



**Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 14 March 2024 at 4.30 pm in Council Chamber, City Hall, Bradford**

**MEMBERS OF THE COMMITTEE – COUNCILLORS**

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

**Alternates:**

<b>LABOUR</b>	<b>CONSERVATIVE</b>	<b>BRADFORD SOUTH INDEPENDENTS</b>	<b>BRADFORD INDEPENDENT</b>
<i>Firth Kauser Johnson Lintern Mitchell</i>	<i>P Clarke Sullivan</i>	<i>Majkowski</i>	<i>Nazir</i>

**NON-VOTING CO-OPTED MEMBERS**

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

**Notes:**

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

**From:**  
Jason Field

**To:**

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

## A. PROCEDURAL ITEMS

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

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

### 2. DISCLOSURES OF INTEREST

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

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

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

#### **Notes:**

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

<b>Type of Interest</b>	<b>You must:</b>
<i>Disclosable Pecuniary Interests</i>	<i>Disclose the interest; not participate in the discussion or vote; and leave the meeting <u>unless</u> you have a dispensation</i>
<i>Other Registrable Interests (Directly Related)</i> <b>OR</b> <i>Non-Registrable Interests (Directly Related)</i>	<i>Disclose the interest; speak on the item <u>only</u> if the public are also allowed to speak but otherwise not participate in the discussion or vote; and leave the meeting <u>unless</u> you have a dispensation</i>
<i>Other Registrable Interests (Affects)</i> <b>OR</b> <i>Non-Registrable Interests (Affects)</i>	<i>Disclose the interest; remain in the meeting, participate and vote <u>unless</u> the matter affects the financial interest or well-being</i>

*(a) to a greater extent than it affects the financial interests of a majority of inhabitants of the affected ward, and*

*(b) a reasonable member of the public knowing all the facts would believe 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. COMMISSIONING UPDATE AND INTENTIONS - ADULT SOCIAL CARE 2024**

1 - 16

The report of the Strategic Director of Adult Social Care (**Documwnt**

“Z”) provides an update on delivery against the Commissioning Strategy for 2022-2027 and sets out the commissioning intentions for 2024/25.

**Recommended –**

**That the committee note the report.**

(Jane Wood - 07970 273682)

## **6. RESPIRATORY HEALTH IN BRADFORD DISTRICT**

17 - 52

The Report of the Director of Public Health (**Document “AA”**) provides an overview of respiratory health in Bradford District and outlines what partners are doing to improve outcomes for people in the District.

**Recommended –**

- (1) That the committee to note and comment on the information provided in the report and to support ongoing work seeking to address the main challenges outlined.**
- (2) That Elected members can provide unvaluable support through public statements and other awareness raising actions to:**
  - Initiatives that aim to reduce the health impacts of air pollution, urban development and climate change, like the inclusion of a health in all policies approach in local development policies, instruments and plans.**
  - Implementation of the Bradford Tobacco Control Strategy, particularly actions to prevent uptake of smoking and vaping in young people and to reduce availability of illegal tobacco in our most deprived communities.**
  - Initiatives to increase uptake of COVID-19 and flu vaccines and to restore public trust in health advice issued by the local authority, NHS and other local partners.**

(jorge.zepeda@bradford.gov.uk)

## **7. UPDATE ON PROGRESS AND OUTCOMES - ADULT AUTISM PATHWAY AND ASSESSMENT AND DIAGNOSIS OF AUTISM IN ADULTS SERVICE, BRADFORD DISTRICT AND CRAVEN**

53 - 102

The Bradford and Airedale Neurodevelopment Service (BANDS) was commissioned in 2015 to provide triage, assessment and diagnosis for both ASD and ADHD for adults (over 18) in Bradford, Airedale, Wharfedale and Craven.

The report of the Bradford and Craven Health and Care Partnership

**(Document “AB”)** This briefing and appendices relate to Adult Autism services only, there is no reference to similar services for children.

Commissioners and providers are pleased to share evidence and data, within this report, to evidence that all outcomes and objectives for the Adult Autism Pathway have been met or are well on the way to being met.

**Recommended –**

- (1) Members are asked to support the developments to the BDCFT/SWYPFT service model to develop a new Adult Autism Pathway and service model to assess and diagnose adults with autism spectrum conditions and the benefits for patients and referrers.**
- (2) That it be noted that all project objectives have been met, or are on target to be met, and the new service is now operating as ‘business as usual’.**

(Walter O’Neill - 07432 721557)



## Report of the Strategic Director of Adult Social Care to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 14 March 2024

# Z

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### Subject:

**COMMISSIONING UPDATE AND INTENTIONS – ADULT SOCIAL CARE 2024**

### Summary statement:

In this report, we:

- Provide an update on delivery against the Commissioning Strategy for 2022-2027
- Set-out our commissioning intentions for 2024/25.

### EQUALITY & DIVERSITY:

As part of the commissioning processes Equality Impact Assessments are undertaken at key points in the process, where requirements necessitate.

The team will contribute to the Council's equalities objectives in the following ways:

- **Leadership and commitment:** Through promoting discussion at Commissioning SMT meetings regularly
- **Workforce:** Continued engagement with the RESPECT programme.
- **Service Design/Delivery:** We will design, commission and deliver services that are accessible, inclusive and responsive to the needs of people and communities within the District.
- **Communities:** We will further develop our relationship with community networks to ensure their voice informs our commissioning approach, promote the role of the VCSE and review our equalities data collection to ensure we're getting the right intelligence to inform our work.

