

Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Wednesday, 21 June 2023 at 4.30 pm in Council Chamber - City Hall, Bradford

Members of the Committee – Councillors

LABOUR	CONSERVATIVE	BRADFORD SOUTH INDEPENDENTS
Jamil (Ch) Humphreys (DCh) Ahmed Godwin Johnson Wood	Coates Nunns	Clarke

Alternates:

LABOUR	CONSERVATIVE	BRADFORD SOUTH INDEPENDENTS
<i>Firth</i> <i>Hayden</i> <i>Kauser</i> <i>Lintern</i> <i>Mitchell</i> <i>Rowe</i>	Clarke Sullivan	<i>Majkowski</i>

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
Agenda Contact: **Asad Shah**

To:

Phone: **07970 414022**; E-Mail: asad.shah@bradford.gov.uk

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The Director of Legal and Governance 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 the 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 if</u> 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 well-being</i>

(a) to a greater extent than it affects the 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 th.

it would affect your view of the wider public interest in which case speak or the item only if the public are also allowed to speak but 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 meetings held on 6 October, 24 November, 15 December 2022, 19 January, 16 February and 22 March 2023 be signed as a correct records (previously circulated).

(Asad Shah – 07970 414022)

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 – 07970 414022)

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. CO-OPTION OF MEMBERS TO THE HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Under Article 6 of Part 2 of the Constitution the Committee may make a recommendation to Council for the co-option of non-voting members to the Committee. The Committee is asked to recommend the appointment of the following non-voting co-opted members:

1. Susan Crowe – Bradford and Craven Co-Production Partnership
2. Trevor Ramsay – i2i patient involvement Network, Bradford District NHS Foundation Care Trust
3. Helen Rushworth – Healthwatch Bradford and District

(Caroline Coombes - 01274 432313)

7. WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Previous reference: Minute 36 (2015/2016)

At its meeting of 29 October 2015 the Committee considered a report of the Chair and resolved 'That the West Yorkshire Joint Health Overview and Scrutiny be supported'. It also nominated two members from within its membership to sit on the Joint Committee. As the Committee has since been reconstituted, there is now a need to appoint two members to sit on the Joint Committee.

Recommended –

That the Committee nominates two members from within its membership to sit on the West Yorkshire Joint Health Overview and Scrutiny Committee.

(Caroline Coombes - 01274 432313)

8. DATES OF FUTURE MEETINGS

Members are asked to note the following dates for the 2023/24 Municipal Year for meetings of this Committee scheduled to take place at 4.30 pm in City Hall, Bradford:

- **Wednesday** 21 June 2023
- Thursday 27 July 2023
- Thursday 28 September 2023
- Thursday 26 October 2023
- Thursday 23 November 2023
- **Wednesday** 6 December 2023
- Thursday 25 January 2024
- Thursday 29 February 2024
- Thursday 14 March 2024

Asad Shah – 01274 432280

9. **BRADFORD SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021/22**

The report of the Chief Executive Office (**Document “A”**) presents the Bradford Safeguarding Adults Board’s annual report for 2021-2022. The report outlines the activities carried out by the Board and its partner agencies to protect vulnerable adults from abuse and neglect. It further covers a range of areas, including efforts to improve outcomes for at-risk adults, case reviews, safeguarding training, performance quality assurance, and progress against priorities. By providing a transparent assessment of multi-agency safeguarding activity, the report aims to demonstrate the strength of the safeguarding arrangements in the Bradford District. The report is presented on behalf of the three statutory safeguarding partners, the Local Authority, West Yorkshire Police, and Clinical Commissioning Group, who are jointly responsible for the safeguarding partnership arrangements.

Recommended –

- (1) **The Committee is requested to note the Annual Report 2021/22.**
- (2) **The Committee to receive another report in 12 months’ time.**

(Darren Minton - 01274 434361)

10. **BRADFORD DISTRICT AND CRAVEN HEALTH AND CARE PARTNERSHIP JOINT FORWARD PLAN**

23 – 60

There is a statutory requirement for Integrated Care Boards (ICBs) to develop Joint Forward Plans (JFPs), which set out how they will operationalise their strategies. Each place within West Yorkshire has been asked to provide their local contribution to the NHS West Yorkshire ICB JFP.

The report of the Health and Care Partnership (**Document “B”**)

presents the Bradford District and Craven Health and Care Partnership Joint Forward Plan.

Recommended –

The Committee is asked to note and may wish to comment on the first draft Joint Forward Plan

(clare.smart@bradford.gov.uk / kerry.weir@bradford.gov.uk)

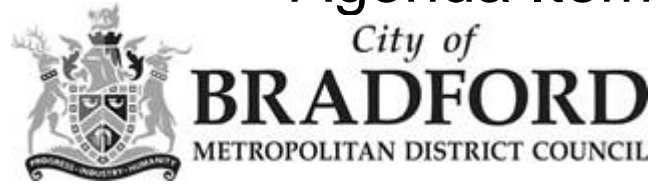
11. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2023/24 61 - 62

The report of the Director of Legal and Governance (**Document “C”**) will discuss the Committee’s work programme 2023/24 in advance of its presentation at the next meeting for adoption.

Recommended –

That a draft Programme of Work 2023/24 be presented for consideration and adoption at the Committee’s meeting of 27 July 2023.

(Caroline Coombs – 01274 432313)



Report of the Chief Executive Office to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 21 June 2023

A

Subject: BRADFORD SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021/22

Summary statement:

The Bradford Safeguarding Adults Board's annual report for 2021-2022 outlines the activities carried out by the Board and its partner agencies to protect vulnerable adults from abuse and neglect. The report covers a range of areas, including efforts to improve outcomes for at-risk adults, case reviews, safeguarding training, performance quality assurance, and progress against priorities. By providing a transparent assessment of multi-agency safeguarding activity, the report aims to demonstrate the strength of the safeguarding arrangements in the Bradford District. The report is presented on behalf of the three statutory safeguarding partners, the Local Authority, West Yorkshire Police, and Clinical Commissioning Group, who are jointly responsible for the safeguarding partnership arrangements.

EQUALITY & DIVERSITY:

The Bradford Safeguarding Adults Board's annual report for 2021-2022 demonstrates a strong commitment to promoting equality and diversity in its services. The Board emphasises person-centred care, empowerment, and collaboration, likely positively impacting equality and diversity. The Board's initiatives to improve multi-agency working and training are expected to ensure that adults at risk receive consistent and high-quality support, regardless of the agency providing the service. Although the report does not explicitly state whether the work presented contributes to one of the Council's equality objectives, the Board's focus on social inclusion and addressing discrimination aligns with broader equality objectives.

Iain MacBeath
Strategic Director

Portfolio:

Healthy People and Places

Report Contact: Darren Minton
Phone: (01274) 434361
E-mail: darren.minton@bradford.gov.uk

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

- 1.1 The Bradford Safeguarding Adults Board's annual report for 2021-2022 outlines the activities carried out by the Board and its partner agencies to protect vulnerable adults from abuse and neglect. The report covers a range of areas, including efforts to improve outcomes for at-risk adults, case reviews, safeguarding training, performance quality assurance, and progress against priorities. By providing a transparent assessment of multi-agency safeguarding activity, the report aims to demonstrate the strength of the safeguarding arrangements in the Bradford District. The report is presented on behalf of the three statutory safeguarding partners, the Local Authority, West Yorkshire Police, and Clinical Commissioning Group, who are jointly responsible for the safeguarding partnership arrangements.

2. BACKGROUND

- 2.1 The Bradford Safeguarding Adults Board (BSAB) is legally required to complete an annual report under the Care Act 2014. The Act requires local authorities and their partners to work together to set up Safeguarding Adults Boards to oversee and coordinate safeguarding activities in their areas.
- 2.2 The annual report is an essential component of the Board's statutory responsibilities. It helps ensure that all partner agencies are accountable for their safeguarding activities and that there is transparency in how those activities are carried out. The report provides an opportunity for the Board to evaluate the effectiveness of its safeguarding arrangements and initiatives, identify any gaps in service provision, and set priorities for future action. By sharing this information with the public and stakeholders, the Board can promote transparency, build trust, and demonstrate its commitment to safeguarding adults at risk of abuse and neglect. Moreover, completing an annual report enables the Board to demonstrate its accountability to the public and its partners by showing how it has used its resources and fulfilled its obligations over the reporting period.
- 2.3 In summary, completing an annual report is essential for the BSAB to fulfil its legal obligations, promote transparency and accountability, and engage with stakeholders to ensure that safeguarding remains a priority for all partner agencies.

3. REPORT ISSUES

- 3.1 The BSAB annual report 2021/22 provides a comprehensive overview of the Board's strategic vision, outcomes, and priorities. By outlining these key elements, the report helps ensure that all partner agencies are aligned and working towards safeguarding adults at risk of abuse and neglect. Additionally, the report serves as a reminder of the BSAB's responsibilities and the important role that each partner agency plays in achieving its objectives.
- 3.2 In addition to outlining the strategic vision, outcomes, and priorities, the BSAB annual report 2021/22 provides information on the internal structures and governance that hold partner agencies accountable. By providing this information, the report helps to promote transparency and ensure that all partner agencies are working collaboratively towards the same goal of safeguarding adults at risk.

- 3.3 The BSAB annual report 2021/22 also includes information on the achievement of its sub-groups, which are responsible for delivering specific areas of work. This information provides key insights into the BSAB's activities and initiatives and the emerging challenges and risks that partner agencies face. By identifying these challenges and risks, the BSAB can work to address them proactively and ensure that safeguarding remains a priority.
- 3.4 Finally, the BSAB annual report 2021/22 includes information and learning on Safeguarding Adults Reviews (SARs) and performance data collected throughout the reporting period. This information provides a comprehensive overview of the Board's activities and initiatives and its performance in achieving its objectives. By sharing this information, the report promotes accountability and transparency, enabling the Board to demonstrate its commitment to safeguarding adults at risk of abuse and neglect.
- 3.5 Overall, the BSAB annual report 2021/22 is crucial for ensuring that partner agencies work collaboratively to achieve the BSAB's strategic vision, outcomes, and priorities and for promoting transparency, accountability, and stakeholder engagement.

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1 The Bradford Safeguarding Adults Board is funded by a range of partner agencies, with financing responsibility lying jointly with the three statutory partners: the Local Authority, West Yorkshire Police, and the Integrated Care Board (formerly the Clinical Commissioning Group). These partners are equally responsible for funding the Board's activities. The budget for the BSAB is reviewed annually and discussed with the partner agencies to ensure sufficient funding is available to support the Board's work in safeguarding adults at risk.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Nil

6. LEGAL APPRAISAL

The Care Act 2014 requires Safeguarding Adults Boards to publish an annual report. This report demonstrates our compliance with this duty. The report is published on the SaferBradford website.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

Nil

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

Nil

7.3 COMMUNITY SAFETY IMPLICATIONS

7.31 The Bradford Community Safety Partnership (CSP) and Safeguarding Adults Board (SAB) are essential collaborators in protecting the community's most vulnerable individuals. The implications for the SAB's 2021/22 annual report show enhanced cooperation and communication between these entities, sharing knowledge, resources, and best practices to mitigate identified risks effectively. BSAB & CSP intend to explore overlapping areas of responsibility. Continued opportunities may exist to refine roles or develop joint strategies for more impactful community safeguarding.

7.32 Furthermore, any changes to policies from either the CSP or the SAB may necessitate a review and adjustment of current practices, ensuring that their united front on safeguarding matters remains robust, dynamic, and responsive to the needs of the Bradford community.

7.4 HUMAN RIGHTS ACT

Nil

7.5 TRADE UNION

Nil

7.6 WARD IMPLICATIONS

Nil

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

Nil

7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

N/A.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

The nature of adult safeguarding work requires partners to manage confidential matters and data under GDPR regulations in accordance with individual agency guidelines. There is no sensitive data included in this report that requires a Privacy Impact Assessment

8. NOT FOR PUBLICATION DOCUMENTS

Nil

9. OPTIONS

- 9.1 No other option considered as it is a statutory duty for BSAB to publish an annual report.

10. RECOMMENDATIONS

- 10.1 The Committee is requested to note the Annual Report 2021/22
- 10.2 The Committee to receive another report in 12 months' time.

11. APPENDICES

Appendix A Annual Report

12. BACKGROUND DOCUMENTS

Nil



Bradford Safeguarding Adults Board

ANNUAL REPORT

APRIL 2021 – MARCH 2022

INDEPENDENT CHAIR – FOREWORD



I am delighted to introduce the annual report for Bradford SAB. It demonstrates commitment and professionalism from partners, stakeholders (including especially those with lived experience) and frontline practitioners to work together to keep those in Bradford with care and support needs safe. It goes without saying that the external environment was, and remains, challenging as we come out of the pandemic and years of austerity facing a cost of living crisis. This will surely impact on the profile and numbers of safeguarding issues. Cases are becoming more complex at the same time services as stretched or lost.

I want to endorse the work of The Voice who carried on through the communication obstacles of Covid with challenge, hope and determination.

We are minded that SAB could be part of a CQC inspection from early next year and this has been on the agenda of many meetings throughout last year. We must be 'inspection ready' as that will provide external validation of the quality of the work SAB oversees to keep people safe. Hearing and responding to the voice of service users and carers will be a key feature of the inspection and we must build on the work of the Voice with a targeted outreach strategy.

