

Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 22 September 2022 at 4.30 pm in Council Chamber - City Hall, Bradford

Members of the Committee – Councillors

| LABOUR | CONSERVATIVE | LIBERAL DEMOCRATS | Green |
|---|------------------------------|-------------------|-------------|
| R Jamil Humphreys Godwin Wood A Ahmed | A E Coates J A Glentworth | A Griffiths | C R Hickson |

Alternates:

| LABOUR | CONSERVATIVE | LIBERAL DEMOCRATS | Green |
|---|----------------------------|-------------------|------------|
| S Akhtar Shabir Hussain U H Khan J Lintern Mohammed | P W Clarke P G Sullivan | A Naylor | C Whitaker |

VOTING CO-OPTED MEMBERS:

Susan Crowe - Bradford District Assembly Health and Well Being Forum

Trevor Ramsay - i2i Patient Involvement Network, Bradford District NHS Foundation Care Trust

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:

Asif Ibrahim
Director of Legal and Governance

To:

Agenda Contact: Asad Shah, Committee Secretariat
E-Mail: asad.shah@bradford.gov.uk
Tel: 01274 432280

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 must consider their interests, and act according to the following:*

| Type of Interest | You must: |
|---|---|
| <i>Disclosable Pecuniary Interests</i> | <i>Disclose the interest; not participate in discussion or vote; and leave the meeting <u>unless</u> you have a dispensation.</i> |
| <i>Other Registrable Interests (Directly Related)</i> OR <i>Non-Registrable Interests (Directly Related)</i> | <i>Disclose the interest; speak on the item <u>only</u> if the public are also allowed to speak, but otherwise not participate in the discussion or vote; and leave the meeting <u>unless</u> you have a dispensation.</i> |
| <i>Other Registrable Interests (Affects)</i> OR <i>Non-Registrable Interests (Affects)</i> | <i>Disclose the interest; remain in the meeting, participate and vote <u>unless</u> the matter affects the financial interest or being (a) to a greater extent than it affects financial interests of a majority of inhabitants of the affected ward, and (b) a reasonable member of the public knowing all the facts would believe would affect your view of the wider interest; <u>in which case speak on the item only</u> if the public are also allowed to speak but</i> |

otherwise not do not participate in the discussion or vote; and leave the meeting unless you have a dispensation.

- (2) *Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*
- (3) *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.*
- (4) *Officers must disclose interests in accordance with Council Standing Order 44.*

3. MINUTES

Recommended –

That the minutes of the meeting held on 23 June and 14 July 2022 be signed as correct records (previously circulated).

(Asad Shah – 01274 432270)

4. 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 432270)

5. 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

6. DEVELOPMENT OF THE FORMER NEVILLE GRANGE SITE TO CONSTRUCT A NEW RESOURCE CENTRE 1 - 6

The report of the Strategic Director of Health and Wellbeing (**Document “E”**) updates on the procurement of a contract by the Department of Health and Wellbeing to construct a fifty bed resources centre on the site of the former Neville Grange residential care home in Saltaire.

The report provides compliance with Council Contract Standing Orders (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.

Recommended –

Health and Social Care Overview and Scrutiny Committee is asked to consider the report as presented and raise any queries and provide feedback regarding the work outlined.

(Iain MacBeath – 01274 432902)

7. CARERS SERVICES CONTRACT IN BRADFORD DISTRICT & CRAVEN 7 - 30

The Report of the Strategic Director of Health and Wellbeing (**Document “F”**) provides an update on the Council and CCG’s jointly commissioned Carer Service within Bradford District and Craven.

This report provides information on the emerging needs of unpaid carers as a result of COVID-19 impacts.

Recommended –

That the content of Document “F” be noted.

(Tony Sheeky – 01274 433559)

8. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2022/23 31 - 36

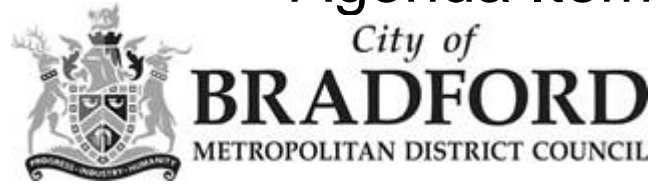
The report of the Interim City Solicitor (**Document “G”**) presents the Committee’s work programme 2022/23.

Recommended –

- (1) That the Committee notes the information in Appendix A and considers any amendments or additions it may wish to make.**
- (2) That the Work Programme 2022/23 continues to be regularly reviewed during the year.**

(Caroline Coombs – 01274 432313)

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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 September 14th 2022

E

Subject:

DEVELOPMENT OF THE FORMER NEVILLE GRANGE SITE TO CONSTRUCT A NEW RESOURCE CENTRE

Summary statement:

This report updates on the procurement of a contract by the Department of Health and Wellbeing to construct a fifty bed resources centre on the site of the former Neville Grange residential care home in Saltaire.

The report provides compliance with Council Contract Standing Orders (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.

EQUALITY & DIVERSITY:

The latest health needs assessment of the district is being used to inform the building specification, as well as the additional information that has been gathered since the pandemic. All service users will have their own individual needs assessed and a tiered level of service delivered as appropriate to ensure consistency.

The project contributes to the delivery of the Councils' equality objectives through engagement with and feedback from service users regarding services and to ensure these are inclusive and designed to consider and remove barriers to access at the outset.

Iain Macbeath
Strategic Director

Portfolio:

Health and Wellbeing

Report Contact: [Name & Post Title]
Phone: (01274) 43[Ext No]
E-mail: [\[e-mail address\] @bradford.gov.uk](#)

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

This report outlines progress made and proposed plans in the implementation of the integrated system vision Happy, Healthy and at Home. This report also updates on then sets out the intention of the Department of Health and Wellbeing to the procurement of a contract by the Department of Health and Wellbeing in order to construct a fifty bed resources centre on the site of the former Neville Grange residential care home in Saltaire.

The report provides compliance with Council Contract Standing Orders (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.

2. BACKGROUND

This report provides an update to the report to the Overview and Scrutiny Committee meeting which was held on Thursday 24th January 2019.

The Council Executive approved the establishment of the Great Places to Grow Old Programme at the meeting held 15 January 2013. Subsequently, the Health and Wellbeing Department's "Home First – Our Vision for Wellbeing" was approved by the Council Executive on 4 April 2017.

The implementation of this vision and associated objectives was supported by a programme of construction activities aimed at providing this service with new facilities which met all the requirements of the Service as well as meeting the needs of people who would access the service.

Two new facilities were identified as being required to deliver the above outcomes:

- 1- Valley View Resources Centre, Keighley;
- 2- Saltaire Resources centre, Saltaire.

The construction of Valley View Resources Centre was completed in 2020 and is to be followed by the construction of the facility in Saltaire (on the former Neville Grange site).

The focus of in-house residential services is to provide short term enablement care. Supporting people to live full lives back in the community – working in partnership with health and community services.

The Short Term Enablement Care provision covers:

- Intermediate Care (Rehabilitation)
- Bariatric Assessment and Support (Post-Operative Surgery)
- Non Weight Baring Placements
- Assessment
- Specialist Assessment services for people with Dementia
- Respite Care (Crisis Intervention)

- Dementia Specialist

The services have been reviewed and adapted to address and ensure good quality outcomes for people and also to ensure the service is strategically placed to support the department with its overall strategy of “Home First” and Discharge to assess modelling which is an essential component to the out-of-hospital services which reduces unnecessary admissions to hospital and reduces delayed transfers of care from hospital. The last 3 year years have demonstrated great success for the people who have accessed our services

The development of Saltaire reflects the designed principles of Valley View Court in Keighley.

The design of the new facility is underway and a planning application for the proposed centre was submitted on the 21st of December 2021. As part of the continued design development of the proposed facility, a range of surveys were undertaken including initial ground investigations.

The finding from the ground investigations have indicated that significant ground remediation will be required before the new building can be constructed and this has had to be factored into the design process.

3. REPORT ISSUES

The ground remediation work will need to take place irrespective of whether the Council is developing the site or not and a specialist company is being appointed to advise on the appropriate way forward.

Consideration of the procurement strategy has been undertaken. and it is proposed that the type of construction contract will be a Design & Build (D&B) contract as this will allow appropriate risk transfer between the Council and the contractor. The contract being used to manage the construction would be NEC4 Engineering and Construction as this will allow a greater focus on partnership working with the contractor and help mitigate risks to the Council. The later transfers responsibility and risk through the D&B contract to the contractor for full and complete coordination of ground remediation, building foundation and superstructure design on what is a geologically technical and challenging site.

The potential cost of the development can be closely monitored, scrutinised and controlled through a two stage procurement exercise whereby the contractor can fully engage their supply chain in the final design and pricing of the works before the Council takes a final decision to proceed with the development.

The design team will be looking to procure these contracts from a suitable framework which the Council have access to and which comply with the Public Contracts Regulations and current Contract Standing Orders.

4. FINANCIAL & RESOURCE APPRAISAL

The budget allocated for the redevelopment of the former Neville Grange site will be impacted by the ground remediation work which the Council needs to undertake. It is likely therefore that a budget increase in excess of £2million will be required above the £9.3million approved by PAG and the Executive in 2021.

The final cost of the scheme is uncertain due to the expected inflation rises in 2023 that are likely to be more acute within the construction industry. The design and build construction contract will help mitigate future cost increases by enabling construction costs to be fixed from the initial design phase. However, price certainty is then dependent on not making any subsequent changes as these could prove to be expensive.

