

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 17 March 2022 in Council Chamber - City Hall, Bradford

Commenced 4.30 pm
Concluded 7.05 pm

Present – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT
Berry Greenwood Humphreys Godwin Berry Iqbal	Glentworth Clarke	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

COUNCILLOR GREENWOOD IN THE CHAIR

53. DISCLOSURES OF INTEREST

There were no disclosures of interest.

54. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

55. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

No referrals were received.

56. ASSESSMENT AND DIAGNOSIS OF AUTISM IN ADULTS IN BRADFORD DISTRICT AND CRAVEN

The report of the Senior Officer, Strategy, Change and Delivery, NHS Bradford District and Craven Clinical Commissioning Group (**Document “U”**) described the Adult Autism pathway, the shared experiences of patients through case studies, and summarised the position in relation to improvements to the assessment and diagnosis of autism spectrum disorder (ASD) in adults in Bradford, District and Craven.

In particular, the report detailed the plan agreed at the MH, LD and ND Programme Board and progress on implementation. The Adult Autism Plan, as focusses on 3 key areas:

- Continue to strengthen the Autism Assessment Pathway (adults) through expanding existing BANDS service to increase capacity and patient throughput;
- Engage with NHS and independent providers for rapid, short term, expansion in capacity for clinical assessments; and,
- Engage with ICS to explore system approaches to ASD assessment and diagnosis.

The Strategic Director, Keeping Well at Home was present and joined with the invitation of the Chair, gave a monologue of the report to the committee. He stated that autism was a lifelong neurodevelopmental condition, the core features of which were persistent difficulties in social interaction and communication and the presence of stereotypic (rigid and repetitive) behaviours, resistance to change or restricted interests. The way that autism was expressed in individual people differed at different stages of life, in response to interventions, and with the presence of coexisting conditions such as learning disabilities (also called 'intellectual disabilities'). People with autism also commonly experienced difficulty with cognitive and behavioural flexibility, altered sensory sensitivity, sensory processing difficulties and emotional regulation difficulties. The features of autism ranged from mild to severe and possibly fluctuated over time or in response to changes in circumstances.

In reference to the demand of service, in particular, provisions were put in place to provide assessment, diagnosis and support for those with Autistic Spectrum Disorder. To provide support to other organisations to identify and meet the needs of adults with ASD. The service had reduced the central intake in order to improve access to service for the reduction of waiting lists and times for people to access services for the purpose of expansion and strengthening provisions since the announcement. The service had presented to the Medical Health Learning Disability and Neuro Diversity Programme Awards to reduce expenses in the autism assessment pathway for adults, through expanding the existing demand services to increase capacity and secondly, to engage independent providers for rapid short term expansion of capacity for clinical assessments. To fully reduce the waste in this short period of time as possible, and thirdly, to engage with the integrated system to explore system approaches to ASD assessment and diagnosis. Attention was focused on best practice and opportunities from a system perspective.

The actions were based on the comments, questions, suggestions and the challenges that had been brought to the service following examination and identifying sources of additional Family Support Service. Therefore, further financial sources of funding had been identified, (a) £374,000 NHSE Transformation Fund Allocation, over 2 years b; (b) £100,000 CCG non-recurring funds to outsource 100 assessments to SWYFT; and, (c) £100,000 BDCFT non-recurring funds to outsource assessments to independent sector.

A Recruitment Plan with explicit timelines was being followed that entailed, (a) 1x band 8b Psychology post (1 WTE); (b) 1 x Consultant Psychiatrist (.2 WTE); (c) 1x Band 4 Support worker (1 WTE); (d) 1x band 3 Admin/Support (.5 WTE); and, (e) The recruitment would create an MDT in Bradford to diagnose as per best practice. Staff to be in post by July 2022.

A question and answer session ensued:

- Were the Lead Autism and the Assistant Autism Clinical, both expert clinicians who had specialist knowledge and training in Autism, now permanent members of the Autism Clinical Team?
 - Yes, they were part of the core members of permanent staff;
- What was the purpose of the Carers' Resources Service?
 - This service provided support for carers who were defined as people who, without payment, provided help and support to a friend, neighbour or relative who could not manage otherwise owing to frailty, illness or disability; and,
- Was the implementation of transformation of services in response to past experiences with people with autism?
 - Yes, this was part of the process for transformation of vital services. The prevalence data contained in the 2019 Public Health report, Learning Disability and Autism in Bradford - A Health Needs Assessment would be used to help understand potential demand for adult diagnosis services and could contextualise something of the challenge faced by commissioners and providers of services to support adults with needs linked to ASD.
 - Further to conversations with the Bradford District's Autism Board in relation to the review of its work on key priorities, it was identified to work in consultation with partners across West Yorkshire in order to provide a positive and joint collaborative services to communities.

