

## Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Wednesday, 6 December 2023 at 4.30 pm in Committee Room 1 - City Hall, Bradford

### MEMBERS OF THE COMMITTEE – COUNCILLORS

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

### Alternates:

<b>LABOUR</b>	<b>CONSERVATIVE</b>	<b>BRADFORD SOUTH INDEPENDENTS</b>
<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

**To:**

Agenda Contact: Asad Shah  
Phone: 07970 414022  
E-Mail: [asad.shah@bradford.gov.uk](mailto: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:*

<b>Type of Interest</b>	<b>You must:</b>
<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> <b>OR</b> <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> <b>OR</b> <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. INSPECTION OF REPORTS AND BACKGROUND PAPERS**

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

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

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

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

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

(Asad Shah – 07970 414022)

### **4. 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**

**5. BRADFORD SAFEGUARDING ADULT BOARD ANNUAL REPORT 2022/23**

1 - 26

The Bradford Safeguarding Adult Board's annual report for 2022-2023 outlines the activities carried out by the Board and its partner agencies to protect vulnerable adults from abuse and neglect. The report of the Chief Executive (**Document "Q"**) covers a range of areas, including efforts to improve outcomes for at-risk adults, case reviews, safeguarding training, performance quality assurance, and progress against priorities. By providing a transparent assessment of multi-agency safeguarding activity, the report aims to demonstrate the strength of the safeguarding arrangements in the Bradford District. The report is presented on behalf of the three statutory safeguarding partners, the Local Authority, West Yorkshire Police, and Integrated Care Board (ICB), who are jointly responsible for the safeguarding partnership arrangements.

**Recommended –**

- (1) The Committee is requested to note the Annual Report 2022/23**
- (2) The Committee to receive another report in 12 months' time.**

(Darren Minton / Helen Khan – 01274 434361)

**6. HEALTHY MINDS - BETTER LIVES, BRIGHTER FUTURES. UPDATE ON WORK UNDER THE STRATEGIC PROGRAMME FOR MENTAL HEALTH**

27 - 44

The report of the Priority Director for Mental Health (**Document "R"**) provides an update from the Healthy Minds mental health programme for Bradford District and Craven. The main focus of the report is on the community mental health workstream which has produced an action plan for improving physical health and reducing premature mortality in people with serious mental illness (SMI), learning disabilities or with an autism spectrum condition. The report also includes an update on the work to improve our talking therapies uptake and estates provision. This work is overseen by the Healthy Minds board.

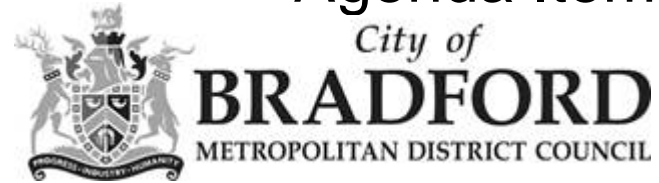
**Recommended –**

- (1) The Committee are asked to note the action plan and the plans to achieve Bradford District and Craven's vision of improving health and reducing premature mortality in these population groups and are invited to use their influence to raise awareness of the health inequalities faced by these population groups.**
- (2) Note the updates regarding Talking therapies and the LMH**

**estate.**

(Kristian.Farnell@bradford.nhs.uk)

THIS AGENDA AND ACCOMPANYING DOCUMENTS HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER



## **Report of the Chief Executive Office to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Wednesday 6<sup>th</sup> of December 2023**

**Q**

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**Subject: Bradford Safeguarding Adult Board Annual Report 2022/23**

### **Summary statement:**

The Bradford Safeguarding Adult Board's annual report for 2022-2023 outlines the activities carried out by the Board and its partner agencies to protect vulnerable adults from abuse and neglect. The report covers a range of areas, including efforts to improve outcomes for at-risk adults, case reviews, safeguarding training, performance quality assurance, and progress against priorities. By providing a transparent assessment of multi-agency safeguarding activity, the report aims to demonstrate the strength of the safeguarding arrangements in the Bradford District. The report is presented on behalf of the three statutory safeguarding partners, the Local Authority, West Yorkshire Police, and Integrated Care Board (ICB), who are jointly responsible for the safeguarding partnership arrangements.

### **EQUALITY & DIVERSITY:**

The Bradford Safeguarding Adults Board's annual report for 2022-2023 demonstrates a strong commitment to promoting equality and diversity in its services. The Board emphasises person-centred care, empowerment, and collaboration, likely positively impacting equality and diversity. The Board's initiatives to improve multi-agency working and training are expected to ensure that adults at risk receive consistent and high-quality support, regardless of the agency providing the service. Although the report does not explicitly state whether the work presented contributes to one of the Council's equality objectives, the Board's focus on social inclusion and addressing discrimination aligns with broader equality objectives.

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Iain MacBeath  
Strategic Director

### **Portfolio:**

**Healthy People and Places**

Report Contact: Darren Minton / Helen Khan  
Business Unit Manager / Deputy Manager  
Phone: (01274) 434361  
E-mail: [darren.minton@bradford.gov.uk](mailto:darren.minton@bradford.gov.uk)

### **Overview & Scrutiny Area:**

**Health and Social Care**

## 1. SUMMARY

- 1.1 The Bradford Safeguarding Adult Board's annual report for 2022-2023 outlines the activities carried out by the Board and its partner agencies to protect vulnerable adults from abuse and neglect. The report covers a range of areas, including efforts to improve outcomes for at-risk adults, case reviews, safeguarding training, performance quality assurance, and progress against priorities. By providing a transparent assessment of multi-agency safeguarding activity, the report aims to demonstrate the strength of the safeguarding arrangements in the Bradford District. The report is presented on behalf of the three statutory safeguarding partners, the Local Authority, West Yorkshire Police, and Integrated Care Board, who are jointly responsible for the safeguarding partnership arrangements. The full report can be found at **Appendix B**

## 2. BACKGROUND

- 2.1 The Bradford Safeguarding Adults Board (BSAB) is legally required to complete an annual report under the Care Act 2014. The Act requires local authorities and their partners to work together to set up Safeguarding Adults Boards to oversee and coordinate safeguarding activities in their areas.
- 2.2 The annual report is an essential component of the Board's statutory responsibilities. It helps ensure that all partner agencies are accountable for their safeguarding activities and that there is transparency in how those activities are carried out. The report provides an opportunity for the Board to evaluate the effectiveness of its safeguarding arrangements and initiatives, identify any gaps in service provision, and set priorities for future action. By sharing this information with the public and stakeholders, the Board can promote transparency, build trust, and demonstrate its commitment to safeguarding adults at risk of abuse and neglect. Moreover, completing an annual report enables the Board to demonstrate its accountability to the public and its partners by showing how it has used its resources and fulfilled its obligations over the reporting period.
- 2.3 The BSAB annual report 2022/23 provides a comprehensive overview of the Board's strategic vision, outcomes, and priorities. By outlining these key elements, the report helps ensure that all partner agencies are aligned and working towards safeguarding adults at risk of abuse and neglect. Additionally, the report serves as a reminder of the BSAB's responsibilities and the important role that each partner agency plays in achieving its objectives.
- 2.4 In addition to outlining the strategic vision, outcomes, and priorities, the annual report provides information on the internal structures and governance that hold partner agencies accountable. By providing this information, the report helps to promote transparency and ensure that all partner agencies are working collaboratively towards the same goal of safeguarding adults at risk.
- 2.5 The BSAB annual report includes information on the achievement of its sub-groups, which are responsible for delivering specific areas of work. This information provides key insights into the BSAB's activities and initiatives and the emerging challenges and risks that partner agencies face. By identifying these challenges



and risks, the BSAB can work to address them proactively and ensure that safeguarding remains a priority.

2.6 The BSAB annual report details the activities of its subgroups. However, **Appendix A** serves as a crucial section for a more focused understanding. It offers an overview of adult safeguarding, elucidating its fundamental concepts and principles. Additionally, this appendix delves into the specific operations of the adult safeguarding team in Bradford, providing insights into their methodologies and approaches to ensuring the safety and well-being of adults in the community.

2.7 Finally, the BSAB annual report 2022/23 includes information and learning on Safeguarding Adults Reviews (SARs) and performance data collected throughout the reporting period. This information provides a comprehensive overview of the Board's activities and initiatives and its performance in achieving its objectives. By sharing this information, the report promotes accountability and transparency, enabling the Board to demonstrate its commitment to safeguarding adults at risk of abuse and neglect.

### **3. OTHER CONSIDERATIONS**

Nil

### **4. FINANCIAL & RESOURCE APPRAISAL**

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

### **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

Nil

### **6. LEGAL APPRAISAL**

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

### **7. OTHER IMPLICATIONS**

#### **7.1 SUSTAINABILITY IMPLICATIONS**

Nil

## **7.2 TACKLING THE CLIMATE EMERGENCY IMPLICATIONS**

Nil

## **7.3 COMMUNITY SAFETY IMPLICATIONS**

- 7.31 The Bradford Community Safety Partnership (CSP) and Safeguarding Adults Board (SAB) are essential collaborators in protecting the community's most vulnerable individuals. The implications for the SAB's 2022/23 annual report show enhanced cooperation and communication between these entities, sharing knowledge, resources, and best practices to mitigate identified risks effectively. BSAB & CSP intend to explore overlapping areas of responsibility. Continued opportunities may exist to refine roles or develop joint strategies for more impactful community safeguarding.
- 7.32 The Serious Violence Duty will require local authorities, the police, fire and rescue authorities, specified criminal justice agencies and health authorities to work together to formulate an evidence based analysis of the problems associated with serious violence in a local area, and then produce and implement a strategy detailing how they will respond to those particular issues.
- 7.33 Across West Yorkshire we are adopting a public health approach to reducing violence and seek to identify the common risk factors driving violence and the protective factors preventing violence. This encourages identification of these factors and implementing interventions across all levels: individual, relationship, community and societal, at the same time.
- 7.34 The public health approach to violence reduction has dedicated research and evidence at its core and addresses the inequalities that can lead to involvement in serious violence.

