

Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 28 September 2023 at 4.30 pm in Committee Room 1 - 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 Hayden Kauser Lintern Mitchell Rowe</i>	<i>Clarke Sullivan</i>	<i>Majkowski</i>

NON VOTING CO-OPTED MEMBERS

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

NOTES

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
- The taking of photographs, filming and sound recording of the meeting is allowed except if Councillors vote to exclude the public to discuss confidential matters covered by Schedule 12A of the Local Government Act 1972. Recording activity should be respectful to the conduct of the meeting and behaviour that disrupts the meeting (such as oral commentary) will not be permitted. Anyone attending the meeting who wishes to record or film the meeting's proceedings is advised to liaise with the Agenda Contact who will provide guidance and ensure that any necessary arrangements are in place. Those present who are invited to make spoken contributions to the meeting should be aware that they may be filmed or sound recorded.
- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

From:

Asif Ibrahim
Director of Legal and Governance
Agenda Contact: **Asad Shah**

To:

Phone: **01274 432280**; 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</u> if the public are also allowed to speak but otherwise not participate in the discussion or vote; and leave the meeting <u>unless</u> you have a dispensation</i>
<i>Other Registrable Interests (Affects)</i> OR <i>Non-Registrable Interests (Affects)</i>	<i>Disclose the interest; remain in the meeting, participate and vote <u>unless</u> the matter affects the financial interest or 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 that it would affect your view of the wider public interest; in which case speak on 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 21 June and 27 July 2023 be signed as correct records (previously circulated).

(Asad Shah – 01274 432280)

4. INSPECTION OF REPORTS AND BACKGROUND PAPERS

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Asad Shah – 01274 432280)

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. SEXUAL HEALTH SERVICES

1 - 24

Local authorities are responsible for providing integrated sexual health services to their residents. While some decisions about provision should be based on local need, there are specific legal requirements ensuring the provision of certain services which are set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

Previous reports on sexual health services were presented to this committee in February 2020 and September 2021. The last report was about re-procurement of the services and a new contract is in place since April 2023. The report of the Director of Public Health (**Document “H”**) updates on current commissioning arrangements, performance of sexual health services and key challenges for the next five years.

Recommended –

That the Council should continue to develop an integrated model for provision of sexual health services, bringing together both the prescribed elements of sexual health provision (STI management, partner notification, access to contraception) and non-prescribed services that are essential to mitigate inequalities and improve population sexual health outcomes (outreach and prevention targeting groups with higher sexual health and access needs).

(Jorge Zepeda – 07816 082224)

7. UPDATE FOLLOWING PUBLIC INVOLVEMENT EXERCISE FOR OUTPATIENT PHYSIOTHERAPY AND COMMUNITY THERAPY SERVICES BASED AT SHIPLEY HOSPITAL

25 - 54

The report of the Chief Operating Officer of Bradford District and Craven Health and Care Partnership (**Document “I”**) provides a summary of the position with regards to the next steps on Shipley Hospital following a recent public involvement exercise that asked for people’s views on proposals to move outpatient physiotherapy and community therapy services out of the site. This paper, shares the outcomes from the involvement work carried out and outlines the next steps that concern the future of the Shipley Hospital site, including

plans for any further community involvement.

Recommended –

Members are asked to note the report content and provide feedback on the next steps proposed.

(shak.rafiq@nhs.net / victoria.simmons@bradford.nhs.uk)

8. ANNUAL REPORT OF THE PRINCIPAL SOCIAL WORKER AND ADULT SOCIAL CARE'S PREPARATION FOR THE NEW CQC ASSURANCE PROCESS 55 - 114

The Principal Social Worker (PSW) in Adult Social Care for Bradford District ensures that there is professional practice oversight in place to lead, oversee, support and develop excellent social work practice and in turn lead the development of excellent social workers and social care practitioners. The PSW leads on quality assuring social work practice. For 2022/23, Rob has produced his first Annual PSW Report in Bradford and this is attached.

The Care Quality Commission (CQC) have been given new powers to carry out an assurance process on local authorities with adult social services responsibilities on how they carry out their duties and responsibilities under the Care Act 2014. The report of the Strategic Director, Adult Social Care & Health (**Document “J”**) also gives an update on how Bradford Council is preparing for this process and what is known about this new methodology.

Recommended –

That the Committee comments on the report of the Principal Social Worker and Care Quality Commission assurance preparations.

(Iain MacBeath - 01274 437312)

9. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2023/24 115 - 118

That the report of the Director of Legal and Governance (**Document “K”**) presents the Committee's work programme 2023/24.

Recommended –

That the Committee notes and comments on the information presented in Appendix A, attached to Document “K”.

(Caroline Coombs – 01274 432313)

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Report of the Director of Public Health to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 28th September 2023

H

Subject:

SEXUAL HEALTH SERVICES

Summary statement:

Local authorities are responsible for providing integrated sexual health services to their residents. While some decisions about provision should be based on local need, there are specific legal requirements ensuring the provision of certain services which are set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

Previous reports on sexual health services were presented to this committee in February 2020 and September 2021. The last report was about re-procurement of the services and a new contract is in place since April 2023. This report updates on current commissioning arrangements, performance of sexual health services and key challenges for the next five years.

Sarah Muckle

Director of Public Health

Report Contact: Jorge Zepeda, Head of public health

Phone: 0781 608 2224

E-mail: Jorge.zepeda@bradford.gov.uk

Portfolio:

Healthy People and Places

Overview & Scrutiny Area:

Health and Social Care

EQUALITY & DIVERSITY:

The services described in this report contribute towards objectives of Bradford District Plan 2021-25: 'Children have the best start in life' and 'Residents achieve good health and wellbeing'.

References to women throughout this document include cisgender women, transgender men and non-binary (assigned female at birth) people who have not had hysterectomy or bilateral oophorectomy.

1. SUMMARY

Local authorities are required by law to commission sexual health services. In Bradford we also choose to offer non-mandated outreach and prevention services that are essential to reduce inequalities. Our previous contracts for sexual health services which were in place since 2015 (Locala) and 2017 (Mesmac) ended this year. The last report on sexual health services was presented two years ago during preparation for procurement.

To inform procurement, we conducted a needs assessment and service review in 2021-22. This process involved analysis of data, policy and evidence, consultation with organisations, public, and the market, and stakeholder engagement. The review suggested key areas that needed change, including strategies to engage young people and improve chlamydia screening, joint work with the NHS on contraception and women's health, and diversification of the groups targeted by outreach and prevention. A new service specification reflecting these findings was developed.

Following tender, a new contract starting 1st April 2023 was awarded to Locala. In the new contractual arrangement, Locala subcontracts Mesmac, GPs, pharmacies, and SH24 (online provider). Service innovations implemented in the last eight years were consolidated, including a shift towards digital and postal services (accelerated during the COVID-19 pandemic), clinic sessions for young people, and mobile clinics in partnership with voluntary organisations.

Overall, performance of sexual health services in Bradford is good. Nationally, services are still recovering from COVID and levels of STI diagnoses and contraception offer are generally below pre-COVID levels. Bradford performs better than England in 8 out of 15 key performance indicators, similarly in 4, and worse in 3 indicators. Chlamydia screening is our worst area and is a priority for the first year of the new contract.

Sexual health services are under financial pressures all over the country. This is because of a sum of increased demand (behaviour change), reduction/non-increase of the PH grant, inflation and increasing cost of living. In Bradford, we are exploring potential options for increasing funding for 2024-25.

2. BACKGROUND

Commissioning responsibilities

Public health was transferred from the NHS to local authorities in 2013 as part of implementation of the Health and Social Care Act 2012. Commissioning arrangements for sexual and reproductive health were among the transferred responsibilities.

Commissioning of sexual health (SH) services are one of the prescribed functions of the local authorities' public health (PH) grant spend. In addition, the NHS commissions other SH services, either directly or via Integrated Care Systems (ICS). Those shared responsibilities are set out in the Health and Social Care Act 2012 and the Health and Care Act 2022 and summarised in table 1.

Table 1. Commissioning responsibilities for sexual health services

Local authorities	Integrated care systems	NHS England
Comprehensive sexual health services, including: <ul style="list-style-type: none"> - Contraception and advice on preventing unintended pregnancy in SH services - STI testing and treatment and notification of partners - HIV testing, partner notification and prevention incl. PrEP and PEP - Sexual health aspects of psychosexual counselling - Sexual health services commissioned from primary care (GPs and community pharmacies) - HIV social care - Social support for teenage parents 	<ul style="list-style-type: none"> - Abortion services - Female sterilisation - Vasectomy (male sterilisation) - Non-sexual health elements of psychosexual health services - Contraception primarily for gynaecological purposes - HIV testing when clinically indicated in ICP commissioned services 	<ul style="list-style-type: none"> - Contraceptive services provided as an “additional service” - HIV treatment and care services, and cost of antiretroviral drugs - Testing and treatment for STIs (including HIV) in GPs and other NHS services - All sexual health elements of healthcare in secure and detained settings - Sexual assault referral centres - Cervical screening - HPV immunisation - Specialist foetal medicine - Infectious Diseases in Pregnancy Screening

Source: [A Framework for Sexual Health Improvement in England \(DH, 2013\)](#)

Non-prescribed but essential functions that the local authorities should consider providing include advice, prevention and promotion on sexual health.

Bradford Council commissions district-wide, universal, integrated sexual and reproductive health services (ISRHS) including both prescribed and non-prescribed services. Therefore, in addition to contraception and STI care (prescribed) the Council commissions outreach, prevention and support services for individuals and groups who are vulnerable or at risk of poor sexual health outcomes.

The aim of this service is to achieve a positive impact on the health and wellbeing of the population of Bradford District through objectives that are in line with the [Public Health Outcomes Framework](#) (PHOF), reflecting national priorities, and with the [Council Plan 2021-25](#) and [Bradford District Plan 2021-25](#), reflecting local priorities.

Benefits of sexual health services

Sexually transmitted infections (STIs) and unplanned pregnancy are amongst the most important contributors to poor health, particularly in the most deprived areas. STIs are often asymptomatic and if left untreated, they can cause pelvic inflammatory disease or infertility.

Investment in sexual health services remains one of the public health “Best Buys“. It significantly improves peoples’ general health and mental wellbeing. An investment of £1 in contraception is estimated to return £9 of cost savings to the government. Public health services save money across the NHS and local authority budgets.

Below are examples of expected benefits of providing SH services:

- A reduction of unplanned pregnancies and abortions through access to contraception
- A reduction of the impact of HIV and STI on the population’s health through increased diagnosis and treatment of STIs and reduction of late HIV diagnosis
- A reduction on sexual health inequalities through better access to sexual health services for high-risk individuals and vulnerable communities (hence the importance of outreach and prevention)
- More engagement of the public with safe behaviours through partnership work with the voluntary and community sector

These benefits are monitored through a panel of indicators that reflect both national performance outcomes and local priorities. National outcomes (including for local authorities) are available from the Office for Health Improvement & Disparities (OHID) websites. Local indicators are used to monitor adequate provision of services – a full list of performance measures is available under request from the [PH team](#).

Contract timeline

Bradford Council commissions sexual health services from Locala since 2015 (previously they were commissioned from BTHFT and AFHT). Locala is a community interest company that provides a range of healthcare services across West Yorkshire including sexual health services in Kirklees. Locala subcontracts community pharmacies to provide Emergency Hormonal Contraception and GPs to offer fitting of Long-Acting Reversible Contraceptives (LARC). Since 2018 Locala subcontracted SH24 to provide online access to STI testing and photo diagnosis.

From 2017, the council established a separate contract with MESMAC to provide Community Based Sexual Health Outreach, Prevention and Support Services for some groups with higher risk of poor sexual health outcomes (LGBTQ+, PLHIV, MSM, some ethnic minorities).

The Council also pays for Out of Area sexual health services provided for Bradford residents by other local authorities or NHS trusts, based on a regional tariff agreed between Yorkshire & Humber commissioners.

In 2021 we started preparing for re-procurement of sexual health services. Contracts with Locala and Mesmac were extended to March 2023 to end together giving us enough time to review the services and simplify procurement and commissioning. We decided to merge all prescribed and non-prescribed services into a single service specification, while allowing subcontracting to achieve the service objectives. The reasons for this decision were: economy of scale and efficiency gains, single direction to outreach and other preventive services, better integration of clinical and non-clinical services, and redistribution of resources for outreach according to needs assessment over time.

Locala won the bid for the new contract and will continue to be the sexual health provider for Bradford. The new contract started 1st April 2023 and was initially awarded for 5 years, with possible extension to up to 10 years. In the new arrangement, Locala subcontracts GPs, pharmacies, MESMAC and SH 24 (online services).

Access to services

Access routes to the sexual health services have changed over the years in particular during the COVID-19 pandemic. Lessons from these various changes led us to the current modes of access that are summarised below. More information can be found at [Locala's website](#).

The main sexual health clinic is located in the city centre (Howard House, BD1) and opening times are Monday to Thursday 8:15am to 7:30pm, Friday 8:15am to 5.30pm and Saturday 9:30am to 12:30pm. There is a mix of face to face and telephone appointments at different times throughout the day. To book an appointment you need to contact Locala by phone (03033309500). This allows the allocation of a time slot avoiding crowding and long waiting in the clinic. Some appointments can be [booked online](#) eg for warts or contraception.

Although booking an appointment over the phone or online is recommended, if someone presents to the service without an appointment they will be assessed and accommodated according to need. There is a number of same-day slots available every day to accommodate urgent appointments and referrals from partners eg organisations that work with vulnerable individuals.

There is a queue and wait clinic for under 18's every Wednesday 3:30pm - 6:30pm at the main clinic (no need to book). A nurse-led online chat is open Mon-Fri 8:30am to 4:30pm. STI test kits can be ordered online through the SH:24 web site. A pop up clinic has been offered weekly in Keighley since June 2024. Locala also offers joint clinic with partner organisations in community settings (eg with MESMAC, Bevan healthcare, the Lotus project).

Vulnerable adults and young people can be referred from other organisations or professionals using an [online form](#), and outreach support can include school or home visits (after consent). The service also has a Learning Disabilities (LD) work stream that meets monthly and has produced easy read information and a feedback survey for patients.

Outreach, prevention and support to vulnerable groups

In addition to mandated services, Bradford Council commissions sexual health outreach, prevention and support services. These are targeted activities that support individuals and groups with greater sexual health and access needs to use sexual health services. Targeted outreach is a strategy to reduce health inequalities when offering sexual health services. This strategy reflects principles ('Equalities at the heart of all we do') and priorities ('Better health, better lives') of the Council Plan 2021-25.

Provision of outreach services changed over the years. Locala partnered with Hale since 2015 to provide mobile clinics to young people. MESMAC has worked in Bradford District for 30 years and since 2017 they are commissioned by the council to provide a range of activities for individuals who identify as LGBTQ+, men who have sex with men (MSM), people living with HIV infection (PLHIV) and ethnic minorities. More recently, Locala developed an in-house outreach provision, the clinic-in-a-box, in partnership with VCS organisations like Lotus and Bevan (for sex workers and homeless) and also with MESMAC. Most activities delivered until 2022-23 continue to be provided in the new contractual arrangement.

The reason why the outreach provision is diverse is because it is more effective to work with organisations that the targeted individuals know and trust, and because targeted groups for outreach can be so diverse as people with LD under care and sex workers whose first language is not English. Collaborating with local partners and stakeholders ensures that services are delivered with sensitivity to the diverse backgrounds and needs of all communities in Bradford District. Targeted groups for outreach include but are not limited to people living in areas of highest deprivation, young people under care, people who identify as LGBTQ+, people from a BAME background, people with special educational needs or disabilities, people living with HIV, and people who engage in risky sexual behaviours.

Over the 8 years of the previous contract, we have seen Increase in attendances from key groups with risky sexual behaviour, like sex workers (8 in 2015-16, 72 in 2022-23) and MSM (487 in 2015-16, 1291 in 2022-23). These numbers include patients seen in the main clinic and through outreach but not those seen by MESMAC out of the joint clinics with Locala.

Relationships and sex education

[Relationships and Sex Education \(RSE\)](#) is expected to contribute to improved physical and mental health for children and young people through learning about the emotional, social and physical aspects of human development, relationships, sexuality, wellbeing and sexual health. RSE became mandatory for schools from September 2020. The Council commissions a consortium of VCS organisations (Step 2, Hale and James) to support the delivery of this policy in Bradford's schools. This provision is commissioned separately from sexual health services.

The RSE programme provides both universal and targeted RSE, including sessions for young people living in care or accessing specialist provision and training to school teachers, parents, foster carers, residential children's home staff and other key professionals in contact with young people. Young people who have received RSE are more likely to seek help or speak out, practice safe sex and have improved health

outcomes, have consented to first sex, have an understanding of digital safety; more knowledgeable and aware of discrimination, gender equity and sexual rights; and less likely to be a victim or perpetrator of sexual violence. RSE is also a strategy to reduce teenage pregnancy.

Financial pressures

In November 2022 the LGA published the report [Breaking point: Securing the future of sexual health services](#) where they address the long-term funding and capacity challenges across local authority commissioned sexual health services.

There has been significant increase in the demand for Sexual Health Services Nationally over the last 10 years, particularly increases in syphilis and gonorrhoea diagnoses and in antibiotic-resistant sexual infection, and challenges accessing contraception in particular inequalities in access to the most effective long-acting reversible contraceptive methods (LARC).

The public health grant to local councils used to fund sexual health services was reduced by over £1bn (24 per cent) between 2015/16 and 2020/21. Across England, spending on STI testing, contraception and treatment decreased by almost 17 per cent between 2015/16 and 2020/21, as local councils implemented these cuts. Government cuts to councils' public health budgets has left local authorities struggling to meet increased demand for sexual health services.

Local councils have been engaged in major modernisation of SH services in the last few years (accelerated by the pandemic) with a rapid channel shift to online consultations, apps, home testing and home sampling. However, capacity to further innovate and create greater efficiencies is limited by funding challenges.

Table 2 provides an overview of Bradford Council's budget for sexual health over the last 6 years.

Table 2. Total budget (in £1000's) allocated to sexual health services 2018-2024 – Bradford Council

Contract / Fiscal year	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
OOA GUM¹	£ 240	£ 254	£ 295	£ 255	£ 255	£ 155
Outreach (MESMAC)	£ 219,9	£ 219,9	£ 73 ²	£ 220	£ 220	-
Clinical services (LOCALA)	£ 3,770	£ 3,813	£ 3,843	£ 4,071	£ 4,133	£ 4,400 ³
TOTAL PER YEAR	£ 4,230	£ 4,287	£ 4,212	£ 4,546	£ 4,608	£ 4,555

Source: Bradford Council – PH team

¹OOA GUM – Out of area genitourinary medicine – services provided to Bradford residents by other local authorities

² Reduced value this year reflected the impact of national lockdown measures on outreach activities

³ A new contract integrating clinical and outreach services commenced 1 April 2023. Underspent OOA GUM money was shifted to the main SH contract.

Examples of two critical areas where financial pressures have started to be noticed in Bradford are long-acting contraceptives and STI testing offered online

- Access to contraception through primary care. We pay GPs to fit implants, coils and

IUDs because these are the most cost-effective contraception methods and primary care is the most accessible point of the system. However, the tariff we pay for LARC fitting has not been corrected over the years what is limiting our capacity to engage new GPs to offer this service.

- STI testing kits requested online. The demand for online services sky-rocketed during the pandemic and has not returned to previous levels after the end of social restrictions and reopening of the main sexual health clinic. To stay within the budget, we agreed with the provider a daily cap to the online offer of STI test kits. We don't expect all the people that are not able to find a test online to come to the clinic what means we may be failing to detect and treat some STIs.

3. REPORT ISSUES

Service development

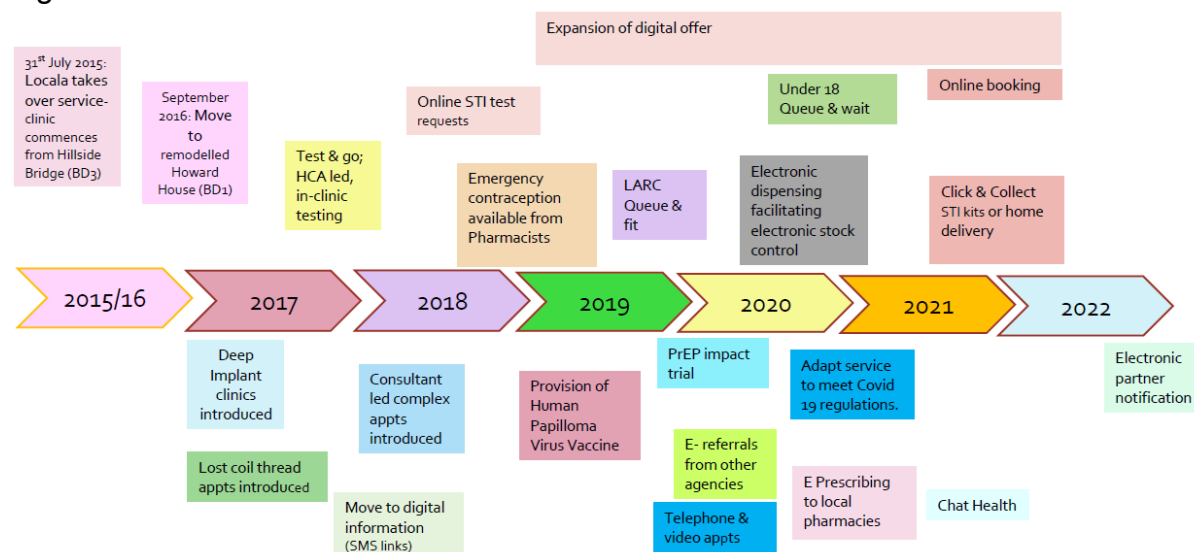
The two figures below show a timeline of the services offered by Locala between 2015-23, and key innovations implemented by the service over those years.

Figure 1. Timeline of changes to the scope of services

Year of contract	2015	2016	2017	2018	2019	2020	2021	2022	2023
Clinical scope	All STI and contraception care								
		Deep implant removal contract							
			hepatitis A vaccine to all MSM						
				HPV vaccination to all MSM under 45					
					Pre-exposure prophylaxis for HIV				
								Smallpox vaccine for M-pox	

Source: Locala – Summary of contract 2015-2023 (prepared by Sophie Brady)

Figure 2. Timeline of service innovations



Source: Locala – Summary of contract 2015-2023 (prepared by Sophie Brady)

Service utilisation

Tables 3 and 4 show attendances to Bradford sexual health services per ethnicity and per

ward. Numbers do not include online services.

