

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 23 June 2022 in Council Chamber - City Hall, Bradford

Commenced 4.35 pm
Concluded 5.20 pm

Present – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRATS
R Jamil P Godwin R Wood	Sullivan J A Glentworth	A Griffiths

Apologies: Councillors Coates, Hickson, Humphries and Regan

COUNCILLOR JAMIL IN THE CHAIR

1. DISCLOSURES OF INTEREST

No disclosures of interest in matters under consideration were received.

2. MINUTES

Resolved –

That the minutes of the meetings held on 18 November and 16 December 2021, 27 January, 23 February and 17 March 2022 be signed as correct records.

ACTION: City Solicitor

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 recommendations referred to the Committee.

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

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 2022/23 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: Interim City Solicitor

6. WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Resolved: –

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

ACTION: Scrutiny Lead Officer

7. DATES OF FUTURE MEETINGS

Resolved: -

That the dates of future meetings of the Committee for the 2022/23 Municipal Year be noted.

8. OVER £2M CONTRACT REPORT: PUBLIC HEALTH 0-19 CHILDREN'S SERVICES

The report of the Director of Public Health (**Document “A”**) set out the intention of the Department of Health and Wellbeing to procure Public Health 0-19 Children’s Service (currently Health Visiting, School Nursing and Oral Health services) with the development of a new service specification/s and to procure the service through a competitive tender process. It provided detail on the national and local policy context, the needs of the District’s children and young people, the current service, and the pre-procurement consultation used to inform the new service specification. The report provided compliance with Council Contract Standing Orders 1 - 12 (CSOs) through which the Authorised Officer must, before

inviting tenders or quotations for contracts with a total estimated contract value in excess of £2m, report details to the relevant Overview and Scrutiny Committee.

The Director of Public Health and the Head of Public Health were in attendance; with the invitation of the Chair, a joint synopsis of the report was provided to the committee. Local Authorities were responsible for delivering the Healthy Child Programme (HCP), a national framework to support collaborative work and more integrated delivery. While they were able to make decisions about provision based on local need, they also had specific statutory duties relating to delivery of the Public Health 0-19 Children's Services and its specific mandated functions; five health checks for young children; the National Child Measurement Programme (NCMP); district wide Oral Health surveys. Continued delivery of such services must therefore be secured and always in place. The Public Health 0-19 Children's Services (currently Health Visiting, School Nursing and Oral Health services) was provided by Bradford District Care NHS Foundation Trust (BDCFT). This contract commenced in 2019 with a three-year contract awarded with an option of extension for a further 2 years (2 x 1 year periods).

Continuing the introduction, the latest developments following the release of the report were explained to the committee relating to a decision made following consideration of the options of whether to search for a new suitable provider through a rigorous tender process or extending the contract with the current provider. The decision to extend services with the current provider for a further year had been made. The reason for the latest decision to continue with the current provider was the positive level of work that had been put in place to date.

The extending of the contract entailed the Council to work with the provider by continuing to work on rewriting and refreshing specifications to make service delivery more fit for purpose. The collaborative work would continue in an intense format as opposed to previous efforts.

The committee sought an explanation of what had significantly changed in order for the decision to extend the contract with the current provider. In response, noteworthy conversations had been undertaken about performance measures and whether there was scope for addressing factors such as the recruitment of significant reverse dependency issues. However, many factors were yet to be resolved but through conversations about models of delivery, it was apparent that the council would attain a quality of service required. In terms of project management plans in place with associated timescales, the provider had given assurances that significant changes had been made. Following the first six months of the extended contract, a review would be undertaken to ensure the efforts and the processes had improved.

There were a number of issues that needed to be addressed such as, due to the pandemic an alternative screening measure had been introduced that was more feasibly completed in a virtual contact and therefore the use of ASQ3 greatly decreased (following agreement with commissioners); positively this was now returning to target. The School Nursing service had experienced significant and increasing challenges. This was a result of a national shortage of Specialist Community Public Health Nurses (SCPHN) as well as recruitment and retention challenges, all against a backdrop of increasing pressure in relation to child protection, strategy discussion and social care enquiries. In response to this a

review of the service had been completed, and a transformation plan instigated. To mitigate the immediate risks around capacity, the School Nursing service had transformed from the previous locality-based model to working using a central mixed-skill team, comprising of school nurses, staff nurses and nursery nurses working specifically with the 5-19 age group. This would allow the service to pool its resources and prioritise its response more effectively whilst capacity was an issue.

During the discussion, the following comments were made:

- The committee expressed its strong concern that the decision to extend the contract with the current provider was made following the release of Document “A”, for the reason that it did not receive a report on the latest developments and had therefore been unable to carry out its duties as a scrutiny committee;
- It was extremely difficult to scrutinise a verbal presentation with no prior information on the latest developments;
- Had the committee been presented with an earlier report covering details on the provider’s performance measures would have given it an insight to the performance levels and the impact on vital services. Such information would have been of great resource for the committee to voice its sentiments on the services being delivered; and,
- In regards to support for services, it was paramount for officers to implement a period of time for the committee to be given the opportunity to play a vital role in scrutinising the decision to extend the contract to the current provider. However, it was unfortunate for the committee to be put in a position in which it was made impossible to articulate its observations on all aspects surrounding the needs of the contract.

The Chair closed the discussion by expressing her favour in receiving a report on the performance measures of provider at a future date. The committee echoed the sentiments of the Chair and therefore:

Resolved: -

- (1) That a report be presented to the September 2022 meeting of the Committee that gives information on the decision not to retender the Public Health 0-19 Children’s Service this year, and;**
- (2) That a further report on the performance of the service be presented at a meeting of the Committee early in 2023.**

Action: Director of Public Health

9. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2022/23

Resolved: -

That a draft Programme of Work 2022/23 be presented for consideration and adoption at the Committee’s meeting of 14 July 2022.

Action: Overview and Scrutiny Lead

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