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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

# Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 29 February 2024 at 4.30 pm in Committee Room 1 - City Hall, Bradford

**MEMBERS OF THE COMMITTEE – COUNCILLORS**

| LABOUR | CONSERVATIVE | BRADFORD SOUTH INDEPENDENTS | BRADFORD INDEPENDENT |
|---|---|---|---|
| Jamil (Ch)<br>Humphreys (DCh)<br>Ahmed<br>Godwin<br>Wood | Coates<br>Nunns | J Clarke | Elahi |

**Alternates:**

| *LABOUR* | *CONSERVATIVE* | *BRADFORD SOUTH INDEPENDENTS* | *BRADFORD INDEPENDENT* |
|---|---|---|---|
| *Firth*<br>*Kauser*<br>*Johnson*<br>*Lintern*<br>*Mitchell* | *P Clarke*<br>*Sullivan* | *Majkowski* | *Nazir* |

**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**: **To:**

Jason Field

Interim Director of Legal and Governance
Agenda Contact: Asad Shah
Phone: 07970 414022
E-Mail: asad.shah@bradford.gov.uk

## A. PROCEDURAL ITEMS

### 1. ALTERNATE MEMBERS (Standing Order 34)

The Director of Legal and Governance will report the names of alternate Members who are attending the meeting in place of appointed Members.

### 2. DISCLOSURES OF INTEREST

(Members Code of Conduct – Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

***Notes:***

*(1) Members must consider their interests, and act according to the following:*

| ***Type of Interest*** | ***You must:*** |
|---|---|
| *Disclosable Pecuniary Interests* | *Disclose the interest; not participate in the discussion or vote; and leave the meeting unless you have a dispensatior* |
| *Other Registrable Interests (Directly Related)* ***OR*** *Non-Registrable Interests (Directly Related)* | *Disclose the interest; speak on the item only if the public are also allowed to speak but otherwise not participate in th discussion or vote; and leave the meeting unless you have a dispensatior* |
| *Other Registrable Interests (Affects)* ***OR*** *Non-Registrable Interests (Affects)* | *Disclose the interest; remain in the meeting, participate and vote unless the matter affects the financial interest or well-being*<br><br>*(a) to a greater extent than it affects the financial interests of a majority of inhabitants of the affected ward, and*<br><br>*(b) a reasonable member of the publi* |

*knowing all the facts would believe th*
*it would affect your view of the wider public interest;in which case speak or the item only if the public are also allowed to speak but otherwise not do not participate in the discussion or vote; and leave the meeting unless you have a dispensation.*

*(2) Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*

*(3) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.*

*(4) Officers must disclose interests in accordance with Council Standing Order 44.*

## 3. 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. UPDATE ON NEONATAL SERVICES 1 - 20

In 2019/20 Airedale Trust made a temporary change to its neonatal service due to operational pressures linked to Consultant Paediatrician staffing levels and in consideration of the recommendations of the Neonatal Critical Care Transformation Review. This meant that the unit started operating as a Special Care Unit instead of as Local Neonatal Unit, with approximately 24 families per year being transferred to a neighbouring unit (mostly Bradford) for delivery of their premature baby.

The report of Airedale NHS Foundation Trust and NHS England Specialised Commissioning (Yorkshire and Humber) (**Document "V"**) seeks support to progress with formalising the pathway change for Airedale neonatal unit, so that it continues to operate as a special care baby unit, but no longer provides high dependency care as a local neonatal unit.

**Recommended –**

**(1) That Airedale NHS Foundation Trust's intention to progress with formalising the pathway change for Airedale neonatal unit, so that it continues to operate as a special care unit, but no longer provides high dependency care as a local neonatal unit, be supported.**

**(2) That it be noted that further involvement and engagement with patients will take place to understand if any further arrangements can be made to strengthen the neonatal pathway and transition between services.**

**(3) That it be noted that although the impact is small in terms of numbers, the impact of the change and on patient experience will continue to be monitored closely.**

(Caroline Coombs – 01274 432313)

## 6. UPDATE FROM THE BRADFORD DISTRICT AND CRAVEN HEALTH AND CARE PARTNERSHIP BOARD 21 - 32

The Bradford District and Craven Health and Care Partnership Board is the place-based committee of the West Yorkshire Integrated Care Board. It is responsible for the use of NHS resources locally, and for the leadership of the Bradford District and Craven Health and Care Partnership. It was formally established in July 2022.

The report of the Health and Care Partnership Board (**Document "W"**) provides a second annual update to the Health and Social Care Overview and Scrutiny Committee, following a report received by members on 22 March 2023.

**Recommended –**

**The views of the Overview and Scrutiny Committee on the content of the report are requested.**

(nancy.oniell@bradford.gov.uk)

**7. UPDATE ON THE PERFORMANCE OF THE PUBLIC HEALTH NURSING SERVICE (HEALTH VISITING, SCHOOL NURSING AND ORAL HEALTH SERVICES) FOR BRADFORD DISTRICT** 33 - 50

The report of the Director of Public Health (**Document "X"**) sets out in brief the demographics of the population of Children in Bradford District, then goes on to discuss the Public Health Nursing Service and give an update on the recent performance of the service. The paper comprises:

- Demographics
- The Healthy Child Programme
- The Public Health Nursing Service in Bradford District
- Performance of the Public Health Nursing Service
    - Health Visiting
    - School Nursing
    - Workforce
- Oral health performance

**Recommended –**

**(1) Members are kindly requested to note the contents of the report and the current delivery status of the Public Health Nursing Service.**

**(2) Members are asked for comments and feedback on the progress to date.**

(Sarah Exall – 07855 177158)

**8. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2023/24** 51 - 56

The report of the Deputy Director of Legal and Governance (**Document "Y"**) presents the Committee's work programme 2023/24.

**Recommended –**

**(1) That the Committee notes and comments on the information presented in Appendix A.**

**(2) That the Work Programme 2023/24 continues to be regularly reviewed during the year.**

(Caroline Coombs – 01274 432313)

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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

# Report of Airedale NHS Foundation Trust and NHS England Specialised Commissioning (Yorkshire and Humber) to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 29 February 2024

**V**

**Subject: Update on Neonatal Services**

## Summary statement:

In 2019/20 Airedale Trust made a temporary change to its neonatal service due to operational pressures linked to Consultant Paediatrician staffing levels and in consideration of the recommendations of the Neonatal Critical Care Transformation Review. This meant that the unit started operating as a Special Care Unit instead of as Local Neonatal Unit, with approximately 24 families per year being transferred to a neighbouring unit (mostly Bradford) for delivery of their premature baby. Airedale NHS Foundation Trust seeks support to progress with formalising the pathway change for Airedale neonatal unit, so that it continues to operate as a special care baby unit, but no longer provides high dependency care as a local neonatal unit.

**Portfolio:**

**Healthy People and Places**

Report Contact: Sarah Halstead
Phone: (01274) 43
E-mail:

## 1. Summary

In 2019/20 Airedale Trust made a temporary change to its neonatal service due to operational pressures linked to Consultant Paediatrician staffing levels and in consideration of the recommendations of the Neonatal Critical Care Transformation Review. This meant that the unit started operating as a Special Care Unit instead of as Local Neonatal Unit, with approximately 24 families per year being transferred to a neighbouring unit (mostly Bradford) for delivery of their premature baby. Airedale NHS Foundation Trust seeks support to progress with formalising the pathway change for Airedale neonatal unit, so that it continues to operate as a special care baby unit, but no longer provides high dependency care as a local neonatal unit.

## 2. Background

Neonatal Units are the part of hospitals which provide care for babies who are born prematurely (before 37 weeks gestation), with a medical condition which needs treatment, or at a low birthweight. Neonatal care services are provided in a variety of settings dependent upon the interventions required for the baby and with dedicated transport services to support babies being transferred to and from neonatal care units.

In 2019/20 Airedale NHS Foundation Trust made a temporary change, in agreement with NHS England and the Yorkshire and Humber Operational Delivery Network, to its neonatal service due to staffing pressures.

This meant that the unit at Airedale NHS Foundation Trust started operating as a Special Care Unit (SCU) instead of as Local Neonatal Unit (LNU), with approximately 24 families per year being transferred to a neighbouring unit (mostly Bradford Teaching Hospitals Trust) for delivery of their premature baby.

The Trust has asked that NHS England (NHSE) approve the formalisation of this arrangement, and in 2022/2023 NHS England Specialised Commissioners notified both North Yorkshire Overview and Scrutiny Committee and Bradford Overview and Scrutiny Committee of the temporary service change, as well as the request to formalise the arrangement.

Before NHSE can approve the formalisation of the change to the neonatal pathway, the Trust is required to provide further information and assurance about the impact of the change on babies and their families, and on the wider population.

The Trust and NHSE would like to seek the views and support of Overview and Scrutiny for making this change permanent by presenting:

- Information about the service change
- Information about the impact on Babies, Families, and Services

The information set out in this report is an updated position following our communication from June 2023.

3. **Report issues**

Neonatal Units are the part of hospitals which provide care for babies who are born prematurely (before 37 weeks gestation), with a medical condition which needs treatment, or at a low birthweight. Neonatal care services are provided in a variety of settings dependent upon the interventions required for the baby and with dedicated transport services to support babies being transferred to and from neonatal care units.

There are three levels of units:

- Neonatal Intensive Care Units, for complex care (for example from 22 weeks gestation)
- Local Neonatal Units, for high dependency care (for example from 27 weeks gestation)
- Special Care Unit, for initial and short term care (for example from 31 weeks gestation)

The table below sets out the sites where the different levels of neonatal units are provided in Yorkshire and Humber as part of a networked arrangement:

| **Neonatal Intensive Care Units** | **Local Neonatal Units** | **Special Care Units** |
|---|---|---|
| Braford<br>Hull<br>Leeds<br>Sheffield | Airedale<br>Barnsley<br>Calderdale<br>Doncaster<br>Grimsby<br>Mid Yorks<br>Scunthorpe<br>Rotherham<br>York | Bassetlaw<br>Harrogate<br>Scarborough |

Yorkshire and Humber Neonatal Network help to manage patient flow across the network, balancing capacity and demand, ensuring services meet the needs of patients. The network comprises neonatal services including 4 Neonatal Intensive Care Units (NICU), 9 Local Neonatal Units (LNUs) and 3 Special Care Units (SCUs). There are also 3 neonatal surgery units and Embrace – the Yorkshire and Humber Neonatal Critical Care Transfer service.

These units work together as a network to deliver local care pathways, with the capacity and resources to care for the babies of women who live within the network area. Babies requiring the highest levels of care are concentrated in relatively few specialist centres, and it is the networks' role to develop coordinated patient pathways across neonatal units and supporting transport services. Wherever possible the network ensures appropriate level of care for babies as close to home as possible. The network also advises on any reconfiguration of services across the network area in line with the recommendations of the Neonatal Critical Care Review.

The consultant paediatric team at Airedale covers both the neonatal and paediatric service. The number of consultants fell during 2019/20 resulting in significant staffing and recruitment challenges. To mitigate this staffing risk across both paediatric and neonatal services the Local Neonatal Unit (LNU) at Airedale temporarily changed to a Special Care Unit (SCU). This was to ensure that elective and emergency paediatric services could be fully maintained at Airedale. The medical staffing challenges within the Airedale Paediatric team have now significantly improved.

During this time Airedale neonatal service has worked closely with counterparts at Bradford Teaching Hospitals NHS Foundation Trust. Babies who are between 27 and 31 weeks gestation, who may previously have been delivered at Airedale, have been delivered at an alternative hospital with an appropriate onsite neonatal unit (in most cases Bradford).

Airedale is a small Local Neonatal Unit, with a low volume of high dependency care activity. If Airedale NHS Foundation Trust were operating as a Local Neonatal Unit it would not meet the clinical standards on the volume of activity required for a Local Neonatal Unit to look after high dependency babies. There is good evidence that units with higher activity have better outcomes. Ultimately, this change will ensure the highest quality of care for premature babies across the region.

Although Airedale will no longer routinely provide high dependency care of babies between 26-31 weeks gestation, if required, the unit will still provide initial and short term care for these babies, in limited circumstances.

