

Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 17 March 2022 at 4.30 pm in Council Chamber - City Hall, Bradford

Members of the Committee – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT	THE BRADFORD SOUTH INDEPENDENTS
Greenwood Humphreys Godwin Berry Iqbal	Glentworth	Griffiths	Hargreaves Majkowski

Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT	THE BRADFORD SOUTH INDEPENDENTS
Akhtar H Khan Mir Akhtar Lintern Mohammed	P Clarke Sullivan	J Sunderland	J Clarke

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 Healthwatch Bradford and District
Helen Rushworth	Healthwatch Bradford and District

Notes:

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
- The taking of photographs, filming and sound recording of the meeting is allowed except if Councillors vote to exclude the public to discuss confidential matters covered by Schedule 12A of the Local Government Act 1972. Recording activity should be respectful to the conduct of the meeting and behaviour that disrupts the meeting (such as oral commentary) will not be permitted. Anyone attending the meeting who wishes to record or film the meeting's proceedings is advised to liaise with the Agenda Contact who will provide guidance and ensure that any necessary arrangements are in place. Those present who are invited to make spoken contributions to the meeting should be aware that they may be filmed or sound recorded.
- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

From:

Parveen Akhtar
City Solicitor

Agenda Contact: Asad Shah

Phone: 01274 432280; E-Mail: asad.shah@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.

(Asad Shah - 01274 432280)

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

1 - 16

The report of the Senior Officer, Strategy, Change and Delivery, NHS Bradford District and Craven Clinical Commissioning Group (**Document “U”**) describes the Adult Autism pathway, shares experiences of patients through case studies, and summarises 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 details 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:

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

Recommended –

Members are asked to support Option 1, to allow BDCFT/BANDS a reasonable period to strengthen the staff team, increase activity and improve outcomes. Waiting times will also be reduced through outsourcing.

(Ali-Jan Haider – 01274 256083)

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

17 - 28

The report of the Strategic Director of Health and Wellbeing (**Document “V”**) provides 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.
- Set-out our plans for developing a new 5-year strategy

Recommended –

That the committee note the report.

(Jane Wood / Holly Watson - 07970 273682)



Report of the Senior Officer, Strategy, Change and Delivery, NHS Bradford District and Craven Clinical Commissioning Group to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 17 March 2022

U

Subject: ASSESSMENT AND DIAGNOSIS OF AUTISM IN ADULTS IN BRADFORD DISTRICT AND CRAVEN

Summary statement:

The report and appendices describe the Adult Autism pathway, shares experiences of patients through case studies, and summarises the position in relation to improvements to the assessment and diagnosis of autism spectrum disorder (ASD) in adults in Bradford, District and Craven.

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Ali-Jan Haider
Senior Officer, Strategy, Change and Delivery
NHS Bradford District and Craven
Clinical Commissioning Group
Report Contact: Walter O'Neill
Phone: (01274) 256083
E-mail: walter.oneill@bradford.nhs.uk

Portfolio:
Healthy People and Places

1. Summary

The report and appendices describe the Adult Autism pathway, shares experiences of patients through case studies, and summarises the position in relation to improvements to the assessment and diagnosis of autism spectrum disorder (ASD) in adults in Bradford, District and Craven.

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2. Background

Autism is a lifelong neurodevelopmental condition, the core features of which are 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 is expressed in individual people differs 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 experience difficulty with cognitive and behavioural flexibility, altered sensory sensitivity, sensory processing difficulties and emotional regulation difficulties. The features of autism may range from mild to severe and may fluctuate over time or in response to changes in circumstances. (NICE Clinical guideline [CG142])

1% of the general population is estimated to have autism and 50% of those to have intellectual disability. For Bradford the autistic only population is calculated at 3,147 by 2025 (Pansi dataset).

In response to section 2 of the Autism Act 2009, the Department of Health published 'Fulfilling and Rewarding Lives', The Strategy for adults with autism in England (2010) <https://webarchive.nationalarchives.gov.uk/ukgwa/20170207052351/https://www.nao.org.uk/wp-content/uploads/2009/06/0809556.pdf>

The Government's vision is that 'All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them makes the most of their talents". It outlines five quality outcomes:

1. Adults with autism achieve better health outcomes
2. Adults with autism are included and economically active
3. Adults with autism are living in accommodation that meets their needs
4. Adults with autism are benefiting from the personalisation agenda in health and social care, and can access personal budgets
5. Adults with autism are no longer managed inappropriately in the criminal justice system

The Bradford and Airedale Neurodevelopment Service (BANDS) was commissioned in 2015 to provide triage, assessment and diagnosis for both ASD and ADHD for adults (over 18) in Bradford, Airedale, Wharfedale and Craven. The value of the contract has increased from £98,000 in 2015 to £152,000 in 2021. Core staffing consists of:

Lead Autism Clinician	x1 FTE
Autism HCA	x1 FTE
Admin	x 0.5 FTE

Nice guidance states that the local autism partnership should lead on the development of a multi professional pathway and be responsible for ensuring people are trained (all front facing staff) and reasonable adjustments are made, etc. Adult Social Care Services plan to bring together a new vision/plan for integrated care and support pathways/networks including good information and advice, Early Intervention and Prevention (EIP) services will support individuals as well as diagnosis and pathways into adult social care/ housing/ disability employment advisors, etc.

The prevalence data contained in the 2019 Public Health report, LEARNING DISABILITY AND AUTISM IN BRADFORD - A Health Needs Assessment will be used to help understand potential demand for adult diagnosis services and will contextualise something of the challenge faced by commissioners and providers of services to support adults with needs linked to ASD.

<https://jsna.bradford.gov.uk/documents/Mental%20wellbeing/05%20Learning%20Disability%20Health%20Needs%20Assessment/Learning%20Disability%20and%20Autism%20in%20Bradford%20-%20April%202019.pdf>

3. Report issues

The Bradford and Airedale Neurodevelopment Service (BANDS) was commissioned in 2015 to provide triage, assessment and diagnosis for both ASD and ADHD for adults (over 18) in Bradford, Airedale, Wharfedale and Craven.

The value of the contract has increased from £98,000 in 2015 to £152,000 in 2021.

Issues linked to core funding, rising numbers of referrals, the Covid_19 pandemic, recruitment and retention have contributed to the accumulation of a significant waiting list and waiting time to access the service.

