is above the threshold, payment is the carer's responsibility.
  - The incomes of the carer and the person they look after are assessed separately.

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<sup>12</sup> <https://www.scie.org.uk/care-act-2014/assessment-and-eligibility/eligibility/criteria-carers-needs.asp>

## 7. What's important to carers?

When our team talked to adults about being a carer in 2018, we asked about the things that were important to them. We collected the views of young carers through the manager of the CBMDC Early Help team.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Young carers: what would help</b></p> <ul style="list-style-type: none"> <li>• Working with partners to increase identification</li> <li>• Professionals knowing the signs of being a Young Carer</li> <li>• Accessible support and minimising travel when accessing face to face support</li> <li>• Being able to have fun and take a break from caring</li> <li>• Being able to talk to people of a similar age who understand what they're going through</li> <li>• Support at school or college</li> <li>• Having one key worker</li> </ul> | <p><b>Young carers' priorities</b></p> <ul style="list-style-type: none"> <li>• Social and leisure activities</li> <li>• Time away from caring role</li> <li>• Being acknowledged and listened to</li> <li>• Being included in information about the person cared for</li> <li>• Identified support worker</li> <li>• Transition to adult carers support services</li> <li>• Increased caring support for the person cared for</li> </ul> |
| <p><b>Adult carers: what would help</b></p> <ul style="list-style-type: none"> <li>• More time for themselves</li> <li>• Support for own health and wellbeing</li> <li>• Maintaining social networks</li> <li>• Workplace support for working carers</li> <li>• Advice on finance and benefits</li> <li>• Breaks away from caring.</li> <li>• Training to help carers provide better care.</li> <li>• Local community based support.</li> <li>• Better information, a central resource of up to date information</li> </ul>                           | <p><b>Adult carers' priorities</b></p> <ul style="list-style-type: none"> <li>• Mental health</li> <li>• Support for health and wellbeing</li> <li>• Support at work</li> <li>• Culturally appropriate support</li> <li>• Time for own interests and relaxation</li> <li>• Being listened to and recognised</li> <li>• Responsive services and information</li> <li>• Specialist caring skills</li> </ul>                                 |

### 7.1 Breaks from a caring role

Opportunities to take a break are important to carers of all ages, breaks that allow them to maintain a life of their own outside their caring role. Being able to take a break contributes to carer's general health and wellbeing, mental wellbeing and resilience. Carers of all ages

repeatedly said that having time for themselves was important in helping them continue in their caring role.

We need to create choice and control. Options for breaks need to be flexible to maximise the benefit for carers, and carers need to be sure the person they care for is supported safely and contentedly whilst they are away.

We recognise that the needs of young carers and adult carers are often different.

## **7.2 Carer support in health and social care**

Many carers report stress, anxiety or depression linked to their caring role. We need to ensure that carers can maintain their social networks and are not isolated by their responsibilities, and that there are flexible options for them to take breaks from caring. We will provide support for stress, anxiety and depression at an early stage so that difficulties do not become serious.

Physical health can also be affected by the stresses of caring, or caring responsibilities may make it difficult to seek medical care.

## **7.3 Support at work**

Working carers reported problems in accessing support and the challenges of employers not understanding the demands of caring. Carers find it hard to juggle work and caring and as a result often feel under pressure to give up work. Many employers don't understand the benefits of keeping employees who are carers in their workforce.

## **7.4 Being listened to and recognised**

Carers, especially young carers, often feel ignored. Carers want to be recognised by health and social care professionals as partners in decision-making, and to be recognised in the wider community for the work they do.

## **7.5 Responsive information and services**

More than 50% of the carers involved in our 2018 engagement reported the support they received didn't meet their needs or they were unable to access support. Carers said that in their experience the local authority access point is intended for people in crisis and that it is difficult to obtain information at an early stage, before crisis is reached.

Carers told us they need information on services that is up to date, accurate and easily accessible and in a range of formats and in a range of community languages. Information should be available locally, for example at community centres.

Carers, especially people from BME communities and people who our teams spoke with in shopping centres, often did not know what support was already available.

## **7.6 Specialist Caring Skills**

Carers told us they want training to help them provide better care and improve their skills and confidence in caring. Being able to care effectively and safely is important to them.

## 8. Vision

### Value - Understand - Respect - Respond

Communities that value carers for the contributions they make. Confident carers who know that services understand their needs and the needs of the people they care for.



# 9. The Changes

| KEY OBJECTIVES                                            | WHAT WE WILL DO                                                                                                                                                                                                                                                                                                                                                                | HOW WE WILL DO IT                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | HOW WE WILL KNOW WE HAVE DONE IT                                                                                                                                                                                                                                                                                                              | HOW WE WILL KNOW THAT WE HAVE IMPROVED PEOPLE'S HEALTH AND WELLBEING                                                                                                                                              |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Identify carers                                        | <ul style="list-style-type: none"> <li>Encourage all staff in health, social care and education to identify carers.</li> <li>Encourage GPs to register carers</li> <li>Increase awareness of young and parent carers in schools and colleges</li> </ul>                                                                                                                        | <ul style="list-style-type: none"> <li>Identification and registration quality marker</li> <li>Mental wellbeing support teams in schools and colleges</li> </ul>                                                                                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>Increase in numbers on carers registers</li> <li>Increase in number of young carers accessing individual, peer or group support</li> </ul>                                                                                                                                                             | <ul style="list-style-type: none"> <li>Improvement in carer-reported quality of life</li> </ul>                                                                                                                   |
| 2. Better support for carers in health and social care    | <ul style="list-style-type: none"> <li>Encourage and support services to work together for the wellbeing of individual carers</li> </ul>                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>Develop formal agreement (Memorandum of Understanding)</li> <li>Use Personalised Care to give carers more choice and control</li> </ul>                                                                                                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>Memorandum of Understanding in place</li> <li>Improved Patient Activation Measure outcomes</li> </ul>                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>Increase in percentage of carers with a long term condition who feel supported to manage their condition</li> </ul>                                                        |
| 3. Better support for carers in communities               | <ul style="list-style-type: none"> <li>Make leisure opportunities more accessible to carers</li> </ul>                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>Increase carer access to social prescribers</li> <li>Learn from Dementia Friendly initiatives</li> <li>Contribute to a review of community transport</li> </ul>                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>Number of carers engaging with social prescribing services</li> <li>Publish 'Carer Friendly' recommendations</li> <li>With other departments, publish review of community transport</li> </ul>                                                                                                         | <ul style="list-style-type: none"> <li>Increase in percentage of adult carers who have as much social contact as they would like</li> </ul>                                                                       |
| 4. Better support for carers in education and employment  | <ul style="list-style-type: none"> <li>Work with schools and colleges to improve opportunities for young carers</li> <li>Work with schools and colleges to encourage young and parent carers to register with GP</li> <li>Encourage employers to implement practical workplace support for carers</li> <li>Support carers to make informed choices about employment</li> </ul> | <ul style="list-style-type: none"> <li>Mental wellbeing support staff in schools and colleges will increase workforce awareness of young carers and parent carers</li> <li>Promote Employers for Carers online resources</li> <li>Specialist carer support service will offer advice and information to employees and businesses</li> </ul>                                                                                                                                                   | <ul style="list-style-type: none"> <li>Increase in number of young carers accessing individual, peer or group support</li> <li>Number of primary and secondary schools with a young carer programme</li> <li>Percentage of adult carers who have as much social contact as they would like</li> <li>Carer reported quality of life</li> </ul> | <ul style="list-style-type: none"> <li>Increase in percentage of adult carers who have as much social contact as they would like</li> <li>Improvement in carer-reported quality of life</li> </ul>                |
| 5. Specialist support for carers (carer support services) | <ul style="list-style-type: none"> <li>Support and information for carers easily accessible in all localities</li> <li>Support carer resilience</li> <li>Improve transitions</li> <li>Prevent crisis</li> </ul>                                                                                                                                                                | <ul style="list-style-type: none"> <li>Commission specialist support which is accessible in all localities and to all communities, including where people may experience barriers to access</li> <li>Commission training and coaching to support resilience and acquire specialist caring skills</li> <li>Specialist support services will work with people to plan ahead for transition</li> <li>Specialist support services will work with people to plan for foreseeable events</li> </ul> | <ul style="list-style-type: none"> <li>Access to specialist carer support</li> <li>Access to short breaks</li> <li>Numbers completing training / coaching</li> <li>Number of carers' transition plans</li> <li>Number of long term carers' plans</li> </ul>                                                                                   | <ul style="list-style-type: none"> <li>Improvement in carer-reported quality of life</li> <li>Increase in percentage of carers with a long term condition who feel supported to manage their condition</li> </ul> |