## **7.4 HUMAN RIGHTS ACT**

Nil

## **7.5 TRADE UNION**

Nil

## **7.6 WARD IMPLICATIONS**

Nil

## **7.7 AREA COMMITTEE LOCALITY PLAN IMPLICATIONS**

N/A

## **7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE**

N/A

**7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

Nil

**8. NOT FOR PUBLICATION DOCUMENTS**

Nil

**9. OPTIONS**

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

**10. RECOMMENDATIONS**

- 10.1 The Committee is requested to note the Annual Report 2022/23
- 10.2 The Committee to receive another report in 12 months' time.

**11. APPENDICES**

- 11.1 **Appendix A – Adult Safeguarding Bradford District**
- 11.2 **Appendix B – BSAB Annual Report 2022/2023**

**12. BACKGROUND DOCUMENTS**

Nil

## **Appendix A – Adult Safeguarding – Bradford District**

### **Operational Adult Safeguarding CBMDC**

#### **Context**

Adult safeguarding is defined as *‘protecting an adult’s right to live in safety, free from abuse and neglect’* (Care and Support Statutory Guidance). The CBMDC Safeguarding Adults Service provides a front-door through which all adult safeguarding concerns reported to the council are received and then screened against the Care Act 2014 section 42 statutory decision-making criteria which states that where the Council has *reasonable cause to suspect* that a person (i) has care and support needs, (ii) is experiencing or at risk of abuse and neglect, and (iii) because of their care and support needs they are unable to protect themselves from either the abuse or neglect, or the risk of it, the local authority (iv) must cause enquiries to be made so that it can (v) decide on any action that needs to be taken and who needs to undertake it.

The Safeguarding Adults Service operates district-wide covering all service user groups. Operation is in line with the June 2021 Joint Multi-Agency Safeguarding Adults Policy and Procedures (Bradford, Calderdale, Kirklees, North Yorkshire, Wakefield, and York).

We aspire to safe, legal, rights-based practice which is driven by a Making Safeguarding Personal ethos. The service has a culture of high support, critical reflection, and continuous improvement. Last year 2022/23 the service received 6264 safeguarding concerns. Of these, 2591 became s42 enquiries giving an average conversion rate of 41%.

#### **Safeguarding Adults Service Operational Teams**

The Safeguarding Adults Service comprises three separate teams with distinct remits.

The first is the Safeguarding Duty Team which, under Stage 2 of the procedures, provides an initial response to all concerns received by the department. Concerns are screened and the immediate safety needs of the Adult are assessed. If all necessary and appropriate action has been taken, and the section 42 duty has been fulfilled, safeguarding enquiries will be concluded at stage 2 wherever possible. Safeguarding concerns are typically screened within 24 hours of receipt and cases are allocated as required meaning there are no waiting lists.

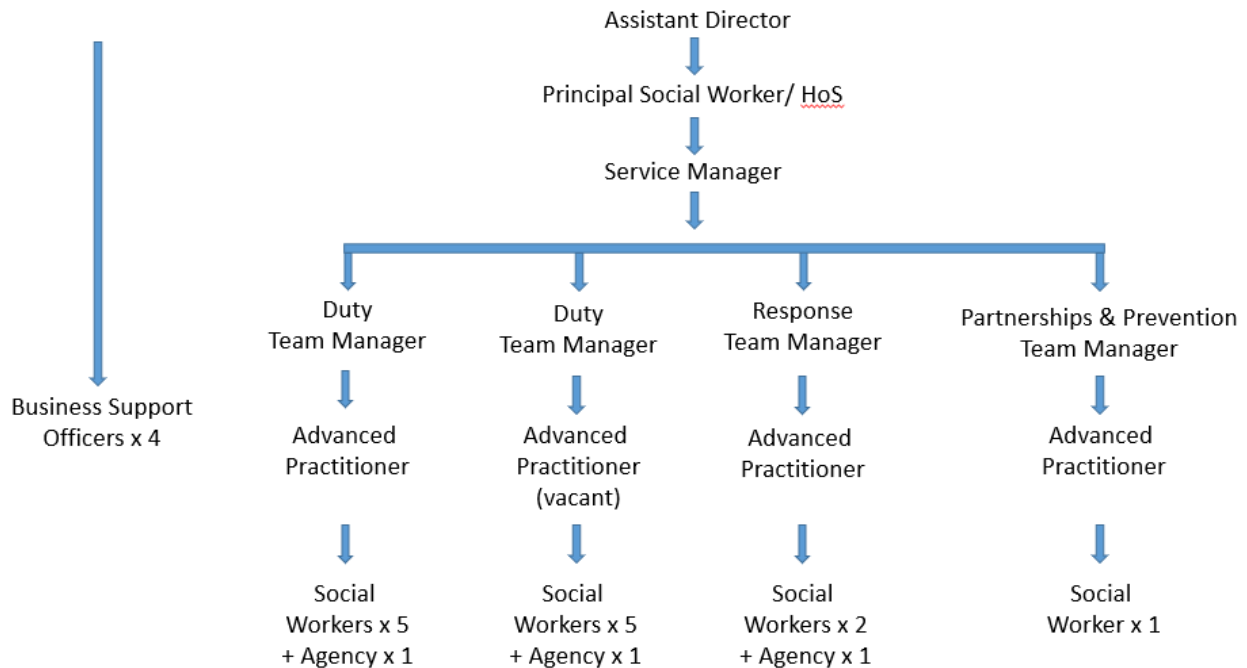
The second team is the Safeguarding Response Team which operates at Stages 3 and 4 of the procedure and carries out more complex or longer-term safeguarding enquiries involving provider and partner organisations. These safeguarding enquiries may require coordination of wider agencies or in-depth analysis of documentation and evidence. Partner organisations are sometimes requested to undertake enquiries on our behalf. These are called Delegated Enquiries.

Where a safeguarding concern cannot be concluded at Stage 2 and needs to progress to Stage 3, but where the person alleged to have caused harm is not part of an organisation i.e. they are a friend, stranger, neighbour or somebody else from the wider community, these safeguarding enquiries are passed to the appropriate Community Mental Health Team, Older People’s Assessment & Support Team, or Community Team for Learning Disabilities to continue the safeguarding enquiry.

The Safeguarding Partnerships and Prevention Team is a third smaller team which oversees the Organisational Safeguarding Enquiry process which makes enquiries into allegations of organisational or institutional abuse. An Organisational Safeguarding Enquiry is a multi-agency coordinated approach to working with whole organisations to ensure people receive safe treatment and are protected from abuse and neglect. Individual safeguarding concerns are reviewed for patterns and trends which could indicate the need for an Organisational Safeguarding Enquiry. Equally, the team is open to receiving referrals from partners across the system. The Partnerships and Prevention Team also leads on developing the service’s preventative approach and currently offers a bespoke briefing session which aims to raise awareness of adult safeguarding issues and the local operating arrangements.

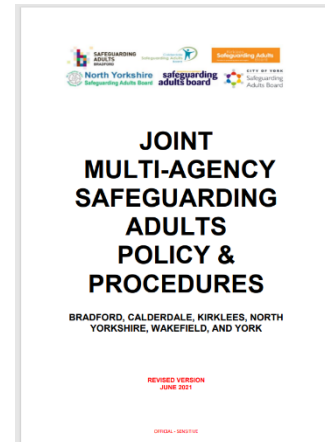
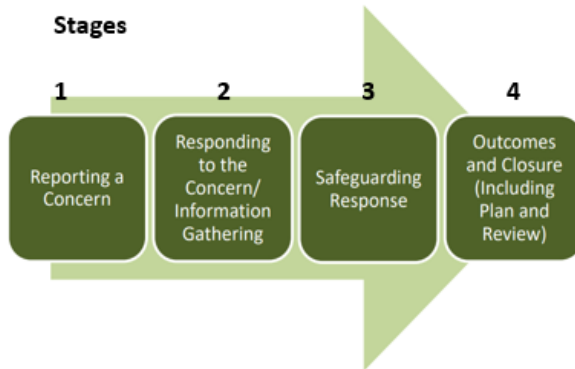
Driven by the Council and Department of Adult Social Care’s commitment to tackling adult abuse the department has invested heavily in the Safeguarding Adults Service over recent years. This has enabled us to continue supporting people during a difficult socio-economic period and deal with the impact and aftermath of Covid-19. The Safeguarding Adults Service is currently staffed as follows: one service manager, four team managers, four advanced practitioners, and thirteen social workers. There are four business support officers also linked to the service.

**Service structure**



## Policy and procedures

Joint Multi-agency Safeguarding Adults Policy and Procedures  
Four stage process:



## Operational process

Safeguarding concerns can be submitted to the Safeguarding Adults Service online at [www.saferbradford.co.uk/adults](http://www.saferbradford.co.uk/adults). Concerns can be submitted as either the individual being abused or neglected, a professional or organisation, or as a friend/ relative/ neighbour/ concerned member of the public etc.

Safeguarding concerns can also be reported directly to the Safeguarding Adults Service using the email address [safeguarding.bradford@gov.uk](mailto:safeguarding.bradford@gov.uk) or by telephone on 01274 431077. Safeguarding concerns received by the Independence Advice Hub are directed to the Safeguarding Adults Service.

Once received, all concerns are linked to the Adult's main record on the national SystemOne database. This gives access to any other information held on the system by the Department of Adult Social Care, along with some information uploaded by NHS agencies who also use SystemOne (where prior consent to share information has been obtained from the Adult).

To support decision making the starting point is to ascertain the views and wishes of the Adult at the centre of the safeguarding concern. Information is reviewed and then shared with or obtained from professional partners as necessary. This includes the police, Trading Standards, Contracts and Quality teams within the Council and the Bradford District and Craven Health and Care Partnership, NHS trust organisations across the district, the Care Quality Commission, and voluntary and third sector organisations.