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Iain McBeath  
Strategic Director of Adult Social Care

### Portfolio:

**Healthy People and Places**

Report Contact: Jane Wood and Holly  
Watson (Commissioning Team)  
Phone: 07970 273682  
E-mail: [jane.wood@bradford.gov.uk](mailto:jane.wood@bradford.gov.uk)

### Overview & Scrutiny Area:

**Health and Social Care**

## 1. SUMMARY

- 1.1 This report provides an update on the commissioning and contracting activities undertaken in 2023/24 and sets out key commissioning plans and intentions for 2024/25.

## 2. BACKGROUND

- 2.1 The Adult Social Care Department (the Department) commission a wide range of adult social care services for people across the District. This is achieved through an ongoing programme of commissioning, procurement, contract management and quality assurance activity.
- 2.2 The work is aligned with the key priorities of the Department's 3-year plan and the overall vision for adult social care in Bradford – "happy, healthy and at home".
- 2.3 We work collaboratively with our providers, partners and the wider community to understand our population, continue to develop our local market in Bradford, and consider how we can best support people to be as independent as possible.
- 2.4 We are in the second year of our 5-year [Commissioning Strategy](#) which sets out the ways in which the Adults Commissioning Team will work to deliver on our annual commissioning intentions and ensure that people in the District are able to get the care and support they need to live happy and healthy lives and achieve their goals.

## 3. REPORT ISSUES

### **Update on commissioning activity undertaken in 2023/24**

- 3.1 We have undertaken a significant amount of commissioning activity in 2023/24:
- 3.1.1 In Older People, Physical Disability and Sensory Impairment services:
- Procurement and implementation of the newly designed home support model in Bradford (see 3.11 for further detail on this)
  - Service review of Extra Care in Bradford
  - Launch of the Local Friendship Grants programme
  - Award and implementation of the new joint Dementia and Advice Contract
  - Review of Independent Equipment Service
- 3.1.2 In Early Help and Prevention and Mental Health services:
- Review, tender, award and negotiation processes to move us to the next stage of our re-imagining days programme, breaking down the block provision of services currently being delivered by New Choices
  - Service reviews of some of our key early help services including Affordable Credit, Alternatives to Respite and Accessible Information.
  - Re-commissioning of the Affordable Credit service.
  - Continued work with Housing to define the scope and scale of our homeless partnership work.
  - Support to colleagues in the ICB on the review and commissioning of Mental Health services for ethnically and culturally diverse communities.



- Tender and award of a new Mental Health Specialist Enablement & Recovery Service.

### 3.1.3 In Learning Disability, Autism and Neurodiversity services:

- Implementation of the new Provider List for Supported Living services.
- Review, tender, award and implementation of a new contract for our residential respite service.
- Continued work to de-commissioning block contracts for residential care for adults with learning disabilities.

3.2 The Commissioning Team have been active in supporting preparation for the CQC Assurance assessment framework, with a particular focus on the “Providing Support” quality theme. The team engaged in the peer review process in September 2023 and have been developing an evidence library.

### **Update on contract and quality activity undertaken in 2023/24**

3.3 Throughout 2023/24 the Contract & Quality Team have continued to monitor the performance, quality and value for money of over 500 provider organisations with a total spend of c. £140m to ensure that quality and service standards are met in line with the contract and responding to specific concerns and issues.

3.4 The mobilisation of the recent Home Support tender has been a significant area of work for the team in 2023/24. The implementation of the contract involved transfers of staff and people who use services between organisations that required close monitoring by the Contracts & Quality Team. The new model will deliver significant improvements and the ongoing monitoring of the providers to ensure deliver of high quality home support in line with the contract will remain a key area of work for the team in the coming year.

3.5 The Contract & Quality Team have continued to work with partners including Safeguarding Adults Team, health (ICB) and CQC to respond to any concerns within residential and nursing homes in line with our Serious Concerns Procedure.

3.6 The Contract & Quality Team have undertaken a review of the use of the Care Cubed system which provides an independent benchmark of costs for specialist services. This review will help determine where Care Cubed can support our work to balance the sustainability of services with the significant financial challenges faced by the council.

### **Update on People Commissioning**

3.7 As highlighted in the 2023 Commissioning Update report Adults Commissioning now sits within a wider People Commissioning Service. In 2023/24 we have:

- Restructured and recruited to the Children and Public Health Commissioning Teams, building on the strength of the existing Adult commissioning structure. The new structure of the teams provides consistency across the People Commissioning Service and creates a robust commissioning offer for the Bradford Children and Families Trust, Children Services and the Public Health service.
- Improved governance processes to better manage commercial risk and

- provide clearer commissioning plans and intentions.
- Improved our collective capacity to influence the wider health and care system across all ages, creating greater opportunities for future commissioning with other partners.
- Created opportunities for the whole of the service to come together, learn, offer peer support, and develop our approaches and processes.

## **Delivery against the ASC Commissioning Strategy**

### **3.8 Co-producing commissioning and quality**

In June 2023 our new Co-Production Manager and Officer joined the team. They are supporting the whole People Commissioning service to improve our co-production offer, build skills in this area and make the most of our resources when delivering co-produced commissioning and contracting activities.

We have continued to work to ensure people who use services, their families or representatives have been given opportunities to be involved in review, design and delivery of services. People have had the chance to give their views in different ways on all our commissioning projects this year. People who use services have been involved in the evaluation process in 4 out of the 6 procurements completed this year.

#### **Reviewing our Accessible Information offer**

We commission a service to co-produce information in accessible formats including audio, British Sign Language (BSL) and Easy Read. As this service comes to the end of its current term, we have carried out a service review in a way that has fully involved people with learning disabilities and sensory impairments. To make co-producing this service successful, the team has had to be flexible – working in different ways, having meetings and conversations in different styles and through different mediums to make sure people can have their say and be involved in decision making. Based on feedback from people who use accessible information formats, the service specification makes it clear the production of information must be user-led and bring value for those getting involved in helping to produce or test information. The tender application includes one question that must be answered in an accessible format, including BSL and will be scored by people with lived experience of adult social care services.