Throughout 2021 and 22, commissioners and providers have worked collaboratively to agree and implement an **Action Plan** to address these issues. The objectives of this plan, approved by the MH, LD and ND Programme Board, are to:

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

The key elements of the plan and ongoing implementation are:

1.	Explore and identify sources of additional funding
	Additional sources of funding have been identified: <ul style="list-style-type: none"> a. £374,000 NHSE Transformation Fund Allocation, over 2 years b. £100,000 CCG non-recurring funds to outsource 100 assessments to SWYFT c. £100,000 BDCFT non-recurring funds to outsource assessments to independent sector
2.	Recruitment Plan with explicit timeline
	A Recruitment Plan with explicit timelines is being followed (see Appendix 1) <ul style="list-style-type: none"> 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) e) The above will create an MDT in Bradford to diagnose as per best practice. Staff to be in post by July 2022
3.	New BANDS dataset and monthly report to be implemented
	A new Adult Autism dataset and monthly report is in place since November 2021 (see Appendix 2)
4.	Lessons from the previous Leeds deep-dive to be reviewed
	The BDCFT Business Support Team, in conjunction with operational and clinical staff, have completed a review of the service and the pathway, in particular the triage process, and have identified efficiencies leading to an increase in capacity for assessment and other activity. (see Appendix 3)
5.	Engage with NHS and independent sector re outsourcing to reduce waiting list
	<ul style="list-style-type: none"> a) 100,000 BDCFT non-recurring funds to outsource assessments to independent sector b) 100,000 CCG non-recurring funds to outsource 100 assessments to SWYFT
6.	Engage with ICS partners to explore a consistent and collaborative approach to delivery of adult autism pathway
	BD&C CCG and BDCFT are engaged with all ICS partners in a newly formed Adult Neuro-Diversity Planning Forum
7.	Direct management support to be provided to service
	BDCFT have dedicated internal resources to provide additional management support to BANDS
8.	Improve access to the Adult Autism Pathway
	<ul style="list-style-type: none"> a) Self referral pathway to be introduced b) Engage and educate referrers to improve quality

Outcomes

1.	Improve capacity of Adult Autism Pathway
2.	Waiting times to access service to be reduced to NICE guideline levels
3.	Improved access
4.	Improved quality of referrals
5.	Improved experience of the Adult Autism Pathway

Autism Pathway Diagnostic Assessment Process

- See Appendix 3

Post-diagnosis support - Information from CBMDC

Information on current services and support available for both children and adults with Autism can be found on the **Bradford Local Offer**.

<https://localoffer.bradford.gov.uk/>

General information for adults with care and support needs can be found at **Connect to Support**. <https://bradford.connecttosupport.org/>

The Council is currently working to improve the range of support options available to adults with autism and neurodiversity through the appointment of a Transformational Lead for Autism within Adult Social Care and via the allocation of additional resources to the Health and Well Being Department's Commissioning function. Targeted new provision is being developed, with a recent example being a grant-funded pilot project by a User-Led Organisation (ULO) to offer 'Clubhouse' type provision in a city-centre retail outlet for people with Autism or Asperger's who are interested in video gaming and comic books.

Support for families and carers

Support for families and carers of children and young people (up to 25 years) with special educational needs and disabilities (SEND) is offered by the **Parents' Forum for Bradford and Airedale**.

The **Carers' Resource** service provides support for carers who are defined as people who, without payment, provide help and support to a friend, neighbour or relative who could not manage otherwise because of frailty, illness or disability.

Case Studies

- See Appendix 4

4. Options

The options for the future of the BANDS Adult Autism service are:

- 1a. Continue to strengthen the Autism Assessment Pathway (adults) through expanding existing BANDS service to increase capacity and improve patient throughput
- 1b. Engage with NHS and independent providers for rapid, short term, expansion in capacity for clinical assessments
- 1c. Engage with ICS to explore and implement system approaches to the Adult Autism Pathway

Pros	Cons
Plan will strengthen an established service	Recurring recruitment and retention issues
Retain health resources within BD&C 'place'	Some new funding is fixed term
Opportunity to engage with ICS level planning	
Outsourcing will reduce waiting times	

2. Re-procure the Adult ASD assessment, diagnosis and support pathway

Pros	Cons
Delivering this service on a larger footprint may address recruitment and retention, issues	Market engagement suggests few providers in a position to bid for this service
	Growing demand vs limited capacity issues being experienced by all providers of this service.
	The Adult ASD pathway Provider, BANDS, also delivers the ADHD pathway, decommissioning would destabilise this service

5. Recommendations

- 5.1 Members are asked to support Option 1, to allow BDCFT/BANDS a reasonable period to strengthen the staff team, increase activity and improve outcomes. Waiting times will also be reduced through outsourcing.

6. Background documents

None

7. Not for publication documents

None

8. Appendices

- Appendix 1** Recruitment Plan with timeline
Appendix 2 Summary of Adult Autism monthly dataset report, Nov. 19 to Jan 22
Appendix 3a Illustration of Adult Autism Pathway
Appendix 3b Autism Pathway FAQs
Appendix 4 Case Studies x 2

Appendix 1 – Recruitment Plan with timeline

				Values	
Funding	TYPE	Band	Expected Start Date	Sum of WTE	Sum of Full year costs
☐ New monies	☐ PAY	☐ Band 3	01/03/2022	0.5	13,743
		☐ Band 4	01/03/2022	1	31,587
		☐ Band 8b	01/07/2022	1	74,141
		☐ Consultant	01/07/2022	0.2	25,000
	PAY Total			2.7	144,472
New monies Total				2.7	186,210
☐ Baseline	☐ PAY	☐ Band 7	01/07/2022	1	54,348
	PAY Total			1	54,348
Baseline Total				1	54,348
Grand Total				3.7	240,557

Appendix 2 - Summary of Adult Autism monthly dataset report, Nov. 19 to Jan 22

	A	B	C	D
1	Autism Diagnostic Assessment monthly totals			
2	Metrics	Nov-21	Dec-21	Jan-22
3	No referrals received	41	35	48
4	No of referrals accepted	22	24	33
6	No of referrals rejected (breakdown of reason)	17	9	10
7	Refused By Service	16	8	10
8	Inappropriate Referral	1	1	
10	No of people waiting for first Appointment	237	260	290
11	No of people receiving first appointment in period	3	5	2
12	No of people waiting for Diagnosis	243	267	297
13	Number of patients receiving confirmed diagnosis of autism	0	1	1
14	Number of patients receiving a diagnosis of no autism spectrum disorder	3	4	2
15	Average time waited from referral to diagnosis of autism spectrum disorder (days)	-	479	509
17	Source of referrals (Breakdown)			
18	General Medical Practitioner	40	34	46
19	Internal Referral	1	1	2