I am pleased that we are now learning significantly from SARs and audits and look forward to continued focus on quality, impact and learning.

I want to pay tribute to staff in the Board Office who have kept the show on the road under significant pressures.

Jane Geraghty

Independent Chair

INTRODUCTION TO THE ANNUAL REPORT

- This report lays out the strategic vision, outcomes and a reminder of our priorities.
- It gives information regarding internal structures and governance which hold partners to account.
- There is information on the achievements of our sub groups including reporting on key priorities opportunities, emerging challenges and risks.
- Information on Safeguarding Adults Reviews (SARs) and performance data on Section 42 Enquiries collected throughout 2020/21 are also included.

ABOUT BRADFORD SAFEGUARDING ADULTS BOARD

Role of the SAB

The Bradford Safeguarding Adults Board is a statutory body established by the Care Act 2014. It is made up of senior people from organisations that have a role in helping and preventing adults in the Bradford District being subject to neglect and abuse. The overarching purpose of a SAB is to help and safeguard adults with care and support needs. It does this by:

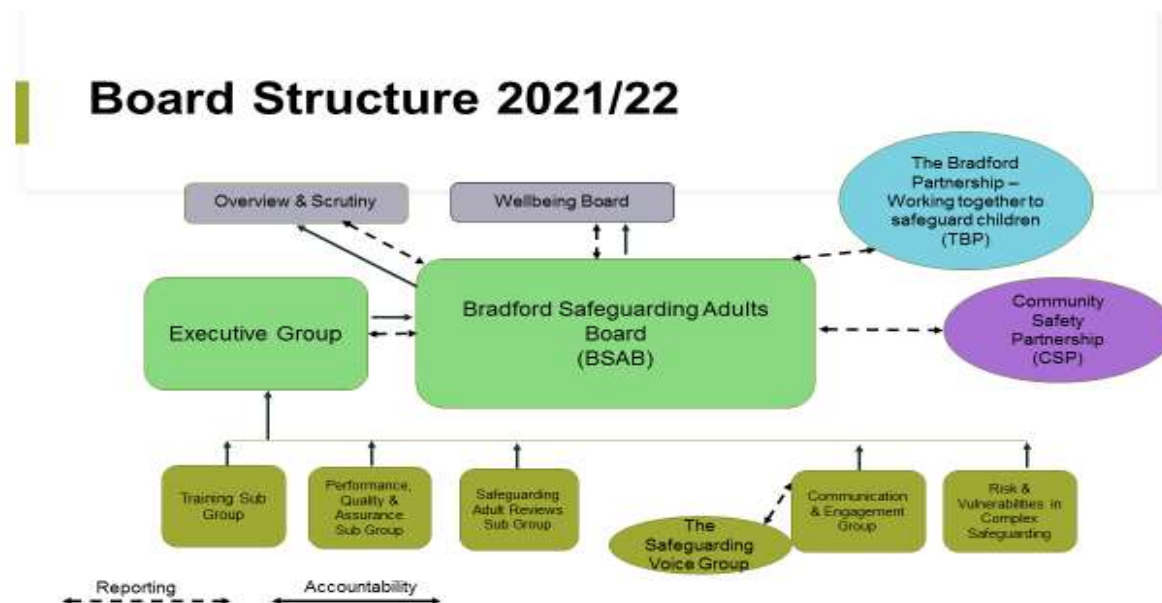
- assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance.
- assuring itself that safeguarding practice is person-centred and outcome-focused.
- working collaboratively to prevent abuse and neglect where possible.
- ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred.
- assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

By law, the Board must have three members which are: Bradford Local Authority, West Yorkshire Police & the NHS Bradford District & Craven Clinical Commissioning Group (CCG).

The Board has three core duties. These are:

1. Develop and publish a strategic plan setting out how we will meet our objectives and how our member and partner agencies will contribute.
2. Publish an annual report detailing how effective our work has been.
3. Commission Safeguarding Adults Reviews (SARs) for any cases which meet the criteria for these.

BOARD MEMBERSHIP AND STRUCTURE



The Independent Chair of the SAB in Bradford is Jane Geraghty. The Vice Chair is Karen Dawber, Chief Nurse at Bradford Teaching Hospitals Foundation Trust.

The Executive Group is chaired by Michelle Turner Strategic Director of Quality and Nursing NHS Bradford District and Craven Clinical Commissioning Group

Chairs of Sub Groups are:

Performance, Quality and Assurance (PQAG)

Jane Wood Assistant Director – Commissioning & Integration
Department of Health and Wellbeing

All Age Exploitation Group

Richard Padwell Superintendent from Bradford District SLT West Yorkshire Police

Training Sub Group

Katrina Uttley Deputy Designated Nurse - Safeguarding Adults from NHS Bradford District and Craven Clinical Commissioning Group (from July 2021)

Safeguarding Adults Reviews (SARs) Sub Group

Helen Hart Designated Nurse – Safeguarding Adults from NHS Bradford District and Craven Clinical Commissioning Group (from October 2021)

The Safeguarding Voice Group is chaired by a service user volunteer and supported by the BSAB Project and Comms Officer

Please note:

The Risk and Vulnerabilities Group is now called the All Age Exploitation Group

The Comms and Engagement Group did not meet during 2021/2022 due to partner capacity, work undertaken in this area was reported into the Executive group.

STRATEGIC PRIORITIES 2021 - 2023

Bradford Safeguarding Adults Board Strategic Plan 2021-2023

Our vision is to promote happiness by working together to help people feel safe - free from abuse and neglect.
Our mission is to put the Adult at risk of abuse at the heart of everything we do.



Bradford Safeguarding Adults Board – Who we are

The Safeguarding Adults Board (SAB) is a multi-agency partnership which has statutory functions under the Care Act 2014. The main focus of the SAB is to ensure that in the Bradford District safeguarding arrangements work effectively so that Adults at risk are able to live their lives free from abuse or neglect.

An Adult at risk is a person aged 18 or over who has needs for care and support and as a result of those needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Unpaid carers such as partners, relatives or friends can also get help and support if they are being abused.

In this Plan we will call an Adult at risk the 'Adult'.

Our Strategic Statement – What we plan to do

We will work together with partner organisations and people in our communities so that Adults can live the best lives they can with their wellbeing and rights being supported, safe from abuse and neglect.

Our work will follow the six Safeguarding Principles which are:
Empowerment; Protection; Proportionality; Prevention; Partnership and Accountability.

How are we going to do this?

We are going to work on three areas of equal importance, which will be our priorities. We will continue to work with our partners to make sure that by 2021 these priorities are achieved.

How will we know if we have achieved our priorities?

We will measure our progress and achievements through our Delivery Plan which will be updated every three months and made available on our website.

The Structure of the Safeguarding Adults Board – How we will work

- Board with an Independent Chair
- Executive Group
- Training Sub-group
- Performance & Quality Sub-group
- Communication & Engagement Sub-group
- Safeguarding Adults Reviews Sub-group
- Safeguarding Voice (community group)
- Task Groups (working groups)

Strategic Priorities as set out by Bradford for 2021-2023

Priority 1 People & Outcomes - Make Safeguarding Personal and support Adults at risk to achieve the outcomes they want - The Adult will feel listened to and be in control.

1.1 We will support and receive assurance from partners that they are embedding Making Safeguarding Personal (MSP) throughout their organisations

1.2 We will seek quality and real time feedback from Adults who have been through the safeguarding service to ensure MSP is being implemented and to learn how we can work better.

1.3 We will continue to support the work of the Safeguarding Voice Group so that the voices of people in our communities are heard and inform our work.

Priority 2: Systems, Processes & Performance - Adults who have been abused or are at risk of abuse will be protected and we will know if our safeguarding arrangements work well.

2.1. We will develop methods to scrutinise and improve systems and processes across the SAB partnership to ensure an effective safeguarding approach is taken.

2.2 We will develop methods to make sure the Care Act 2014, Mental Capacity Act 2005, Mental Health Act 2007 & Human Rights Act 1998 are being lawfully implemented by partners and organisations.

2.3 We will implement and review the impact of the new regional Safeguarding Adults Policy and Procedures.

2.4 We will develop new local guidance on roles and responsibilities

2.5 We will set up a Task Group jointly with the Safeguarding Children Board (The Bradford Partnership) to assess and learn from complex needs and complex safeguarding concerns to improve practice

2.6 Safeguarding governance to be reviewed by business support to ensure accountability for SAB compliance

Priority 3: Organisations, Professionals & Communities – Everyone will be able to recognise what abuse is and know how to respond. People will feel more confident by being better informed, engaged and supported to feel safe

3.1 We will improve awareness of safeguarding across all communities, especially with those who are isolated, diverse and underrepresented by reviewing our communication strategy and developing a measurable action plan.

3.2 We will implement a training strategy and action plan to audit and improve the current training programme and review and implement future training requirements.

3.3 We will work with the Children's Board to recognise young people who remain at risk of abuse by creating clear pathways as they transition into Adult Services.

3.4 We will form a new Safeguarding Adults Reviews (SARs) Sub-group. The group will lead the SARs work ensuring that lessons are learnt on what went wrong when an Adult dies or has experienced serious abuse or neglect.

SIX PRINCIPLES OF ADULT SAFEGUARDING

The Care Act sets out the following principles that should underpin the safeguarding of adults:

Empowerment

People are supported and encouraged to make their own decisions and informed consent.

"I am asked what I want as the outcomes from the safeguarding process and this directly inform what happens."

Prevention

It is better to take action before harm occurs.

"I receive clear and simple information about what abuse is. I know how to recognise the signs, and I know what I can do to seek help."

Proportionality

The least intrusive response appropriate to the risk presented.

"I am sure that the professionals will work in my interest and they will only get involved as much as is necessary."

Protection

Support and representation for those in greatest need.

"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

Partnership

Services offer local solutions through working closely with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

Accountability

Accountability and transparency in delivering safeguarding.

"I understand the role of everyone involved in my life and so do they."

WORK OF THE SUB GROUPS

PERFORMANCE, QUALITY AND ASSURANCE (PQAG)

The role of the PQAG is to ensure that there is appropriate oversight and governance of the delivery of the Safeguarding Adults Board's strategic leadership role to promote inter-agency co-operation at all levels of safeguarding adults work to protect adults at risk from abuse. The sub group provides assurance and evidence to the Board that safeguarding practice across partner agencies is in line with agreed policies, procedures, protocols and best practice.

In 2021/22 the group saw increased commitment and attendance from system partners.

Priorities for 2021/2 were:

1. To put in place a performance data set that enables the SAB to monitor their strategic responsibilities in relation to Section 42 and provides oversight of safeguarding at partnership level
2. Improve reporting on "Quality of Concerns" to enable scrutiny, assurance and challenge
3. To review the SAB self-assessment process and to develop a more rigorous process in line with the best performing SABs nationally

Action in response to this

The BSAB performance dashboard has been redesigned as an 'intelligence report' to provide more relevant detail of adult safeguarding activity, themes and trends. The data is now more meaningful and easier to understand, and the report contains narrative analysis and explanation as well as planned actions to interrogate the data further where required. The progress on those actions is followed up in the next reporting period to provide clear accountability and assurance to the board that data and intelligence is driving understanding and improvement.

A multi-agency 'quality of concerns' audit was co designed and delivered by system partners and has resulted in an action plan to achieve improvements in quality and standards of concerns forms. The action plan will be monitored and is expected to reduce time taken to gather missing data and therefore enable faster responses to individual concerns.

Care and Support Statutory Guidance (Chapter 14), in relation to the Care Act 2014, specifies that SABs should establish how it will hold partners to account and gain assurance of the effectiveness of its safeguarding arrangements. A digital tool for collecting and collating organisational safeguarding self-assessment responses has been agreed and a process BSAB core partners to undertake the self-assessment in 22/23 is underway.

Key priorities for 2022/23:

- To complete the data collection for the self-assessment framework and undertake feedback/validation discussions with partners before producing a high level report of key findings
- To put in place a programme of multi-agency audits and data deep dives and to promote continuous improvement in partner safeguarding adult's practices.
- Developing capacity and expertise in audit methodology across the partnership to enable the Quality Assurance framework to be delivered effectively

ALL AGE EXPLOITATION GROUP

Bradford's All Age Exploitation Group has been established as a sub group of the Children and Adult Safeguarding Boards and the Community Safety Partnership.

The Group's membership includes professionals from a range of sectors including health, social care, policing, education and third sector organisations such as Barnardo's and the Bridge Project. A key aspect of the sub group's work is to get partners working together as effectively as possible to understand, prevent and combat exploitation, whilst focussing attention on the most effective support to those subject to any of the various types of exploitation.

Key Priorities 2021/2

1. Establish an all age exploitation sub group which reports to both the SAB and the children's partnership
2. To collate and understand the data in relation to exploitation in the district
3. Develop a strategy and action plan to deliver partnership actions in relation to tackling exploitation
4. To map current support provision in relation to exploitation and ensure that this is shared with all partners and practitioners.