In terms of ethnicity, over the period 2015-2023, the service has seen proportionally less White British (from 51% in 2015-16 to 43% in 2022-23) and similar proportion of Pakistani individuals (22%). Black African has risen from an initial 2.7% to 5.3% in the last contract year, while not stated/not known has grown since 2020, what is probably due to more phone consultations.

Table 3. Attendances to Bradford sexual health services per ethnicity, 2015-2023

Ethnicity of attendances	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
White British	51.0%	52.3%	52.5%	52.8%	50.8%	49.5%	44.1%	43.2%
Pakistani inc British Pakistani	22.0%	21.0%	20.4%	20.3%	20.4%	23.7%	23.2%	22.2%
Any other White background	8.0%	7.7%	7.5%	7.5%	7.5%	7.8%	7.0%	6.6%
Black African	2.7%	3.0%	3.2%	3.2%	3.3%	3.1%	3.8%	3.3%
White and Black Caribbean	2.2%	2.4%	2.8%	2.5%	2.8%	2.2%	2.3%	2.3%
Not stated	1.0%	1.1%	1.1%	1.1%	1.4%	3.4%	3.4%	3.1%
Any other ethnic group	1.5%	1.5%	1.4%	1.8%	1.8%	1.9%	2.6%	3.4%
Indian	2.2%	1.9%	1.8%	2.0%	2.1%	1.9%	1.9%	2.0%
* Not Known	0.8%	0.4%	0.4%	0.5%	0.9%	3.8%	3.7%	3.7%
Bangladeshi	2.3%	2.1%	1.7%	1.5%	1.8%	1.8%	1.8%	2.0%
Black Caribbean	1.5%	1.6%	1.6%	1.8%	1.6%	1.6%	1.3%	1.2%
White and Asian	1.4%	1.6%	1.5%	1.2%	1.4%	1.2%	1.2%	1.2%
Any other Asian background	1.2%	1.2%	1.3%	1.2%	1.3%	1.3%	1.1%	1.1%
Any other mixed background	0.9%	0.8%	1.0%	1.1%	1.2%	1.1%	1.0%	0.9%
White and Black African	0.6%	0.5%	0.7%	0.6%	0.6%	0.7%	0.7%	0.8%
Irish	0.3%	0.5%	0.5%	0.4%	0.5%	0.4%	0.4%	0.4%
Any other Black background	0.4%	0.3%	0.4%	0.4%	0.3%	0.4%	0.4%	0.4%
Chinese	0.2%	0.2%	0.2%	0.3%	0.3%	0.2%	0.2%	0.2%

Source: Locala – Summary of contract 2015-2023 (prepared by Sophie Brady)

In terms of ward of residence of service users, highest attendances have been from areas with highest deprivation (City, Bowling, Little Horton, Tong). Keighley West and Central are outliers. Attendances from City residents have increased. Bowling has stayed steady after initial growth. Bingley and Keighley increased when a spoke clinic was open – from June 2023 a mobile clinic (pop-up clinic) restarted in Keighley. OOA attendances have decreased from 20% in 2015-16 to 14% in 2022-23.

Table 4. Attendances to Bradford sexual health services per ward, 2015-2023

Attendances by ward	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	Grand Total
Out of area attendances	3034	4805	4212	4458	3711	4163	4643	3602	32630
City	844	1260	1173	1596	1388	1763	2034	2123	12203
Bowling and Barkerend	860	1240	1062	1203	1038	1620	1624	1327	10196
Little Horton	643	983	964	1071	1016	1298	1371	1193	8341
Tong	549	798	947	1072	872	1211	1379	1309	8337
Eccleshill	603	883	913	1063	938	1180	1333	1112	8031
Manningham	513	678	736	862	861	1262	1490	1283	7703
Bradford Moor	682	917	774	843	687	1130	1272	1167	7474
Royds	303	720	713	929	733	997	1187	1013	6819
Bolton and Undercliffe	376	780	774	813	738	869	933	801	6284
Heaton	372	634	689	676	616	880	1090	939	3916
Toller	406	601	660	779	374	890	1030	930	3870
Great Horton	479	381	366	746	663	920	973	931	3863
Wibsey	409	623	612	731	637	876	932	790	3630
Clayton and Fairweather Green	402	366	337	674	627	863	867	837	3393
Thornton and Allerton	408	383	631	664	393	728	867	761	3239
Windhill and Wrose	311	370	398	629	336	379	641	610	4474
Bingley Rural	374	396	339	690	313	343	323	414	4216
Idle and Thackley	294	434	326	336	497	633	671	381	4212
Wyke	228	430	490	371	439	642	640	721	4201
Bingley	322	663	388	619	331	421	387	413	3944
Queensbury	336	439	366	307	363	494	463	436	3446
Shipley	234	392	419	462	424	413	491	487	3324
Keighley East	282	323	464	483	373	303	266	294	2992
Keighley West	263	448	399	438	366	270	261	209	2636
Keighley Central	231	421	334	326	283	290	243	238	2408
Baildon	183	238	330	318	308	322	293	288	2282
Craven	243	231	231	270	213	226	160	133	1749
Worth Valley	207	297	244	288	217	170	191	113	1729
Ilkley	80	97	123	121	77	107	116	132	833
Wharfedale	46	83	94	88	103	71	108	94	689
Grand Total	14943	22618	21832	24572	21007	26142	28749	25509	185372

Source: Locala – Summary of contract 2015-2023 (prepared by Sophie Brady)

SH needs assessment and service review

In 2021-22, to prepare for re-procurement of sexual health services, the council conducted a comprehensive health needs assessment and service review to assess changing demographics and unmet needs, learn from innovations implemented during the COVID-19 pandemic, and consider changes in policies and the healthcare system.

The review included:

- Review of data & intelligence: OHID sexual health profiles; service provider data; national policies and strategies
- Analysis of the impact of COVID-19 and innovations implemented during this period, in particular the closure of spoke clinics and shift to online testing
- Engagement and consultation: independent clinical advice; public survey; stakeholder event; mystery shopping exercise to explore the online provision; focus groups run by VCS partners; meetings with current providers; market engagement; exchange with other LAs

Key findings from the SH review are outlined below.

- Underperformance in chlamydia screening (under 25yrs) suggesting a need for strategies more targeted to the specific needs of Bradford's young people
- Increase in service use by Eastern European population and pressures from organisations working with asylum seekers and refugees, meaning that services will need to be more responsive to adapt to changing demographics
- Services need to adapt to the privacy needs of young people and be more community-based to reach out those who are not accessing the main clinical service
- A whole systems approach will be needed to develop the challenges of improving women's health outcomes, in particular to improve access to LARC.
- Successful innovations during COVID should inform future directions for service provision including a trend to sustained utilisation of online services
- High levels of satisfaction of patients with local sexual health services - 69% of the respondents of an independent survey conducted in 2021 said their experience of using the services was 'good' or 'excellent', while a survey run by Locala in 2021-22 found 86% of 'very good' experiences with the service.
- Budget constraints that may limit further innovation.

An [independent report commissioned from Healthwatch](#) and published in 2022 suggested that sexual health services will need to consider aspect of accessibility, confidentiality and communication to ensure they are responsive to the needs of young people. Locala offers a queue and wait clinic dedicated to young people and pop up clinics in locations like Keighley to bring outreach services closer to young people. A prevention and engagement worker was recruited to further develop partnerships with the organisations that work with young people across the District.

A women's health forum hosted by the Council in 2021 as part of the SH review brought together a range of commissioners, providers and VCS organisations that input to women's health across the district. After the forum, a working group was established to explore the challenges involved in increasing access to contraception and LARC in primary care. A survey of GPs and pharmacies mapped the current offer in each PCN, interest of pharmacies in offering contraception, and training needs. This working group currently includes GP champions from all PCNs who are working with Locala to implement improvements in contraception offer like inter practice referrals and extended hours' clinics.

The full review report is available from the [public health team](#) under request.

Changes to the service model

Drawing on the service review we defined principles or drivers for a future operating model, which are set out in the table below alongside examples of initial actions agreed after start of the new SH contract in 2023.

Table 5. Drivers of the new SH model and corresponding priority actions

Drivers of the new model	Initial actions
Maximising the opportunities for system delivery based on joint planning, commissioning and contracting	Launch of a SH strategic partnership group (first meeting Oct 2023)
Supporting self-care and an enhanced digital offer in addition to face-to-face services	Consolidating innovations implemented in the last two year of the previous contract – chat health and online booking for contraception/warts
Maximising the role of primary care in delivery of sexual health services	Working group with GP champions to improve and expand provision of contraception through PC
Providing a wide range of access pathways, community-based services, and specialist outreach to targeted groups	Pop up clinics in locations with higher levels of deprivation, access needs or poorer SH outcomes (started June in Keighley)
Developing partnerships with VCS organisations to increase community awareness and reach of services	Expansion of outreach delivered in partnership with grassroots organisations
Providing a universal and specialist sexual health care offer based on target populations (proportionate universalism)	Data-driven expansion of outreach and prevention services to respond to changing needs
Ensuring that universal sexual health services are fully accessible and responsive services to young people’s needs	Recruitment of engagement and partnership workers to strengthen targeted offers to young people

Source: Sexual health needs assessment and service review 2020-21 – with additions for this report

Sexual health indicators

The data on this section are from the latest ‘[Summary profile of LA sexual health’ report](#), produced by UKHSA with support from OHID. The report includes the latest STI statistics published in June 2023. Figures for STIs relate to 2022, while other figures are from 2021.

Figure 3 shows how Bradford performed in 16 key sexual and reproductive health indicators compared to the average for England. Overall, we are better than England in 8 out of 15 indicators, similar in 4, and worse in 3. Figure 4 shows similar performance when comparing Bradford with other local authorities in Yorkshire & the Humber.

Nationally, there was a decrease in STI testing and diagnoses in 2020 due to the disruption of sexual health services during the COVID-19 pandemic response, with testing rates largely recovering during 2021, but diagnoses overall remaining lower.

The number of new STIs diagnosed Bradford residents in 2022 was 2,829. The rate was 517 per 100,000 residents, lower than the rate of 694 per 100,000 in England, and lower than the average of 576 per 100,000 among its nearest neighbours.

The chlamydia detection rate per 100,000 females aged 15 to 24 years in Bradford was 1,348 in 2022, worse than the rate of 2,110 for England.

The rank for gonorrhoea diagnoses (which can be used as an indicator of local burden of STIs in general) in Bradford was 126 per 100,000, better than the rate of 146 in England. Among specialist sexual health service (SHS) patients from Bradford who were eligible to be tested for HIV, the percentage tested in 2021 was 48.2%, better than the 45.8% in England.

The number of new HIV diagnoses in Bradford was 26 in 2021. The prevalence of diagnosed HIV per 1,000 people aged 15 to 59 years in 2021 was 1.6, better than the rate of 2.3 in England.

The total abortion rate per 1,000 women aged 15 to 44 years in 2021 was 18.9 in Bradford, similar to the England rate of 19.2 per 1,000. Of those women under 25 years who had an abortion in 2021, the proportion who had had a previous abortion was 33.9%, higher than 29.7% in England.

In 2021, the conception rate for under-18s in Bradford was 14.9 per 1,000 girls aged 15 to 17 years, similar to the rate of 13.1 in England.

In 2021/22, the percentage of births to mothers under 18 years was 0.9%, worse than 0.6% in England overall.

Figure 3. Chart showing key sexual and reproductive health indicators in Bradford compared to the rest of England

Compared to England:

● Better ● Similar ● Worse or ● Lower ● Similar ● Higher or ○ Not compared



Key for spine bars

Indicator names	Period	LA count	LA value	England value	England lowest/worst	England highest/best
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2022	2,028	370.8	495.8	3,154.7	161.2
Syphilis diagnostic rate per 100,000	2022	50	9.1	15.4	143.3	1.9
Gonorrhoea diagnostic rate per 100,000	2022	690	126.1	146.1	1,220.5	29.0
Chlamydia detection rate per 100,000 aged 15 to 24	2022	478	1,348.5	2,110.0	893.4	4,535.9
Chlamydia proportion aged 15 to 24 screened	2022	7,085	9.9	15.2	7.2	36.8
STI testing rate (exclude chlamydia aged under 25) per 100,000	2022	14,743	2,695.4	3,856.1	647.0	20,091.2
New HIV diagnosis rate per 100,000	2021	26	4.8	4.8	22.2	0.0
HIV late diagnosis in people first diagnosed with HIV in the UK	2019-21	14	43.8	43.4	100.0	0.0
HIV diagnosed prevalence rate per 1,000 aged 15 to 59	2021	497	1.6	2.3	12.7	0.6
HIV testing coverage, total	2021	2,505	48.2	45.8	17.0	82.9
Total abortion rate / 1,000	2021	1,985	18.9	19.2	32.2	11.3
Abortions under 10 weeks (%)	2021	1,807	91.4	88.6	79.9	92.2
Under 18s conception rate / 1,000	2021	175	14.9	13.1	31.5	2.7
Total prescribed LARC excluding injections rate / 1,000	2021	4,950	44.4	41.8	4.4	75.1
Violent crime - sexual offences per 1,000 population	2021/22	2,194	4.0	3.0	1.4	6.3

As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years

Source: UKHSA - 'Summary profile of LA sexual health' report, Aug/2023

Figure 4

Better 95% Similar Worse 95% Lower Similar Higher Not compared Quintiles: Low High

Not applicable

Indicator	Period	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire UA	Rotherham	Sheffield	Wakefield	York
Syphilis diagnostic rate per 100,000	2022	15.4	8.1	6.9	9.1	12.6	10.0	2.9	3.8	6.5	8.7	1.9	7.1	3.9	16.5	13.2	9.0	6.0
Gonorrhoea diagnostic rate per 100,000	2022	146	120	105	126	126	62	66	106	124	206	160	66	62	94	146	120	126
Chlamydia detection rate per 100,000 aged 15 to 24 (Female)	2022	2110	2528	2425*	1349	2413	1764	2045	3594	2122	3665	4536	2326	2184	2196	2342	2500	2255
Chlamydia proportion aged 15 to 24 screened	2022	15.2	16.2	14.4*	9.9	13.1	15.5	12.0	16.2	12.2	23.1	21.4	16.0	11.7	17.3	19.6	13.7	17.1
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2022	496	375*	375*	371	476	297	261	547	405	437	485	278	218	371	428	370	387
HIV testing coverage, total	2021	45.8	44.0	33.0	48.2	60.3	49.0	34.1	41.4	52.0	41.1	32.2	32.6	33.9*	76.2	46.2	29.5	36.6
HIV late diagnosis in people first diagnosed with HIV in the UK	2019 - 21	43.4	50.2	60.0	43.8	62.5	60.0	76.9	46.9	46.4	61.3	25.0	30.0	46.4*	42.9	33.3	47.4	85.7
New HIV diagnosis rate per 100,000	2021	4.8	4.3	3.6	4.8	2.4	4.2	1.2	5.8	2.5	9.1	1.9	2.9	2.1*	4.2	6.3	3.7	0.9
HIV diagnosed prevalence rate per 1,000 aged 15 to 59	2021	2.34	1.54	1.61	1.60	1.31	1.44	0.63	1.37	1.53	2.76	0.82	0.90	0.71*	1.57	1.87	1.47	0.75
Total prescribed LARC excluding injections rate / 1,000	2021	41.8	50.5	31.9	44.4	54.5	36.7	55.5	35.7	40.4	53.7	55.9	59.8	71.8*	48.6	54.8	40.5	67.5
Under 18s conception rate / 1,000	2021	13.1	17.1	23.3	14.9	11.9	22.0	11.1	29.1	12.6	19.3	27.3	18.2	-	23.1	16.5	20.5	10.2
Under 18s conceptions leading to abortion (%)	2021	53.4	44.5	45.1	38.3	66.7	46.9	51.7	28.1	53.9	50.4	26.0	30.8	55.8*	40.6	45.9	48.7	36.7
Violent crime - sexual offences per 1,000 population	2021/22	3.0*	3.3*	2.5	4.0	4.0	3.3	1.9	4.2	3.6	3.8	3.8	2.8	2.3*	2.9	2.4	3.6	2.5

Source: UKHSA - 'Summary profile of LA sexual health' report, Aug/2023

Figure 5 shows the trend over time for the main STI's, comparing Bradford with England. A total of 2,829 new STIs were diagnosed in residents of Bradford in 2022. Some trends observed over the last 10 years were not changed by the COVID-19 pandemic, in particular a rapid increase in syphilis and gonorrhoea and a decrease in genital warts.

The most frequently diagnosed STI is chlamydia, which affects mostly young people. Since chlamydia is most often asymptomatic, a high detection rate reflects success at identifying infections that, if left untreated, may lead to serious reproductive health consequences (eg ectopic pregnancy, infertility).

Variation in rates of chlamydia detection may represent differences in prevalence, but are influenced by screening coverage and whether most at risk populations are being reached (i.e. the proportion testing positive). In 2022, 10% of the target population were screened in Bradford compared to 15% in England.

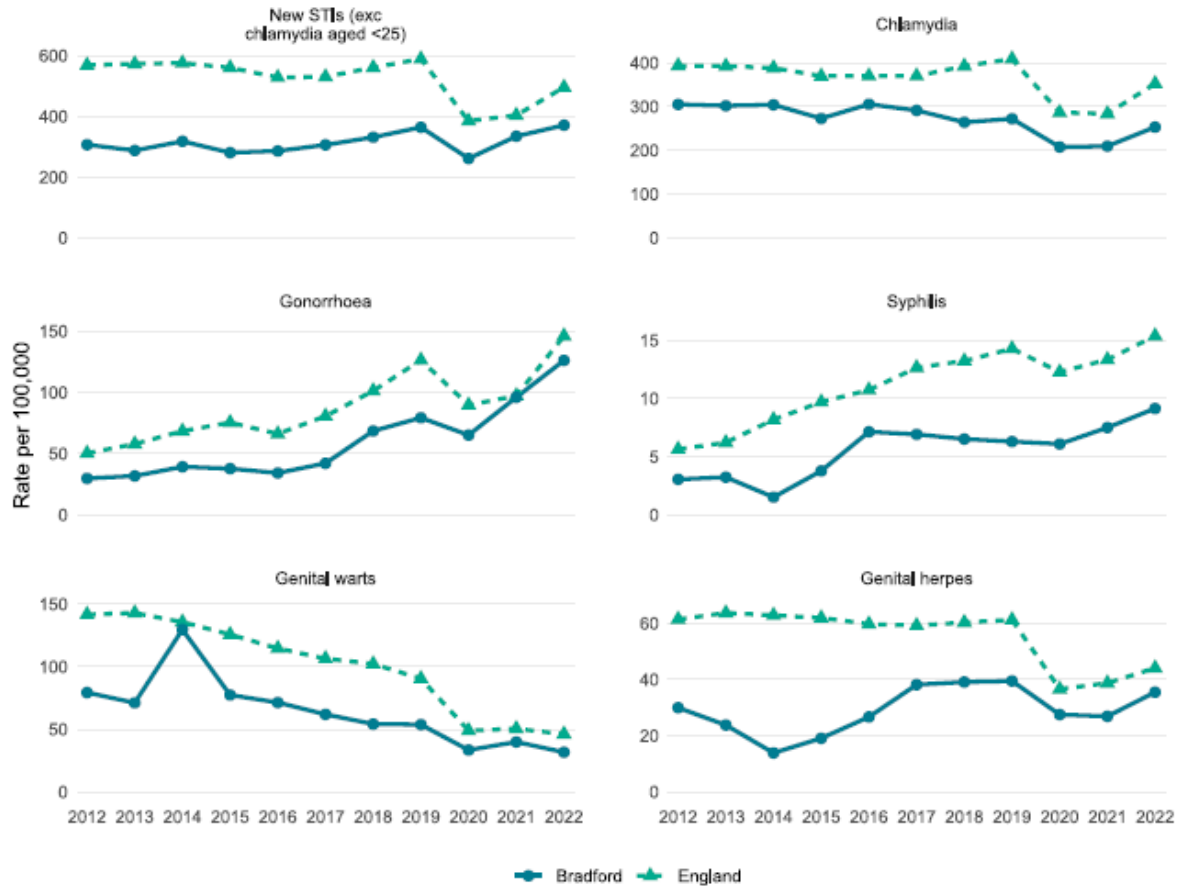
In June 2021, the National Chlamydia Screening Programme (NCSP) changed to focus on reducing the harms from untreated chlamydia infection. Opportunistic screening should now focus on women only. That means that chlamydia screening in community settings (e.g. GP and Community Pharmacy) will only be proactively offered to young women.

Services provided by sexual health services remain unchanged and everyone can still get tested if needed.

Recent decreases in genital warts diagnoses are due to the protective effect of HPV vaccination, and are particularly evident in the younger age groups (25 and younger) who have been offered the vaccine since the national programme began.

Figure 5. Rates per 100,000 by diagnosis by year in Bradford compared to rates in England: 2012 to 2022

Please note the charts have different y axis scales.