Appendix 3a: BANDS -Autism Pathway

Diagnostic Assessment Process

Referral – Using E-referral BANDS Autism form on S1 and Guidance for referrers document – Self referral available from March 22



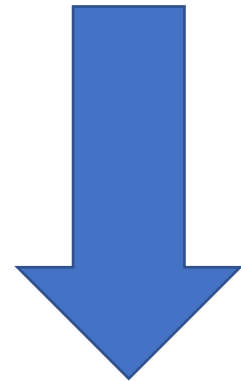
Triage-

Daily triage via Adult MH single point of access
Accepted referrals allocated to BANDS (option 1)
If referral redirected (option 2)



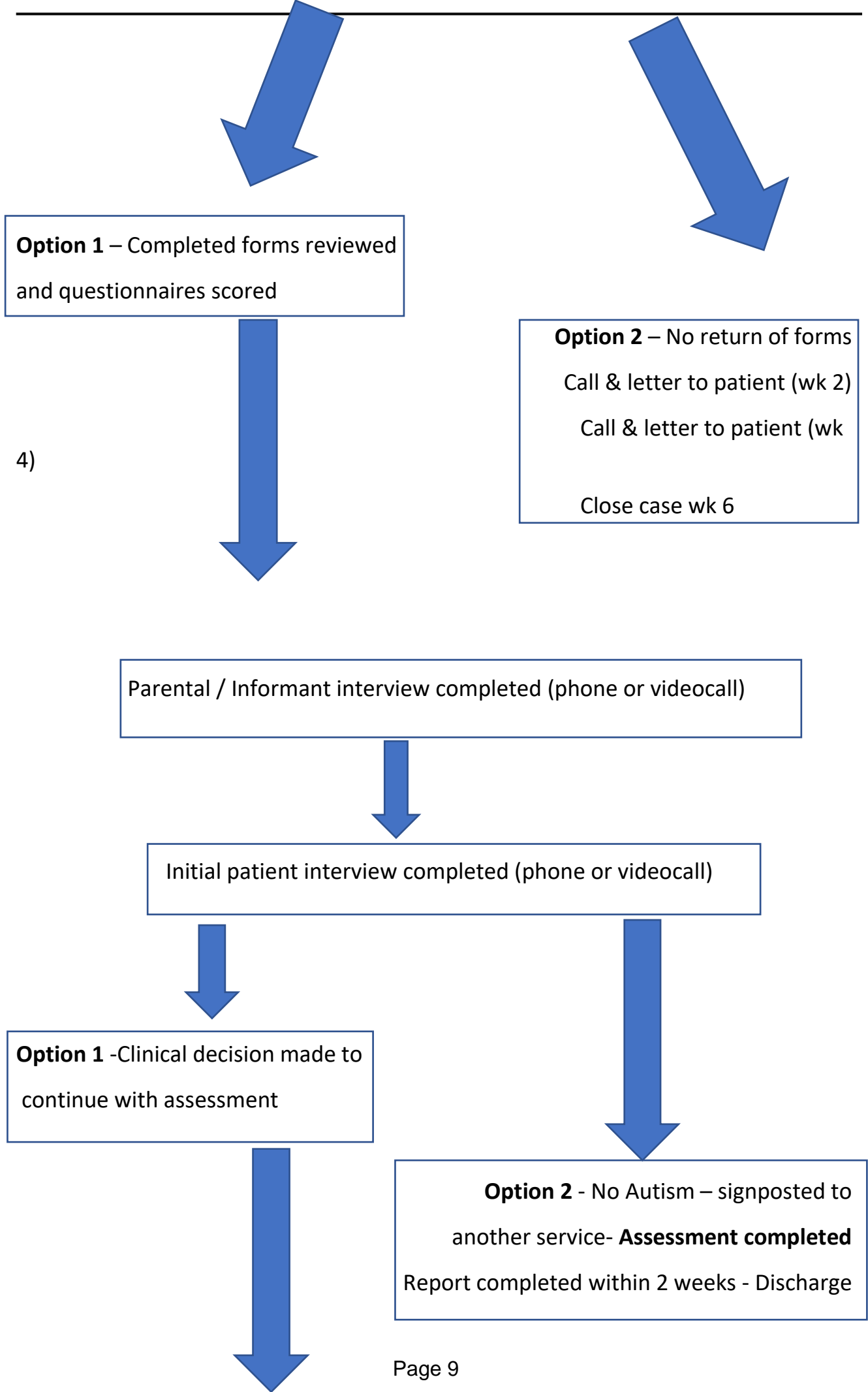
Option 1 -Accepted