The capital scheme will be funded through corporate borrowing and therefore the additional borrowing required will result in additional revenue costs that will be funded centrally and not by Health and Wellbeing. There are no VAT exempt activities with the construction of the Resource Centre and therefore there is no VAT risk.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Irrespective of whether the site is developed or not the Council still needs to undertake ground remediation of the site. Appropriate discussions have been held with the Council's Procurement Team to ensure that the forms of contracts used will mitigate commercial and contractual risks to the authority as far as possible and also embrace modern procurement methodologies.

6. LEGAL APPRAISAL

Duties of the Council under the Care Act 2014

The Council will comply with the Public Contracts Regulations 2015

7. OTHER IMPLICATIONS

Discussions are ongoing with The neighbouring land owner "Incommunities" about the ground remediation which will be required.

7.1 SUSTAINABILITY IMPLICATIONS

The proposed development will be designed based on zero carbon emissions and the upfront costs of this are already built into the budget.

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

The plans for the proposed development include modern energy and cost-saving measures in the design and build. Working as close to the net zero carbon policy as is achievable.

7.2 COMMUNITY SAFETY IMPLICATIONS

Older people with dementia and other long-term conditions are among the most vulnerable people in the community. Providing high quality care and appropriate environment for care services is consistent with the Council's statutory duty to safeguard vulnerable adults.

7.4 HUMAN RIGHTS ACT

The Human Rights Act 1998 makes it unlawful for any public body to act in a way which is incompatible with an individual's human rights. Where an individual's human rights are endangered, Councils have a duty to balance those rights with the wider public interest and act lawfully and proportionately. For this report, the most relevant rights from the 16 covered in the Human Rights Act (1998) are:

- o the right to respect for private and family life
- o the right to peaceful enjoyment of your property (if this were interpreted broadly as enjoyment of one's home)
- o the right to freedom from inhuman and degrading treatment
- o the right not to be discriminated against in respect of these rights and freedoms.

The definition of adult abuse, in guidance issued under statute, is based on the concept of human rights: "Abuse is a violation of an individual's human or civil rights by any other person or persons". (No Secrets, Department of Health, 2000).

7.5 TRADE UNION

There are no direct Trade Union implications arising from this report at present.

7.6 WARD IMPLICATIONS

All ward Councillors have been briefed about the proposed development

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

Not applicable

7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

Not applicable.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

Not applicable

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

Not applicable.

10. RECOMMENDATIONS

Health and Social Care Overview and Scrutiny Committee is asked to consider the report as presented and raise any queries and provide feedback regarding the work outlined.

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

None



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 14th of September 2022

F

Subject:

CARERS SERVICES CONTRACT IN BRADFORD DISTRICT & CRAVEN

Summary statement:

This report provides an update on the Council and CCG's jointly commissioned Carer Service within Bradford District and Craven.

This report provides information on the emerging needs of unpaid carers as a result of COVID-19 impacts.

Iain Macbeath
Strategic Director of Health & Wellbeing
Ali Jan Haider
Director of Strategic Partnerships

Report Contact: Tony Sheeky
Phone: (01274) 433559
E-mail: tony.sheeky@bradford.gov.uk

Portfolio:

Healthy People and Places

Overview & Scrutiny Area:

Health and Social Care & Wellbeing

1. SUMMARY

- 1.1 This report provides an update on the Council and CCG's jointly commissioned Carers Service within Bradford district and Craven.

2. BACKGROUND

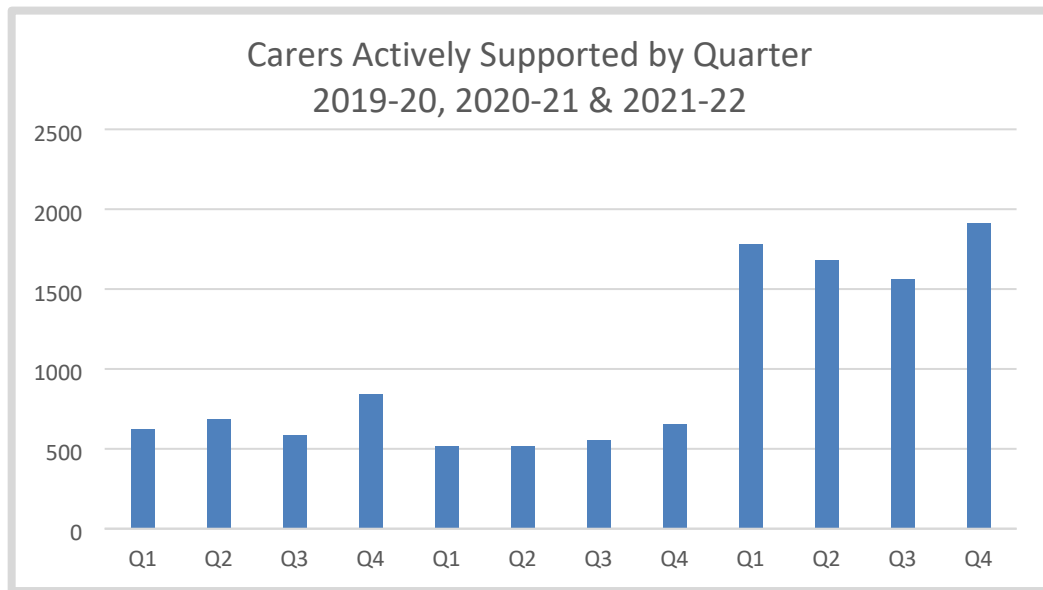
- 2.1 On 16th of December 2021 the Health and Social Care Overview and Scrutiny Committee received an update on the Council and CCG's jointly commissioned Carer Service within Bradford District and Craven.
- 2.2 The above report included information on the emerging needs of unpaid carers as a result of COVID-19 impacts.
- 2.3 It was resolved at HOSC in 2021 that a further update report on the Carers Service was to be submitted to the Committee in 2022. The Committee specifically asked for an update on actions to ensure general safeguarding of carers and on LGBTQ issues.
- 2.4 This report therefore sets out to provide an update on;
- The jointly commissioned Carers Service in general, including the above specific points.
 - The emerging trends in unpaid carers needs.
 - Future procurement intentions.

3. REPORT ISSUES

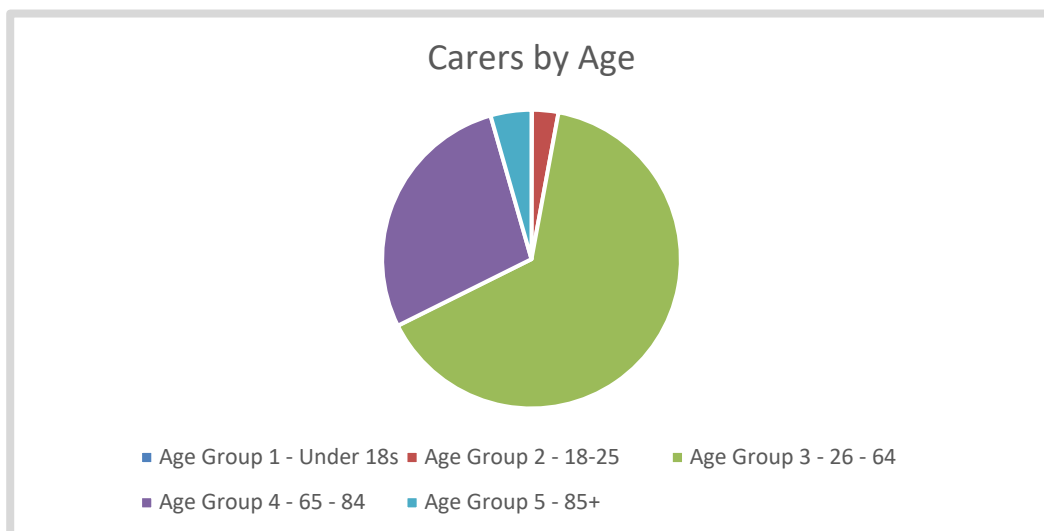
3.1 Carers Service Bradford district and Craven

- 3.1.1 As reported in the 16th of December 2021 the Health and Social Care Overview and Scrutiny Committee, the contract for a Carers Service was awarded to Carers Resource. The contract commenced in April 2019.
- 3.1.2 A detailed report on service outputs for the period April 2019 to March 2022 can be found at APPENDIX 1 to this report.
- 3.1.3 Points to draw from these outputs include;
- Of the newly-registered carers providing ethnicity information, in 2019-20 21% were from BAME communities, in 2020-21 this was 24% and in 2021-22 this had increased to 30%, which is now more reflective of the district demographics than at the start of the contract.
 - As previously reported, the number of carers actively supported during the peak of COVID-19 was severely impact by successive lockdown measures. However, during 2021-22 the numbers actively supported have returned to near pre COVID-19 levels (see graph 1 below).

Carer Feedback: "Thank you so much for your time, for the Wellbeing Grant.... Your input has helped me to navigate some very choppy waters over the past few weeks. I was feeling quite distraught at one point but feel more-able to deal with things now".