A key piece of work over the past year has been the creation of a Bradford Partnership Exploitation Profile. In September 2021, over 100 partners from a wide array of partner agencies and organisations - as well as some people with lived experience, were brought together at Valley Parade for an all-day facilitated workshop. This allowed the harvesting of information, experience and expertise regarding the current harms and threats in Bradford and emerging issues of concern. There was also an exploration of what the partnership is currently doing well and where we can do better. Over the following months, with the support of analysts from West Yorkshire Police, a small task and finish group have analysed the data from the event as well as a range of other data from various sources in order to create an exploitation profile for Bradford.

The task and finish group, is now developing a City Wide Exploitation Strategy and Delivery Plan. This not only takes account of the recently produced exploitation profile, but also the product created as a result of a mapping exercise of provision for those subject to exploitation in Bradford. The mapping exercise was completed with the assistance of a PHD student at Huddersfield University and identifies where there are gaps in provision.

The regular meetings of the All Age Exploitation Group and the energy of the Business Unit and team of Chairs has helped to create a genuine momentum amongst partners in focussing on exploitation. There has been a willingness to share and receive learning from local practitioners and the involvement of external contributors from across the country. By way of example, this has included an understanding of the work of the Lotus Project in the use of Navigators to support adults subject to exploitation, an exploration of financial abuse led by the West Yorkshire Joint Services Team, a focus on online exploitation including ways to better support victims and the families of perpetrators - amongst numerous other aspects of exploitation. There has also been regular oversight of the development of the recently formed Bradford Exploitation Hub which reports into the Community Safety Partnership. The Chair of the All Age Exploitation Group was honoured to speak to around 200 front line workers at the recent Exploitation Hub launch event.

Priorities for 2022/3

- To formally launch the City –Wide Exploitation Strategy and Delivery Plan
- To explore work being undertaken to better support victims and the families of perpetrators, creating a platform for best practice to be shared
- To deliver an Adult Exploitation Awareness Conference which will provide opportunities for practitioners to challenge, learn and showcase the work across the district
- Continue to develop an effective cross sector partnership to tackle a variety of forms of exploitation
- Ensure a shared understanding and focussed attention on emerging threat, harm and risk.

TRAINING SUB GROUP

The Training Sub Group of Bradford District Safeguarding Adults Board (SAB) has the responsibility for the development and co-ordination of the safeguarding adults multi-agency training programme. This complements the in-house safeguarding adults training for all staff provided by partner agencies.

Key Priorities in 2021/2

1. To recruit a new Chair and refresh the Terms of Reference for the group
2. To improve the offer of on line training to the partnership
3. To deliver a programme of training to ensure that all partners understand their responsibilities in relation to adult safeguarding
4. To create opportunities for partner and practitioners to learn from each other and from best practice elsewhere and ensure that this is shared

This has been an eventful reporting period for the group with a new chair and vice chair now in place. This process included a thorough handover from the previous chair. Terms of Reference and membership of the group have been reviewed and agreed by the group and

In relation to on line training, a new learning management system has been commissioned. An improved contract has been negotiated with virtual college who provides the BSAB multi-agency online training which has also involved the review, quality assurance and updating of the online packages on offer to partners.

We have been successful in appointing a part-time multi agency trainer who has embraced the challenge of re-establishing the SGA multi-training offer in collaboration with TBP, CSP, partners and the Business Unit. A training strategy and a learning and improvement framework are under development to underpin this offer. The groups earlier work developing a minimum training standard for partners has been re-commenced following the hiatus due to Covid.

We have strengthened our links and relationship with our colleagues in North Yorkshire SAB and we continue to collaborate with them into the next reporting period in particular to support our new trainer.

The group has undertaken active collaborative work in relation to training. Partners were scoped to revisit training priorities including outstanding learning from local SARs. This helped to inform the planning to re-establish a relevant multi-agency training offer including the scoping for external trainers to support the delivery of training.

Key Priorities for 2022-2023

- The ongoing development of a robust multi training offer in response to local and national learning which includes securing appropriate external trainer support and expertise e.g. Train the Trainer, Role of the Manager, MSP, Improving Legal Literacy, Professional Curiosity, Self-Neglect and Hoarding.
- The establishment of a multi-agency trainer forum to support practitioners across the partnership involved with the delivery of multi-agency training.
- Production of the training strategy and learning and improvement framework.
- Development of professional practice sessions.
- Improvement of data analysis in order to help inform understanding of the uptake of the training across the system and use of evaluation to improve our packages.
- Develop a robust Quality Assurance process to underpin the development and delivery of multi-agency training.
- Plan a tri-board (Bradford Safeguarding Adults Board, The Children's Partnership and Community Safety Partnership) thematic learning event.

SAFEGUARDING ADULTS REVIEWS (SARS) SUB GROUP

The Care Act 2014 states that Safeguarding Adult Boards (SABs) must arrange a Safeguarding Adult Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked together more effectively to protect the adult. This is a statutory responsibility.

The aim of a Safeguarding Adults Review (SAR) is to carry out a multi-agency review which seeks to determine what relevant agencies and individuals involved could have done differently that could have prevented harm or a death from taking place.

The Safeguarding Adult Review subgroup met 4 times during April 2021 and March 2022 with consistent commitment and attendance from a range of partners, including statutory partners.

There have been 2 chairs of the group during this reporting period, with the most recent chair being in the role since October 2021. The Terms of Reference have been reviewed and agreed during this reporting period.

With the support of the Business Unit, the sub group developed a Safeguarding Adult Review Framework to underpin practice and provide clear guidance on the process. This was approved by Bradford Safeguarding Adult Board in June 2021. This is an evolving piece of work that will be reviewed and updated as and when required, and in response to emerging best practice.

Due to Covid-19, delays have impacted on the progress of action plans from SARs previously completed, one of which is published and available via the Safer Bradford website. However, this reporting cycle has seen significant progress on identifying the required actions from the recommendations and work being undertaken to meet them.

Two SARs commenced, with each review having an independent author appointed to undertake them, one in June 2021 and one in January 2022. One SAR continued to progress and one SAR was completed in July 2021. There were two referrals made for consideration.

The learning from an unpublished SAR is detailed below.

The SAR sub group strives to ensure that learning from reviews, in partnership with the BSAB and other sub groups, is identified and disseminated into practice to improve the care and experience for the population of Bradford District and beyond.

Key Priorities for 2022-23

- To complete action plans from SARs and address any outstanding actions.
- To complete the 3 SARs currently in progress, complete the action plans and disseminate learning.
- To further develop and improve statutory review practice across Bradford District.
- To respond to SAR referrals in accordance with the SAR Framework.

LEARNING FROM SAFEGUARDING ADULT REVIEWS

A discretionary Safeguarding Adult Review (SAR) was concluded and signed off by BSAB in July 2021. Key areas of learning identified by this review included:

- SAR processes.
- Communication with individuals, families and friends.
- Safeguarding enquiry process.

Since the review was undertaken, BSAB have:

- Developed a SAR Framework which underpins decision making and governance.
- Developed a leaflet for family and friends explaining the purpose of a SAR.
- Ensured that the SAR sub group has robust Terms of Reference and consistent partner representation.
- Agreed to undertake an audit focused on how safeguarding is promoted in care homes, and how residents and families are informed that concerns can be raised directly with the Adult Social Care (ASC) Safeguarding Team
- Produced a 7-minute briefing based on National Institute for Health and Care Excellence (NICE) guidance to assist practitioners on how advance care planning can be more effectively promoted and shared with families and others.
- Fully adopted the updated Joint Multi-Agency Safeguarding Adults Policy and Procedure.
- All safeguarding enquiries undertaken are signed off for closure by a manager or Advanced Practitioner in the ASC Safeguarding Adults Service Team.

- Social workers in the Local Authority Safeguarding Adults Service have access to a bi-weekly forum where cases can be discussed, and advice sought.
- Service users and their representatives are included in the safeguarding adults process by the allocated Enquiry Officer whose role is to establish the views and wishes of the Adult at Risk and then work towards the Adult's desired outcomes. This is standard process in the Safeguarding Adults Service and embeds the principles of Making Safeguarding Personal.
- The SAB has developed a service user feedback form which is provided to Adults at Risk at the end of a safeguarding enquiry. This provides the adult with the opportunity to feedback about their experience of the safeguarding process directly to an officer in the SAB.

SAFEGUARDING VOICE GROUP

Meetings and Keeping in Touch:

The Safeguarding Voice Group is made up of people who use services, carers and interested members of the public that work with the Bradford Safeguarding Adults Board. Members of the Safeguarding Voice group give feedback and share their opinions on how we can keep adults safer in the Bradford District.

The aims of the Safeguarding Voice Group are to:

- To support communication and engagement activities undertaken by SAB partners. This may mean helping to review and create information and publicity materials like leaflets, guides, website, posters, etc.
- To provide opportunities for members to raise questions about safeguarding topics and seek advice on issues.
- To provide opportunities for members to share what is working well with safeguarding in Bradford and what is not working so well.

During the period 2021/22 the Safeguarding Voice Group was unable to meet face-to-face due to the ongoing concerns about Covid in the group. The group continued to meet 'virtually' for quarterly meetings. Many service user groups across the UK were not able to meet and it is a real positive the group in Bradford met throughout this difficult period.

Key Priorities 2021/2

1. To continue to meet to provide a forum for the members
2. To ensure communication channels with agencies who work with vulnerable adults
3. To inform Bradford residents about scams

Meetings were well attended although we remain mindful of the fact that not everyone in the group is able to access technology needed for virtual meetings.

The quarterly newsletter and group emails continue to allow members to contribute by sharing their news - and in doing so, keep in touch and stay connected with the wider group. We also shared details of any emerging scams, to prevent our members being susceptible to persistent and very convincing scammers. The newsletter continues to be well received and is circulated widely across the Council, frontline staff and our partners - and has also been shared with other SABs in the UK.

The positivity of this group continues despite on-going personal challenges. Members have shared details of virtual activities they have organised to keep active and positive. These include podcasts, group exercise and Christmas parties - whilst continuing to work towards the group's objectives.

Guest Speakers at our Virtual Meetings Included:

Iain Macbeath: The Strategic Director of Health and Wellbeing within the Council. We had a fantastic discussion with loads of questions from our proactive and engaged members.

Sharron McMahan: from the Living Well Project provided information about health initiatives. This new link has already opened up the opportunity for training for our members.

Alex Day: from Healthwatch - the group offered input into his work as 'experts with experience'.

Linda Maslen: from Fountains Church who provides drop-in services for homeless who require support with substance misuse, health and access to services.

Contributing to the Work of BSAB:

The Group have provided valuable feedback on leaflets developed within the Business Unit on hate/ mate crime. Our own experts picked up on detail that might otherwise be missed and provided challenge where needed. BSAB continue to seek feedback from the group to ensure that their voice is considered within BSAB planning and development work. Group members contributed to the BSAB Development Day in February by answering the question 'what does safeguarding mean to you', with the answers displayed at the event to ensure SAB could hear 'our voice'. They also provided their thoughts on what the priorities for BSAB should be during the next few years which included:

- **Posters on safeguarding** - Including service providers, offices, buses, stations, and toilet doors.
- **Educating staff/ businesses to support people they employ** i.e. McDonalds.
- **Being able to challenge decisions** – Understanding processes and escalation policies.
- **Mate Crime/ Hate Crime** - Understanding what this is, how to report and access support plus information around healthy relationships. Developing a real safeguarding story video.
- **Scams/online safety** - access to workshops and information.
- **On the buses** – Being able to access buses safely, with bus drivers understanding how to recognise and respond to? abuse and neglect
- **Developing membership of the Safeguarding Voice** - A core member group plus a wider network to allow involvement of others. Themed networking events to share information.
- **Opportunities to meet key decision makers** – To ask questions and offer challenges.

Priorities for 2022/3

- To expand the group
- To ensure that there are face to face sessions to ensure access for those people without IT
- To continue to contribute to the development of priorities for the SAB

ABOUT BRADFORD



- 546,400 people live in Bradford - an increase of 23,900 since 2011. Of which, 51% are women and 49% are men.
- Bradford is the 5th largest local authority in England.
- Life expectancy at birth is 77.3 years for males & 81.5 for females.
- Bradford has median age of 36.7 which is lower than the median age for England (40.2.)
- Information from the 2011 census celebrates Bradford as one of the most ethnically diverse cities in the UK with a population being made up from the following ethnic groups: White, Asian, Asian British, Black/African/Caribbean/Black British, Mixed Multiple Ethnic groups & Other Ethnic Groups.

* Note: Demography data due to be published in November 2022

**Note: Ethnicity data, due to be published 29th November 2022

Data has been taken from the 2021 census

<https://www.ons.gov.uk/visualisations/censuspopulationchange/E08000032/>

BSAB DASHBOARD & INTELLIGENCE

The BSAB dashboard has been a key area of development for the SAB. The key priority for 2021/2 was to ensure that the statutory function in relation to reporting on Section 42 Enquiries was in place. This has been delivered and set out below.

The priority for 2022/3 is to have a comprehensive data set that records key partnership safeguarding data and to have in place processes to use this to inform the work of the SAB and individual partners.