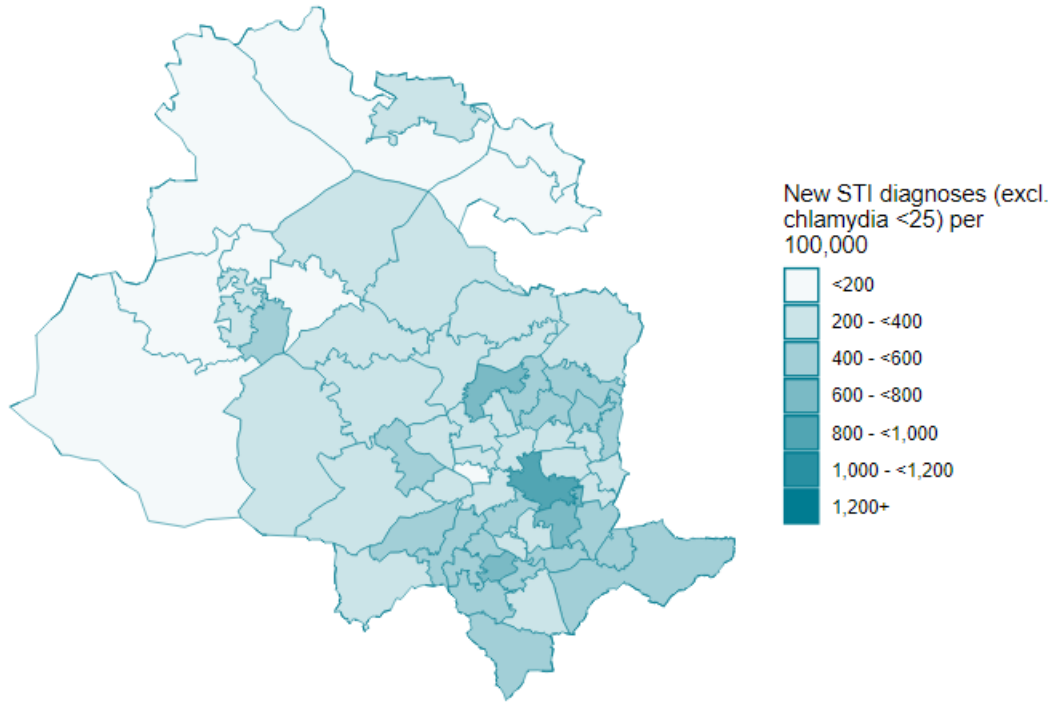


As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years

Source: UKHSA - 'Summary profile of LA sexual health' report, Aug/2023

Figures 6 and 7 show the spatial distribution of new STI diagnosis in Bradford by Middle Super Output Area (MSOA).

Figure 6. Map of new STI diagnoses (excluding chlamydia in under 25-year olds) per 100,000 population in Bradford by Middle Super Output Area: 2022

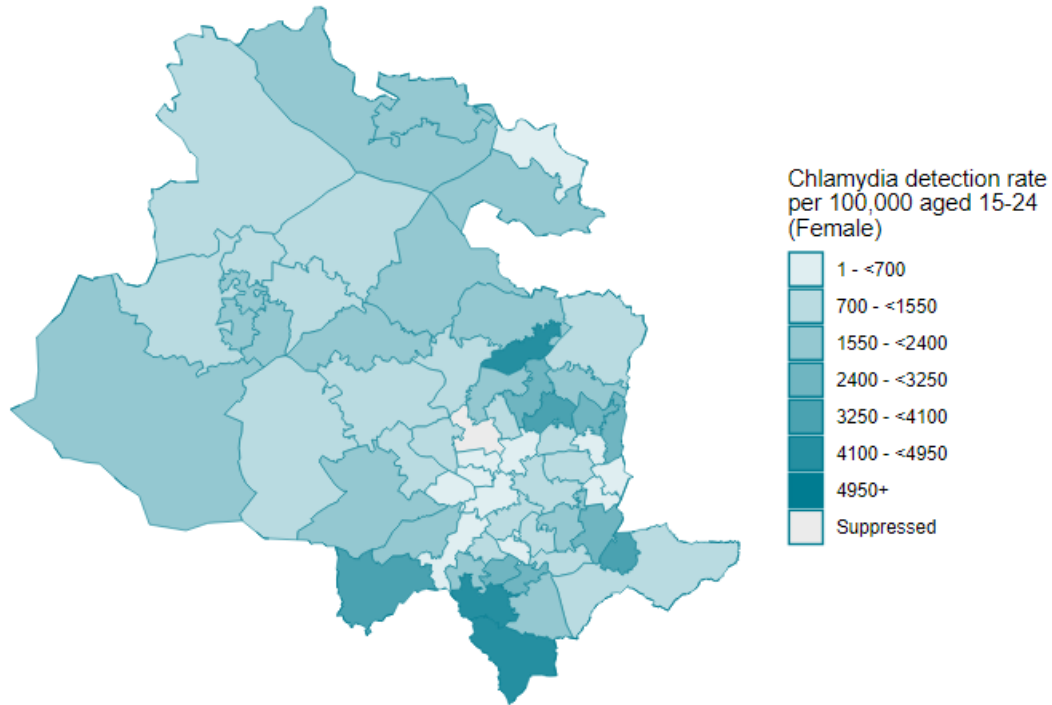


New STI diagnoses in Bradford by MSOA

Contains Ordnance Survey data © Crown copyright and database right 2021

Contains National Statistics data © Crown copyright and database right 2021

Figure 7. Map of chlamydia detection rate per 100,000 females aged 15 to 24 in Bradford by Middle Super Output Area: 2022



New Chlamydia diagnoses in Bradford by MSOA

Contains Ordnance Survey data © Crown copyright and database right 2021
 Contains National Statistics data © Crown copyright and database right 2021

4. FINANCIAL & RESOURCE APPRAISAL

The budget for sexual health has faced historical challenges, having received no significant uplift for several years. The budget remained unchanged despite inflation leading to a 14% reduction between 2015 and 2021 only. Services are facing increasing living costs pressures that, without increased funding, may reduce service delivery in the medium to long term. Public Health will explore potential options for increasing funding to the SH services for 2024/25.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The main risk for provision of sexual health services in Bradford is the historical reduction of funding and increasing demand for services and resources.

We completed the contract mobilisation with no significant pending issues in time for the start of the new contract last 1st April 2023. There was agreement between commissioner and provider about all key areas for development and about the changes to performance indicators and reporting systems. The contract with Locala is managed through quarterly meetings between representatives from commissioner and provider and we have now moved back into business as usual.

6. LEGAL APPRAISAL

There are no legal issues arising from this report.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

None

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.3 COMMUNITY SAFETY IMPLICATIONS

None

7.4.1 HUMAN RIGHTS ACT

There are no direct Human Rights implications arising from this report at present.

7.5 TRADE UNION

No related issues.

7.6 WARD IMPLICATIONS

Data on sexual health attendance per ward were presented. The service is prioritising location of new pop up clinics according to ward level data on determinants of poorer sexual health outcomes

7.7 AREA COMMITTEE ACTION PLAN IMPLICATIONS

(for reports to Area Committees only)

N/A

7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

The Council commissioned sexual health services will have a growing focus on the specific needs of young people. Actions to meet this objective were described in this report.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

None.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

This report was for information only and it describes commissioning arrangements for delivery of one of the Council's mandated functions. A contract for this purpose is in place since 1st April 2023 and it is too soon to assess the performance of the provider in the new contractual arrangement. Any reductions in current service provision would imply significant risks for the health of Bradford's population and the reputation of the Council. Therefore, there are no grounds to raise options at this point about the future of this contract or the direction of sexual health services development.

10. RECOMMENDATIONS

We recommend that the Council should continue to develop an integrated model for provision of sexual health services, bringing together both the prescribed elements of sexual health provision (STI management, partner notification, access to contraception) and non-prescribed services that are essential to mitigate inequalities and improve population sexual health outcomes (outreach and prevention targeting groups with higher sexual health and access needs).

11. APPENDICES

Appendix 1 Key performance indicators – Bradford integrated sexual health services

Access and service provision
Percentage of people with an STI need offered an appointment or walk-in option (where available) within two working days of contacting the service
Percentage of people contacting a service who are assessed by healthcare professional within two working days of first contacting the service (through all routes e.g., online, telephone or walk-in; and excluding Service Users choosing to be seen at a later date)
Percentage of people contacting the service with an urgent care need relating to STIs (i.e., PEPSE or symptomatic) or contraception (i.e., emergency contraception) who are seen or assessed on the same day
Percentage of people having STI tests who have their results (both positive and negative) within eight working days of the date of the sample (excluding those requiring supplementary tests)
Percentage of people diagnosed with an STI who received treatment within 3 weeks of the test date
STI provision
Percentage of people with needs relating to STIs who are offered screening for chlamydia, gonorrhoea, syphilis and HIV at first attendance, where clinically indicated
The percentage of people with needs relating to new STI episodes who have a documented HIV test at first attendance, where clinically indicated
Percentage of all women and other people with a womb or ovaries under the age of 25 accessing the Service who are offered a chlamydia test
Percentage of positive patients under 25 offered a chlamydia re-test between three and six months after treatment
The ratio of contacts of index cases of syphilis and gonorrhoea who access the service to manage STIs within four weeks of the date of first PN discussion
The ratio of contacts of index cases of chlamydia who access the service commissioned to manage STIs within four weeks of the date of first PN discussion
Contraceptive methods
Number of LARC (IUS, IUD, Implants) fitted (including those within sub contracted services)
Percentage of LARC fitted removed within a year of fitting
Percentage of women and other people with a womb or ovaries aged under 25 accessing contraceptive appointments who are being offered a chlamydia screen, where appropriate
HIV PrEP
Proportion of all HIV negative individuals with estimated PrEP need who started or continued PrEP
Outreach and prevention
Number of people (unique) seen through outreach activities
Number of STI's tests undertaken through outreach broken down by tests undertaken and test results

Source: Bradford Council - Specific Service Requirements for Integrated Sexual and Reproductive Health Services (ISRHS) (updated Sep/2023)

12. BACKGROUND DOCUMENTS

The full report of the sexual health needs assessment and service review conducted in 2020-21 is available under request from the public health team (jorge.zepeda@bradford.gov.uk).

Key policy documents revised for development of the new service specification for Bradford sexual health services are available from the following links

- [Women's health strategy](#)
- [Integrated sexual health service specification](#)
- [The FSRH Hatfield Vision](#)
- [HIV PrEP monitoring and evaluation framework](#)
- [HIV in the UK: towards zero HIV transmissions by 2030](#)
- [Reducing sexually transmitted infections \(NICE guideline\)](#)
- [National chlamydia screening programme 2022](#)

The summary report of sexual health outcomes for Bradford is available here: [SPLASH Bradford 2023-08-30 \(phe.org.uk\)](#) and a number of other customisable reports on sexual health outcomes for England and Bradford are available from the Fingertips website maintained by OHID: [Sexual and Reproductive Health Profiles - OHID \(phe.org.uk\)](#)

The figures and tables in the sections 'Service development' and 'Service utilisations' were kindly provided by Sophie Brady, clinical director at Locala.

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Report of the Chief Operating Officer to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on Thursday 28 September 2023

Subject: Update following public involvement exercise for outpatient physiotherapy and community therapy services based at Shipley Hospital

Summary statement: This paper provides a summary of the position with regards to the next steps on Shipley Hospital following a recent public involvement exercise that asked for people's views on proposals to move outpatient physiotherapy and community therapy services out of the site. This paper, shares the outcomes from the involvement work carried out and outlines the next steps that concern the future of the Shipley Hospital site, including plans for any further community involvement.

Helen Farmer, Programme Director,
Access to Care
Shak Rafiq, Associate Director; and
Victoria Simmons, Head of;
Communications and Involvement

Portfolio:

Healthy People and Places

1. Summary

This report provides an updated position on Shipley Hospital and the review of outpatient physiotherapy and community therapy services following a public involvement exercise. The involvement approach has been followed in line with statutory expectations and the instructions and directions provided by NHS England at two Stage Two Assurance Panel meetings.

We would like to highlight the following to members:

- Our public involvement exercise was as robust as we had previously shared and agreed with members at the meeting on 15 December 2022. However, following advice and guidance from NHS England, we focused our involvement on our proposals concerning the remaining services at Shipley Hospital - outpatient physiotherapy and community therapy services.
- Our revised involvement approach was shared with the Chair of Health and Social Care Overview and Scrutiny Committee, to ensure the Chair was sighted and was assured that the involvement exercise was as robust as possible in encouraging people to share their views. This written support has helped ensure we have satisfied the requirements set out by NHS England, allowing us to move efficiently through the service change process. While this was no longer framed as a 'consultation', our approach did not change from what we had agreed in December 2022.
- The additional advice given by NHS England was to secure the support of the local constituency MP for our involvement approach and more specifically how we intended to keep the community informed about the future of the Shipley Hospital site once services are moved as outlined in our proposals. We have written support from the local constituency MP for how we will look to secure 50% of the proceeds of any future sale of the site for local health and wellbeing services in Shipley - this is currently proposed to be for the Shipley Health and Wellbeing campus as the most viable project.
- Our involvement documents, events and narrative have been clear that the involvement exercise is not about the future of Shipley Hospital as we are not able to keep the site running due to the age and condition of the building.
- In total, 217 survey responses were received and gathered both qualitative and quantitative information. The involvement document was downloaded from the website by 81 people and the frequently asked questions document was downloaded by 15 people. This suggests that most people responding to the survey did so without reading all the published information about the changes. As a result, some of the themes and feedback we have received was covered in the involvement document and frequently asked questions that described the options we have or will make available to people to reduce the impact any changes will have on them accessing services.
- Our analysis of the responses shows that we have had very little responses from people in the BD8 and BD9 areas who would be

positively impacted by the change but are less likely to take part in involvement exercise. This is because the demographic breakdown of these areas shows that people living in these postcodes are often those that we would describe as 'seldom heard'.

- During previous community involvement exercises and meetings with members we were advised that a covenant may exist for the Shipley Hospital site. We requested all files relating to Shipley Hospital from the West Yorkshire Archive Service and have completed our review of these which again supports the view that any covenant on the site had effectively been cancelled and the hospital was transferred over "clean" to the NHS, all as part of the NHS Act of 1946. During our public involvement exercise we asked people if they had information on the Norman Rae covenant to share this with us. We have not received any information through this route.

2. Background

Built over 100 years ago, Shipley Hospital is a large, converted house. Over time, it became a maternity home and a community hospital. Sadly, the age and structure of the building mean the cost to maintain it at a standard of a modern healthcare facility have increased over time. The first-floor inpatient ward was closed in May 2010 because of significant fire safety issues. Currently, only outpatient and community physiotherapy services are provided in the building on the ground floor. Although it is safe to provide services to patients on the ground floor just now, the building continues to pose issues for staff and patients due to its age and condition. Frequently there are issues with the roof and the internal and external structure of the building.

The technical appraisal has shown that it is better for patients and staff if the services currently provided at the hospital are moved to another location. This is because of the poor state of the building, and the costs involved in a major refurbishment do not represent value for money and we would not be able to access national funding such as the New Hospitals Programme as the site does not meet the criteria for the programme.

The age and structure of the building mean that it is increasingly difficult to maintain or improve the building to the standard of a modern, purpose built, health facility. The technical appraisal, carried out in January 2022, concluded that keeping services at Shipley Hospital was not a viable option which means it is in the best interest of patients and staff that services provided from there should be relocated.

In December 2022, NHS Property Services commissioned a condition survey. The survey identified high risk areas that needed priority, these were the main roof, internal fittings and energy performance. It concluded that a full refurbishment of the ground floor would cost £1.5m with the cost of refurbishing the complete building to be between £2.6m and £3m.

This does not provide value for money for the taxpayer from a capital perspective and such a project would not fit the criteria to apply for funding from the

Government's New Hospitals Programme. The condition report also concluded the heating system is at end of life and needs imminent investment.

The conclusion was that keeping the hospital open in any form did not represent value for money, therefore the only viable options were relocation, either to a building within the NHS' portfolio or to a public/private building.

3. Report issues

This section of our report covers the process we have followed to ensure we followed the statutory process for NHS organisations when proposing service changes. This includes active, timely and regular involvement of our local Health and Social Care Overview and Scrutiny Committee.

3.1 Political engagement

We have actively involved, updated and engaged our Health and Social Care Overview and Scrutiny Committee. This includes presenting a paper in December 2022 that included, at that time, our proposed consultation process and timeline. As highlighted in this report, following advice and guidance from NHS England, we carried out a public involvement exercise with the same rigour and robustness as we would have done for a consultation.

During the meeting in December 2022, we arranged a tour of both the Shipley Hospital site and Westbourne Green, the preferred location for community therapy services. We would like to place on record our thanks to members who joined us on the tour of both sites on 22 February 2023. Members had the opportunity to walk around both sites as well as having conversations with people delivering the services, colleagues from NHS Property Services (landlord for Shipley Hospital) and from Community Health Partnerships (head tenant for Westbourne Green).

We have then provided subsequent updates through meetings and briefings with the Chair of Health Overview and Scrutiny Committee including getting agreement on the revised approach to community involvement based on the advice, steer and guidance from NHS England following our two assurance meetings. Our close work with Health Overview and Scrutiny Committee has ensured that we have continued to receive support, including when we have to revise our plans and timelines. As a result we have secured written support from the Chair of Health Overview and Scrutiny Committee which provided assurance to colleagues from NHS England involved in the assurance process. Again we would like to recognise and thank members for their support that has helped us through the NHS England assurance process.

In addition, we have met with the local constituency MP for Shipley in February, with this meeting being aided by one of the members of Health and Social Care Overview and Scrutiny Committee, who is also an elected member for Baildon ward, who took part in the tour of Shipley Hospital and Westbourne Green. Based on current national policy, when the building is sold half of the money that NHS Property Services receive from the sale would be retained locally. During our meeting with the

local constituency MP, we have secured support for a follow up community-level conversation that we anticipate will be led jointly with the local constituency MP to test the thinking of reinvesting any monies to the health and wellbeing campus in Shipley ([Projects \(ourtownshipley.co.uk\)](https://ourtownshipley.co.uk)).

Finally, we have ensured ward councillors and members of Shipley Town Council have been briefed.

3.2 Impact assessments

To ensure we considered the needs of our communities and colleagues as well as ensuring we could demonstrate that we have factored in sustainability, equality and environmental concerns as part of our NHS England assurance process, we have undertaken a number of impact assessments. These impact assessments have helped us consider how we mitigate against any negative impacts identified, as well as capturing the actions we are taking as part of our public involvement exercise - this includes our narrative document and frequently asked questions as well as any briefings during any public-facing drop-in events. Members can see how we will look to mitigate against some of the issues raised during our public involvement exercise (see section 3.4).

3.3 Covenant covering the site

As part of the involvement work we did in late 2022 and the work we did in 2019, we were made aware that there may be a covenant on the building.

Having done extensive research with colleagues at Bradford Council, they have confirmed that they do not have any record of any covenant on the building. The NHS Act of 1946 enabled the transfer of hospital buildings to the NHS and effectively rescinded all previous covenants, rights or reservations linked to the individual properties.

We requested all files relating to Shipley Hospital from the West Yorkshire Archive Service and have completed our review of these which again supports the view that any covenant on the site had effectively been cancelled and the hospital was transferred over “clean” to the NHS, all as part of the NHS Act of 1946.

During our public involvement exercise we asked people if they had information on the Norman Rae covenant to share this with us. We have not received any information through this route.

3.4 Key themes from the public involvement and mitigating actions

To ensure we, through our Bradford District and Craven Health and Care Partnership Board as a committee of NHS West Yorkshire Integrated Care Board (ICB), have followed the statutory process for service change. We have taken on this responsibility through agreement and with delegated authority from NHS West Yorkshire ICB. This includes ensuring we follow all legal and statutory guidance including, but not limited to, [Planning, assuring and delivering service change for patients](#) and [Working in partnership with people and communities](#).

We have outlined the key headline themes that have emerged from our public involvement exercise (taken from the full involvement report which is included in the appendices). These themes are as below. From the themes below we had already anticipated the impacts people would highlight as these were picked up through a combination of our impact assessments, themes from previous involvement relating to Shipley Hospital and feedback we receive through other routes such as our Listen In programme.

In total, 217 survey responses were received and gathered both qualitative and quantitative information. The involvement document was downloaded from the website by 81 people and the frequently asked questions document was downloaded by 15 people. This suggests that most people responding to the survey did so without reading all the published information about the changes. As a result, some of the themes and feedback we have received was covered in the involvement document and frequently asked questions that described the options we have or will make available to people to reduce the impact any changes will have on them accessing services.

Our analysis of the responses shows that we have had very little responses from people in the BD8 and BD9 areas who would be positively impacted by the change but are less likely to take part in involvement exercise. This is because the demographic breakdown of these areas shows that people living in these postcodes are often those that we would describe as 'seldom heard'.

People's comments in the survey highlighted the following key themes.

Areas of concern

- **Public transport routes**
We will ensure people are aware of patient transport services and how they can access these. In addition, we will highlight patient choice and the opportunity for people to access outpatient physiotherapy in community settings such as GP practices.
- **Increased distance for Shipley residents and cost of travel to new locations**
We will promote access to patient transport services for those eligible, as well as alternative locations which may reduce or minimise travel or cost of travel especially if using public transport.
- **Loss of local services from Shipley**
As part of our public conversation delivered jointly with the local MP we will share our proposal to lobby for the 50% proceeds from the sale of the site to be re-invested in local services with the local MP expressing a strong preference for this to contribute to the Shipley health and wellbeing campus.

- **Concerns about impact on capacity and waiting times**
We are not anticipating any negative impact on waiting times or capacity, while the services will be provided at different locations there will be no changes to staffing resource.
- **Environmental impact of longer journeys**
This has to be set against the significant challenges posed by the current estate at Shipley Hospital, the investment required to offer better energy efficiency and the age and construction of the building limiting the options for a broader programme of works that offer a sustainable solution.
- **Potential increased demand for patient transport service**
We are aware that some people may have to travel further to access services however this will be offset by the number of people who will have reduced travel times and no longer require access to patient transport services.

Areas of support

- **Providing physiotherapy in GP practices is positive for patients**
We are keen to ensure people are aware of the different access routes to outpatient physiotherapy services and the flexibility available to them.
- **New locations may improve facilities**
Our impact assessments and estate feasibility studies have helped ensure we can factor in a range of current and future needs so that we choose sites that offer sustainable and flexible solutions.
- **Parking at new locations should be free and easy**
Parking at Westbourne Green has been assessed and based on current and future projected patient attendance, there are enough parking options on site with some on street parking nearby too.
- **Importance of good communication, especially regarding patient choice**
As part of our involvement exercise, we will carry out an information giving exercise so that people are informed of our decision and know about how they can access services, including exercising patient choice and making use of patient transport services.
- **Disabled access will be improved at new locations**
This has been recognised in our impact assessments and this highlights the limitations at Shipley Hospital for adaptation works.

