

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 14 July 2022 in Council Chamber - City Hall, Bradford

Commenced 4.30 pm
Concluded 7.40 pm

Present – Councillors

LABOUR	CONSERVATIVE	GREEN
R Jamil J Humphreys P Godwin R Wood	J E Coates J A Glentworth	C R Hickson

Apologies: Councillor 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 JAMIL IN THE CHAIR

10. DISCLOSURES OF INTEREST

No disclosures of interest in matters under consideration were received.

11. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

12. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

There were no recommendations referred to the Committee.

13. ADULT SOCIAL CARE COMMISSIONING STRATEGY 2022 - 2027

The Report of the Strategic Director of Health and Wellbeing (**Document “B”**), set out a draft of the new 5-year Commissioning Adult Social Care Commissioning Strategy for comment and discussion.

The Strategic Director, Keeping Well at Home was in attendance and accompanied by the Assistant Director, Integration and Transition and the Service Manager – Strategic Commissioning. At invitation of the Chair, the officers gave a monologue of the report to the committee. It was explained that the previous Commissioning Strategy for 2019 – 2021 had now ended. However, at present, the recent expansion of the Commissioning and Contracts team, the decision had been taken to set-out a 5-year strategy which focused on the way the service would work. The new Commissioning and Contract Strategy as still under development, and had been brought to this meeting for comment and feedback prior to completion. A draft of the Strategy as attached as Appendix A. Once consultation on the Strategy had been completed, a final version would be shared with the Committee for information. Service Plans and Commissioning Intentions would be developed each year to set out specific activity, linked back to the principles set out in the new Strategy.

To complete the introductory oration, a PowerPoint presentation on the focus of “Adult Social Care Commissioning Strategy 2022 – 2027: The Ways We Will Work” was provided, detailing the following work themes: -

Co-Producing Commissioning and Quality

- Co-Production Partnership
- In all stages of our work
- The language we use
- Right skills and resources in the team
- Listening and learning

Outcome-Focused Services Driven by Choice

- Strengths-based approaches
- Outcomes rather than outputs
- Flexible
- Direct Payments and ISFs
- Work with social workers
- Having the right providers
- Reporting

Delivering Innovation and Creativity

- Learning from best practice

Promoting Equality and Inclusion

- Accessible, inclusive and responsive
- Better use of equalities data
- All protected characteristics
- Equality Impact Assessments
- Working within our team as well
- Taking an active role

Recognising Points of Transition and Changes

- Services play different roles through people’s lifetimes
- Working with Children’s and PFA
- Developing options
- Developing skills and building relationships
- Retaining and regaining choice and control
- Bereavement, loneliness, ill-health & other things that change in our lives

Promoting Support That Acts Early

- Across all service provision

- Engaging with others
- Using procurement and grants effectively
- Taking phased approaches
- Using pilots effectively

- Support to learn or re-learn skills and build confidence
- EHAP strategy
- Working with colleagues across the Council
- Linking in with wider Council priorities and strategies

Improving Quality

- Improving systems and processes
- Being more proactive
- Re-shaping work of the expanding Contract and Quality Team

Identifying Need and Tracking Impact

- Needs analysis and baselines
- Improving data quality
- Improve reporting from providers
- Make use of population health and inequalities data
- Right skills and resources
- Promote what works, stop what does not

Promoting the VCSE

- Relationships based on trust and learning
- Promote the role of VCSE in delivering services
- COMPACT
- Inclusive procurement approaches

Supporting Workforce Development

- Valuing the care workforce
- Strategic approaches
- Representative and diverse workforce
- Workforce Development Strategy

Partnership Working with Providers

- Work with the BCA
- Open and positive relationships
- Market engagement throughout the commissioning process
- Market Position Statement

Partnership Working with Health

- Recognising our role in the wider health and care system
- Develop opportunities for integration of pooled budgets
- Working together to improve quality performance
- Shared learning and decision making
- Section 75