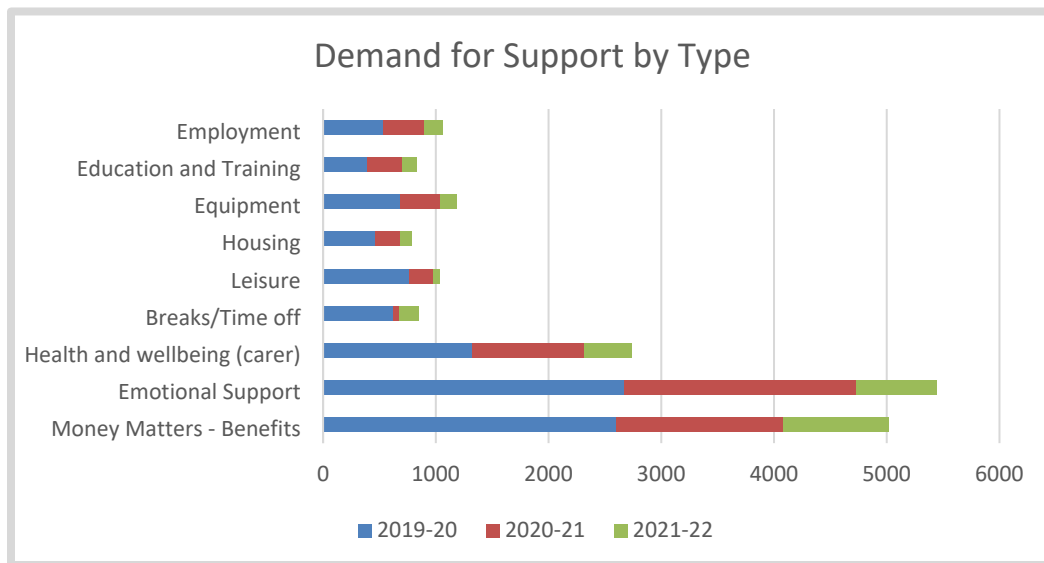
- The overwhelming majority of carers supported are in the 26-64 (67%) and 65-84 (26%) age groups (see chart below). These percentages have been largely stable throughout the last three years and generally mirror the national carer picture.



- The largest number of referrals each year are consistently self-referrals at 65% followed by referrals from Primary Care sources and Secondary Care sources at 10% and 7% respectively. Referrals from Social Care and Voluntary Sector source being 6.5% and 4% respectively.
- Before the pandemic approximately 40% of carers received support face to face. At the peak of the pandemic this dropped to 7% of carer support activity. With the return to more normal arrangements post pandemic this has risen to near normal levels again at 33%.

Carer Feedback: "Carer Resource helped me think of 'me' again, to help both me and mum. I am happier and more positive... Carers Resource changed my mind-set. I've found me again, the person, not only the carer... They picked me up, so sincere, kind, went beyond the call of duty to help me and Mum, we are on a positive way forward... THANK YOU"

- Demand for support as increased across all categories of support. In terms of highest demand for support by type Emotional support remains the highest in demand, however 2022 as seen a steep increase in demand for support around Money Matters and Benefits (see graph below).



- We have also seen a significant increase in the number of peer support and worker led support groups facilitated by the service. In 2019 there were 83 active groups. This fell to 44 during the peak of the pandemic but as increased to more than 160 post pandemic.
- As more services return to normal post pandemic referral and signpost of carers to other professional and voluntary sector support agencies is returning to near levels as well providing opportunity for more multi agency support to carers.

3.1.4 Unlike the main Carers Service provision which is largely returning to pre COVID-19 levels of activity, Carer Navigator's continue to be impacted by COVID-19 reduction measures in place at both Bradford Royal Infirmary and Airedale General Hospital's.

3.1.5 The Carer Navigator support provision at Bradford Royal Infirmary and Airedale General Hospital was established to provide support to new and existing carers as they support their loved ones prior to and at the point of discharge from hospital.

3.1.6 Over the April 2021 to March 2022 period the Carer Navigator's received 224 referrals. Of those carers referred 35% were aged between 41 and 70 and 28% were aged 71 and over.

3.1.7 Of those supported;

- Post intervention, 80% of unpaid carers reported greater confidence in their ability to manage, 55% reported being aware of options available for managing care of the cared for and nearly 60% reported feeling informed, skilled and equipped to care and a similar percentage reported having an increased awareness of support available.

Carer Feedback: During a follow up call with the carer she said “it had helped me to realise that while my caring situation was difficult, I still have choices about how I responded to things.

- Of those engaged with the Carers Resource Carer Navigator’s, the majority were subsequently linked up with Carers Resource Locality Team’s where ongoing support could be continued.

3.1.8 The Carer Navigator service continues to support positive outcomes for carer and cared for; 50% of the cared for engaged were discharged to their preferred place of residence and 65% of the cared for and carers supported felt involved and informed about decisions related to discharge from hospital.

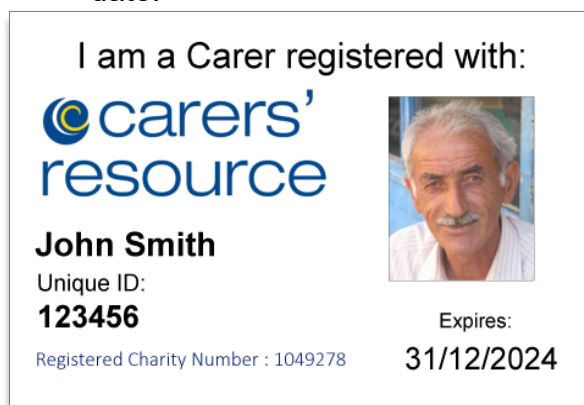
3.1.9 Appendix 2 to this report includes case studies of the support offered by the Carers Service including the Carer Navigator’s work. Case studies are from the period that COVID-19 restrictions were still in operation.

3.2 General safeguards and mitigating actions

3.2.1 A number of general safeguards and mitigating actions are being put in place to support unpaid carers.

3.2.2 To improve assessment of service reach and reporting of equalities monitoring the service will be monitored against the new minimum equalities data set recently adopted by the Council. The data set includes expanded categories on marital status, sexual orientation, religion or belief and ethnicity.

3.2.3 A Carers Card was launched on Carers Rights Day on the 26th of November 2021. The card provides a simple and quick way unpaid carers can be identified by professional support agencies. Uptake of the card is growing with 678 issued to date.



- 3.2.3 During Carers Week, June 2022 the service was instrumental in supporting the West Yorkshire wide, NHS led 'Message in a Bottle' campaign. The campaign aimed to provide carers with confidence that should they be unable to continue in their caring role due to an emergency arising; through the Message in a Bottle scheme the cared for person they support would be taken care of. The scheme is essentially similar to the Council's own Emergency Planning service, which also provides a safety net for unpaid carers should an emergency arise.
- 3.2.4 Also during Carers Week promotional videos on support for carers offered by the service were shown on the Big Screen in Centenary Square. The videos were produced in a number of community languages including Urdu, Hindi, Polish, Czech and Arabic as well as English. The videos were also available online via YouTube¹

3.3 Other Activity

- 3.3.1 The Council and its partners have continued to seek and use additional resources to support unpaid carers in the district. Below are details of the most recent additional support provided.
- 3.3.2 Two allocations have been made to support unpaid carers from the Government Household Support Fund, which the Council received under the national programme. The sum of £50,000 was made to support unpaid carers from the Council's Winter allocation of Household Support Fund and a further £50,000 from the current Spring and Summer extension to the programme. This funding is being used primarily to support vulnerable carers access food, the funding being distributed in the form of food parcels and small grants.
- 3.3.3 An additional £60,000 investment allocated in 2022 aims to support a year-long pilot project to assess the potential to improve carer Care Act Assessments. This is a direct response to carer engagement activity in which carers expressed low levels of confidence and value in Care Act assessments.
- 3.3.4 The pilot will provide carers with the opportunity to have an assessment of their needs, separate to and independent of the needs of the cared for person they support. Historically most carer Care Act Assessments have been carried out as a joint cared for/carer assessment in which the focus of the assessment is predominantly on the cared for person needs. Currently carer assessments are carried out by Council Social Work teams. The pilot project will see carer Care Act Assessments undertaken externally and independently by appropriately trained staff at Carers Resource, our carers service provider.
- 3.3.5 The pilot involves three Social Work teams making referrals for assessment to Carers Resource where the assessment will take place adopting the standard Council carers assessment and costed support planning approach and documents.
- 3.3.6 We envisage this work will lead to;

¹ <https://www.youtube.com/watch?v=xgZSxwpJABc>

- Improved provision in place which better fulfils the Council's responsibility to carers under the Care Act 2014 and an increased number of carer assessments being carried out.
- Improved support plans for both carer and the cared for which delivers on priorities set out in the Bradford District and Craven Carers Strategy 2029-2024² as a reflection of the National Carers Strategy.
- Improved outcomes for carers, as captured in the bi-annual Adult Social Care Outcomes Framework survey. The carer outcomes being;
 - Proportion of carers who reported that they had as much social contact as they would like
 - Overall satisfaction of carers with social services
 - The proportion of carers who report that they have been included or consulted in discussions about the person they care for
 - The proportion of carers who find it easy to find information about services
 - Carers quality of life

3.3.7 At the end of the pilot recommendations will be put to the Procurement & Commissioning Forum.

3.4 Emerging Trends in Unpaid Carer Needs

3.4.1 It is clear from national research on the impact of Covid-19 on unpaid carer's and the growing inflationary pressures everyone's experiencing, carers are facing difficult times. Recent surveys of unpaid carers undertaken by Carers UK³ indicated that;

- 81% of unpaid carers have seen an increase in hours they spend caring.
- 78% of carers said the needs of the person they care for had increased, and 51% said this had impacted on their health and wellbeing
- 67% are worried about how they will cope if further lockdowns are introduced.
- 57% of unpaid carers are worried about what happens in case of emergency as they do not have an emergency plan in place.
- 28% said they are struggling to make ends meet and 11% reported having reduced hours worked due to caring responsibilities
- 75% of carers who were stressed and anxious about their finances in February 2022, up from 52% in September 2021
- nearly six out of 10 carers reported they were cutting back on heating, and 14% having already fallen into arrears with their energy bills
- 91% of unpaid carers felt lonely.