3.5 Next steps

Our proposed next steps would be as follows:

- We will look to move services from Shipley Hospital to our preferred sites at Westbourne Green and Eccleshill Hospital, as well as offering outpatient physiotherapy from GP practices where viable to do so. We are unable to provide an exact date for this move, however we will ensure we prepare a briefing note for members in advance of any changes.
- We will use the feedback people have given us to ensure we highlight the different ways people can access services, how they can use patient choice to access outpatient services at their local GP practice and use patient transport services should they need help with travel to sites.
- As part of any service move we will develop a comprehensive communications and involvement plan so that we help people understand what they need to do, how they can access services and address any of the feedback shared during the public involvement exercise. The communications and involvement plan will also include staff and other internal stakeholders.
- We will then look to work with members of Health and Social Care Overview and Scrutiny Committee, the local constituency MP and other key partners to carry out a community conversation on our efforts to secure the proceed of any sale of the Shipley Hospital site for local health and wellbeing services - with a preference for a viable option of the Shipley Health and Wellbeing Campus.
- We will ensure that we continue keeping members updated on progress, including any further correspondence from NHS England or other key partners.

4. **Options**

Not applicable

5. **Contribution to corporate priorities**

Not applicable

6. **Recommendations**

Members are asked to note the report content and provide feedback on the next steps proposed.

7. **Background documents**

None

8. **Not for publication documents**

None

9. **Appendices**

Involvement report including analysis and key themes

A new location for physiotherapy and community therapy services

Involvement report August 2023

Author: Victoria Simmons, senior head of communications and involvement

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Introduction

Bradford District and Craven Health and Care Partnership, with delegated authority from the NHS West Yorkshire Integrated Care Board, are planning to move outpatient physiotherapy and community therapy services from Shipley Hospital to alternative sites in and around north Bradford. This is so we can provide modern, fit for purpose facilities for our patients and an improved working environment for our staff. We also want to move these services to locations that will be able to meet future demand.

We started looking at the options for relocating the services and what would happen to the Shipley Hospital building back in 2019. The review was put on hold because of the COVID-19 pandemic in 2020.

We then restarted the review in late 2022 when we asked people about their experience of using Shipley Hospital and what was important to them when services were moved to another location. We wanted to make sure that we had an up-to-date understanding of people's views and experiences of using these services.

In line with guidance from NHS England, we carried out a further period of involvement activity from June to August to hear from patients and carers about the potential impacts of moving the services to the proposed new locations.

Our involvement narrative, with supporting frequently asked questions, highlighted that the involvement exercise was about the proposed changes to where outpatient physiotherapy and community therapy services are delivered from in the future. The documents confirmed that Shipley Hospital is no longer viable as a site to provide the required standard of accommodation while ensuring we could provide value for money and a sustainable solution.

This report summarises the insight gathered through this involvement.

Background

We need to move services from Shipley Hospital as it can no longer offer a safe, affordable and sustainable facility for modern health and care services.

NHS Property Services have carried out a technical appraisal of the building which concluded that the cost to repair and refurbish the building to provide the required standard of accommodation did not represent value for money.

By moving services out of Shipley Hospital into modern facilities, we can future proof these services in locations that provide improved facilities for patients and staff.

During the latest involvement period, detailed information was provided to the public about the reasons why services needed to move and the proposed new locations. A summary of the proposed changes is set out in the table below; a copy of the involvement document which includes more detailed information can be found at Appendix 2.

Service	Current location	Future location	Distance from Shipley Hospital	Other locations available
Outpatient physiotherapy	Shipley Hospital	Eccleshill Community Hospital	4.67 miles	GP practices Westwood Park Community Hospital St Luke's Hospital, Bradford Royal Infirmary
Community therapy	Shipley Hospital	Westbourne Green Community Hospital	1.85 miles	Services provided in people's homes as needed.

Our responsibilities, including legal requirements

Involving people is not just about fulfilling a statutory duty or ticking boxes, it is about understanding and valuing the benefits of listening to patients and the public in the commissioning process as well as when delivering services.

There are a number of requirements that must be met when decisions are being made about the development of services, particularly if any of these will impact on the way these services can be accessed by patients.

Public involvement legal duties

The legal duties on public involvement require organisations to make arrangements to secure that people are appropriately 'involved' in planning, proposals and decisions regarding NHS services.

NHS England's new [statutory guidance](#) provides the detail on these legal duties, when they are likely to apply and how they can be met. Key requirements of Integrated Care Boards (ICBs), trusts and NHS England include that they:

- assess the need for public involvement and plan and carry out involvement activity
- clearly document at all stages how involvement activity has informed decision-making and the rationale for decisions
- have systems to assure themselves that they are meeting their legal duty to involve and report on how they meet it in their annual reports.

Integrated Care Partnerships (ICPs), place-based partnerships and provider collaboratives also have specific responsibilities towards participation. There are statutory requirements for ICBs and ICPs to produce strategies and plans for health and social care, each with minimum requirements for how people and communities should be involved.

At a regional level this is done through the NHS West Yorkshire Integrated Care Board. NHS West Yorkshire Integrated Care Board has given delegated authority given to place committees of the Integrated Care Board for involvement activities that cover the geography of a place-based partnership and not the wider West Yorkshire region. For us locally, this is the Bradford District and Craven Health and Care Partnership Board.

A significant change introduced by the Health and Care Act 2022 is that, in respect of NHS England and ICBs, the description of people we must make arrangements to

involve has been extended from ‘individuals to whom the services are being or may be provided’ to also include ‘their carers and representatives (if any)’.

The triple aim duty

NHS England, ICBs, NHS trusts and NHS foundation trusts are subject to the new ‘triple aim’ duty in the Health and Care Act 2022 (sections 13NA, 14Z43, 26A and 63A respectively). This requires these bodies to have regard to ‘all likely effects’ of their decisions in relation to three areas:

1. health and wellbeing for people, including its effects in relation to inequalities
2. quality of health services for all individuals, including the effects of inequalities in relation to the benefits that people can obtain from those services
3. the sustainable use of NHS resources.

Effective working with people and communities is essential to deliver the triple aim.

Involvement duties on commissioners and providers

To reinforce the importance and positive impact of working with people and communities, NHS England, ICBs and trusts all have legal duties to make arrangements to involve the public in their decision-making about NHS services.

The main duties on NHS bodies to make arrangements to involve the public are all set out in the National Health Services Act 2006, as amended by the Health and Care Act 2022:

- [section 13Q](#) for NHS England
- [section 14Z45](#) for ICBs
- [section 242](#)(1B) for NHS trusts and NHS foundation trusts.

A requirement to involve the public is also included as a service condition in the [NHS Standard Contract](#) for providers.

Each of the organisations listed above is accountable and liable for compliance with their public involvement obligations. However, that does not mean that each organisation should carry out its public involvement activities in isolation from others within the ICC and beyond.

Plans, proposals or decisions will often involve more than one organisation, particularly in respect of integration and service reconfiguration (when we are looking to encourage closer working across different services or making changes to the way services are provided), in which case it is usually desirable to carry this out in a joined up and co-ordinated way, reducing the burden on both the public and the organisations themselves.

The legal duties require arrangements to secure that people are 'involved'. This can be achieved by consulting people, providing people with information, or in other ways.

Our involvement approach

An eight-page involvement document was produced with detailed information about why services need to move from Shipley Hospital, explanations of the current services provided, details about the proposed new locations and information about patient choice. This information was also produced in Easy Read and BSL video.

Our involvement approach enabled people to share their views in several ways:

- Online survey was live from 28 June to 4 August on our involvement platform at <https://engagebdc.com/shipley-hospital>, we ensured we allowed enough flexibility for any comments that came through by traditional post if they arrived shortly after the survey deadline
- Community outreach was supported by our voluntary, community and social enterprise (VCSE) involvement partners Here4BDCC who attended existing events and groups in the local area to gather people's views and encourage people to take part.
- Information sessions were held for people to talk to representatives from the health and care partnership, NHS Property Services, Bradford Teaching Hospitals Foundation Trust, and Community Health Partnerships about the changes and share their views.
 - 12 July 2pm to 4pm, Shipley Library
 - 14 July 10am to 12pm, Westbourne Green Community Hospital
 - 14 July 2pm to 4pm, Eccleshill Community Hospital
 - 25 July 6pm to 7.30pm, Online
 - 1 August 10-11.30am, Shipley Library
- Posters and leaflets promoting the drop-in sessions and the online survey were distributed in local community settings and businesses.
- Dedicated phone line available for people to call or text us to share views or to request information in different languages or formats.
- Printed copies of the survey were available for people to return by post to our freepost address.
- Easy Read information, an audio recording and BSL was available online at <https://engagebdc.com/shipley-hospital>

Responses to our involvement

In total, 217 survey responses were received and gathered both qualitative and quantitative information.

Some questions were skipped and the number of responses for each question varied. A summary report of the responses is detailed at Appendix 1.

- 152 people answered the survey for themselves (70%) and 66 people answered the survey on behalf of someone else (30%)

- 101 people had used or were currently using outpatient physiotherapy services at Shipley Hospital
- 78 people had not used outpatient physiotherapy or community therapy
- 37 people had used or were currently using outpatient physiotherapy services at a different location
- 14 people had used or were currently using community therapy services at Shipley Hospital
- 7 people had used or were currently using community therapy services at a different location

The involvement document was downloaded from the website by 81 people and the Frequently Asked Questions document was downloaded by 15 people. This suggests that most people responding to the survey did so without reading all the published information about the changes, reflecting in the small number of comments that focused on the future of the Shipley Hospital site.

Our analysis of the responses shows that we have had limited responses from people in the BD8 and BD9 areas who would be positively impacted by the change but are less likely to take part in involvement exercise. This is because the demographic breakdown of these areas shows that people living in these postcodes are often those that we could describe as 'seldom heard'.

Feedback from the engagement team suggests that, as might be expected, there was a higher level of interest among people who had recently used services at Shipley Hospital than amongst the general public. The engagement team found that many people they spoke to from the wider general public were unaware that Shipley Hospital existed or thought it had already been closed and did not want to share their views in the survey. The team also note that when actively reaching out beyond the BD17 and BD18 areas to engage a broader representation across the North Bradford area, people were less likely to want to share their views.

The Here4BDCC engagement team captured some of the comments they received when visiting community groups and from speaking to people who didn't want to go on to complete the survey. Some example notes from the engagement activity log are included below:

Older people's community hub, Idle:

Most people were ok with the decision as haven't used the hospital for years - most received physiotherapy at St Luke's and some within their own GP practice.

Group of disabled people from across Bradford District:

Majority have had physiotherapy treatment but have never used Shipley Hospital. Understood that building is not fit for purpose and as physiotherapy was still being offered at places near to them, they understood and supported the move of services.

Members of the group received physiotherapy at Airedale Hospital, St Luke's Hospital or their GP practices.

Westbourne Green Community Hospital:

"After to speaking to by-passers around the area, no one was aware of the services that were in Shipley Hospital and didn't want to share any views about the change."

Men's support group Rockwell and Wrose Community Centre:

"The relocation of services had no impact as they do not use the services at Shipley Hospital."

Baildon Link community group:

"Mixed feedback - main negatives were due to transport issues."

BD9 Church group

"Some people were concerned about services moving to Eccleshill Hospital but most people were happy about the move to Westbourne Green."

Demographics

A full breakdown of the demographics of those who responded is available in the accompanying report at Appendix 1.

Some headline demographic information:

- As expected, a significant majority of responses came from people in BD18 (37%) and BD17 (27%), which are the postcodes closest to Shipley Hospital. There were a lower number of responses from areas closest to Westbourne Green, such as BD9 (9%), BD8 (7%) and Eccleshill Community Hospital, BD10 (6%). Our involvement received small numbers of responses from across other postcode areas (15% in total)
- 135 respondents were female (65% of those who answered this question)
- 147 people described themselves as White British (69%) and 31 people described themselves as Pakistani (15%)
- 36 people identified themselves as unpaid carers (17%)
- 73 people considered themselves to have a disability (34%)
- Almost half of the respondents are over 60 (45%)

Headlines from the involvement

People's comments in the survey highlighted the following key themes*:

- Public transport routes
- Increased distance for Shipley residents and cost of travel to new locations
- Loss of local services from Shipley
- Providing physiotherapy in GP practices is positive for patients
- New locations may improve facilities
- Parking at new locations should be free and easy
- Importance of good communication, especially regarding patient choice
- Disabled access will be improved at new locations
- Concerns about impact on capacity & waiting times
- Environmental impact of longer journeys
- Potential increased demand for patient transport service

*listed in order of frequency.

Emerging themes - what matters most to people?

Three open text questions were asked in the survey:

- **Please tell us how you would be impacted by the changes and what could help make this a positive change?**
142 people answered this question.
- **Having read the themes from public engagement and the information about the potential locations, are there any other factors we should consider when making our decision?**
77 people answered this question.
- **Please tell us any additional information we should take into account.**
63 people answered this question.

Open text responses have been analysed to identify commonly occurring themes and identify questions or issues that may need to be addressed when services move.

Travel, public transport, patient transport service and parking

Around a third of people who provided comments expressed concern about travel to the new locations.

“Unless you can drive, this would be a lot of bother to catch public transport, taking health, age, and weather into consideration.”

“Locals to Shipley area will have to travel further for treatment. Most people seeking treatment might not have means of their own transport making it harder to get around.”

However, some people commented that the proposed new location would be more convenient, easier to get to from their home or workplace, have better parking facilities or improved access for people with disabilities.

“The change from Shipley to Westbourne Green would be beneficial as it closer to my home and within walking distance.”

“Eccleshill Hospital is closer to home with better parking facilities.”

“Closer to home, hopefully better disabled parking and access.”

Some people were specifically concerned about the additional cost of travelling further to access services.

“Eccleshill Hospital for BD18 and BD17 patients that don't have a car is 2 buses or taxi - simply not affordable would have to say no to appointment impacting my health further.”

“Both of the alternatives are in difficult areas to get for non-driving outpatients. Public transport is pathetic for both and on a fixed income travelling by taxi is unaffordable.”

“Neither site is on a direct bus route meaning this could have a financial implication for those on low income. Reimbursement of travel expenses is available but only if in receipt of certain benefits and this has to be issued at the cash office in the BRI.”

People described a lack of public transport options which could negatively impact on people's access to services, specifically in relation to a steep walk from the bus route that would take people from Shipley to Westbourne Green – a suggestion was made to consider changes to the bus route to be more direct to the hospital.

“BRI is considerably nearer to my community. Access to Westbourne would be much harder as bus services along the Keighley-Bradford Road leave a significant uphill walk when alighting near Oak Lane”

“Would it be sensible to divert some of the Keighley - Bradford buses so they stop a lot closer to Westbourne? Some joined up thinking within the Local Authority may be required here!”

More generally, some people described uncertainty about travelling to unfamiliar locations, and expressed concern about how this might impact older people or disabled people.

“People always assume people can get to these new places. If there was a service to get people there, it may be better.”

“It is not always easy for elderly or disabled to travel to locations that are unfamiliar to them. For instance, I do not know where Westbourne Green is.”

Some people commented on potential increased pressure on the patient transport service.

“Due to my disability it is difficult to use public transport. NHS transport will be difficult due to high demand”

“Hospital transport is not always available and can leave people hanging around for long periods.”

There were many comments about the need to ensure ease of parking at the new locations, the particular importance of disabled parking, and a suggestion that for physiotherapy and community therapy services access to disabled parking spaces should not be restricted to those with a blue badge.

“As long as car parking is not an issue the moves would not have a negative impact for me.”

“Enough parking is essential for any change of facility.”

“Parking needs to be taken into consideration as not everyone in need of physio has a blue badge for parking close enough to the entrance.”

Perceived loss of local services

A large proportion of people who responded said that there would be no direct impact to themselves or their family, but they were concerned about the move of services as part of a perceived reduction in local services. This loss of local services was not restricted to health and care services, but included lack of public transport, empty shops in the local high street and a general sense of decline in the area.

“ShIPLEY as a whole is getting worse due to services being withdrawn from OUR local area.”

“This is a resource for ShIPLEY and the surrounding areas, moving its to Eccleshill, which is out of the way, will be detrimental for the community.”

“ShIPLEY is dying, and it's so sad.”

Physiotherapy services in general practice and in community

Many comments in the survey suggested that physiotherapy services could be retained in the ShIPLEY area by being provided in local GP practices. The involvement document included information about outpatient physiotherapy

continuing to be available in a range of locations including GP practices, however these responses indicate not everyone understood this before answering the survey.

"As there's no clear commitment to which 'other local sites' would provide physio or what % of the service and type of care (thinking about physio that needs equipment) would or could be provided e.g. in GP surgeries so I will assume that may not materialise or be very limited). Why can't physio be provided at Westbourne Green too? That would be an improvement."

"Or at some of the larger GP premises in Shipley or Baildon or even Bingley - but with a clear commitment to this a plan for it and a published level of service there."

"Make these services even more available within GP surgeries, even if it's just the bigger surgeries so it's easier to access."

Some people also commented on the need for services to be available in the community and in people's homes if needed.

"Whilst it is good to have centres specifically for physio it would be good to see physiotherapists, it would be good to see physiotherapists also working in the community."

"Home visits from physios and occupational therapists should be available."

"Visits the patients at home so doesn't matter where the staff are based."

Improved facilities and accessibility

People commented on the opportunity to provide improved facilities when moving services, and in particular to ensure good accessibility for disabled people.

"Shipley Hospital is very outdated with poor signage, no staff directing you inside where you need to go on arrival."

"Hopefully better disabled parking and access."

"All provision should be removed from the dated building."

"The change will be positive for patient, staff, and NHS. It will save money and give better health services."

Communication and patient choice

Many people, particularly those not currently using services, commented about the importance of having a choice of location for treatment. Others commented about the importance of raising awareness of the different services available, where they are located – this is supported by the low awareness highlighted in some communities during this and previous involvement exercises.

“I have had no need for physiotherapy, not yet, but may do in the future. I would like to then think these would be a choice of where to go if I have to use said services.”

“Maybe communicating with people, where the new services will be allocated and how to best access them.”

“Raise more awareness of the services.”

Demand on services and waiting times

People were concerned about long waiting times and the increasing pressure on services. Some people were concerned that the relocation of services would lead to an overall reduction in service or increased pressure elsewhere in the system.

“Also think you need to invest in more physio as I'm on a 42-week waiting list.”

“Surgeries are already busy and may cause problems with existing GP appointments which is a struggle to get through as it is.”

“Location will likely be oversubscribed as insufficient capacity resulting in increased waiting times.”

Environmental considerations

People expressed concern that moving services away from Shipley Hospital would mean that people were unable to walk or use public transport to attend their appointments, leading to an increase in traffic.

“More cars on an already busy commuter route - environmental impact.”

“You're building a car culture, are we not supposed to be in a climate emergency, should these facilities not be within 15 minutes WALKING distance!”

Quantitative responses

When asked about the proposed new locations for services, for both outpatient physiotherapy and community therapy almost half of people said these were either poor or very poor options.

We propose to move outpatient physiotherapy services from Shipley Hospital to our preferred new location of Eccleshill Community Hospital, as well as these services remaining available at GP practices and other sites in the local area. After reading the information we have shared with you, would you describe this as:		
Very good option	14%	30
Good option	21.5%	46
Neither good nor poor	16.4%	35
Poor option	16.4%	35
Very poor option	31.8%	68

We propose to move community physiotherapy services from Shipley Hospital to our preferred new location of Westbourne Green Community Hospital. After reading the information we have shared with you, would you describe this as:		
Very good option	11.9%	25
Good option	16.5%	36
Neither good nor poor	22%	48
Poor option	17.4%	38
Very poor option	32.1%	70

When asked about the impact of the proposed changes for on themselves or their family, roughly a third of people said there would be no impact.

How would the proposal to provide outpatient physiotherapy services from Shipley Hospital to our preferred location of Eccleshill Community Hospital as well as local GP practices and hospital locations affect you and your family?		
Significant positive impact	11.7%	25
Slight positive impact	11.3%	24
No impact	27.2%	58
Slight negative impact	18.8%	40
Significant negative impact	31%	66

How would the proposal to provide outpatient physiotherapy services from Shipley Hospital to our preferred location of Westbourne Green Community Hospital affect you and your family?		
Significant positive impact	9.7%	21
Slight positive impact	7.8%	17
No impact	34.1%	74
Slight negative impact	17.5%	38
Significant negative impact	30.9%	67

Equality analysis

The survey data was analysed to establish whether any protected groups had responded significantly differently to the survey questions. Where differences have emerged, they are detailed below:

People from ethnic backgrounds other than White British were more likely to report no impact from the move of services to Eccleshill.

How would the proposal to provide outpatient physiotherapy services from Shipley Hospital to our preferred location of Eccleshill Community Hospital as well as local GP practices and hospital locations affect you and your family? (Filtered responses – exclude White British)		
Significant positive impact	7.1%	4
Slight positive impact	8.9%	5
No impact	48.2%	27
Slight negative impact	12.5%	7
Significant negative impact	23.2%	13

People from ethnic backgrounds other than White British were more likely to report a positive impact from the move of services to Westbourne Green.

How would the proposal to provide community therapy services to Westbourne Green affect you and your family? (Filtered responses – exclude White British)		
Significant positive impact	24.6%	16
Slight positive impact	23.1%	15
No impact	27.7%	18
Slight negative impact	10.8%	7
Significant negative impact	13.8%	9

Comments from media and social media coverage

In line with our communications and involvement plan, we issued press releases to local media resulting in news articles both online and in print. We also promoted the involvement with both organic and paid social media posts, encouraging people to attend the drop-in sessions and complete the survey. During the engagement period we kept a log of coverage and actively responded to social media comments to encourage people to share their views.

A detailed log of social media activity can be found within Appendix 4.

Some example comments from online news articles and on social media:

“They may as well start closing the doctors too as you have a hell of a job getting an appointment and if you have to get to a hospital and are too old to drive it cost a lot of money in taxis or you have to try and get on more than one bus. Being disabled is a very painful thing to travel and stand waiting. They may think things are for the better but believe me they are not. They don't have any trouble putting our poll tax up every year do they. I could go on about it but in the end they will do just what they want.”

“Such a nice hospital and was handy for x-rays and physio appointments. It is a lot harder for people to travel. To hospitals which are sometimes the other side of Bradford.”

“Do give them your views as currently proposing Eccleshill or BRI to replace the physio that Shipley provided”

“A lovely hospital, definitely should stay open.”

“Will be a great loss...Norman Rae will be turning in his grave.”

“How does that benefit people centralising services. More traffic into Bradford I am assuming that's where it will end up.”

Previous engagement

Patient and public involvement and the opportunity to share what is important to people has been at the heart of the review of Shipley Hospital since it began.

