

**PRESENT:** Councillor Blagbrough (Chair)

Councillors: Barnes, Baines MBE, Benton, Durrans, Hutchinson, Kingstone, Parsons-Hulse and M Swift

**59 SUBSTITUTES NOMINATED FOR THIS MEETING AND APOLOGIES FOR ABSENCE**

There were no substitutes or apologies for absence for this meeting.

*(The meeting closed at 20.05 hours).*

**60 MINUTES OF THE ADULTS, HEALTH AND SOCIAL CARE SCRUTINY MEETING HELD ON 25TH JANUARY 2022 AND 10TH FEBRUARY 2022 TO BE AGREED AS A CORRECT RECORD AND SIGNED BY THE CHAIR.**

**RESOLVED** that the Minutes of the meetings held on 25<sup>th</sup> January and 10<sup>th</sup> February 2022, be approved as a correct record and signed by the Chair subject to the correct recording of Councillor Benton present at the 10<sup>th</sup> February meeting.

**61 NEURODIVERSITY**

The Deputy Director of Improvement, Acute and Community, Calderdale Clinical Commissioning Group (CCCG) presented an oral report which provided an update on Neurodiversity. The Scrutiny Board discussed neurodiversity and assessments in November 2019. The introduction of choice had changed the CCCG commissioning approach and the offer for people with Attention Deficit Hyperactivity Disorder (ADHD) requesting an assessment.

The Deputy Director of Improvement, Acute and Community and the Clinical Lead for All Age Mental Health, Learning Disabilities and Autism, Calderdale Clinical Commissioning Group attended the meeting and addressed the Board and provided a presentation about mental health choice for Autism Spectrum Disorder (ASD) and ADHD (neurodevelopmental) and their future plans. They gave a presentation outlining the Calderdale's approach to NHS Patient Choice, the three pathways available and the process for those requesting ASD or ADHD Neurodevelopmental assessment and provided useful links for the NHS choice framework.

Members commented on the following issues:

- Concerns were raised around the patients journey that it was felt, it was not being looked at from the patients' point of view and we should be aspiring to less than an 18-week process. In response, the Clinical Lead, CCCG advised that they were trying to address patients that had been adversely affected as the system was not in place. The CCCG were trying to bring parity between mental health and physical health. There had been a lot of change in provision. The acute trust waiting list was immense, so it was difficult to be over ambitious. The patient journey if implemented properly should be better.
- What was the journey like from child to adult? In response, the Clinical Lead, CCCG advised that there was something in the specification about trusted

assessors between children and adult services. They were looking at an “All Age Strategy” graph over the next six months and would be happy to have the Scrutiny Board’s views on that.

- Were patients given a list of choices? In response, the Deputy Director of Improvement advised that there was no centralised list yet and this was one of the biggest challenges. There had been talks with other CCGs in West Yorkshire and they know some providers had contracts with other CCGs. The newly appointed ‘navigator’ would help patients to make choices.
- Concerns were raised about paying private providers, how do we ensure our NHS services were not being diluted? In response, the Clinical Lead, CCGG advised that they were looking at shared care, but this was not simple and did cause challenges that were being worked on.
- There was a need for a trusted assessor, and it was important to make it work best for the patient rather than the service. In response, the Clinical Lead, CCGG advised that it comes down to the trusted assessment and explained the processes around physical test results, but mental health was not always so easy. It was made clear when assessments were done, it had to be activated by a qualified provider. If they were not on the Accredited Qualified Provider List, they could not guarantee follow on continuation of care.
- A Member had tried to find out about the waiting list for children’s speech therapy, what had happened with the “all age discrimination service” and did we have a new contractor for Autism? In response, the Clinical Lead, CCGG advised that this report was around the neurodiversity choice. Choice did not apply at every point of care, only at the first point of contact. There were more providers, and all had different waiting lists.
- The parity of esteem in referrals, do we know whether it was going to be offered in other areas on mental health provision? In response, the Clinical Lead, CCGG advised that there was choice in wider mental health provision, but there was a need to let this embed and then broaden to other mental health provision.
- In 2019 access to support care was only available to people with neurodiversity, if people moved into Calderdale from elsewhere that were diagnosed with neurodiversity by a provider with a contract with the CCGG, would their diagnosis be recognised in Calderdale? In response, the Clinical Lead, CCGG advised that yes, the diagnosis would be recognised if it was with a qualified provider.
- What was the criteria going to be for providers, what qualifications would they need to have to get a contract, and when looking for a diagnosis through this system would patients be provided with comparisons for the different providers and access to reviews and data from people using the services? In response, the Deputy Director of Improvement advised that the specifications were outlined in the National Institute for Health and Care Excellence (NICE) Guidance, and they would have to pass a quality level to hold a provider contract. There was one Navigator in post now and they would gather

information and support people to make decisions. This would be monitored closely.