The Safeguarding Adults Service works closely with organisations where complex or large numbers of safeguarding issues occur and where it is identified that additional support or guidance can be provided. This can include delivering training directly to staff or by providing a linked worker who will maintain regular contact with the managers in the organisation. This is usually an Advanced Practitioner from the service and has been utilised recently to help engage with Cygnet hospitals in the district where weekly meetings were held to review incidents and the action taken to reduce risk. This usually also includes the Advanced Practitioner liaising with placing commissioners.

The outcome of safeguarding enquires varies as this is usually dictated by the Adult at the centre of the safeguarding concern and is based on the changes they want to make. A standard aim is to work with the Adult and others to reduce or eliminate the risk of further abuse or neglect.

### **Intelligence sharing**

Outside of specific Organisational Safeguarding Enquiries and day-to-day contact there are different forums which the Safeguarding Adults Service attends as a partner where system-wide information is shared and obtained. We are present at the monthly Serious Concerns Process meeting chaired by the Council's Contracts and Quality Team, we attend the monthly Host Commissioner Meeting chaired by Bradford District and Craven Health and Care Partnership, and we coordinate a fortnightly meeting between operational adult safeguarding colleagues in the police and the Safeguarding Adults Service managers.

### **Reporters of safeguarding concerns and prevalence of abuse**

In the year 2022/23 the agencies reporting the most safeguarding concerns was first the Care Quality Commission, second the Yorkshire Ambulance Service and third social workers within the Department of Adult Social Care.

The most prevalent types of abuse reported in all safeguarding concerns were 1, physical abuse, 2, neglect and acts of omission, 3, other, 4, financial or material, and 5, psychological

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BRADFORD  
SAFEGUARDING ADULTS  
BOARD  
ANNUAL REPORT  
2022 - 2023

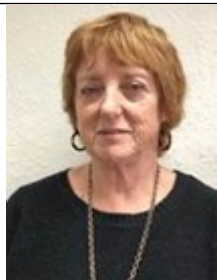
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## 2 INDEPENDENT CHAIR FOREWORD

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**Goodbye** from outgoing chair **Jane Geraghty** (BSAB Independent Chair 2018 - 2023)

I am delighted to introduce the Annual Report for 2022 /23 . Although I no longer Chair the SAB , Bradford remains close to my heart in respect of the committed, passionate and resilient Partners I worked with to try and ensure people in Bradford were kept safe . This against a most challenging environment of deprivation and complexity.

I wish my successor every best wish and hope to be able to work collaboratively in the region going forward.

A key achievement for this year was the completion of the self-assessment based on a regional model. The results are encouraging although the process was tedious and took too long.

The work of The Safeguarding Voice Group remains impressive and of increased importance in light of the focus in the CQC inspection on listening to Voices of those with lived experience. The real-time feedback from those who have been in the safeguarding system should be increasingly validating and focused on areas for improvement.

The development of the Comms and Engagement Strategy towards the end of 2022 will provide BSAB information to and hear from a wide range of communities therefore I would like to see this prioritised. This work should be data and intelligence led , seeking out groups where concerns may be disproportionately low or high. Linked to this is a challenge to Partners to ensure good quality data around protective characteristics.

The work of All Age Exploitation Group needs to be profiled and adult exploitation now receives the focus and prominence it deserves. Thanks must go to Richard Padwell and Darren Minton for the passion and commitment they have shown to gripping this work.

Frontline Practitioners are key stakeholders who must find the work of SAB relevant and supportive and I feel privileged to have supported the initial practitioner forum events in April of 2023.

I wish Bradford SAB every best wish going forward and hope the work undertaken will be validated in the CQC inspection



**Hello** from Terry Hudson, Incoming BSAB Independent Chair

I was honoured to have been appointed as Independent Chair of Bradford Safeguarding Adults Board in May 2023. So far I have been made very welcome and I have been impressed by the energy and commitment of the people working across the partnership.

My first formal meeting was with the Safeguarding Voice Group – an impressive group of individuals who bring the voice of Bradford District and Craven people to the safeguarding agenda. I was delighted to have made this my first engagement and it really set the tone of why involving local people in the work of the Safeguarding Adults Partnership must be central to all we do – both in our planning and in our assurance.

This annual report outlines the progress and key achievements made by BSAB and all of our partners over the past year. I would like to take this opportunity to thank Jane Geraghty for all that she has contributed as outgoing BSAB Independent Chair. The report also brings out attention to the key priorities of BSAB in the future: improving awareness, prevention and engagement. We will be publishing further details of this in BSAB's upcoming 2023-2026 Strategic Plan.

I look forward to working with all people and partners into the future in keeping people safe from abuse and neglect.

### 3 ABOUT BRADFORD



- 546,400 people live in Bradford - an increase of 23,900 since 2011. Of which, 51% are women and 49% are men.
  - Bradford is the 5<sup>th</sup> largest local authority in England.
  - Life expectancy at birth is 77.3 years for males & 81.5 for females.
  - Since 2011 there has been an increase of 19.6% in people aged 65 years and over, an increase of 2.4% in people aged 15 to 64 years, and an increase of 1.9% in children aged under 15 years.
  - As of 2021, Bradford is the third most densely populated of Yorkshire and The Humber's 21 local authority areas, with around 11 people living on each football pitch-sized area of land
- Information from the 2011 census celebrates Bradford as one of the most ethnically diverse cities in the UK with a population being made up from the following ethnic groups: White, Asian, Asian British, Black/African/Caribbean/Black British, Mixed Multiple Ethnic groups & Other Ethnic Groups.

Data has been taken from the 2021 census

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

<https://ubd.bradford.gov.uk/about-us/2021-census/>

### 4 WHAT IS ADULT SAFEGUARDING?

**“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect”  
(The Care Act, 2014)**

The aims of adult safeguarding are to:

- ✓ **prevent harm** and **reduce the risk of abuse or neglect** to adults with care and support needs
- ✓ safeguard adults in a way that supports them in **making choices** and **having control** about how they want to live
- ✓ promote an approach that concentrates on **improving life** for the adults concerned
- ✓ raise public **awareness** so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- ✓ provide **information and support** in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- ✓ address what has **caused** the abuse or neglect

Abuse and neglect can take various forms including physical abuse, domestic abuse, sexual abuse, psychological or emotional abuse, financial or material abuse, modern slavery,

discriminatory abuse, organisational or institutional abuse, neglect and acts of omission and self-neglect.

Under Section 42 of the Care Act, 2014 the local authority has a responsibility to undertake an Enquiry where there is a concern that an adult with care and support needs is unable to protect themselves when experiencing or at risk of abuse or neglect. If the criteria in Section 42(1) are met, then the local authority must conduct an Enquiry and decide on any action under section 42(2).

### **Safeguarding duties apply to an adult who:**

- Has needs for care and support (whether or not the local authority is meeting any of those needs) **and**;
- Is experiencing, or is at risk of, abuse or neglect; **and**;
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

## **The Six Statutory Principles of Adult Safeguarding**

### **Empowerment**

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

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

### **Prevention**

**It is better to take action before harm occurs.**

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

### **Proportionality**

**The least intrusive response appropriate to the risk presented.**

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

### **Protection**

**Support and representation for those in greatest need.**

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

### **Partnership**

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

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

### **Accountability**

**Accountability and transparency in delivering safeguarding.**

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

## 5 MAKING SAFEGUARDING PERSONAL

Making Safeguarding Personal (MSP) is not simply about gaining an individual's consent, although that is important, but also about **hearing people's views and wishes** about what they want as an outcome. The approaches of agencies and services to adult safeguarding should be **person-led and outcome-focused**. The Care Act 2014 emphasises a personalised approach to adult safeguarding that is led by the individual, not by the process. It is vital that the adult feels that they are the focus and they have control over the process.

This means that people are given opportunities at **all stages of the safeguarding process** to say what they would like to change; this might be about not having further contact with a person who poses a risk to them, changing an aspect of their care plan, asking that someone who has hurt them to apologise, or pursuing the matter through the criminal justice system

Bradford Safeguarding Adults Board have co-produced, along with those with lived experience, a **toolkit and resources** that can be used to explain MSP and how practitioners can embed MSP principles into practice. This can be found here on the [SaferBradford Website](#)

### Making Safeguarding Personal Data – (Section 42 only)

The collection and recording against MSP data has greatly improved since the previous year. The table below shows from the 2587 Section 42 Safeguarding enquiries, **77% of those people subject to the enquiry were asked about the outcomes they would like**. Sometimes it is not always possible to ask individuals due to their personal situation, however social workers will always endeavour to do so.

Collection Year	Yes they were asked and outcomes were expressed	Yes they were asked but no outcomes were expressed	No	Don't Know	Not Recorded
2023	67%	10%	7%	0%	16%
2022	44%	11%	10%	0%	34%

## 6 ROLE OF BRADFORD SAFEGUARDING ADULTS BOARD

**The Care Act 2014 Statutory Guidance confirms that “the main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area” who meet the safeguarding criteria (chapter 14.133)**

The Care Act 2014 introduced Safeguarding Adults Boards and gave them the responsibility to seek assurance that there are effective local safeguarding arrangements.

Bradford Safeguarding Adults Board is made up of senior people from organisations that have a role in helping and preventing adults in the Bradford District being subject to neglect and abuse.

**The overarching purpose of a SAB is to safeguard adults who cannot protect themselves from abuse and/or neglect because of their care and support needs.** It does this by:

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

- assuring itself that safeguarding practice is **continuously improving** and enhancing the quality of life of adults in its area.



**The Board has three core duties.** These are:

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

For more information about BSAB please visit the [SaferBradford Website](#)

## 7 SAFEGUARDING ACTIVITY

A key statutory function of the SAB is to seek assurance that the local authority facilitating and recording Section 42 enquires.