In 2019, we held a series of events where people told us about what was important to them. At that time, x-ray, outpatient clinics, a counselling service as well as physiotherapy occupied the building.

In November 2022, after the COVID-19 pandemic, we restarted the review and an online survey ran for four weeks during December 2022 and January this year. This was important because the services provided from the hospital had changed. The survey gave us a chance to ask people to share their experience of using the physiotherapy and community therapy services at Shipley Hospital and check what was important to them.

In 2019 and in 2023, people told us that the most important things to them when moving a service to new location were:

- The high quality of the current service should continue.
- Not to lose the personalised service/staff relationships that people value.
- The changes should aim to reduce waiting times and improve availability.
- Services should stay in the local area wherever possible.
- Getting to the new location could be difficult for some people, not everyone has a car so public transport should be easy and patient transport services should continue to be available for those who need it.
- The new location should not disadvantage people who have a disability or additional accessibility needs.
- Shipley Hospital is a much-loved local facility and part of the local community.

Detailed reports on this involvement work can be read at <https://engagebdc.com/shipley-hospital>

Next steps

This involvement report will form part of the information presented to our Bradford District and Craven Health and Care Partnership Board in order to make a decision about the proposed new location of services. The decision making will also look at any actions we can take or have already taken to mitigate against some of the concerns and issues highlighted by people sharing their views.

The information will also be shared with Bradford Teaching Hospitals NHS Foundation Trust Board, our local Health Overview and Scrutiny Committee, West Yorkshire Integrated Care Board, and NHS England for assurance.

The report will be shared with everyone who provided their contact information as part of the involvement; we will keep people informed of decisions about the future of services and how they can continue to be involved.

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Report of the Strategic Director, Adult Social Care & Health to the meeting of Health and Overview Scrutiny Committee to be held on Thursday 28 September 2023

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Subject: Annual Report of the Principal Social Worker and Adult Social Care's Preparation for the new CQC Assurance Process

Summary statement:

Rob Mitchell is the Principal Social Worker (PSW) in Adult Social Care for Bradford District. The PSW ensures that there is professional practice oversight in place to lead, oversee, support and develop excellent social work practice and in turn lead the development of excellent social workers and social care practitioners. The PSW leads on quality assuring social work practice. For 2022/23, Rob has produced his first Annual PSW Report in Bradford and this is attached.

The Care Quality Commission have been given new powers to carry out an assurance process on local authorities with adult social services responsibilities on how they carry out their duties and responsibilities under the Care Act 2014. This report also gives an update on how Bradford Council is preparing for this process and what is known about this new methodology.

Iain MacBeath
Strategic Director, Adult Social Care & Health

Portfolio: Healthy People and Places

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Overview & Scrutiny Area:
Health and Social Care Overview and Scrutiny

1. BACKGROUND

- 1.1 The Care Act 2014 guidance states that it is the responsibility of the local authority to support a Principal Social Worker role to give the credibility, authority and capacity to provide effective leadership and challenge, both at managerial and practitioner level. In Bradford Adult Social Care our Principal Social Worker is a senior manager with oversight responsibility of adult safeguarding, practice learning and development and the resource to advise on complex cases including on mental capacity decision-making.
- 1.2 The Care Act guidance, section 1.28 Local authorities should therefore ensure that the role is located where it can have the most impact and profile. The PSW sits on the Departmental Management Team of the Adult Social Care department for Bradford Council.
- 1.3 Amongst other tasks the PSW role should also:
 - Support effective social work supervision and decision making.
 - Oversee quality assurance and improvement of social work practice.
 - Advise the DASS and/or wider council in complex or controversial cases and on developing case or other law relating to social work practice.
 - Develop practice across adult social care to include support staff who complete assessments and support social work.
 - Function at the strategic level of the Professional Capabilities Framework (PCF).
- 1.4 This inaugural Annual PSW Report has sections on adult safeguarding practice, the Mental Capacity Act Service, our practice quality assurance process named 'Raising Expectations', professional workforce development and a number of schemes intended to promote people's human rights and strengths. The report is attached at Appendix A.
- 1.5 The Health and Care Act 2022 gives the Care Quality Commission a new duty to assess how local authorities are meeting their duties under part 1 of the Care Act 2014. It also gives CQC a role in reviewing Integrated Care Systems, which is not covered by this report. Both regimes will allow CQC to look more effectively at how care provided in a local system is improving outcomes and reducing inequalities for local people.
- 1.6 From April, CQC have started to review published evidence and data, across all local authorities, focusing on two quality statements: 'Care provision, integration and continuity' and 'Assessing Needs', looking mainly at data already being published such as Market Position Statements and Joint Strategic Needs Assessment for example. CQC will publish those findings in their annual State of Care report.
- 1.7 CQC are recruiting inspection teams now to begin this work in early 2024. Five pilot sites have volunteered to pilot the assurance methodology in August 2023:
 - Birmingham City Council,
 - Nottingham City Council

- Lincolnshire County Council
- Suffolk County Council
- North Lincolnshire Council

1.8 The reports and five one-word ratings of these volunteer local authorities will be published at the same time as 'indicative' (likely end of September 2023). Formal assessments of the remaining 148 local authorities, following the pilots and a review of the assurance methodology, will begin in early 2024 and take two years to complete. It is not known where Bradford will be on this timeline.

A single assessment framework

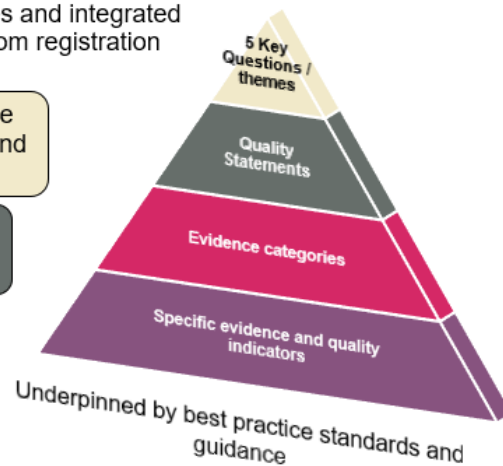
Our framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment

Aligned with "I" statements, based on what people expect and need, to bring these questions to life and as a basis for gathering structured feedback

Expressed as "We" statements; the standards against which we hold providers, Local Authorities and Integrated Care Systems to account

People's experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes

Data and information specific to the scope of assessment, delivery model or population group



1.9 The CQC assurance methodology will include several elements:

- Data and insight held by the CQC on a number of metrics;
- Documentation provided by the Authority or in the public domain;
- End to end Case Tracking of a small number of individuals;
- Fieldwork on site with the local authority where a number of interviews and group discussions will take place;
- Insight from carer groups and advocacy organisations;

1.10 A draft assurance framework was soft-launched by the CQC in September 2022 and a number of accompanying documents, including a self-assessment document by the LGA, have been released since then.

1.11 The draft assurance framework describes four key themes that will be inspected. All of these are based on the Care Act statutory guidance 2015 which is a detailed document describing local authority powers and duties under that legislation.

The four themes are:

1. **How local authorities work with people** – assessing needs, care planning and review, direct payments, charging, supporting people to live healthier lives, prevention, wellbeing, information and advice.
2. **How local authorities provide support** – market shaping, commissioning, workforce capacity and capability, integration and partnership working.
3. **How local authorities ensure safety** – safeguarding enquiries, reviews, Safeguarding Adults Board, safe systems, pathways and continuity of care.
4. **Leadership** – culture, strategic planning, learning, improvement, innovation, governance, management and sustainability.

Work to date in Bradford Council

- 2.1 Adult Social Care undertook an initial self-assessment against the CQC quality themes in December 2022, using the Local Government Association's self-assessment tool, to spot any early gaps or areas for improvement. This informed an action plan to prepare for assurance. The self-assessment is at Appendix B.
- 2.2 Senior managers in adult social care are leading the themes of the framework:
 - Working with People – Rob Mitchell / Dean Roberts
 - Providing Support – Jane Wood
 - Safety and Safeguarding – Fazeela Hafejee
 - Leadership – Iain MacBeath
- 2.3 A number of initial meetings have been held with senior managers from adult social care in Bradford to test the self-assessment. A draft self-assessment narrative has been created for Bradford which will be iterated regularly until inspectors arrived.
- 2.4 Every council in Yorkshire and Humber undertook a regional sector-led improvement exercise in May 2022 involving a former Director of Adult Care Services (Andrew Cozens, former DASS from Leicester) interviewing key individuals and examining their self-assessment narrative. Feedback to councils was provided at a regional meeting on 16 June.
- 2.5 A meeting of West Yorkshire councils took place on 22 June where colleagues examined each-other's self-assessment narratives and offered comments and ideas for improvement in the spirit of collaboration. This will be repeated in September with the next iteration of self-assessments.
- 2.6 Regionally, a number of 'peer reviews' have been undertaken looking at a council's performance against the assurance methodology. For each council, a team of six colleagues from other local authorities in the region are invited in to undertake a full peer review. Iain MacBeath led the peer review in Doncaster in July. A peer review team will land in Bradford from 19-22 September.

- 2.7 In preparation for this peer review, an external consultant was employed to interview all relevant senior managers and a number of focus groups in week beginning 24 July and a report on themes identified is due in mid-August.
- 2.8 A document library has been collated as evidence for CQC containing the key plans and strategies that give the strategic direction of travel for adult social care in Bradford District.

3. OTHER CONSIDERATIONS

- 3.1 In parallel to the new assurance process for adult social care, the CQC are developing an inspection regime for Integrated Care Systems (West Yorkshire level) that Bradford Council would participate in as system partners.

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1 No additional resources have been provided by the Government to prepare for this assurance process. Existing staff within support teams and managers seeking development opportunities are being employed to prepare the council.

5. LEGAL APPRAISAL

- 5.1 The review will fully comply with the Council's obligations under the Health and Social Care Act 2022, the Care Act 2014 and the Care and Support Statutory Guidance.

6. OTHER IMPLICATIONS

6.1 HUMAN RIGHTS ACT

None.

7. OPTIONS

- 7.1 This report is for note and comments.

8. RECOMMENDATIONS

- 8.1 That the Committee comments on the PSW report and CQC assurance preparations.

9. APPENDICES

Appendix A Annual Principal Social Worker's Report for Adult Social Care 2022/23

10. BACKGROUND DOCUMENTS

None.



**April
2023**

Principal Social Worker **ANNUAL REPORT**



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Social work is about life, treasuring humanity, building connections, sharing and promoting fairness. Its is about creativity, care and love - being there to help people overcome obstacles and oppression that hold them back.

For people using our services, a social worker should be someone to trust and believe in - someone who helps you believe in yourself. Sometimes we must hold boundaries, protect rights, advocate and challenge. We are always in the midst of the messy stuff, finding ways forward.

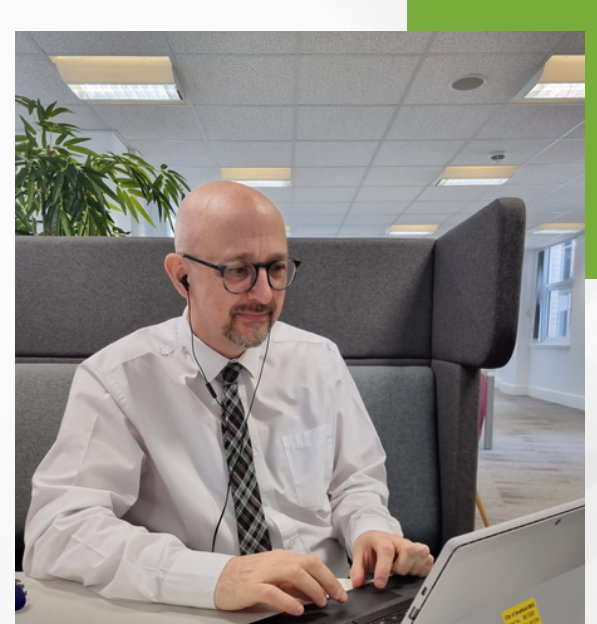
Ruth Allen

CEO, British Association
of Social Workers



INTRODUCTION

ROB MITCHELL



PRINCIPAL SOCIAL WORKER

Welcome to the inaugural Adult Principal Social Worker Report for the Department for Health & Wellbeing in Bradford Council.

This report will concentrate on work across the Department over the previous year and look to highlight progress in specific areas, address challenges and look forward to the next years as well as providing colleagues with an up to date narrative on where social work within the Department is presently at.

The statutory requirements of Adult Safeguarding will feature heavily in this report. In Bradford we have a multi-layered approach to safeguarding which includes at the core our centralised Adult Safeguarding Service, with its own management team and cluster of dedicated social workers. In addition to this the safeguarding responsibilities are also undertaken by social work colleagues in every other service that we provide. It is clear that this service and the rising demand in regards to Section 42 concerns raised with the Council is now working at an unprecedented level of volume. What is clear to see is that as things become more difficult for people due to the cost of living crisis so there are more issues of adult abuse as the system continues to feel the strain.

Our Mental Capacity Act Service in Bradford continues to receive national recognition in terms of how it assists the Department to help deliver social work that is ethical, legally correct, challenge unlawful deprivations of liberty and help empower

people across Bradford to use legislation in a positive way, that ensures necessary and proportionate intervention though the adherence in particular of Article 8 of the Human Rights Act. The demands on this service are now significantly beyond pre-Covid levels and the service continues to recruit new Advanced Practitioners and Best Interest Assessors to join them. In addition to this and in readiness for the Liberty Protection Safeguards, the service is in active dialogue with the local University with a view to delivering its own BIA training and LPS conversion for the Approved Mental Capacity Professional qualification.

Throughout the previous 12 months we have seen the Department really focus on ensuring that there is quality in terms of all our social work intervention. Under the banner of Raising Expectations, social workers and managers from every service area have worked well together in enabling the Department to consistently demonstrate what we do well, where our intervention leads to better outcomes for people and where we need to improve further. Through this work and through the dedication of the social work teams, we are now at a point where we are able to articulate and demonstrate our social work practice model across our adult social work service in Bradford.



SAFEGUARDING ADULTS SERVICE

In collaboration with the Safeguarding Adults Board, stakeholders and partners, the service has been involved with developing a couple of brand new policy and process documents to enable professionals who are seeking to help safeguard the rights of people at risk of abuse to work better together. After receiving multi-agency sign-off we now have in place a Professional Disagreement and Escalation Policy. This document sets out the steps to be taken should there be disagreement between individuals or organisations across the district. The document is available on the Safer Bradford website.

The second policy is for managing allegations against people in a position of trust. The document has been circulated amongst partners for comment but is still only in draft format. Once final approval is received this will provide an additional referral pathway into the service for when a person has behaved in a way that may call into question their suitability for working with people who might be at risk. Again, once finalised this will be available on the Safer Bradford website.

Throughout the previous 12 months the Safeguarding Adult Service has continued to lead the Departmental response on Safeguarding Adult Reviews.

Four Safeguarding Adult Reviews have been completed in the previous 12 months and all have provided insightful learning opportunities for our social work service areas. One common theme in terms of Safeguarding Adult Reviews are how we work better with partner agencies in helping them to understand the legal framework in which we all work. In addition to this we have also gleaned helpful learning in regards to how organisations raise issues with each other, provide a respectful challenge and work together in the best interests of the person, whilst always ensuring we work within the parameters of the legislation and that we are rights based in our approach. As a result of this the Safeguarding Adult Service have led on a piece of work around professional dispute resolution. This is guidance that enables agencies to safely raise concerns, deal with concerns in a timely manner and as close to the person as possible but also be able to escalate concerns if the dispute cannot be readily reconciled.

There are currently three Safeguarding Adult Reviews taking place, all of which will also provide additional learning for us. In the late spring we intend to offer some awareness raising sessions for social work staff in all service areas to attend.

We have commissioned 3 SARs since April 2021. 4 SARs have been completed (this is because 2 of the SARs were commissioned prior to April 2021)

RAISING EXPECTATIONS & QUALITY ASSURANCE



Strengths and Asset Based – we draw on the skills, assets and support networks already in place. Sometimes it is enough that as social workers, we are the intervention.

Rights Based – we recognise that participatory capabilities are central and support people as the expert of their own life, whilst we are experts of systems, guidance, legislation, approaches, and support.

Legally Literate – within a holistic approach which values the contributions of other specialisms, we are proud that social workers have a unique understanding of human rights frameworks and law, we have access to legal specialists and we ensure we impart that knowledge.

Risk Enabling – we work with people to support them to be able to understand risk, retain, use and weigh this understanding and communicate what the positive benefits are of taking risks in their lives.

Value Diversity and Inclusion – we take all practicable steps to make reasonable adjustments which enable supported decision making and inclusion, including culturally competent and anti-racist practice, recognising the strength of diversity and diverse approaches.

RAISING EXPECTATIONS & QUALITY ASSURANCE

Raising Expectations is the name given to the quality assurance framework and its associated continuous improvement work programme across Health and Wellbeing Department. The programme has been divided up into 5 workstreams, each chaired by senior managers across Bradford Adult Social Care; each workstream has a set of identified priorities and a series of task and finish groups for dedicated pieces of time limited work. Raising Expectations provides a quality assurance framework for policy renewal and development and for redesigning key processes across the department. It aims to ensure that improvement work moving forward supports Bradford Adult Social Care's practice framework:

THE 5 RAISING EXPECTATIONS WORKSTREAMS ARE:

Workstream 1: Resources and Tools

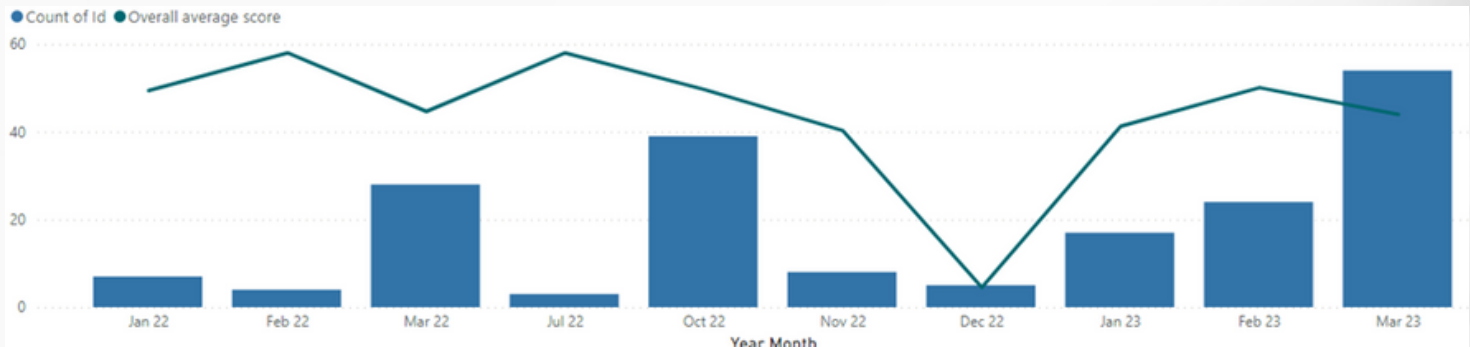
Audits: This workstream has been set up to design and develop quality assurance and improvement tools for use across BASC. The priority has been to implement a system of quality audits for use by social workers, team managers and service managers to explore strengths based practice and social workers' confidence in their skills and practice.

Based on a template developed by the regional PSW network, the 3 audit tools were trialled in early 2022; following on from evaluation of this trial the audits were redesigned and embedded into a Sharepoint site for service wide use from October 2022. Social workers are expected to complete one audit every 3 months; team managers and service managers at least one per month.

Currently the data stands at:
Social Worker audits - **207**;
Team Manager audits - **70**;
Service Manager audits - **28**;
in total 305 audits have been completed.



RAISING EXPECTATIONS & QUALITY ASSURANCE



Social worker self-assessments 2022-23

All social work staff have shown excellent commitment to this new system of audits throughout its launch and we want this to continue into the next phase. Quarter 2 audits are now being completed and outcomes from all social worker self-assessments are being discussed in supervision.

The questions contained within the audits include a rating system of 1-4 which reflect CQC scoring mechanisms: 1 = unsatisfactory; 2 = some demonstration; 3 = good; and 4 = outstanding. Currently the overall average score is 2.96.

Early themes emerging from the audits are as follows:

- Social workers are more confident in upholding people's rights and in their practice and assessments being strengths based.
- Social workers on the whole felt confident in the legislative framework and their abilities to work within that and understand it.
- Social workers are not as confident in being able to provide personalised support; they report that sometimes they are not aware of community resources, or that in some cases the personalised support needed is not available or does not exist locally.
- There are some identified issues with case notes and progress note recording – for example: missing information; too much information; lack of professionalism in capturing and recording information; and issues with sharing of non-relevant personal detail and information governance. This information has led to some mandatory case note recording training which will be rolled out across the department from April.

Next steps are to ensure that everyone from across BASC has access to the audits and that



RAISING EXPECTATIONS & QUALITY ASSURANCE

they form the backbone of supervision and workforce development planning across the department. The Resources and Tools workstream themes and analysis will be shared with workforce development to look at the CPD offer moving forwards; the audits will also be evaluated and quality assured and findings shared across HWB, identifying areas of strength and good practice and any areas for development.

Other work: The Resources and Tools workstream have also developed a case closure questionnaire, embedded into SystemOne, along with guidance on how to use this.

The next piece of work is to look at insights and feedback from people we support, through the development of a digital platform for timely and real time feedback.

- CTLD Duty are piloting the system – once a case is de-allocated the person who received support is asked for their consent to be contacted in order to share their experience. If they consent this is recorded as a case note on SystemOne and their details shared with the Intelligence Team.
- People will then be contacted using Gov.notify via text message with a link to a questionnaire which has been developed using Think Local Act Personal / *Statements*.
- Pilot will be evaluated and rolled out wider across HWB later in the year.
- At the same time, an Expert by Experience based with the PFA/ Front Door Team is phoning people who receive support and have consented to being contacted and completing the same questionnaire over the phone.
- The results uploaded to Sharepoint and will form part of the evaluation.