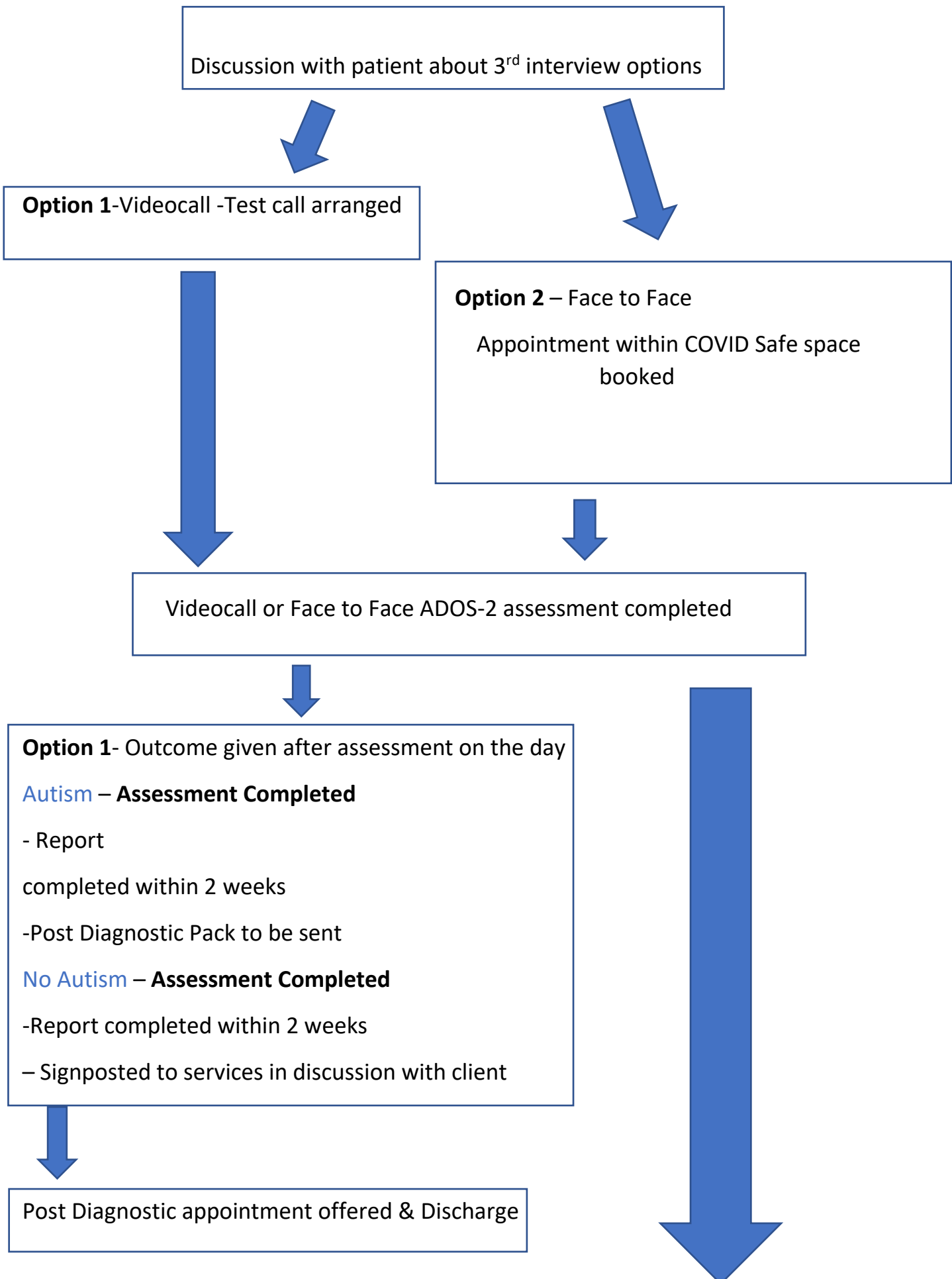
Put on Autism Waiting List
Acknowledgment letter to GP

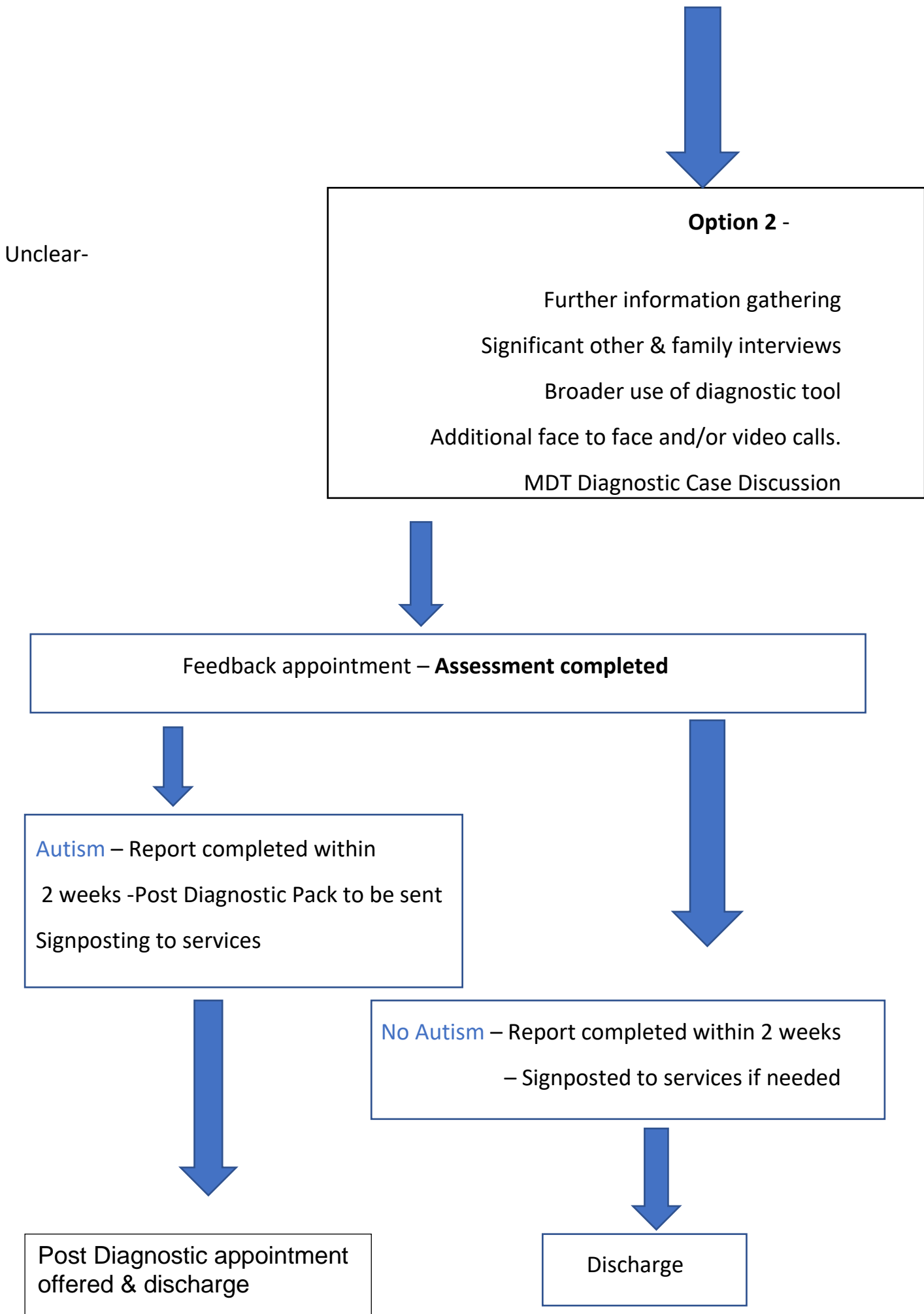


Option 2 -Redirected with advice

Information pack with questionnaires sent out to client to be returned completed within 4 weeks







Appendix 3b – Autism Pathway FAQs

Bradford & Airedale Neurodevelopmental Service (BANDS)

Autism Diagnostic Pathway Information

What happens to my referral?