A recent survey by the Alzheimer's Society⁴ on the 'Unmet support needs after a dementia diagnosis' highlighted the following in responses from unpaid carers;

- 26% of carers reported that the health and social care support for their loved one has got worse over the past year

A slightly earlier 2020 report carried out by the Carers Trust⁵ on young carers and

² <https://www.bradford.gov.uk/adult-social-care/carers/bradford-district-and-craven-carers-strategy/>

³ <https://www.carersuk.org/for-professionals/policy/policy-library/under-pressure-caring-and-the-cost-of-living-crisis>

⁴ <https://www.alzheimers.org.uk/sites/default/files/2022-07/left-to-cope-alone-after-diagnosis-report.pdf>

⁵ <https://carers.org/resources/all-resources/108-my-future-my-feelings-my-family>

young adult carers, those aged 16 to 25 who fall within scope of the Carers Service suggests that;

- 64% of young adult carers felt that the amount of time they spend caring had increased since Coronavirus
- 21% of young adult carers said that time away from the person they care for was an important coping mechanism during lockdown.
- 59% of young adult carers say their mental health is worse.
- 19% of young adult carers are drinking more alcohol and 4% are using illegal drugs to help them cope.

3.4.2 Despite the reduction in Covid-19 restrictions toward the latter part of 2021 some carers were understandably still reluctant to re-engage with the service.

Consequently, some mitigating measures originally put in place to alleviate the impact of Covid-19 restrictions have been retained. These include;

- Support to carers groups to help them set up Google Meets.
- WhatsApp calls with local Parent Carer groups.
- Socially distanced walks in local parks.
- Video calls to provide bereavement support.
- Face to face meetings and support in Covid safe venues such as a local café, a Covid Secure community centre or allotment projects.
- Running of Webinar's on specific subjects e.g. Disability Living Allowance and PIP's, again activities normally delivered as indoor training sessions.
- Supporting carers with loved ones in care homes to clarify guidance on visiting arrangements in care homes and engaging with the care homes on behalf of carers where necessary.

3.4.3 Carers have appreciated these activities which reflects the evidence from a recent local SNAP survey of carers (see 3.5.9 below for additional survey feedback), which indicated that carers are increasingly willing to use online support resources and support.

3.5 Future Commissioning Intentions

3.5.1 The current (Adult) Carers Service contract is due to end on the 5th of April 2023. This service is jointly commissioned and funded by City of Bradford Metropolitan District Council, Bradford District and Craven Health and Care Partnership and North Yorkshire County Council.

3.5.2 The current overall annual contract value is £1,433,986 This includes ring fenced amounts as set out below;

| | |
|--|---------------|
| Carers Service | £1,116,138.00 |
| Carers Personal Budget (Wellbeing Grant's) | £120,000.00 |
| Carer Navigator Support | £137,848.00 |
| Carer Care Act Assessment Pilot | £60,000.00 |

3.5.3 The procurement will be a joint procurement exercise led by Health and Wellbeing and involve the Council's own Children's Service. The joint procurement will have

three Lots; Lot 1: (Adult) Carers Service, Lot 2: Young Carers Service and Lot 3: Carer Navigator Service.

3.5.4 The procurement of the Carers Service, as detailed in section 3.24 of the Report of the Strategic Director of Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee held on 17th March 2022⁶, began in May this year with extensive service user and stakeholder engagement activity. This included face to face engagement with carer groups, events to which carers, providers from the voluntary and community sector, health and social care professionals and other stakeholders were invited. It also involved use of a SNAP survey of unpaid carers.

3.5.5 Carers told us they wanted improved communication with easy access to timely, accurate information and guidance on all aspects of carer support, less red tape, better communication on what is available without having to 'go around the houses'. Their suggestion was to update and develop more online resources and apps for carers who want to use the internet and consider one stop shops for those that prefer face to face support

Carer Feedback: "How do we know what to ask for if we don't know what is available".

3.5.6 Carers told us they wanted more 'Time for Me', more opportunities for carers to take time out for themselves, to have a life of their own. They said we need a more flexible respite offer.

3.5.7 Carers told us that we need to ensure that young carers don't drop off the radar, we need to ensure the young carer voice is heard. They said we need joined up services that ensure a smooth and effective transition from young carers to adult carer services.

3.5.8 Carers told us they need improved support from Primary Health, annual carer health and wellbeing checks at GP surgeries, regular call backs to carers to reduce the sense of isolation. They said we need flexibility around appointment times, particularly within health services.

Carer Feedback: "Trying to arrange and book appointments with GP's and hospitals is a full time job... ...The 'It's not my job' attitude needs to change within health and social care services".

3.5.9 Carers told us they need more personalised support, we need benefit support that can deal with issues both from a carer and cared for perspective at the same time, better bereavement support when being a carer comes to an end. More half term support in the form of activities to support parent carers and young carers. They said we need to adopt a more holistic, whole family approach to assessing carer support needs.

Carer Feedback: "when you have a family to look after being a carer impacts on all family members, not just the carer... ...What happens to them when I am gone".

⁶ <https://bradford.moderngov.co.uk/relistDocuments.aspx?Cid=145&Mid=7634&Ver=4>

- 3.5.10 When asked, “What is Most Important to you” in the SNAP survey, carers responses included;
- Keeping fit and healthy so I can continue caring
 - To have some sort of life of my own before I’m too old or unwell
 - Meeting and talking to other carers in my area at a time that is best for me
 - Time for myself, I desperately need a proper break
 - Caring people around to help and access to support without long waits
 - Keeping in touch with friends and family
 - Face to face consultation with a doctor to deal with my own health problems
 - My mental health, my sanity
 - Feeling that my brother is safe and supported in all aspects of his life
 - Knowing that my loved ones’ needs are being met
 - Security, knowing that our benefits and housing are secured
- 3.5.11 The service specification for the new adult Carers Service will aim to respond to the identified needs drawn from this engagement feedback.
- 3.5.12 The service specification will also reflect the priorities for unpaid carers as set out in the joint health and social care Bradford district and Craven Carers Strategy 2019-24.
- 3.5.13 The service will be locality based and adopt Community Led Support and strengths based approaches to service delivery. The service will contribute to meeting the Council’s duty under the Care Act 2014, to promote an individual’s ‘wellbeing’, which includes carers.
- 3.5.14 The procurement will be run as an Open Invitation to Tender Procurement under Council, Contract Standing Orders.⁷
- 3.5.15 It will be a joint procurement with Children’s Services who will be commissioning a Young Carers Service as a separate Lot alongside the adult Carers Service Lot. The procurement will be launched via Yortender in late September 2022, be completed by December 2022 with the new service contract’s starting in April 2023.
- 3.5.16 To provide a degree of stability to sector and service users the resulting service contracts will be for five years with options to extend by two further twelve month periods.
- 3.5.17 Outcomes for the adult Carers Service are taken directly from the Care Act 2014 as measured by the bi-annual Adult Social Care Outcomes Framework survey. The outcomes for carers being;
- Carers report having a good quality of life
 - Carers report having the amount of social contact that they would like
 - Carers are able to access support including support for their own personal and healthcare needs
 - Carers report finding it easy to find information about support
 - Carers report that they have been included or consulted in discussions about the person they care for

⁷ <http://intranet.bradford.gov.uk/working-day/tenders-and-grants/rules-and-regulations-tenders-and-grants>

- Carers are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1 The procurement of the Carers Service in the Bradford district and Craven will be undertaken within the proposed contract value as detailed in the 17th of March 2022 report to this committee and jointly funded through allocations in the Better Care Fund (BCF).

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 5.1 The Care Act 2014 recognises the equal importance of supporting carers and the people they care for. Under the Care Act the Council is responsible for doing or ensuring carers assessments are undertaken in accordance with the Care Act.
- 5.2 The governance structure of this work will sit within the Health and Wellbeing Department and will report to Departmental Management Team (DMT), to the Bradford district & Craven Health & Care partnership and to the Planning and Commissioning Forum where both the Council and Bradford ICB are represented.

6. LEGAL APPRAISAL

- 6.1 There are no legal issues arising out of this Report in addition to the statutory references made within the body of the Report or detailed in the previous legal appraisal set out in the Report dated 16 December 2021 regarding commissioning of services.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

- 7.1.1 The Carers Service provided through this commissioning and procurement process is designed to support some of the most vulnerable residents in Bradford district and Craven communities. As such they are an important part of the approach to equality and diversity as the Council and CCGs through this service seek to empower unpaid carers.
- 7.1.2 The on-going monitoring of the contract will provide information on any changes and ensure they are addressed.

7.2 SUSTAINABILITY IMPLICATIONS

- 7.2.1 None.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

- 7.3.1 The commissioned service provider are required to support the Council's commitment to reduce CO2 emissions through the contracting arrangements it

enters into with the Council.

7.4 COMMUNITY SAFETY IMPLICATIONS

7.4.1 There are no community safety implications arising from this report.

7.5 HUMAN RIGHTS ACT

7.5.1 The implementation of the Council's and CCGs duties under the Care Act 2014 must be discharged in keeping with the positive obligations incumbent of the Council and NHS to uphold and safeguard people's human rights in keeping with the European Convention on Human Rights and statutory principles of the Mental Capacity Act 2005 Code of Practice.

7.5.2 In implementing the Care Act 2014 the Council must safeguard peoples Human Rights whether or not the person has capacity to consent.

7.5.3 The Human Rights Act 1998 provides a legal basis for concepts fundamental to the well-being of older people and others who are in need of Home Support. The Act provides a legal framework for service providers to abide by and to empower service users to demand that they be treated with respect for their dignity.