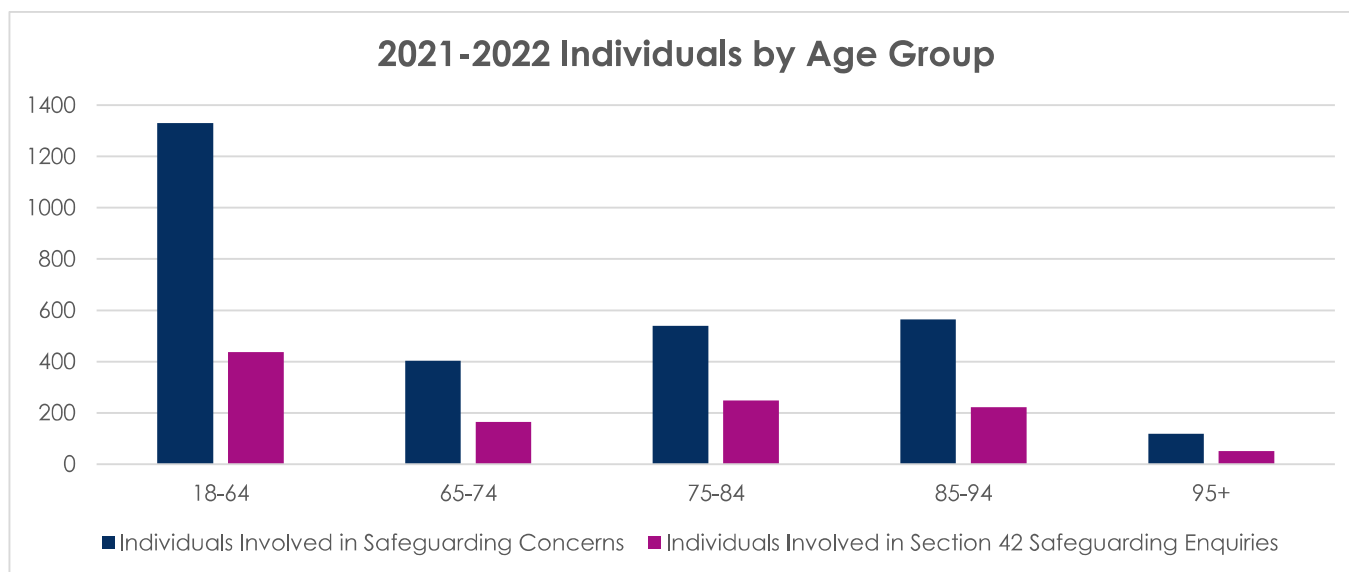
Section 42 Enquiry

A key statutory function of the SAB is to facilitate and record Section 42 enquiries.

Section 42 enquiry must take place if there is reason to believe that abuse or neglect is taking place or is at risk of taking place, and the local authority believes that an enquiry is needed to help it to decide what action to take to support and protect the person in question.

This data shows the number of Individuals involved in a Concern and/or Section 42 Enquiry during the financial year of 2021-22.

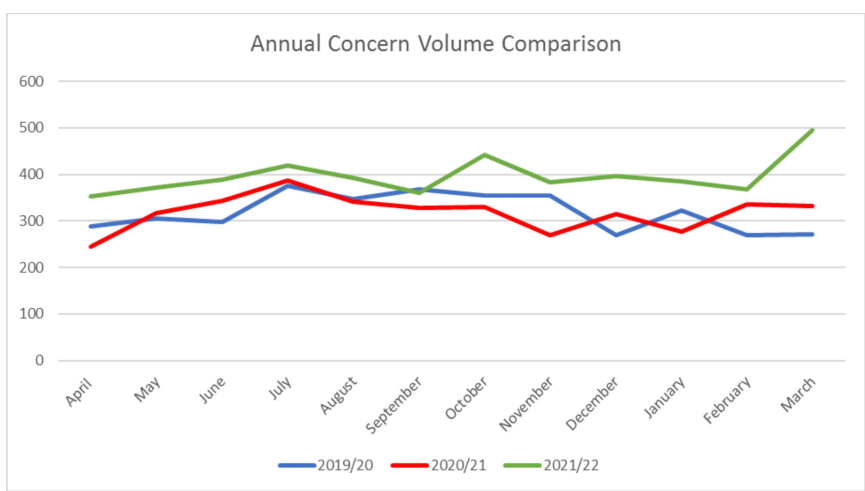
Age Group	Individuals Involved in Safeguarding Concerns	Individuals Involved in Section 42 Safeguarding Enquiries
18 - 64	1331	436
65 -74	403	165
75 - 84	540	248
85 - 94	564	222
95+	118	51



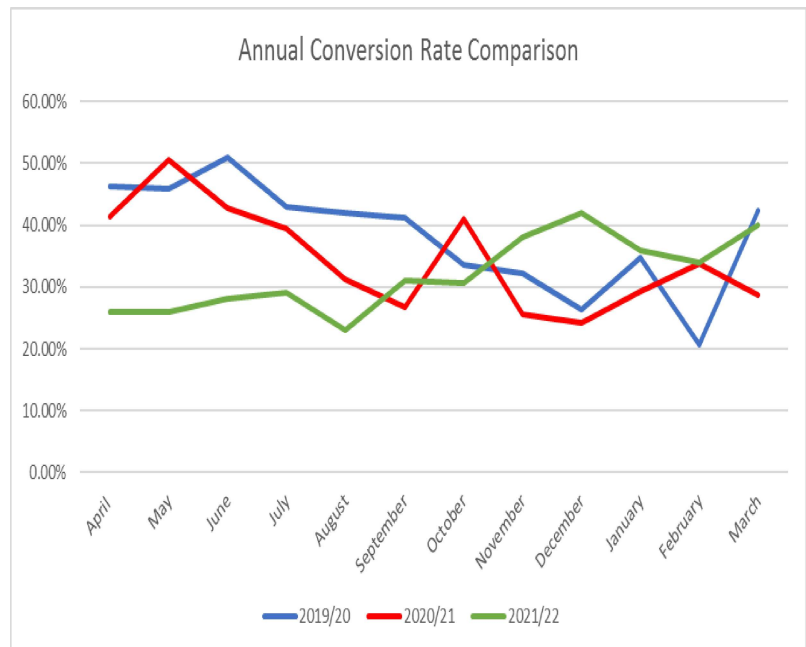
The age bracket with the highest number of concerns was 18-64 with 47%, followed by 85-94 year olds with 20%. 56% of the concerns were recorded as female, 43% were male and 2% were not recorded.

Over the past 36 months, April 2020 had the least number of concerns totalling 244 and Mar 2022 had the highest with 495

Annual Volumes			
Month	2019/20	2020/21	2021/22
April	288	244	353
May	305	316	372
June	298	344	388
July	375	386	420
August	348	342	392
September	367	329	360
October	355	330	442
November	355	270	383
December	270	314	396
January	323	277	385
February	270	335	367
March	272	332	495



Annual Conversion Rates			
Month	2019/20	2020/21	2021/22
April	46.18%	41.39%	26.00%
May	45.90%	50.63%	26.00%
June	51.01%	42.73%	28.00%
July	42.93%	39.38%	29.00%
August	41.95%	31.29%	23.00%
September	41.14%	26.75%	31.00%
October	33.52%	40.91%	30.54%
November	32.11%	25.56%	38.00%
December	26.30%	24.20%	42.00%
January	34.67%	29.24%	36.00%
February	20.74%	33.73%	34.00%
March	42.28%	28.61%	40.00%



Over the past 36 months, February 2020 had the lowest conversion rate at 21%. June 2019 and May 2020 had the highest, both with a conversion rate of 51%. The average number of concerns per quarter is 1033, with an average conversion rate of 35%. The conversion rate is the proportion of safeguarding concerns which result in a statutory safeguarding enquiry under s42 of the Care Act.

SAFEGUARDING ADULTS' ACRONYMS

AaR	Adult at Risk
ADASS	Association of Director of Adults Social Services
BSAB	Bradford Safeguarding Adults Board
CSP	Community Safeguarding Partnership
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
DA	- Domestic Abuse
DBS	Disclosure and Barring Service
DoLS	Deprivation of Liberty Safeguards
ICS	Integrated Care System
LA	Local Authority
MASH	Multi - Agency Safeguarding Hub
MCA	Mental Capacity Act
MSP	Making Safeguarding Personal
SAR	Safeguarding Adult Review
TBP	The Bradford Partnership

CONTACT DETAILS/ REPORT A CONCERN

The Safer Bradford website <https://www.saferbradford.co.uk/adults/> offers information and advice:



What should I do if I think I am being abused or that someone else is being abused?



What should I do if you have been told about or notice abuse or neglect:

- **Ensure the immediate safety and welfare of the adult and any other person at risk**
- **If urgent attention is needed for health or safety dial 999 emergencies**
- **If a crime needs to be reported call the police on 101 or you can call Crimestoppers on 0800 555 111**
- **Preserve any evidence**
- **Accurately record the incident, any action or decisions. Make sure you sign it and add the date and time.**

Bradford Council's Multi-Agency Safeguarding Hub (MASH) is the single point of contact to

report safeguarding concerns. The MASH operates in partnership with West Yorkshire

Metropolitan Police.

Please note that Adult Safeguarding concerns reported to the Virtual MASH are screened

by both the Local Authority and Police.

You can contact the MASH team through our online form or by telephone on 01274 431077

THE PEOPLE'S VOICE - 'WHAT DOES SAFEGUARDING MEAN TO YOU?'

"Free from harassment and bullying"

"The right to be treated with dignity and respect"

"Keeping safe in and out of our homes"

"Looking after each other to make sure we are all ok"

"Not having to worry"

"Being safe from abuse and danger in Bradford"

"Not feeling afraid"



Report of the Health and Care Partnership to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 21 June 2023

B

Subject:

Bradford District and Craven Health and Care Partnership Joint Forward Plan

Summary statement:

There is a statutory requirement for Integrated Care Boards (ICBs) to develop Joint Forward Plans (JFPs), which set out how they will operationalise their strategies.

Each 'Place' within West Yorkshire has been asked to provide their local contribution to the West Yorkshire JFP. The Health and Social Care Overview & Scrutiny Committee is asked to note the current draft JFP for Bradford District and Craven Health & Care Partnership.

Clare Smart
Associate Director of Strategy

Portfolio:

Healthy People and Places

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Overview and Scrutiny Area:

Health and Social Care

1. **Summary**

There is a statutory requirement for Integrated Care Boards (ICBs) to develop Joint Forward Plans (JFPs), which set out how they will operationalise their strategies. Each place within West Yorkshire has been asked to provide their local contribution to the NHS West Yorkshire ICB JFP.

The Health and Social Care Overview & Scrutiny Committee is asked to note the current first draft JFP for Bradford District and Craven Health and Care Partnership.

2. **Background**

The Health and Care Act 2022 set out new statutory arrangements for health and care systems including the creation of ICBs. As part of these changes, requirements were set out for the development of Integrated Care Strategies, which would be owned by Integrated Care Partnerships, and Joint Forward Plans, which would be owned by ICBs, and would describe the delivery of the NHS elements of this strategy. The JFP is therefore a statutory document owned by NHS West Yorkshire ICB.

On the 23 December 2022, guidance on developing the JFP was published. The guidance supports ICBs and their partner NHS trusts and foundation trusts to develop their first 5-year JFP with system partners. The JFP should demonstrate how the ICB will operationalise its strategy, with the first plan due for submission on 30 June 2023.

The [NHS West Yorkshire ICB draft JFP](#) is currently published for consultation.

3. **Report issues**

Each of the 5 Places across West Yorkshire ICB is expected to develop a local JFP, which will form part of the overall West Yorkshire plan. The Bradford District and Craven Health and Care Partnership (HCP) JFP sets out, within the context of our HCP strategy, our priorities over the coming 2-3 years (to be delivered via our priority and enabling programmes) linked to our commitments for 2023/24.

The current draft (Appendix 1) is presented to the Health and Social Care Overview & Scrutiny Committee to note.

Our final approved plan will need to be submitted to NHS West Yorkshire ICB before the end of June.

4. **Options**

Not applicable

5. **Recommendations**

The Committee is asked to note and may wish to comment on the first draft Joint Forward Plan

7. **Background documents**

None.

8. **Not for publication documents**

None

9. **Appendices**

Appendix 1:
Bradford District and Craven Health and Care Partnership Joint Forward Plan

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Bradford District and Craven
Health and Care Partnership
Joint Forward Plan

DRAFT

June 2023



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Purpose of this Plan

The Bradford District and Craven Health and Care Partnership has developed its Joint Forward Plan:

- To provide a single view for the system on how the partnership will operationalise its [strategy](#);
- To provide clarity for the Partnership Board so it can hold our system to account for the delivery of its key transformational objectives; and
- To enable West Yorkshire Integrated Care Board (ICB) and NHS England to recognise and understand how our plans contribute to the delivery of the West Yorkshire Forward Plan and Integrated Care Strategy.

Overview

Bradford district and Craven stretches from Bradford city centre, past Keighley in the Aire Valley, through the large market towns of Ilkley and Skipton, to Ingleton in the Craven basin. As a partnership we serve a GP-registered population of over 657,579 people in this mixed urban and rural area covering 597 square miles (of which Craven is 454 square miles). Craven GP practices, serve around 7.5% of our population (c50,000). Bradford district and Craven represents around 25% of the population of West Yorkshire of 2.6 million people.