Referrals received by the service for a diagnostic assessment of Autism are routine and not urgent. Your referral will be recorded and put on our electronic record keeping system on the date it is received to be reviewed.

We receive a very high number of referrals and to ensure diagnostic assessments are offered to those who are most likely to have Autism, we will check if the referrer has provided enough information to make a decision to either accept or decline the referral.

The person who made your referral will be informed in writing of this decision and in some cases, when we are not able to decide, they will be asked to provide further information. We will ask that the referrer keeps you informed of any decision made about your referral.

The service is working in collaboration with the local CCG to reduce the length of time people are waiting, but if you are one of the people who have been on a waiting for some time and there has been a change in your circumstances, please ask your referrer to tell us about these so we can consider if there is any clinical need to prioritise your referral.

When will I get an appointment?

When we have accepted your referral, you will be contacted by letter and sent several forms and asked to return them to us by a specific date; this is to ensure there is no delay and we have all the information needed when we are ready to start the assessment.

Once we receive your completed forms, you will then be contacted to arrange your first appointment. If you can no longer attend this appointment, please contact the service as soon as possible so we can rearrange your appointment.

The offer of an initial appointment is not dependent on the answers you provide on the forms. Returning the completed forms will provide us with important information before your initial appointment and we ask that you answer the questions as accurately as you can. Should you have any questions or difficulties regarding any of these forms, please do not hesitate to contact the service.

If we do not receive the completed forms by the date specified on the letter (and you have not contacted us), or you do not attend your initial appointment, we will assume that an appointment with our service is no longer required, and we will close your referral without further contact with you. We will let your referrer know that we have closed your referral.

Who carries out the assessment?



Stephen – Lead Autism



Hannah – Assistant Autism Clinician

A clinician will carry out your assessment appointments, we will let you know who that is.

All clinicians have specialist knowledge and training in Autism. The service meets regularly to discuss and agree the outcome of assessment appointments.

What happens during the assessment appointments?

The first appointment will be an initial screening appointment and will determine whether your characteristics show any indicators of an Autism Spectrum Disorder. If it is clear at this stage, they are not Autism related, we will inform you and will try and direct you to other services that may be able to help you, or ask that you go back to your GP to discuss other options that may be appropriate for you. Otherwise, you will have further assessment appointments to complete the full diagnostic process.

During the assessment appointments you will be asked questions about yourself, including your developmental history, relationships with others and your current difficulties. Due to the number of the questions we ask related to your early life, it is useful if parents (or other close family members) are involved as they may be able to remember details that you cannot.

The assessment can be comprehensive and may involve using validated specialist assessment tools. Our service aims to work in accordance with NICE (National Institute for Health and Care Excellence) CG142 guidance on Autism to offer a service that meets best practice recommendations.

The assessment will not require a medical examination (for example physical examinations or the taking of blood).

Can someone support me with my appointments?

It is your decision whether you bring someone to any face to face appointments with you for support if needed. Please tell us if you need any reasonable adjustments and we will accommodate these if we can.

How long will it take?

The full diagnostic assessment is usually completed in 3 appointments, however there may be more if we need further information. The clinician who is carrying out your assessment will explain what will happen at each stage of the assessment process. Each appointment will normally last up to two hours with an opportunity for you to take a break if required.

Please note that although we try to make environments as friendly as possible, waiting areas can be busy at times. You may want to get to appointments very early, but we advise against this. (Due to COVID-19 restrictions the details may change but we will keep you informed).

What happens after my assessment?

The outcome will be discussed with you and an assessment report will be sent to the person who referred you to our service and a copy will be sent to your GP if this is different. You will also receive a copy of the report unless you tell us otherwise.

What happens after I have been diagnosed?

If you are diagnosed and meet the criteria for an Autism Spectrum Disorder, you and in some cases your family, may have a lot of questions. **You can discuss this when we feedback, but you will also receive a Post Diagnostic Pack with local and national information.**

Will I be diagnosed with Asperger's Syndrome?

No. There are two diagnostic manuals used to diagnose Autism and we use the Diagnostic Statistical Manual 5th Edition (DSM-5), which will give a diagnosis of 'Autism Spectrum Disorder'.

We acknowledge that some people would like an Asperger's Syndrome diagnosis and it is up to everyone how they wish to describe their condition and what label if any they want to use.

What happens if I do not get a diagnosis?

Many people who come for assessments do not receive an Autism diagnosis but find that the assessment process has helped them to find alternative explanations behind their difficulties. When we discuss the diagnostic outcome with you, we will make every effort to direct you to alternative support where possible to help you.

**Bradford & Airedale Neurodevelopmental Service (BANDS)
August 2020**

Appendix 4 – Case Studies x 2

Case Study 1 - Patricia

Patricia was referred for an autism assessment with BANDS after her care co-ordinator within CMHT noticed potential signs of a neurodevelopmental condition that. The care co-ordinator had sought advice from a member of the BANDS team and used supervision to explore the possibilities. A referral was agreed, and Patricia was continued to be supported by the mental health team.

Patricia was supported by her care co-ordinator to attend the appointments with the BANDS team. Following 6 appointments and a MDT Diagnostic Case discussion a diagnosis of Autism was reached.

Patricia was given the post diagnostic information alongside her care co-ordinator. And support was offered on how to make reasonable adjustments to how services communicate and share information with Patricia, to include her care plan and accessing psychological interventions.

Through the assessment the team were able to identify areas of Patricia's life where she may benefit from specialist support to help with improving her social skills and relationships. BANDS were able to advise on services and interventions locally that may be helpful and advised that a Care Act Assessment and referral to Adult Social Care will help identify access to those services and if financial support would be available.

Patricia went on to access a personal budget to employ a support worker/assistant who helped with developing social skills and attend Specialist Autism Services.

Patricia's self-esteem and confidence increased which in turn improved her overall mental health and wellbeing. She has developed meaningful relationships and greater independence.

Case Study 2 - Mike

Mike was arrested following a serious assault on a colleague at work.

The assault occurred when a colleague had inadvertently used Mike's mug.

Mike is described as being 'odd' with few friends.

Mike is quiet and polite but makes the police officers feel uncomfortable because of his 'odd' manner.

The police officers contact the on-call GP who arranged for a psychiatric assessment.