Currently all premature babies born from 22 to 27 weeks gestation are currently cared for in Neonatal Intensive Care Units (NICUs) at Bradford, Hull, Leeds or Sheffield. This means families from across the region (including Airedale) already travel for this highly specialist care. In these circumstances facilities are available to support families eg accommodation, car parking support, food provisions etc…

After changes to the 27 week pathway at Airedale babies who are between 27 and 32 weeks gestation would be delivered elsewhere (most likely Bradford) then, when appropriate to do so, are transferred back to Airedale for ongoing care. This is likely to impact approximately 24 families per year.

An EQIA was completed by the Trust. This covers Duty of Quality, Patient Experience, Patient Safety, Clinical Effectiveness, Prevention, Productivity and Innovation, Resourcing, Resource Impact, People Experience, and Equality, Diversity and Inclusion. No significant risks were identified. This is attached as Appendix A.

A travel impact has also been considered. As this is a networked service, families already travel to access specialist care. For the majority of families, there will be limited impact. Most will now travel to Bradford to receive high dependency neonatal care. North Yorkshire / Craven families will experience the most impact in terms of travelling further to access care (these families account for an estimated 20 per cent of Airedale activity).

Patient engagement has seen 34 families who experienced the change in pathway approached with the opportunity to provide feedback. Only three responses were returned with positive comments received regarding care, informed about the care provided, information provision and discharge planning. Opportunities to learn have been highlighted from patient experience around providing some additional support families from admission to discharge from the service. Further patient focus group activity is planned for families (to include Craven and North Yorkshire parents) to secure wider input on the patient experience and any suggestions that can be taken forward to improve the neonatal pathway.

The change to the Airedale Neonatal pathway is being progressed in discussion with system partners including:

- Bradford Teaching Hospitals Trust
- Yorkshire and Humber Neonatal Network
- The Yorkshire and Humber Local Maternity and Neonatal System
- NHS England Specialised Commissioners (North East and Yorkshire)
- West Yorkshire Integrated Care Board (via the Joint Committee arrangements with Specialised Commissioning)

## 4. Options

Not applicable at this time.

## 5. Recommendations

That Airedale NHS Foundation Trust's intention to progress with formalising the pathway change for Airedale neonatal unit, so that it continues to operate as a special care unit, but no longer provides high dependency care as a local neonatal unit, be supported.

That it be noted that further involvement and engagement with patients will take place to understand if any further arrangements can be made to strengthen the neonatal pathway and transition between services.

That it be noted that although the impact is small in terms of numbers, the impact of the change and on patient experience will continue to be monitored closely.

## 6. Background documents

The attached EQIA from Airedale Trust is available as a background document.

Information about the national NHS England Neonatal Critical Care Review can be found here:
NHS England » Implementing the Recommendations of the Neonatal Critical Care Transformation Review

7. **Not for publication documents**

**Appendix B** - Due to the small numbers of patients and area specific information, the travel impact assessment is not for publication as it falls under Schedule 12A, of the Local Government Act 1972.

9. **Appendices**

9.1 Appendix A - Airedale NHS Foundation Trust: Quality Impact Assessment Tool
9.2 Appendix B – Not for publication – Travel impact assessment

# Airedale NHS Foundation Trust: Quality Impact Assessment Tool

## Overview

An impact assessment is a continuous process to ensure that possible or actual business plans, changes to use of clinical areas, new information technology (IT) software for patient management or any other proposed business, change or implementation plans that impact on patient services are assessed and the potential consequences on quality of care for patients and any impact on staff are considered and any necessary mitigating actions are outlined in a uniformed way.

This tool involves an initial assessment (Stage 1) to quantify potential impacts (positive or negative) on quality from any proposal to change the way services are delivered, policies that are reviewed / developed and any new services. Where potential negative impacts are identified they must be risk assessed using the risk scoring matrix to reach a total risk score.

Quality is described in 6 areas, each of which must be assessed at Stage 1. Where a potentially negative risk score is identified and is greater than (>) 9 this indicates that a more detailed assessment is required in this area. All areas of quality risk scoring greater than 9 must go on to a detailed assessment at Stage 2.

## Scoring

A total score is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each. These scores are multiplied to reach a total score. The following tables define the impact and likelihood scoring options and the resulting score: -

| LIKELIHOOD | | IMPACT | |
|---|---|---|---|
| **1** | RARE | **1** | NEGLIGIBLE |
| **2** | UNLIKELY | **2** | MINOR |
| **3** | POSSIBLE | **3** | MODERATE |
| **4** | LIKELY | **4** | MAJOR |
| **5** | ALMOST CERTAIN | **5** | CATASTROPHIC |

| Risk score | Category |
|---|---|
| 1 - 8 | Low risk (green) |
| 9 - 12 | High risk (orange) |
| 15 - 25 | Extreme risk (red) |

A full description of impact scores can be found at Appendix 1.

## Stage 1

The following assessment screening tool will require judgement against areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations. Where an adverse impact score of greater than (>) 9 is identified in **any area** this will result in the need to undertake a more detailed Quality Impact Assessment (stage 2).

**Title and lead for scheme: Neonatal Unit Level 1 Mathew Babirecki, Lead Neonatologist, Airedale Hospitals NHS FT**

**Brief description of scheme:** The Neonatal Unit at Airedale NHS Foundation Trust is commissioned to provide Level 2 Neonatal Care. In 2018/9 the unit reviewed the current activity, acuity and staffing models in response to paediatric workforce challenges and in order to respond to these a joint decision between operational and clinical teams was made to deliver a Level 1 service.

The cot base was reduced to 10 as the activity infrequently exceeded this number and because the acuity of the babies received on the unit was low, ANHSFT and BTHFT worked in collaboration to agree a joint pathway to ensure that all women presenting under 32 weeks of gestation were assessed at Airedale and then transferred to another unit if appropriate This could be Bradford or could be another unit across the Yorkshire and Humber network. This is consistent with network practice.

The unit has continued to function as a Level 1 unit since and there have been no adverse events to date.

***Answer positive / negative (P/N) in each area. If 'N' score the impact, likelihood and total in the appropriate box. If score > 9 insert 'Y' for full assessment***

| Area of Quality | Impact question | Positive/Negative | Impact | Likelihood | Score | Full Assessment required |
|---|---|---|---|---|---|---|
| **Duty of Quality** | Could the proposal impact positively or negatively on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality? | N | 1 | 2 | 2 | |
| **Patient Experience** | Could the proposal impact positively or negatively on any of the following - positive survey results from patients, patient choice, personalised & compassionate care? | N | 3 | 2 | 6 | |
| **Patient Safety** | Could the proposal impact positively or negatively on any of the following – safety, systems in place to safeguard patients to prevent harm, including infections? | P | | | | |
| **Clinical Effectiveness** | Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement, | P | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | staff experience and / or high quality standards? | | | | | |
| **Prevention** | Could the proposal impact positively or negatively on promotion of self-care and health inequality? | N | 3 | 2 | 6 | |
| **Productivity and Innovation** | Could the proposal impact positively or negatively on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway? | P | | | | |
| **Resourcing** | Could the proposal impact positively or negatively on the number of vacancies or on the need for temporary workforce? | N | 1 | 1 | 1 | |
| **Resource Impact** | Could this proposal impact positively or negatively with regard to estates, IT resource, community equipment service or other agencies or providers e.g Social care/voluntary sector / District nursing | P | | | | |
| **People Experience** | Could this proposal impact positively or negatively on the experience of our people? E.g. impact on morale, increase in turnover | N | 1 | 1 | 1 | |
| **Equality, Diversity and Inclusion** | Could any colleagues or patients with a protected characteristic (Equality Act 2010) suffer detriment as a result of the proposal? | N | 1 | 2 | 2 | |

**Please describe your rationale for any positive impacts here**:
Patient safety – Reduces the risk of harm to the baby born in a unit that does not see the number of babies born under 32 weeks to maintain a safe level of competence

Clinical effectiveness – Unit already involved with Y+H neonatal network and works closely with Bradford for shared guidance
Productivity and Innovation – Reduces harm to baby born in wrong unit and instead baby born in a unit with specialist available to manage care needs

Resource Impact – No change

| | | |
|---|---|---|
| Signature: | Designation: | Date: |

**Stage 2**

| Area of quality | Indicators | Description of impact (Positive or negative) | Risk (5 x5 risk matrix) | | | Mitigation strategy and monitoring arrangements |
|---|---|---|---|---|---|---|
| | | | Impact | Likelihood | Overall Score | |
| DUTY OF QUALITY | What is the impact on the organisation's duty to secure continuous improvement in the quality of the healthcare that it provides and commissions. In accordance with Health and Social Care Act 2008Section 139? | Positive - Improvement in babies care as they will be born in a unit where there are specialised staff to manage the condition of the baby. The staff on the unit will continue to maintain staff skills and knowledge to ensure any unexpected pre-term deliveries are managed safely whilst awaiting EMBRACE transfer | 2 | 1 | 2 | |
| | Does it impact on the organisation's commitment to the public to continuously drive quality improvement as reflected in the rights and pledges of the NHS Constitution? | Positive – As above babies will be born in units with specialised teams | 2 | 1 | 2 | |
| | Does it impact on the organisation's commitment to high quality workplaces, with commissioners and providers aiming to be employers of choice as reflected in the rights and pledges of the NHS Constitution? | | | | | |
| | What is the impact on strategic partnerships and shared risk? | Positive – NNU already works closely with Y+H neonatal network | 1 | 1 | 1 | |
| | What is the equality impact on race, gender, age, disability, sexual orientation, religion and belief, gender reassignment, pregnancy and maternity for individual and community health, access to services and experience of using the NHS | No change | | | | |
| | Are core clinical quality indicators and metrics in place to review impact on quality improvements? | Positive – data collected through badgernet and Y+H network. Dashboards shared monthly with clinical leads. Off pathway deliveries reviewed at peri-natal and within network | 1 | 1 | 1 | |
| | Will this impact on the organisation's duty to protect children, young people and adults? | No change | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| PATIENT EXPERIENCE | What impact is it likely to have on self reported experience of patients and service users? (Response to national/local surveys/complaints/PALS/incidents) | Negative – risk of increased compliant from parents whose choice of place of delivery cannot be upheld due to needing to transfer to another hospital where the baby can receive the correct care | 2 | 2 | 4 | |
| | How will it impact on choice? | Negative – may reduce choice of delivery location for some woman | 2 | 2 | 4 | |
| | Does it support the compassionate and personalised care agenda? | Negative | 2 | 2 | 4 | |
| PATIENT SAFETY | How will it impact on patient safety? | Positive – babies will be transferred in utero where every possible and baby will be born at a hospital where the neonatal unit has the appropriate skilled staff to manage ongoing cares | 2 | 2 | 4 | |
| | How will it impact on preventable harm? | Positive – babies will receive care from staff with specialised skills | 1 | 1 | 2 | |
| | Will it maximise reliability of safety systems? | | | | | |
| | How will it impact on systems and processes for ensuring that the risk of healthcare acquired infections is reduced? | No change | | | | |
| | What is the impact on clinical workforce capability care and skills? | Negative – risk staff will be become deskilled in managing on going care. Additional training has been implemented to support maintaining skills for stabilisation | | 2 x 2 | 4 | |
| CLINICAL EFFECTIVENESS | How does it impact on implementation of evidence based practice? | No change – will continue to work with Y+H network and tertiary centre to ensure best practice delivered | | | | |
| | How will it impact on clinical leadership? | Negative – additional clinical leadership will be required to | 2 | 2 | 4 | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | support ensuring staff maintain skills required for stabilisation of a pre-term baby | | | | |
| | Does it support the full adoption of Right Care Value metrics? | Positive | 1 | 1 | 1 | |
| | Does it reduce/impact on variations in care? | Positive | 1 | 1 | 1 | |
| | Are systems for monitoring clinical quality supported by good information? | | | | | |
| | Does it impact on clinical engagement / staff experience? | *Negative – some staff may prefer to provide care for Level 2 and 3 babies rather than level 1 babies* | 1 | 1 | 1 | |
| **PREVENTION** | Does it support people to stay well? | Positive – supports babies getting the best start | 1 | 1 | 1 | |
| | Does it promote self-care for people with long term conditions? | | | | | |
| | Does it tackle health inequalities, focusing resources where they are needed most? | *Negative – allows resources to be focused on high intensive neonatal unit but can impact upon families having to travel further* | 2 | 2 | 4 | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **PRODUCTIVITY AND INNOVATION** | Does it ensure care is delivered in the most clinically and cost effective way? | *Positive* | 2 | 2 | 4 | |
| | Does it eliminate inefficiency and waste? | Negative – increase in patient transport costs | 2 | 2 | 4 | |
| | Does it support low carbon pathways? | *Negative* | 2 | 2 | 4 | |
| | Will the service innovation achieve large gains in performance? | *Negative – no change* | | | | |
| | Does it lead to improvements in care pathway(s)? | Positive | | | | |
| **RESOURCE IMPACT** | Will the proposal result in additional/reduced accommodation requirements | No change | | | | |
| | Will the proposal require an increase/purchase of IT products or services. | No change | | | | |
| | What impact will the proposal have on the cost of prescribing community equipment? | No change | | | | |
| | Will this proposal affect any existing partnership/commissioning arrangements when service is implemented | Negative – change to designation of level of unit from level 2 to level 1 | | | | |
| **WORKFORCE AND PEOPLE IMPACT** | Does the proposal involve increasing or reducing staff posts? If so describe the impact this will have | No change | | | | |
| | Could services be negatively impacted by this workforce change for a short term, medium term or longer term? | No change | | | | |
| | Could this proposal impact positively or negatively on the experience of our people? E.g. impact on morale, increase in turnover | Neutral. Although some staff will miss the opportunity to provide ongoing specialist care there has been a shift to focus on providing family centred care to our babies and support them prior to discharge. We have already appointed several experienced nurses from tertiary units who recognise this. | | | | |
| | Is the loss of posts likely to impact on the number of vacancies or the need for temporary workforce? | No change | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Could any colleagues or patients with a protected characteristic (Equality Act 2010) suffer detriment as a result of the proposal? | | | | | |