Workstream 2: Workforce

- **Supervision:** Following on from the staff survey on supervision, which was sent out earlier in the year, new models of supervision will be identified. There will be around 6-8 preferred models rolled out with training and awareness raising for staff. The supervision policy will also be updated.
- **Job profiles** have been updated for social work staff at all levels.
- **CPD** is being linked to the outcomes of the audits to plan the workforce development offer for staff.
- **Annual registration** guidance has been updated and circulated.
- **Career Progression:** an infographic is being produced with a clear outline of requirements for progression between levels available to all staff

RAISING EXPECTATIONS & QUALITY ASSURANCE

Workstream 3: Embedding Quality

- **Risk enablement:** The Risk Enablement policy and panel terms of reference have been revised and refreshed to better reflect our practice framework. It is hoped that in future social workers, team managers and service managers will have more involvement in terms of giving their views and contributing to decision making. This will be rolled out after Easter along with information and awareness raising sessions.
- **Complaints and compliments:** work has been undertaken with the corporate Complaints Team to look at better aligning our systems for dealing with concerns and complaints in BASC. This includes clear guidance as to what is a concern and when this escalates to a complaint, who should deal with these and timescales for doing so based on Social Work England guidelines. There will also be better systems for reporting of themes and analysis of complaints and compliments on a quarterly basis so that teams and services can use these as a learning tool.
- As part of this work a new system for **appeals** against assessment and support planning decisions is being developed, as it has been identified that these make up a large portion of BASC's current complaints. Once the processes have been agreed a complaints and appeals policy will be co-produced with staff and people who experience social work and information included about this on our web pages.

Workstream 4: People who Experience Social Work

- Co-production strategy and framework: work is being undertaken with Equality Together and a number of user led organisations to produce a meaningful co-production strategy which will include a framework of minimum standards to achieve when working with the people we support.
- Experts by experience: Work is being done on a structure to employ a bank of Experts by Experience for paid roles in specific circumstances and to use these roles as co-researchers to develop practice knowledge for BASC about interventions to improve outcomes for adults with learning disabilities.

Workstream 5: Policy Portal

A policy portal has been developed as a resource for gathering all legislation and local policies in one place, with links to relevant CPD. Icons for this should be on all BASC desktops and further awareness raising sessions will be held after Easter to ensure that all staff have access to the portal and that all relevant policies are stored in the right place.

WORKFORCE DEVELOPEMENT



Workforce Development is a central part to the support offered to Social Workers at all levels within the Council and undergraduates within the Bradford Teaching Partnership.

At the heart of the offer of support from Workforce Development there is a commitment to assist service areas to have the best possible opportunity to fill current social work vacancies. The service believes that in line with models of best practice on a national level, the very best way of ensuring that services are able to recruit social workers is to work within Teaching Partnership arrangements, investing in the creation of more social work student placements so that students are able to learn excellent practice alongside the brilliant experienced social workers, so that students may positively choose to apply for posts within services where they have either had direct experience of or that the placements are positively discussed within student settings and that students are enthused to apply for posts within those service areas when placements become available.

For the Academic Year September 2021 – August 2022, Adult services supported 36 social work students with their practice placement opportunities. Four of these were Apprentices and from the remaining students, 13 have remained in employment with Bradford. Conversely, for the Academic Year September 2022 – August 2023, there are 31 students currently on placement. There will be a cohort of MA 1st placements starting in May 2023. That is likely to mean approximately 20 additional placements across the service. It is the intention of the Workforce Development Team to work proactively with all service areas groups to continue to increase placement opportunities as a fundamental part of addressing qualified social work post vacancies.

Practice Education

The continued growth of Practice Educators throughout the service is a vital cog in regards to delivering more practice placements. From April 2022, 21 Practice Educators have been trained to at least Practice Educator 1 status. Adult Social Work services should be exceptionally proud that there are now 90 Practice Educators; 44 of which are either PE1 or who have just commenced their training. 45 Practice Educators have achieved PE2 status, or are currently working towards this.



WORKFORCE DEVELOPMENT



For a variety of reasons, not all Practice Educators take a student every time there is a placement cohort. One of the reasons for this is that there is a continual need for Practice Educators who have just started their training to be supported by an experienced Practice Educator who may act as a Mentor. This role is a support function to all Practice Educators until they are assessed as achieving the standard required to be awarded Practice Educator 2 status.

The Social Work Workforce Development Service continues to encourage Social Workers to become Practice Educators. The service is proud that both Practice Educators and Workplace Supervisors are remunerated in recognition of the extra work and commitment in supporting students.

Best Interest Assessor Training

Twenty one staff have successfully completed the Best Interest Assessor training course since Autumn 2021. This training has been on hold across many Universities who deliver the training due to the implementation of the Liberty Protection Safeguards. However work is at an advanced stage to roll out of a Best Interest Assessors course for delivery jointly by Bradford University & Bradford Council practitioners, which will also be appropriate to train staff for the Approved Mental Capacity Professional role in readiness for the Liberty Protection Safeguards.

Existing Best Interest Assessors within the service areas are encouraged and supported to undertake six Best Interests Assessments over the year.

Approved Mental Health Professional Training

The Council has a statutory responsibility to provide the system with Approved Mental Health Professionals.

Training for AMHPs is currently provided by the University of Bradford. The training is of continued excellent standard and social workers who undertake the training are expected to meet exemplary standards of professional expertise on completion of the course. Work is ongoing for the 23/24 recruitment to AMHP training and details will be shared with all eligible staff in the spring of 2023.

Continuing Professional Development Opportunities

Professional qualified social work staff have continued to experience continued professional development opportunities throughout the year.

WORKFORCE DEVELOPMENT

Training Course	Number of sessions	Number of staff attended
The Care Act 2014	12 (further 6 planned for April - Oct 2023)	141
Section 117 Aftercare	6	96
Ordinary Residence	6	71
Research in Practice - Tailored Delivery	12	113
Safeguarding	25 (5 each for 5 separate themes)	579
Hári Sewell - Anti-Racist Practice	1 (pilot session with plan in place to deliver more)	20
Practice Educator Conference	Annual event	61

Recruitment and retention

Recruitment and retention continues to be a significant issue across the workforce. Attracting the very best staff to Bradford and retaining experienced staff can be difficult due to a number of known reasons. Whilst there has been significant work undertaken in terms of ensuring that Adult Social Work pay is at least comparable with that neighbouring Local Authorities, there continues to be external pressures, such as the agency rate of

pay, NHS Agenda For Change pay scales etc that have had an impact on the workforce. In addition to this, data from HR indicates that up to very recent years, the workforce demographic within adult social work was higher than the national average meaning that it was likely that a higher number of staff would be retiring from their posts.

Twenty eight new starters in the Department of Health & Wellbeing, with 'Social Worker' in their post title from 1 April 2022 to 31 December 2022, and there were 22 leavers in the same period. Work is ongoing on developing a systemic approach to understanding more in terms of why people who to work for Bradford Adult Social Work Service and why some social workers choose to leave.

A positive note to recruitment and retention is the annual Student Recruitment Event which is taking place at Bradford College in the coming weeks. This event is run by the Practice Educator Consultants, and involves teams from across both Adult & Children's Services offering mock interviews to final year students from the College and University. There is also a chance to find more out about the Social Work Teams in our services, in order to give students a clearer picture of the kind of work that takes place.

Each student who signs up to have an interview is given comprehensive feedback, and after the event & interviews last year, students said they felt a lot more prepared to apply for a job and were more confident in interviews.

WORKFORCE DEVELOPMENT

Social Work England

Once again, all Social Workers successfully completed the renewal of registration process with Social Work England. It is slightly disappointing to note that there are still some workers who failed to upload any CPD evidence until very near the end of the renewal period, when the opportunities and communication around CPD is done consistently throughout the year. All social workers are encouraged to use their dedicated allotted CPD times to upload their evidence onto the Social Work England portal. All Social Workers receive a reimbursement for the £90 registration fee, which is usually processed in early February each year.

Bradford Social Work Teaching Partnership

The Bradford Social Work Teaching Partnership has continued to work successfully with further funding from the Department for Education granted in 2022/23. The Teaching Partnership in Bradford offers support to all social workers, from undergraduate level, all levels of social work practitioner and through to senior social work managers in helping ensure that social workers are supported to receive the best possible support around continuous professional development throughout their careers.

A suite of documents for placements and Practice Educators, which is consistent across both Higher Education Institute partners has been developed and introduced. The excellent working relationships with all partners is sustained, and while the new Practice Educator Consultant roles in the Social Work Development Team are not funded by the Bradford Social Work Teaching Partnership, they are instrumental in bridging any gaps between the LA and the College and University.

The Service continues to be involved in student admission interviews onto BA and MA Social Work courses provided by the partnership. In addition, there is now a significant number of social work practitioners delivering lectures and information sessions to existing social work students. Social Workers across the service are instrumental in shaping the curriculum to ensure students are qualifying with the right skills & knowledge to begin their Social Work career.

Over the next year the Bradford Social Work Teaching Partnership will look to expand its influence with all social work courses offered to undergraduates. Social Workers at all levels have been asked to consider whether they may help deliver lectures as part of the social work education programmes. The lectures can be delivered individually or part of a team approach and can cover whichever specialisms social workers can offer. In addition to this the Department will continue to offer practice placements and other frontline learning

WORKFORCE DEVELOPMENT

opportunities to social work teaching staff at the University and College, so that they may remain aligned with current practice issues and also be able to demonstrate a wide range of Continuous Professional Development as part of their own registration requirements with Social Work England.

One of the highlights of the past year is at the National Social Work Awards in 2022, Momoh Suleman, a Newly Qualified Social Worker from the Adult Social Work Service won the Silver Award in the Student of the Year category. Momoh did his final placement with Adult's and it was exceptionally pleasing that he was successful in securing an NQSW post once he had qualified. Going forward we are delighted that Bradford Social Work Teaching Partnership has agreed to be the category sponsor for Student Social Worker of the Year for 2023. The partnership are committed to celebrating best practice and attracting new social work students to Bradford.

Social Work Degree Apprenticeship

Late Summer 2022 saw the successful completion of the SW Degree Apprenticeship by the first cohort of colleagues who had undertaken the course. There had been a rigorous recruitment process and 4 members of staff were successful in being offered a place on the course, delivered by Bradford College. These were;

- Emma Shepherd-Fleming
- Heidi Annakin
- Lukas Orawski
- Matthew Urwin

No sooner had the course started, than Covid-19 was upon us so they had a very different experience, alongside their student peers, of studying for their degrees. Despite this, our Apprentices completed, registered with Social Work England and are now in Newly Qualified Social Work positions within the service. The four colleagues have commenced their Assessed and Supported Year in employment, and have brilliant social work careers ahead of them.

WORKFORCE DEVELOPMENT

Our second Apprenticeship cohort began their studies with our new Apprenticeship provider, the University of Bradford, in September 2022 and they are coming to the end of their first year. There are five members of staff in this cohort. They are progressing well and are an intrinsic part of the student body at the University. They are;

- Donna Deegan
- Juber Ali
- Megan Taylor
- Sadie Schofield
- Sumiyya Ali

All our social work Apprentices are doing exceptionally well in their studies. In addition to this they are supported by our outstanding Team Managers and Service Managers in their service areas.

The Department will shortly be commencing the recruitment process for our 3rd Apprenticeship cohort. There will be a demanding assessment centre as part of the recruitment which will have involvement from Service Managers and Team Managers, and again, we will be partnering with the University of Bradford to provide this opportunity.

The Social Work Development Team

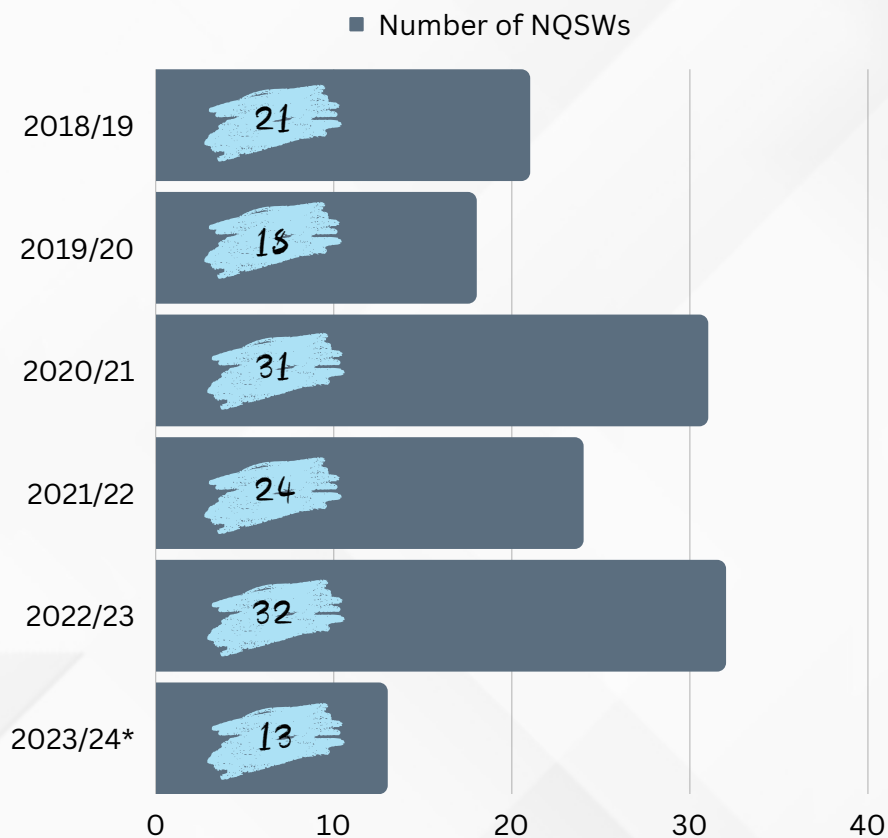
The Social Work Development Team has expanded in size to meet the growing demand and supporting social workers at all levels. There are now four new Practice Educator Consultants in the team; Angela Duggan, Catherine Lodge, Karen Higgins and Marcia Burke. These colleagues report through to Kirsty Shires (ASYE Lead) and Catherine Mawn (Team Manager). The Practice Educator Consultants roles are a really important addition to the team, and to Adult Services as a whole. They will increase the capacity for offering student placements within the service, and are working hard at encouraging staff to act as Workplace Supervisors alongside them as the Practice Educators. The service has also been able to increase the placements supported in our Mental Health service, which is often the most requested setting by students and has until recently only been able to support a small number of students. All Practice Educator Consultants are also visiting all social work teams across the service to outline who they are and how they can support staff and to listen to social work colleagues to understand what further support the social work workforce needs. In addition to this the Practice Educator Consultants will also increase and enhance the support offered to students

WORKFORCE DEVELOPMENT

and Practice Educators during each placement cycle, in the form of development workshop sessions, Practice Educator Forums and developing the Student Induction programme. They will also have significant involvement in the design and delivery of the Practice Educator Training Course, alongside co-ordinating relevant events and conferences.

ASYE 2022-23

The service is delighted to have continued to successfully support Newly Qualified Social Workers via our bespoke Assessed Year in Supported Employment, in association with Skills for Care. Thirty two Newly Qualified Social Workers commenced the Assessed and Supported Year in Employment programme between January 22 and Feb 2023. Whilst cohort numbers can fluctuate from time to time the Department is seeing a steady increase in the numbers of Newly Qualified Social Workers undertaking the Assessed and Supported year in Employment.



* 13 expected so far (6 hospital, 1 CTLD, 6 Think Ahead). The majority will come in Oct/ Nov. At the same time last year this number was 10 (6 Think Ahead 4 Apprentices). The service expects to have over 40 Newly Qualified Social Workers undertaking their Assessed & Supported Year in Employment within the first six months of 2023.

WORKFORCE DEVELOPMENT

Of those 32 Newly Qualified Social Workers;

- 4 are Social Work Apprentices previously employed by the Local Authority as Community Care Officers.
- 5 colleagues are situated in our integrated Mental Health Service via the Think Ahead programme.

The remaining 23 Newly Qualified Social Workers:

- 21 were students from within the Teaching Partnership (Bradford College or University of Bradford)
- 1 was an Open University student
- 1 was a student from University of Sheffield



Placements and recruitment to Newly Qualified Social Worker posts.

The Service is committed to increasing the number of student social work placements. This is because there is a clear correlation between increased student placements and recruitment to social work vacancies. Bradford Adult Social Care offered twenty three final social work placements in the academic year 2021/22

HEI course	2021/22 Final placements provided within adult social care	2022/23 NQSWs recruited following those placements	2022/23 Final Placements provided so far with in adult social care
Bradford College BA	3 (excluding apprentices)	0	7
University of Bradford BA	9	6	8
University of Bradford MA	11	9	11
Total	23	15	26

WORKFORCE DEVELOPMENT

Of the 21 Newly Qualified Social Workers in our current cohort who are presently undertaking their Assessed and Support Year in Employment and who graduated from either the University of Bradford and Bradford College:

- 16 did their final placement in Bradford Adult Social Care in the previous year
- 2 did their final placement in Bradford Adult Social Care 2 years prior to the ASYE
- 3 did their final placement in the voluntary sector

Of the 18 Newly Qualified Social Workers who completed their final placement in adult services (both in the previous year and 2 years prior):

13 were successful in beginning their ASYE in the service area they did their final placement in.

In discussions at the University of Bradford, Bradford College and across the Social Work Teaching Partnership there continues to be a desire from students to undertake their final placements in all Adult Social Work service areas and students repeatedly express interest in applying for posts within the service and especially where they have had a successful practice placement.

ASYE Assessors



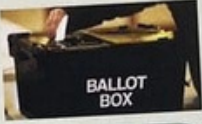
To standardise the assessing of Newly Qualified Social Workers the Department introduced ASYE Assessor training in September 2021. 49 social workers have complete the ASYE assessor training since it started. These are spread across all service areas.

One of our main challenges is the availability of ASYE Assessors. Whilst it is clear that the better quality of social work placements we provide, the more Newly Qualified Social Workers apply for posts in the service, the more pressure for the need of increased numbers of Assessed and Supported Year in Employment Assessors. The Department is committed to increasing its numbers of Newly Qualified Social Workers but recognised that in order to do this there must be a continued investment and increase in the numbers of student placements to ensure the numbers of Newly Qualified Social Workers will increase. The Department is delighted to have seen an increase in the number of requests from different service areas for support accessing external Assessed and Supported Year in Employment Assessors and continues to appeal to all eligible Social Workers to undertake this role.

PROMOTE THE VOTE

Make a
difference
USE YOUR
vote

Bradford People First In partnership with **City of BRADFORD**
METROPOLITAN COUNCIL


  


Insert Photo Here.
Optional.


This is my Voting Passport
For people with a learning disability and /or other disabilities who may need support at the polling station.


My name is:
I have a learning disability and/or other disability.
I need reasonable adjustments to support me to vote in this election.

The support I need is:

 To stay with my support worker.

 Someone to show me a large print ballot paper.

 Someone to go into the polling booth with me.

 Someone to read out the candidates on the ballot paper.

As social workers based in Adult Social Care across Bradford, human rights are central to everything we do. Upholding people's citizenship, their right to feel like they belong and that they have a voice that others hear and respect is rights based social work and is a vital part of our emerging practice model. That's why we have decided that supporting people to register from 16+ and participate in elections is important to how we practice across all our service areas. We believe that having a voice in elections, knowing that people have a right to register and to vote is the biggest decision adults can participate in. Taking action to ensure people who receive social care support in Bradford understand their right to register and participate, and that they are supported to be able to do so, has become central to our practice.

Social Work support across our service is evidence based and reflects the growing evidence that people who draw on social care are often unaware about their right to vote and there is still a misperception that adults who lack 'capacity' cannot vote. Section 73 of the Electoral Administration Act (2006) abolished mental incapacity as grounds to prevent someone from being able to participate in elections. Social Workers in Bradford believe that the ability to cast your vote is central to rights based practice, and the support offered by social workers through this campaign is key to making explicit the connections for people between voting and the right to make other decisions about their lives, being able to choose how to spend the day and being able to decide where you want to live and who to live with.

PROMOTE THE VOTE

The role of social workers in supporting older people, is to ensure that histories and traditions of political engagement through elections across a lifetime are not disregarded and forgotten when people enter the care system. Conversely, social workers working with adults of working age hold a responsibility to ensure voices are not marginalised, trivialised and excluded through lack of opportunity and unlawful misinterpretation of legislation.

Every election since 2017, Bradford Adult Social Workers have campaigned in solidarity with User Led Organisations to Promote The Vote. This has involved supporting Election Officials to be trained in reasonable adjustments and the use of the Bradford Voting Passport. It has involved work with care providers, including nursing, residential and supported living providers to check where they have the following:

- a good, easy read policy on voting
- staff receive training on voting rights
- they include support for people to vote in their support plans

In addition to this, Social Workers across our Adult Services, undertake direct work with people, to talk to them about their rights to participate and register to vote and either use postal votes or attend a polling station on the day of elections if they wish to vote.



During March and April 2023, Social Workers have actively visit social care settings to discuss with staff and residents their right to vote, registering to vote, ways to vote. Where it would enable someone to participate and vote in person on polling day, one-off adjustments have been made to support plans so that people can be supported to do so.

Care settings have been given a pack of resources to help staff in supporting residents. These include a series of easy read guides to local elections, the role of local councillors, registering to vote and postal voting. These guides were developed by a local community group (Bradford Talking Media) and a local group of adults with disabilities. Alongside the guides, each person is helped by a social worker to fill in a Voting Passport. This document sets out the type of support needed if voting in person which they can take to the polling station so that polling clerks are aware of these support needs. All polling staff in Bradford receive training on the Voting Passport alongside information on reasonable adjustments.

HOMES FOR UKRAINE

The Homes for Ukraine scheme launched on 14th March 2022 and Local Authorities were given the statutory duty to promote the welfare of adults and children arriving in the UK by making necessary checks on the accommodation and by completing a safeguarding visit as soon as possible after the guests have arrived.

In the Bradford District, up to the beginning of March 2023, there have been 207 Bradford residents who have become sponsors and offered to open up their home to individuals and their families who have fled Ukraine for their safety, following the Russian invasion on 24th February 2022. 162 of these sponsors are still hosting 391 Ukrainian guests.