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

**6,264** contacts were raised by people worried someone might be at risk of abuse or neglect. This is a 31.8% rise compared to the previous year

**2,587** of these contacts were investigated further and more questions asked. This is a 70.3% rise compared to the previous year

**48%** of these were about Physical Abuse

**21%** of these contacts were about neglect or acts of omission

**35%** of enquiries related to risks in the person's own home and **26%** in residential care homes

### Age Band - Section 42 only

18-64	65-74	75-84	85-94	95+
40%	14%	20%	23%	4%

### Ethnicity - Section 42 only

White	Mixed/ Multiple	Asian/ Asian British	Black / African / Caribbean / Black	Other Ethnic Group	Not Known
47%	12%	7%	1%	3%	30%

## 8 DELIVERY AGAINST 2022 – 2023 STRATEGIC PLAN

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### **Bradford Safeguarding Adults Board has three key priorities:**

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

1.1 We have sought assurance from partners that they are embedding Making Safeguarding Personal (MSP) throughout their organisations through the Organisational Safeguarding Self-Assessment Audit. We have also developed and delivered MSP training for safeguarding practitioners.

1.2 We have sought quality and real time feedback from adults who have been through the safeguarding service to ensure MSP is being implemented and to learn how we can work better. We have done this through a user feedback pilot scheme, developing an online and telephone questionnaire.

1.3 We have continued to support the work of the Safeguarding Voice Group so that the voices of people in our communities are heard and inform our work. This includes

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

2.1. We are developing methods to scrutinise and improve systems and processes across the SAB partnership to ensure an effective safeguarding approach is taken. This includes the development of an Intelligence report which allows us to see the types of safeguarding concerns been reported, where from and who is affected. We have also developed an organisation self-assessment tool.

2.2 We have implemented the new regional Safeguarding Adults Policy and Procedures which includes local guidance on roles and responsibilities.

2.3 We are an active member of the Tri Board All Age Exploitation Sub group along with the Community Safety Partnership and Bradford District Safeguarding Children Partnership. This sub group has enabled us to assess and learn about complex safeguarding concerns and how practice can be improved

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

3.1 We have worked to raise awareness of safeguarding across all communities, especially with those who are isolated, diverse and underrepresented. We have developed a new communication and engagement strategy and action plan.

3.2 We have agreed and implemented a multi-agency safeguarding training strategy and undertaken an audit of the current training programme. We have developed, delivered or sourced appropriate online, in person and eLearning safeguarding training to support our workforce.

3.3 We are working with the Bradford District Safeguarding Children's Partnership regarding transitional safeguarding. This will support our work to recognise young people who remain at risk of abuse by creating clear pathways as they transition into Adult Services.

3.4 We have an established Safeguarding Adults Reviews (SARs) Sub-group who operate within a governance framework. This group has lead the SARs work ensuring that lessons are learnt on what went wrong when an Adult dies or has experienced serious abuse or neglect.



## Some of the highlights of work undertaken from 2022 -2023

The **Performance, Quality and Assurance Sub group** have worked with regional SAB partners to develop a digital tool for collecting and collating **organisational safeguarding self-assessment**.

Following completion of the audit by core partners of the Safeguarding Adults Board the analysis shows good practice evidence was provided in the following areas:

**Senior management commitment to the importance of safeguarding and promoting adults at risk and/or children's welfare.**

- There is a person responsible for safeguarding at senior management level
- There is a system in place that demonstrates commitment to safeguarding and which takes learning from reviews, audits, and initiatives forward to enable improvements in practice.
- This includes having a dedicated resource, representation on all BSAB Subgroups and systems for influencing change.
- Dissemination of learning from reviews is undertaken through a variety of mechanisms including training, newsletters, bulletins, supervision, webpages, and consultations.

**Effective inter-agency working to safeguard Adults.**

- Organisations are regularly represented within multi-agency safeguarding meetings and discussions. There is organisational oversight to ensure the coordination of responsibility and commitment to multi-agency meetings.
- There is appropriate representation at BSAB including relevant subgroups.
- Organisations contribute to statutory review process and including the associated panel meetings, task and finish groups as participants and leaders, and any relevant multi-agency workstreams.
- Staff and volunteers understand when to make a referral for a child or adult in need or at risk and the referral process is reflected in relevant policies.

**Staff are aware of the information sharing procedure for their organisation.**

- Staff and volunteers understand when and how to share information if they have concerns that a child or adult at risk may be being abused or needs additional services.
- Policies for Safeguarding Adults are in place and explain when and how to share concerns they may have..
- The seven golden rules for information sharing are championed and information sharing is included in safeguarding training

To build on this work a '**Good Practice Summary**' guidance document has been produced to support organisations and is available on the SaferBradford Website.

The **All Age Exploitation Sub Group** has been making the most of **opportunities to share and receive learning** from local, regional and national safeguarding practitioners. This has included an understanding of the work of the Lotus Project in the use of Navigators to **support adults subject to exploitation**, an exploration of financial abuse led by the West Yorkshire Joint Services Team, a focus on online exploitation including **ways to better support** victims and the families of perpetrators amongst numerous other aspects of exploitation.

There has also been regular support and oversight of the development of the recently formed **Bradford Exploitation Hub**. The hub consists of several specialist practitioners from a variety of partner agencies that have enhanced and built upon existing practices across the district who are working together to **reduce and mitigate the risk of children and young adults** being involved in or being subject to exploitation. Nationally, regionally and locally, the **transition into**

**adulthood** has been raised as a significant gap in safeguarding provision for several years. To support this work locally, an investment in a resource of an **adult social care worker** has been allocated to work with and work alongside the exploitation hub to focus primarily on the identified age range of 18-25-year-olds who fall outside the legislation for adult social care provision.

The **Training Sub Group** have supported the development of the **Joint Multi-Agency Safeguarding Training Strategy** which has now been agreed. Members of the group have worked with colleagues from the Bradford District Safeguarding Childrens Partnership BDSCP to develop a strategy that will ensure that both boards **have a clear and shared vision** as to the priorities for safeguarding training and how this will be achieved.

The **multi-agency safeguarding trainers network has been re-established following Covid**, to support practitioners across the safeguarding sector contributing to the delivery of multi-agency partnership training. Members of the network have all received 'Train the Trainer' training and have already delivered a number of sessions to support the provision of the Multi Agency Safeguarding Training Offer.

Bradford Safeguarding Adults Board has an **established Safeguarding Adult Reviews Sub Group**. During 2022/23 the SAR Sub Group has worked to ensure that the learning and subsequent actions from Safeguarding Adult Reviews have been progressed and that the **learning has been disseminated and is being embedded** into safeguarding practice.

There is a requirement for all three partnerships: Bradford Safeguarding Adults Board, Bradford District Safeguarding Children Partnership (BDSCP) and the Community Safety Partnership (CSP) to **undertake statutory reviews underpinned by the relevant legislation**. During this period three time-limited working groups were established, each focusing on one of the following:

- **Accountability / Governance**
- **Processes,**
- **And Recommendations / Action Plans,**

Through the work of these groups emerging themes were identified and key priorities will be built into each of the areas delivery plan for 2023/2024. Work already undertaken includes **scoping and identifying a suitable Case Management System**, identifying **training needs** of authors who write Individual Management Reviews (IMRs) and the **strengthening** of the SAR Framework.

The newly established **Comms and Engagement Sub Group** has developed a **strategy** which aims to **coordinate** and ensure the **effectiveness of communication and engagement activity** in the Bradford District is effectively communicated to adults at risk of abuse or neglect, adults, families, professionals and residents of the Bradford District. We will also ensure that opportunities for engagement are maximised in order to **listen to people using our services** throughout the community to hear their voice in order to **improve practice and outcomes**.

## 9 LEARNING FROM SAFEGUARDING ADULT REVIEWS

A key statutory duty of the SAB is to carry out Safeguarding Adult Reviews (SARs) as stipulated under Section 44 of the Care Act when:

*'...an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult'.*

*SABs must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect".*

The purpose of a SAR is to identify learning and make recommendations, to **improve future practice** and to achieve better outcomes for adults at risk. It is not to re-investigate or to apportion blame.

In the past year, BSAB has published learning from two SARs

### SAR Jack

#### Background:

Jack passed away at home in 2019, following a short stay in hospital. Jack had become confined to his bed in the year preceding his death due to increasing immobility, which resulted in him developing pressure ulcers, requiring hoist transfers, then his health began deteriorating, requiring several hospitalisations for catheter infections. He was also diabetic, requiring daily medication. Jack was entirely dependent on four visits a day for all his needs including food/water, medication and mobility. At the point of discharge communication between agencies was not as good as it should have been resulting in Jack not receiving the services at home, after discharge from hospital, that he required. He was found deceased, by the District Nursing Service, at his home 4 days later. There was a delay in concluding this review due to other ongoing investigative processes and the impact of Covid 19.

#### Key Learning Points and actions already undertaken:

- Good evidence of multi-agency working in response to safeguarding concerns and referrals being made promptly.
- Development of a standardized *approach to assessments of the holistic needs of older patients.*
- Strengthening of the health and care restart procedures, including a clear and practical person centred safety plan, including guidance for staff involved in patient transport.
- *Work has previously taken place across Bradford District and Craven to create a consistent Comprehensive Geriatric Approach, which is one tool to support and underpin practice.*
- The Integrated Health and Care workstream has recently undertaken work to review the discharge policy across the District's two acute Trusts
- Since 2020, significant improvements have been made to the procedures for the restart of care packages in the agencies directly involved, including the introduction of a Multi-Agency Integrated Discharge (MAID) team, which is a hospital-based multiagency service that facilitates safe discharge home.
- Since the period under review in this case, there have also been significant changes to hospital discharge processes introduced through the Department for Health and

## SAR Mary

### Background:

Mary was a 92-year-old lady who had been diagnosed as having dementia in 2013. Mary died in hospital in September 2018 having been taken there having sustained unsurvivable injuries in the form of a cervical spine fracture in a fall at home, to which the only witness was her husband, now also deceased. He had been unable to recall whether Mary fell because he had pushed her away from him as she confronted him in a dementia-related episode of aggression, or whether she had tripped over her loosely fitting or unfastened slippers. In January 2020 a decision was made that the case met the SAR criteria. The progress of the review was delayed due to a number of factors including Covid. Subsequently a further potential cause of the fall postulated at postmortem was that Mary, who had a history of atrial fibrillation and hypertension, suffered a cardiac event that precipitated the fall. The evidence at inquest could not determine whether this was an accidental death or a natural causes death, resulting in the coroner's conclusion as to the death being recorded as open.