Bradford District is an ethnically diverse area, with the largest proportion of people of Pakistani ethnic origin in England. 1 in 4 people describe themselves as Asian/Asian British compared to 1 in 10 for England and there is a high proportion of our population in Bradford City and Keighley who identify as being from a Black, Asian or Ethnic Minority background. Conversely, most people in the Bradford wards of Craven, Wharfedale and Worth Valley are from a White British background.

More than a third of our population live in poverty. Whilst wards around central Bradford and Keighley appear in the 10% most deprived wards in the country, wards in the Wharfe Valley are in the 10% least deprived nationally.

We currently have a young population, with the fourth highest proportion of under 16-year-olds in England and a higher proportion of babies, infants, children, and young people than the average for England. The proportion of the working age population is lower in Bradford than the average for England. However, the largest increase in our population has been in older people, and this is predicted to further grow, bringing with it the challenges associated with managing increasing long term conditions and the potential impact on the social care sector.

The Bradford District and Craven Health and Care Partnership

The Bradford District and Craven Health & Care Partnership is part of the West Yorkshire Integrated Care System. Our partnership brings together the local NHS, other health and care providers, our two Local Authorities, Healthwatch, and voluntary, community and social enterprise (VCSE) organisations, to arrange and deliver services for people who live in Bradford District and Craven (bdcpartnership.co.uk).

By coming together as a formal partnership, building on our years of collaboration, we know that we can improve value and maximise health and wellbeing outcomes, making the biggest difference we can. By seizing this opportunity, we can shift the conversation from the provision of 'good health and care services' to creating the right environments for 'good health'.

Our guiding principle as a partnership is to 'Act as One'; with each organisation working together as one team, pursuing one vision. It acts as a guide in our decision-making and in how we work together.

Engagement

The services we deliver, directly impact the lives of people. We are therefore committed to ensuring that the work of our partnership is influenced by our population through conversations and engagement. Connecting, listening to, and having a consistent feedback

loop with communities on an ongoing basis will also help us build trust.

This is something that is being demonstrated through the partnership's ['Listen In'](#) engagement work and through our 'Listening Rooms' project as part of our local equity, diversity and belonging programme.

Our engagebdc.com website provides further information on opportunities for people to get involved and influence decision making locally from involvement exercises through to formal consultations and gives people an opportunity to join our mailing list and receive updates on issues that matter to people.

Challenges

Our diverse population itself creates challenges and there are stark health inequalities that exist across Bradford district and Craven, with people living in the most deprived wards having a much shorter life expectancy than those living just a few miles away. In terms of healthy life expectancy (the average number of years that a person can expect to live in full health that is, not hampered by disabling illnesses or injuries) then this gap increases to nearly 20 years i.e. people living in the areas of worst socioeconomic deprivation spend on average 19 years of their lives in ill health.

However, there are other areas of risk to delivering this plan including:

- **Demand:** There is an increasing demand for all health and care services and our population is presenting to services with more complex conditions. Managing this alongside our targeted work to address the backlog from the Covid-19 pandemic has resulted in significant system pressures.
- **Workforce:** There are also significant challenges with recruitment and retention of our health and care workforce and the pandemic has had a negative impact on the wellbeing of staff.
- **Estates:** Lack of available estate and equipment to address increasing demand and the management of people in the community is a challenge and there are also some specific constraints around our existing estate that need to be managed.
- **Finance:** Our health and care system is under significant financial pressure, which has been exacerbated by the current financial climate and cost of living crisis. Whilst our system has a surplus plan of £1.8m for 2023/24, to meet this plan we need to deliver a very significant level of efficiency savings totalling £73m (6%). This does not take account of the financial pressures in social care and other non-statutory providers.

Our Strategy

Our Health and Care Partnership Strategy sets out our strategic ambition to reduce health inequalities and improve population health and wellbeing for the people of Bradford district and Craven. We are committed to our partnership vision of keeping people ‘Happy, Healthy at Home’ through the actions taken to support our population to stay healthy, well, and independent throughout their whole life (Figure 1).



Figure 1: Our Partnership Strategy

This strategy aligns with the broader scope of the [Bradford District Plan](#), the [Wellbeing Board Strategy for North Yorkshire \(Craven\)](#), and the [West Yorkshire ICS Strategy](#).

Population health management is our common and consistent approach to targeting improvements in the wellness of local people. Through data, we are designing new models of proactive care that make best use of our collective resources, ensuring value.

To deliver our strategy we have identified five priority areas of work (Figure 2) and five enabling programmes (Figure 3).



Figure 2: Our 5 Priorities linked to our Purpose, Population, Place and Partnership

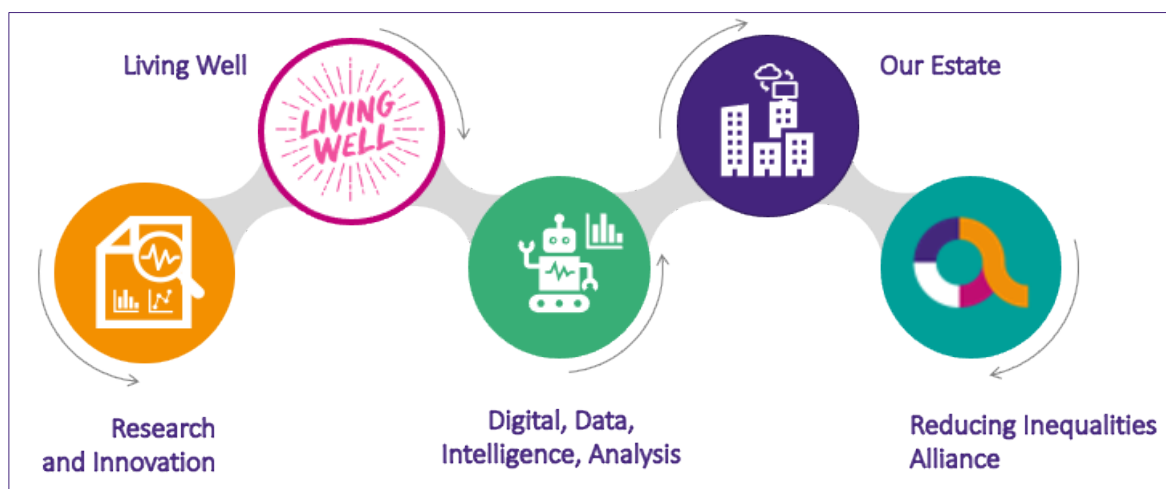


Figure 3: Our 5 Enabler Programmes

The priority workstreams of Bradford District and Craven focus on the actions that we need to take specific to our population and communities, and those things that require the close working relationships of the stakeholders who make up our partnership to deliver in collaboration. However, there are interdependencies between the work at place and the work at West Yorkshire. We work with colleagues across West Yorkshire where this affords us the scale required to tackle issues we can't address alone, and where this provides greater efficiency or where variation is un-warranted.

This, our first Joint Forward Plan sets out the aims of our priority and enabling programmes of work for the next five years and our commitments for 2023/24. This is set within the context of our partnership strategy and our operational plan (Figure 4).



Figure 4: Our Joint Forward Plan 2023

Together, these are the foundations of our operating framework as a Health and Care Partnership.

Our Purpose

Our four primary purposes as a health and care partnership are:

- Improving outcomes in population health, healthcare, and wellbeing;
- Tackling inequalities in outcomes, experience, and access;
- Enhancing productivity and value for money; and
- Supporting broader social and economic development.

Lives in Bradford District and Craven are being cut short. People living in deprived areas of our district are more likely to die sooner than those in more affluent. To stop people dying early and to help people have a healthy and happy life, we need to work together to create a fairer district for all. To do this we will look to create opportunities for everyone to access quality care, stable jobs, fair pay, good housing, and education.

As part of this effort, we've created the Reducing Inequalities Alliance. The alliance aims to support and coordinate collective action to reduce inequalities in Bradford District and Craven. It is made up of allies across our partner organisations.

Reducing Inequalities Alliance

Our four aims are:

- **Setting the strategic vision for reducing inequalities:** The Reducing Inequalities Alliance aims to inspire a shared vision for reducing inequalities in health (and the determinants of health). This will need a culture where addressing inequalities is everybody's business. For this to happen we need to challenge existing processes. We need to apply the inequalities lens to all projects, programmes, objectives and outcomes. Collectively we need to support and influence local strategies for a systematic approach to reducing inequalities;
- **Building confidence and skills in our workforce to reduce inequalities:** We want to make reducing inequalities part of everything we do as a workforce. We have created this workstream to encourage everyone across the whole system to work towards this common purpose. We want to support individuals and organisations to know how their work is helping to address inequalities. The purpose of this workstream is to support staff to understand their role in reducing inequalities and to increase leadership capacity within the alliance of partners;

- Supporting best practice in the ways we work, the skills we use and the evidence we draw on to reduce inequalities: We want to support our workforce to deliver best practice in reducing inequalities. This includes improving the skills and tools we use to assess and reduce inequalities, the evidence base we draw on (both local and international), and the data we use (from personal stories to data led intelligence); and
- Creating opportunities to evaluate our work and share learning: We are committed to reducing inequalities, and to achieve this we need to develop a clearer understanding of 'what works'. A key function of the Alliance is to create the time and space to share learning with our partners, so that we can do this together. The purpose of this workstream is to facilitate the capture and share insight across our place.

In 2023/24 our plans include:

- Continue to support our workforce with our communications programme including our call to action, short animations/films, newsletters, and conference/workshops.
- As we approach the final year of the Reducing Inequalities in Communities (RIC) programme we are developing plans for sharing the learning from this work, and funding successful projects longer term.
- Supporting our Community Partnership (CPs) to develop plans on how they can reduce inequalities. We have developed a 'reducing inequalities' toolkit and evidence and data pack for each CP. The toolkit provides a lightweight but systematic framework for planning, designing, and assessing action.
- Supporting our system priority programmes to address health inequalities with deliverable actions, funding initiatives and working with community partnerships and GP practices facing the highest levels of inequalities to close the gap via our Core20PLUS5 programme and Health Inequalities Premium (additional funding for the 35 practices with the highest combination of deprivation and health challenges) .
- We will continue to work with partners to embed addressing inequalities through their planning and activity, including:
 - Direct input to a broad range of programmes (e.g. Serious Mental Illness, Children & Young People, Digital Inclusion, Universal Healthcare)
 - Creating key messages for inclusion in partner organisations' induction programmes (via the People Plan)
 - Supporting participants in the West Yorkshire Improving Population Health Fellowship

➤ Aligning our activity with other key enabler programmes

Our Population

For our population, we will all:

- **Prioritise as One** those who have the worst outcomes for health and wellbeing;
- **Understand as One** what matters to local people;
- **Work as One** with people in our system and our community to achieve what matters; and
- **Integrate as One** to better enable people to achieve what matters to them.

We have identified three specific areas of focus for the next five years: Access to Services; Mental Health and Children Young People and Families.

Access to Care

Our vision is to ensure that our population can access the care they need in the place that is the most appropriate to deliver it. We will achieve this by:

- Improving access to health and care for the communities we serve;
- Removing the barriers that create inequalities to accessing care; and
- Ensuring our people receive the right care in the right place first time.

Our focus will be on tackling the major health conditions experienced by our population, improving access to elective (planned) care services, re-designing how people access urgent care, and ensuring collaboration across providers where there are benefits in doing so (Figure 5).

The latest Global Burden of Disease study shows that the top five causes of early death for the people of England are: heart disease and stroke, cancer, respiratory conditions, dementia, and self-harm. Our focus on major health conditions (LTCs) is a key priority in the NHS long term plan as well as for our place ensuring we can diagnose and treat these conditions earlier, prevent our population from developing a LTC, and support people to manage their condition following a diagnosis.

