

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 6 October 2022 in Council Chamber - City Hall, Bradford

Commenced 4.30 pm
Concluded 6.34 pm

Present – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRATS	Green
A Ahmed Godwin Humphreys Jamil Wood	Coates Glentworth	Griffiths	Hickson

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

COUNCILLOR JAMIL IN THE CHAIR

23. DISCLOSURES OF INTEREST

No disclosures of interest in matters under consideration were received.

24. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

25. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

There were no recommendations referred to the Committee.

26. UPDATE ON PRIMARY CARE - GENERAL PRACTICE

The Associate Director Primary Care submit a report (**Document “H”**) which provided members with an update on Primary Care – General Practice since the last report provided to this committee in September 2021.

The Director was at the meeting and with the invitation of the Chair, gave the following summary. He explained that on a national level, NHSE Planning Guidance published for 2022-23 identified the following 10 key priorities: Workforce investment, including “strengthening the compassionate and inclusive culture needed to deliver outstanding care”. Responding to covid-19. Delivering “significantly more elective care to tackle the elective backlog”. Improving “the responsiveness of urgent and emergency care and community care capacity.” Increasing timely access to primary care, “maximising the impact of the investment in primary medical care and primary care networks”. Maintaining “continued growth in mental health investment to transform and expand community health services and improve access”. Using data and analytics to “redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities”. Achieving “a core level of digitisation in every service across systems”. Returning to and better “pre-pandemic levels of productivity”. Establishing integrated care boards and collaborative system working, and “working together with local authorities and other partners across their ICS to develop a five-year strategic plan for their system and places”.

The priorities had been embedded into the CCGs and the ICSs delivery plans.

She further explained that in terms of local level, Bradford District and Craven, Health and Care Partnership have set with partners 5 key strategic priorities for 2022 – 2024. Based around the following:

1. Purpose - Inverting the Power to Act
2. Population – Recovery from Covid
3. Place – Prevention of ill health
4. Partnership – Workforce and Organisational Development
5. Spotlight – Children and Young People

These strategic priorities would support system partners to focus on local areas to improve health outcomes. By working in partnership there was a shared common purpose and a greater value through the best use of resources and reduced duplication. Therefore, the health and care partnership had ambitions to an agreed 1% shift of funding to invest towards early intervention and prevention.

Review all our programmes including Act as One programmes, such as, aging well, diabetes, better births, children and young people’s wellbeing, healthy hearts, Access to health and care. We will be reviewing these programmes to ensure that they are still aligned with our key strategic priorities and that they do not overlap or duplicate other work programmes.

In response to clarifications sought by the committee, the following responses were given:

- There were ongoing discussions on how technology could assist all stakeholders in moving forward but on a more effective platform. Thus, achieving “a core level of digitisation in every service across the service. However, this area was moving slow as opposed to a speedier nature as

the service would have preferred;

- Workforce capacity remained a huge pressure on primary care. However, there was a continued focus on recruiting and retaining GPs and the wider primary care workforce, alongside optimising current capacity with a long-term, system-wide workforce strategy that includes primary care.
- More work as also required to make primary care more attractive to staff by addressing work-life balance, parity with other NHS career paths, and making a portfolio careers more accessible for a wider audience.
- Training and education to encourage career development would be rolled out across primary care, from clinical to managerial and reception roles.

The Chair thanked the Director for the presentation of detailed information contained in the report.

Resolved: -

(1) That a further update be provided in 12 months; and

(2) That the scheduling of the update be reviewed in six months.

Action: Associate Director, Primary Care, Bradford District and Craven Health and Care Partnership

27. ASSESSMENT AND DIAGNOSIS OF AUTISM IN ADULTS IN BRADFORD DISTRICT AND CRAVEN: UPDATE ON PROGRESS AND CHALLENGES

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

The Bradford District and Craven Health and Care Partnership will submit a report (**Document “I”**) which provides an update to the report delivered to this Committee in March 2022. The March 22 report described the Adult Autism pathway, shared experiences of patients through case studies, and summarised the plan for improvements to the assessment and diagnosis of autism spectrum disorder (ASD) in adults in Bradford, District and Craven.