### Key Learning Points and actions already undertaken:

- Bradford Safeguarding Adults Board should assure itself of the systems and mechanisms that exist across the partnership where information can be shared, and risk management activity can be undertaken, including the introduction of a case management system to share learning and inform future information sharing arrangements (if that is agreed as part of the action plan).
- Awareness raising of joint safeguarding adult multi-agency policy and procedures.
- 'Bradford Insights' is the development of single digital platform which provides data from multiple agencies. This system should improve all agencies information sharing and as the platform grows, other partners can be added.
- Bradford Safeguarding Adults Board to seek assurance that all agencies are delivering Mental Capacity Assessment training, which includes information on the recording and timeliness of assessments.
- Professionals across the partnership need to have a consistent understanding of the Mental Capacity Act and its application - MCA training is included in the multi-agency training programme.
- Bradford Safeguarding Adults Board has developed and implemented a multi-agency Professional Disagreement and Escalation Policy to support practitioners when there is a professional difference of opinion.
- SAB to work in partnership with the Domestic Abuse and Sexual Violence Board to share the learning from this case through a briefing or a story board with all agencies through internal and multi-agency training with a focus on Carer Strain and Domestic Abuse in Older people.

# 10 COMMUNICATION AND STAKEHOLDER ENGAGEMENT

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The **Safeguarding Voice Group** is made up of people who use services, carers and interested members of the public that work with the Bradford Safeguarding Adults Board.

The aims of the Safeguarding Voice Group are to:

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

The Safeguarding Project and Engagement Officer has supported the work of the Safeguarding Voice Group and undertaken key activities to **raise awareness of safeguarding** across the district, a campaign of attendance at events took place across several locations including:

- Broadway Shopping Centre in Bradford in June 2023 as part of Safeguarding Week activities.
- The Learning Zone, Bradford
- Shipley College Fresher's Fair
- Bradford College Fresher's Fair

Each event allowed meaningful discussion with a wide range of people from our community and an anonymous survey was undertaken at each event asking individuals to answer the question '**what does safeguarding mean to you**'. Collated results were fed back to SAB and although results indicated a good knowledge in some of our residents, there were a number of very honest answers that underpinned the need for more work to **raise awareness of the different types of abuse and neglect**.

At each event, a range of resources were given out to the public including leaflets on mate and hate crime (co-designed with the Safeguarding Voice Group), posters and the newly created 'contact cards'. These cards contain contact details to **report a concern** as well as a QR code to provide a link to the saferbradford website. Links have also been made with several food banks across the district and a range of resources provided for notice boards, staff and volunteers.

# 11 SAFEGUARDING EVENTS AND TRAINING PROGRAMME

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The Bradford Safeguarding Adults Board **Adult Exploitation Awareness Conference** attracted over **100 delegates** and was oversubscribed. The conference had several local and regional speakers who provided professionals with **opportunities to challenge, learn and showcase** the work across the district and included service user voice experiences. This conference was led by BSAB and incorporated the voice of those with lived experiences. The feedback and evaluation have been highly positive and was a great success. As a consequence, the conference identified a number of other opportunities of **awareness raising and preventative activity** through additional training of council officers such as street wardens etc.

The Safeguarding Partnership Business Unit was joined this year by a **Training Coordinator** who has worked, alongside the Training Sub Group members, on **revising and developing a comprehensive multi agency safeguarding training offer**. This includes in person, online and e-learning courses. The Training Coordinator has developed a new network of trainers, from across the SAB partnership and now has 11 individuals who have undertaken the 'Train the Trainer' course so they can co-deliver multi agency safeguarding training.

**The following training opportunities have been provided this year:**

**Financial Exploitation & Abuse Training (WYFEAT)** - Delivered by the West Yorkshire Financial Exploitation and Abuse Team this level 1 support practitioners to identify financial abuse and exploitation. **38 front line practitioners** took part in this training. The session outlines how financial abuse comes under The Care Act 2014 and how as professionals we can safeguard service users from financial abuse and exploitation.

**Role of the Safeguarding Manager** – a total of **44 Managers** undertook This two-day, face-to-face programme explores the experiences and aspirations of adults with care and support needs and discuss practical implications and solutions for managers of services.

**The SAR Subgroup and the Training Sub Group** have worked together to identify appropriate ways to deliver and embed the **learning from Safeguarding Adults Reviews**. This includes the development of:

**Making Safeguarding Personal Training** - This interactive training provides an understanding of what Making Safeguarding Personal is and how to apply this when working with adults who are most at risk. This has already being piloted with a number of professionals and will launched as part of the Professional Curiosity Tri-Board event in Spring 2024

**Legal Literacy training** - This training session looks at relevant parts of the Human Rights Act and the main legal frameworks which underpin initiatives and procedures used to support adults who may be experiencing abuse or neglect. So far **38 front line practitioners** have undertaken this training.

There is now also a **comprehensive eLearning** offer provided on the **virtual college platform**. This includes Safeguarding Adults (from levels 1 to 3), Dementia Awareness, Understanding the Impacts of Hate Crime and Understanding the Importance of the Mental Capacity Act and Liberty Protection Safeguards. A total of **1101 eLearning courses have been completed** from April 2022 to March 2023

# 12 LOOKING AHEAD

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During 2022 -2023 BSAB have undertaken work to develop the **new BSAB strategic plan** for the next three years.

The strategic plan for 2023 -2026 is based around **three key ambitions** that will guide our work and priorities:

1. **Improve** Awareness of Adult Safeguarding Across All Communities and Partner Organisations
2. **Prevention** of Abuse and Neglect
3. **Engagement** and Making Safeguarding Personal

Throughout 2023 -2024 activities will be undertaken to **develop a delivery plan** to meet these priorities which incorporates the voice of practitioners and those with lived experience.

Work is ongoing with members to **prepare BSAB for its part in the Adult Social Care and Integrated Care System CQC inspection**. It is anticipated that SAB functions and governance will form part of the inspection, in line with the requirements laid out in the Care Act 2014. **Key activities** in this area will include ensuring that all partners understand their SAB roles and responsibilities, gathering evidence to demonstrate how BSAB undertakes its functions and supporting SAB peer to peer reviews.

## Key activities and projects for 2023 - 2024

- **Develop professional practice sessions** for frontline practitioners and managers in response to adult safeguarding themes
- **Improve data analysis** in order to help inform understanding of the uptake of the training across the system and use of evaluation to improve our packages.
- **Plan** a tri-board (Bradford Safeguarding Adults Board, The Children's Partnership and Community Safety Partnership) **thematic learning event**.
- **Develop the SAR Framework** ensuring that it reflects national developments around 'SARs in Rapid Time' and SAR Quality Markers
- **Develop** a robust **Quality Assurance** process to underpin the development and delivery of multi-agency training.
- **Deliver** a programme of **multi-agency audits** and data deep dives and to promote continuous improvement in partner safeguarding adults practices.
- **Develop** capacity and expertise in **audit methodology** across the partnership to enable the Quality Assurance framework to be delivered effectively
- **Review** the impact of the regional Safeguarding Adults Policy and Procedures that have been implemented, including **reporting systems** and the **capacity to analyse available referral data**
- **Undertake** a series of **Safeguarding Practitioner Forums** to raise the profile of SAB, its functions and priorities, and to capture the experience of those working on the frontline

## 13 SAFEGUARDING ADULTS ACRONYMS

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

## 14 HOW TO REPORT A SAFEGUARDING CONCERN

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**A safeguarding concern is raised where there is reasonable cause to suspect that an adult who has, or may have, needs for care and support is at risk of, or experiencing, abuse or neglect. Care Act 2014 Section 42 (1) (a) and (b)**



If you are concerned that you or another adult is being neglected, harmed, or abused in any way, please do not ignore it. Any suspicion of abuse or neglect should be reported to the Safeguarding Adults Team

by telephone on 01274 431077

Online <https://www.saferbradford.co.uk/report-a-concern>

The Safer Bradford website <https://www.saferbradford.co.uk/adults> has lots of information for practitioners and members of the public

**If you or someone else is in imminent danger, phone the police on 999, or call them on 101 if it is less urgent.**





## Report of the Priority Director for Mental Health to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 6<sup>th</sup> December 2023

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**Subject:** Healthy Minds – better lives, brighter futures. Update on work under the strategic programme for mental health

### Summary statement:

This report provides an update from the Healthy Minds mental health programme for Bradford District and Craven. The main focus of the report is on the community mental health workstream which has produced an action plan for improving physical health and reducing premature mortality in people with serious mental illness (SMI), learning disabilities or with an autism spectrum condition. The report also includes an update on the work to improve our talking therapies uptake and estates provision. This work is overseen by the Healthy Minds board.