Mike was assessed by the on-call psychiatry registrar while in the police station.

The psychiatrist interviewed him and observed that Mike did not make eye contact during the assessment.

Following concerns raised by the psychiatrist Mike is referred for an autism assessment from BANDS.

Following assessment Mike is diagnosed with autism and he receives a comprehensive report from the team that he can share with his employer should he so wish.

The report outlines some of the reasonable adjustments that could be considered for Mike to return to work.

Following a session of mediation with Mike and his victim Mike is able to return to work.

At Michaels request his diagnosis is shared with his work colleagues and an education session is held with all the staff to inform them about the common traits of autism.

Mike has now been fully integrated back into his workplace and his colleagues have a greater appreciation of his condition.



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 17 March 2022

V

Subject:

Health & Wellbeing Commissioning Update and Intentions – Adult Social Care 2022

Summary statement:

In this report, we:

- 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.
- Set-out our plans for developing a new 5-year strategy

EQUALITY & DIVERSITY:

As part of the commissioning processes Equality Impact Assessments are undertaken at key points in the process, where requirements necessitate.

The team will contribute to the Council's equalities objectives in the following ways:

- **Leadership and commitment:** Through promoting discussion at Commissioning SMT meetings regularly
- **Workforce:** Positive recruitment of staff with the right values-base to work in social care and who are representative of Bradford's communities.
- **Service Design/Delivery:** We will develop our approach to co-production. We will design, commission and deliver services that are accessible, inclusive and responsive to the needs of people and communities. We will 'Keep it Local' and contracts will deliver meaningful social value.
- **Communities:** We will further develop our relationship with community networks, and harder to reach groups, to ensure their voice informs our commissioning approach; equalities data collection will be reviewed to ensure we're getting the right intelligence to inform our work.

Iain McBeath
Strategic Director of Health and Wellbeing

Portfolio:
Healthy People and Places

Report Contact: Jane Wood and Holly Watson (Commissioning Team)
Phone: 07970 273682
E-mail: jane.wood@bradford.gov.uk

Overview & Scrutiny Area:
Health and Social Care

1. SUMMARY

- 1.1 This report provides an update on the commissioning and contracting activities undertaken in 2021/22 and sets out key commissioning plans and intentions for 2022/23.

2. BACKGROUND

- 2.1 The Health & Wellbeing Department (the Department) commission a wide range of Adult Social Care services for people across the district. This is achieved through an on-going programme of commissioning, procurement, contracting and quality assurance activity.

- 2.2 This work is 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 have choice about their health and wellbeing.

- 2.3 To achieve this, we aim to work collaboratively with our providers, other partners and the wider community to understand our population, continue to develop our local market in Bradford, and how we can best support people to be as independent as possible.

- 2.4 In January 2021, we updated the Committee of 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

- 2.5 In this report, we:

- 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.
- Set-out our plans for developing a new 5-year strategy

3. Report issues

Update on commissioning and contracting activity undertaken in 2021/21

- 3.1 2021/22 remained a challenging year for the Adult Social Care sector with COVID-19 continuing to have a significant impact on the delivery of care and support services and on commissioning and contracting work in the Department. More detail on work to support the sector throughout the pandemic is given at 3.15 and 3.18.

- 3.2 Delivery of the commissioning strategy and intentions was continually monitored and timescales and targets are adapted as needed in response to the demands placed on the Department and whole care and support sector due to COVID-19.

Priority one update: Adult Social Care Early Help & Prevention

- 3.3 Grants to the voluntary and community sector (VCS) which support the provision of early help and prevention service across the district were extended during the pandemic in order to offer financial stability and ensure the continuation of services. These grants represent approximately £1.1m funding to the sector.
- 3.4 Carer Services and User-Led Organisations in receipt of Innovations Grants moved to the delivery stage, and have led to some useful learning about what works and what doesn't work in these areas
- 3.5 Capital Grants funding was made available to community organisation across the District to support improvement in the accessibility of community activities.
- 3.6 The new Joint Commissioning Manager for Early Intervention and Prevention moved into post in November 2021, which means the Department is better able to support an increased focus on prevention, particularly with the support of the VCS.

Priority two update: Personalisation, Choice and Control

- 3.7 Work on Individual Service Funds has been paused for much of the year due to capacity issues. However, there has been progress in developing the internal systems and processes behind the delivery on ISFs.
- 3.8 On the wider agenda of choice and control, there has been a renewed focus on introducing and embedding co-production approaches in our work. To support this work to develop a Co-Production Partnership has been commissioned from our ULO providers. The Partnership will support the Department to develop co-production with our work and challenge us to make improvements in this area. Initially planning work has started on this, with development work expected to start fully in April.
- 3.9 As a department, there is a commitment to increasing the number of people receiving a Direct Payment in the next 3 years. As part of this an action plan is in development based around four key objectives:
1. Improving our knowledge about people who have Direct Payments
 2. Improving Direct Payment knowledge and skills
 3. Improving Direct Payment uptake and sustainability through better funding
 4. Improving the infrastructure to support people receiving and working with Direct Payments

Priority three update: Statutory Accommodation and Support Services

- 3.10 The Day Activities Provider List launched in April 2021. A new, more flexible, contracting approach (using a procurement tool known as a pseudo-dynamic purchasing system or PDPS) has been used to improve on-going engagement and market development with the sector. This has also meant a consistent pricing structure has been introduced. The new Provider List has led to an increased range

of services on offer, particularly around support to get a job.

- 3.11 The new Residential and Nursing Provider List Contract launched in autumn 2021. The Contract is joint with the CCG. As with the Day Activities Provider List, a PDPS has been used to creating more flexibility in our contracting approach.
- 3.12 A wider ranging review of accommodation and support models for people with learning disabilities, mental health, Autism and acquired brain injuries has been undertaken. Learning from this review will now be developed into commissioning options which will be taken forward in 2022.

Priority Four update: Contract Management and Financial Administration Services

- 3.13 The Contact & Quality team continues to provide ongoing support to the social care sector as some 'business as usual' work begins to return following the height of the pandemic. Recent investment in the team's resource will allow improvement of quality monitoring systems and intelligence gathering to best support providers to continue to deliver quality services.
- 3.14 The Community Care Administration Team's financial and administration processes and procedures are being reviewed, which aims to enhance the use of digital systems to automate and streamline processes. The Business Process Review is supported by a Transformation Board that meets monthly, which includes cross departmental attendance and is supporting joined up ways of working. Audits of Direct Payments are completed by the team and the success of investment in the team as well as implementing new processes has led to forecasting just over £2.2m of recovered income for 21/22; this is nearly £1.2m more than the budget income target, which was uplifted by £132k to fund additional capacity in the team. Prior to Covid the income recovered was £1.6m (19/20).