### **3.9 Promoting equality and inclusion**

In May we established an Equalities Data Task and Finish group within People Commissioning. We had identified through completing Equality Impact Assessments, needs analysis and contract reviews that whilst we had good equalities information for some areas and some protected characteristics, in other areas we lacked data and often data collection was inconsistent or collected in a way that wasn't helpful. The group carried out an audit of current practice across our contracts, gathered feedback from staff in services about their experiences of getting equalities monitoring forms completed and researched local and national best practice.

From this, we are developing a new approach to equalities data collection. This will include introducing a new standard set of equalities questions for use across provision making it easier to compare and assess when considering need and impact.

### 3.10 Outcome-focused services driven by choice

We have maintained our focus on commissioning services that are focused on the outcomes people want from their care and support, and that give people choice over the way they are supported. We are supporting colleagues in the Adults with Disabilities service area to explore Small Supports. Small Supports are highly personalised bespoke packages of care delivered by small organisations (supporting around only 3-5 people at a time). The model is mainly focused on people with Learning Disabilities and Autism who are in a hospital setting and need a different approach to support to help them maintain lives in the community. The Small Supports project includes looking at Individual Service Funds.

Another example is the way we have provided grants to small groups that are well placed to provide positive early help and prevention activities within local communities.

#### Local Friendship Grants

We adapted our processes for the Local Friendship Support Grants to make it the most accessible grant award process we have ever run. When preparing for the grant process we knew there were a wealth of brilliant support groups working with specific needs and communities who helped people achieve positive outcomes but often struggled for funding. Small support groups told us they found the application process for funding daunting and inaccessible, particularly if the people running the groups had needs themselves, such as sensory impairments. The groups expressed a distrust in the Council and had a low expectation of the Council meeting their needs or supporting small local groups.

We streamlined and simplified processes. We kept the application form succinct and free of jargon, and developed easy to follow guidance which explained the process step by step. We also made the guidance available in the format of a BSL video with audio and captions. Groups have fed back how glad they are to have been able to apply for small amounts of funding, how excited they are to have had their applications accepted and how optimistic they feel about their group's future sustainability. Both new and existing projects have been funded by the grants focusing on reducing social isolation for people who often feel marginalised because of their disability or Dementia.

Examples of projects we have funded so far include:

- A summer programme of trips for the Holmewood VIPs (Visually Impaired People), to allow members to develop their confidence visiting new places and to encourage new membership
- Development of a Bradford Sensory Impairment Goalball Team

“When I lost my eyesight many years ago, I had no idea how to carry on and this is when I found this group which had just started. This made a big difference to me as everything was so difficult, but being with people with the same problems has really helped and I could learn how to adapt as well. Being able to organise the day trips has made me proud. It also helped me as it enabled me to get out and walk and go further than I have been in a long time.”

Holmewood VIP member

- Purchasing of equipment for various groups supporting people living with dementia to allow interactive reminiscence sessions and musical bingo
- The development of the Morley Street Gardening Group's allotment to increase accessibility and size so they can expand their membership
- BAVIPs welcome event to showcase their group and allow people with visual impairments across the District to come together to connect and form friendships
- A programme led by Dementia Friendly Keighley to enable local activity groups and businesses the opportunity to learn how to become more dementia friendly and make their premises more accessible
- Establishing a Dementia support Group in Wilsden to offer advice, activities and peer support to people living with dementia and their carers
- Establishing a 'Cook and Eat' group for people with visual impairments to allow people to learn safe cooking skills, make friends and learn about nutrition
- Establishing a weekly bingo and entertainment afternoon in Baildon for people with sensory impairments.

### 3.11 **Recognising points of transition and life changes**

This year commissioning work has had a particular focus on supporting smoother transitions from hospital and residential settings

#### **Clarifying Discharge to Assess for the independent care homes**

Discharge to Assess (DTA) was formally introduced during the pandemic. The Department adapted in-house provision to provide services in line with the guidance, however the requirements are different to those that were currently being delivered in the independent sector, which is more geared up for longer-term support. There is therefore a lack of clarity regarding processes and expected delivery requirements between care home providers and hospital staff. This can then impact on the individual's placement into the home. To address this a new service specification and guidance documents are being developed to clarify roles within the DTA pathways. Expected outcomes from this work include:

- System partners will each understand what is expected of them
- Placements will be made quickly to care homes engaged in the work
- There will be a clear pathway for people as they transition through services and receive the care and support that is appropriate for them.
- Homes will have a clear remit of the care and support they need to provide.
- Individuals and their families will have more information and a better understanding of their options when leaving the hospital and how this may impact on any decisions that they make about their long-term care.
- Funding of placements will be consistent and transparent.

#### **Mental Health Specialist Enablement & Recovery Service**

It was identified that there is currently a gap in services that can provide a bridge between 24 hour support settings for people with mental health needs (such as in acute hospitals and residential services) and living independently.

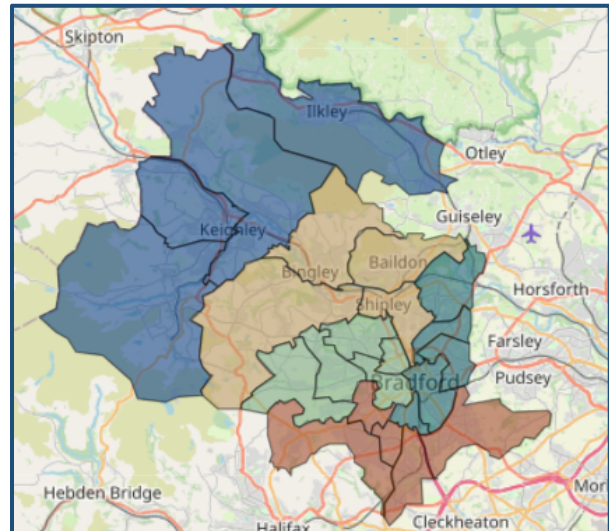
Bradford Council, Bradford District Care Trust are working together to establish a new specialist supported housing project to start in April 2024. We are setting up a new Community Rehabilitation Offer linked to fourteen assured short hold tenancies. The service will be provided by a partnership between a local VCSE specialist mental health provider, the Community Rehabilitation Team (BDCT), CMHT and social work provision.