| Signature: | Designation: | Date: |
|---|---|---|
| Signatures<br><br>Medical Director:<br><br><br>Chief Nurse:<br><br>AJ Stanford.<br><br><br>Director of People &OD: | EQIA reviewed by Executive Directors through EQIA panel and signed off on behalf by the Chief Nurse in support of the proposal. No significant risks identified to the change in level of neonatal unit status from Level 2 to Level1. | 11 December 2023 |

**Appendix 1**

| Consequence | 1. Negligible | 2. Minor | 3. Moderate | 4. Major | 5. Catastrophic |
|---|---|---|---|---|---|
| **Financial** | £0k - £50k | £50k to £250k | £250k to £900k | £900k to £1.8M | Over £1.8M |
| **Harm** | No injury or harm | Some minor injuries or ill-health - minor.<br><3 days absence | Many minor injuries or ill-health – temporarily incapacitating. RIDDOR reportable. | Some major injuries/ ill-health - permanently incapacitating | Multiple injuries/infections Unexpected Death |
| **Disruption** | One day Service disruption/1 or 2 staff absent. | One week Service disruption/<5 staff absent. | One month service disruption/5-10 staff absent. | Up to 6 months service disruption/11-20 staff absent. | 6 months to 1 year service disruption/21-50 staff absent. |
| **Litigation** | Replacement of property. | Replacement of property and finances. | Minor out-of-court settlement. | Civil action – no defence. | Criminal prosecution. |
| **Damage** | Minor property damage/ no environmental impacts. | Slight property damage/ impacts on internal environment. | Moderate property damage/impacts on local environment. | Severe property damage/impacts on local environment. | Loss of whole department/impacts on regional environment. |
| **Reputation/ Confidentiality/ Data Loss** | Damage to individuals' reputation. Minor breach of confidentiality. Minor complaint resolved within team. | Damage to team reputation. Temporary loss of information. Minor complaint resolved by local management. | Damage to Service reputation/local media coverage on day. Loss of information/ records. Some complaints resolved by Senior management. | Damage to Trust reputation/local media coverage <3 days. Irrecoverable loss of vital records/information. Complaints resolved by Chief Executive. | Damage to Health Authority reputation / national media coverage <3 days. Prosecution under Data Protection legislation. Complaints resolved by Ombudsman or Healthcare Commission |
| **Clinical care** | No significant effect on quality of care provided | Noticeable effect on quality of care provided | Significant effect on quality of care provided | Patient care significantly impaired | Patient care impossible |
| **Consequence** | **1. Negligible** | **2. Minor** | **3. Moderate** | **4. Major** | **5. Catastrophic** |

| | | | | | |
|---|---|---|---|---|---|
| **Performance** | No significant effect on internal standards | Internal Standards not achievable | Repeated failure to meet internal standards | National Performance not achievable (Intermittent) | National Performance not achievable (Continuous) |
| **Enforcing action** | Audit non-conformance/advice from enforcers. | Breach of procedure/ Directive from enforcers. | Improvement Notice. | Prohibition Notice. | Government Investigation. |
| **Transfer of paper – electronic** | No injury or harm | Noticeable effect on quality of care provided<br>Internal standards not achieved | Significant effect on quality of care provided<br>Repeated failure to meet internal standards | Patient care significantly impaired<br>National Performance not achievable (Intermittent) | Patient care impossible<br>National Performance not achievable (Continuous) |
| **Human Resources / Organisational Development / Staffing & Competence** | Short term low staffing level temporarily reduces service quality (<1 day)<br><br>Short term low staff level (<1 day) where there is no disruption to patient care | Ongoing low staffing level reduces service quality<br><br>Minor error due to ineffective training / implementation of training | Late delivery of key objective / service due to lack of staff.<br><br>Unsafe staffing level or competence (<1 day)<br><br>Low staff morale<br><br>Poor staff attendance for mandatory / key training<br><br>Ongoing problems with staff levels | Uncertain delivery of key objective / service due to lack of staff<br><br>Unsafe staffing level or competence (>5 days)<br><br>Loss of key staff<br><br>Very low staff morale<br><br>No staff attending mandatory / key training | Non-delivery of key objective / service due to lack of staff<br><br>Ongoing unsafe staffing levels or competence<br><br>Loss of several key staff<br><br>No staff attending mandatory training / key training on an ongoing basis |



**LIKELIHOOD**

| LEVEL | DESCRIPTOR | DESCRIPTION | % CHANCE OF RE-OCCURENCE |
|---|---|---|---|
| 1 | **Rare** | Can't believe this will ever happen (that is to say not in the next 5 years) | 1 - 5 % |
| 2 | **Unlikely** | Do not expect it to happen but it is possible (once every 3 – 5 years) | 6 – 25% |
| 3 | **Possible** | May occur occasionally (once or twice a year) | 26 – 50% |
| 4 | **Likely** | Will probably occur (once or twice a month) | 51 – 75% |
| 5 | **Almost Certain** | A persistent issue (more than once a week) | 76 – 100% |

| **Likelihood** ⬇ | **Consequences** | | | | |
|---|---|---|---|---|---|
| **5. Almost Certain** | **5** | **10** | **15** | **20** | **25** |
| **4. Likely** | **4** | **8** | **12** | **16** | **20** |
| **3. Possible** | **3** | **6** | **9** | **12** | **15** |
| **2. Unlikely** | **2** | **4** | **6** | **8** | **10** |
| **1. Rare** | **1** | **2** | **3** | **4** | **5** |
| **Impact** | **1. Negligible** | **2. Minor** | **3. Moderate** | **4. Major** | **5. Catastrophic** |

Plans scoring 9 and above will be reviewed by the DoN & MD

Plans scoring 15 and above will be reported through to the Board of Directors in line with ANHSFT processes.

Released : 13 April 2018
Updated :12 July 2022

Acknowledgment : ANHSFT would like to acknowledge the work of Southern Derbyshire Clinical Commissioning Group in the creation of this document

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

# Report of the Health and Care Partnership Board to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 29 February 2024

**W**

**Subject:**

Update from the Bradford District and Craven Health and Care Partnership Board

**Summary statement:**

The Bradford District and Craven Health and Care Partnership Board is the place-based committee of the West Yorkshire Integrated Care Board. It is responsible for the use of NHS resources locally, and for the leadership of the Bradford District and Craven Health and Care Partnership. It was formally established in July 2022. This is its second annual update to the Bradford District HOSC, following a report received by members on 22 March 2023.

Elaine Appelbee
Independent Chair of the Bradford District and Craven Heath and Care Partnership Board

Mel Pickup
Place lead for Bradford District and Craven Health and Care Partnership

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**Portfolio:**

**Healthy People and Places**

**Overview & Scrutiny Area:**

**Health and Social Care**

**EQUALITY & DIVERSITY:**

The Integrated Care System has prioritised tackling inequalities in all that it does. That means seeking to improve outcomes for all while reducing unwarranted variation in outcomes arising from social, economic and demographic factors. It also means seeking to ensure access to opportunities for employment within the health and care sector and ensuring a good experience at work for all our colleagues.

Locally we have established a Reducing Inequalities Alliance to guide and support us; prioritised Equality Diversity and Inclusion within our People (Workforce) Plan; and directed investment differentially to tackle inequalities at specific communities and neighbourhoods informed by population data.

Our Reducing Inequalities Alliance has a specific remit around equality, diversity and inclusion that is led by the system equality lead, who reports to the Bradford District Wellbeing Board. The work undertaken in relation to this agenda is governed and directed by a systems equalities group and a new online resource has been developed to share best practice and to develop system wide resources, such as the diversity calendar. The diversity exchange was launched in summer 2023 and can be accessed by visiting https://bradfordforeveryone.co.uk/get-involved/

## 1. SUMMARY

1.1 The Health Overview and Scrutiny Committee (HOSC) is invited to receive an annual update report from the Bradford District and Craven Health and Care Partnership Board.

1.2 Our Board is a committee of the NHS West Yorkshire Integrated Care Board. From 1 July 2022 integrated care boards (ICBS) have taken on the statutory responsibility for planning and funding (commissioning) health services. Previously this was the responsibility of clinical commissioning groups (CCG) - for example the former NHS Bradford District and Craven CCG.

1.3 The Bradford District and Craven Health and Care Partnership Board publishes its papers in advance on the BD&C Partnership website and publicises the forward programme of meetings through all partner communications channels. The Partnership proactively seeks questions from members of the public and considers them at every Board meeting.

1.4 This paper provides an update on progress made since the previous report was shared with members as well as highlighting areas of challenge which are consistent with other health and care systems.

1.5 This paper outlines the financial challenges facing our place-based partnership that is being overseen through our 'closing the gap' programme. This report demonstrates a commitment to avoid any compromise on safety for any services, while highlighting that difficult decisions will have to be made that impact on partners and citizens.

1.6 Members are encouraged to find out more about our place-based partnership and share our website link with their networks www.bdcpartnership.co.uk and in addition information about the NHS West Yorkshire Integrated Care Board can be found at www.westyorkshire.icb.nhs.uk/

1.7 A bank of real-life stories has been developed demonstrating how colleagues from across our partnership are helping to tackle inequalities. Here's Nadia telling us more about her work in BD3 to help people get into employment. Our library of workforce stories can be accessed through our YouTube channel.

1.8 Members may wish to encourage their networks and contacts to follow the work of the partnership on X/Twitter (@ActAsOneBDC), Facebook (www.facebook.com/BDCHealthandCarePartnership) and Instagram (www.instagram.com/bradfordcravenhcp/).

## 2. BACKGROUND

2.1 This section of the report carries information we have shared previously, we have edited this down ensuring that members have a quick reference to the key governance information that informs the work of our place-based partnership within the wider West Yorkshire Integrated Care System and NHS West Yorkshire Integrated Care Board.

2.2 The Health and Care Act 2022 established new arrangements for the planning and coordination of health and care services, including the establishment of Integrated Care Systems (ICSs) comprising NHS Integrated Care Boards (ICBs) and partnerships between ICBs and local authorities known as Integrated Care Partnerships (ICPs).

2.3 Our ICS covering Bradford District, one of 42 across the country, operates on a West Yorkshire footprint. The importance of retaining local decision making is included in the Act, and provision is made for the establishment of 'place-based' committees of the ICB, which work alongside Health and Wellbeing Boards to lead local health and care systems. The Bradford District and Craven Health and Care Partnership Board (the subject of this report) is our place-based committee of the West Yorkshire ICB. We publish papers for all our meetings, which are held in public on our website www.bdcpartnership.co.uk/about-us/how-we-make-decisions/

2.4 In July 2022 the governing documents for the West Yorkshire ICB and the Bradford District and Craven Health and Care Partnership Board (BD&C Partnership Board) were approved by NHS England. They provide for extensive delegated authority and ensure that most decisions affecting health and care in Bradford District are taken locally. The principle of subsidiarity was already well established in the West Yorkshire Health and Care Partnership prior to the 2022 Act and has been retained in the new arrangements.