## 9.1 Identify carers

- ❖ GP practices are well placed to meet carers and get to know them. We will encourage practices to keep a register of young and adult carers so that everyone with caring responsibilities can access support.
- ❖ Other clinicians and professionals including district nurses, community matrons, social workers and community therapists may have long-standing relationships with families and carers, and detailed knowledge of their circumstances. They are well placed to identify people with caring responsibilities and support them to register as carers with their GP.

### Responding to change

GP practices, other clinicians and professionals, schools and colleges often know about changes in people's lives.

- ❖ We will encourage them to have conversations with carers about the new situation and skills or services that could help.



“She’s in the last year of sixth form.”

“I’ve started a new job.”

“We don’t go out much these days.”

“My hearing’s not what it was

## 9.2 Better support for carers in health and social care

- ❖ We will develop and monitor a formal agreement between NHS services, Bradford Metropolitan District Council, North Yorkshire County Council and voluntary sector organisations to work together for the wellbeing of individual carers.
- ❖ Organisations will work together to ensure that children’s caring roles are appropriate and that all family members are supported.
- ❖ We will reduce the number of times carers need to repeat their story to different organisations.
- ❖ We will make it easier for services to share information to improve support for carers.
- ❖ We will encourage staff in health and social care to be aware of the role and support needs of carers, including carers in groups that are easy to ignore such as those from BME communities.
- ❖ We will encourage services to make it easier for carers to attend appointments, for example by offering flexible or priority appointments.
- ❖ We will use Personalised Care to give carers more choice and control over support for their individual health and wellbeing.
- ❖ We will encourage services to adopt whole family approaches to supporting carers.
- ❖ We will make it easier for carers to look after their health by publishing information about self-care and local activities and by encouraging healthcare services to make appointments at times that suit carers.
- ❖ We will encourage community initiatives to reduce isolation.

- ❖ A Carer Navigator service will support carers and families to make decisions about care once the hospital stay is over.



### **9.3 Better support for carers in communities**

- ❖ It will be easier for carers to access facilities and be part of the community.
- ❖ We will learn from dementia friendly initiatives and work towards creating carer friendly places everywhere in Bradford District and Craven.
- ❖ We will explore ways to make it easier for carers to continue with activities that they enjoy and to take up new activities.
- ❖ We will contribute to a review of community transport and recommend changes that will make it easier to travel to appointments and to social and leisure activities.



### **9.4 Better support for carers in education and employment**

#### **Education**

- ❖ Schools and colleges will have greater awareness of young carers, improve their educational opportunities and give them the widest possible range of choices as they approach adulthood.
- ❖ Schools and colleges will be aware of parent carers and encourage them to register as carers with their GP.

#### **Employment**

- ❖ We will work with employers to raise awareness of the challenges faced by working carers and the benefits of keeping them in the workforce. We will encourage practical workplace support and changes in culture so that carers can continue to contribute and be rewarded at work.
- ❖ We will support carers to make an informed choice about whether to work and to obtain employment if they wish to do so.
- ❖ We will work with regional teams to provide guidance and practical support to young carers who wish to pursue a career in health or social care.
- ❖ NHS organisations and the Local Authority will be pioneers in improving support for working carers.



### **9.5 Specialist support for carers**

- ❖ Carers will have specialist support in their local communities through commissioned carer support services.

#### **Transitions**

- ❖ Carer support teams will guide people as they encounter different services, for example:
  - young carers moving to adult carer support
  - parent carers whose child is moving from children's to adult services
  - people caring for someone who moves into residential care

### **Training and coaching**

- ❖ Carer support services will make it easier to find coaching that will help people focus on their own wellbeing and bounce back when they need to
- ❖ People who require specialist caring skills will be able to learn the techniques they need

### **Planning**

- ❖ We will support carers to plan for long-term changes including transition to adult services, transition to residential care and returning to work
- ❖ We will support carers to plan for emergencies
- ❖ We will support carers to plan for bereavement

### **Breaks**

- ❖ We will make it simpler to arrange a short break from caring.
- ❖ Services that provide short breaks will be as flexible as possible.
- ❖ We will work with local services to provide short breaks.

### **Assessment and support**

- ❖ We will develop straightforward information about different types of assessment and support to share with carers.
- ❖ We will ensure that carers can choose to have a separate assessment of their own needs.
- ❖ We will ensure that assessments consider the risk of harm or abuse, either to the carer or to the person they care for.
- ❖ People will be able to make appointments to see social workers and specialist carer support at the same time and in the same place.

### **Information**

- ❖ We will make it much easier to obtain advice and information at an early stage, well before any crisis occurs.
- ❖ Everyone with caring responsibilities will know where to find help and advice.
- ❖ We will encourage organisations to share information resources with each other and with carers.
- ❖ We will explore opportunities to use new technologies including local authority websites and social media to share information.

### **Finance**

- ❖ We will make it easier for carers to find advice on finance and benefits.
- ❖ We will work with carers to explore the best ways to use Personal Health Budgets and Direct Payments.