The service will focus on helping people to build independence, skills and progress on their personal recovery journey so they can move-on to a new home with less or no support.

### 3.12 Delivering innovation and creativity

As previously reported to the Committee, historically Bradford's homecare market has been highly fragmented and faced issues with the sustainability of provision. Following the detailed review of homecare provision in 2022/23, this year the Commissioning and Contracts team undertook the procurement process and implementation of the new contracts. The new locality contracts, with 2 providers working in each area, are designed to ensure we have sufficient capacity to meet current demand with providers operating at a sustainable level within locality areas. New, clearer, targets have been set for picking up new packages of care and the new service specification focuses on taking an enabling and strengths-based approach. There will be 6 innovation sites covering 3 themes (technology-enabled care, outcome-based services and delegated healthcare) taking a test and learn approach, with proved innovations being rolled out across the District over the life of the new contracts.

[Click here to see a map of the new locality contracts and the providers](#)



The implementation process was highly complex. Greater change was required than expected for a number of reasons, including that some existing providers decided not to bid or were unsuccessful in their bids. The actions taken by some providers during the implementation process also caused significant issues. We acknowledge that the issues during the implementation process resulted in disruption for many people and we received a high number of complaints during the process. Partnership working across the Department aimed to resolve issues and complaints as quickly as possible. 3 months into the new contracts, services have already stabilised in most areas and we remain committed to the aims of the service transformation to deliver high quality, sustainable care services that will continue to innovate over the next 5 years.

Additional resources were also made available to support people who decided during the implementation period that they wished to manage their own services via a Direct Payment.

### 3.13 Promoting support that acts early

We continue to maintain a focus on our early help and prevention services. Our capital grants continued to be used in 2023/24 to widen access to our community resources and services that focus on reducing isolation and increasing engagement with local communities have been funded through a variety of commissioning activities.

“Bradford Buddies has helped me make new friends and build my confidence, I’m more independent and get out more. I’m happy”  
A (Buddy)

### **Bradford Buddies**

Our new Bradford Buddies contracts started this year. These services match people with a volunteer who loves the same kind of activity so they can go together and supports people to develop their own friendship groups focused on a shared interest.

Work has started on rewriting the Carers Strategy for 2025-30 with survey development underway, face to face events with carers planned and a project group with representatives across the Health and Social Care System in place. Alongside this work, as part of the Health Determinants Research Collaboration, we have been considering how best to support carers from ethnically and culturally diverse communities with a report to be published this year on “Key factors that affect access to support for minoritised informal adult carers that can be addressed at local policy level.”

#### **3.14 Improving quality**

A significant focus of the Contract & Quality Team is on working with commissioned services and key partners to improve quality and ensure the best possible experience for people who use services. We work closely with partners including the Bradford Care Association to share good practice and support providers to continuously improve quality.

The Contract & Quality Team operates a Customer Concerns Log (CCL) which records any concerns about a commissioned service raised by a professional, someone who uses services, family member or other relevant person. These are all allocated and followed up to ensure the provider responds to any concerns and takes appropriate action to avoid a repeat of any issues. With support from the Intelligence Service the CCL has been digitalised allowing increased analysis of the issues raised for key themes. This will increase our ability to identify common issues that are causing concern across services and take early action to address these before more significant issues arise.

#### **3.15 Identifying need and tracking impact**

In June 2023 we launched our new Market Position Statement (MPS) which sets out the Council’s understanding of the social care market, current demand for services and our direction of travel to help us achieve these ambitions. Our MPS has been produced as webpages for the first time meaning that we will be able to update and develop the information we share over time.

<https://www.bradford.gov.uk/adult-social-care/market-position-statement/market-position-statement/>

#### **3.16 Promoting Voluntary, Community and Social Enterprise (VCSE)**

Work is underway with VCSE representatives and colleagues from across the Council and the Bradford Integrated Care Board (ICB) to develop a VCSE Commissioning Strategy. This document aims to outline our commitment to a

vibrant, diverse and sustainable voluntary sector by agreeing principles that will determine how we work in partnership. In addition it commits to considering some of the barriers to the sector in engaging in procurement.

After initial engagement with the wider VCSE in the District, work has continued with VCSE representatives to draft the document, which is now being considered by the wider Council & ICB.

### **3.17 Partnership working with providers**

With the recruitment and retention of care staff remaining a significant issue for providers, some organisations have started to look at international recruitment as a key route for bringing in staff. In March 2023 the Government launched the International Recruitment Fund for the adult social care sector to be managed regionally. Leeds Council coordinated the process for the Yorkshire and Humber area with the Commissioning Team acting as the key link for Bradford. The decision was taken to focus our local funding on increasing capacity within the Home Support and Care Home market. Priority was given to SME providers planning to recruit via internally displaced people already in the country (people who originally came to the UK for another purpose such as an asylum seeker, or a visa that was not linked to study or work) and those moving from a student visa to a work visa over bringing new people into the country. Providers successful in applying will be given a bursary towards the cost of training their staff and supporting them to transition to their new environment. This should help build capacity within the care market and help those people who are employed through overseas visas.

