

# Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Wednesday, 28 July 2021 in Council Chamber, City Hall - City Hall, Bradford

Commenced 4.30 pm  
Concluded 6.30 pm

## Present – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT
Greenwood Humphreys Godwin Iqbal	Glentworth	Griffiths

## NON VOTING CO-OPTED MEMBERS

Susan Crowe	Bradford District Assembly Health and Wellbeing Forum
Trevor Ramsay	i2i patient involvement Network, Bradford District NHS Foundation Care Trust
Helen Rushworth	Healthwatch Bradford and District

Apologies: Councillors Hargreaves, Berry and Majkowski

## Councillor Greenwood in the Chair

### 1. DISCLOSURES OF INTEREST

In the interest of transparency Co-opted Member Trevor Ramsay disclosed that he was a representative of Bradford District Care Trust and that organisation had an input in reports being discussed (Adult Autism and Bradford District Mental Health Learning Disabilities and Autism Partnership Board (Minutes 7 & 8).

**ACTION: City Solicitor**

### 2. MINUTES

Resolved –

That the minutes of the meeting held on 23 March 2021 be signed as a correct record.

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

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

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

There were no referrals made to the Committee.

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

Members were advised that under Article 6 of Part 2 of the Constitution the Committee may make a recommendation to Council for the co-option of non-voting members to the Committee.

The Committee was asked to recommend to Council the appointment of three non-voting co-opted members:

**Resolved –**

**That it be recommended to Council that the following non-voting co-opted members be appointed to the Health and Social Care Overview and Scrutiny Committee for the 2021/22 Municipal Year:**

**Susan Crowe – Bradford District Assembly Health and Wellbeing Forum  
Trevor Ramsay – i2i patient involvement Network, Bradford District NHS Foundation Care Trust  
Helen Rushworth – Healthwatch Bradford and District**

**ACTION: City Solicitor**

**6. WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

Members were made aware that at its meeting of 29 October 2015 the Committee had considered a report of the Chair and resolved 'That the West Yorkshire Joint Health Overview and Scrutiny be supported'. It also nominated two members from within its membership to sit on the Joint Committee. As the Committee had since been reconstituted, there was now a need to appoint two members to sit on the Joint Committee.

**Resolved –**

**That the Committee nominates Councillor Greenwood and Councillor Glentworth to sit on the West Yorkshire Joint Health Overview and Scrutiny Committee.**

**ACTION: Scrutiny Lead Officer**

## 7. ADULT AUTISM

The Senior Officer, Strategy, Change and Delivery, NHS Bradford District and Craven Clinical Commissioning Group submitted a report (**Document “A”**) which provided an update on the current state regarding adult autism and also provided a synopsis of the work planned to address ‘all age autism’ and address some of the challenges that were outlined in the report.

Members were reminded that the issue had been discussed previously, in October 2019 when assurances had been provided that the Bradford/Airedale Neurodevelopmental Service (BANDS) list would be reopened and the backlog of people waiting for assessment would be cleared. It was confirmed that the BANDS list had reopened and whilst challenges had been experienced due to the pandemic the service had responded in an agile manner and continued to provide the services needed. Alternative software had been utilised to accelerate the assessment process and self-referral pathway. Recruitments had also been made to the BANDS team. Bradford District Care Trust and the Clinical Commissioning Group were working together to improve services.

It was reported that, in response to feedback, and to familiarise General Practitioners (GPs) with the dynamics of autism, a top tips leaflet had been developed. It was explained that demand for assessment and diagnoses continued to rise both locally and nationally and a national all age autism strategy had been developed.

A dedicated manager had been recruited to investigate funding from existing models locally and across West Yorkshire and beyond. Initiatives to address the issue alternatively to augment what was already in place were reported. Following a detailed presentation Members raised grave concerns that the situation had not improved since the report had been presented previously. It did not appear, despite previous assurances, that additional funding had been provided and the extensive backlog of people waiting for assessment had been cleared.

Assurances that people waiting for diagnosis would be able to access the benefits that a diagnosis would provide were of no comfort as it was felt that without assistance someone with a less visible condition may be unable to comply with the specifics required and would lose that funding.

It was questioned if any lessons had been learned from the acute distress of people who had been unable to access the waiting list for assessment and what had happened to funding invested in a firm contracted to address the back log on the waiting list.

Members queried when the service had re-opened the waiting list; what extent

had the GPs involvement had on the 359 referrals on the waiting list; what would a 'normal' rate of referral be and what was the conversation rate from referral to a diagnosis.

It was stated that of the issues raised by constituents mental health was raised the most. Autism was raised most frequently and residents, concerned that their GPs had been unable to help, had asked ward councillors for help.

A Member stated his unease when he heard additional administrative arrangements were being developed and stressed that people were needed to deal with the problems and not additional administrators.

A co-opted Member referred to the National Autistic Society's view that people would still be eligible for benefits without a formal diagnosis and reported incidents of people who had been assessed and awarded a lifetime award, many years ago, losing their benefits when Personal Independence Payments had been introduced. Those people had lost everything and were in a state of panic when having to access places such as Job Centres. It was acknowledged that some organisations were autism friendly but the Department of Work and Pensions and job centres were not. It was suggested that pressure be applied on those organisations to provide autism awareness training.

A Member with considerable experience of the issues being discussed found it difficult to see any progress had been made and expressed concern that young people with a diagnosis fell off the radar when they reached adulthood as there were currently no services to them.

In response the Senior Officer, Strategy, Change and Delivery, apologised that he had articulated incorrectly. He explained that a backlog on the waiting list had been cleared and those now waiting for assessment were new. A sum of £125,000 had been invested and assessments had been completed as promised. The list had re-opened in 2020 and since that time demand had increased.

