

# Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 27 January 2022 in Council Chamber - City Hall, Bradford

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Commenced 4.35 pm  
Concluded 7.30 pm

## Present – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT
Berry Greenwood Humphreys Godwin Berry Iqbal	Glentworth Majkowski	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:

## Councillor Greenwood in the Chair

### 39. DISCLOSURES OF INTERESTS

No declarations of interest were made for matters under consideration.

### 40. INSPECTION OF REPORTS AND BACKGROUND PAPERS

No requests were received to remove the restriction on a report or background paper.

### 41. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

No referrals were received.

## 42. PREPARATION FOR ADULTHOOD AND TRANSITIONS PATHWAYS FROM CHILDREN TO ADULT SERVICES

The report of the Strategic Director, Health and Wellbeing (**Document “Q”**) informs Members of:

- The position in relation to the integrated transitions service for 16-25 year-old disabled young people and their families in Bradford, including the policy context for such changes;
- Improvements to strengthen pathways for young people with learning disabilities, physical disabilities and mental health in order to better align services and resources; and
- Performance against the Adult Social Care Outcomes Framework (ASCOF) over the past year.

The Service Manager was in attendance and at the invitation of the Chair she introduced the report to the committee. She explained that the work of the service continued to improve pathways which were designed to provide young people with the most complex disabilities and their families across the Bradford District with improved information and support into adulthood and independence. This work proceeded in partnership with young people with the most complex disabilities and their families to improve the education, health and social care offer and aligned support to meet Care Act eligible needs to key outcomes which prepared for adulthood and maximised independence at point of transition.

She further explained that as set out in the SEND Code of Practice (2015) and within the Care and Support Statutory Guidance to the Care Act (2015), preparing for adulthood meant formulating for higher education and/or employment, this included exploring different employment options, such as support for becoming self-employed and helped from supported employment agencies. Independent living meant that young people had choice, control and freedom over their lives and the support they had, their accommodation and living arrangements, which included supported living. Participation in society, included having friends and supportive relationships, and participating in, and contributing to, the local community and participation in democratic life. This included a healthy lifestyle as possible in adult life.

Following introduction, a video presentation of a select number of young participants involved in the transitional programme was presented to the committee. The young people voiced their individual experiences, transformation and achievements, that involved planning for a personalised curriculum, being assisted in applying the principles of the Mental Capacity Act appropriately to enable young people to have a say in their planning and decision making and being supported as a young person to be as independent as possible.

Whilst the committee acknowledged the great effort of work of the service to better the lives of young people, the committee stated that in theory the end purpose seemed good in theory as outlined in the report but in terms of practice, the committee expressed its reservations as to whether this transitional work in equipping young people with learning disabilities would be a success. Further clarity was sought for the reason that so many similar work streams had been undertaken over the years, yet many young people with disabilities ended up with

no employment or a lack of employment prospects.

In response, it was explained that there had been a positive impact of significant in efficiency of services and quality of life outcomes for people with disabilities the services support.

A Bill of Rights (BOR) had set out how young people and adults wished to be supported by social workers to meet their ambitions and aspirations for their lives. Work was now under way to review how well recruitment processes for social workers aligned to the expectations as set out by people with disabilities in the BOR. As of September 2021, the launch of the Employment Scheme, which provided support to internships for up to 10 young people with complex disabilities each year through a partnership between Education, Adult Social Care and the School of Rock and Media. From the first cohort, 60% of participants had already secured paid employment as their internship came to an end.

This programme was structured towards success for the people the service supported as it assisted through a strong integrated services approach. This pathway was a mechanism in meeting challenges that were not possible previously in order to build better opportunities that would assist young people in their future lives.