2.5 The focus for this year's report is to provide an overall picture of the operating environment for our place-based partnership, highlighting the challenges and issues we are actively working on and examples to celebrate the work of our partnership.

## 3. MAINTAINING A FOCUS ON DELIVERY IN A CHALLENGING OPERATING ENVIRONMENT

### 3.1 Financial challenge: 'Closing the gap' in our place-based partnership

3.1.1 Members will be fully briefed on the financial challenges facing local authorities, including Bradford Council, which impact on the wider delivery of partnership ambitions especially on preventative measures and tackling inequalities.

3.1.2 This report provides members with the wider financial context for our place-based partnership and what this means for the collective NHS budget in our place. The partnership covers the geographies of Bradford District and Craven with a population of around 650,000 people (figure based on GP registrations in the localities we cover).

3.1.3 We are required by our West Yorkshire Integrated Care System to find an additional in-year savings of around £6m before the end of this financial year, on 31 March 2024. This is set against an expected place-based NHS deficit position of around £80-90m at a time when we are experiencing record levels of demands across health and care services.

3.1.4 To help us plan for the in-year and longer-term savings target we have established our closing the gap programme. This programme has the remit of helping us understand the scale and complexities of our financial challenge, consider options for immediate and longer term efficiencies and help close the gap based on the budget available and our current expected spending across all sectors. The membership of our steering and operational groups involves all sectors from the NHS, local authorities, independent care and voluntary, community and social enterprise (VCSE) sector.

3.1.5 The scale of the challenge means we will need to make difficult decisions that we know will impact on our partners and our citizens. Our effort will be to maintain safe care, ensure we value all partners as equals and take a logical and methodical approach to considering our options. As part of this exercise, we are asking NHS

provider trusts to examine how they could deliver a 10% saving on their budgets, doing so safely and looking at reducing duplication or working differently.

3.1.6 By taking proactive action locally and regionally, we are looking to avoid external intervention and control measures.

3.1.7 We are working collaboratively and transparently to explore how we can safely meet our challenge. We are doing this while maintaining a focus on ensuring the quality of services remains good, continuing our work on prevention and early help and committed to ensuring any decisions recognise our commitment to reducing health inequalities. We will also look to identify ways we can reduce duplication of effort and resource, and ensure we are getting best value for money from all our delivery partners. Using our Act as One ethos, underpinned with a commitment to tackle inequalities, we remain determined to delivering our vision of people living 'happy, healthy at home'.

3.1.8 This report is part of our efforts to keep members briefed on our financial position, we will keep you updated on progress and welcome the involvement of members going forward. We will work with you to understand how we can keep members updated and involved.

### 3.2 Financial challenge: Reducing our ICB's running costs

3.2.1 All Integrated Care Boards are required to reduce their running costs by 30% with 20% to be delivered by the end of the 2023/24 year, and the remainder in 2024/25. In West Yorkshire we are approaching this as an evolution of the whole Integrated Care System model which we have established together. We are designing our operating model in a way that focusses on the Integrated Care Board's core (and statutory) objectives and values.

3.2.2 Over summer and through to mid-November our ICB has been running a staff engagement exercise and a formal staff consultation. In addition, prior to the formal staff consultation, our ICB both at West Yorkshire and in our five places sought the views of wider partners on its operating model and how it could effectively function while meeting the running cost reduction exercise.

3.2.3 Each of the five places were set different asks in terms of the total amount they had to save from their respective pay budgets. The size of the ask was commensurate with the size of the place, its existing budget and the viability of continuing to run effectively with a reduced staffing resource. For Bradford District and Craven, the expectation was a reduction of 15% of our staffing budget.

3.2.4 To limit the risk of voluntary or compulsory redundancies a number of steps have been taken including a vacancy and recruitment control process. Here in Bradford District and Craven we have been working on a distributed leadership model which means we have been able to share roles and responsibilities across NHS partners as evidenced by chief nurses from our provider trusts covering the role of the director of nursing and quality when the previous postholder retired. This has allowed us to have a leaner place-based ICB executive team.

3.2.5 In addition to the vacancy control measures and new ways of working, we have seen some functions being consolidated as single teams operating across West Yorkshire rather than solely on a place-based footprint. This includes HR, finance, contracting, governance and quality.

3.2.6 Even with these measures in place we have seen a further reduction in staffing

resource locally. We recognise this is a difficult time for all those involved and it's important that we continue to show compassion, kindness and civility to each other.

### 3.3 Industrial action

The last 12 months have seen significant levels of service disruption caused by industrial action. All NHS providers have worked to ensure that urgent and emergency care, and other essential services, remain in place through periods of industrial action to keep people safe. The cancellation and rescheduling of elective activity during periods of industrial action has and will impact on providers' ability to reduce long waits and will inevitably have an impact on some patients whose conditions deteriorate further. The impact of the strikes will certainly be felt in the longer term. More elective activity has been cancelled or rearranged for this strike compared to previous episodes. This will impact on providers' ability to reduce long waits for treatment. There is an obvious risk that further industrial action will have an impact on this plan in terms of delivery of national targets and our financial position.

## 4. VALUING ALL PARTNERS EQUALLY

We have described our challenges above and acknowledge that meeting some of these could have unintended consequences across our partnership. In particular we recognise the fragility of our VCSE partners due to difficult decisions being taken by wider partners.

This section of our report highlights our commitment to involving the VCSE as equal partners and provides an example of how we have responded to an independent review we commissioned to set up a new ethnically and culturally appropriate mental health service that demonstrates our commitment to investing in the VCSE.

4.1.1 Our place-based partnership values and recognises the contribution made by the VCSE sector that can help us deliver our vision of keeping people 'happy, healthy at home'. We also know that VCSE organisations deliver much-needed support to our communities in their localities in spaces they know and trust. In addition, we understand the valuable contribution the VCSE makes in raising aspirations, improving health and wider outcomes and connecting citizens with our partnership.

4.1.2 We had the ambition to be the first place-based partnership to set up a community investment standard that was designed to ensure that we ring-fenced money from our collective budget for the VCSE. Our current financial position does not allow us to do this now however we will continue to challenge ourselves on making decisions fairly and not going for the easiest option.

4.1.3 Our partnership board, partnership leadership executive and other key committees benefit from the insights of our VCSE system lead who advocates and provides constructive challenge on behalf of the sector.

4.1.4 We have examples of how the VCSE is helping to reduce pressure on stretched health and care services. From our wellbeing hubs, to the MAST service in hospitals facilitating effective, safe and quicker discharges through to our community-based mental health support options and our community partnerships.

4.1.5 We wanted to assure members we are sighted on the considerable risk facing our VCSE, including the future viability of some organisations and that we are doing all we can to mitigate these.

### 4.2 Tackling racial prejudice to develop ethnically and culturally appropriate mental health services

4.2.1 Our Bradford District and Craven Health and Care Partnership has been open in recognising the challenges faced by our minoritised communities that impact on their mental health and when they look to access services. We are committed to rooting out racism in all that we do. Therefore in 2022 we recognised the need for an independent review focusing on people's lived experience of racism as well as their efforts to access help for their mental health. We commissioned the Centre for Mental Health to carry out the review.

4.2.2 Experiencing racism increases a person's chances of having poor mental health but also makes it harder for them to get the right support, according to a new report from Centre for Mental Health. The report, 'Pursing racial justice in mental health report', is based on research in Bradford District and Craven on the ways in which voluntary and community organisations locally support people with their mental health. It finds that racism not only causes poor mental health in the first place, it also stops people getting into services, and it impedes their recovery.

4.2.3 Following the findings of the Centre for Mental Health's report and recommendations, a multi-agency project team - representing stakeholders from Bradford Council, NHS, VCSE, people with lived experience and the Bradford District and Craven Health and Care Partnership's Reducing Inequalities Alliance - was brought together to establish a specialist service to meet the needs of ethnically and culturally diverse communities.

4.2.4 The total contract value over 5 years will be £4,500,000 with the ICB acting as lead commissioner across the Partnership. The contract is for three years from 1 April 2024, with the option to extend for a further two years. This represents an overall increase of 31% investment to provide this specialist support for people from our ethnically diverse communities.

## 5. LISTENING TO OUR STAKEHOLDERS

### 5.1 Working with Health and Social Care Overview and Scrutiny Committee

5.1.1 We continue to develop strong and collaborative relationships with members of Health and Social Care Overview and Scrutiny Committee, while ensuring that the focus of the scrutiny function is maintained. As a partnership we have valued the strong and collaborative relationship, including members giving their time to engage with us outside committee meetings. Through the year, colleagues have presented updates on key issues and service changes including access to primary care (GP practices), waiting times for adult autism, waiting times for CAMHS, the work of our healthy minds priority and the future of Shipley Hospital.

5.1.2 We have used feedback from members to shape service delivery and design and to ensure we continue to improve the way we communicate with our communities especially around accessing services / accessing appropriate services. This includes inviting members to shape the work of our communications and involvement team, sharing feedback received from constituents to help further improve the team's awareness of what matters to communities.

5.1.3 We have welcomed the receptive approach from members when we have offered tours of facilities and services. This includes members finding out more about

primary care by going behind-the-scenes at GP practices.

5.1.4 We will facilitate any additional opportunities for members to visit health and care services to experience the work of our colleagues from across our partnership.

## 5.2 Listen In

5.2.1 Our Listen In weeks are a rolling locality-based programme that coincide with our Partnership Board meetings in that locality. Listen In offers senior leaders and wider colleagues an opportunity to take part in real-life conversations in community-based settings to find out more about what matters to people, how community groups are helping people and to receive feedback on people's experience of health and care.

5.2.2 Over the past year members of the Bradford District and Craven Health and Care Partnership Board and wider colleagues have visited 97 different community groups and talked to people in public settings like markets, bus stations or libraries right across Bradford District and Craven.

5.2.3 Through all the Listen in cycles, the strongest theme that we heard is challenges in access to GP services. We know this is an issue that local constituents raise regularly with members of the Health and Social Care Overview and Scrutiny Committee.

5.2.4 We ran a large-scale deliberative event to bring citizens, workforce, and leaders together to think collectively about solutions to the key challenges in access to GP services. At the event, challenges were discussed and worked through in detail by over 100 people, to come up with proposed solutions to each challenge. We worked with community groups and an external market research agency to ensure that the event included people from different backgrounds and reflected the diversity of our population. A write-up of the event can be found online.

5.2.5 Places at the event were limited so we're continuing to give everyone the opportunity to participate online on our EngageBDC platform www.engagebdc.com. We have used the insight from the deliberative event to start developing an action plan based on some of the practical solutions developed by people working together on the day, this will also inform our future deliberative events we are planning for the coming year.

5.2.6 In one of her blogs, Elaine Appelbee – independent Chair for the Bradford District and Craven Health and Care Partnership Board – reflects on how involving people and communities can help support changes in services that helps the people we serve as well as colleagues working in our services. Her focus was on the learning and outcomes from the deliberative event.

5.2.7 Our work on involving people is not restricted to what we learn from Listen In. In 2022-2023 we continued involving our communities, some examples are described below:

- We continue to work with families and children with special educational needs and/or disabilities (SEND) through a well-established co-production and engagement programme. As well as working with the Parents' Forum for Bradford and Airedale (PFBA), we have set up a new youth engagement group

called Brad Starz that was launched in November 2023.
- Outpatient physiotherapy and community therapy services based at Shipley Hospital
- Developing our maternity and neonatal voices partnership, including a recruitment drive for a new chair and wider members
- Maternity circle, support sessions for new and expectant mums
- Women's health network, including sharing our learning with national partners at a King's Fund conference
- Encouraging people to submit questions to our place-based partnership board, a committee of the ICB
- Asking for people's views on the proposed joint forward plan for West Yorkshire Health and Care Partnership

## 6 RESPONDING TO SYSTEM PRESSURES

2023-2024 has presented a series of challenges as described in this report. Across our partnership we have continued to look for solutions to these within the resources available to us. This section summarises some of the work we have undertaken.