### **Bereavement**

- ❖ Specialist services will offer practical guidance and emotional support while the carer grieves.

## 10. How will we know that we have made a difference?

### Young carers

- Number of young carers accessing individual, peer or group support
- Number of primary schools with a young carer programme
- Number of secondary schools with a young carer programme

### Adult carers

- Percentage of adult carers who have as much social contact as they would like (NHS Digital)
- Carer-reported quality of life (ASCOF 1D)
- Carer-reported quality of life for people caring for someone with dementia (NHS Digital)
- Overall satisfaction of carers with social services (ASCOF 3B)
- Proportion of carers reporting they have been included in discussion about the person they care for (ASCOF 3C)
- Percentage of carers with a long term condition who feel supported to manage their condition (GP Survey)

## 11. Appendix: Strengths, Weaknesses, Opportunities and Threats

As we developed this strategy we referred to views expressed by carers and people working in health and social care who took part in an analysis of Strengths, Weaknesses, Opportunities and Threats (SWOT) in local carer support.

We collected comments from different perspectives through an online survey and during detailed discussion at a meeting of the Carers' Partnership, and they have informed the planned improvements listed in Section 7 of this strategy.

### **SWOT: Strengths**

- ❖ Strong VCS and community infrastructure
- ❖ Existing digital platforms
- ❖ Outreach provision
- ❖ Services have opportunities to meet carers in person
- ❖ Carer support workers in some GP surgeries
- ❖ Annual carer health check at some GP surgeries

### **Maximising strengths**

- ❖ Learn from what's working well
- ❖ Use and develop partnerships to avoid duplication and maximise access
- ❖ Dedicated carer support in all GP surgeries

### **SWOT: Weaknesses**

- ❖ Carer comes second to person cared for.
- ❖ Many carers are not identified
- ❖ Support does not consider whole family
- ❖ Carers don't always have their own assessment or care plan
- ❖ Laborious form-filling for carers' grants
- ❖ Lack of information and guidance, lack of signposting
- ❖ Lack of practical help
- ❖ Lack of financial support or advice
- ❖ Lack of geographical coverage and reach
- ❖ Services not visible
- ❖ Services disjointed
- ❖ Little support at night and weekends

## **Addressing weaknesses**

- ❖ Increase identification to enable early support before crisis
- ❖ Respond to carers as individuals: own support plans and budgets
- ❖ Named support worker for each carer
- ❖ Whole-family approach
- ❖ Support carer mental and physical health
- ❖ Proactive contact with carers and 24 hour support: opportunities to talk
- ❖ More visible support
- ❖ Staff with lived experience and relevant skills
- ❖ More day care and sitting services: flexible and reliable
- ❖ More co-ordination and flexibility
- ❖ Share records
- ❖ Publish directory of services
- ❖ Review paperwork and forms
- ❖ Focus on inner city
- ❖ Better transport

## **SWOT: Opportunities**

- ❖ Improve financial wellbeing + support for working carers
- ❖ More opportunities to talk and ask questions
- ❖ Maximise benefit of every contact with services
- ❖ Joint appointments for carer and cared for person
- ❖ Earlier support to stop care needs escalating
- ❖ More carer support in primary care including use of clinical system
- ❖ Join up Local Authority and Continuing Health Care
- ❖ Bereavement support
- ❖ More referrals to other agencies
- ❖ Local willingness to volunteer
- ❖ Work with community organisations to increase access
- ❖ Development workers to support existing groups and develop new groups
- ❖ Extra care housing so couples can continue to live together
- ❖ Explore more carers' grants through British Legion, Trades Associations, charities

### **Maximising opportunities**

- ❖ Meet people and speak in ordinary language
- ❖ Recognise carers in wider society
- ❖ Change workplace culture
- ❖ Services should be culturally competent
- ❖ Don't make assumptions about roles and expectations in different communities
- ❖ Work with GP practices
- ❖ Involve people who have become isolated
- ❖ Training or coaching for carers; peer support to increase resilience
- ❖ Identify volunteer skills, recruit befrienders and sitters
- ❖ Bereavement support and support when someone goes into residential care

### **SWOT: Threats**

- ❖ Budgets and prioritisation
- ❖ Data and evidence not available
- ❖ Carers can be ignored and dismissed
- ❖ Carers are not valued or respected.
- ❖ Carers feel they are a burden.
- ❖ Carers cannot meet personal work and family commitments
- ❖ Carers are stretched looking after complex needs
- ❖ Carer burn-out

### **Mitigating threats**

- ❖ Plan in advance and provide adequate funding
- ❖ Intervene early
- ❖ Work for culture change in society, care services and at work



## **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 Monday 16<sup>th</sup> December 2019.**

**T**

**Subject:** A report on Older People's accommodation across the District as part of implementing the Happy, Healthy and at Home vision.

### **Summary statement:**

This report outlines progress made in the implementation of the integrated system vision Happy, Healthy and at Home and the progress made across the sector to improve services and quality in the Care Home market which is overseen by the Service Improvement Board.

The proposed plans outlined in the report are in line with enhancing partnerships and integrated service provision to support older people (including people living with dementia) to remain independent for as long as possible and have choice and control about how they live their lives.

Bev Maybury  
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**Overview & Scrutiny Area:**  
Health and Social Care

## **SUMMARY**

This report outlines progress made in the implementation of the integrated system vision Happy, Healthy and at Home and the progress made across the sector to improve services and quality in the Care Home market which is overseen by the Service Improvement Board.

The proposed plans outlined in the report are in line with enhancing partnerships and integrated service provision to support older people (including people living with dementia) to remain independent for as long as possible and have choice and control about how they live their lives.

### **1. BACKGROUND**

The Council Executive approved the establishment of the Great Places to Grow Old Programme at the meeting held 15 January 2013. The Transformation Programme is a joint plan with the NHS and incorporates the work commenced in 2009 to develop a strategy for the Council's in-house residential and day services. It includes the implementation of some of the Better Care Fund<sup>1</sup> plans which are focused on integrated health and social care service delivery - as outlined in the Yorkshire and Harrogate Integrated Care System Plan. Delayed transfers of care is a key measure, which across the Bradford District we have consistently performed well in, in relation to other areas of Yorkshire and Humber and nationally.

#### **1.1. The Health and Wellbeing Department's Home First – Our Vision for Wellbeing**

This was approved by the Council Executive on 4 April 2017. The aim is to reduce demand for paid for social care services by helping people early, where we will try to prevent minor things developing into major concerns. It aims to build support around people so they can be more independent and will focus on what people can do rather than what they cannot do. We want a more positive approach so that people can live their lives to the full. The Bradford, Airedale and Craven Integrated Health and Care Plan have enshrined the same vision and aims of Home First within all the change programmes, developing new ways of working together across the District.

#### **1.2 Market Shaping and Commissioning Guidance**

The Care Act (2014) introduces duties on local authorities to facilitate a vibrant, diverse and sustainable market for high quality care and support in their area, for the benefit of their whole population regardless of how the services are funded. The statutory guidance to the Care Act states the market should include a variety of different providers and different types of services. This should include a genuine choice of service type, not simply a selection of providers offering similar services. It must include services for older people. We want to move forward with offering personalised services for older people that are holistic, person centred and enable

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<sup>1</sup> Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

the person to identify their needs and outcomes. The guidance for Bradford Council has been refreshed in order to implement the Home First Vision. This is supporting the implementation of key benefits within the Happy, Healthy and at Home programme and the integrated health and care plan, including all social care and support providers workforce development - with the shared goal of ensuring a trained, quality workforce who have the relevant skills and appropriate working conditions.

## 2. CARE HOME MARKET

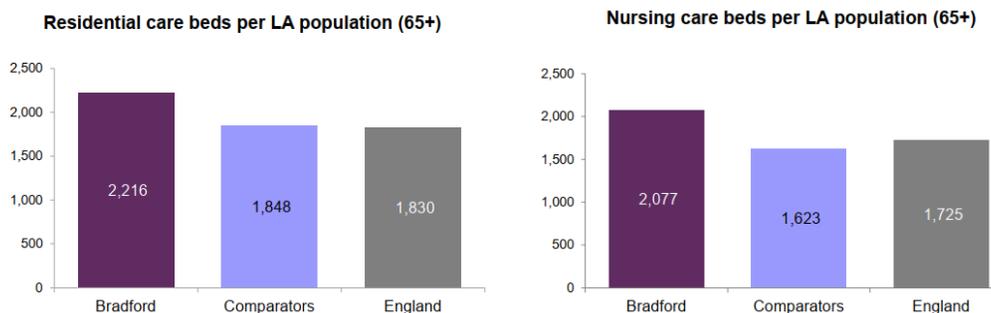
2.1 The Integrated Residential and Nursing Care Framework 2016-2020 was awarded in October 2016. The new framework arrangements support providers to shape their services to meet the needs of individuals and to support the personalisation and integration agendas locally, in partnership with the Council and NHS colleagues. The new models of care in the Clinical Commissioning Group (CCG) areas support people living in care homes and will include providers of care home provision as partners in localities working with NHS, Voluntary and Community Sector (VCS) and Council providers.

2.1.1 We will support care home providers to respond to people’s changing needs, either at a time of illness or deteriorating condition so that people can remain at their place of residence with additional support, rather than be transferred to hospital unnecessarily. When someone who lives in a care home is admitted to hospital we will work closely with the care home providers to support them to return back to their place of residence as soon as possible. We are developing Trusted Assessors between the multi agency integrated discharge teams in hospitals and care home providers with jointly agreed arrangements to support people back to their place of residence.

2.1.2 There has been a reduction of 13 residential and nursing care homes across the District in the last 2 years; 6 residential and 7 nursing. We now have 69 residential care homes and 40 nursing homes across the District.

2.1.3 The number of residential and nursing care beds in Bradford is higher than both our comparators and England.

Service provision – adult social care service provision 



2.1.4 The trend in bed vacancies across the District demonstrates that the demand for long term residential and nursing care is reducing.

Trends of bed vacancy figures over the last 2 years in numbers and %.

|                | 2017<br>Vacant beds | 2017<br>% | 2018<br>Vacant beds | 2018 % | 2019<br>Vacant beds | 2019 % |
|----------------|---------------------|-----------|---------------------|--------|---------------------|--------|
| OP Extra Care  | 0                   | 0%        | 6                   | 3%     | 0                   | 0%     |
| OP Nursing     | 68                  | 28%       | 68                  | 30%    | 112                 | 51%    |
| OP Residential | 177                 | 72%       | 149                 | 67%    | 106                 | 49%    |
| Totals         | 245                 | 100%      | 223                 | 100%   | 218                 | 100%   |

## 2.1.2 Quality

2.1.3 The frameworks support providers in fostering a culture of continuous improvement and quality which is monitored by the Council's Contract Monitoring Team. The team work closely with providers to ensure that they are striving for service improvement as a continual process and that action plans are in place to raise quality and standards. Homes of concern are reviewed fortnightly and a log has been set up to evidence the input of support provided by the Local Authority and the CCGs.

2.1.4 The Local Authority and CCGs have made great strides in working in partnership with providers to improve the quality of care and support, including the establishment of a Service Improvement Board<sup>2</sup> which looks strategically at quality improvement across the sector, joint forums with CCGs and offering training and development opportunities to support providers with individual care delivery. Contractually, the Commissioning Teams' overall responsibility once the contracts have been awarded to providers involves managing these contracts; this includes carrying out visits, regular quality assurance audits of the homes and working in partnership with the Care Quality Commission (CQC). The Contract Officers maintain a good working relationship with providers, supporting them where necessary, offering guidance and assisting with their queries. Contract Officers monitor and manage the homes, dealing with any issues that arise and work together with providers to ensure that the delivery of the provision is in accordance to the service specification.

2.1.5 The number of residential and nursing providers who were assessed by the CQC as "inadequate" across the District in 2017 was 5%, as of this report this has now reduced to 2% assessed as inadequate, with 4% now assessed as being

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<sup>2</sup> The Service Improvement Board is a multi-agency meeting with representations including from Contract and Quality Assurance Manager, Contract and Quality Assurance Officer, Commissioning Manager, CCG Senior Quality Manager, CCG Personalised Commissioning and Support Lead and care home providers attending on a monthly basis, this is a formal meeting with an agenda and minutes being taken. The primary aim of the Service Improvement Board is to develop/improve services and best practice in the delivery of care home support within the Bradford District. The Service Improvement Board will encourage participation/discussion in respect of the work of the Service Improvement Board from Care Home providers across the District.

outstanding compared to 0% in 2017. The BCF includes plans that support this partnership approach with Care Home providers.  
 Bradford CQC ratings 2017 – 2019