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

- A verbal detailed presentation was sought on the current standing of delivery of services?
 - The government was continuously challenging services and as a result, database systems were continuously being developed to ensure that the right support was in place for each individual professional. This service had also been shortlisted for service excellence.
 - The service was also focused on a more strategic approach to recruitment and retention for the avoidance of under supporting vital support to each individual service during the pathway. For the purpose of attracting new employees and supporting current staff, scenarios such as promoting the Bradford District as a decent place to live and work was

- being undertaken.
 - Partnership with SWYPFT had been developed to include a new service model, joint recruitment to posts and management support.
 - Through increased co-working with a Bradford based VCS organisation, Specialist Autism Services, the service hoped to increase the support for young people with ASC in transition from children to adult services and into education and employment.
 - What would be the timescale from referral to establish whether a patient had autism?
 - The Bradford and Airedale Neurodevelopment Service (BANDS) aims were to deliver a clinically led, resilient Adult Autism pathway providing clinical triage, assessment, diagnosis and support. It would provide a service that had capacity to meet demand and would respond to new referrals. A timeline of 12 weeks of assessment and procedures;
 - Were staff being introduced to new training on autism?
 - There was ongoing training experience to allow all participants to understand how autism affected people day to day and how to make adjustments to support autistic people. However, there were opportunities to ask GPs to do more with guidance from the service.

Resolved: -

That the revised plan for the BANDS adult autism service, presented in advance of the full update scheduled for March 2023, be noted and that officers be commended for the activity to date.

Action: Bradford District and Craven Health and Care Partnership

28. HOME SUPPORT REVIEW: UPDATE AND COMMISSIONING INTENTIONS

Home support was the delivery of a range of personal care and domestic/community support services to individuals in their own homes. The support provided could range from a check to ensure that the individual had taken prescribed medication, for example, through to an extensive care package to meet their assessed needs including personal care i.e. support to get in/out of bed, bathing/toileting and meal preparation.

A report to this committee on 23 September 2021 updated members on the current position for Home Support, including implementation of the Locality approach, the market landscape and national and local issues. It also referenced that a full system-wide review of Home Support was being undertaken with a view to developing creative solutions to delivering good quality, effective and affordable home support with the District.

The Strategic Director of Health and Wellbeing Adult Services submitted a report (**Document “J”**) which provided an update on the Home Support Review, and an overview of the department’s intentions to commissioning intentions.

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

- What was the understanding of shared local costs for providing care?
 - As part of the government's adult social care reform agenda, all local authorities were required to complete a fair cost of care exercise to arrive at a shared understanding with providers of the local cost of providing care;
- What was the cause of the rise in comparisons per week in hospital visits?
 - This was due to the steady increase in the last few years since the pandemic made people leave hospitals faster to avoid Covid carriers;
- Had thought been given to how the new model would need to be fit for the future?
 - The review would encompass research to look at and consider new national models of care as well as speaking to other Councils both nationally and regionally; and,
- How would technology assist all parties?
 - This operational aspect was increasing the use of technology in the sector and freeing up staff time. Technology would complement the current workforce and it will not replace it. In terms of online facilities entailed online training for staff, online access to care records to support service users.

Resolved: -

That a further update be presented in 24 months

Action: Strategic Director, Health and Wellbeing

**29. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE
DRAFT WORK PROGRAMME 2022/23**

The report of the Interim City Solicitor (**Document "K"**) presented the Committee's work programme 2022/23.

No resolution was passed on this item

Chair

Note: These minutes are subject to approval as a correct record at the next meeting of the Health and Social Care Overview and Scrutiny Committee.

THESE MINUTES HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER