

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 29 September 2022 in Council Chamber - City Hall, Bradford

Commenced 4.35 pm
Concluded 5.45 pm

Present – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT	GREEN
Jamil Humphreys Godwin Mohammed	Sullivan	Griffiths	Hickson

VOTING CO-OPTED MEMBERS:

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

Helen Rushworth Healthwatch Bradford and District

Observers: Councillor Ferriby Healthy People and Place Portfolio Holder

Apologies: Councillors Glentworth and Crowe and Co-opted member Susan Crowe

Councillor Jamil in the Chair

16. DISCLOSURES OF INTEREST

No disclosures of interest in matters under consideration were received.

17. MINUTES

Resolved –

That the minutes of the meeting held on 23 June and 14 July 2022 be signed as a correct record.

ACTION: Director of Legal and Governance

18. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

19. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

There were no recommendations referred to the Committee.

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

The report of the Strategic Director of Health and Wellbeing (**Document “E”**) updated members 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 provided 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.

The following questions were asked by members and co-opted members about the scheme and responses given:

Q What happens if the remedial groundwork is undertaken and the land is not suitable to build on?

- The Council will need to undertake the remedial works whether or not the scheme goes ahead. It may be possible that the land cannot be built on and this is why the Council is engaged with the contractor at this stage.

Q What will be built on the site?

- There will be 50 bed provision, split across three distinct sections so that each section can operate separately with staff changing and medical facilities in each base. The provision is being planned in consultation with colleagues from Social Care to learn from past experience and ensure that the facilities are future proofed. Copies of the plans will be provided for members of the Committee.

Q Is there any risk that a contractor will not be found who will tender for the contract given the £11.3m funding envelope?

Q What are the risks that a contractor may fail to deliver the project?

- Both of these possibilities have been considered. The procurement route needed to reflect the present supply chain issues and financial pressures. It was doubted that a contractor would not be found and tenders would be put to tier one contractors who should be able to take on the risk.

Q Will there be any facilities for relatives, especially for those with family members with dementia?

- The 50 beds will be to provide assessment and intermediate care to enable service users to go back to their own home. There will be a

cafeteria for relatives and meeting spaces for relatives to meet staff to help support people to move back home. The beds are to provide short term care as the move is away from long term care.

Q Is guidance being taken from specialists in dementia care to enable people to return to their community?

Q Will the possibility of making provision for relatives to stay with people with dementia be explored?

- The Council is working with organisations such as the Alzheimer’s Society but also has in house knowledge as two similar provisions have been built. An outreach support team is being created to help support relatives and people with dementia to get them back into their own homes. Family members are worked with closely to try to ensure that what is provided is reflective of their own home environment.

Q What are the timescales?

- It is anticipated that it will be 18 – 24 months before the facility is complete.

Members requested that, should the development not proceed for any reason, the Committee be updated through the Chair so that consideration can be given to whether a further report is required.

Resolved –

That the report be noted

ACTION: Strategic Director Health and Wellbeing

21. CARERS SERVICES CONTRACT IN BRADFORD DISTRICT & CRAVEN

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

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

The following questions were asked by members and co-opted members and responses given:

Q Why had there been a significant increase in the newly-registered carers from BAME communities?

- External funding had been provided for community engagement which had an impact on reaching out to all communities which would have to be maintained going forward. The needs of carers and the complexity of their needs had increased since the pandemic and the service was very focussed on providing support for carers.

Q Feedback received by a member was that Carers Resource provided good support to carers. What percentage of carers did Carers Resource work with and what was the level of unmet need?

- At present it was estimated that the service reached 20% of carers. The target was to increase this to 25% by the end of the financial year. The needs of long term carers will change over time. The challenge remained that carers did not always identify themselves as carers. Those who said they did not need any support were encouraged to receive the quarterly magazine. Resources are not finite and they were looking at doing things in a different way. During the pandemic they were in touch with the same number of carers either virtually or by phone. Since coming out of lockdown the number of peer-led groups had been increased.

Q What methods are used to reach out to carers?

- There are good links with local press and radio and the use of social media. Someone has been employed to focus on engagement and to work with colleagues in VSC.

Q How are we able to identify when carers are not coping?

- Carers Resource often go into people's homes and have significant finance for a household support fund. They pick up things such as needing a bed, as the carer is no longer able to share with the person they care for. There are robust systems in place to get money to people who need it.

Q Where caring breaks down who is responsible to identify this?

- Sometimes Carers Resource can intervene but they may have to refer a carer to Social Care for respite provision. They will do their best to prevent carers getting to crisis point. A dedicated resource had been allocated to enable the needs of the carer as well as the person they care for to be identified during their assessments.

Q There has already been a substantial increase in peer support groups to 160, do you see this number increasing further? Will you have the capacity to support an increase?

- The model that is used is that staff identify a need and a staff member will facilitate and try to recruit a volunteer to run the group. They are very concerned that during the winter people will stop coming to groups because of the expense. Thought is being given to providing transport and light refreshments to encourage people to continue to attend.

Q 64% of referrals to the service are self-referral – do we know how people came to hear about the service?

- This is not known exactly but anecdotally by word of mouth.

A co-opted member referred to the difficulty caused to people with lifelong health conditions who were required to be reassessed by Metro each year for their bus pass and to take their carer with them.

Resolved –

(1) That officers in the Directorate of Health and Wellbeing and Carers Resource be thanked for the report.

(2) That a further report be presented to the Committee in two years.

ACTION: Strategic Director Health and Wellbeing

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

The report of the Director of Legal and Governance (**Document “G”**) presented the Committee’s work programme 2022/23. Member discussed the contents of the Work Programme.

Resolved –

- (1) That the Committee notes the information in Appendix A to Document “G”.**
- (2) That the Work Programme 2022/23 continues to be regularly reviewed during the year.**

ACTION: Overview and Scrutiny Lead

Chair

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

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