7.6 TRADE UNION

7.6.1 Not applicable.

7.7 WARD IMPLICATIONS

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

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

7.8.1 Not applicable

7.9 IMPLICATIONS FOR CORPORATE PARENTING

7.9.1 None.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

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

8. NOT FOR PUBLICATION DOCUMENTS

8.1 None.

9. OPTIONS

9.1 There are no options associated with this report. Its contents are information only.

10. RECOMMENDATIONS

10.1 That the content of the report be noted.

11. APPENDICES

APPENDIX 1: Carers Service Outputs – April 2020 to March 2021

APPENDIX 2: Case Study - Carers Service & Case Study - Carer Navigators

12. BACKGROUND DOCUMENTS

12.1 Report to the Strategic Director of Health and Wellbeing to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on the 16th of December 2021.⁸

12.2 Report to the Strategic Director of Health and Wellbeing to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 17 March 2022.⁹

⁸ <https://bradford.moderngov.co.uk/ieListDocuments.aspx?CId=145&MId=7631&Ver=4>

⁹ <https://bradford.moderngov.co.uk/ieListDocuments.aspx?CId=145&MId=7634&Ver=4>

Carers Service Outputs - April 2019 to March 2022.

N.B. Where appropriate figures have been rounded to the nearest whole number

| | | 2019-20 | | | | | | 2020-21 | | | | | | 2021-22 | | | | | |
|---------------------------------|---|------------------------|------|------|------|--------|-------|---------|------|------|------|--------|-------|---------|------|------|------|--------|-------|
| Quality & Performance Indicator | Method of Measurement | Q1 | Q2 | Q3 | Q4 | A.P.Q. | Total | Q1 | Q2 | Q3 | Q4 | A.P.Q. | Total | Q1 | Q2 | Q3 | Q4 | A.P.Q. | Total |
| Carer Involvement | Number of volunteers 'actively' supporting the delivery of the service (with more than 2 hours volunteer time per week) | 17 | 39 | 61 | 66 | 46 | N/A | 25 | 28 | 38 | 41 | 33 | N/A | 45 | 15 | 29 | 40 | 32 | N/A |
| | Carers attending engagement events, providing other feedback etc. | 12 | 11 | 10 | 7 | 10 | 40 | 24 | 21 | 6 | 5 | 14 | 56 | 7 | 1 | 14 | 0 | 6 | 22 |
| | Number of carers receiving Choices, and/or receiving support | 3073 | 3431 | 3684 | 4218 | 3601 | N/A | 3206 | 2744 | 5007 | 5938 | 4224 | N/A | 5675 | 6143 | 6656 | 7239 | 6428 | N/A |
| | Number of new carers Registered with the Service this quarter | 1084 | 1107 | 965 | 1320 | 1119 | 4476 | 278 | 350 | 351 | 342 | 330 | 1321 | 685 | 752 | 752 | 768 | 739 | 2957 |
| | Number of all carers 'actively supported this quarter | 621 | 688 | 588 | 844 | 685 | 2741 | 515 | 514 | 556 | 651 | 559 | 2236 | 1783 | 1683 | 1561 | 1915 | 1736 | 6942 |
| Carer Profile | Gender (new carers registered this quarter) | | | | | | | | | | | | | | | | | | |
| | Male | 271 | 312 | 241 | 356 | 295 | 1180 | 80 | 96 | 102 | 85 | 91 | 363 | 160 | 155 | 157 | 182 | 164 | 654 |
| | Female | 813 | 795 | 724 | 964 | 824 | 3296 | 198 | 254 | 249 | 255 | 239 | 956 | 495 | 567 | 489 | 546 | 524 | 2097 |
| | Transgender | Not Previously Counted | | | | | | | | | | | | 1 | 0 | 1 | 2 | 1 | 4 |
| | Prefer not to say | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0.5 | 2 | 29 | 30 | 105 | 38 | 51 | 202 |
| | Ethnic Group (new carers registered this quarter) | | | | | | | | | | | | | | | | | | |
| | Asian/British Asian: Bangladeshi | 5 | 5 | 9 | 15 | 8.5 | 34 | 3 | 4 | 1 | 1 | 2 | 9 | 6 | 6 | 2 | 6 | 5 | 20 |

| Quality & Performance Indicator | Method of Measurement | Q1 | Q2 | Q3 | Q4 | A.P.Q. | Total | Q1 | Q2 | Q3 | Q4 | A.P.Q. | Total | Q1 | Q2 | Q3 | Q4 | A.P.Q. | Total |
|---------------------------------|----------------------------------|-----|-----|-----|-----|--------|-------|-----|-----|-----|-----|--------|-------|-----|-----|-----|-----|--------|-------|
| | Asian/British Asian: Indian | 13 | 10 | 9 | 16 | 12 | 48 | 2 | 2 | 9 | 2 | 4 | 15 | 13 | 4 | 7 | 10 | 9 | 34 |
| | Asian/British Asian: Other Asian | 1 | 4 | 4 | 5 | 4 | 14 | 1 | 2 | 1 | 1 | 1 | 5 | 3 | 3 | 4 | 10 | 5 | 20 |
| | Asian/British Asian: Pakistani | 105 | 169 | 172 | 222 | 167 | 668 | 40 | 55 | 38 | 45 | 44 | 178 | 85 | 108 | 102 | 132 | 107 | 427 |
| | Black/Black British: African | 1 | 5 | 2 | 5 | 3 | 13 | 0 | 3 | 1 | 2 | 2 | 6 | 1 | 6 | 2 | 1 | 3 | 10 |
| | Black/Black British: African | 2 | 5 | 2 | 10 | 5 | 19 | 0 | 1 | 2 | 0 | 1 | 3 | 1 | 2 | 2 | 2 | 2 | 7 |
| | Black/Black British: Other Black | 1 | 4 | 1 | 1 | 2 | 7 | 0 | 0 | 0 | 1 | 0.3 | 1 | 1 | 1 | 1 | 2 | 1 | 5 |
| | Chinese: Chinese | 0 | 1 | 1 | 0 | 0.5 | 2 | 0 | 1 | 0 | 0 | 0.3 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| | Mixed: White and Asian | 1 | 1 | 1 | 2 | 1 | 5 | 0 | 1 | 2 | 0 | 1 | 3 | 2 | 0 | 3 | 2 | 2 | 7 |
| | Mixed: Other | 1 | 0 | 2 | 3 | 2 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 1 | 2 | 2 | 7 |
| | Other Ethnic Group | 4 | 3 | 7 | 6 | 5 | 20 | 0 | 0 | 0 | 2 | 0.5 | 2 | 2 | 1 | 2 | 6 | 3 | 11 |
| | Other ethnic group: Arab | 6 | 1 | 1 | 2 | 3 | 10 | 0 | 0 | 1 | 0 | 0.3 | 1 | 1 | 1 | 2 | 4 | 2 | 8 |
| | White: British/Mixed British | 749 | 756 | 599 | 843 | 737 | 2947 | 161 | 206 | 201 | 186 | 187 | 754 | 309 | 364 | 323 | 355 | 338 | 1351 |
| | Mixed: White and Black African | 0 | 1 | 0 | 1 | 0.5 | 2 | 0 | 1 | 0 | 1 | 0.5 | 2 | 0 | 0 | 1 | 0 | 0 | 1 |
| | Mixed: White and Black Caribbean | 0 | 3 | 3 | 2 | 2 | 8 | 1 | 1 | 0 | 0 | 0.5 | 2 | 0 | 1 | 1 | 5 | 2 | 7 |
| | White: East European | 11 | 9 | 15 | 17 | 13 | 52 | 4 | 3 | 4 | 1 | 3 | 12 | 1 | 6 | 7 | 4 | 5 | 18 |
| | White: Irish | 4 | 1 | 1 | 3 | 2 | 9 | 1 | 0 | 0 | 0 | 0.3 | 1 | 1 | 2 | 0 | 3 | 2 | 6 |
| | White: Gypsy or Irish Traveller | 0 | 1 | 1 | 1 | 1 | 3 | 1 | 0 | 1 | 0 | 0.5 | 2 | 0 | 0 | 1 | 0 | 0 | 1 |
| | White: Other White | 5 | 6 | 15 | 10 | 9 | 36 | 3 | 3 | 3 | 1 | 3 | 10 | 8 | 3 | 3 | 8 | 6 | 22 |
| | Prefer not to say | 25 | 49 | 24 | 19 | 29 | 117 | 1 | 28 | 67 | 83 | 45 | 179 | 73 | 71 | 74 | 113 | 83 | 331 |
| | Not yet processed | 150 | 73 | 96 | 139 | 115 | 458 | 60 | 39 | 20 | 16 | 34 | 135 | 177 | 169 | 214 | 103 | 166 | 663 |
| | Age Group | | | | | | | | | | | | | | | | | | |
| | Age Group 1 - Under 18s | 2 | 0 | 0 | 0 | 0.5 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Age Group 2 - 18-25 | 24 | 25 | 23 | 37 | 27 | 109 | 13 | 4 | 10 | 9 | 9 | 36 | 16 | 25 | 21 | 16 | 20 | 78 |
| | Age Group 3 - 26 - 64 | 562 | 616 | 543 | 752 | 618 | 2473 | 154 | 209 | 197 | 244 | 201 | 804 | 417 | 431 | 457 | 507 | 453 | 1812 |
| | Age Group 4 - 65 - 84 | 249 | 254 | 241 | 323 | 267 | 1067 | 63 | 70 | 90 | 55 | 70 | 278 | 121 | 193 | 145 | 140 | 150 | 599 |
| | Age Group 5 - 85+ | 48 | 43 | 37 | 41 | 42 | 169 | 11 | 14 | 10 | 3 | 10 | 38 | 17 | 28 | 32 | 23 | 25 | 100 |
| | Prefer not to say | 199 | 169 | 121 | 167 | 164 | 656 | 37 | 53 | 44 | 31 | 41 | 165 | 114 | 75 | 97 | 82 | 92 | 368 |