In Bradford, Social Workers and other fantastic volunteers who work in the Department of Health and Wellbeing for the Council, have taken on the task of completing these statutory visits. However, true to the values of the social workers and other staff involved, our role did not end after we had ensured the immediate safety of those coming to the UK under the scheme. Social Workers and all those involved in supporting people have offered a welcoming smile and shown kindness and compassion. They have worked tirelessly to support people to ensure they are able to maintain contact with their loved ones back in the Ukraine and have supported people to bring their beloved pets, provided a listening ear and a warm hug if that is wanted and needed. Social Workers and all those involved have reported sitting alongside people, holding hands as people grieve for what they have lost and have heard the most painful stories told of leaving loved ones behind and dealing with the constant fear and stress for their safety. The Department has undertaken this role not because staff were given this as a task to undertake to ensure safety but because they believe that it is the right thing to do. Staff have worked closely with our partners to ensure people are supported and can access the things they are entitled to. Most of all Departmental staff have ensured that individuals Human Rights are upheld. The social work support offered to people from Ukraine, whether demonstrated from the Christmas appeal where social workers collected gifts and handmade Christmas cards through to practical and emotional help, reflects our collective services at their best.

In addition to our work supporting the Home for Ukraine scheme social workers have also taken this a step further and extended their support to people arriving in the UK who are currently housed in local hotels, awaiting their asylum applications to be processed, many of whom have arrived in the UK via small boat crossings. Social Workers have advocated for people, provided support to individuals with care and support needs and fundraised, collected and delivered, and continue to deliver, basic necessities such as clothes, shoes and toys. Social workers have again promoted individuals Human Rights and are working to ensure however people arrive seeking sanctuary in the UK and especially in Bradford, they will be met with kindness, unconditional positive regards, practical help and warm and friendly support.

LGA EMPLOYER STANDARDS OUTCOMES

The following report was commissioned by the Department through the Local Government Association. The survey, which was disseminated to all Social Workers and social work managers across all our services, is intended to be a temperature check in terms of where the Adult Social Work Service is in regards to supporting social workers to undertake their role. During April and May 2023 the Principal Social Worker for Adults will visit service areas to discuss this report in more detail.

The Standards for Employers of Social Workers

Bradford MC

Registered Social Workers
Health Check Report 2022
Adults Registered Social Workers

Written by the team at Kinetiq
Lead Researcher: Dr. Martin Reddington

LGA EMPLOYER STANDARDS OUTCOMES

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The authors' views expressed in their report are their own, based on the data supplied by social workers from the participating organisations across England.

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LGA EMPLOYER STANDARDS OUTCOMES

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LGA EMPLOYER STANDARDS OUTCOMES

Acknowledgements

The authors especially acknowledge a number of organisations, without whom this study would not have taken place:

- **Local Government Association** for commissioning the work and their ongoing active participation and support.
- Members of **The Standards for Employers of Social Workers Group** (shown below).

Members of The Standards for Employers of Social Workers Group:

The Association of Directors of Adult Social Services (ADASS)

The Association of Directors of Children's Services (ADCS)

British Association of Social Workers (BASW)

The Department of Education (DfE)

The Department of Health and Social Care (DHSC)

Health Education England

Joint University Council Social Worker Education Committee (JucSWEC)

Local Government Association (LGA)

NSPCC

SCIE

Skills for Care (SfC)

Social Work England

UNISON the Public Service Union

The Adult Principal Social Worker Network

The Children's Principal Social Worker Network

LGA EMPLOYER STANDARDS OUTCOMES

Introduction

The Employer Standards Health Check is a national project, using survey methodology, to examine a number of critical questions about the experiences of social workers:

- How well do employers deliver the Employer Standards?
- How do employees perceive their working environment?
- What factors influence them to remain engaged with their work and minded-to-stay with their organisation?

These questions feature prominently in regional and national news, as it is recognised that good social work can transform people's lives and protect them from harm. To achieve consistently high quality outcomes for services users and their carers, social workers must have and maintain the skills and knowledge to establish effective relationships with children, adults, families, and professionals in a range of agencies and settings and be the key connectors in communities.

The lessons that flow from the survey evidence can and should shape the way leaders and managers in both the private and public sectors think about the people who work for them. They will also help to take forward the debate about what government and other policy makers can do to help promote a better environment to attract, develop and retain professional, compassionate and engaged staff who deliver high quality social work.

This report deals specifically with the first critical question relating to the delivery of the Employer Standards. A second report dealing with the remaining questions will be issued sometime after the data collection for all councils has been completed in January 2023. This is necessary to produce benchmarking data for councils and other features, such as key driver analysis and thematic analysis of free text that require large volumes of data.

At the time of writing this report, the country has recently emerged from the COVID 19 pandemic and is now in the grip of recession and high inflation. This is placing unprecedented challenges on social work and related professions, and the reliance on their services has never been greater.

Lastly, enormous appreciation is extended to all organisations that encouraged their staff to take part in this piece of research.

LGA EMPLOYER STANDARDS OUTCOMES

Standards

The employer standards for social workers in England were last refreshed in 2020. They set out the key components of whole systems approaches, and employers can use them, along with an appropriate supervision framework, to help develop a working environment where social work practice and social workers can flourish, in turn supporting recruitment and retention. They are explained in headline detail below:

Standard 1 - Strong and clear social work framework

This standard is about promoting a clear statement about the principles that constitute good social work practice, and how those principles function across the full range of social work settings.

Standard 2 - Effective workforce planning systems

This standard is about using effective workforce planning systems to make sure that the right number of social workers, with the right level of skills and experience, are available to meet current and future service demands.

Standard 3 - Safe workloads and case allocation

This standard is about ensuring employees do not experience excessive workloads, resulting in unallocated cases and long waiting times for individuals.

Standard 4 - Wellbeing

This standard is about promoting a positive culture for employee wellbeing and supporting social workers to have the practical tools, resources and the organisational environment they need to practice effectively and safely.

Standard 5 - Supervision

This standard is about making sure students and qualified practitioners can reflect critically on their practice through high quality, regular supervision being an integral part of social work practice.

Standard 6 - Continuing professional development (CPD)

This standard is about social workers being provided with the time and opportunity to learn, keep their knowledge and skills up to date, and critically reflect on the impact this has on their practice.

Standard 7 - Professional registration

This standard is about supporting social workers to maintain their professional registration with the regulator.

Standard 8 - Strategic partnerships

This standard is about creating strong partnerships and good collaboration between employers, higher education institutions and other training providers.

More information about these standards can be found at:

<https://www.local.gov.uk/standards-employers-social-workers-england-2020>

The survey items used to measure these standards can be found at the end of each section of the report.

LGA EMPLOYER STANDARDS OUTCOMES

Purpose of the Research

Research Question 1

How well do Employers of Social Workers deliver the Employer Standards?

Research Question 2

How do Social Workers perceive their working environment?

Research Question 3

What factors influence them to remain in their organisations, or choose to leave?

7

LGA EMPLOYER STANDARDS OUTCOMES

Executive Summary

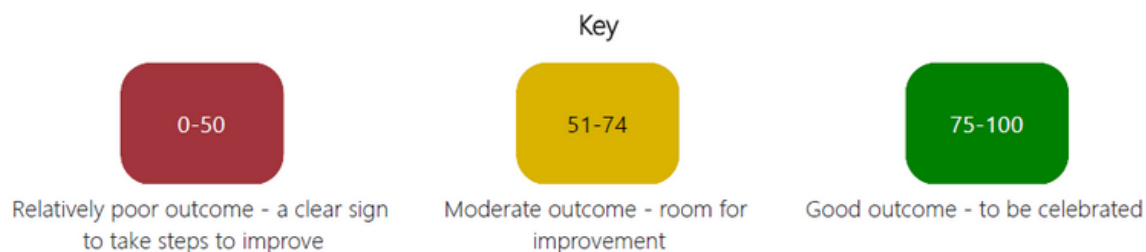


Highest Performing Standards

Standard	Score
Professional Registration	87
Effective Workforce Planning Systems	85
Safe Workloads & Case Allocation	85

Lowest Performing Standards

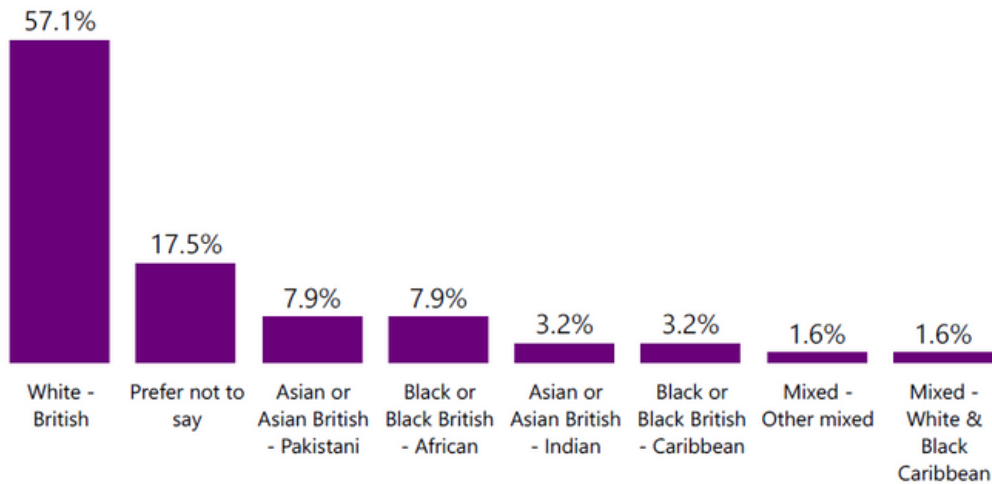
Standard	Score
Supervision	83
Continuing Professional Development (CPD)	83
Wellbeing	82



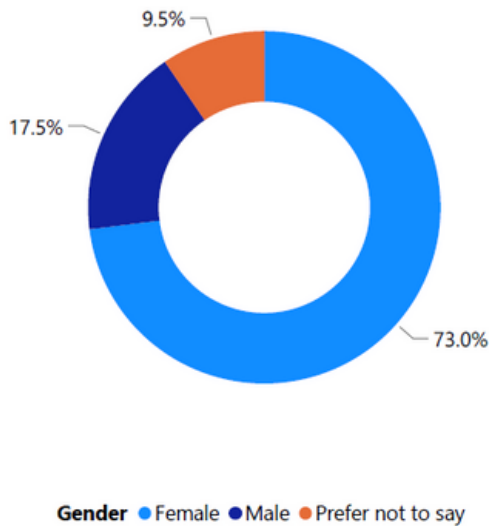
LGA EMPLOYER STANDARDS OUTCOMES

Demographics

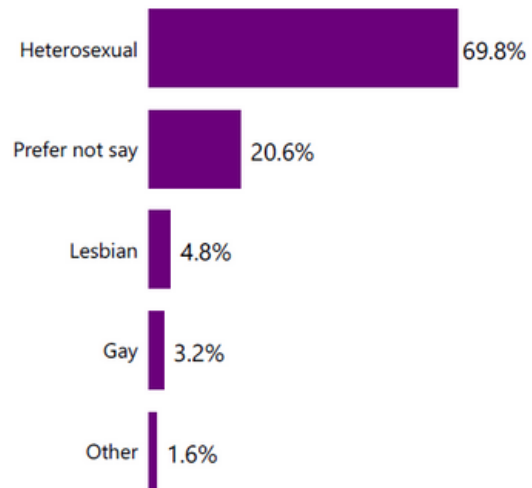
Percentage of Respondents by Ethnicity



Percentage of Respondents by Gender



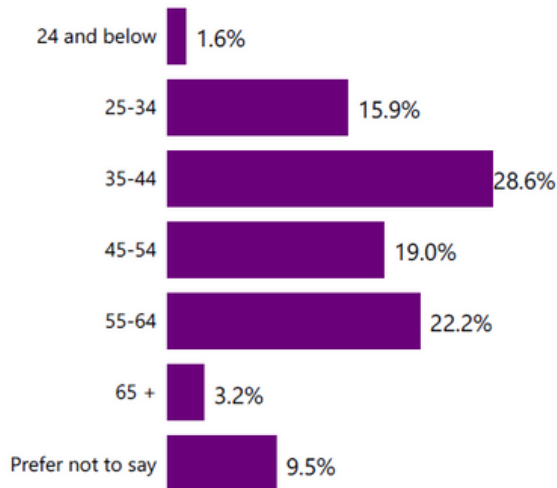
Percentage of Respondents by Sexuality



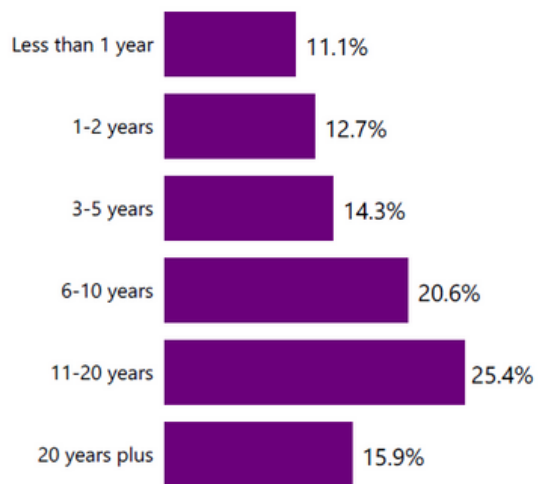
LGA EMPLOYER STANDARDS OUTCOMES

Demographics

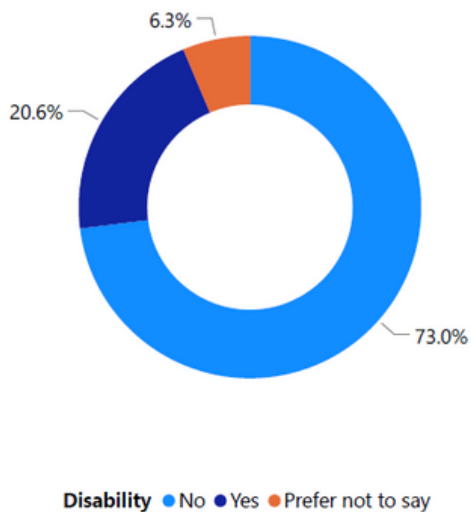
% of Respondents by Age Group



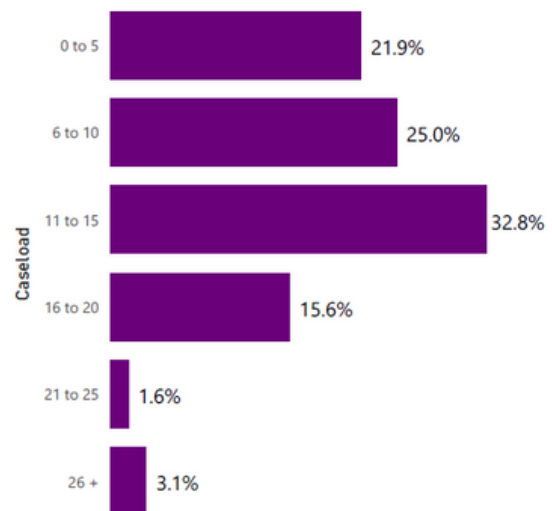
% of Respondents by Length of Service



% of Respondents by Disability



% of Respondents by Caseload Hours

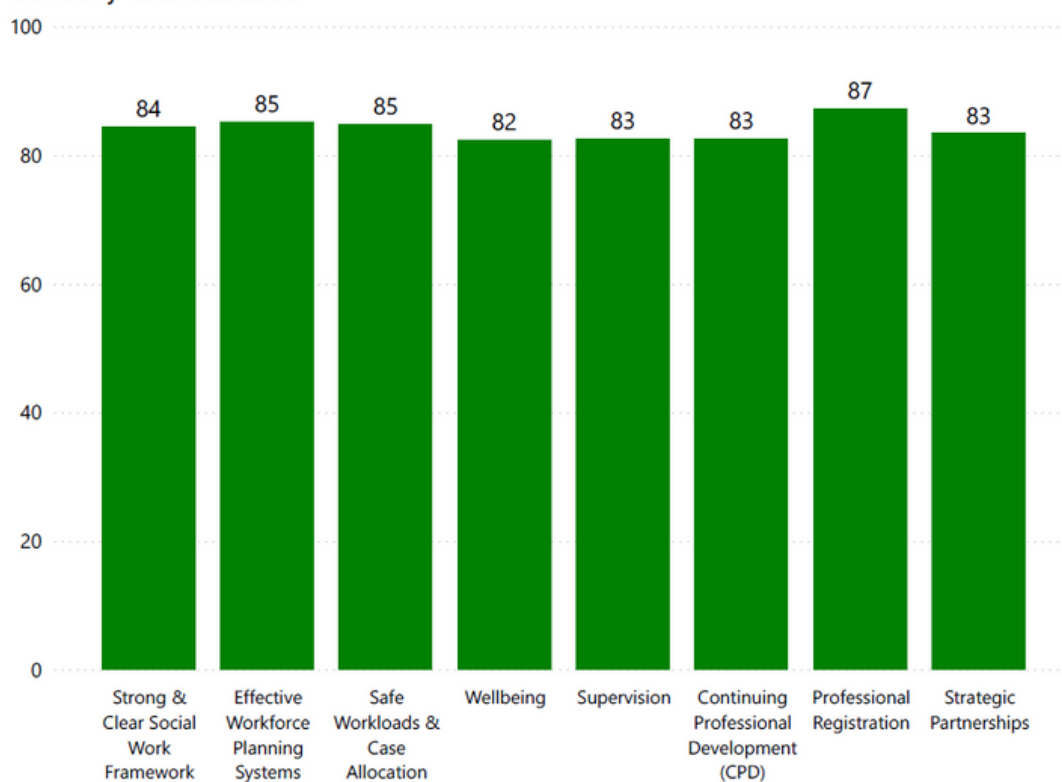


LGA EMPLOYER STANDARDS OUTCOMES

Delivery of Standards

The figure below provides a visualisation for the mean score for the delivery of each of the Standards. A more granular analysis of each individual survey item may be found toward the end of this section of the report.

Delivery of Standards

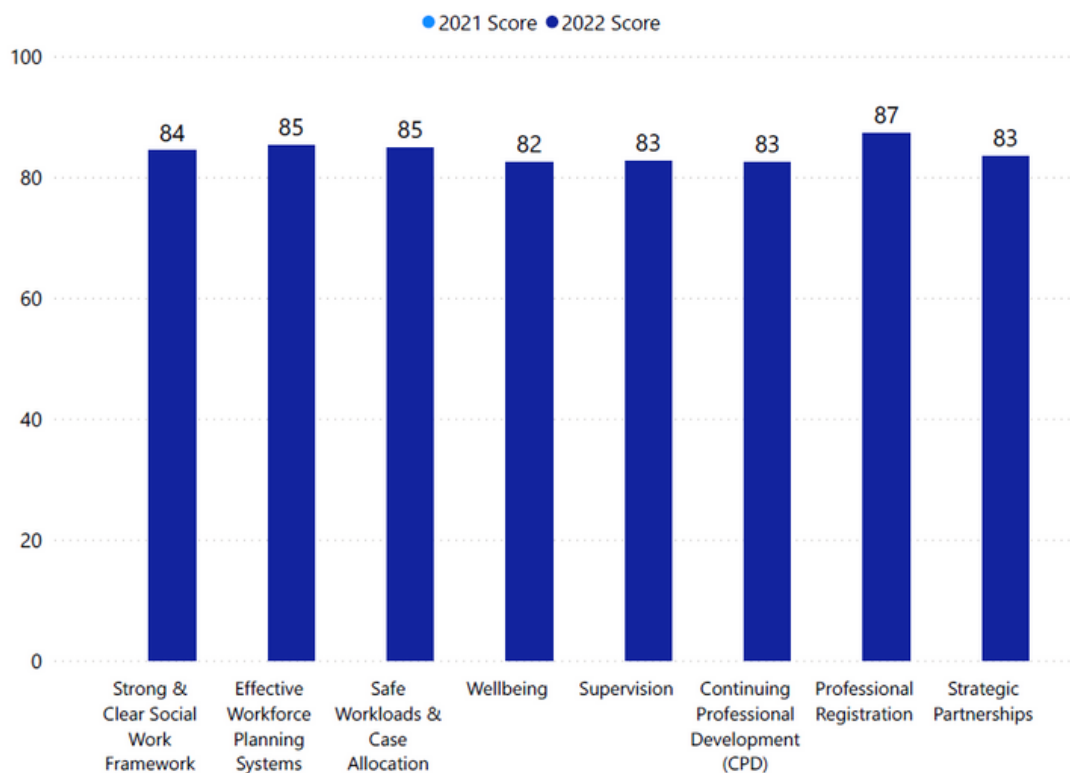


LGA EMPLOYER STANDARDS OUTCOMES

Delivery of Standards - Benchmarking against 2021 overall organisation score

The figure below provides a visualisation comparing the delivery of each standard between 2021 (overall organisation) and 2022 (adults). In this case, there was insufficient data from 2021 to allow a comparison.