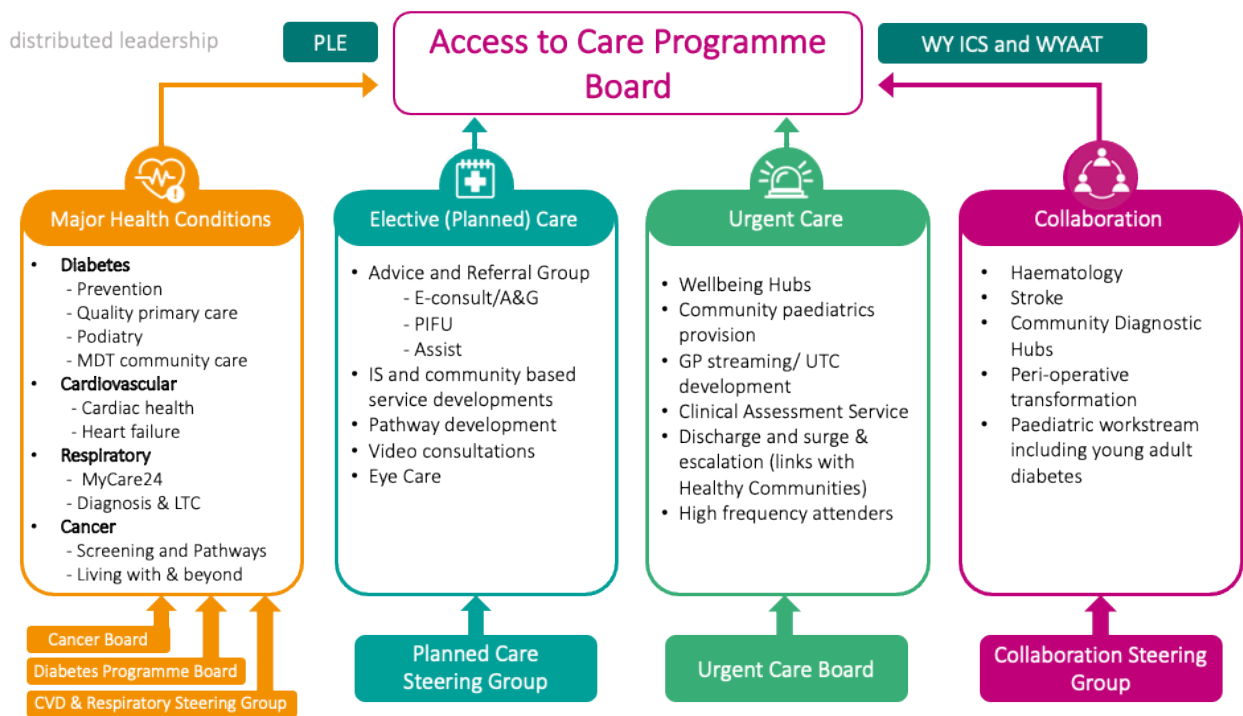


Figure 5: Access to Care workstreams

During Covid, we took the opportunity to develop more community-based pathways of care and maximise the support of the independent sector to continue our planned care work. Our focus has turned to how we can maximise the opportunities in the digital arena focusing on aspects such as e-consults and Assist pathways to support GPs with referrals, patient initiated follow up and the use of digital devices; and patient optimisation as part of their ongoing support and care whilst awaiting treatment.

We also continue to collaborate across secondary, primary, and acute care on new service developments or changes to how and where people are cared for, such as VCSE and primary care community models of care reducing the reliance on traditional hospital-based care pathways.

Urgent Care, whilst still transformational, has very specific operational requirements it must deliver which are nationally driven but our urgent care agenda is system focused and encompasses all partners across hospices, VCSE, and the social care sector. We have developed in partnership services such as the Wellbeing Hubs and community paediatric hubs to move activity into the community. This recognises that urgent care services might be the most familiar and therefore first point of contact, but we are opening up access to other services to ensure people can receive the right care for their need closer to their home.

Collaboration is supporting our teams to work collectively on areas of improvement and opportunity to make a difference to how, where and who delivers care to people in our communities.

We have recruitment and capacity challenges, significant demand increases and will often have to respond to changes in the local, regional and national landscape so we work collaboratively to develop initiatives once and implement these system wide.

In 2023/24 our plans include:

- An additional 7,700 outpatient appointment appointments, 9,600 inpatient and day-case procedures, and an additional 18,100 diagnostic tests above 2019/20 activity. Doubling Patient Initiated Follow Up (PIFU) activity over 2023/24.
- Reduction in our overall 18-week waiting list and the number of people waiting more than 52 weeks for hospital treatment, with the elimination of waits over 65 weeks by March 2024.
- Improving 6-week waiting times performance for access to diagnostic tests towards the March 2025 expectation of 95%, including opening a Community Diagnostic Centre.
- Improvement in cancer waiting list backlog (those still waiting for treatment beyond the 62-day national standard) and plans to over deliver against the 75% 28-day faster diagnosis target by March 2024.
- Improve A&E 4-hour performance in line with the 76% national recovery target by March 2024.
- Manage the impact of increasing emergency hospital demand via admission avoidance schemes, improved hospital flow and discharge, and additional beds resulting in a reduction in patients in hospital who no longer meet the criteria to reside and reducing average bed occupancy levels in line with the 92% national expectation.

Healthy Minds

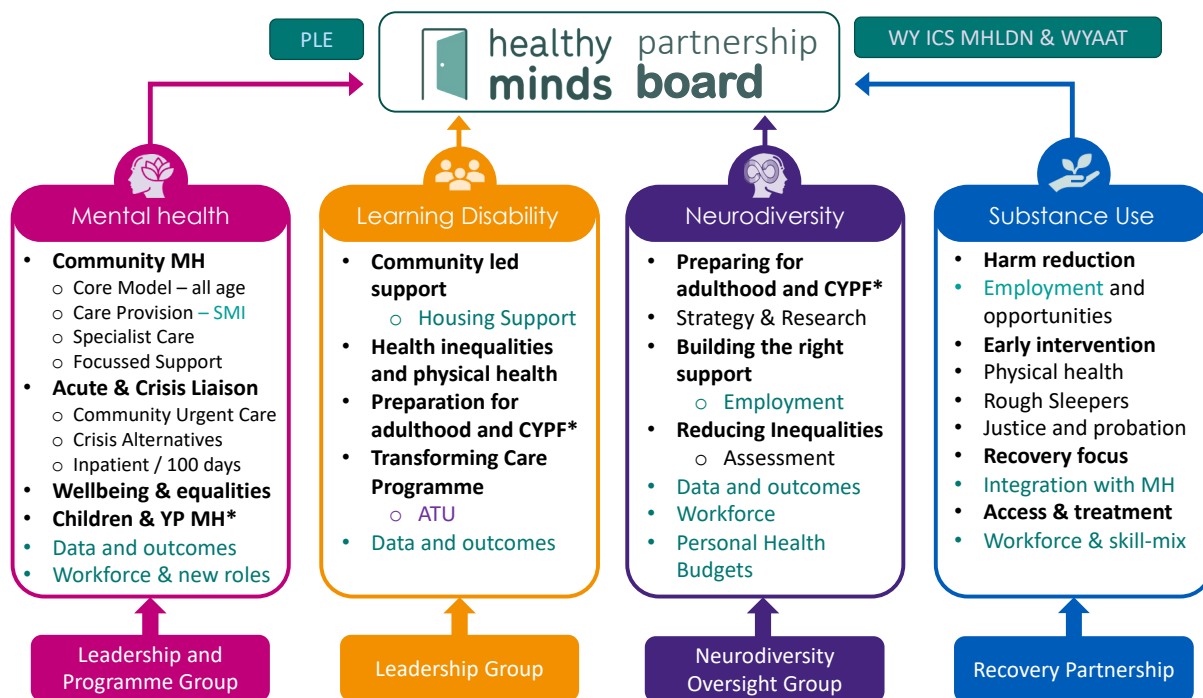


Figure 6: Health Minds Workstreams

Through our Healthy Minds priority work (Figure 6) we will:

- Increase the years of life that people who have mental health needs, substance use issues, live with a learning disability or neurodiverse needs, live in good health.
- Achieve a reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population. In doing this we will focus on early support for people across their life journey.
- Establish new and integrated models of primary and community mental health care to support adults and older adults who have severe mental illnesses, so that they will have greater choice and control over their care and be supported to live well in their communities.
- Establish an improved comprehensive round the clock crisis service across our district that can meet the continuum of needs and preferences for accessing high quality crisis care in the least restrictive and most appropriate place – whether it be in communities, people’s homes, emergency departments, multi-agency or inpatient settings.
- Work as a whole system to promote, protect and improve children and young people’s mental wellbeing to enable them to lead full, happy, and healthy lives.

- Promote the health of people and reduce the inequalities gap in access and support to services and support to achieve independent living.
- Work together with people with learning disabilities to reduce health inequalities, uphold people's rights and help them achieve their aspirations, ensuring that people get the right support at the right time in their local community or least restrictive setting.
- Transform the lives of people who are autistic/neuro-diverse. We do this to enable them to live the lives they choose, achieve their personal goals, feel valued and know their voices are heard. Together, we transform lives
- Deliver a world class substance use treatment and recovery system, reduce the use of recreational drugs and deliver fair opportunities for people.
- Across all workstreams, we will maximise the opportunities to improve addressing the wider determinants of health and deliver hope, choice, and independence as core themes to our approach.

In 2023/24 our plans include:

- Increase the number of people who first receive Improving Access to Psychological Therapies (IAPT) recognised advice and signposting or start a course of IAPT psychological therapy from 12,237 per annum from quarter 4 2022/23 increasing to 13,164 per annum from quarter 4 2023/24.
- Increase the number of women who have had at least one attended contact in the year with Perinatal Mental Health Services, which is face to face, or by video, from 78 in quarter 1 to 104 in quarter 4.
- Further improve our recorded dementia diagnoses to estimated dementia prevalence rate to 69% (above the national recovery target of 66.7%).
- 5.5% growth in the number of children and young people aged 0-17, supported through NHS funded mental health services, receiving at least one contact.
- Reduce the number of inappropriate adult acute mental health out of area placement (OAP) Bed Days to no more than 90 bed days in quarter 4 2023/24.
- Increase the number of adults and older adults receiving at least two contacts with core community mental health services by 4%

Children and Families

Our children and families partnership work (Figure 7) focusses on:

- **Best 1001 days:** Improve the outcomes for maternal care across Bradford District and Craven and reduce disparities in experiences by working as a whole system;
- **Universal prevention and early identification:** Children and young people are at the heart of all we do. Universal and targeted services work together seamlessly. All babies, children and families are able to live a healthy, happy life, and when they do need additional help, they receive information and support they need easily and as early as possible. Inequalities are reduced and every child, young person, and family with additional needs is identified and supported by skilled and confident workers (and peers or volunteers) at the right time, in the right place, by the right people. Families' strengths are built on so they can develop skills to build healthy relationships and social connections;
- **Pathways and services:** A vision will be developed with service users and pillar workstreams, but the areas of focus will initially be to look at physical health, emotional wellbeing and mental health and learning disability and neurodiversity services; and
- **Complex care:** To improve the health and well-being, and reduce inequalities, of children and young people (aged 0-25) of Bradford District Craven who have complex health and care needs.

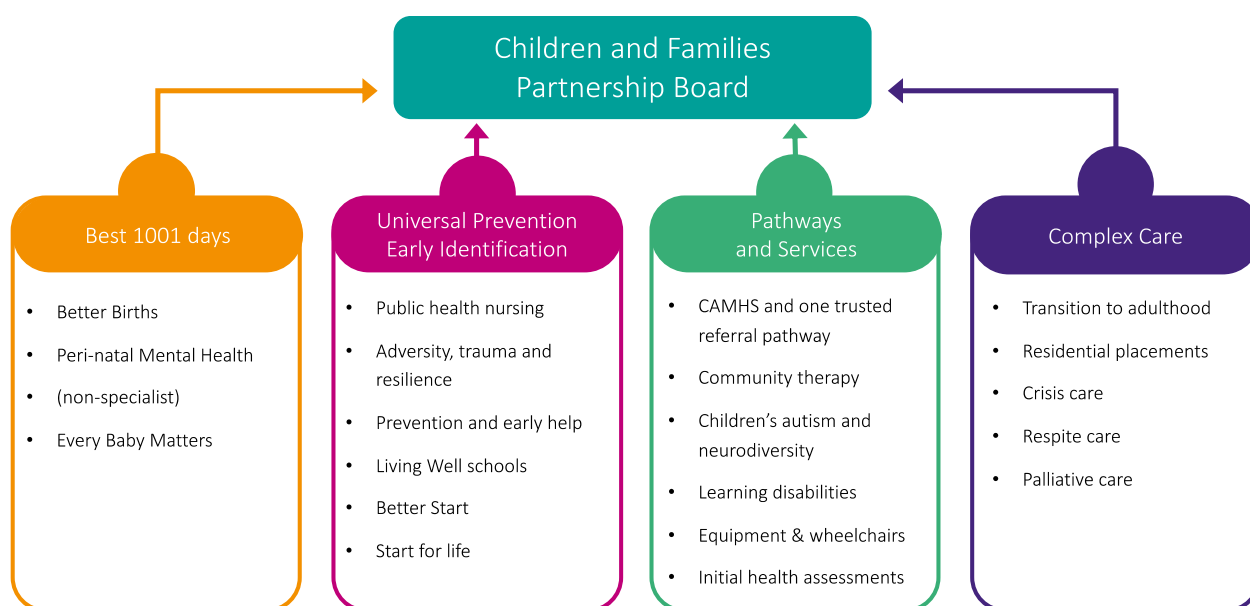


Figure 7: Children and Families workstreams

We will work in partnership with the new [Bradford Children's and Families Trust](#) and are working at place on creating a child friendly place/city.

In 2023/24 our plans include:

- We will continue to deliver the actions from the final [Ockenden](#) report for maternity and neonatal services, ensuring that all women have personalised, safe and equitable care so that outcomes (stillbirths, neonatal mortality, maternal mortality and serious intrapartum brain injury) will improve.
- We are working collaboratively across our health and care partnership to provide support to meet children and young people's identified needs, to reduce reliance on the requirement for a formal diagnosis for autism. This includes a commitment to reduce the current waiting times for autism assessments.
- In addition, we are committed to improving waiting times for children's community therapy services.
- We will work with partners to demonstrate improved outcomes to the health and wellbeing of children and young people with special educational needs and disabilities (SEND) ensuring they receive timely support'.
- We will consider the specific needs of children and young people and reflect Core20PLUS5 in plans to reduce health inequalities.