| Quality & Performance Indicator | Method of Measurement | Q1 | Q2 | Q3 | Q4 | A.P.Q. | Total | Q1 | Q2 | Q3 | Q4 | A.P.Q. | Total | Q1 | Q2 | Q3 | Q4 | A.P.Q. | Total |
|---------------------------------|--|-----|-----|-----|------|--------|-------|------|------|------|------|--------|-------|-----|------|-----|------|--------|-------|
| | Source of Referral | | | | | | | | | | | | | | | | | | |
| | Source of referral 1 - Self | 725 | 610 | 594 | 861 | 698 | 2790 | 179 | 158 | 156 | 231 | 181 | 724 | 441 | 572 | 418 | 544 | 494 | 1975 |
| | Source of referral 2 - Primary Care - GP | 52 | 54 | 46 | 50 | 51 | 202 | 15 | 21 | 28 | 11 | 19 | 75 | 6 | 13 | 32 | 39 | 23 | 90 |
| | Source of referral 3 - Primary Care - Hospital | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 6 | 10 | 18 | 10 | 38 | 4 | 55 | 36 | 75 | 43 | 170 |
| | Source of referral 4 - Primary Care - Other | 70 | 41 | 31 | 44 | 47 | 186 | 11 | 29 | 21 | 8 | 17 | 69 | 13 | 10 | 30 | 20 | 18 | 73 |
| | Source of referral 5 - Secondary Care | 45 | 179 | 150 | 159 | 133 | 533 | 29 | 63 | 40 | 19 | 38 | 151 | 11 | 4 | 17 | 23 | 14 | 55 |
| | Source of referral 6 - Social Services - Access | 9 | 12 | 10 | 0 | 8 | 31 | 10 | 0 | 0 | 3 | 3 | 13 | 8 | 0 | 4 | 0 | 3 | 12 |
| | Source of referral 7 - Social Services - Social Worker | 34 | 68 | 24 | 51 | 44 | 177 | 6 | 15 | 17 | 8 | 12 | 46 | 3 | 28 | 14 | 25 | 18 | 70 |
| | Source of referral 8 - Social Services - Other | 33 | 25 | 19 | 19 | 24 | 96 | 0 | 12 | 12 | 1 | 6 | 25 | 3 | 8 | 26 | 15 | 13 | 52 |
| | Source of referral 9 - Voluntary Sector | 87 | 91 | 69 | 113 | 90 | 360 | 18 | 27 | 46 | 25 | 29 | 116 | 19 | 23 | 35 | 26 | 26 | 103 |
| | Source of referral 10 - Palliative care | 11 | 13 | 12 | 13 | 12 | 49 | 1 | 9 | 6 | 3 | 5 | 19 | 2 | 5 | 2 | 7 | 4 | 16 |
| | Source of referral 11 - Children's Services | 6 | 5 | 6 | 4 | 5 | 21 | 1 | 1 | 6 | 1 | 2 | 9 | 0 | 14 | 1 | 22 | 9 | 37 |
| | Source of referral 12 - Family/Friend | 1 | 0 | 3 | 4 | 2 | 8 | 1 | 8 | 3 | 10 | 6 | 22 | 15 | 65 | 6 | 12 | 25 | 98 |
| | Source of referral 13 - Education | 2 | 2 | 1 | 2 | 2 | 7 | 1 | 1 | 5 | 3 | 3 | 10 | 4 | 16 | 1 | 4 | 6 | 25 |
| | Source of referral 14 - Job Centre Plus | 1 | 3 | 0 | 0 | 1 | 4 | 2 | 0 | 1 | 1 | 1.0 | 4 | 2 | 1 | 0 | 1 | 1 | 4 |
| Support Activity | Number received 1-2-1/face to face support from a support worker | 507 | 652 | 644 | 474 | 569 | 2277 | 72 | 70 | 102 | 138 | 96 | 382 | 385 | 305 | 675 | 864 | 557 | 2229 |
| | Number received support by telephone only from a support worker | 842 | 641 | 634 | 1095 | 803 | 3212 | 1902 | 1177 | 1302 | 1775 | 1539 | 6156 | 995 | 1042 | 886 | 1639 | 1141 | 4562 |
| | Reason for referral 1 - Money Matters - Benefits | 595 | 612 | 668 | 723 | 650 | 2598 | 633 | 351 | 270 | 226 | 370 | 1480 | 329 | 367 | 152 | 92 | 235 | 940 |
| | Reason for referral 2 - Emotional Support/listening | 518 | 663 | 589 | 904 | 669 | 2674 | 1001 | 788 | 165 | 102 | 514 | 2056 | 250 | 271 | 128 | 64 | 178 | 713 |

| Quality & Performance Indicator | Method of Measurement | Q1 | Q2 | Q3 | Q4 | A.P.Q. | Total | Q1 | Q2 | Q3 | Q4 | A.P.Q. | Total | Q1 | Q2 | Q3 | Q4 | A.P.Q. | Total |
|--|--|-----|-----|-----|-----|--------|-------|-----|-----|-----|-----|--------|-------|-----|-----|-----|-----|--------|-------|
| | Reason for referral 3 - Health and wellbeing (carer) | 410 | 240 | 255 | 420 | 331 | 1325 | 367 | 332 | 187 | 109 | 248 | 995 | 142 | 168 | 16 | 93 | 105 | 419 |
| | Reason for referral 4 - Breaks/Time off | 242 | 98 | 75 | 206 | 155 | 621 | 1 | 5 | 21 | 25 | 13 | 52 | 30 | 85 | 45 | 15 | 44 | 175 |
| | Reason for referral 5 - Leisure | 158 | 205 | 177 | 221 | 190 | 761 | 114 | 97 | 1 | 0 | 53 | 212 | 16 | 28 | 10 | 8 | 16 | 62 |
| | Reason for referral 6 - Housing | 94 | 101 | 154 | 112 | 115 | 461 | 90 | 67 | 39 | 29 | 56 | 225 | 15 | 0 | 82 | 6 | 26 | 103 |
| | Reason for referral 7 - Equipment | 150 | 179 | 196 | 165 | 173 | 690 | 165 | 125 | 25 | 31 | 86 | 346 | 52 | 42 | 32 | 21 | 37 | 147 |
| | Reason for referral 8 - Education and Training | 53 | 107 | 128 | 100 | 97 | 388 | 99 | 138 | 44 | 29 | 77 | 310 | 21 | 95 | 12 | 5 | 33 | 133 |
| | Reason for referral 9 - Employment | 96 | 139 | 116 | 177 | 132 | 528 | 187 | 126 | 36 | 22 | 93 | 371 | 40 | 60 | 30 | 36 | 42 | 166 |
| Carers Assessment | Number of wellbeing reviews carers 'facilitated' and completed | 388 | 333 | 368 | 467 | 389 | 1556 | 285 | 318 | 295 | 583 | 370 | 1481 | 373 | 222 | 443 | 398 | 359 | 1436 |
| | Number of wellbeing reviews carers 'self' completed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Number of referrals for 'statutory' carers assessment | 3 | 4 | 3 | 4 | 4 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Information and advice provided | Number of carers who have received general carers information and advice by post only | 49 | 54 | 55 | 54 | 53 | 212 | 36 | 30 | 35 | 98 | 50 | 199 | 31 | 31 | 8 | 8 | 20 | 78 |
| | Number of carers who have received general carers information and advice, face to face | 0 | 0 | 0 | 0 | 0 | 0 | 20 | 91 | | 37 | 49 | 148 | 120 | 105 | 675 | 864 | 441 | 1764 |
| | Number of carers who have received specialist information and advice by post only | 220 | 212 | 208 | 202 | 211 | 842 | 182 | 264 | 431 | 386 | 316 | 1263 | 0 | 0 | 17 | 14 | 8 | 31 |
| | Number of carers who have received specialist information and advice, face to face | 107 | 160 | 145 | 71 | 121 | 483 | 3 | 78 | 52 | 36 | 42 | 169 | 169 | 138 | 70 | 78 | 114 | 455 |