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

- What did the service provision have in mind when the matter of significant changes would be addressed?
 - An average example of the work being addressed involved big ideas on things that were based on previous localities work and an idea for wellbeing teams where the staff on the ground self-managed teams, for control over their own responsibilities.
 - Also taking into account long term support, which currently remained a significant factor. It was a new way of thinking / establishing service but this was something that would not be achievable from commencement but to build on as time goes by;
- How would services be commissioned within care homes containing a diverse background of people and how would access to community services be conducted in light of the added costs?
 - Connecting with communities did not always mean going out to use community services but to formulating new strategies for the purpose of bringing the community into care homes in order to

minimise costs. This process entailed an integrated approach so that the community did not stray from care homes either. There was a limited workforce which would result in huge challenges, however, the service would consider more efficient ways in working with people and better connecting with providers at the same time;

- In relation to allocation of activities who would be the person supporting people coming in?
 - This part of the function was a big piece of work going on in response to the changing reforms that were to be released by October 2023. People that did not reach out to the council to get support in our homes would end up coming to the council for specific services and only then allocation of work would be identified; and,
- What work was being undertaken for the purpose of ease of transitioning from one pathway to another?
 - A document was in circulation, shared between Children's Services and the Health & Wellbeing Service for that gave guidance on the transitioning protocol. This valuable source of information was for people with a physical disability, learning disability, mental health or autism and diversity. The document gave information to various pathways for each service. Furthermore, Services had agreed to conduct audits on some cases to establish whether any issues had occurred and then to ensure that the transitioning process was an efficient pathway for all stakeholders.

Succeeding the latter, the committee made the following observations:

- Technology was also an area that would need to be addressed for the purpose of streamlining mechanisms to meet highest standards;
- It was important to promote and develop all mechanisms in a more simplified process so that people could access the required services;
- It was paramount that feedback directly from people's experiences were listened to and heard as there were lots of opportunities in the commissioning team area of work;
- That to ensure colleagues throughout the district and across the whole system were on the same page. This could also be achieved through partnership arrangement working with Bradford's NHS acute trusts; and,
- A further area that required development was the whole of the adult social care department and therefore a more real time feedback should be focused on in order to establish whether the provisions were of a high standard.

To conclude, the Chair thanked officers for the detailed report and the PowerPoint presentation.

Resolved: -

That as part of its development officers be requested to take into account the comments of Members on the draft 5-year Commissioning and Contracts Strategy.

Action: Strategic Director, Health and Wellbeing

14. ACT AS ONE BETTER BIRTHS IMPROVEMENT & TRANSFORMATION PROGRAMME

Better Births is one of eight improvement and transformation programmes across Bradford District & Craven. It works collaboratively across sectors and organisations, to achieve its vision: “*Working together to improve experiences and outcomes of the pregnancy and birth journey across Bradford District and Craven*”.

The report of the One Better Births Programme (**Document “C”**) highlights some of the key achievements of the past year and outline our future plans to improve the outcomes for maternity care across our place and reduce disparities in experiences by working as a whole system. It further covers its place-based response to the Ockenden and MBRRACE-UK report recommendations.

Representatives from the Bradford Teaching Hospitals Foundation were in attendance and with the invitation of the Chair, a synopsis of the report was provided to the committee. It was explained that the Better Births programme comprised of four workstreams, each led by a key representative from across foundation. The leads brought a wealth of experience and expertise to the programme. The workstreams aimed to address the most important aspects of maternity care, as identified by local and national recommendations including those of Ockenden and MBRRACE-UK. The workstreams and their respective chairs were as follows:

- Health Inequalities – GP partner and Associate Clinical Director of Maternity & Women’s Health for Bradford District & Craven;
- Safer Maternity Care – Specialist Midwife for Safer Maternity Care, Bradford Teaching Hospitals NHS Foundation Trust (BTHFT);
- Choice, Personalisation & Workforce – Associate Director of Nursing and Quality, Bradford District & Craven; and,
- Every Baby Matters – Public Health Consultant for Children and Young People, Bradford Metropolitan District Council.