**Resolved:-**

- (1) That the Committee strongly encourages the Council to support the Into Employment Scheme**
- (2) That the importance of the Integrated Transitions Service be recognised during the forthcoming changes to Children's Services**
- (3) That an update on the work of the service be presented in 18-24 months**

***Action: Strategic Director (Health and Wellbeing)***

**43. UPDATE ON THE LOCAL HEALTH AND CARE SYSTEM'S STRATEGY, TRANSFORMATION PROGRAMMES, AND THE DEVELOPMENT OF PARTNERSHIP ARRANGEMENTS**

Following an update to the Committee in 2021, the report of the Bradford District and Craven Health and Care Partnership (**Document "R"**), summarised the strategy of the local health and care partnership; and highlighted the benefits for local people which were being achieved through the partnership's transformation programmes.

The report further provided an update on the implementation of local delivery and decision making arrangements which would support the partnership to make a difference as part of the West Yorkshire Integrated Care System.

The Partnership Development Director was present and accompanied with his team of colleagues at the meeting. With the invitation of the Chair, he gave a synopsis of the report to the committee. He explained that the partnership had the strategic ambition to

reduce health inequalities and improve population health and wellbeing for the people of Bradford District and Craven. There was a strong commitment to a partnership vision of keeping people 'Happy, Healthy at Home' through the actions taken to support the population to stay healthy, well, and independent throughout their whole life. Health and care partners in the District had a strong history of working well together and as the Council moved into formal partnership arrangements, the service was confident that the work undertaken to date from the strategic partnering agreement, the transformation programmes to our distributed leadership model placed the Council in a strong position to take on the delegated responsibility to 'Place' from the West Yorkshire Integrated Care System.

The four primary purposes as a new partnership were:

- Improving outcomes in population health, healthcare and wellbeing;
- Tackling inequalities in outcomes, experience and access;
- Enhancing productivity and value for money; and,
- Supporting broader social and economic development.

Following a light narration of the report, a question and answer session ensued:

- What was the fundamental practices in the Information Care Strategy (ICS) to assist the service in its growth on a local level through the intended place based partnership approach?
  - The local health and care partnership was changing the way it worked, to make it easier to implement the strategy and to make improvements for local people. The changes to local arrangements also enabled the maximising of effectiveness of our participation in the West Yorkshire Health and Care Partnership, and to prepare for the new Health and Care Act, which was expected to be passed by Parliament in 2022.
  - The primary care team had developed a bespoke pathway for the population of the Bradford District for example, patients who continued to displaying long Covid symptoms 12 weeks-post infection . These patients were referred by their GP to physiotherapists who then oversaw responsibility for coordinating their care. From there, the coordinator had access to a wide range of other clinical services such as specialist respiratory care, non-clinical services such as employee health links, support returning to work including financial advice.
  - There was room for refining communication levels and have new partnership arrangements which would support the partnership to make a difference as part of the West Yorkshire ICS;
- How was the service intending to communicate the new partnership arrangements to communities whilst addressing inequalities?
  - The intention of the partnership was to work outside of the standard practice in order to engage with people. This operational aspect would be undertaken through various means such as working closely with colleagues and volunteers for the purpose of awareness and finding people. A further work stream was to work directly with local communities to design the service itself. To engage with as many services as possible.
  - The Partnership Strategy set out the commitments that aligned plans and resources to tackle inequality in health, wellbeing, outcomes and access the shared purpose. The operating model of 'Act as One' showed clear commitment to a new model of mutual accountability; collective decision-making with a shared

responsibility for managing collective performance, resources, and the totality of population health. The ambitions would contribute to the efforts to tackle inequalities by taking a population health approach that was rooted in intelligence and knowledge of our communities; and,

- Was there an indication of when the Chair would be appointed for the Partnership Board?
  - The shortlisting should be completed during week commencing 7th February 2022. Following interviews, the successful candidate would be appointed in March 2022. From 1 July 2022, the Partnership Board under the direction of the Chair would be responsible for arranging and delivering health and care services for Bradford District and Craven.

**Resolved:-**

**That, once appointed, the Independent Chair of the Bradford District and Craven Partnership Board be invited to attend a future meeting of the Committee.**

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

**44. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2021/22**

The report of the City Solicitor (**Document “S”**) presented the work programme 2021/22.

**No resolution was passed on this item.**

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.**