| Quality & Performance Indicator | Method of Measurement | Q1 | Q2 | Q3 | Q4 | A.P.Q. | Total | Q1 | Q2 | Q3 | Q4 | A.P.Q. | Total | Q1 | Q2 | Q3 | Q4 | A.P.Q. | Total |
|---------------------------------|---|-----|-----|-----|-----|--------|-------|-----|----|----|----|--------|-------|-----|-----|-----|-----|--------|-------|
| | Of the above; number of Carers | | | | | | | | | | | | | | | | | | |
| | Advised on ... 1 Money matters other than benefits | 26 | 35 | 25 | 31 | 29 | 117 | 24 | 22 | 27 | 8 | 20 | 81 | 235 | 203 | 328 | 318 | 271 | 1084 |
| | Advised on ... 2 Welfare Benefits e.g. PIP, Attendance Allowance, Carers Allowance. | 49 | 88 | 76 | 85 | 75 | 298 | 37 | 21 | 59 | 43 | 40 | 160 | 461 | 486 | 594 | 698 | 560 | 2239 |
| | Advised on ... 3 Education and Training | 7 | 26 | 33 | 26 | 23 | 92 | 9 | 5 | 22 | 10 | 12 | 46 | 45 | 147 | 160 | 113 | 116 | 465 |
| | Advised on ... 4 Employment | 10 | 21 | 13 | 12 | 14 | 56 | 12 | 4 | 14 | 6 | 9 | 36 | 39 | 182 | 274 | 253 | 187 | 748 |
| Signposting | Number of carers signposted to relevant services | 344 | 312 | 302 | 322 | 320 | 1280 | 184 | 85 | 83 | 93 | 111 | 445 | 72 | 85 | 46 | 64 | 67 | 267 |
| | Number of carers signposted to relevant services with an arranged appointment | 1 | 0 | 0 | 0 | 0.25 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Signposted to ...1 Welfare Benefits Advice specialist | 52 | 68 | 44 | 57 | 55 | 221 | 4 | 9 | 3 | 4 | 5 | 20 | 8 | 36 | 18 | 24 | 22 | 86 |
| | Signposted to ...2 Other Money Matters specialist | 17 | 14 | 12 | 14 | 14 | 57 | 5 | 6 | 3 | 10 | 6 | 24 | 1 | 14 | 6 | 8 | 7 | 29 |
| | Signposted to ...3 DWP | 4 | 10 | 9 | 8 | 8 | 31 | 1 | 8 | 4 | 3 | 4 | 16 | 1 | 1 | 1 | 2 | 1 | 5 |
| | Signposted to ...4 Employment specialist other than DWP | 43 | 38 | 59 | 63 | 51 | 203 | 45 | 0 | 0 | 1 | 12 | 46 | 2 | 0 | 0 | 0 | 1 | 2 |
| | Signposted to ...5 Leisure/Social | 38 | 50 | 46 | 58 | 48 | 192 | 12 | 1 | 0 | 4 | 4 | 17 | 29 | 9 | 4 | 7 | 12 | 49 |
| | Signposted to ...6 Breaks & Time off | 33 | 55 | 27 | 36 | 38 | 151 | 19 | 1 | 0 | 1 | 5 | 21 | 15 | 11 | 6 | 8 | 10 | 40 |
| | Signposted to ...7 Equipment/Adaptations | 31 | 57 | 49 | 66 | 51 | 203 | 1 | 1 | 0 | 2 | 1 | 4 | 10 | 10 | 7 | 5 | 8 | 32 |
| | Signposted to ...8 Bereavement Support | 4 | 5 | 1 | 6 | 4 | 16 | 1 | 0 | 1 | 1 | 1 | 3 | 6 | 4 | 4 | 0 | 4 | 14 |
| Emergency Plans | Number of referrals for emergency plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 74 | 29 | 35 | 35 | 138 |

| Quality & Performance Indicator | Method of Measurement | Q1 | Q2 | Q3 | Q4 | A.P.Q. | Total | Q1 | Q2 | Q3 | Q4 | A.P.Q. | Total | Q1 | Q2 | Q3 | Q4 | A.P.Q. | Total |
|---------------------------------|---|-----|-----|-----|-----|--------|-------|-----|-----|-----|-----|--------|-------|-----|-----|-----|-----|--------|-------|
| Emergency Plans (cont) | Number of emergency plans completed | 97 | 129 | 114 | 98 | 110 | 438 | 39 | 61 | 62 | 68 | 56 | 230 | 29 | 27 | 63 | 79 | 50 | 198 |
| | Number of emergency plans activated and implemented | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Number of emergency plans reviewed | 1 | 1 | 1 | 15 | 5 | 18 | 0 | 5 | 35 | 1 | 10 | 41 | 0 | 1 | 3 | 7 | 3 | 11 |
| | Number of emergency plans closed | 6 | 3 | 9 | 15 | 8 | 33 | 10 | 27 | 30 | 23 | 23 | 90 | 2 | 10 | 8 | 9 | 7 | 29 |
| Advocacy | Number of carers receiving issue-based advocacy support | 137 | 123 | 135 | 122 | 129 | 517 | 99 | 123 | 115 | 245 | 146 | 582 | 14 | 24 | 12 | 13 | 16 | 63 |
| | Number of hours spent providing issue-based advocacy support | 48 | 45 | 40 | 35 | 42 | 168 | 26 | 35 | 38 | 10 | 27 | 109 | 6 | 10 | 4 | 4 | 6 | 23 |
| | Number of carers referred to statutory advocacy support services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Support Groups | Number of support groups supported or facilitated | 18 | 19 | 21 | 25 | 21 | 83 | 5 | 9 | 14 | 16 | 11 | 44 | 35 | 36 | 47 | 50 | 42 | 168 |
| | Number of carers attending facilitated support groups | 125 | 112 | 107 | 129 | 118 | 473 | 35 | 34 | 69 | 70 | 52 | 208 | 97 | 174 | 92 | 74 | 109 | 437 |
| | Number of support groups that become 'self-managed' during the quarter. | 0 | 1 | 0 | 0 | 0.25 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Number of 'one off' workshops delivered to support groups | 7 | 8 | 3 | 5 | 6 | 23 | 1 | 0 | 0 | 0 | 0.3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Carers Small Grants | Number of referrals for carers small grant | 190 | 220 | 231 | 249 | 223 | 890 | 257 | 252 | 245 | 338 | 273 | 1092 | 285 | 273 | 289 | 264 | 278 | 1111 |
| | Number of carers small grants awarded | 179 | 216 | 228 | 248 | 218 | 871 | 252 | 239 | 235 | 335 | 265 | 1061 | 280 | 271 | 289 | 246 | 272 | 1086 |

Case Study - Carers Service

| | |
|---|-------------------------------------|
| Carer's situation | |
| <p>The carer, a 90 year old man, is the sole carer for his 88 year old wife. The cared for has been diagnosed with Alzheimer's Disease which means that she needs a wide range of support. The cared for cannot be left alone as she is unaware of dangers and easily gets confused and overwhelmed. The cared for needs an increasing amount of care as her health deteriorates, and she is no longer able to do most daily tasks without support. The carer has a responsibility to maintain everything for the wellbeing of them both.</p> <p>The Carer also suffers from his own health conditions and is frequently needing hospital appointments. He has, among other procedures, had a hip replacement.</p> | |
| Support provided by: | |
| Telephone | <input checked="" type="checkbox"/> |
| Office appointment | <input type="checkbox"/> |
| At home | <input type="checkbox"/> |
| Outreach venue | <input type="checkbox"/> |
| Other (please state) | <input type="checkbox"/> |
| What did the carer need/want? | |
| <p>The carer had concerns regarding what would happen to his wife should he need to be in hospital again for a prolonged period of time, or if he should fall and hurt himself while he was out.</p> | |
| What support/practical help did you provide? | |
| <p>A Wellbeing Review was completed and this offered the carer the chance to express his concerns and offered him emotional support and support and guidance from the locality worker.</p> <p>During the conversation alternatives were discussed and an Emergency Plan created. This was to give him some peace of mind that a plan was now in place should anything happen to him. The Locality Worker also spoke about further support that is available to them both, mostly talking about local groups that focus on Alzheimer's disease.</p> <p>Discussed wellbeing events and how important it was for them both to try to continue living their lives instead of staying at home because of their fears. The cared for also gave consent to speak to his daughter who wanted to support her parents about the plans that were put in place, and the other things that had been discussed.</p> | |
| Outcomes achieved (click on box): | |
| Quality of life maintained | <input checked="" type="checkbox"/> |
| Improved health/wellbeing | <input checked="" type="checkbox"/> |
| Maintained health/wellbeing | <input checked="" type="checkbox"/> |
| Increased choice and control | <input checked="" type="checkbox"/> |
| Increased self confidence | <input type="checkbox"/> |

| | |
|--|-------------------------------------|
| Better informed/skilled/equipped | <input checked="" type="checkbox"/> |
| No readmission within 30 days | <input type="checkbox"/> |
| Better use of primary care services | <input type="checkbox"/> |
| Improved levels of self-care | <input type="checkbox"/> |
| Less socially isolated | <input checked="" type="checkbox"/> |
| Improved mental wellbeing | <input checked="" type="checkbox"/> |
| Comments: (e.g. the difference our work made) | |
| <p>The Wellbeing Review allowed the carer to explore all of his concerns, including worries about what would happen if he was suddenly taken ill.</p> <p>Setting up an Emergency Plan gave him peace of mind over what would happen in the case of a sudden illness or accident, and being able to discuss his life led to finding out about other support groups that improved his quality of life. This improved his mental wellbeing, lessened his worries, and potential provided him with social opportunities.</p> <p>All of this improved his mental wellbeing. Attending the groups would make him less socially isolated. And, his choices were increased as he was more aware of the choices available to him.</p> | |

Case Study – Carer Navigator Support

| |
|---|
| Carers Situation |
| <p>Initial identified needs from the referral were about benefits, financial advice and information and support to maximise the couple's income. It transpired that this was a complex caring situation. The husband did not have mental capacity to give his wife Power of Attorney to manage his financial affairs. She did not know what his income was or what she was entitled to.</p> <p>It developed into advising and supporting the carer with every issue and need surrounding the caring role, advocating on her behalf and liaising with services including social services, primary care, continuing health care funding, housing, and employment. I also provided ongoing emotional support and confidence building to manage the overwhelming changes that had happened in their lives.</p> |
| Background history |
| <p>The carer's husband (in his early 40s) had a brain haemorrhage/major stroke and was in hospital for 5.5 months. This had left him completely disabled and dependent on his wife and a care package/ professional support to manage all his activities of daily living. He lived in a hospital bed in their living room in a small terraced house with no downstairs bathroom or suitable facilities. Both their lives had been permanently altered and, after discharge, they had been left back home in the community with insufficient support to maximise their quality of life. The carer was in her 30s and had been working whilst she had limited access to her husband in hospital due to the pandemic. Now she was unable to work due to her 24 hour caring responsibilities. A community Social Worker had not been allocated yet.</p> |
| Client's situation |
| <p>The carer was a very capable person but, like most carers, did not know what was available to support them both or how to navigate the NHS, primary care and social services systems she had found herself communicating with. There was also a slight language barrier which sometimes resulted in her not understanding what she needed to do especially over the phone. Other services did not seem to realise this disadvantage and actually caused a delay in some areas e.g. phone calls with the DWP.</p> |
| Support Given |
| <p>Initially, intensive support via many home visits in the first few weeks to then weekly visits. Also support was extended past the usual 6 week remit to approximately 10 weeks due to the complexity of the case.</p> <p><u>Finance/Employment/Legal</u></p> <p>Benefits advice/support about both their incomes, his disability income, Carer's Allowance, joint claim for Universal Credit and a voluntary sector welfare benefits advice service. I supported her to get Appointeeship with the DWP for his benefits. Discussed and advised around Power of Attorney for her to manage his affairs via solicitor/Court of Protection due to his lack of mental capacity. Support given via myself and a referral to</p> |

our Employment team on carers' rights at work, issues around statutory sick pay not being the correct amount and what choices the carer would have going forward i.e. staying longer on sick pay, leaving her job permanently etc.