- If the NHS in West Yorkshire was going through reorganisation and Calderdale were leading the way, could the restructure incorporate the model used in Calderdale across all systems within West Yorkshire? the Deputy Director of Improvement advised that they were having conversations with West Yorkshire at Integrated Commissioning Services level, and they were aware of the work within Calderdale.

**IT WAS AGREED** that the:

(a) Deputy Director of Improvement, Acute and Community and the Clinical Lead for All Age Mental Health, Learning Disabilities and Autism, Calderdale Clinical Commissioning Group be thanked for attending and responding to Members questions and concerns; and

(b) the report be noted.

*(Councillor Durrans declared an interest in the above item as she was a Member of the Calderdale National Autistic Society and the NCD Steering Group).*

## **62 COMMISSIONING HOUSING WITH SUPPORT FOR ADULTS IN CALDERDALE**

The Director, Adult Services and Wellbeing submitted a written report and provided a presentation outlining the details of the Commissioning Housing with Support for Adults in Calderdale. The presentation outlined the “People at the Heart of Care - adult social care reform white paper 2021 which set out a 10-year vision for people to have choice, control, and support to live independent lives. So that people could access outstanding quality and tailored care and support. For people to find adult social care fair and accessible. There was a focus on increasing the range of new supported housing options available and this would provide choice of alternative housing and support options. The incorporation of digital technology to increase independence was essential to the development of accommodation with support. The presentation highlighted:

- Commissioning Principles - Housing with Support
- A vision to provide more housing with care and support in Calderdale
- Breakdown of Spend by Service Type
- Number of older people and young adults accessing key services Budget Overview Adults and Well Being Provider Services
- An example of a new supported living service and a new supported accommodation scheme
- Future demand for supported living and supported accommodation
- The vision and future plans for Extra Care in Calderdale

Commissioners were working with Housing colleagues to bring a further 2 Extra Care schemes to Calderdale. These were on council owned sites and had cabinet approval. The sites were in Todmorden and North Halifax localities that did not currently have extra care provision. Analysis had been done on the current demand for homecare in these localities and this showed that there was a cohort of people who could benefit from extra care housing. In 2039, 37% of all households in Calderdale will be aged 65+. There was a need to continue to increase the range of housing in Calderdale to meet the needs of older people.

The Assistant Director, Integrated Commissioning and Partnerships and the Commissioning and Planning Manager, Calderdale Council attended the meeting and addressed the Board.

Members commented on the following issues:

- Did people living in the new Extra Care scheme at Crown Court have any input into the style and décor of the site? In response, Officers advised that some interior features were preserved with Heritage England but occupants would decide the décor within their own apartment.
- Within the development of the magistrate's court, there were two apartments for people with mobility issues, was there the possibility for more to be adapted and developed? In response, Officers advised that the court had limitations and there were two ground floor apartments for people with mobility issues. There were also other supported living accommodation schemes in Calderdale that were fully accessible.
- For families with added challenges with finances, do we have a breakdown of living costs to put into assisted living, with cost comparisons for adults living at home, against other adult children? In response, Officers explained the process for claiming if adults remained in the family home and for tenants with housing support and the whole financial assessment.
- With regards to the Railway Bridge View scheme in Brighouse, was there any date for completion, was there an opportunity for viewing and how quickly would people be moving in? In response, Officers advised that the site was due for completion late March with the intention to open in late April. The Allocations Panel meet fortnightly and there was a need to ensure the best use of the building with a mix of needs. They were hoping to have an open day and will circulate the date to Board Members.
- Were we currently meeting the current demand or was there a waiting list for homes, and if there was a waiting list how long was it and how long had people been on it? In response, Officers advised that there was a waiting list. Compatibility could be an issue, but they tried to match apartments with requirements. There were dedicated accommodation meetings to iron out any issues and they were constantly reviewing properties. There were about 22 vacancies and a similar number on the waiting list.
- What provisions were in place for the renewal and investment of schemes? In response, Officers advised that they did expect a program of upgrades and

replacements of elements when necessary and they kept a check on this and any condition issues.

Councillor Fenton-Glynn, Cabinet Member with responsibility for Adult Services and Wellbeing attended the meeting and addressed the Board. He advised that the wait for the Railway Bridge View site would be worth it. He welcomed people looking around the site and he had written to the contractors and expressed the view that the site would be excellent once finished.

**IT WAS AGREED** that the report be noted, and Officers be thanked for an outstanding piece of work and for their commitment and enthusiasm.

**63 WORK PROGRAMME 2021/22**

The Senior Scrutiny Officer submitted a written report which provided the latest version of the Adults, Health and Social Care Scrutiny Board, Work Programme 2021/22 to provide Members with the opportunity to update or amend as necessary.

Members were provided with an update on the work around “A Boards” and were advised that there was some consultation to be carried out that Members of the Board could contribute to.

**IT WAS AGREED** that the Work Programme be noted.