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**Priority Director:** Sasha Bhat

**Portfolio:**

**Report Authors:**

Sasha Bhat, Jaspreet Sohal, Chief Pharmacist and Kristian Farnell, Senior Head of Mental Health, Masira Hans, Service Manager

**Healthy People and Places  
Healthy Minds**

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## 1. Summary

- 1.1. Healthy Minds – Improving Physical Health and Reducing Premature Mortality in People with Serious Mental Illness (SMI), Learning Disabilities (LD) and Autism Spectrum Condition (ASC) for Bradford District & Craven 2023-2026 is our district wide action plan, with the overall vision that *‘People living with SMI, LD and ASC will live longer, happier and healthier lives, because of improvements in their physical health, early identification and reduction of avoidable physical illness’*.
- 1.2. These are three very different groups of people, but they share challenges in terms of physical health and disparity in health outcomes which are partly due to physical health needs being overlooked. For too many people this means living for many years with a long-term physical health condition and with reduced quality of life, as well as on average a dramatically reduced life expectancy.
- 1.3. This report outlines current and planned activity to deliver this strategy to achieve our goals of improving physical health and reducing premature mortality in these population groups.
- 1.4. This report also includes an update on NHS Talking Therapies, previously known as IAPT, outlining the national rationale for changing the name of this suite of services. Information on the local NHS Talking Therapies service is available by visiting <https://www.bdctalkingtherapies.nhs.uk/> or by calling 01274 221234.
- 1.5. **We would like to ask for the support of Members of Health and Social Care Overview and Scrutiny Committee in sharing our resources to support people with a SMI stay physically well. In addition, we continue to challenge stigma and discrimination against anyone experiencing ill health due to any mental health condition.**

## 2. Background

### 2.1. Our overall strategy for the district

- 2.1.1. Healthy Minds – is our district wide all-age strategy to ensure we are meeting the needs and promoting the lives of people with mental health, substance use needs, or living with learning disabilities or neurodiversity as they experience some of the highest inequalities in social and health outcomes.
- 2.1.2. The strategy has three key priorities; to promote better lives, respect rights and improve services. We have an operating framework that supports healthy communities to prioritise independence and prevention and creates swift access to community and specialist support when needed.
- 2.1.3. The priorities and framework were co-produced with people, their carers, our workforce and partners and has established a series of guiding principles and outcomes to measure our success.
- 2.1.4. Our strategy will aim to address the barriers and issues people have shared with us such as difficulty to access and navigate services that are fragmented, have high thresholds and criteria, need improvement in terms of quality,

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support and waiting times. We will use an evidence-based framework to ensure to meet four key objectives:

- Integrate and join up our services, supporting our workforce,
- Improve access and waiting times,
- Provide high quality services that promote independence and recovery, and
- Ensure the support is close to where people live.

2.1.5. We will develop a clear service offer that supports a wide range of support delivered at a local level and specialist support delivered at scale. In order to ensure we make these changes and improvements, in dialogue with people who use our services and staff, we have agreed the following framework:

- Supporting Healthy Communities infrastructure to promote independence and build on prevention and wellbeing resources.
- Community support – support for people to stay well.
- Specialist support – support for people to get well.
- Urgent and emergency care – help when needed to be safe and avoid crisis.

2.1.6. We established the **Healthy Minds Board** to bring together health and care partners to jointly oversee and propel our commitment to achieving the best outcomes for our population. We do this by understanding need, setting strategy, outcomes, objectives and priorities and aligning resources as per the Mental Health Investment Standard, managing risk and overseeing the development and delivery of the all-age integrated mental health transformation programme and importantly, deliver on our Long-Term Plan and statutory duties while maintaining a focus on prevention, protection, early intervention and independence.

2.1.7. The strategy outlines the health inequalities people with serious mental illness, a learning disability or autism spectrum condition face and has a key workstream to address this and improve people's quality and length of life. This is the key focus of this report.

2.1.8. The work is delivered by a partnership between all health and care partners across Bradford District and Craven.

## **2.2. Severe Mental Illness**

2.2.1. It is estimated that for people with SMI, 2 out of 3 deaths are from physical illnesses that can be prevented. Although people with SMI die prematurely from physical conditions, their SMI may still have been a significant feature in their lives, influencing both their risk of developing chronic health conditions and their access to health services.

2.2.2. Based on data from 2016 to 2018, in England, people with SMI are 4.5 times more likely to die prematurely than those who do not have SMI. This inequality

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is greater for females. Females with SMI are 4.7 times more likely to die prematurely than females without SMI.

### **2.3. Learning Disabilities**

Compared with the general population, people with a learning disability are 3 to 4 times as likely to die from an avoidable medical cause of death. Most of the avoidable deaths were because timely and effective treatment was not provided.

### **2.4. Autism**

Autistic adults with a learning disability are 40 times more likely to die prematurely due to a neurological condition, with epilepsy the leading cause of death. On average, people on the autism spectrum die substantially earlier than people who are not autistic. A large study from Sweden in 2015 analysed a very large high-quality dataset which allowed for comparisons to be made between the general population, autistic people, and people with both autism and a learning disability. The study found that people with autism died over 16 years earlier than non-autistic people. Autistic adults with a learning disability were found to die more than 30 years before non-autistic people.

**2.5.** Stigma, discrimination, isolation and exclusion are all factors that can prevent people within these population groups from seeking help and accessing timely and appropriate physical health care and treatment. People with these conditions can also experience diagnostic overshadowing. This is the misattribution of physical health symptoms to part of an existing mental health diagnosis, rather than a genuine physical health problem requiring treatment.

**2.6.** There has been a Physical Health Steering Group in existence for many years within Bradford District and Craven whose main aim has been to increase the uptake of annual physical health checks in people with SMI. Learning Disability services and primary care also work together to offer similar annual physical health checks for people with LD.

**2.7.** Currently, there is no national requirement from NHS England (NHSE) to offer annual physical health checks for autistic people despite this population group facing similar challenges.

**2.8.** In 2023, the Physical Health Steering Group agreed that an action plan was needed as it was recognised that whilst improving uptake of annual physical health checks was an important part of the aims of the steering group, the actions taken post annual health checks (e.g., interventions such as supporting someone to stop smoking, prescribing statins for people with cardiovascular risk factors and encouraging physical activity and other interventions) were equally important if we want to reduce physical illness and reduce premature mortality in these population groups.

**2.9.** The action plan developed by the Steering Group was approved by the Healthy Minds Board in July 2023 and has five commitments to people with SMI, LD and ASC which are:

- *People are proactively supported and encouraged to access physical healthcare that they need.*
- *When people are receiving health and care services to help live with their SMI, LD or ASC they are also supported to improve their physical health.*
- *People will have equal access to healthy living and wellbeing activities in their communities.*
- *People will have the opportunity to influence organisations that they use for their health and care.*
- *Our partners will identify and embed opportunities for improving the physical health of people with these conditions in their strategy, decision and policy making.*

**2.10.** At the heart of this strategy is ensuring that we promote better lives, respect rights and involve patients and improve support as per the Bradford District and Craven Mental Health and Wellbeing Strategy.

**2.11.** We recognise the need to ensure our communication resources are produced in formats that are most effective for these audiences, we do this through following best practice as well as through active involvement of our patient involvement partners and people with lived experience.

**2.12.** We are working with Bradford Talking Media to develop a range of information for different accessible needs, which they are coproducing with people who have lived experience. We receive a lot of positive feedback from people, and the carers of people, who have LD and SMI who access these communication resources. Please see Appendix 3.

**2.13.** The Healthy Minds website – [www.healthyminds.services](http://www.healthyminds.services) – also provides direction and information for people to access support.

### **3. Report**

**3.1.** The action plan outlines the key actions that underpin the 5 commitments that Bradford District and Craven have made to people with SMI, LD and ASC.

**3.2.** The Physical Health Steering Group membership has also been reviewed. Whilst the group membership already consisted of secondary care NHS representatives, primary care representatives, voluntary and community sector (VCS) representatives and Integrated Care Board (ICB) colleagues, the Group felt that regular representation from Public Health colleagues as well as colleagues from our place based Core25Plus5\* team and digital and data experts was required as well as colleagues with expertise in research. This allows for greater collaboration and an opportunity to reduce duplication of effort in the various initiatives across the district, aiming to improve physical health and wellbeing. \*[Core20Plus5](#) is a national programme to tackle inequalities focusing on people in the 20% less affluent neighbourhoods nationally with five clinical areas of focus - one of which is SMI. The plus five should be marginalised population groups identified at a local level - this includes people with a learning disability and autistic people

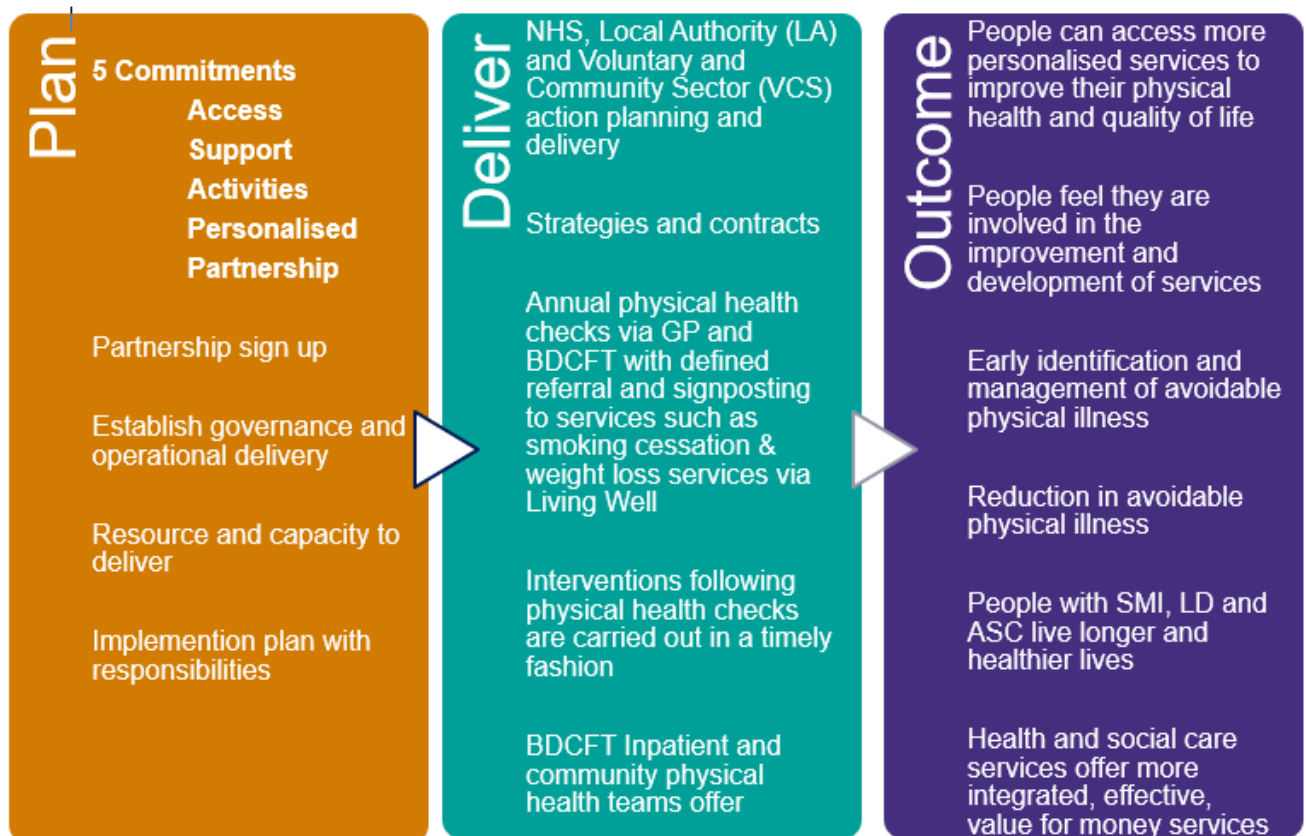
**3.3.** The below table outlines the key clinical priorities that the action plan covers. These are based on national and local data which show the main causes of physical illness and premature mortality. These are listed in the appendices.