Additional administrative arrangements would not delay assessments but would find out more about adult autism and assess if the best systems were in place. They would also help the service learn lessons and make improvements.

He maintained that the difficulties children faced whilst transitioning to adulthood had been recognised and a strong business case had been presented to the Partnership Board. That case would be considered along with other priorities. It had been a challenge to recruit the right staff and colleagues in Social Care had provided assurances that services would be provided to people if needed regardless of formal diagnosis.

A co-opted Member referred to previous presentations to the committee and intentions to fast track to a shorter assessment process. She questioned if that had occurred and why, when it was known that referrals would flood in, staffing resources had not been put in place. It was also queried if the waiting list remained open at the current time.

In response it was reported that an analysis of the assessment process had been conducted and it had been found that a 'gold' standard was provided whilst a

'silver' would be effective. Staff issues had occurred when Care Trust employees had left and the service was taken on by a new team.

Resource issues had prevented additional staff being put in place, however, a plan had been developed to address the waiting list and future demand. The presentation to follow would discuss the work of the creation of the Mental Health, Learning Disabilities and Autism Board.

Following additional questions, it was explained that there were two professionals in each of the autism and ADHD assessment teams. The demand did not immediately increase on reopening of the assessments but there had been a significant increase across neurodiversity corresponding to the lockdown.

**Resolved –**

**That an update report, to include case studies illustrating people moving through the autism pathway, be presented to the Committee in six months.**

***Action: Senior Officer, Change and Delivery***

#### **8. BRADFORD DISTRICT MENTAL HEALTH, LEARNING DISABILITIES AND AUTISM PARTNERSHIP BOARD - VERBAL REPORT**

The Medical Director, Bradford District Care NHS Foundation Trust attended the meeting on behalf of the Partnership Chair to update the Committee on the formation of the Mental Health, Learning Disabilities and Autism Board. He provided a presentation which focussed on Autism/Neurodiversity and included information on how people with autism and their families and carers would be included, the manner in which issues had been identified as priorities, the way it was hoped to address those priorities, how progress would be monitored and the oversight arrangements.

A Member reassured by the presentation raised two areas of concern. That people were unable to access assessments and that there were only two professionals to deal with 350+ people waiting. She referred to a previous commitment to review findings that the Clinical Commissioning Group had the lowest spend on neurodiversity in the country. It was questioned if that review had occurred as it was felt that if not the current situation would continue.

In response it was explained that services were committed to Act As One and people should not have to wait for three years for an assessment or diagnosis. People could be identified and services provided on a needs led basis. Current funding had been increased and additional funds accessed.

There was a high level of poverty in Bradford and a Ministry of Housing, Communities and Local Government (MHCLG) funding bid had been submitted as a commitment to deliver a service in areas with significant vulnerable people. Actions would be evaluated and if effective would be replicated across the district.

The service was at an early stage of a programme to move from a diagnosis led approach to a needs led service and significant progress had been made. It was intended to effect change and people and the Voluntary Community Service

would be actively involved. Reassurances were provided that the service would look at different approaches and sought to do things collectively.

It was confirmed that the waiting lists were still receiving referrals but it was questioned how long it would take to clear lists if only two people were involved. It was re-iterated that a business case for additional funding had been developed but a lot would depend upon funding settlements from NHS England. Not all people on the waiting lists would go through complete assessments as during that process it could become clear that issues were elsewhere.

Members questioned from where referrals were originating and it was reported that 95% of people on the waiting list had been referred by their General Practitioner (GP). Since doctors had been given more information on autism approximately 40% of those on the list would be diagnosed. Assurances were provided that collaborative work with Leeds at Integrated Care Service level was being undertaken to increase resources and create more resilience.

A Member expressed frustration that the issues raised had been highlighted long before the pandemic and believed that nothing had changed to improve the service provided to autistic people. In response the Senior Officer, Strategy, Change and Delivery disagreed with that statement. It was explained that the BANDS team had staffing issues and it had been difficult to recruit. The team were dealing with 45 to 50 assessments per year and demand was outstripping available resources.

Whilst acknowledging that neurodiversity was not easy to assess a Member questioned if it was necessary for the assessment process to take two people two weeks to process. He also referred to information he felt was lacking in the report provided including the number of people who had left the system before assessments were completed and the rate of referral. It was confirmed that Members would request a future update and it was suggested that this should include case studies and an indication of the resources required to resolve the issues occurring.

**Resolved –**

**That a progress update on the work of the Bradford District Mental Health, Learning Disabilities and Autism Partnership Board be presented to the Committee in 12 months.**

***Action: Chief Executive, Bradford District Care NHS Foundation Trust***

## **9. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2021/22**

The Overview and Scrutiny Lead submitted a report (**Document “B”**) which presented a draft work programme 2021/22 for adoption by the Committee.

It was explained that priority items had been included on the draft programme to allow the work of the Committee to be developed around those issues.

It was proposed that the September meeting would include an update on the Health and Care Act and discussions at that time could highlight issues for future scrutiny such as patient involvement.

It was explained that the October meeting would include access to primary care, however, it was not intended for that item to be about digital delivery of services but to address how people could get to see their doctors.

Members were asked to inform the Chair or Scrutiny Lead of issues they wished to add to the programme.

**Resolved -**

- 1. That the Committee notes the information in Appendix 1 and that it, along with any amendments or additions is adopted as the Committee's Work Programme 2021/22.**
- 2. That the Work Programme 2021/22 continues to be regularly reviewed during the year.**

***Action: Overview and Scrutiny Lead Officer***

Chair

**Note: These minutes are subject to approval as a correct record at the next meeting of the Health and Social Care Overview and Scrutiny Committee.**

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