Delivery of Standards



LGA EMPLOYER STANDARDS OUTCOMES

Individual Questions

Standard 1 - Strong and clear social work framework

Question	Score
I am able to use my professional judgement, creativity and autonomous decision making where appropriate.	88
I can have useful conversations with senior work leader(s) within my organisation about resolving my concerns at work.	85
I receive an appropriate balance of professional support and reflective challenge (e.g., through supervision) to keep learning and developing my practice.	82
My organisation has a well-defined framework/approach to social work practice, so I am clear about mine and other's roles and accountabilities.	82

Standard 2 - Effective workforce planning systems

Question	Score
I can access the training and development I need to carry out my role well.	86
I feel I am treated fairly and respectfully by all staff.	85
I understand how my role fits into the organisational structure alongside routes of entry and progression for practitioners.	91
My employer understands the barriers and challenges that are getting in the way of doing my best work.	79
My supervisor and/or manager encourage and motivate me in my career development.	85

LGA EMPLOYER STANDARDS OUTCOMES

Individual Questions

Standard 3 - Safe workloads and case allocation

Question	Score
I am usually able to balance the demands of case work and the resources needed to fulfil my responsibilities.	80
I am usually allocated work through a fair process that takes account of my workload, my capabilities/ skills and my health and wellbeing.	84
I can discuss workload and stress issues helpfully with my supervisor or manager and 100 satisfactory ways forward.	87
I can freely share work issues with my team members, in the interests of managing my workload.	89
I would feel able to contact my Professional Association and/or Trade Union if I am concerned about safe working.	86
The wellbeing support I need at work is readily available to me.	83

Standard 4 - Wellbeing

Question	Score
At work, I am encouraged to make time for my own self-care and wellbeing activities.	77
I feel cared for by my managers and/or supervisor.	81
I have access to private, quality space in order to meet my supervisor and people I work with.	80
If I have concerns, I feel safe in raising them.	87
In the last 12 months, I have felt physically safe at work most of the time.	87
My organisation facilitates my access to my Professional Association, Trade Union and other supportive organisations.	79
My organisation has procedures and guidance that support my emotional and physical well-being.	81
My organisation is actively committed to anti-racism and a positive, inclusive culture of opportunity for members of staff of all backgrounds and protected characteristics.	89
My organisation recognises the emotional demands of social work and provides me with supervision, support and tools I need to deal with this.	80
My organisation takes appropriate action to prevent and deal with risks of violence, bullying and harassment in any aspect of my work, and will act to ensure I am able to work safely.	82

LGA EMPLOYER STANDARDS OUTCOMES

Individual Questions

Standard 5 - Supervision

Question	Score
I can raise concerns about the quality and suitability of my supervision with an appropriate person in the organisation if I need to.	81
I have uninterrupted, scheduled supervision at a suitable frequency with an appropriately skilled social work supervisor.	82
I identify my learning needs and access professional development opportunities and training through supervision.	86
My supervisor coaches me in the development of my professional judgement, creativity and autonomous decision making.	83
Supervision helps me critically reflect on my work including working relationships, emotions and use of evidence, theoretical frameworks and approaches.	81
Supervision helps me reflect on how I meet professional regulatory standards.	82

Standard 6 - Continuous Professional Development (CPD)

Question	Score
(If you have completed the ASYE in the last three years in your current organisation) My ASYE programme was effective in helping me learn and develop as a social worker and be more confident.	82
I have dedicated time, resources, opportunities and support to carry out my CPD and record my learning in line with regulatory requirements.	81
I take action to ensure I am up to date with my CPD.	91
My organisation has non-discriminatory and transparent systems to enable all social workers to develop their professional skills, knowledge, specialisms and AMHP, Practice Educator, Practice Supervisor careers including access to accredited courses.	85
My organisation provides effective induction for all social workers when they join the organisation.	80
My organisation provides regular/ annual appraisals (or performance reviews) that are relevant for social workers.	88
Through my organisation, I can access funded non-mandatory CPD.	77
Within my organisation, I have an up to date plan of my professional development needs and how I and my employer will contribute to them.	76

LGA EMPLOYER STANDARDS OUTCOMES

Individual Questions

Standard 7 - Professional Registration

Question	Score
I am aware of the circumstances under which I could be referred to the regulator.	91
I am confident my organisation would support me if I challenged unsafe practice or reported other concerns about services.	80
I have found the registration/ re-registration process with Social Work England straightforward.	80
My organisation promotes a working environment that upholds ethical practice and quality standards.	89
My organisation supports me in keeping my CPD record up to date on the Social Work England website.	90
My organisation understands, supports and provides conditions for social work practice that help me meet my professional standards.	92

Standard 8 - Strategic Partnerships

Question	Score
I have good and effective relationships with key internal partners such as Finance, Legal etc.	82
I have good and effective relationships with key partners such as in the NHS, wider social care, education, housing, the third sector etc.	84



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Appendix B – Self- Assessment of Bradford Council against CQC assurance framework in December 2022

Quality statement: Assessing needs

We maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

Summary (What good looks like?)

- People with care and support needs, unpaid carers, those who fund or arrange their own care and communities have the best possible wellbeing outcomes because their care and support needs are assessed in a timely and consistent way; assessments and care and support plans are co-produced, up-to-date and regularly reviewed; support is coordinated across different agencies and services and decisions and outcomes are transparent.
- People's care and support reflects their right to choice, builds on their strengths and assets, and reflects what they want to achieve and how they wish to live their lives.

How do we think we are doing?

		Your response
1	The wellbeing principle is embedded throughout the local authority care and support system and is clearly promoted when carrying out all care and support functions.	Tend to agree
2	People's care and support reflects their right to choice, builds on strengths and assets, reflects what they want to achieve and how they wish to live their lives.	Tend to agree
3	Assessment and care planning arrangements are person-centred, strengths-based, timely and accessible, and focus on achieving the best outcomes for people; assessments and care and/or support plans are co-produced, and up-to-date; support is co-ordinated across different agencies and services and decisions and outcomes are transparent.	Tend to agree
4	The needs of unpaid carers are recognised as distinct from the person with care needs; assessments, support plans and reviews for unpaid carers are undertaken separately.	Tend to disagree
5	People can easily access the local authority’s care and support services through multiple channels, including online and self-assessment options. There is equality of access for people with different cultural/protected equality characteristics.	Tend to agree
6	The local authority has arrangements to tell people how to access services and facilities for help with non-eligible care and support needs and for referring to other agencies/departments.	Tend to agree
7	The local authority has arrangements to identify and respond to immediate risks to people's wellbeing, while they are waiting for an assessment.	Tend to agree
8	The local authority has an assessment and eligibility framework for adults and unpaid carers (who appear to have a need for care and support) that is transparent, clear and consistently applied; people can appeal against assessment and eligibility decisions, and appeals are heard in a timely way.	Tend to agree
9	The local authority has a transparent, accessible and fair framework for charging adults who receive care and support services after their individual needs and financial situations have been assessed; the framework is used consistently.	Strongly agree

10	The local authority has assessment teams who are appropriately trained and with the experience and knowledge necessary to carry out assessments, including specialist assessments.	Tend to agree
11	Unpaid carers have access to information, training, support and equipment required to undertake their caring role safely and effectively.	Tend to agree
12	Assessments for adult social care in the community and any subsequent care and support plans include people's medicines support needs.	Tend to agree
13	People have timely access to direct payments; processes are easy to use and enable people to maximise their choice and control about how to meet their support needs.	Tend to disagree
14	People have access to independent advocacy services to support adult and unpaid carers with assessment, care and support planning or review if required.	Tend to agree

Quality statement: Supporting people to live healthier lives

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

Summary (What good looks like?)

- The local authority works with people, partners and the local community to make available a range of services, facilities and other measures to promote independence and support people to prevent, delay or reduce their needs for care and support.
- People in the area have access to the information and advice they need to make informed decisions about how their care and/or support needs are met.

How do we think we are doing?

		Your response
1	The local authority works with people, partners and the local community to make available a range of services, facilities and other measures to promote independence, and to support people to prevent, delay or reduce their needs for care and support.	Tend to agree
2	The local authority has a clear, co-produced strategy to prevent, delay or reduce care and support needs and a coherent and adequately resourced delivery plan. The plan is informed by data about the local population, including the Joint Strategic Needs Assessment and it seeks to address local priorities and inequalities. Specific consideration is given to support the wellbeing of unpaid carers and the needs of people who fund their own care and support.	Tend to disagree
3	The local authority has a range of preventative services and other measures delivered by a diverse range of providers, working collaboratively across the system.	Strongly agree
4	The local authority has arrangements to monitor and evaluate the impact of its prevention strategy and the outcomes for individuals and the community.	Tend to disagree
5	People in the area have equal access to preventative measures that are not subject to eligibility criteria, for example, equipment, adaptations, reablement.	Tend to agree

6	The local authority works with partners to deliver high-quality, responsive intermediate care and reablement services to enable people to return to their optimal independence.	Strongly agree
7	Charging arrangements for preventative services do not lead to inequality of access for people living in the area.	Strongly agree
8	People most at risk of a decline in their independence and wellbeing are identified and prioritised for care and support.	Strongly agree
9	The local authority works with partner agencies, providers and local communities to develop, fund, commission and deliver its prevention strategy.	Strongly agree
10	The local authority promotes innovative approaches to prevention activity, for example technology and digital innovation.	Strongly agree
11	People in the area have access to equipment and minor home adaptations required to maintain their independence and continue living in their own homes. They have information on accessing a Disabled Facilities Grant.	Tend to agree
12	People in the area have access to information and advice on their rights under the Care Act and to enable them to make informed decisions about how their care and/or support needs can be met,	Tend to agree
13	There is enough information and advice on care, support and wellbeing. This is accurate, coherent, accessible and available to all people in the area when they need it, including for people who fund their own care and support, and for unpaid carers.	Tend to agree

Quality statement: Equity in experiences and outcomes

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

(NB: this 'I statement' also sits under Assessing Needs QS).

Summary (What good looks like?)

- This quality statement covers (taken from SAF v23):
 - Understanding and addressing barriers to care, support and treatment
 - Understanding and addressing inequalities in experience and outcomes
 - Hard to reach groups/communities.
 - People who are more likely to receive poor care (not in SAF v23).
 - In delivering their Care Act functions, local authorities take action to achieve equity of experience and outcomes for all individuals, groups and communities in their areas; they are required to have regard to the Public Sector Equality Duty (Equalities Act 2010) in the way they carry out their work.
- Section 1, Well-Being Principle in the Care Act relates to this and provides the basis for including the quality statement in the assessment framework:

How do we think we are doing?

		Your response
1	The local authority is proactive in engaging with people more likely to have poor care, seldom heard groups and communities to understand the specific barriers to care and support experienced by them; LA works with those groups to co-produce actions to remove barriers .	Tend to agree
2	The local authority is proactive in engaging with people more likely to have poor care, seldom heard groups and communities to understand the potential and actual inequalities in care and support outcomes; LA works with those groups to co-produce actions to reduce inequalities .	Neither agree nor disagree
3	The local authority has regard to its Public Sector Equality Duty (Equalities Act 2010) in the way it delivers its Care Act functions; there is clear and accessible information relating to people who share protected characteristics and who are affected by the local authority's care and support policies and practices; there are equality objectives which are reviewed at least four yearly.	Strongly agree
4	The local authority has undertaken equality impact assessments of its care and support policies and processes and it has acted on any recommendations arising from them.	Neither agree nor disagree
5	The local authority has clear priorities and objectives regarding improving experiences and outcomes for people who are more likely to have poor care, with a coherent and adequately resourced delivery plan.	Tend to agree

Quality statement: Care provision, integration and continuity

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

I have care and support that is coordinated, and everyone works well together and with me.

Summary

- The care and support needs of people and communities are understood; there is a varied and resilient provider market with sufficient capacity to meet demand now and in future.
- Local people, including those who fund or arrange their own care, have access to a diverse range of safe, effective, high quality support options to meet their care and support needs. Services are sustainable, affordable and provide continuity for people.

How do we think we are doing?

		Your response
1	The local authority works with local stakeholders to understand the care and support needs of people and communities, including people who fund or arrange their own care, now and in the future. They use this to shape and develop the market so that people have access to a diverse range of local support options to meet their care and support needs that are safe, effective, affordable and high-quality. These are available when, how and where they need them. There is minimal need for people to receive services or support from outside of the local authority area.	Tend to agree
2	Commissioning strategies are co-produced with stakeholders and people in the local community. Local authority strategies are aligned with the strategic objectives of partner agencies (for example, health, housing, public health).	Tend to agree

3	The local authority works collaboratively with partners so that it commissions models of care and support that are in line with recognised best practice.	Tend to agree
4	The local authority works collaboratively with partners so that contracting arrangements are person-centred, efficient and effective. These support the delivery of high-quality care, experiences and outcomes for people.	Strongly agree
5	The local authority works with partners and neighbouring authorities to respond to specialist needs and to jointly commission specialist services when required. This creates efficiencies and achieves better outcomes for people.	Neither agree nor disagree
6	The local authority works with providers and stakeholders to ensure services are sustainable, affordable and provide continuity for people. Contracting arrangements support this (eg: contract duration supports continuity). The local authority collaborates with service providers to ensure that the cost of care is transparent and fair.	Strongly agree
7	The local authority understands its current and future workforce needs. It works in partnership with care providers, including personal assistants and other agencies, to develop, support and promote a capable and effective workforce. This facilitates and supports quality improvement and encourages training and development for the care and support workforce.	Strongly agree
8	The local authority actively supports innovation in care and support provision, including using incentives or financial support, for example, grants or match funding, where there are gaps or to develop the diversity of care and support options for people in the area.	Strongly agree
9	Unpaid carers have timely access to high-quality replacement care for short breaks and unplanned situations.	Tend to agree
10	Commissioning practices and services delivered on behalf of the local authority comply with the requirements of the Equality Act 2010 and proactively addresses the needs of people with protected equality characteristics.	Tend to agree
11	Everyone can access the care and support they need when they need it.	Tend to disagree

Quality statement: Partnerships and communities

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement. Leaders work proactively to support staff and collaborate with partners to deliver safe, integrated, person-centred and sustainable care and to reduce inequalities.

Summary

- The local authority actively works towards integrating care and support services with those provided by partner agencies to achieve better outcomes for people who need care and support and unpaid carers and to reduce inequalities.
- There is partnership working to help ensure that care and support meets the diverse needs of individuals and communities. People experience a seamless care and support journey, and their support is co-ordinated across different agencies and services.

How do we think we are doing?

		Your response
1	The local authority works collaboratively with local partners to agree and align priorities and responsibilities. This enables it to identify, understand and address the needs of the whole community, including inequalities.	Strongly agree
2	The local authority recognises the unique contribution of the community and voluntary sector in the provision of care and support and actively promotes their involvement as equal partners.	Strongly agree
3	The local authority has agreed roles, responsibilities and accountabilities with partner agencies for delivering shared priorities, for example Better Care Fund, Continuing Health Care, Hospital Discharge, Delayed Transfers of Care, and Transforming Care. There are enabling mechanisms such as pooled budgets, information sharing arrangements, governance protocols, co-location and integration of staff teams from partner organisations.	Strongly agree
4	The local authority actively works towards integrating care and support services with those provided by the NHS and by other partner agencies, such as housing, employment, transport and leisure. Services work together to provide better outcomes and enhance the wellbeing of people who need care and support and unpaid carers.	Strongly agree
5	The local authority monitors and evaluates the impact of its partnership working on the costs of social care and the outcomes for people. This informs ongoing development and continuous improvement.	Tend to agree
6	The local authority prioritises integration of services in areas such as reablement, intermediate care and end of life care services where evidence shows this improves people's wellbeing. This takes account of the key national and local priorities and objectives.	Tend to agree
7	The local authority works with partners to deliver high-quality, responsive intermediate care and reablement services to enable people to return to their optimal independence.	Strongly agree

Quality statement: Safe systems, pathways and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

- When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.
- I feel safe and am supported to understand and manage any risks.

Summary

- Safety is a priority for everyone, and leaders embed a culture of openness and collaboration.
- Care and support is planned and organised with people, partners, and communities in ways that improve their safety across their care journeys and ensures continuity in care, particularly when people move between different services.

How do we think we are doing?

		Your response
1	Safety is a priority for everyone, and leaders embed a culture of openness and collaboration. The local authority learns from adverse events.	Tend to agree

2	There is strong awareness and monitoring of the areas with the greatest risks to people's safety and wellbeing, and solutions are developed collaboratively.	Tend to disagree
3	Care and support is planned and organised with people, partners, and communities in ways that improve their safety across their care journeys and ensures continuity in care, particularly when people move between different services, or when responsibility for care and support passes between agencies.	Tend to agree
4	The local authority understands where there are risks to the continuity of people's support. It has plans to mitigate and manage them so that people's safety is maintained, for example when moving between children and adult services and discharge from hospital.	Tend to agree
5	The local authority carries out effective and timely transition assessment and planning when young people and carers move from childrens to adult services to ensure a seamless, co-ordinated and person-centred process. There is a clear understanding of responsibilities, including funding arrangements.	Tend to agree
6	Funding decisions or disputes do not lead to delays in the provision of care and support. There are interim arrangements while decisions are being made.	Tend to agree
7	Local authorities ensure continuity of care and support when people move between areas so that they can move without worrying that they will not have the care and support they need.	Tend to agree
8	The local authority can respond to unplanned events and emergencies to minimise the potential risks to people's safety and wellbeing, for example because of a provider closing or suspending its business.	Tend to agree
9	Roles, responsibilities and accountabilities are agreed and recorded. The right training is provided when social care providers are commissioned to provide medicines support and delegated healthcare duties.	Neither agree nor disagree

Quality statement: Safeguarding

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect, We make sure we share concerns quickly and appropriately.

- I feel safe and am supported to understand and manage any risks.

Summary

- Safeguarding enquiries are carried out sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre. People can participate in the safeguarding process as much as they want to. People are supported to make choices that balance risks with positive choice and control in their lives.
- There is a clear understanding of the key safeguarding risks and issues in the area and a clear, resourced strategic plan to address them.
- Lessons are learned when people have experienced serious abuse or neglect and action is taken to remove future risks and drive best practice.

How do we think we are doing?

		Your response
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1	The local authority has a Safeguarding Adults Board that has clear understanding of the key safeguarding risks and issues in the area. It has a clear, resourced strategic plan to address them, and holds local safeguarding partners to account.	Tend to disagree
2	There is a strong multi-agency framework for safeguarding people with care and support needs and the roles and responsibilities for identifying and responding to concerns are clear.	Tend to agree
3	Concerns are investigated promptly to minimise risks to people's safety and well-being.	Tend to agree
4	The local authority sets safeguarding thresholds at a level that is in line with best practice and guidance and they are applied consistently. The scope of safeguarding enquiries includes people who are subject to modern slavery or human trafficking.	Strongly agree
5	There is clarity on what constitutes a safeguarding concern and concerns arising from the quality of services. There are clear pathways for responding to either type of concern.	Tend to agree
6	Information sharing arrangements are in place so that concerns are raised quickly and investigated without delay.	Tend to agree
7	Safeguarding enquiries are carried out sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre. People can participate in the safeguarding process as much as they want to. People are supported to make choices that balance risks with positive choice and control in their lives.	Tend to agree

Quality statement: Governance, management and sustainability

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Summary

- There are effective governance and performance management arrangements at all levels. These provide visibility and assurance on delivery of Care Act duties, risks to delivery, quality and sustainability, and people's care and support experiences and outcomes.
- The local authority uses information about risks, performance and outcomes to inform strategy, allocate resources and to deliver the actions needed to improve care and support outcomes for people and local communities.

How do we think we are doing?

		Your response
1	There are effective governance and performance management arrangements at all levels. These provide visibility and assurance on delivery of Care Act duties, risks to delivery, quality and sustainability, and people's care and support experiences and outcomes.	Tend to agree
2	The local authority uses information about risks, performance and outcomes to inform strategy, allocate resources and to deliver the actions needed to improve care and support outcomes for people and local communities.	Tend to agree
3	There are effective governance arrangements at all levels. These support evidence-based delivery of adult social care, oversight of quality, support learning and development, and performance management.	Tend to agree

4	There is a stable adult social care leadership team with clear roles, responsibilities and accountabilities.	Tend to agree
5	Risks in the local authority operating environment, and any political or organisational changes that may affect business, are assessed and mitigated.	Tend to agree
6	The local authority's political and executive leaders are well informed about the potential risks facing adult social care. They reflect these in their corporate risk registers and take them fully into account in their decision-making.	Tend to agree
7	The local authority has effective budget oversight, accountability and governance. It assesses the impact of any budget reductions and whether the level of savings required will affect its ability to meet statutory duties, including comparison with regional and national benchmarking groups.	Tend to agree
8	All levels of governance and management function effectively and interact with each other appropriately.	Tend to agree
9	Equality and human rights and diversity principles are embedded in the local authority's values, culture, and leadership behaviour. Leaders know the current challenges to equality and human rights, and have plans to tackle them.	Tend to agree
10	The local authority has a clear strategic ambition and objectives regarding improving outcomes for unpaid carers, with a coherent and adequately resourced delivery plan.	Tend to agree

Quality statement: Learning, improvement and innovation

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Summary

Learning from people's feedback about their experiences of care and support, and feedback from staff and partners is embedded throughout the local authority's work and it informs strategy, improvement activity and decision making at all levels. Coproduction is embedded throughout the local authority's work.

There is an inclusive and positive culture of continuous learning and improvement and this is shared by all leaders and staff across the organisation and with their partners.

How do we think we are doing?

		Your response
1	The local authority designs the system and services around people who need care and support and unpaid carers and the outcomes that are important to them. Services are developed by working with people and their communities. Individuals and communities are involved in decisions at all levels of the system.	Neither agree nor disagree
2	The local authority has arrangements to support improvement, innovation and research, and processes for evaluating and sharing learning.	Tend to agree
3	The local authority embeds learning from people's feedback about their experiences of care and support, and from staff and partners throughout its work. This informs the strategy, improvement activity and decision making at all levels. Co-production is embedded throughout	Tend to agree

	the local authority's work. Improvement plans are monitored and evaluated to ensure they achieve the intended impact and outcomes.	
4	There is a strong focus on continuous learning and improvement. This includes through appropriate use of external accreditation, shared learning, best practice and research.	Tend to agree
5	Innovation and new ways of working, including technology, are encouraged and supported to improve people's health and well-being outcomes.	Tend to agree
6	The local authority challenges its own performance and invites external challenge.	Tend to agree
7	The local authority engages with and contributes to system-wide reviews and demonstrates that it embeds and shares the learning from them.	Tend to agree
8	The local authority seeks guidance and support to improve when necessary. It uses other support organisations when it identifies risks and areas for improvement.	Tend to agree
9	The local authority shares learning, best practice and innovation with peers and system partners to influence and improve how services are delivered.	Strongly agree
10	The local authority actively participates in sector-led improvement activity.	Strongly agree



Report of the Director of Legal and Governance to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 28 September 2023

K

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

Summary statement:

This report presents the Committee's work programme 2023/24

Portfolio:

Healthy People and Places

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1. Summary

1.1 This report presents the work programme 2023/24.

2. Background

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

3. Report issues

3.1 **Appendix A** of this report presents the work programme 2023/24 which was adopted by the Committee at its meeting of 27 July 2023. It lists issues and topics that have been identified for inclusion in the work programme and have been scheduled for consideration over the coming year.

3.2 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.

3.3 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. Options

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

5. Contribution to corporate priorities

5.1 The Health and Social Care Overview and Scrutiny Committee Work Programme 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.

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

6. **Recommendations**

- 6.1 That the Committee notes and comments on the information presented in **Appendix A**
- 6.2 That the Work Programme 2023/24 continues to be regularly reviewed during the year.

7. **Background documents**

- 7.1 The Constitution of the Council

8. **Appendices**

- 8.1 **Appendix A** – Health and Social Care Overview and Scrutiny Committee work programme 2023/24

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