6.1 Autism Service - A new autism service is able to support more people and reduce waiting times for assessment to help autistic adults manage everyday challenges. The service provides an assessment for adults concerned if they have autism and signposts to community support services to help build self-care skills, along with further specialist clinical support if needed. Following previously long waiting times, all patients are now seen within 12 weeks with a focus on early intervention and opening up access to community, education, employment and health resources. Autism awareness training is being provided to over 100 social prescribers working in primary care and to six wellbeing hubs. With community support now available, this will help reduce the number of physical and mental health crises experienced by adults with autism, lowering demand on acute and urgent care services.

6.2 Community Diagnostic Centre - Our community diagnostic centre (CDC) a Eccleshill Community Hospital went live in February 2024. Over the past five years, demand for diagnostic services in England has risen at a greater rate than the increase in capacity. The CDC will provide additional capacity in core diagnostic areas (X-Ray, CT, MRI, ultrasound) as well as a number of other services. We note that members will receive an update paper in March on this centre, including an offer of a tour of the facility.

6.3 Drug and Alcohol Treatment and Recovery Services - A partnership between national and local charities launched on 1 April providing drug and alcohol treatment and recovery services across Bradford District. The new service, named "New Vision Bradford", is led by the national charity Humankind with partners Project 6, The Bridge Project and Create Strength Group who have been working and supporting people across the district for many years. New Vision Bradford aims to improve outcomes for people with issues around alcohol and drugs across the district, better meeting the needs of the area's diverse communities.

### 6.3 Uptake of cancer screening and vaccination

6.3.1 Bradford District and Craven Health and Care Partnership are getting out to

improve awareness about the symptoms of cancer and uptake of preventative screening when invited. Last year, members of Health and Social Care Overview and Scrutiny Committee shared personal stories of people they know who had a late cancer diagnosis and the support of members is acknowledged to encourage uptake of cancer screening. New approaches locally include working with men in the South Asian community to improve their knowledge about breast cancer and screening and help them have life-saving conversations as a family. Work is underway focused on addressing questions amongst the Black African community, who are more likely to present with stage four or 'secondary' cancer. Local people are also being invited to behind-the-scene tours of mobile breast screening units, helping them learn about breast screening and know what to expect so they don't feel anxious when they're invited.

6.3.2 People in deprived areas in Bradford are now more likely to be diagnosed with lung cancer at an earlier stage, thanks to the success of NHS lung trucks. The mobile scanners launched at three Bradford GP practices in 2019 and 37 more from 2022 as part of an NHS England pilot, and they have already made an impact on earlier diagnoses. Since then, more than 2,800 people have had a CT scan, which has identified over 100 suspected lung cancers and over 90 further undiagnosed conditions, like chronic obstructive pulmonary disease. Following the success of the pilot NHS England has announced the programme will be expanded to all GP practices in Bradford District and Craven.

6.3.3 Bradford and Airedale Bowel Cancer Screening programme has started a project with University of Hull and University of Surrey to co-create (with South Asian men and women, living in Bradford) and evaluate the effectiveness of a multifaceted intervention to improve uptake bowel screening FIT test. The intervention will comprise a culturally tailored instruction letter and booklet, and a bio-degradable poo catcher for the toilet.

6.3.4 A working group has been established to address cancer and homelessness In Bradford District and Craven. The intention is to explore the needs and requirements of this community and how best we can support, not just with cancer screening but along the whole of the cancer pathway once a person has been diagnosed and post cancer treatment. Discussions taking place have also highlighted a need to expand this work to cover refugee and asylum seekers and street workers. The partnership will work in collaboration with Bevan, VCSE and charities.

6.3.5 The Race Equality Network was commissioned to run community engagement activity for the 2023/24 autumn and winter vaccination campaign, which consisted of outreach work by three community champions, focus groups with grassroots organisations, and a 1000 calls to eligible people from Pakistani and Bangladeshi communities on behalf of two Bradford City practices with low uptake - to have conversations in preferred languages about concerns and to help eligible people book their vaccination appointments, if appropriate. This was complimented by outreach vaccination clinics in mosques, community groups and shopping centres.

## 7 OUR PARTNERSHIP MAKING A DIFFERENCE

7.1 Health Inequalities - This year we have been running workshops for people from across our workforce - including those who would not recognise their roles as having an impact on health inequalities - that have been designed to show that **tackling inequalities is everyone's business**. We have used these events to encourage people to think about and pledge to take at least one action in their day-to-day work that will help our collective effort to reduce inequalities. Members of our Bradford District and Craven Health and Care Partnership Board, used one of their development sessions to work through an exercise designed to self-assess their knowledge and understanding of inequalities and how they can contribute as members of the board to reducing these. This includes embedding the 10 principles for reducing inequalities when making changes or setting up new services.

7.2 **Healthy Minds Summit** - over 200 people joined us at this co-produced event which took place at the end of January to come together and share ideas and experiences that will drive the work of our refreshed Healthy Minds strategy. The Healthy Minds strategy drives the work of the Healthy Healthy Minds priority area, with the aim of achieving better lives and improving support we offer to people with mental health, substance use needs, learning disabilities or are neurodiverse so that people can live happy, healthy at home. As well as launching our refreshed Healthy Minds strategy, we also formally launched our revamped Healthy Minds website (www.healthyminds.services).

7.3 Recognising Achievements - In October we held our partnership's inaugural **Celebrate as One Awards** recognising the work and achievements of colleagues from across our place. The awards were open to anyone working in the NHS, local authorities, voluntary, community and social enterprise sector and independent care organisations. We set out to celebrate those individuals, teams, projects and services that demonstrated our Act as One ethos that help us in our efforts to make our vision of people living 'happy, healthy at home' a reality. In a break from the norm our awards were hosted by a local young person, Haris Ahmed, who also penned and filmed a poem dedicated to people's efforts across our partnership. All of our awards were presented by young people from across our place and the entertainment was provided by local, talented music artists including young people from All Star Entertainments. The feedback has been overwhelmingly positive with colleagues already looking forward to our next event in 2025. People can see Haris's poem, our list of winners and our award brochure on our website www.bdcpartnership.co.uk/awards/

7.4 **Our inclusive language guide**, has been co-designed with partners, representatives and allies from across Bradford District and Craven who specialise in race, gender, LGBTQ+ and disability. This guide is primarily for communications and involvement professionals but can be used by wider workforce colleagues. It may be helpful to use this guide when onboarding new staff, or as a reference point when communicating with our diverse audiences and communities, with focus on inclusion and belonging. The guide will be reviewed twice a year so that to ensure we continue to develop it to reflect changes in language and terminology as well as introducing new content. Download a copy of the guide www.bit.ly/InclusiveLanguageBDC

7.5 Our work with our **Healthy Minds Apprentices** continues, our apprentices are the voice and advocates for children and young people across Bradford District and

Craven. Alongside the work they have been doing focusing on mental health and wellbeing, the apprentices have provided insight to the Director of Public Health's Annual Report for Bradford District. The apprentices have been involved in a broad programme of activities including supporting our work on the cost-of-living crisis, curating a new arts exhibition based on their lived experiences and working on a health and happiness programme a unique transition project for 9+ and 13+ young people to improve confidence, resilience, awareness and help young people to make better life choices. The success of the Healthy Minds Apprentices has led to the development of **a new healthy communities traineeship programme**, with five people now appointed to the role.

7.6 **Community health checks**, these are designed to encourage people who may not routinely access health services to get checked out in community venues for conditions such as diabetes and blood pressure. Our community health checks included a tailored cancer screening session for people with learning disabilities.

7.7 **Cost of living**, we have worked across our partnership on a rolling programme of activities with an underpinning communications and involvement campaign to help people during the ongoing cost of living crisis.

7.8 **Ramadan and supporting those with serious mental illness**, we worked in partnership with the British Islamic Medical Association to run four webinars to help healthcare professionals support people with a serious mental illness prepare for Ramadan. The webinars were open to clinicians and support staff in primary and secondary care, voluntary and community sector organisations, staff in integrated care boards, and members of the public.

7.9 **Root Out Racism** is our award-winning West Yorkshire wide anti-racism movement and call for change. We are in the process of re-energising the movement locally, sharing our learning across our wider integrated care system.

7.10 **Community midwifery clinics at family hubs**, family hubs provide a vital support service and we are pleased to have been able to set up community midwifery clinics at our local family hubs. This is in addition to access to health visitors, breastfeeding support and school nurses providing access to a holistic set of services and professionals under one roof and as close to home as possible.

## 6. RECOMMENDATIONS

*The views of the Overview and Scrutiny Committee on the content of the report are requested.*

## 7. APPENDICES

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

# Report of the Director of Public Health to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 29 February 2024

**X**

**Subject:**

**UPDATE ON THE PERFORMANCE OF THE PUBLIC HEALTH NURSING SERVICE (HEALTH VISITING, SCHOOL NURSING AND ORAL HEALTH SERVICES) FOR BRADFORD DISTRICT**

**Summary statement:**

**This Paper sets out in brief the demographics of the population of Children in Bradford District, then goes on to discuss the Public Health Nursing Service and give an update on the recent performance of the service. The paper comprises:**

- **Demographics**
- **The Healthy Child Programme**
- **The Public Health Nursing Service in Bradford District**
- **Performance of the Public Health Nursing Service**
  - **Health Visiting**
  - **School Nursing**
  - **Workforce**
- **Oral health performance**

**EQUALITY & DIVERSITY:**

The Public Health Nursing Service is a universal service based on the evidence-based Healthy Child Programme, aimed at reducing inequalities and improving health and wellbeing. The Service works in the community, and is required to be accessible to every child in the district.

Sarah Muckle
Director of Public Health

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**Portfolio:**

**Health and Wellbeing**

**Overview & Scrutiny Area:**

**Health and Social Care**

# 1. BACKGROUND

## 1.1 Summary

Early support in infancy and childhood is known to improve life-long health and wellbeing. The Public Health Nursing Service in Bradford consists of Health Visiting, School Nursing, and Oral Health promotion, and delivers the national evidence-based Healthy Child Programme. This is aimed at improving the health, wellbeing and development of children aged from birth to the age of 19, and up to the age of 25 for young people with Special Educational Needs and/ or Disabilities (SEND). This paper provides an overview of the Healthy Child Programme and update on the performance of the current service, including details of recently implemented and in-development programmes to enhance the existing offer.

## 1.2 Demographics

### 1.2.1 Population – 0- to 19-year-olds

The 2021 census identified 154,780 children and young people aged 0 to 19 in Bradford District. The district had a higher proportion of 0- to 19-year-olds when compared to England.

Table 1: **percentage of 0- to 19-year-olds in Bradford compared to England**

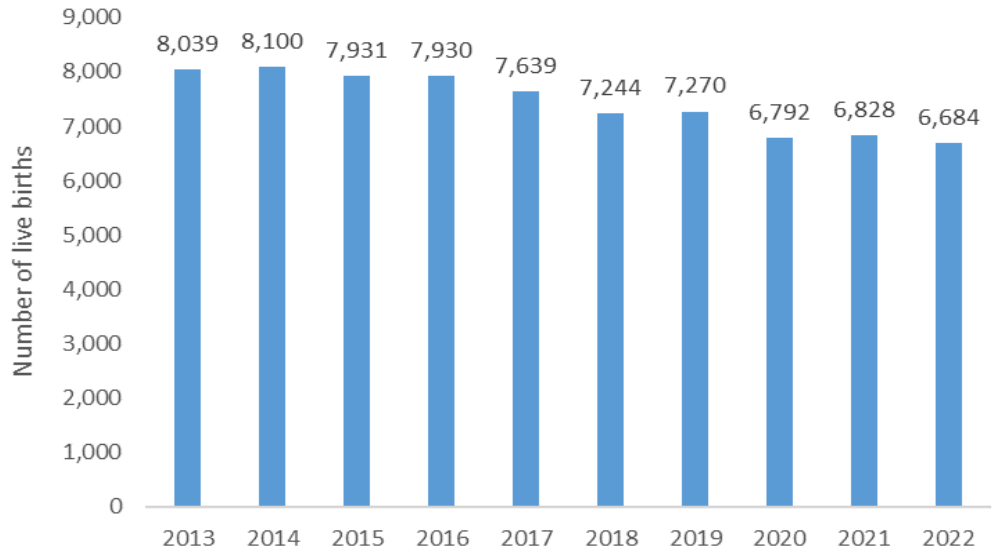
| Population | Bradford | England |
|---|---|---|
| | 546400 | 56490000 |
| Aged 0 to 4 | 6.6% | 5.4% |
| Aged 5 to 9 | 7.2% | 5.9% |
| Aged 10 to 14 | 7.6% | 6% |
| Aged 15 to 19 | 6.9% | 5.7% |

**Data Source: Office of National Statistics (ONS.gov.uk)**

### 1.2.2 Live Births

In 2022, there were 6,684 live births in Bradford District. This is the lowest number of births recorded since 2013 and 17.4% less when compared to 2014, which saw the highest number of births recorded over the last 10 years.