The last twelve months has seen significant joint working with the Bradford Care Association, which has included several Quality Workshops specifically for social care providers in the District. Additionally, the introduction of the new Home Support Contracts (see 3.11) provided an opportunity for collaborative working with all system partners during the implementation phase of the project.

This year has also seen the continuation of a partnership approach between our carers services and the Council on carers assessments. The pilot was launched in June 2022 covering 3 social work teams. A review of the pilot is being completed and learning from the pilot on how to improve carers assessments in the future will be taken forward.

### **3.18 Partnership working with Health**

We have made significant progress on the Section 75 agreement this year. Throughout the year we have worked with commissioned leads across health (ICB) and social care to refresh all of the Section 75 schedules to ensure we have an accurate record of the partnership arrangements. Within this workstream, we identified several 'new' partnership arrangements which required new section 75 schedules to be drafted and approved at the Planning and Commissioning Forum. We have been working with legal colleagues to refresh the overarching Section 75 and its schedules, ensuring it is legally compliant with the conditions of a Section 75. We are now working through a draft variation document which would enable us to review the overarching Section 75 more regularly and implement a process for future updates to the arrangements. We have also introduced a decision flowchart to support commissioners in understanding the governance in agreeing new jointly commissioned services and we continue to maintain strong collaborative

relationships through the Planning and Commissioning Forum.

**Mental Health services for ethnically and culturally diverse communities**

Within our mental health provision, we have committed funding and worked to support a Health-led jointly commissioned new specialist support service for ethnically and culturally diverse communities. The service takes a ‘whole pathways approach’ to the delivery for those individuals experiencing a mental health condition from ethnically and culturally diverse communities and will seamlessly integrate with services that provide lower and higher levels of support from health and care services.

**Commissioning Intentions for 2024/25**

3.19 Our commissioning intentions for 2023/24 are set out in Appendix 1. Reviews of each service will be undertaken and options appraisals produced. Services listed may be varied, extended or re-procured depending on the most appropriate option available.

3.20 Listed in the table below are the new commissioning intentions that have a value above £2m:

Service or Project	Estimated annual value	Detail
MH Support Living	£2,600,000	Supported living services with a focus on recovery-based and specialist provision for people with Mental Health needs. This work is being undertaken jointly with the ICB and BDCFT
Advocacy	£879,000	Statutory advocacy provision including Independent Mental Capacity Advocacy, Independent Mental Health Advocacy, Care Act Advocacy and NHS Complaints Advocacy. Also included is the provision of peer support and self-advocacy groups.
Homeless Partnership (now combined with Housing’s Crisis to Permanent contract)	£942,000	These services support people who are facing homelessness to access short-term accommodation and support to help them move on to long-term, stable housing. Services will be commissioned in partnership with colleagues from Housing and will include the Crisis to Permanent Contract provision currently managed with Place in order to offer a more joined up approach to housing related support in the District.
Extra Care	£3,600,000	We will be implementing changes to our Extra Care offer in line with recommendations agreed from the review of services undertaken this year (23/24)

3.21 In the next twelve months, the Contract and Quality Team will:

- Identify opportunities for further integration and joint contract management activity with children’s and public health as part of a People Commissioning



#### Service

- Continue to focus on working with key partners to implement actions that will support improving quality in the residential and nursing home market.
- Further implement the use of Care Cubed to support the management of costs of specialist placements whilst ensuring specialist placements for people with significant care needs remain sustainable.
- Continue to improve process and systems through digitisation and alignment with system priorities

3.22 We will continue to develop the role of the People Commissioning Service, explore options for joint working across the service areas and build skills within the teams.

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

4.1 Commissioning activity is undertaken in line with Contract Standing Orders. Budgets are set in each area of the department and financial and performance monitoring routinely takes place. The team has been actively working to support the Bradford Budget Emergency Response Team and has identified £252,000 of in-year savings to help the Council position between November 2023 and January 2024.

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

5.1 Each commissioning project is managed by a team that includes commissioners, operational colleagues, finance, procurement and legal staff. To manage activities and timescales there is a formal project plan, which includes a risk register, equality impact assessment and a communication plan which is monitored by the project team.

5.2 The project team reports progress to the Assistant Director and the departmental management team. Jointly commissioned projects report to the relevant joint boards.

## **6. LEGAL APPRAISAL**

6.1 All commissioning will be carried out in accordance with Contract Standing Orders.

## **7. OTHER IMPLICATIONS**

### **7.1 SUSTAINABILITY IMPLICATIONS**

7.1.1 Each commissioning project will take into consideration what contribution services can make towards achieving sustainability strategies in the District.

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

7.2.1 Providers of commissioned services will be required to support the Council's commitment to reduce CO2 emissions through the standard contracting arrangements it enters into with Council.

### **7.3 COMMUNITY SAFETY IMPLICATIONS**

7.3.1 There are no community safety implications arising from this report.

### **7.4 HUMAN RIGHTS ACT**

7.4.1 The Human Rights Act 1998 provides a legal basis for concepts fundamental to the rights of people. The fundamental rights include rights that impact directly on service provision in the health and social care sector.

7.4.2 Where services are commissioned, providers of services will be required to comply with the Human Rights Act through the contracting arrangements it enters into with the Council.

### **7.5 TRADE UNION**

7.5.1 There are no Trade Union implications arising from this report

### **7.6 WARD IMPLICATIONS**

7.6.1 There are no direct implications in respect of any specific Ward. Commissioning activity covers the whole District.

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

7.7.1 Not applicable

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

7.8.1 The implementation of an adult social care commissioning strategy and intentions will have positive implications for corporate parenting. The Council's ability to fulfil its legal and moral duty to safeguard and promote outcomes for its Looked after Children, will be considered in the detailed commissioning intentions.