Priority five update: Market shaping, facilitation and sustainability

- 3.15 The Department has led on providing resources and financial support to the sector to maintain providers throughout all the stages of the pandemic so far. This has included establishing, in late 2020, the Covid Support Team who have continued to support the sector through 2021, playing a significant role in the vaccination programme.
- 3.16 Significant work was undertaken in 2021 to understand if and how future need and demand has shifted in the longer-term as a result of the pandemic. This included looking at care home baseline costs, which will now feed into the fair cost of care work required by the Government for 2023 as part of the implementation of the White Paper 'People at the heart of Care'.
- 3.17 The Department has cemented its relationship with the Bradford Care Association through a new Memorandum of Understanding and commitment to recurrent funding for the activity it undertakes to represent the sector, improve quality, and to support its strategic system partnership role.

Other Commissioning Activity in 2021

- 3.18 Through 2021/22 the Department has administered 9 separate national grant programmes to support Providers with infection control, testing, vaccine, and workforce measures. The Council funded Occupancy Support Scheme also ran until September 2021, which supported Care Homes with low occupancy as a result of the pandemic. More information on financial support provided to the sector during the pandemic can be found here: <https://www.bradford.gov.uk/media/6145/summary-of-financial-support.pdf>
- 3.19 The Commissioning and Contract Team have also undertaken significant commissioning work around services for people who are, or are at risk of becoming, homeless. This including re-procuring the Day Shelter and the current re-tendering of a range of Housing Related Support services.
- 3.20 Work has continued to resolve historical block contract arrangements, including taking the decision to move Hft block services into a special purpose vehicle from 2022 and starting to plan for the de-registration and re-provision of some block Learning Disability residential services, particularly where the buildings are no longer considered fit for purpose.
- 3.21 There has been a focus on closer working with other commissioners in the District from Health, Public Health and Children’s Services. This has included the introduction of a Planning and Commissioning Forum to support joint decision-making and a Commissioning Community of Practice.
- 3.22 During 2021, the Commissioning and Contract Team has been restructured and is expanding capacity.

Commissioning Intentions for 2022/23

- 3.23 Our commissioning intentions for 2022/23 are set out in Appendix 1. Reviews of each service will be undertaken and options appraisals produced. Services listed may be varied, extended or re-procured depending on the most appropriate option available.
- 3.24 Listed in the table below are the new commissioning intentions that have a value above £2m:

Service or Project	Estimated annual value	Detail
Carers Service	£1,382,358	The current contract expires on 01/04/2023. Over the course of the year we will 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.
Regional Enhanced Care Framework (Replacement requirements)	N/A	The current contract expires 28/02/23. The Yorkshire and Humber Enhanced Care Framework is a list of 11 providers which can

		be used when our own contracted providers are not able to meet specialist needs. Doncaster CCG led the procurement process for the current contract. We will review our use of the Enhanced Framework and consider whether to be involved with a regional re-procurement (if available), or what, if anything, needs to be commissioned at a local level to meet need.
LD Block residential re-provision	£4.1m	It has been identified that many residents in our block purchased residential services for adults with Learning Disabilities could benefit from a move to support living services. For other residents the buildings where services are currently delivered from are no longer fit for purpose. Working closely with the CTLD we will commission appropriate new services that meet need and promote independence.
LD Respite	£2m	We are reviewing our current offer of respite/ short breaks for adults with Learning Disabilities and will look to put in place new, updated service provision that offers a wider range of options for people, including emergency respite, and offers better value for money.
LD Block Day Services Transformation	£5m	Following the move from Hft to New Choices, we will continue the work started to transform day services to give people more choice and control over how they spend their time, build independence and live happy, healthy lives. This is likely to include support people to consider different options already available in the District, as well as the development of new services including by User-Led Organisations and community interest companies.
Post Diagnostic Dementia Support	£222k	The current contract expires 31/05/2023. We are working with the NHS and people who use services to review the current provision of post diagnostic support and advice for people with Dementia and their families. A community based model that reflects the diversity within the District is being developed.
Home Support (including all contract types)	£27.7m	The current contracts expire on 31/03/2023. We are undertaking a system wide review of home support in Bradford, and also working with colleagues across the region. We will develop new models of care with the aim of improving outcomes and more effectively responding to demand.

A new Commissioning and Contracts Strategy for 2022-27

- 3.25 Over the first half of 2022 we will be developing a new Commissioning and Contracts Strategy which will cover the next 5 years.
- 3.26 The strategy is being developed to respond to a time of significant pressure and change for adult social care created by the on-going impact of the pandemic and a range of new and emerging pieces of legislation, including:
- The Health and Care Bill: The Bill introduces two-part statutory Integrated Care Systems, comprised of an integrated care board (ICB), responsible for NHS strategic planning and allocation decisions, and an integrated care partnership (ICP), responsible for bringing together a wider set of system partners to develop a plan to address the broader health, public health and social care needs of the local population. The Bill also introduces a new legal duty for the CQC to assess the performance of local authorities in discharging their 'regulated care functions' under the Care Act 2014.
 - People at the Heart of Care: This White Paper sets out the Government's 10-year vision for transforming support and care in England, including funding reform, a strong focus on the use of technology, improved integration between housing and health and social care, support for the social care workforce.
 - Health and social care integration; joining up care for people, places and populations: The White Paper focuses on integration arrangements at place level and aims to accelerate better integration across primary care, community health, adult social care, acute, mental health, public health and housing services which relate to health and social care through governance and leadership structure, budget pooling, digital integration and joint workforce planning.
- 3.27 The strategy will focus on the ways we intend to work over the next 5 years:
- Co-producing commissioning and quality
 - Recognising points of transition and life changes
 - Outcome-focused services driven by choice
 - Promoting services that act early
 - Promoting equality and inclusion
 - Delivering innovation and creativity
 - Improving quality
 - Identifying need and tracking impact
 - Supporting workforce development
 - Promoting the VCS
 - Partnership working with Providers
 - Partnership working with Health
- 3.28 Partners, providers and people who use services will be given the opportunity to comment on the strategy during its development. The final strategy will be published.