Figure 1*:* **number of live births in Bradford, 2013 to 2022**




***Data Source: Bradford District ONS Births in England and Wales: 2022***

### 1.2.3 Childhood Poverty

Living in poverty as a child is linked to the development of poor outcomes in adulthood, including premature mortality, and long-term health conditions[1].

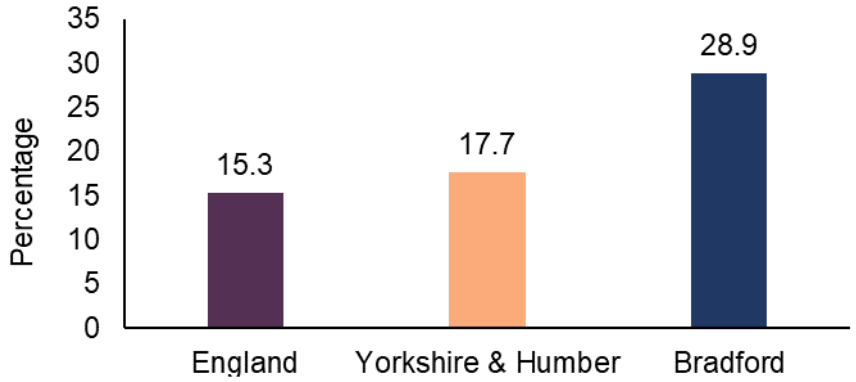
***Children in absolute low-income families (under 16s)***

An estimated 28.9% (35,969) of children in Bradford District aged under 16 years old lived in absolute low-income families during 2021-22[2]. This is defined as children aged under 16 years old living in families with income below 60% of the UK's average 2010-2011 median income threshold (with the threshold aligning with inflation).

Bradford had a higher proportion of children living in absolute low-income families compared to the regional and national averages in 2021-22. The district was ranked the 6th highest nationally, out of a range between 4.2% to 35.3%. Trends over time data was not available at the time of this report.

[1] Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010. - GOV.UK (www.gov.uk)
[2] Public Health Outcomes Framework - Data - OHID (phe.org.uk)

Figure 2: **Children in absolute low-income families (under 16s), 2021-22**

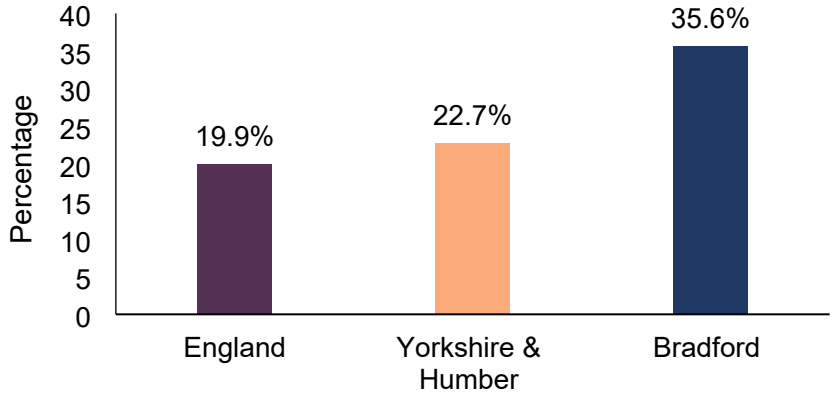



***Data Source: Public Health Outcomes Framework***

### *Children in relative low-income families (under 16s)*

An estimated 35.6% (44,287) of children in Bradford District aged under 16 years old were living in relative low-income families during 2021-22. This is defined as children aged under 16 years old living in families with income lower than 60% of the UK's average median income for the relevant year. This positioned Bradford District the 9th highest nationally out of a range between 5.4% to 41.7% and the district had the highest percentage across Yorkshire and The Humber.

Figure 3: **Children in relative low-income families (under 16s)**




***Data Source: Public Health Outcomes Framework***

## 1.3 The Healthy Child Programme

Having the best possible start in life is vital to the future health and wellbeing of children and young people in Bradford, and that of the district as a whole. Strong evidence shows that intervening early in a child's life with support can improve physical health, mental health, and socioeconomic outcomes. This is particularly important for children from households with a lower income.

Evidence-based guidance is available to Local Authorities in the form of the Healthy Child Programme: a guide to commissioning of Health Visiting and School Nursing services for

babies, children and young people aged 0-19 years, and their families. This guidance covers a number of statutory responsibilities of Local Authorities and Directors of Public Health. Within the guidance are two separate, but linked, elements: the 0-5 service delivered by the Health Visiting Team, and the 5-19 service delivered by the School Nursing team. This includes five mandated health checks for young children, the National Child Measurement Programme (NCMP) and district wide Oral Health surveys. In Bradford, the Public Health Nursing Service also includes the community children's oral health promotion service to improve the oral health of children and young people.

The Healthy Child Programme aims to:

- help parents, carers or guardians develop and sustain a strong bond with children
- support parents, carers or guardians in keeping children healthy and safe and reaching their full potential
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- promote oral health
- support resilience and positive maternal and family mental health
- support the development of healthy relationships and good sexual and reproductive health
- identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner
- make sure children are prepared for and supported in all childcare, early years and education settings and are especially supported to be 'ready to learn at 2 and ready for school by 5

Reproduced from Guidance Healthy child programme 0 to 19: health visitor and school nurse commissioning; gov.uk: https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning

### 1.4 The Public Health Nursing Service in Bradford District

Bradford District Care Foundation Trust (BDCFT) have held the current Contract for the Public Health Nursing Service since 1st August 2019, following a competitive tender process. Following an initially challenging period for the new service, including covid, an initial reduction in overall value of the contract, increasing safeguarding needs, and staffing challenges caused by recruitment issues and a national shortage of qualified health visitors and school nurses, Bradford Council took a decision to increase the investment in the Public Health Nursing Service by £1m for the financial year 2022/23. This additional investment became recurrent from April 2023, with the total financial envelope for the Service currently at £12.3m per annum until 31 March 2025. The investment has enabled the redevelopment of the public health offer within the school nursing service, screening team, a strengthened safeguarding offer, and improvements to the performance of the health visiting team.

Taking into account the increased budget and changes in the Healthy Child Pathway commissioning guidance, in addition to Public Health reviews of the Service, an updated

Service Specification was developed and implemented from April 2023. This clarifies the offer from the Health Visiting and School Nursing Services, continuing the five mandated health checks, universal School Nursing offer, the National Child Measurement Programme (NCMP), and Oral Health promotion.

Improvements have been seen across the service over the past two years. Of particular note are increases in the delivery of antenatal visits and 2 to 2.5 year checks, and improvements to the school nursing offer. In addition, new offers are currently in development which will deliver an enhanced health visiting offer for targetted families, and an enhanced oral health offer using additonal external funding from NHS England, which will build on existing oral health delivery.

## 1.5 Performance of the Public Health Nursing Service

### 1.5.1 Health Visiting

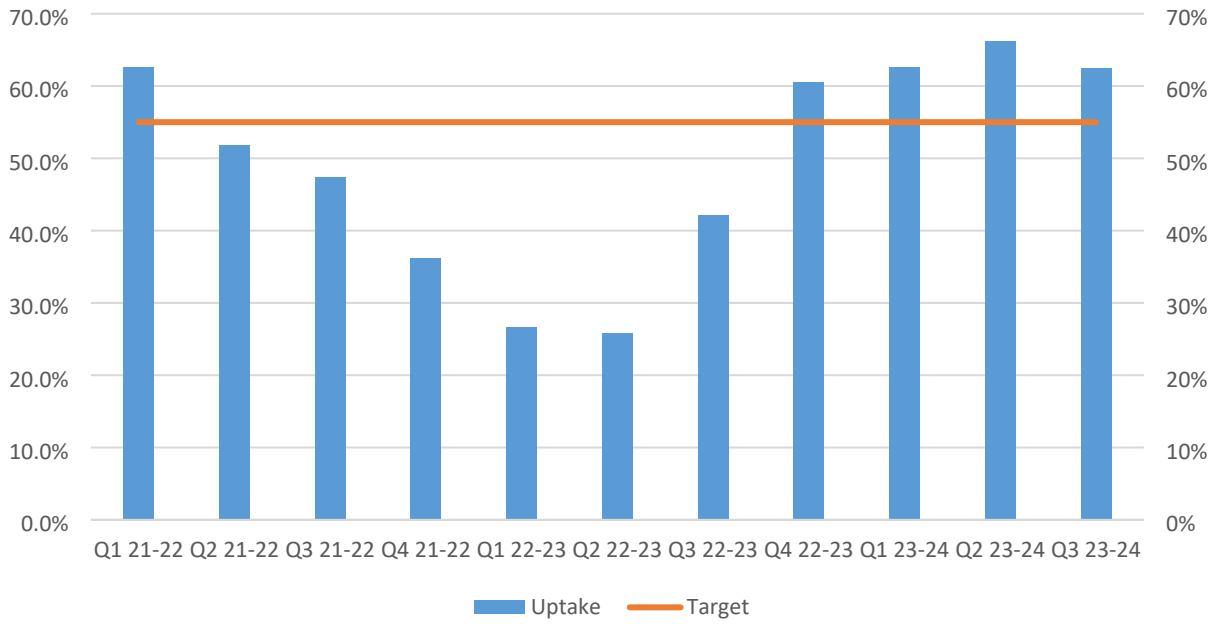
Delivery of the mandated health contacts has generally been strong over the past 12 months, meeting most KPIs in most quarters. In the last quarter, the service continued to see high numbers of children; however, delivery of some visits (new birth review, 6-8 week review, and the 12-month review) within the recommended timescales were negatively affected by higher than usual levels of staff sickness and the reduced number of working days available over the winter period. Weekly monitoring of these contacts and a proactive plan to support staffing is in place to improve performance. This is detailed in section 1.2.7: Workforce support and planning. In addition, the service has completed a management review of Health Visiting KPIs and is planning to prioritise KPI delivery by mobilising additional Public Health nursing hours into practice.

Other visits, including the antenatal review and the 2-2.5 year health check, have seen significant improvements in the past year. In addition, innovative programmes are in development to improve the quality of service that families receive.

<u>Antenatal Review</u>

The first health check in the Healthy Child Programme is the antenatal check undertaken after 28 weeks of pregnancy and before birth. The 2022 Ofsted inspection of services for children with Special Educational Needs and Disabilities (SEND) highlighted the antenatal contact as an area for improvement as part of Improvement area 3 of the Written Statement of Action. In response, the Service has a clear improvement plan and performance is reviewed weekly. Figure 4 below shows the significant and improved position of the Service against this mandated contact, with the service now consistently reporting achievement above their target.

Figure 4: **Proportion of pregnant women receiving antenatal contacts from the Health Visiting Service, 2022/23**




At an antenatal visit, prospective parents are given advice, signposting and referral to other services, depending on their needs. In the calendar year of 2023, almost 53,000 interventions were given and documented, including education on childhood immunisations (~18,000), advice on safe sleeping (~17,500), referrals to voluntary services (~270), offers of listening visits (~870), and referrals to alcohol and drug services.

Antenatal visits are offered to all pregnant women in the district between 28 weeks of pregnancy and delivery. However, the health visiting service is particularly keen to ensure that families who may need more support, including first time mothers, receive a visit. To look in more detail at who is taking up the offer, an audit was undertaken of women who gave birth between 1st April and 30th June 2023. Of 300 women whose case notes were reviewed (50 from each of the four teams plus 100 additional first-time mothers), 54% were first time mothers and the remaining 46% had previous children. Within this sample, which represented 17% of all births in the district within that period, 93% of mothers were offered an antenatal visit (97% of first-time mothers) and 80% took up the offer (91% of first-time mothers). Of the 14 first time mothers who didn't receive a visit, reasons were investigated and included: declining the visit, non-attendance, delivery before appointment, pregnancy notification not received in time, and appointments not made or cancelled but not rearranged.