7.8.2 Although the team works primarily with adults we recognise the role the services we commission play in people's lives over time – including as they transition from children's to adult services and supporting adults as parents. The implications for children and young people will be considered during the commissioning process.

7.8.3 As we continue to embed the People Commissioning service, we are starting to explore the opportunities for closer working with Children's Commissioning.

### **7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

7.9.1 A full Privacy Impact Assessment will be undertaken to determine specific areas of UK General Data Protection Regulation (UK GDPR) and information security as part of the commissioning process. It is recognised that the potential for transfer of personal data might be significant when commissioning and procuring services.

7.9.2 There may be a need for partner agencies to share data however this would only be

with the express permission of individual affected in the full knowledge of why and what it would be used for.

**8. NOT FOR PUBLICATION DOCUMENTS**

8.1 None

**9. OPTIONS**

9.1 This report is for information.

**10. RECOMMENDATIONS**

10.1 That the Committee note this report

**11. APPENDICES**

11.1 Appendix 1 – Adult Social Care Commissioning Intentions for 2024/25.

**12. BACKGROUND DOCUMENTS**

12.1 Adult Social Care Commissioning Strategy 2022-27:  
<https://www.bradford.gov.uk/media/7200/asc-commissioning-strategy-22-27.pdf>

**APPENDIX 1 – ADULT COMMISSIONING INTENTIONS FOR 2024/25**

<b>Service or Project</b>	<b>Service Description</b>	<b>Current end date</b>	<b>Estimated annual value</b>	<b>Lead Team Area</b>	<b>Expected Procurement over £2m in 24/25</b>
New Opportunities for Day Activities (non-awarded services)	Day services for people with Learning Disabilities and Autism, currently supported by New Choices	25/04/2024	TBC	EHAP	
Equipment Centre	Independent advice on and demonstration of small equipment which can help people be more independent at home.	30/06/2024	£60,000	OP&PDSI	
Local Healthwatch	Local Healthwatch service.	31/07/2024	£194,401	EHAP	
Mental Health Support Living	Supported living services with a focus on recovery-based and specialist provision for people with Mental Health needs.	22/09/2024	£2,600,000	MH	Yes
Advocacy	Statutory advocacy provision including Independent Mental Capacity Advocacy, Independent Mental Health Advocacy, Care Act Advocacy and NHS Complaints Advocacy. Also included is the provision of peer support and self-advocacy groups.	30/09/2024	£878,413	EHAP	Yes
Housing Related Support contracts	Housing Related Support services for people at risk of homelessness, including people with a history of offending and young people.	30/09/2024	£2,672,000	EHAP	
Alternatives to Respite	Carers breaks/alternatives to respite service	31/01/2025	£100,159	EHAP	
Homeless Partnership (now combined with Housing's Crisis to Permanent contract)	Short-term accommodation and support to help people facing homelessness	31/03/2025	£942,000	EHAP	Yes

<b>Service or Project</b>	<b>Service Description</b>	<b>Current end date</b>	<b>Estimated annual value</b>	<b>Lead Team Area</b>	<b>Expected Procurement over £2m in 24/25</b>
Community Support Agency MH Grant	Assertive, community based support service which addresses the mental and physical health issues through one-to-one practical and emotional support (led by the ICB)	31/03/2025	£52,000	MH	
MAST	In-hospital and discharge care navigation and social prescribing	31/03/2025	£630,241	EHAP	
Co-Production Partnership	Support to develop co-production in commissioning and contracts	31/03/2025	£50,000	EHAP	
Local Community Support Grants	Small grants to local community organisations to promote positive wellbeing and community connections.	31/03/2025	£1,337,200	EHAP	
Day Shelter	Day Shelter for people who are homeless or at risk of homelessness	31/10/2025	£255,576	EHAP	
Buddy Schemes	Befriending / social support schemes for people with sensory impairment and dementia	23/11/2025	£85,157	EHAP	
Extra Care Review	We will be implementing changes to our Extra Care offer in line with recommendations agreed from the review of services undertaken this year (23/24)	N/A	£3,600,000	OP&PDSI	Yes
Small Supports	Specialist, highly personalised care and support provided by small, local organisations who work with people with learning disabilities and/or autism, who have experienced difficult or traumatic life events and who need a different approach to support.	N/A	TBC	LD, A&N	
Support for VCSE organisations	Infrastructure support for the VCSE working with health and social care	TBC	TBC	EHAP	

<b>Service or Project</b>	<b>Service Description</b>	<b>Current end date</b>	<b>Estimated annual value</b>	<b><u>Lead</u> Team Area</b>	<b>Expected Procurement over £2m in 24/25</b>
Night Roaming Home Support	Nighttime provision of homecare	N/A	TBC	OP&PDSI	
Social Inclusion support for older people	Social inclusion support targeted at older people who may also need homecare.	N/A	TBC	OP&PDSI	



## **Report of the Director of Public Health to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 14<sup>th</sup> March 2024**

**AA**

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### **Subject:**

**Respiratory health in Bradford District**

### **Summary statement:**

This report provides an overview of respiratory health in Bradford District and outlines what partners are doing to improve outcomes for people in the District.

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Sarah Muckle  
Director of Public Health

**Portfolio:**  
**Healthy People and Places**

Report Contact: Jorge Zepeda, Head of Public Health

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

Email: [jorge.zepeda@bradford.gov.uk](mailto:jorge.zepeda@bradford.gov.uk)

## **EQUALITY & DIVERSITY:**

Equality assessments have been included in development of the LA programmes described in this report eg Clean Air Zone and Living Well. One of the priorities of the Tobacco Control Strategy in development is to reduce inequalities in access to services to support smoking cessation. A specific plan to reduce inequalities in COVID-19/flu vaccination was developed in partnership between LA and NHS officers.

The work described in this report contributes towards the following Council's equality objectives: 1. Visibility, leadership and accountability – through clarifying the Council's responsibilities and what we do to support our partners to improve respiratory health in Bradford district; and 3. Community – through identifying resources and supporting communities to protect from respiratory infections and environmental hazards.



## 1. SUMMARY

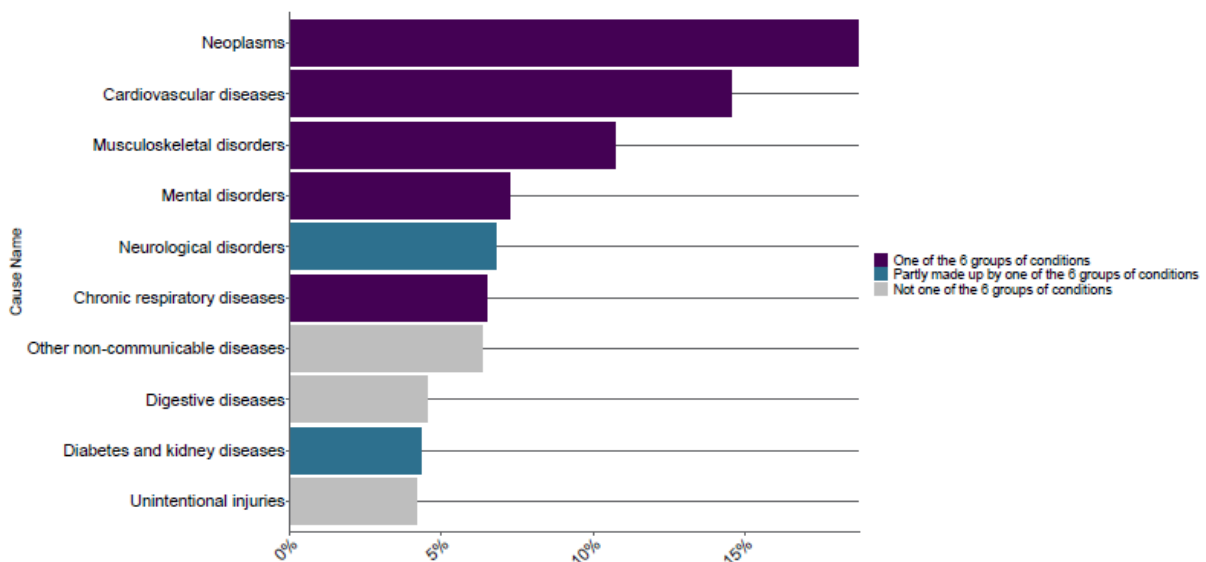
Respiratory disease is an important cause of ill health and early death in Bradford District. The District performs relatively poorly compared to other areas in England. Recognising this, partners across the District, including the local authority and NHS, have prioritised respiratory health with the aim of improving health outcomes and reducing inequalities. This report provides an overview of respiratory health in Bradford District and outlines what partners are doing to improve outcomes for people in the District. The areas covered are air quality, adverse weather, smoking, respiratory infections, and chronic respiratory conditions. This report updates on topics covered by previous reports on respiratory health (Feb 2023) and COVID-19 (Nov 2022).

## 2. BACKGROUND

Respiratory diseases are a group of conditions that can affect the airways and the lungs and impair breathing. These include acute infections like flu, COVID-19 and pneumonia, and chronic disease like asthma and COPD. Respiratory health can be influenced by genetics and metabolism (eg obesity contributing to asthma), infectious agents (eg viruses like COVID-19), behaviour (eg smoking) and environmental conditions (eg air pollutants).

Chronic respiratory disease is amongst the six groups of conditions that are collectively responsible for 60% of the years lost to early death or lived in ill health (Figure 1). These are the conditions prioritised on the new NHS major conditions strategy.

Figure 1. The proportional contribution of major health conditions to the total disability-adjusted life year burden in England (2019)



Source: Global Burden of Disease study, 2019

Respiratory diseases affect one in five people in the UK and are the third biggest cause of death. Health outcomes for respiratory disease have not improved over the last 10 years to the same extent as other disease areas such as cardiovascular disease and cancer. Hospital admissions due to respiratory conditions are a major factor in the winter pressures faced by the NHS and also impact the wider economy through working days lost.

Mortality from respiratory disease has been historically driven by lung cancer, pneumonia, and COPD with an average 500 people dying from respiratory-related disease each year in Bradford district. Since 2020, COVID-19 has become a significant cause of hospital admissions and death.

Respiratory disease is a major contributor to the overall life expectancy gap between the rich and the poor. Incidence and mortality rates from respiratory diseases are higher in areas of social deprivation. These areas have a higher incidence of smoking, exposure to air pollution, poor housing conditions and exposure to occupational hazards, as well as lower uptake of vaccines against respiratory infections and variation in healthcare quality and access. Specific groups are at significantly higher risk of respiratory illness, such as people with severe mental illness, people with learning disabilities, and the homeless.

The [Public Health Outcomes Framework](#) help us understand long term trends in public health at a local level. Many of the PHOF indicators relate to respiratory health, including premature and preventable mortality due to respiratory disease, smoking prevalence, mortality attributable to air pollution, and flu vaccination coverage.

Figure 2 compares Bradford with England, the region and neighbouring LAs in terms of preventable mortality due to respiratory disease. Deaths are considered preventable if all or most deaths from the underlying cause could be avoided through effective public health and primary prevention interventions eg prevention of smoking or improved air quality. Around 1 in 5 deaths due to respiratory disease in Bradford are considerable preventable.