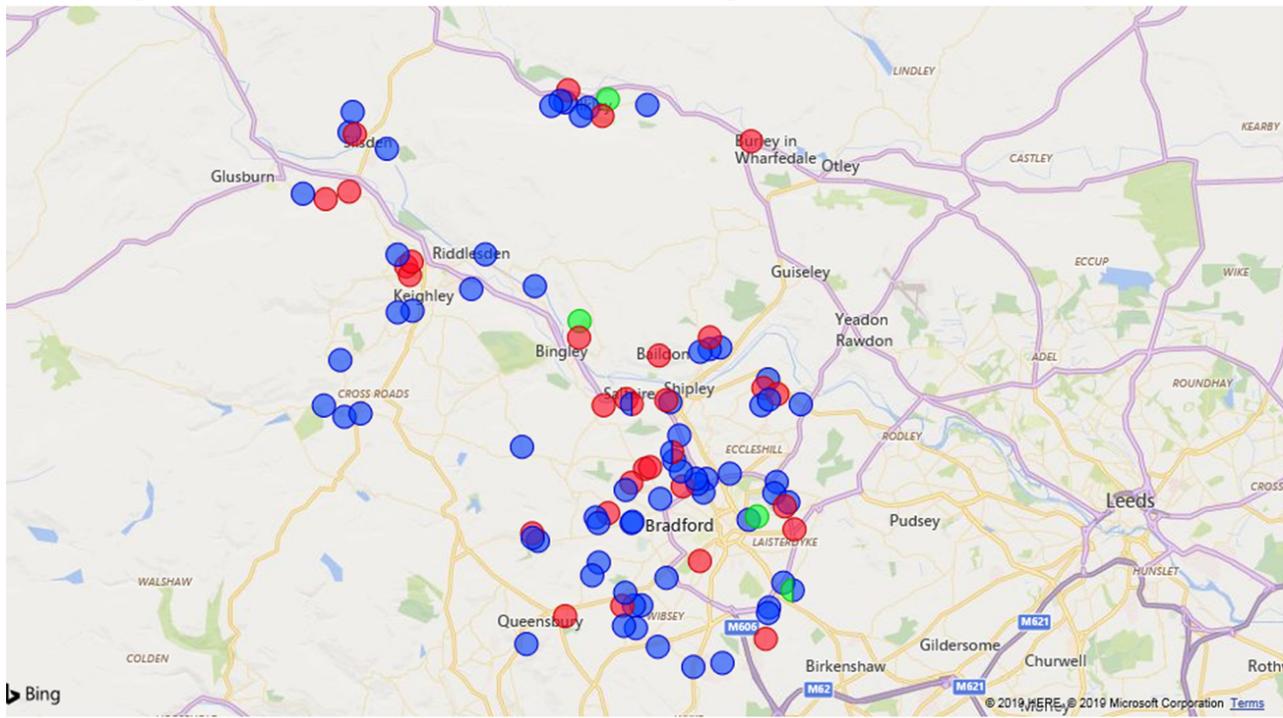
|                     | 2017<br>(no. of homes) | %   | 2018<br>(no. of homes) | %   | 2019<br>(no. of homes) | %   |
|---------------------|------------------------|-----|------------------------|-----|------------------------|-----|
| Inadequate          | 6                      | 5   | 4                      | 3   | 2                      | 2   |
| Require Improvement | 41                     | 33  | 36                     | 31  | 25                     | 23  |
| Good                | 57                     | 47  | 66                     | 56  | 71                     | 65  |
| Outstanding         | 1                      | 1   | 1                      | 1   | 4                      | 4   |
| No Rating           | 17*                    | 14  | 11*                    | 9   | 7*                     | 6   |
| Total               | 122                    | 100 | 118                    | 100 | 109                    | 100 |

\*Where a home has no rating this is because this is a new Care Home to Bradford or there has been a change in ownership.

## 2.2 Location

2.2.1 The area map shows the location of all the homes within Bradford district, the key identifies whether they are Residential, Nursing or Dual Registration.

● Nursing ● Residential ● Residential & Nursing



Map showing homes located within the Bradford District.

## 2.3 Council Managed Residential and Day Services

2.3.1 The strategy for the Council's in house residential and day services in 2009 focussed on streamlining and modernising the residential and day care services at 5 care homes to focus on specialist dementia care services and short term support, alongside a programme to decommission 6 of the initial 11 care homes in existence

- in 2009. The strategy supports the delivery of flexible support as part of the joint Community Beds strategy in development with the NHS.
- 2.3.2 Through a process of consultation and decommissioning this leaves the Council with 5 in house residential homes which provide a total of 160 beds across the District. Appendix 1 outlines the current profile of Council-managed beds.
- 2.3.3 In October 2019 the Bronte development, Valley View Court, which is a 50 bedded unit and Fletcher Court which has 69 extra care apartments opened. Services from Holmewood in Keighley have transferred to this site and will accommodate specialist dementia services. The remaining beds will be used for short-term care for both assessment and intermediate care in partnership with health services. These beds will enable a timely discharge from hospital allowing the individual to regain their confidence and facilitate a period of comprehensive multi-agency assessment and support back in to the community. Holmewood was decommissioned in November 2019 and transferred to the Council Asset Management Team for disposal and the Council will realise the capital receipt from the asset.
- 2.3.4 As Council managed beds become available these are being converted from long term use to more flexible use for short-term care to enable greater independence and to respond to demand for crisis support. This short-term support offers an opportunity for people to be supported through a crisis or carer crisis and enabled to return home. Short term beds are also provided to enable people to recuperate after a hospital admission or as part of a rehabilitation plan after an accident. This has contributed to the good performance in reducing numbers of days people are delayed in hospital.
- 2.3.5 An outline plan for the council owned land (the former Neville Grange site) has been drafted and this has been included in the Community Beds Strategy for Bradford. The site can accommodate a 50 bedded residential unit to the specification of the new build on the Bronte site. If approved other Local Authority based service would be relocated here. This would enable at least 2 of the existing Bradford Council managed care homes to be re provided in a purpose built building and would future proof services in Bradford.
- 2.3.6 The implementation of the Community Beds Strategy as part of the Out of Hospital programme will continue to develop detailed integrated plans with the NHS whilst working in partnership with the independent providers of care homes, this will influence the purpose and future use of Council managed care homes in Bradford.

## **2.4 Woodward Court – BD15 7YT (Thornton and Allerton Ward)**

- 2.4.1 Woodward Court was constructed in 1972 and is a 28 bedded care home and continues to provide long and short term residential care for people with dementia and complex mental health needs. The latest CQC report for Woodward Court, dated 12 March 2018, rates the home as “Good”.

## **2.5 Beckfield – BD2 4BN (Bolton and Undercliffe Ward)**

- 2.5.1 Beckfield was constructed in 1984 and is a 34 bedded care home providing long and short term residential care. The latest CQC report for Beckfield, dated 4 February 2019, rates the home as “Good”.
- 2.5.2 Over the last 2 years an investment in the region of £300,000 has been made at Beckfield. The last electrical inspection was undertaken in December 2010 and has mainly the original installation still installed that dates back to 1984 and requires a full electrical refurbishment.

## **2.6 Norman Lodge – BD6 1EX (Wyke Ward)**

- 2.6.1 Norman Lodge was constructed in 1989 and over the last 2 years has undergone extensive capital work as part of the Council’s capital programme and has received an investment in the region of £460,000 and the building is now in good condition. The latest CQC report for Norman Lodge, dated 15 May 2019, rates the home as “Good”.
- 2.6.2 Currently Norman Lodge has 33 beds which are predominantly used for short term care to prevent people being admitted to hospital and to assess and enable people after being in hospital. There are only two long stay residents.

## **2.7 Thompson Court – BD16 2EP (Bingley)**

- 2.7.1 Thompson Court was constructed in 1989 and over the last 2 years has undergone extensive capital work as part of the Council’s capital programme and has received an investment in region of £640,000 and the building is now in good condition. The latest CQC report for Thompson Court, dated 11 December 2018, rates the home as “Good”.
- 2.7.2 Currently Thompson Court has 4 people living there and has 33 beds which are predominantly used for short term care and for periods of rehabilitation before people are discharged back home and also to prevent people from being admitted to hospital. Thompson Court is essential to the out of hospital and new models of care development plans for the future. The revenue funding is 50% funded by system resilience funding and Better Care Funding. Therefore we are proposing to continue to operate services from Thompson Court for the foreseeable future. The unit provides services for people in Keighley, Wharfedale and North Bradford.

## **2.8 Extra Care**

- 2.8.1 A key element of ‘Happy, Healthy and at Home, is for the Council to support the development of extra care housing schemes due to the shortage across the District. Extra care housing is designed with the needs of frailer, older people in mind and provides 24-hour care and support on site. People who live in these schemes have their own self-contained homes with their own front doors, but can also use communal facilities which can include: restaurant/dining facilities, hairdressers, health/fitness facilities and a computer room for example. This is a key element of the housing strategy to be developed across the District.

2.8.2 The Council was successful in a bid for grant funding to support the build of 69 extra care flats (36 two-bedded and 33 one-bedded) in Keighley at the Bronte site; Fletcher Court was completed in October 2019 and a process to identify tenants has commenced. Some of the apartments have been specifically designed to support people who are living with dementia and their families. Currently there is a waiting list for people wanting to move into extra care living in the Keighley area.

2.8.3 An element of 'A Place to Call Home, A Place to Thrive' Housing Strategy for Bradford District 2020-2030 includes extra care, adapted housing, shared housing and self contained with the necessary care and support to maintain a good quality of life.

## **2.9 The development of an integrated locality based asset management and vulnerable adults housing plan.**

2.9.1 Work undertaken by Public Health has helped us to understand the population need for community beds and explore opportunities to support people to remain in their own homes. Modelling work suggests 168 community beds are needed in the Bradford area and 66 in Airedale. More recent work has been undertaken examining opportunities to strengthen our approach to keep people out of hospital and reduce admissions to A&E and acute beds, which is helping to shape the multi-agency assessment unit.

2.9.2 The Council is working with stakeholders to develop an integrated plan based on localities of current assets, health and care provision for all of the population based on the needs assessments undertaken by Public Health. This will form the basis for planning housing for vulnerable people and for planning the supply of care and support to allow people to live independently for much longer.

## **2.10 External planning proposals and developments**

2.10.1 A recent planning application has been granted for a new 40 bed specialist care facility comprising of 4 units with 10 bedrooms each with communal facilities and therapy rooms, and 7 two bedroom assisted living bungalows to support independent living on Huddersfield Road, Wyke.

2.10.2 After extensive consultation a planning application is pending consideration to build 62 homes on Wood Lane, Swain House, Bolton and Undercliffe. This housing plan includes an autism care building made up of 8 apartments, 16 dementia friendly houses, 19 two bed and 19 three bed supported living homes.

## **3. PROPOSAL FOR NEVILLE GRANGE SITE IN SALTAIRE**

3.1 A business case has been developed with plans ready to submit for planning formulated by architects using capital funding for a 50 bed short stay residential home on the site of Neville Grange in Saltaire. The intention would be to reprovide 2 of the existing Council managed care homes, which currently have 62 beds into the new unit. The unit would be for short stay and currently the Council has some people living in the care homes, as previously stated we have not been offering

beds for long stay residents into the Council managed care homes for the past 2 years and the numbers of long stay residents is reducing every year. The 2 reprovided care home sites would be transferred to the Council Asset Management Team for disposal and the Council will realise the capital receipt from the assets. This development would future proof Council managed care homes in Bradford as the current care home buildings are not sustainable in the long term and will require considerable investment going forward.

- 3.2 The number of specialist dementia beds has proved to be frequently insufficient at times because the numbers of specialist NHS beds have reduced significantly over the years. The proposed plans are supported by partners and are included in the Bradford Community Beds Strategy. The Council Executive approved the proposal to proceed to a full business case which would be submitted to the Project Assurance Group. The continued provision of Council managed residential beds is required because it supports people to remain in their own home for longer as demonstrated by the reduction in long term placements to care homes. It is an essential component to the out of hospital services which reduces unnecessary admissions to hospital and reduces delayed transfers of care from hospital. The revenue costs of the 50 bed unit would be met by the current revenue costs of the two homes which would be re-provided and any additional revenue would be funded from the NHS/Better Care Fund.

#### **4. CONTRIBUTION TO CORPORATE PRIORITIES**

- 4.1 Bradford Council Plan 2016–2020 to create as good a quality of life as possible for the people and communities of the Bradford District.
- 4.2 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 to improve health and wellbeing and reduce health inequalities.
- 4.3 Home First - Our vision for Wellbeing January 2017 to help people to be independent and have a better quality of life by meeting their care and support needs within their own home, keeping them near their friends and family for as long as possible.

#### **FINANCE AND RESOURCES**

- 5.1 The savings required for older people residential care for 2018-19 are £974k. This is to be achieved through reducing demand for residential services. The result of this is an increase in numbers of people and hours of Domiciliary Care in line with the department’s strategy.

## 5.2

| <b>Residential &amp; Nursing Fees</b>  | <b>2015-16</b> | <b>2016-17</b> | <b>2017-18</b> | <b>*2018-19</b> |
|----------------------------------------|----------------|----------------|----------------|-----------------|
| Average OP Residential Population      | 885            | 871            | 755            | 684             |
| Average OP Residential Weeks of Care   | 49,080         | 46,489         | 40,875         | 36,874          |
| Gross Expenditure Residential Fees     | £26m           | £25m           | £24.7m         | 23.8m           |
| Average Gross cost to the Council pppw | £565.23        | 554.09         | 630.06         | 668.97          |
| Average OP Nursing Population          | 346            | 333            | 316            | 295             |
| Average OP Nursing Weeks of Care       | 18,099         | 17,861         | 16,913         | 15,802          |
| Gross Expenditure Nursing Fees         | £10.5m         | £10.3m         | £10.2m         | £9.6            |
| Average Gross cost to the Council pppw | £580.15        | £582.00        | £622.69        | £629.01         |

- 5.3 The Council will also aim to achieve reductions in the numbers of older people needing long term residential and nursing care by using technology to help them stay independent and by working closely with health partners to plan and deliver services.
- 5.4 In 2016/17 the Council moved towards reducing the number of long stay beds within the in house care homes. This increases pressure on purchasing care in the independent sector and meeting the savings targets. The number of long stay beds reduced from 78 in 2016/17 to 57 in 2017/18 and as at October 2019 there are now just 24 long stay beds across the five in house homes.
- 5.5 The Council has undergone a process of decommissioning some residential homes as part of the Great Places to Grow Old programme. Harbourne and Holmeview have closed resulting in budget reductions of £2m (including Neville Grange and day services).
- 5.6 The fee increases for the independent sector have been largely due to the increase in the National Living Wage which increased from £7.50 to £7.83 in April 2018. Based on the proportion of staffing costs within the fee structure an uplift of 4.29% was agreed in 2018/19.