<u>New Birth Review</u>

New babies are seen following birth by a Health Visitor, face to face for their first review. In total, 98.7% of eligible babies (1,795 babies) were seen for their New Birth Review in Quarter 3 in 2023-24.

However, the percentage of births that received this review within the recommended 14 days of birth dropped to 83.9%, against a KPI of 95%. This has fallen from 93.2% and 94.6% in the previous 2 quarters, respectively. See *section 1.2.7: Workforce support and planning* for workforce plans in place to improve timeliness of delivery. In addition, an IT

issue was identified, resulting in some births not being notified in a timely manner: this has now been rectified.

6-8 Week Review

The next mandated visit takes place at 6-8 weeks of age. In total, 96.1% of eligible babies (1,620 babies) were seen for their 6-8 week review in Quarter 3 2023-24.

However, the proportion of babies seen for this visit within the recommended 6–8-week timescale had dropped in the last quarter to 58.5%, from previously high performance over the previous two quarters, at 95.3% and 96.0% for quarters 1 and 2 of 2023-24, and 95.5% for 2022-23 as a whole. See *section 1.2.7: Workforce support and planning* for workforce plans in place to improve timeliness of delivery.

Percentage of Babies Totally or Partially Breastfed 6-8 weeks after birth

The service has achieved and exceeded the KPI of 42%, with 61.6% of those babies seen for their 6-8 week review by 8 weeks being totally or partially breastfed in Quarter 3 of 2023-24. There has been a general increase in the number of babies totally or partially breastfed 6-8 weeks after birth over the past year, from an average of 49.9% of babies in 2022-23, to 59.9% of babies so far this financial year.

Maternal Mood

New mothers are routinely offered maternal mood screening at their 6-8 week review following the birth of their babies.

- KPI 4b – the percentage of Mothers seen for their review by 8 weeks who were screened for maternal mood. Target 90%. The service achieved 91.5%
- KPI 5 – Percentage of women further assessed for maternal mood using PHQ9/GAD7 scoring 8 or above that are referred for appropriate support. Target 90%. The service achieved 90.3%
- KPI 6a – Percentage of women screened for maternal mood using PHQ9/GAD7 scoring below 8 that are offered emotional wellbeing visits. Target 90%. The service achieved 90.7%

12-Month Review

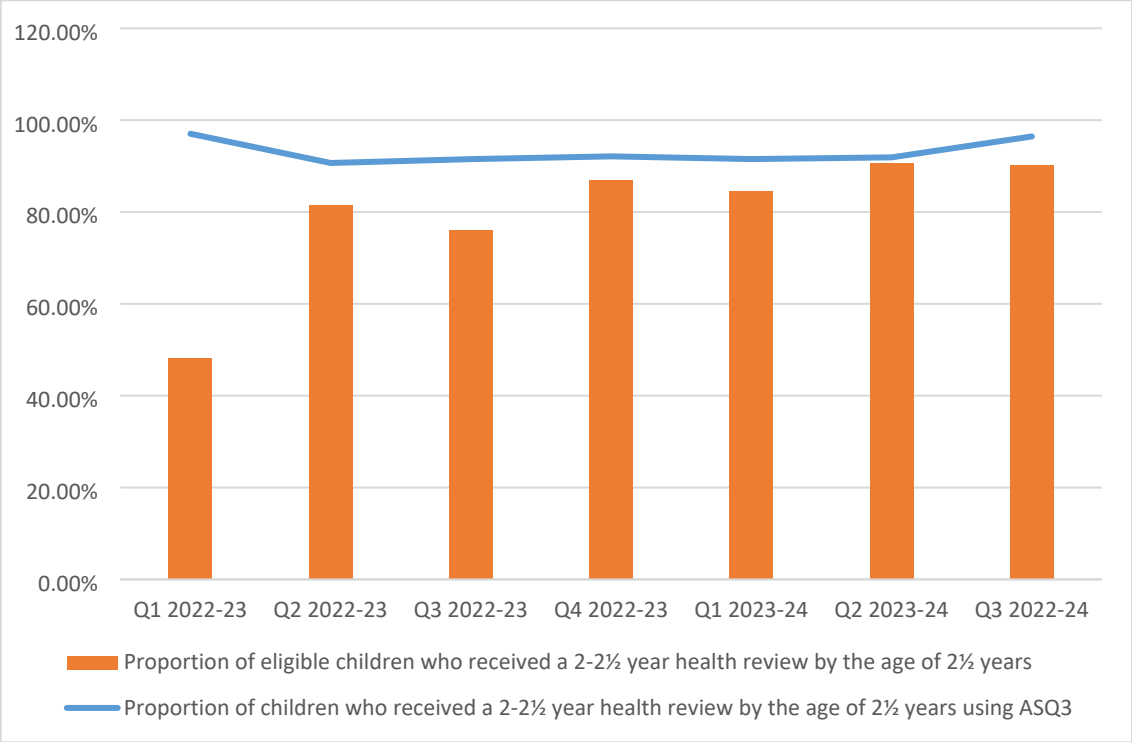
In Quarter 3 2023-24, 92.5% of eligible babies (1,646 babies) were seen for their 12-month review during the quarter.

However, there was a fall in the number of babies receiving this review by the recommended age, at 77.2% of eligible children receiving this review by 12 months old; a fall from 97.6% and 98.2% in quarters 1 and 2, respectively, against a target of 90%. See *section 1.2.7: Workforce support and planning* for workforce plans in place to improve timeliness of delivery.

2 to 2.5-year Review

Before entry to pre-school, every child is offered a health check to examine their health and development. The 2 to 2.5-year review is another area identified in the Ofsted SEND inspection, and as such is part of the Improvement area 3 of the Written Statement of Action. There is a clear improvement trajectory for this contact. The Service has a strong improvement plan and performance is reviewed weekly. Figure 5 shows the improving position of the service against this mandated contact, and the service is regularly achieving above the target of 90% for children receiving an assessment by the age of 2.5 years, and for those assessments to be done using the standardised Ages and Stages Questionnaire (ASQ3).

Figure 5: **Children receiving Health Visitor assessments age 2 to 2.5-years**




In the latest reporting quarter, the service achieved 90.1% of children assessed, and 96.4% of those assessed using the ASQ3 measure, against KPIs of 90%.

Maternal Early Childhood Sustained Home Visiting (MECSH)

BDCT are currently in the process of scaling up their delivery of MECSH. MECSH is a licensed programme of evidence-based intervention building upon international work, and learning developed with BDCT through Better Start Bradford. MECSH is a structured programme of home visiting for families at risk of poorer maternal and child health and development outcomes. It is a voluntary programme with a focus on prevention and early intervention. The approach has been shown to be effective for vulnerable and at-risk mothers, and it draws together the best available evidence in a number of fields to establish the foundations for a positive life trajectory for children.

The offer will be managed, led and delivered by the Health Visiting service, using a strengths-based approach and as part of a comprehensive, integrated approach to services for young children and their families, which links to other services.

MECSH contacts are designed to meet the agreed goals of family and health visitor and provide comprehensive support for:

- infant, mother and family health and wellbeing
- preventive health care
- referrals to other providers
- anticipatory guidance
- child development parent education
- planning and goal setting
- fostering aspirations

The programme is delivered through a minimum of 25 home visits by the same health visitor, enabling therapeutic relationships to be developed. It is flexible to meet the needs of families: it can commence from early pregnancy up to 6-8 weeks postnatal and continues to when the child is 2 years old (early discharge is possible). It can also start up to 6 weeks post discharge from hospital if the baby has a prolonged stay in hospital at birth. It can be delivered to mums/ carers of any age, with their first or subsequent babies, and can be delivered in the home or community setting.

Staff being trained in MESCH also has wider benefits to the population of Bradford district: components of MECSH can be delivered to other families not receiving the full programme, but who would benefit from part of a module.

<u>Infant to School</u>

The Infant to School programme is another enhanced offer for families with children of pre-school age in Bradford district, training in which is currently being rolled out to health visiting teams for delivery in the coming year. The Infant to School programme fills two gaps:

- for families who have completed the MECSH programme but still need additional support;
- for families who were not eligible for the MECSH programme, but who require an enhanced offer.

Infant to School is a family-centred care planning approach, designed to build a team around the family to deliver preventative and early intervention. Joint goal setting is used with the family to identify their needs and to establish priorities. Families are eligible for the programme if they are experiencing sustained adversity and have health or social needs which require multi-agency input. Again, this is a manualised programme with clear guidance. Families receive visits every 3 months for at least 12 months until they leave the programme and are also signposted or referred to other services as needed.

### 1.5.2 School Nursing Performance

School Nursing offer

The additional investment in the Public Health Nursing Service from 2022-23 has allowed the School Nursing Service to transform ways of working in order to improve outcomes for children and young people. Four projects were mobilised under the additional investment:

- Vulnerable children information team
- Screening team
- School nursing duty
- School nursing vulnerable children team

These were discussed in detail in last year's report to Overview and Scrutiny. With the development of these four specific projects, improvements were made in the performance of these four areas. In addition, capacity was able to be re-aligned to strengthen the universal offer.

This includes the development of a new school nursing agreement for schools in Bradford District, and standardised pathways to ensure consistency of the offer across schools.

The school nursing offer to schools includes:

- health needs assessment;
- attendance at school events;
- targeted services for children with identified health needs;
- involvement in safeguarding;
- hand hygeine education (primary only);
- puberty education (primary only);
- recap and review of puberty as part of the sex, education or science programme (secondary only);
- transition to adulthood health promotion session for year 11 (secondary only)
- drop-in clinics (secondary and post 16 only);
- access to Chat Health (secondary and post 16 only).

Every school in the district has been offered school nursing services: of 170 primary schools, all have been offered and 116 have signed up to the school nurse agreement. Of 52 secondary schools, all have been offered and 25 have taken up the offer of drop-in clinics so far this academic year.

National Child Measurement Programme

Each year, all children in Reception and year 6 are offered height and weight measurement. Having a dedicated screening team has enabled the School Nursing service to successfully deliver the NCMP programme. This has both improved performance of the screening programme, and enabled the core School Nursing team to deliver against other activities. The Service has therefore been able to significantly improve its performance with regards to delivering the National Child Measurement Programme for Reception and Year 6 pupils. In the last academic year of 2022-23, the school nursing team collected height and weight data for 90.7% of all Reception children

and 93.9% of all children in year 6, against targets of 90%.

Audiology Screening

The screening programme to identify children with hearing impairment on school entry is also included in Improvement Area 3 as part of the SEND Written Statement of Action. Performance is this area is positive as this outcome has also benefitted from the formation of the dedicated screening team, and performance has significantly improved. By the end of the 2022-23 academic year, the school nursing screening team had screened 95.4% of all children in Reception in the district, against a target of 90%. Screening for children in the current academic year is now in progress.

Vulnerable Children Information Team

The vulnerable children information team is a skill mixed service including administrators, staff nurses and practitioners (employed by BDCFT Community Children's Services). The team provides health information from the children's SystmOne health records, and participates in strategy discussions when a child has been or is at risk of significant harm. They will also provide health information when requested by Children's Social Care as part of an assessment being undertaken.

The existence of the vulnerable children information team means that there is dedicated resource for strategy discussions and the provision of information when needed. This enables the service to respond promptly to strategy and health information requests essential for keeping children safe, whilst also enabling continued delivery of the universal Public Health Nursing outcomes via other teams within the service.

The Vulnerable Children Information Team's performance consistently achieves and surpasses the requirements of the Key Performance Indicators set. The service is almost fully staffed and responds well to both the Strategy meetings and the Social Worker requests for health information. In the last reported quarter, the team has attended all strategy meetings where input was requested, and has responded to 94% of requests for health information within 5 working days (target 90%).

Statutory Strategy Discussions are therefore well informed and attended and the correct information from a Public Health perspective is shared with partners in the meetings.

School age safeguarding team

This team attend, when invited, all initial child protection case conferences and undertake a health assessment with school aged children who become subject to a child protection plan. This team is also skill mixed and includes senior nurses and staff nurses who will complete face to face visits with school aged children at school or the family home. The existence of a dedicated team for this work enables the School Nursing team to focus on the provision of the universal Public Health School Nursing offer.