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1 Commissioning activity is undertaken in line with Contract Standing Orders. Budgets are set in each area of the department and financial and performance monitoring routinely takes place. There is no direct impact on the budget but as the

commissioning strategy and intentions are embedded, specific monitoring will take place to ensure that the spend remains within budget.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 5.1 Each commissioning project is managed by a team that includes commissioners, operational, finance, procurement and legal staff. To manage activities and timescales there is a formal project plan, which includes a risk register, equality impact assessment and a communication plan which is monitored by the project team.
- 5.2 The project team reports progress to the Assistant Director and the departmental management team. Jointly commissioned projects report to the relevant joint boards.

6. LEGAL APPRAISAL

- 6.1 All commissioning will be carried out in accordance with Contract Standing Orders.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

- 7.1.1 Each commissioning project will take into consideration what contribution services can make towards achieving sustainability strategies in the District.

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

- 7.2.1 Providers of commissioned services will be required to support the Council's commitment to reduce CO2 emissions through the standard contracting arrangements it enters into with Council.

7.3 COMMUNITY SAFETY IMPLICATIONS

- 7.3.1 There are no community safety implications arising from this report.

7.4 HUMAN RIGHTS ACT

- 7.3.2 The Human Rights Act 1998 provides a legal basis for concepts fundamental to the rights of people. The fundamental rights include rights that impact directly on service provision in the health and social care sector.
- 7.3.3 Where services are commissioned, providers of services will be required to comply with the Human Rights Act through the contracting arrangements it enters into with the Council.

7.5 TRADE UNION

- 7.5.1 There are no Trade Union implications arising from this report.

7.6 WARD IMPLICATIONS

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

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

7.7.1 Not applicable

7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

7.8.1 The implementation of an adult social care commissioning strategy and intentions will have positive implications for corporate parenting. The Council's ability to fulfil its legal and moral duty to safeguard and promote outcomes for its Looked after Children, will be considered in the detailed commissioning intentions.

7.8.2 Although the team works primarily with adults we recognise the role the services we commission play in people's lives over time – including as they transition from children's to adult services and supporting adults as parents. The implications for children and young people will be considered during the commissioning process.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

7.9.1 A full Privacy Impact Assessment will be undertaken to determine specific areas of UK General Data Protection Regulation (UK GDPR) and information security as part of the commissioning process. It is recognised that the potential for transfer of personal data might be significant when commissioning and procuring services.

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

8. NOT FOR PUBLICATION DOCUMENTS

8.1 None

9. OPTIONS

9.1 This report is for information.

10. RECOMMENDATIONS

10.1 That the Committee note the report

11. APPENDICES

11.1 Appendix 1 – Health & Wellbeing – (Adult Social Care) Commissioning Intentions for 2022/23.

12. BACKGROUND DOCUMENTS

- Background documents are documents relating to the subject matter of the report which disclose any facts or matters on which the report or an important part of the report is based, and have been relied on to a material extent in preparing the report. Published works are not included.
- All documents referred to in the report must be listed, including exempt documents.
- All documents used in the compilation of the report but not specifically referred to, must be listed.

APPENDIX 1 – COMMISSIONING INTENTIONS FOR 2022/23

Service or Project	Service Description	Current end date	Estimated annual value	Lead Team Area	Expected Procurement over £2m in 22/23
HRS Multiple Disadvantage (BRICCS/ MN/ High Risk/ Young People)	Housing Related Support services for people with a range of needs	30/06/2022	£2.7m	EIP	Previously reported
MAST	In-hospital and discharge care navigation and social prescribing	31/03/2023	£218k	EIP	No
Personal Support Navigators		31/03/2023	£170k	EIP	No
Carers Service	Integrated Carers support and advice service	01/04/2023	£1,382,358	EIP	Yes
Buddy Schemes	Buddy/ befriending schemes for people with Learning Disabilities	23/08/2022	£123,100.00	EIP	No
Homelessness	Services to support people who are, or who are at risk, of homelessness (extension available)	31/03/2023	£576,337	EIP	No
Advocacy	Statutory (IMCA, IMHA and Care Act) and non-statutory advocacy provision (to be reviewed in line with LPS)	01/04/2023	£647,396	EIP	No
ULO partnership	Support to develop user-led organisations and services	01/08/2022	£120,000	EIP	No
Alternatives to Respite	Carers breaks/alternatives to respite service	31/01/2024	£93,800	EIP	No
Supported Living Framework incl. floating support: MH & LD	Support and accommodation for people with Learning Disabilities, Autism and needs around their Mental Health	30/09/2022	£25m	LD, A&N	Previously reported
Individual Service Funds	Personalised funding mechanism to support choice and control	N/A	TBC	LD, A&N	TBC

SJOG re-provision	Support Living services for people with Learning Disabilities (call-off from Framework Agreement)	15/05/2022	£790k	LD, A&N	Previously reported
Regional Enhanced Care Framework	Support and accommodation for people with Learning Disabilities and complex health needs	31/03/2022	N/A	LD, A&N	Yes
LD Block residential re-provision	Re-provision to supported living for people currently living in block purchased residential services	TBC	£4.1m	LD, A&N	Yes
LD Respite	Respite and short breaks for people with Learning Disabilities	TBC	£2m	LD, A&N	Yes
LD Block Day Services Transformation	Day services for people with Learning Disabilities	31/03/2024	£5m	LD, A&N	Yes
Daytime Activities Provider List	On-going Provider List Pseudo-Dynamic Purchasing System (PDPS) Day services for people with Learning Disabilities, older people and people with sensory impairments.	11/04/2031	£2.4m	LD, A&N	Previously reported
MH grants	Services that support community responses to low level MH needs	31/03/2023	£296,900	MH	No
MH Wellbeing Service	Advice, information and support for people who are living with a mental health condition	30/09/2022	£368,303	MH	No
R&N Provider List	On-going Provider List PDPS Residential and Nursing Care Home Provider List	31/10/2031	£35m	OP&PDSI	Previously reported
Post Diagnostic Dementia Support	Post diagnostic support for people living with dementia and their families and carers.	31/05/2023	£222k	OP&PDSI	Yes
Home Support (including all contract types)	Care and support for people living in their own homes	31/03/2023	£27.7m	OP&PDSI	Yes
Extra Care Review	Extra care services	N/A	£3.6m	OP&PDSI	TBC