### 5.7 Outline costs and plan for revenue from NHS Trust for Bronte

- 5.7.1 A financial analysis examining the Bronte scheme was undertaken in July 2016 prior to a formal submission to the Project Appraisal Group (PAG). The cost of both the extra care and residential scheme was approximately £16.8m (£12.3m for extra care and £4.5m for the residential home). The funding for the build came through a mixture of corporate funding, prudential borrowing and government grants. The successful bidder from the tender process, Wildgoose Construction, tendered at significantly less than the expected cost at £10.8m (£7.4m extra care and £3.4m residential). The scheme cost in region of £13.8m and was completed October 2019. The financial model was based on the closure of two in house residential homes with staff expected to move the new site. The sale of these two sites will also generate capital receipts for the Council. The new building is owned by the Council who provide both the residential and extra care. The Council has appointed a Registered Social Landlord for the management of the flats in the extra care scheme.

5.7.2 The revenue funding for the 50 bed unit comes from the current revenue funding for Holmewood and additional Better Care Funding which is currently being used to fund short term intermediate care beds in an independent care home and in Airedale NHS Foundation Trust at Airedale General Hospital. It is anticipated that ANHSFT will use the beds released by using the Council managed beds for planned care (surgery) at a reduced cost to the CCG. If this is not confirmed, then one of the three homes in Bradford will be decommissioned, as per the business case, to provide the revenue required in 2019. The BCF winter resilience funding will be used to contribute to the revenue costs for the Council managed residential beds this winter as it was last year.

## **5.8 Outline costs plan for Saltaire plan**

5.8.1 As outlined in 3.1 it is proposed that the former site of the Neville Grange residential care home in Saltaire is developed into a 50 bedded short term unit. In order to fund this scheme there will be a need to close two additional in house residential homes with the service provision transferring to the new building.

5.8.2 The cost of the new build would be met through a combination of corporate funding and prudential borrowing and is expected to cost in the region of £4.5m. The financial model supporting the proposal is showing that there would be an additional cost of £0.5m annually over the life of the scheme. There is a need to ensure that this annual shortfall is addressed and any funding to meet this gap is agreed before the proposal is taken to the PAG.

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

6.1 In Bradford the 2 Bradford CCGs have undertaken considerable work in developing out of hospital integrated services, including a Community beds strategy.

6.2 In Airedale, Wharfedale and Craven (AWC) CCG area, the development of new models of care is taking place in Airedale (Keighley/Silsden) and Wharfedale. The Council is fully participating in this work which includes developing services to reduce people needing to go into hospital and enabling people to transfer home or to a short term bed for assessment once they no longer require acute medical care. These programmes of work report into the AWC Health and Care Partnership Board.

6.3 The Better Health Better Lives programme is managing the Council's contribution to the partnership and this includes risk management of the Council's assets and resources.

6.4 The proposed business case for the development of a 50 bed unit on the Neville Grange site will be submitted for approval to PAG.

## **7. LEGAL APPRAISAL**

### **7.1 Duties of the LA under the Care Act 2014**

The Care Act 2014 requires the local authority to ensure that people are provided

with services if their current provider of service is unable to provide support. The current Council managed residential homes are a significant safety net for the Council and have been used at times to support people when their service has no longer been able to provide support for them.

7.2 Specific to this report are the principles of:

- promoting individual wellbeing set out in s.1 and
- preventing needs for care and support set out in s.2.

7.3 In terms of promoting diversity and quality in provision of services this is set out in Section 5 (1) and includes the market shaping duty, the duty of the LA to promote an efficient and effective market of care and support services for people in its area available to meet people's needs. In s.5 (2) the following must be considered by the LA (this list is not exhaustive):

- having and making available information about service providers and the types of service they provide
- current and likely future demands for services and how providers might meet this demand
- enabling service users and carers to participate in work, education or training, where they wish to do so
- ensuring market sustainability
- fostering continuous improvement in the quality, efficiency and effectiveness of services
- fostering a workforce that can deliver high quality services.

It is important to note that when commissioning services consideration must be given to the effect of commissioning decisions on the wellbeing of the people using the services (this duty is explicitly set out in s.5(4)).

## **8. OTHER IMPLICATIONS**

### **8.1 Equality & Diversity**

8.1.1 The Public Sector Equality Duty under the Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it
- Relevant protected characteristics include age, disability, gender, sexual orientation, race, religion or belief.

8.1.2 The status quo is not sustainable, both in terms of the risks of continuing to deliver services in the buildings as they are and the impact of demographic growth on the existing pattern of service provision.

## **8.2 Greenhouse Gas Emissions Impacts**

8.2.1 The overall impact of homes built between the 1960s – 1980s is that people would be cared for in more energy-efficient buildings. In particular, the plans for the proposed new-build homes would include modern energy and cost-saving measures in the design and build.

## **8.3 Community Safety Implications**

8.3.1 Older people with dementia and other long-term conditions are among the most vulnerable people in the community. Providing high quality care and appropriate environment for care services is consistent with the Council's statutory duty to safeguard vulnerable adults.

## **8.4 Human Rights Act**

8.4.1 The Human Rights Act 1998 makes it unlawful for any public body to act in a way which 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 rights 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.

8.4.2 The definition of adult abuse, in guidance issued under statute, is based on the concept of human rights: "Abuse is a violation of an individual's human or civil rights by any other person or persons". (No Secrets, Department of Health, 2000).

8.4.3 As with the equal rights considerations, the proposed changes are expected to have an overall positive impact on these considerations though there is a risk of adverse impact for individuals who live in the homes currently. In line with legal requirements and Council policy, vulnerable individuals and their friends, families and advocates have been and will continue to be involved in any consultation process and planning of changes, and that planning of change is fair and proportionate, and seeks to mitigate any identified adverse impacts of decisions made.

## **8.5 Trade Unions**

8.5.1 All changes to staff employed by the Council are fully consulted with all trade unions via the Council's industrial relations agreements. No staff reductions are anticipated by any of the developments outlined in this report.

## **8.6 Ward Implications**

**8.6.1** All ward Councillors are either currently involved or will be briefed and involved in any of the developments or changes described in this report.