The safeguarding team are almost fully staffed. In the last quarter, the team attended 100% of all Initial Case Conferences to which they were invited, and reported that 94% of children or young people received a Health Needs Assessment with 3 months of an Initial

Case conference. A Health Needs Assessment is undertaken by a nurse with the child or young person, face to face, to identify the child's health needs, including any unmet health needs. The process ensures that the child's voice and views are heard, and informs future referrals and care planning if needed.

System-wide involvement

The Health Visiting and School Nursing service continues to be actively involved in the Start for Life Programme and family hubs, both by involvement in the leadership and programme management of Start for Life, and direct delivery in family hubs.

A School Nurse has been allocated to link to the main Family Hub in each Locality, and the School Nursing service are offering primary age drops-in sessions for parents in each Locality. The school nursing service has also been piloting a novel approach basing a family health worker at a secondary school part time. This is currently being evaluated by the Centre for Applied Education Research (CAER).

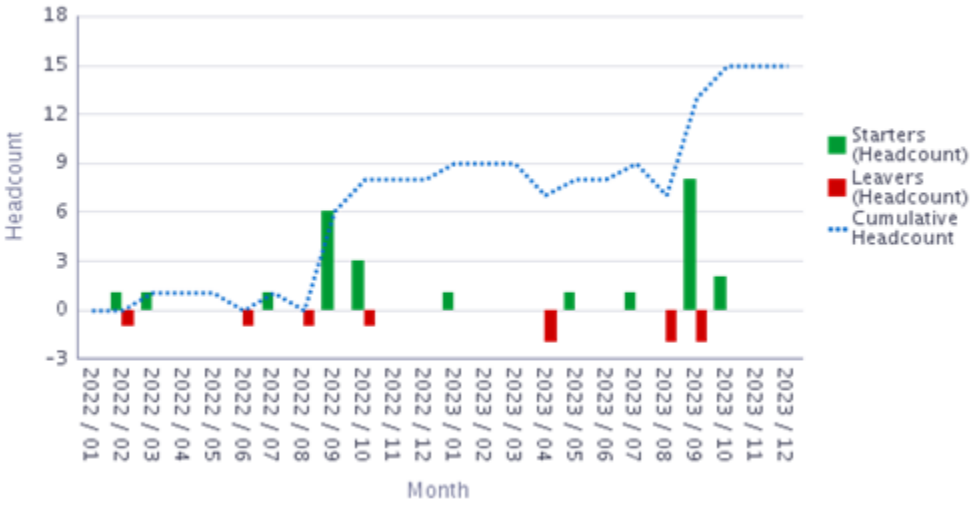
In addition, the service is closely involved with the Children and Families Act as One Partnership Board, in particular with Pillar 2: Early Help and Prevention. This ensures that the work of the service is integrated across the system, consolidates and builds links between partners, and maximises the efficiency of the universal health and care system in Bradford District.

### 1.5.3 Workforce support and planning

Whilst challenges remain regarding the Public Health Nursing workforce the service continues to mitigate the risk by working proactively on recruitment, retention and resilience.

Recruitment across the entire skill mix (Health Visitors, School Nurses, Staff Nurses, Community Nursery Nurses, Family Support Workers and Health Visiting Assistants) remains a priority to ensure that Bradford district has the right professional with the right skills in the right place for our children and families. The recruitment of Health Visitors and School Nurses remains a challenge due to a national shortage of these highly skilled specialist nurses. However, the 'Grow Our Own' approach initiated by the service will, this Summer, see an additional 8 Health Visitors and 5 School Nurses complete their training and consolidate their practice, hopefully remaining in the service by recruitment to permanent roles (figure 6). Recruitment is currently underway for next year's student intake with the service continuing to offer training placements for both post-registration and pre-registration students.

Figure 6: **progress of recruitment through the 'Grow Our Own' system**




The service has had a successful recruitment campaign for Band 5 Staff Nurses recently and the Community Nursery Nurse workforce continues to remain stable.

Additional skill mixed roles have also been added to the establishment:

- 4 Health Visiting Assistants will work across the locality Health Visiting Teams supporting registrant clinicians with activities that will release more time to care for our families.
- A successful pilot of the Family Support Worker (FSW) role in the School Nursing Service has been scaled seeing the FSW capacity increase from 1 to 4 whole time equivalents working in partnership with schools. The Service is expecting a full evaluation of the Family Support Worker role and its impact, completed by the Centre for Applied Education Research (CAER) in March 2024.

Bradford District Care Trust's offer of Restorative Clinical Supervision (RCS; figure 7) delivered by Professional Nurse Advocates remains in place and has grown in strength with the service now providing group and individual RCS as well as an 'as required' individual RCS support. The Professional Nurse Advocates now number 6 in total.

Figure 7: **poster advertising the Restorative Clinical Supervision offer to support staff**


The service has a detailed understanding of why colleagues leave the service by way of their exit interview process recording themes and trends. Given that there is an ageing workforce profile across the Public Health nursing services, BDCT have also surveyed their staff with regards to their potential retirement plans, to inform future recruitment.

We will be entering the new financial year (2024-25) with a newly set baseline establishment across all roles in Public Health Nursing ensuring the service has the capacity to maintain current performance.

### 1.6 Oral Health Performance

The oral health component of the contract is designed to enhance dental well-being in children. In the 2021-22 period, 32.4% of 5-year-old children in Bradford reported experiencing dental decay, a figure higher than the national average of 23.7% in England and the regional average of 27% in Yorkshire and Humber. However, when comparing the 2021-22 statistics to the 2008 survey, it is evident that there has been an improvement: in 2008, 52% of five-year-olds in Bradford had experienced dental decay.

The oral health KPIs cover the delivery of evidence-based interventions, including supervised toothbrushing in priority schools, and fluoride varnishing of children's teeth in priority schools and private day nurseries. Annual dental screenings are carried out in special schools and a 2 yearly National Dental Public Health Epidemiology Programme (NDEP), an oral health survey of 5-year-olds.

***Supervised Toothbrushing and Bradford Babies Brush***

In the most recent quarter (Q3 23/24, trimester 1), participation in the supervised brushing programme exceeded the target, with 42 schools actively involved (target = 40),

benefitting over 4,000 children. An additional external investment of £113,917 has been secured from NHS West Yorkshire Integrated Care Board (ICB), dedicated to expanding the toothbrushing scheme provision throughout the district. The Bradford District Care NHS Foundation Trust, as the provider, will be extending the toothbrushing programme to an additional 24 priority 1 / 2 schools.

The expansion also aims to introduce the Babies Brush programme to a further eight nurseries, with a specific emphasis on recruiting Children's Centres/Family Hubs. This infusion of resources and commitment reflects a concerted effort to broaden the reach and impact of oral health initiatives within the community.

***Fluoride Varnish***

The number of children recruited to and receiving fluoride varnish in schools are measured against an annual target of 5,000. During the academic year of 2022/23, 5792 children received a 2nd application of fluoride varnish. Overall, performance of this KPI has improved and the programme delivery is currently being transformed in line with evidence-based recommendations, and to enable a wider reach including priority 3 and priority 4 areas.

There has been a focus on expanding the delivery of fluoride varnish to more families with additional vulnerabilities and children with special educational needs and disabilities (SEND), by extending the fluoride varnish programme into Bevan House. A suite of dental leaflets for those with SEND has been produced which will be supported by an oral health training package with support from the Community Dental Service's (CDS) paediatric Consultant.

The annual dental screening in special schools will provide information about oral health status among children in these settings, to help influence and increase toothbrushing in special schools. In response to the cost-of-living crisis and increased requests from health and school professionals for families that cannot access toothbrushes, funding was also received from the Household Support Fund for additional toothbrushing packs.

## 2. OTHER CONSIDERATIONS

Not applicable

## 3. FINANCIAL & RESOURCE APPRAISAL

*Reviewed on 01.02.2024.*

The total Public Health financial envelope for Public Health Nursing Services in Bradford is £12.3m per annum for 2023-24 and 2024-25. This is fully funded by the Public Health Ring-Fenced Grant and recurrently available. The Contract end date is 31.3.25, with no further options to extend in the current contract. Work has begun to confirm the commissioning intentions for Health Visiting, School Nursing, and Oral Health promotion provision beyond this contract end date.

## 4. LEGAL APPRAISAL

*Reviewed on 05.02.2024.*
There are no legal issues arising from this report.

## 5. OTHER IMPLICATIONS

### 5.1 WARD IMPLICATIONS

This is a universal service and therefore provides universal Public Health nursing to children across the district in every ward. However, families experiencing disadvantage will be offered additional visits from Health Visiting teams if required, in a proportionate universalism model. In addition, some oral health services are provided for priority wards only, based on the index of multiple deprivation, to ensure that the service reaches those who could benefit most.

### 5.2 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

This is a universal service provided for children and young people in Bradford District, which aims to:

- help parents, carers or guardians develop and sustain a strong bond with children
- support parents, carers or guardians in keeping children healthy and safe and reaching their full potential
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- promote oral health
- support resilience and positive maternal and family mental health
- support the development of healthy relationships and good sexual and reproductive health
- identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner
- make sure children are prepared for and supported in all childcare, early years and education settings and are especially supported to be ‘ready to learn at 2 and ready for school by 5

As such, there are positive implications for children and young people in having a well-performing health visiting and school nursing service. The oral health service is a preventative service aiming to improve dental health and reduce the need for dental treatment.

## 6. NOT FOR PUBLICATION DOCUMENTS

None

## 7. OPTIONS

Members may wish to comment on the contents of the report

## 8. RECOMMENDATIONS

- Members are kindly requested to note the contents of the report and the current delivery status of the Public Health Nursing Service

- Members are asked for comments and feedback on the progress to date

## 9. APPENDICES

None

## 10. BACKGROUND DOCUMENTS

None

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

# Report of the Deputy Director of Legal and Governance to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 29 February 2024

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

**Summary statement:**
This report presents the Committee's work programme 2023/24

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**Portfolio:**

**Healthy People and Places**

Report Contact: Caroline Coombes
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E-mail:
caroline.coombes@bradford.gov.uk

## 1. Summary

1.1 This report presents the work programme 2023/24.

## 2. Background

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

## 3. Report issues

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

3.2 Best practice published by the Centre for Governance and Scrutiny suggests that 'work programming should be a continuous process'[1]. It is important to regularly review work programmes so that important or urgent issues that come up during the year are able to be scrutinised. In addition, at a time of limited resources, it should also be possible to remove projects which have become less relevant or timely. For this reason, it is proposed that the Committee's work programme be regularly reviewed by Members throughout the municipal year.

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

## 4. Options

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

## 5. Contribution to corporate priorities

5.1 The Health and Social Care Overview and Scrutiny Committee Work Programme 2023/24 should reflect the priority outcomes of the Council Plan, in particular, 'Better Health, Better Lives' and 'Living with Covid-19'[2]. It should also reflect the guiding principles of the Joint Health and Wellbeing Strategy for Bradford and Airedale 'Connecting people and place for better health and wellbeing' and the priorities set out in the West Yorkshire Integrated Care Strategy[3].

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[1] Hammond, E. (2011) *A cunning plan?* p. 8, London: Centre for Public Scrutiny
[2] Our Council Plan: Priorities and Principles 2021-25 https://www.bradford.gov.uk/councilplan
[3] West Yorkshire Integrated Care Strategy https://www.wypartnership.co.uk/application/files/8516/7846/6187/West_Yorkshire_Integrated_Care_Strategy.pdf

## 6. Recommendations

6.1 That the Committee notes and comments on the information presented in **Appendix A**

6.2 That the Work Programme 2023/24 continues to be regularly reviewed during the year.

## 7. Background documents

7.1 The Constitution of the Council

## 8. Appendices

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

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# Democratic Services - Overview and Scrutiny

**Appendix A**

## Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

## Work Programme

| Agenda Items | Description | Report Author | Comments |
|---|---|---|---|
| **Thursday, 14th March 2024 at City Hall, Bradford** | | | |
| **Chair's briefing 28/02/24. Report deadline 04/03/24** | | | |
| 1) Health and Wellbeing Commissioning Update and Intentions - Adult Social Care | Annual report | Holly Watson | Fulfils requirement of contract standing orders for contracts with a value above £2m |
| 2) Respiratory Health | To include covid update | Jorge Zepeda | Resolution of 16 Feb 2023 |
| 3) Adult autism pathway and assessment and diagnosis service | Progress update to include demographic data | Walter O'Neill | Resolution of 22 Mar 23 |

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