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**Key Priorities for Improving the physical health of people with SMI, LD and ASC**

- Support to quit smoking
  - Tackling obesity and antipsychotic induced weight gain
  - Improving outcomes for those with respiratory disease
  - Reducing alcohol and substance misuse
  - Improve sexual and reproductive health
  - Medicines optimisation
  - Improving Dental and oral health
  - Reducing falls
  - Reducing CVD risk through medicines optimisation increasing physical activity
  - Health screening and vaccination programmes
  - Reducing excess mortality caused by liver disease
  - Improving physical health during the perinatal period
- 

- 3.4.** The action plan also covers inpatients at Lynfield Mount and Airedale Centre for Mental Health, many of whom can stay for many months and in some cases years. A Healthy Lifestyles event was run at both sites in October 2023 which promoted smoking cessation, healthy eating, physical activity and drug and alcohol harm reduction. More events are planned.
- 3.5.** Additionally, the allied health professionals deliver walking groups, healthy meal planning and more. There is also a review of the nutritional policy underway to ensure that we are offering healthy meals and snacks to people during their admission. There is also a planned review of diabetic specialist nurse input to both sites to ensure patients with diabetes get the best possible care whilst they are on the wards.
- 3.6.** The below outlines the delivery plan and outcomes the action plan will deliver:



**3.7.** A presentation to the Committee will provide some examples of the interventions we are delivering as a partnership all of which are contributing to an overall improvement in the uptake of physical health checks across our district. These include:

- 3.7.1. The Primrose Project: Primrose is a programme of research we are doing with our Primary Care partners, Bradford District Care NHS Foundation Trust, Mind in Bradford (Voluntary and Community Sector) and the University of Central London, to improve the assessment and management of cardiovascular risk in people with severe mental illnesses such as bipolar disorder, psychosis and schizophrenia.
- 3.7.2. Living Well: Delivered by our Public Health colleagues – interventions focussed on providing smoking cessation, access to physical activity and weight management for people with SMI, LD and ASC.
- 3.7.3. SMI-LE (Serious mental illness – local engagement) provides support for people under Community Mental Health Team Care co-ordination but also includes VCS community-based health engagement, peer supporters and physical activity advocates from a range of VCS organisations.
- 3.7.4. Culturally Adapted Therapy for Muslim communities – delivered by our Talking Therapies service and VCS partners.
- 3.7.5. Working with Community Partnerships – our Community Partnerships have used their Core20Plus5 funding to deliver a range of neighbourhood-based engagement, support and interventions.

#### **4. Contribution to West Yorkshire Integrated Care System Priorities**

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**4.1.** The strategy delivers on West Yorkshire Health and Care Partnership Integrated Care Strategy which outlines 10 ‘big ambitions’, 2 of which can be delivered within Bradford District and Craven by this action plan:

- *We will increase the number of years of life that people live in good health in West Yorkshire*
- *We will reduce the gap in life expectancy between people with mental health conditions, LD and/or autism and the rest of the population.*

## **5. Update on Talking Therapies (Previously IAPT)**

**5.1.** Following public consultation by NHS England it was decided that in January 2023 all Improving Access to Psychological Therapies (IAPT) Service should rebrand to NHS Talking Therapies, with a tagline - ‘for anxiety and depression’.

**5.2.** The IAPT acronym was deterring people from using the services as it was not clear what IAPT or Improving Access to Psychological Therapies means. The name described a policy ambition but said little about the nature of the service. Because of this, many services developed unique local names. The Bradford service had been named ‘My wellbeing college’ which did not indicate the nature of the service. This meant it was not always obvious to the public that services delivering the IAPT promise were available in every part of the country. The rebranding was deemed critical in raising the profile of the therapy services and removing barriers to access for people. From Wednesday 16 August 2023 people accessing support were able to self-refer online at Bradford and Craven Talking Therapies <https://www.bdctalkingtherapies.nhs.uk/> or by calling 01274 221234.

**5.3.** Health professionals can still refer people to the service through the Trust’s Single Point of Access, using the Adult Mental Health Referral form. The service is being delivered by the same staff, providing the same quality service to people in Bradford, Airedale, Wharfedale and Craven

**5.4.** The improved website offers self-help resources, ability to self-refer to the service and contact information for several organisations who can support people who find themselves in mental health crisis or requiring urgent mental health support.

**5.5.** The three main KPIs within Talking Therapies are Access (numbering of people entering the service, Recovery, and Waiting Times. The services KPIs have improved with recovery and waiting list KPIs being maintained within target. Whilst the access target is below the national target, this continues to increase on an upward trajectory with the service and has significantly improved throughout this financial year. For our current performance position, please see Appendix 2.

**5.6.** The NHS Long-Term Plan set the national minimum requirement access figures for 2023/24 with the expectation that Talking Therapies access figures should be 20,845 for Bradford. Since the release of the Long-Term plan, NHS England recognised the impact that Covid had on Taking Therapy services as well as the significant issues with recruitment of qualified therapists that is national problem. As a result, NHS England have since revised the targets set out in the Long-term plan, and the 2023/24 Bradford access target now is 17012. There would be a significant investment required to mitigate the shortfall and reach 2023/24 targets.



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- 5.7.** The service is currently outsourcing work to Xyla, which is a private third-party company that provides therapists trained within the Talking Therapies models and delivers therapy remotely. This is due to capacity issues within the service, with vacancies, sickness and maternity leave. Xylas has had a positive impact on waiting lists and access KPIs. Improvement with Internal processes within the service have meant that over the last 6 months the service is outsourcing less to Xyla, and if vacancies can be filled this will continue to reduce.
- 5.8.** Vacancies within the service currently stand at a high level, with issues nationally of not being able to recruit qualified staff. The service has tried to mitigate capacity issues with using Xyla as above. The service currently has 10 Band 7 vacancies and 9 Band 5 for qualified staff despite a proactive and rolling advertisement campaign. Recruitment remains a significant challenge for the service.
- 5.9.** During 2021/22 as part of the Reducing Inequalities in Communities project, the service worked in partnership with Leeds University and VCSE providers to undertake a research study for culturally adapting therapy, for people from a Muslim background. The research study showed positive outcomes for the people who received the adapted therapy, including better recovery and engagement. The ICB has now decided that this will be rolled out to the Talking Therapies service as business as usual.

## **6. Lynfield Mount Estate Update.**

- 6.1.** The redevelopment of Lynfield Mount Hospital (LMH) continues to be a strategic priority for Bradford District Care NHSFT, as well as BDC Health and Care Partnership and the wider West Yorkshire ICS. The poor quality of the LMH estate directly impacts on patient care and outcomes, and results in significant and growing financial pressures as a result of escalating maintenance and emergency repair costs and the need to send large numbers of patients “out of area” and/or to private sector providers.
- 6.2.** A £90m bid for national funding (under the government’s “New Hospital Programme”) was rejected earlier this year. The Care Trust continues to lobby at regional and national level, as well as exploring alternative funding solutions at a West Yorkshire ICS level. The Trust has also worked up a phased plan which would allow some of the redevelopment to take place if a smaller amount of funding (c£45m) was to be made available. However, the scarcity of capital funding in the NHS is prohibiting progress and, unfortunately, other regulatory and technical barriers prevent more innovative solutions being pursued with third parties. The Care Trust is using some of its very limited capital funding (c£7m per annum) to do minor improvements and preparatory work, but significant additional investment is needed through alternative regional and/or national routes. In the meantime, costly mitigating measures continue to be applied in order to maintain patient safety.

## **7. Options**

- 7.1.** There are no options associated with the strategy or service deep dive

## **8. Recommendations**

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8.1. The Committee are asked to note the action plan and the plans to achieve Bradford District and Craven's vision of improving health and reducing premature mortality in these population groups and are invited to use their influence to raise awareness of the health inequalities faced by these population groups.

8.2. Note the updates regarding Talking therapies and the LMH estate.

## 9. Background documents

9.1. There are no background documents

## 10. Not for publication documents

10.1. There are no not for publication documents

## 11. Appendices

### Appendix 1: References

Makurah, L. (2018) *Health Matters: Reducing Health Inequalities in mental illness*, UK Health Security Agency. Available at <https://ukhsa.blog.gov.uk/2018/12/18/health-matters-reducing-health-inequalities-in-mental-illness/> (Accessed: 3 March 2023).