Our Place

We will all:

- **Commit as One** to our role in making our district a great place to live, work and thrive;
- **Plan as One**, taking actions now that create a legacy for future generations;
- **Focus as One** on preventing the causes of ill health; and
- **Measure as One** our impact on health and wellbeing through one data

Living Well

Living Well is Bradford District's whole system approach to obesity and improving wellbeing. Our vision is to create a district where we are all making it easier for everyone to live a healthy and active lifestyle. We aim to enable the places and organisations in which we live, work, learn and play to promote health and wellbeing by making it easier for people of all ages to adopting healthier behaviours and become better able to care for themselves.

Living Well is made up of multiple delivery projects which together enable the system to achieve our aim through the following four workstreams (Figure 8):

- **Individuals and families:** enabling behaviour change through provision of accessible personalised support services directly to people and families;
- **Communities and Organisations:** enabling behaviour change through facilitating adjustments to policies and practices in schools, businesses, health and community settings to create health promoting places across the district;
- **Physical environment:** enabling behaviour change through facilitating physical changes to our environment to default people into being more active and have a healthy balanced diet; and
- **System Enabler projects:** enabling behaviour change through the Living Well core support offer e.g. communications, and education offers to the public, workforce, and policy makers.



Figure 8: Living Well workstreams

In 2023/24 our plans include:

- Improving wellbeing through embedding prevention offers into care pathways for adults by making it easier for people and clinicians to access the Living Well Service offers to help people adopt healthier lifestyle behaviours as a normal part of their care.
- Increasing awareness and referrals into our new weight management service for children and families and develop a blended pathway model to include other services.
- Establish a viable service model for the new weight loss medications and agree a clear pathway for the thousands of eligible adults.
- Strengthen individual and community capabilities, to create healthier places and reduce health inequalities at locality level. This includes work to improve health literacy, understanding the barriers to behaviour change and developing the social movement into grassroots community settings.
- Finalise and start implementing actions from the [Physical Activity Strategy](#) and the [Food Strategy](#) across the health and care system.
- Aligning shared priorities to create effective and efficient system enablement to help achieve our vision.
- Stakeholder engagement and increasing partners understanding of how they can contribute to the whole systems approach.

Research and Innovation

Research is an enabler for transformation and innovation in the health and care arena. There is already a strong ethos and track record of healthcare research collaboration within the Bradford District and Craven area which has been in existence for many years. This has been reinforced by the inception of the Bradford Institute for Health Research where partners across the area have collaborated to increase the research opportunities available to the population.

As a [City of Research](#) (CoR) we intend to:

- Promote a CoR 'Research as One' culture and partnership that provides excellent quality and research opportunities and equity to the Bradford and Airedale population, which will include both our urban and large rural communities;
- Enable a Research Ready Community (RRC). We already have good engagement in some areas but will increase the awareness and the benefits of research and stimulate our communities research 'appetite' and enthusiasm to be involved and drive our research agenda;
- Working with research funders, public sector, and industry partners, attract more research income. This will enable greater collaborative working across the region delivering research which meets local and regional health and social care needs and NHS ambitions; and
- Build effective and inclusive communication channels to connect with our communities to encourage greater collaborative opportunities.

By doing this we will support and enable innovative care and services across the health and care partnership.

We intend to collaborate across four key areas (Figure 9):

1. **Development** of research ideas and development of people to create new research and deliver research studies;
2. **Governance** of research to be harmonised to ensure that Bradford place has a consistent aligned governance response to research;
3. **Delivery** strategies to ensure that opportunities can be offered to as many of our population as is possible; and
4. **Dissemination** of the products of research back to staff but also the participating population.



Figure 9: Overview of City of Research planned activity themes

There is an additional cross cutting theme of communication and engagement where we will promote the importance of research, demystify and encourage people to take part in research and to enable all staff to see the value of research and the contribution they can make to it.

Within our communication and engagement, we shall work with all our collaborators to:

- Raise awareness around research in key areas: our population; our staff; and our students;
- Demystifying research: understanding what research is and isn't with staff and population; and consideration of health literacy;
- Highlight the benefits of research: better patient outcomes; better quality of care; access to new and novel treatments; and upskilling of staff and career progression;
- Improve access to research opportunities: joining the local registry; and be part of research the national directive; and
- Adopt a Collaborative approach: Research as One; sharing of workforce; primary/community and secondary care all working together; and developing the next generation health and social care professional/researcher.

Examples of research as an enabler to service improvement and development include:

[Focus on air pollution](#); and [Join us Move Play](#)

Our Partnership

We will all:

- **Lead as One** in partnership with our population, in their communities;
- **Share as One** the power and responsibility to make the best use of our collective assets;
- **Grow as One** to strengthen our relationships, trust, and our ambition; improving together; and
- **Deliver as One** through our shared, skilled, and trusted workforce

Our priority areas for the next five years are: Healthy Communities and Workforce, alongside our Digital and Estates enabling programmes.

Healthy Communities

Our Healthy Communities priority programme has four aims:

1. To improve population health on community footprints;
2. To work with communities to identify what matters to them and provide them with the opportunities and resources;
3. To focus on a small number of things that are identified to address inequalities in health and care for our population; and
4. To join up the community offers of different services and providers delivering health and care in the community (NHS organisations, Local Authority Teams, and VCSE)

To do this we work across three footprints (Figure 10):

- Community partnerships;
- Locality collaboratives; and
- Place based community health and care integration.

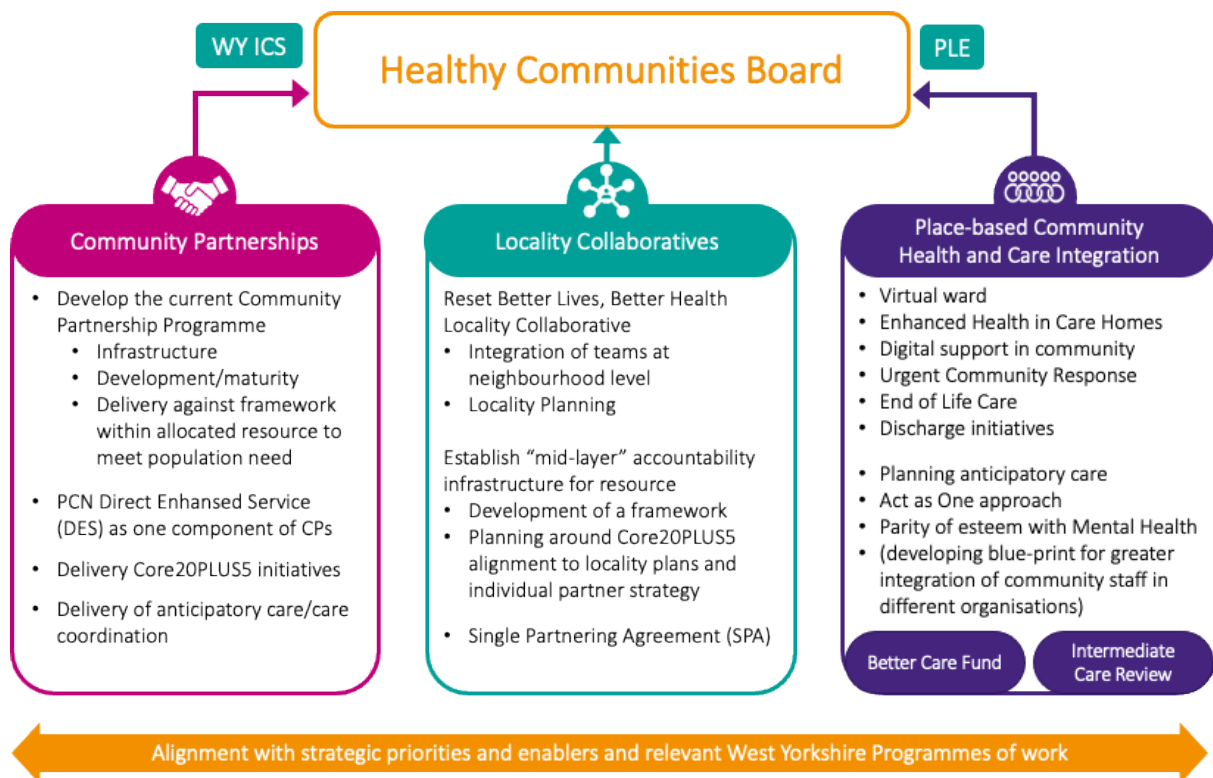


Figure 10: Healthy Communities Workstreams

In 2023/24 our plans include:

- 15% growth in Urgent Community Response activity to avoid hospital admissions.
- An increase in the number of Virtual Ward beds to 155 by April 2024 across a range of specialties using a blended model providing both technology enabled and face to face support and interventions.
- Plans to improve Community Services Waiting times for some services but with the need for a more detailed review and understanding of the issues that need addressing.
- Ongoing work to further improve hospital discharges and ensure community services are in place that enable people to return home and enable them to remain there without a re-admission.
- A 2% reduction in emergency hospital admissions for ambulatory care sensitive conditions (those conditions that can be managed within a primary or community care setting).
- A 2% reduction in the number of our over 65 population who need hospitalisation as a result of a fall.

- Support more people to remain at home rather than enter long-term residential care.
- 2% growth in GP appointments (just over 90,000 additional appointments in 2023/24).
- Development of and implementation of an operating model that integrates Health and local authority teams working within neighbourhoods to meet the population’s needs.
- Use of Core20PLUS5 funding to deliver changes that matter to local people to address health inequalities.
- Planning and implementation of proactive care models to support people with complex health needs to remain supported at home through multi-disciplinary care teams.
- Development of local Community Partnerships.

Workforce

Workforce is both a priority in its own right and is also an enabler to the other 4 priorities (Figure 11). To align with the HCP priorities, we have refreshed the priorities within our people plan to ensure alignment.



Figure 11: Workforce workstreams

Our People Plan is inclusive of all our health and care partners and is focused around the following four Pillars.

- **Looking after our people:** For our people to be safe and well at work, physically and psychologically, with quality health and wellbeing support for everyone;

- **Creating a sense of belonging:** To create a compassionate and inclusive culture where everyone feels they belong, have a voice, and feel empowered to make a difference;
- **Developing new ways of working:** To transform the way we deliver care by maximising digitalisation and enabling our people to act as one; and
- **Growing and retaining our workforce:** To grow our collective workforce for the future by recruiting and retaining our people. To be the best place to work; enabling people to progress and fulfil their potential by providing 'careers for life'.

Each pillar is led by a Director of Human Resources within the Health and Care Partnership. This allows us to collaborate on our sector and organisational plans.

In 2023/24 our plans include:

- Growth in our hospital workforce as we focus on reducing our vacancies.
- Growth in staffing to support new initiatives including our pharmacy transformation work, additional day case capacity, additional virtual ward beds, children's assessment unit plans and increase in midwifery to support continuity of carer and Ockenden roles.
- Growth for mental health investment funding in children's and young people's mental health, perinatal mental health, and psychological therapy services.
- A reduction in sickness and turnover and a shift from using agency to local bank staffing over the next three years.
- A mix between domestic recruitment/newly qualified and the use of apprenticeships along-side international recruitment.
- Further development and recruitment to the Additional Roles Reimbursement scheme (funding for a range of new primary care roles).
- The development of new ways of working to ensure we have the right roles and capacity to support immediate priorities.
- We will continue to 'grow our own' through proactive work with schools via our place-based Careers and Technical Education (CTE) Board. We will also continue to grow the number of schools we work with on a regular basis; building on the interview technique sessions and school assemblies delivered in 2022.

Digital, Data, Intelligence, Insight

The aim of our Digital enabling programme is to best support the needs of our population and the requirements of our colleagues through providing class leading enabling digital technology. The programme has the following six workstreams:

- **Work as One:** Any staff member should, with minimal effort, be able to work from any other sites owned by a partner organisation and be able to access all the resources required to perform their role;
- **Shared Care Records:** To achieve seamless sharing of relevant health and social care information among organisations across the place to ensure seamless transition of care and our people improving their access to and journey through our services;
- **Digital Inclusion:** No citizens of Bradford District will be excluded from having access to digital devices, adequate affordable connectivity and the necessary skills to use them to improve their livelihoods;
- **Digital workforce:** Ensure we have sufficient skills capacity to meet with the current and growing demand for Digital, Data and Technology (DDaT) workforce;
- **Cyber Security:** Create a cross organisational Cyber Security Working Group where members will contribute to the ongoing cyber readiness and share, resources, knowledge, tools, and costs (economies of scale); and
- **Information Governance (IG):** To develop, implement and embed an effective IG framework that will support appropriate clinical and organisational record management and record sharing within the Bradford District & Craven footprint enabling our shared care record

The workstreams will deliver priority objectives through formal priority themed groups, with clearly identified aims and deliverables with a focus on 'getting the basics right' by investing in increased system interoperability and data sharing.

We also have an ambition to make the data that partner organisations hold work harder, to enable population health insights that will improve health outcomes, and by giving health and social care professionals all the information they need wherever they are working. Our 'Data as One' work will continue to draw all the organisations in the partnership closer together, mitigating perceived administrative barriers for the VCSE sector (e.g. supporting IG accreditation) and establishing closer working with the local authorities.