Liaising with statutory services/getting care needs and carer needs met

I liaised closely with the husband's Social Worker on a regular basis via joint home visits and frequent phone calls to advocate on behalf of the carer to ensure the carer's voice/needs were heard and addressed. I made a referral for a Statutory Carer's Assessment as well as Care Needs Assessment for her husband. I supported her to voice her concerns/complaints about the care package not meeting her husband's care needs, resulting in a change of care package provider and getting more suitable aids/adaptations for him.

To try and reduce further carer strain/burn out, we made a request for weekly breaks via a sitting service of approx. 10.5 hours per week. I supported her to apply for continuing healthcare funding by attending the first and second assessment and advocating on behalf of the carer. I emphasised to the assessor the huge impact of the caring role on the carer and what was needed to help her sustain this. This funding was approved and the result was the care package was increased in hours, including increased sitting service/breaks for the carer from 10.5 hrs to 18 per week. Waking night shifts of care and respite. Also referred for specific primary care support e.g. allocated two community matrons, more intensive Physio. The carer would be able to use Direct Payments to have more choice and control to pay for whomever she chose to provide care whilst she had breaks.

Housing

Prior to the CHC meeting I had supported the carer to register with the local council and to complete a housing application based on her husband's medical needs. I made a referral to a housing organisation to provide her with a housing support worker to look for more suitable disabled friendly/adapted housing and set up her login to check her housing offers weekly.

Emotional Support/Confidence Building

Each contact with the carer included building rapport and trust with her and listening to her needs and issues. She slowly revealed to me the difficult family dynamics she was part of and that there was very little support or positive communication with his family. It was a sensitive situation and her being able to manage independently for her and her husband both financially and in her housing situation (his family owned their home) would give her the freedom and choice to build a new life with him based on their needs not the family/cultural expectations. This would have meant she would not have had her voice or needs acknowledged. Having the space to discuss this and understanding that carer strain and burn out were a reality allowed her to give herself permission to feel less guilty about taking breaks and looking after herself not just him.

Signposting, referral, networking with other agencies

- Adult Social Care
- Bradford Royal Infirmary-Stroke Ward
- Continuing Healthcare Funding Assessor
- Housing Options
- Bradford Council
- GP Practice/Primary Care

- Welfare Benefits Advice Service
- Department of Works and Pensions
- Carers Resource Employment Team
- Carers Resource Locality Team

Quality of life outcomes for the client (please mark below all that are appropriate)

| | | | |
|---------------------------------------|---|--|---|
| Maintained improved health/well being | x | Increased choice and control | x |
| Increased self confidence | x | Feeling informed/skilled/equipped | x |
| No readmission to hospital in 30 days | x | Appropriate use of primary care services | x |
| Improved levels of self-care | x | Less socially isolated | x |
| Improved mental wellbeing | x | | |

Conclusion

Due to our input, this carer was able to have better quality of life supporting her husband alongside statutory services at home. The reality was that if she had not been able to manage he would have had to be assessed to move into some kind of long term care. Neither wanted this. Her voice/needs were heard thus reducing her carer strain and burnout because she was able to understand and have the confidence to ask for support and to challenge any issues around his care needs.



Report of the Interim City Solicitor to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 14 September 2022

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Subject: HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2022/23

Summary statement:

This report presents the Committee's work programme 2022/23

Report Contact: Caroline Coombes
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E-mail:
caroline.coombes@bradford.gov.uk

Portfolio:
Healthy People and Places

1. Summary

1.1 This report presents the Committee's work programme 2022/23.

2. Background

2.1 Each Overview and Scrutiny Committee is required by the Constitution of the Council to prepare a work programme (Part 3E – Overview and Scrutiny Procedure Rules, Para 1.1).

3. Report issues

3.1 **Appendix A** of this report presents the work programme 2022/23. It lists issues and topics that have been identified for inclusion in the work programme and have been scheduled for consideration over coming year.

3.2. Best practice published by the Centre for Public Scrutiny suggests that 'work programming should be a continuous process'¹. It is important to regularly review work programmes so that important or urgent issues that come up during the year are able to be scrutinised. In addition, at a time of limited resources, it should also be possible to remove projects which have become less relevant or timely. For this reason, it is proposed that the Committee's work programme be regularly reviewed by Members throughout the municipal year.

4. Options

4.1 Members may wish to amend and / or comment on the work programme at **Appendix A**.

5. Contribution to corporate priorities

5.1 The Health and Social Care Overview and Scrutiny Committee Work Programme 2022/23 reflects the priority outcomes of the Council Plan, in particular, 'Better Health, Better Lives' and 'Living with Covid-19'². It also reflects the guiding principals of the Joint Health and Wellbeing Strategy for Bradford and Airedale 'Connecting people and place for better health and wellbeing'.

6. Recommendations

6.1 That the Committee notes the information in **Appendix A** and considers any amendments or additions it may wish to make.

6.2 That the Work Programme 2022/23 continues to be regularly reviewed during the year.

¹ Hammond, E. (2011) *A cunning plan?* p. 8, London: Centre for Public Scrutiny

² Our Council Plan: Priorities and Principles 2021-25 <https://www.bradford.gov.uk/councilplan>

7. **Background documents**

None

8. **Not for publication documents**

None

9. **Appendices**

9.1 **Appendix A** – Health and Social Care Overview and Scrutiny Committee work programme 2022/23

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Democratic Services - Overview and Scrutiny

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

| Agenda Items | Description | Report Author | Comments |
|---|---|---------------------------------|--|
| Thursday, 6th October 2022 at City Hall, Bradford. | | | |
| Chair's briefing 21/09/22. Report deadline 23/09/22. | | | |
| 1) Primary Care | Annual Update | Parveen Akhtar | Resolution of 21 Oct 2022 |
| 2) Home Support Locality Contract | Update plus input into the full system-wide review of Home Support | Alex Lorrison | Resolution of 23 Sept 2021 |
| 3) Adult Autism | Update following significant changes to the BANDS service since the previous report of March 22 | Contact: Walter O'Neill | Last considered 17 March 22 |
| Thursday, 24th November 2022 at City Hall, Bradford. | | | |
| Chair's briefing 09/11/22. Report deadline 14/11/22. | | | |
| 1) Keighley Healthcare Estate | To include an update on Shipley Hospital (TBC) | Robert Madden | |
| 2) Implementation of 'host commissioner' arrangements | TBC | Iain Macbeath / Michelle Turner | Resolution of 21 October 2021 |
| 3) Covid-19 update | Update | Caroline Tomes | Resolution of 18 Nov 21 |
| 4) Re-imagining day services | To include information on the co-production partnership and people with lived experience be invited to attend | Gareth Flemyng | Resolution of 18 Nov 21 |
| Thursday, 15th December 2022 at City Hall, Bradford. | | | |
| Chair's briefing 29/11/22. Report deadline 05/12/22. | | | |
| 1) Mental wellbeing | To include information on the reviews of IAPT and older people | Sarah Exall / Kris Farnell | Resolution of 16 Dec 21 |
| 2) Cancer | Outcomes of the lung cancer pilot programme and update on cancer waiting times target performance | Janet Hargreaves | Resolution of 13 June 2019 (postponed from April 2020) |

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

| Agenda Items | Description | Report Author | Comments |
|---|--|--------------------|--|
| Thursday, 19th January 2023 at City Hall, Bradford. | | | |
| Chair's briefing 05/01/23. Report deadline 09/01/23. | | | |
| 1) Cap on care costs / contributions policy | TBC | Jane Wood | Care Act 2014 allowed for a cap on care costs but implementation was postponed. Amended by the Health and Care Act 2022 and now expected to be implemented in 2023 |
| Thursday, 16th February 2023 at City Hall, Bradford. | | | |
| Chair's briefing 01/02/23. Report deadline 06/02/23. | | | |
| 1) Respiratory Health in Bradford District | Update | Public Health | Resolution of 22 November 2018 to have an update in 2 years |
| 2) Safeguarding Adults Strategic Plan and Multi-Agency Safeguarding Hub | Update | TBC | Resolution of 6 September 2018 |
| 3) 0-19 Children's Public Health Services | Update on performance with Bradford District Care Trust | Contact: Liz Barry | Resolution of 23 June 2022 |
| Thursday, 23rd March 2023 at City Hall, Bradford. | | | |
| Chair's briefing 08/03/23. Report deadline 13/03/23. | | | |
| 1) Adult Autism | The Committee has resolved its expectation that 80% (256) of the projected number of assessments will have been delivered by March 2023. Report to also include a plan to ensure the sustainability and continued improvement of the service | Ali Jan Haider | Resolution of 17 March 22 |