The Chair concluded the discussion on the item by stating that it was paramount for professionals to work in collaboration with elected members due to councillors being acquainted with their respective ward constituents and the services required for the community.

The committee expressed its appreciation for the detailed report as it set out clear explanations on work streams and thanked officers for their attendances.

Resolved: -

- (1) That Commissioners be requested to report back to this Committee in 12 months with the expectation that 80% (256) of the projected number of assessments will have been delivered.**
- (2) That the report includes a plan to ensure the sustainability and continued improvement of the service.**

Action: Senior Officer, Strategy, Change and Delivery, NHS Bradford District and Craven Clinical Commissioning Group

57. HEALTH & WELLBEING COMMISSIONING UPDATE AND INTENTIONS - ADULT SOCIAL CARE 2022

The report of the Strategic Director of Health and Wellbeing (**Document “V”**) provided information on:

- Provide an update on commissioning and contracting activity undertaken in the final year of the 2019-21 Commissioning Strategy;
- Set-out our commissioning intentions for 2022/23; and,
- Set-out our plans for developing a new 5-year strategy.

The Chair invited the representatives of the Commissioning Team to present the report. It was explained that preceding the latter, in January 2021, the committee was updated on the Department’s progress in delivering to the Commissioning Strategy and Intentions for 2019 to 2021 in the five key commissioning priorities of:

- Increasing early help & prevention services/offers
- Developing further approaches to support personalisation, choice and control
- Redesigning and recommissioning a range of statutory accommodation and support services
- Reviewing and developing contract and quality management and financial administration services arrangements
- Undertaking effective market shaping and facilitation and ensuring a sustainable and vibrant market

Since the latter, the Health & Wellbeing Department (the Department) commissioned a wide range of Adult Social Care services for people across the district. This was achieved through an on-going programme of commissioning, procurement, contracting and quality assurance activity. This work was aligned to the key priorities of the Department’s 3-year plan and the overall ambitions for Bradford residents to be happy, healthy and at home and for Bradford to be a place where people had choice about their health and wellbeing. To achieve this, the Commissioning Team’s aim was to work collaboratively with providers, other partners and the wider community to understand the population of the district, continue to develop the local market in Bradford, and how best to support people to be as independent as possible.

A question and answer session ensued:

- How was it possible for the implementation of new processes that led to forecasting just over £2.2m of recovered income for 21/22; this being nearly £1.2m more than the budget income target?
 - This was owed to optimisation of transformational change over a longer period of times. Due to working with systems over a number of years the service had learned to streamline arrangements and communication levels. Systems had evolved to meet the needs of present day demand for services, including more outsourcing of services; and,
- Explanation was sought on Individual Service Funds (Direct Payments)?
 - An Individual Service Fund (ISF) was one way of managing a personal budget, where someone who needed care and support (and/or their family, advocate or carer) chose an organisation to manage the budget on their behalf and worked with them to plan care and support services and activities that would help them to

achieve their identified outcomes. The budget could come from social care, health or the individual, and could be based on their eligible needs. ISFs gave people the choice and control over their support, without having to manage the money themselves. This was a middle option between direct payments, which had high levels of choice and control plus high levels of responsibility, and local authority managed services, which could have low levels of choice and control and where responsibility lies with the council.

The committee stated that amongst commissioning and contract activity it was important to undertake improve quality assessments to support an ongoing strategic system partnership role. The establishing of some form of quality checking provision was essential for better service delivery and resolving any issues that could possibly arise. It was further paramount that everyone was working with similar system for the purpose of swift quality service deliveries.

In response to the sentiments echoed by the committee, it was explained that the current contract expired on 01/04/2023. Over the course of the year, the service would work with colleagues in Public Health and the NHS to review the service, including the new pilot of carers assessments, and identify future commissioning options to ensure on-going high quality support for carers across the District.

The Chair thanked the officers for the detailed report and for their attendance.

Resolved: -

That the report be noted and the Strategic Director, Health and Wellbeing be requested to provide a further report in 2023.

Action: Strategic Director, Health and Wellbeing

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