In 2023/24 our plans include:

- Completing a digital maturity assessment to measure progress towards the core capabilities set out in What Good Looks Like, utilising the framework for all the priority work streams as a measure of success.
- Developing the right data architecture in place for population health management (PHM).
- Putting digital tools in place so patients can be supported with high quality information that equips them to take greater control over their health and care.
- Continuing the sharing of resources, knowledge, learnings, and tools to maintain a strong Cyber response to all threats.
- Mapping the current IT infrastructure, bottlenecks, technical constraints and limitations across organisational sites and identifying and sharing good practice which may be applied across partners. Agreeing long-term convergence principles (e.g. technology, support model) and strategic principles.
- Developing a whole system DDaT workforce plan.
- Progressing our Digital Inclusion work including: Developing the Digital Inclusion Index with YemeTech, to identify key priorities and associated support on a locality basis; Securing funding for the appointment of Digital Inclusion Officers in communities; Developing further the idea of a digital bus for Bradford; Developing the creation of a digital device donation offer for Bradford; and Seeking opportunities to extend the Digital Health Champions

Estates

Our vision for our estate reflects those set out in the [Naylor review](#) where we will:

- Provide a modern estate equal to delivering our vision for health and social care;
- Ensure our strategic estates planning reflects changing delivery models;
- Align with future clinical service strategies;
- Proactively maintain our assets and reduce backlog maintenance; and
- Replace what cannot cost-effectively be maintained.

Our NHS infrastructure is essential to the long-term sustainability of our ability to meet healthcare needs for our population; unlocking efficiencies and helping manage demand. It is also fundamental to high-quality patient care, from well-designed facilities that promote quicker recovery, to staff being better able to care for patients using equipment and technology that they need.

We are redesigning the way we deliver and receive care and support, ensuring that our local population receive exceptional care now and into the future. At the heart of the desired future state is a strong primary and community-based, 'out of hospital' model of care that cares for most of the health and wellbeing needs of the local population.

The model is a coalition of primary, community, mental health, social care, VCSE and urgent care services. Focusing on personalisation, designing support based on delaying and preventing the need for care through proactive care planning, strengths, and asset-based approaches. Our estates strategy will shape how we operate and where we focus our resources, to support this model.

We have clarity in terms of an agreed ambition to plan for the next generation, with an estate that is fit to deliver health and wellbeing for our population in ways that reduce inequalities and improve population health. We recognise the need to work in partnership in the best interests of our population, this is our anchor.

As we shape our system strategy, we are considering what services might be best centralised on each hospital site, with hub and spoke approaches to different specialties and pathways of care. We approach our planning by viewing our estate as a whole, with core services on both acute trust sites, including, but not limited to, Emergency Departments and Maternity Services.

Community Diagnostic Centre

Wherever possible, we want services to be provided in local neighbourhoods. Only when the safety, quality and cost-effectiveness of care are improved by providing it at a greater scale will services be provided elsewhere. This already includes diagnostics, outpatients, endoscopy, and minor surgery. We were successful in securing national funding for a local Community Diagnostic Centre, which will enable us to deliver a better diagnostic service and more personalised experience by providing a single point of access to a range of services in the community

Integration of our services

In developing our Estate Strategy, we plan to use this as an opportunity to provide greater detail about our plans to ensure that the estate is focused on the optimum location of services to achieve our ambitions of investing in wellness, reducing inequalities and bringing care closer to home.

Our emerging clinical strategies are shaping our future estate needs, along with a programme of required projects, investment, and associated system benefits. Work has begun on considering the new models for providing social care services, which entails reconsidering the location and potential co-location with health services. This provides an opportunity to align with the reconfiguration of community and primary care estate.

We have worked collaboratively to gain a shared understanding of the totality of our community estate and how we can rationalise and increase value from this together. This asset review will be used to shape and inform plans for our locality model of working.

In 2023/24 our plans include:

- Developing our 'hub and spoke' locality model of health and care service delivery aligned with parliamentary constituency boundaries.
- A Community Diagnostic Centre at Eccleshill and a business case for a 'spoke' centre in Airedale.
- A new day-case facility at St Luke's Hospital.
- Managing the impact of Reinforced Autoclaved Aerated Concrete (RAAC) at Airedale Hospital ahead of the building of a new hospital and co-located Urgent Care Centre.
- Modernising the estate of Lynfield Mount Hospital.

Oversight and Assurance

The Bradford District and Craven Health and Care Partnership is led by an independently chaired Partnership Board, which operates with delegated authority from the West Yorkshire ICB.

The Partnership Board agrees our place-based strategy and associated high level budget allocations. It receives assurance from following three committees:

- **Quality:** Provides assurance on the quality, safety and effectiveness of services and the contribution services make to improving health outcomes for local people;
- **People:** Ongoing assurance of the delivery of the partnership’s people plan and that the outcomes of the four pillars of the integrated people plan are being achieved; and
- **Finance and Performance:** Provides a collective focus on financial and performance outcomes.

The Board is also advised and informed through a comprehensive process of public involvement, a citizens forum, and a clinical and professional forum (Figure 12).

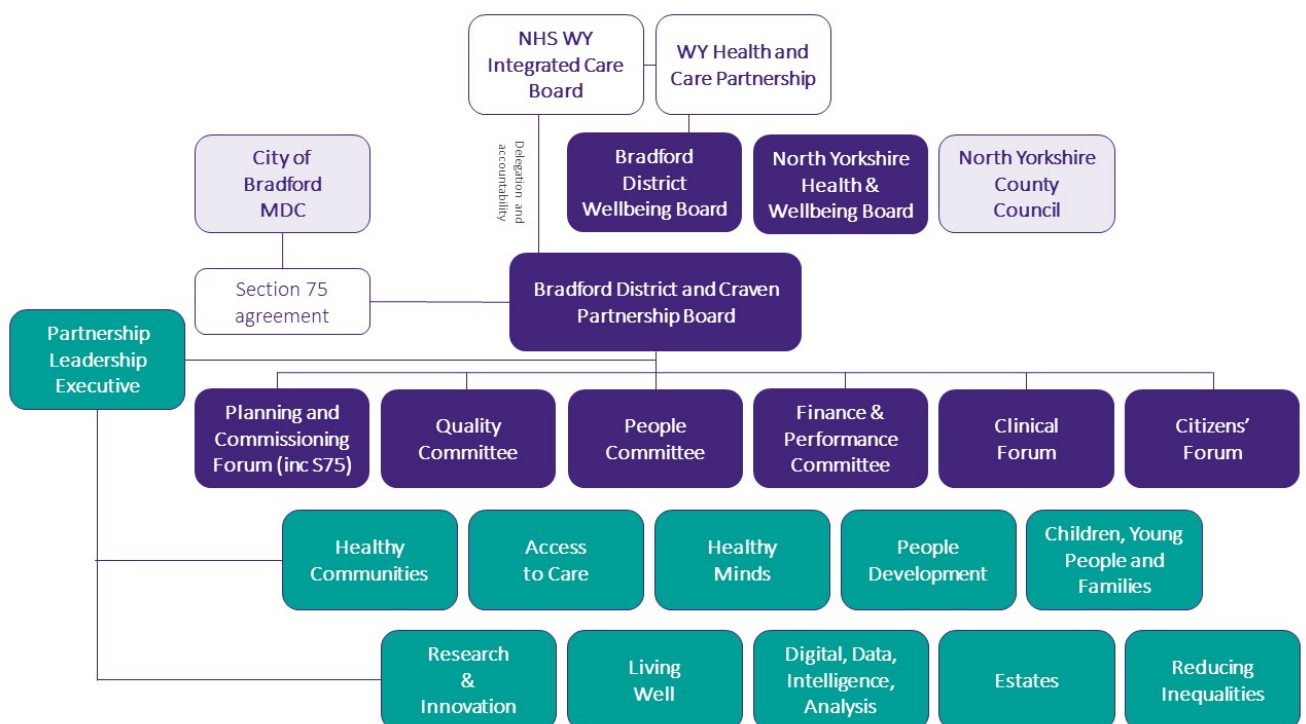


Figure 12: Our Partnership Governance Structure

The implementation of our strategy is led by the Partnership Leadership Executive (PLE), which is accountable to the Partnership Board. The PLE is a multi-sectoral, senior leadership group, chaired by the Place lead, accountable to the West Yorkshire ICB chief executive.

The PLE oversees our Priority and Enabling Programme Boards, the engine rooms through which our plan will be delivered alongside our Place based ICB functions (Figure 13).

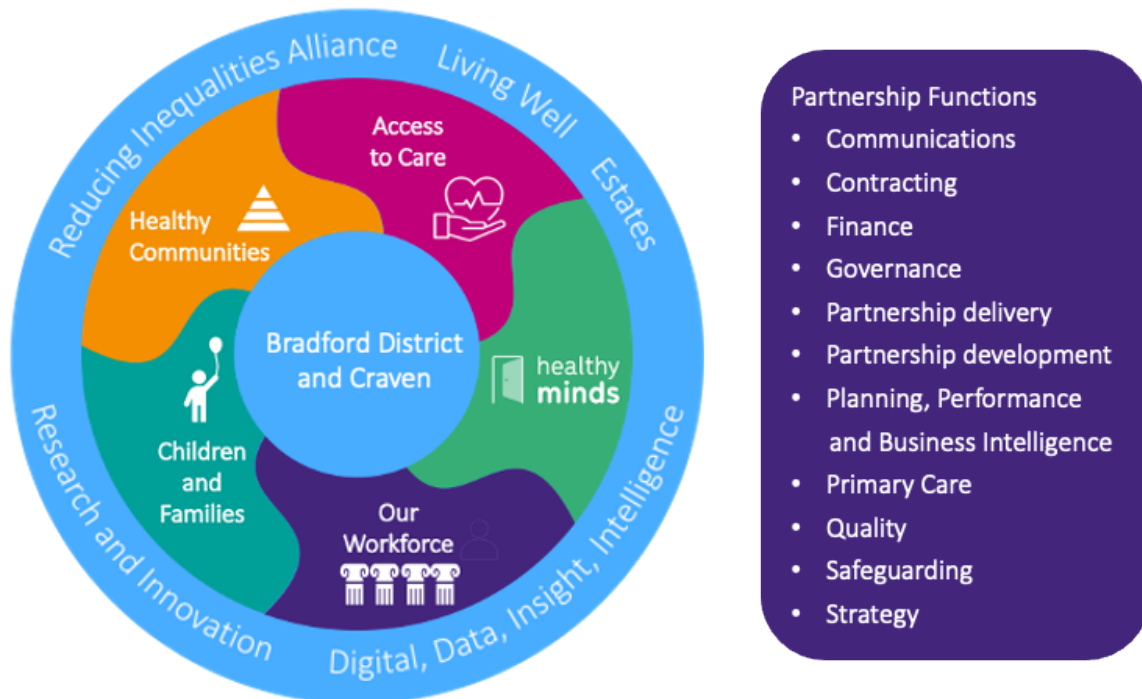


Figure 13: Our Partnership Operating Model

The Partnership Board will agree our local Joint Forward Plan, following advice and recommendation from the PLE. Thereafter, the PLE will receive regular updates on progress with implementation of the plan, whilst our Priority Boards and enabling programmes, will oversee delivery of individual initiatives which contribute to achievement of our goals.

Metrics

Our overall long-term measure of success will be to increase the healthy life expectancy of the population of Bradford District and Craven. However, whilst there are some clear outcomes and metrics identified within this plan in relation to our immediate commitments for 2023/24, there is still further work needed to define the measures to demonstrate delivery towards our longer-term objectives. These measures will need to demonstrate that the work of programmes, both individually, and collectively, are delivering their aims and objectives.

Each of our programmes is at different stages of maturity, and work is underway to help them scope out the key performance metrics that the programme boards and workstreams

need to provide assurance and aid decision making. This work also needs to ensure alignment between Bradford District and Craven, and the West Yorkshire measures of performance and impact.

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Report of the Director of Legal and Governance to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 21 June 2023

C

Subject: HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2023/24

Summary statement:

There will be a discussion about the Committee's work programme 2023/24 in advance of its presentation at the next meeting for adoption.

Portfolio:

Healthy People and Places

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1. **Summary**

- 1.1 There will be a discussion about the Committee's work programme 2023/24 in advance of its presentation at the next meeting for adoption.

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 Best practice published by the Centre for Governance and 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.

- 3.2 It should also be noted that overview and scrutiny can take place outside of formal meetings, for example in informal meetings, visits and by requesting information in the form of briefing notes.

4. **Contribution to corporate priorities**

- 4.1 The Health and Social Care Overview and Scrutiny Committee Work Programme 2023/24 should reflect the priority outcomes of the Council Plan, in particular, 'Better Health, Better Lives' and 'Living with Covid-19'². It should also reflect the guiding principles of the Joint Health and Wellbeing Strategy for Bradford and Airedale 'Connecting people and place for better health and wellbeing' and the priorities set out in the West Yorkshire Integrated Care Strategy³.

5. **Recommendations**

- 5.1 That a draft Programme of Work 2023/24 be presented for consideration and adoption at the Committee's meeting of 27 July 2023.

6. **Background documents**

The Constitution of the Council

7. **Appendices**

None

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>

³ West Yorkshire Integrated Care Strategy

https://www.wypartnership.co.uk/application/files/8516/7846/6187/West_Yorkshire_Integrated_Care_Strategy.pdf