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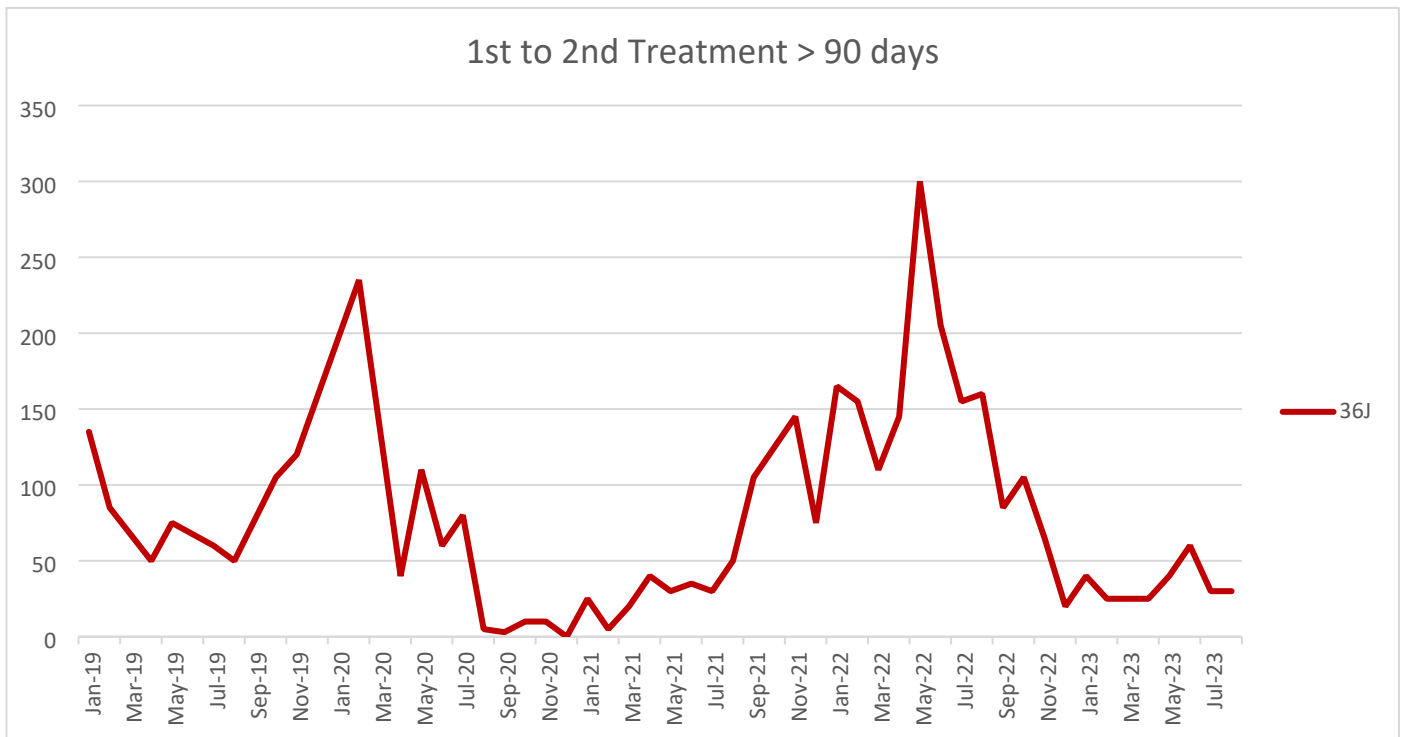
O'Connor, R.C. *et al.* (2023) 'Gone too soon: Priorities for action to prevent premature mortality associated with mental illness and mental distress', *The Lancet Psychiatry*, 10(6), pp. 452–464. doi:10.1016/s2215-0366(23)00058-5.

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## Appendix 2: Talking Therapies

### Headline figures

Access (updated)							
	Entering therapy (M031)		6 week waits (M053)		18 week waits (M055)		
	BDCFT	Target	6-week	BDCFT	18 Week	BDCFT	
			Target		Target		
Apr-23	780	730	75%	76%	95%	100%	25
May-23	755	730	75%	84%	95%	98%	40
Jun-23	840	730	75%	83%	95%	100%	60
Jul-23	905	730	75%	87%	95%	99%	30
Aug-23	795	730	75%	90%	95%	99%	30
Sep-23	835	730	75%	93%	95%	100%	
Oct-23	1008	780	75%	93%	95%	91%	
Nov-23		780	75%		95%		
Dec-23		780	75%		95%		
Jan-24		830	75%		95%		
Feb-24		830	75%		95%		
Mar-24		830	75%		95%		



Outcomes (updated)

	Recovery Rate (M192)			Reliable Improvement (M186)		Deterioration (M1010)	
	England	BDCFT	Target	Actual		Actual	
				England	BDCFT	England	BDCFT
Apr-23	51.1%	55%	50%	67.7%	76%	5.9%	5%
May-23	50.5%	51%	50%	67.3%	68%	5.7%	6%
Jun-23	50.6%	50%	50%	67.3%	69%	5.8%	7%
Jul-23	50.3%	49%	50%	66.8%	68%	5.8%	4%
Aug-23	49.8%	51%	50%	66.3%	70%	6.0%	7%
Sep-23		55%	50%		74%		
Oct-23		49%	50%		66%		
Nov-23			50%				
Dec-23			50%				
Jan-24			50%				
Feb-24			50%				
Mar-24			50%				

Activity

	Attended Appointments		DNA Rate		Cancelled By Service		England
	England	BDCFT	England	BDCFT	England	BDCFT	
Apr-22	74.1%	73.2%	10.1%	10.6%	4.7%	5.5%	10.5%
May-22	74.9%	73.8%	9.8%	9.1%	4.5%	5.4%	10.2%
Jun-22	75.1%	71.8%	9.8%	9.2%	4.2%	7.2%	10.3%
Jul-22	74.9%	73.8%	9.5%	8.4%	4.7%	5.7%	10.2%
Aug-22	74.6%	72.2%	9.8%	8.8%	4.7%	7.7%	10.2%
Sep-22							
Oct-22							
Nov-22							
Dec-22							
Jan-23							
Feb-23							
Mar-23							

Appendix 3. Easy Read leaflet for SMI – please see attached.

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End of report.

# Annual health check for people with severe mental health conditions



Easy Read



If you have schizophrenia, bipolar disorder or psychosis and you are 18 and over, your GP surgery should invite you for an annual health check.



It is to make sure you are healthy and well.

It is also to look for any health problems so you can get the treatment you need.



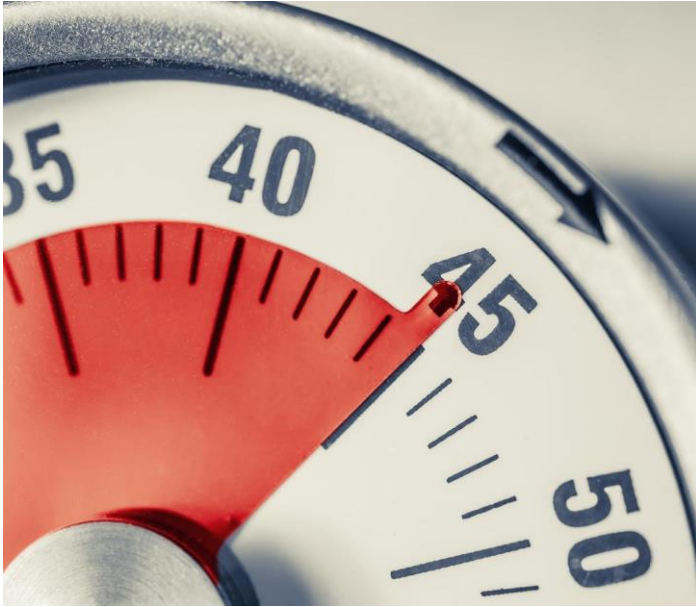
At the health check you can ask questions about your health and tell them how you are feeling.



You can talk about any treatments you are having or medicines you take.

You may also be able to get a COVID-19 vaccine or booster and a flu jab. Ask about these when you make your appointment.

## What happens during the annual health check?



Your appointment should last about 45 minutes.

The doctor or nurse will usually:



- Check your weight, heart rate and blood pressure



- Take a urine (wee) sample and ask you to have a blood test. This is to check for signs of some health problems



- Talk to you about your medication and ask if you are having any side effects
- Check if your vaccinations are up to date



- Check how you are coping if you have a health condition like asthma or diabetes
- Give you any advice you might need to stay healthy and well.



The doctor or nurse will also ask if you are ok for them to share your health information with other health services, such as your mental health team.

This is called giving consent.



This is to make sure you get the right support if you need any more care.

They may give you a follow-up appointment to give you more information or support.



## If you need any further support



The NHS has to make it easy for everyone to use health services, including anyone who may need extra support because of a disability.

This is called making reasonable adjustments.

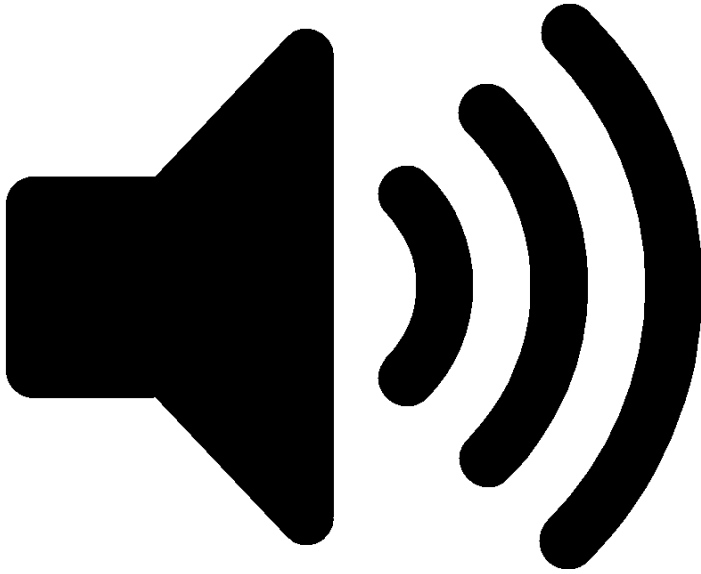


Tell your GP surgery if you need any extra help. This could be things like:

- A longer appointment or having a family member, friend or support worker with you



- An appointment at the beginning or end of the day, or a quiet place to wait if you find it hard to be in a busy waiting room



- Information in a way you can understand it, such as easy read or audio
- A British Sign Language interpreter



- Extra support if you are nervous about having a blood test or vaccine
- A home visit if you can't leave your home.