## **8.7 Area Committee Action Plan Implications (For reports to Area Committees only)**

Not applicable

## **8.8 Implications for Corporate Parenting**

Not applicable

## **8.9 Issues Arising From Privacy Impact Assessment**

Not applicable

## **9. NOT FOR PUBLICATION DOCUMENTS**

None

## **10. RECOMMENDATIONS**

10.1 The Committee are invited to comment on this progress report.

10.2 The Committee note and comment on Section 2.9.2 - to develop integrated needs assessments based on wards and constituencies across the Bradford District to be used by the Council, NHS, and other partners as the basis for planning housing developments for older people and market development of the care market.

The needs assessment will map:

- demographic profile – older people, learning disabilities, physical disabilities, mental health
- health needs profile by Locality
- GP practice location/population
- current provision of social care paid for by the LA, support at home, extra care, nursing and residential care and day services
- voluntary and Community service assets, including community capital assets owned by the Council.

## **11. APPENDICES**

Appendix 1 - Summary of Current In House Care Provision

Appendix 2 – BCF Metrics

## **12. BACKGROUND DOCUMENTS**

*None*



## Appendix 1

### In House Care Provision (October 2019)

| Area                                                       | Care Home            | Total (beds) | Current Designation |            | Registration categories                | Comment                                                      |
|------------------------------------------------------------|----------------------|--------------|---------------------|------------|----------------------------------------|--------------------------------------------------------------|
|                                                            |                      |              | Long Stay           | Short term |                                        |                                                              |
| <b>Homes with specialist mental health registration</b>    |                      |              |                     |            |                                        |                                                              |
| Keighley<br>BD22<br>7NU                                    | Valley View<br>Court | 50           | 6                   | 44         | Adults                                 | Short stay                                                   |
| Bradford<br>BD15 7YT                                       | Woodward<br>Court    | 28           | 4                   | 24         | Dementia /<br>challenging<br>behaviour | Significant<br>investment<br>to make<br>dementia<br>friendly |
| <b>Subtotal (excluding*)</b>                               |                      | <b>78</b>    | <b>10</b>           | <b>68</b>  |                                        |                                                              |
| <b>Homes with no specialist mental health registration</b> |                      |              |                     |            |                                        |                                                              |
| Bradford<br>BD2 4BN                                        | Beckfield            | 34           | 8                   | 26         | Adults                                 | Long stay<br>beds are<br>also used<br>as IC beds             |
| Bradford<br>BD6 1EX                                        | Norman Lodge         | 35           | 2                   | 33         | Adults                                 | Unit to<br>become<br>short<br>stay/IC                        |
| Bingley<br>BD16 2EP                                        | Thompson<br>Court    | 37           | 4                   | 33         | Adults                                 |                                                              |
| <b>Subtotal</b>                                            |                      | <b>106</b>   | <b>14</b>           | <b>92</b>  |                                        |                                                              |
| <b>TOTAL</b>                                               |                      | <b>184</b>   | <b>24</b>           | <b>160</b> |                                        |                                                              |

## Appendix 2

**The following are standard HWBB BCF national metrics which as in every area's BCF plan:**

- Number of Non-elective admissions to acute care
- Long-term support needs of older people (ages 65+) met by admission to residential or nursing care homes, per 100,000 population
- Proportion of older people (aged 65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+)

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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 16 December 2019**

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

### **Summary statement:**

This report presents the work programme 2019/20

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Parveen Akhtar  
City Solicitor

**Portfolio:**

**Healthy People and Places**

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1. **Summary**

1.1 This report presents the work programme 2019/20.

2. **Background**

2.1 The Committee adopted its 2019/20 work programme at its meeting of 1 August 2019.

3. **Report issues**

3.1 **Appendix A** of this report presents the 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 the coming year.

4. **Options**

4.1 Members may wish to amend and / or comment on the work programme at **Appendix A**.

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 as long as possible' (District Plan: Better health, better lives).

6. **Recommendations**

6.1 That the Committee notes the information in **Appendix A**

7. **Background documents**

7.1 Constitution of the Council

8. **Not for publication documents**

None

9. **Appendices**

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

# Democratic Services - Overview and Scrutiny

Appendix A

## Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

### Work Programme

| Agenda                                                         | Description                                                                                                                                                     | Report                            | Comments                       |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------|
| <b>Thursday, 30th January 2020 at City Hall, Bradford</b>      |                                                                                                                                                                 |                                   |                                |
| <b>Chair's briefing 14/01/2020 Report deadline 16/01/2020</b>  |                                                                                                                                                                 |                                   |                                |
| 1) An update from the Care Quality Commission                  | Annual report                                                                                                                                                   | Helyn Aris                        | Resolution of 22 November 2018 |
| 2) Adult Services Service Improvement Boards                   | To be scoped                                                                                                                                                    | Lyn Sowray                        |                                |
| 3) Living Well service                                         | Report to cover business/work charter, schools charter and social movement work                                                                                 | Kemi Adeyemi / Sarah Possingham   |                                |
| 4) Budget and Financial Outlook - Dept of Health and Wellbeing | Annual report                                                                                                                                                   | Wendy Wilkinson                   |                                |
| <b>Thursday, 13th February 2020 at City Hall, Bradford</b>     |                                                                                                                                                                 |                                   |                                |
| <b>Chair's briefing 28/01/2020 Report deadline 30/01/2020</b>  |                                                                                                                                                                 |                                   |                                |
| 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                  |                                |
| 2) 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 |
| 3) Sexual Health Services                                      | To be scoped                                                                                                                                                    | Ralph Saunders                    |                                |
| <b>Thursday, 5th March 2020 at City Hall, Bradford</b>         |                                                                                                                                                                 |                                   |                                |
| <b>Chair's briefing 17/02/2020 Report deadline 20/02/2020</b>  |                                                                                                                                                                 |                                   |                                |
| 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    |

## Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

### Work Programme

| Agenda                                                        | Description                                                                                                                                                | Report                     | Comments                      |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|
| <b>Thursday, 5th March 2020 at City Hall, Bradford</b>        |                                                                                                                                                            |                            |                               |
| <b>Chair's briefing 17/02/2020 Report deadline 20/02/2020</b> |                                                                                                                                                            |                            |                               |
| 2) Shipley Hospital                                           | Report on the consultation process and findings on the proposed closure of Shipley Hospital to include details of travel planning to alternative provision | Helen Farmer               | Resolution of 1 August 2019   |
| 3) Welfare Advice                                             | Update on the transformation of the service                                                                                                                | Joanne Hyde / Sarah Muckle | Minutes of 1 August 2019      |
| <b>Thursday, 2nd April 2020 at City Hall, Bradford</b>        |                                                                                                                                                            |                            |                               |
| <b>Chair's briefing 17/03/2020 Report deadline 19/03/2020</b> |                                                                                                                                                            |                            |                               |
| 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     |
| 2) Home support services                                      | Update                                                                                                                                                     | Paul Hunt                  | Resolution of 12 July 2018    |
| 3) Assessment And Diagnosis Of Autism In Adults               | Update report                                                                                                                                              | Ali Jan Haider             | Resolution of 24 October 2019 |