In terms of background, the Better Births improvement and transformation programme was established in 2020, with maternity services being identified as a key priority area by the Health and Care Partnership Board. Bradford was the 13th most deprived district of 317 in England. Almost a quarter of children in Bradford were classified as living in poverty. Bradford district had an ethnically diverse population and the largest proportion of people of Pakistani ethnic origin in England. There was a wide variation in the ethnic makeup of the wards across the district, in some cases such as Manningham and Toller “ethnic minority” groups in fact account for the majority (up to 80%) where some were below 10%, in areas such as Ilkley and Wharfedale. Social inequality and ethnicity had a direct link to poor maternal and infant health outcomes. Addressing health inequalities and focussing our efforts on the areas of greatest needs were at the forefront of the Better Births programme. Some of the key drivers behind the programme include: Infant mortality and stillbirth rates which were significantly higher than the national average, incidence of low birthweight babies significantly worse than the national average, and breastfeeding rates below the national

average.

A question and answer session ensued:

- It was absolutely crucial that appropriate staff reached out to specialists in channelling the flow of enormous knowledge for the purpose of widely accessible healthcare systems. On this note, what conversations and training had been addressed to aid the knowledge and resources already in place to be made more widely available?
 - Focusing on reaching out and initiating contacts within all organisations would be a strict priority. The service had all intentions in continuing to produce partnership working throughout the sector. In regards to the subject of training, the service was in its early stages of looking at the cultural competency training, but this work stream was something that had already been added to the list of responsibilities to action.
 - These areas of work would be a major step towards being made acquainted with the availability of vast services accessible for all staff across the service for the sake of communities;
- What mechanisms does the service intend to put into place in response to the newly immigration laws?
 - Further to statistics, the risk of death and pregnancies was five times more likely for Black, Asian and mixed ethnicity women in the most deprived areas, almost double the national average. On a matter of inequality between different population groups, structural differences were embedded within society organisations based on policies, rules or laws that may occasionally indirectly influence resulting to an unfair society, common example being support services to communities.
 - In March 2018, the service held an event on the theme of Inequalities Intense Care, which had been attended by national experts as part of the Council's efforts to reduce the detrimental effects resulting from inequalities effects. The event had captured an inspiring thought process amongst the professionals.
 - The service had an additional resource for limited families, designed to raise awareness, reducing health issues and encourage access to support services.
 - Information on accessible services was also published directly online on the Council's main website. Furthermore, officers were working tirelessly to ensure the correct updated information was readily available and all information shared by other companies was accessible through a range of different languages;
- Information on work addressing different cultures in communities was sought?
 - Work around competence training (including cultural based), awareness campaigns, world citizenship, updating skills and knowledge to increase awareness was a project undertaken last year in response to combat resilience. Support services had worked on real they felt isolated when support services are working on real objectives for creating savings to reduce isolation for members of communities, increased research networks and provided vital services including breastfeeding. The service had been working

- towards getting the foundational building blocks in place to increase patient and professional level work settings; and,
- Clarify was sought on the extract within the report on Parental Mental Health?
 - On a national scale, maternal suicide was the leading cause of pregnancy related deaths in the first year following childbirth. The service was aware of suicide remaining as the leading health concerns and therefore the work being addressed was to prioritise improvement in accessing and have in place volunteer Parental Maternal Health Services.
 - Moving forward, a cross-sector Perinatal Mental Health event was held in April 2022 by Better Births. Key professionals and a wide range of stakeholders from across the district had attended and a series of actions were identified. One of which was to develop a Perinatal Mental Health resource for staff including an at-a-glance referral pathway & services directory.

The Chair thanked the representatives from the Bradford Teaching Hospitals Foundation for attending and giving a greater detailed insight on the ongoing works with the foundation. The committee echoed the sentiments of the Chair.

Resolved: -

That officers be thanked for the report and that an update be presented in twelve months.

Action: Joint Programme Director, Act as One Programme

15. HEALTH AND SOCIAL CARE O&S COMMITTEE - WORK PROGRAMME

The report of the Interim City Solicitor (**Document “D”**) presents a draft work programme 2022/23 for adoption by the Committee.

Resolved: -

(1) That the information in Appendix 1 of Document “D” be noted and that it, along with the amendments and additions made at the meeting, be adopted as the Committee’s Work Programme 2021/23; and

(2) That the Work Programme 2022/23 continues to be regularly reviewed during the year.

Action: 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