Figure 2. Preventable mortality from respiratory disease – Bradford, Y&H local authorities and England

E07b - Under 75 mortality rate from respiratory disease considered preventable New data 2020 - 22 Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
<b>England</b>	–	25,058	17.0	16.8	17.2
Yorkshire and the Humber region	–	2,968	20.1	19.4	20.8
Kingston upon Hull	–	212	33.6	29.2	38.4
Rotherham	–	193	25.9	22.4	29.9
North East Lincolnshire	–	119	25.9	21.4	31.0
Wakefield	–	241	24.8	21.7	28.1
Doncaster	–	207	24.0	20.9	27.5
Barnsley	–	160	23.0	19.6	26.8
Bradford	–	275	22.0	19.5	24.8
Leeds	–	402	22.0	19.9	24.3
Kirklees	–	240	21.5	18.8	24.4
Calderdale	–	121	20.8	17.3	24.9
North Lincolnshire	–	99	18.9	15.4	23.1
Sheffield	–	239	18.1	15.9	20.6
York	–	74	14.1	11.0	17.7
East Riding of Yorkshire	–	160	13.2	11.2	15.4
North Yorkshire UA	–	226	10.7	9.4	12.2

Source: <https://fingertips.phe.org.uk/>

Bradford Council has established relevant initiatives to improve respiratory health, for example the Clean Air Zone and School Streets programmes which target air pollution, and the Bradford District Tobacco Control Alliance which sets out a multi-agency approach to reducing smoking prevalence. We work alongside the UKHSA to manage outbreaks of respiratory infections, and with the NHS to improve uptake of vaccines against respiratory infections and reduce inequalities in access to healthcare for chronic respiratory conditions.

### 3. REPORT ISSUES

This section presents issues and priority actions in key areas that impact on respiratory health: air quality improvement, adverse weather and health, tobacco control and smoking cessation treatment, prevention of respiratory infections and outbreak management, and management of chronic respiratory conditions.

## Air quality

### The problem: impact of air pollution on health

Air pollution impacts on lung development in children, cardiovascular disease, exacerbation of asthma, cancer and overall mortality. The mortality burden of air pollution within the UK is equivalent to 28,000 to 36,000 deaths at typical ages. Air pollution affects more people who live in urban, densely populated areas and those who are more susceptible to health problems caused by air pollution. Poorer communities are subject to a clustering of environmental risk factors that include greater air pollution, poor housing conditions and less access to high-quality green spaces.

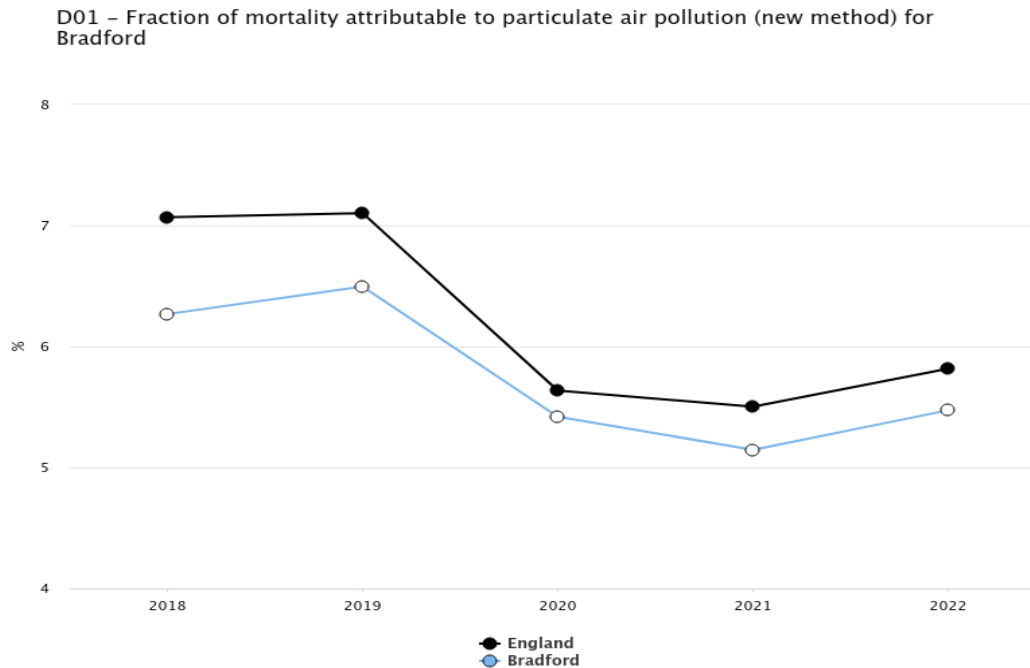
Groups that are more affected by air pollution include:

- older people
- children
- individuals with existing CVD or respiratory disease
- pregnant women
- communities in areas of higher pollution, such as close to busy roads
- low-income communities

Hot weather and air pollution have synergic negative effects on those more vulnerable to respiratory disease. City dwellers are more exposed to extreme heat due to the Urban Heat Island effect (UHI) which is caused by a combination of factors: buildings, narrow roads, reduced vegetation, air pollution, traffic, domestic energy use and industrial processes. It can lead to city temperatures being up to 5 °C warmer than surrounding areas and is most pronounced at night when the impact of heat on health and wellbeing is greatest.

Air pollution is a complex mix of particles and gases of both natural and human origins. There are technical challenges in measuring air pollution and attributing health effects to specific measures. For example, the Clean Air Zone in Bradford was introduced to reduce levels of NO<sub>2</sub>, which is the main pollutant generated by transport vehicles. The Public Health Outcomes Framework (PHOF) includes an indicator of deaths attributable to fine particulate matter (PM<sub>2.5</sub>), which is the main pollutant generated by households and small businesses (eg bonfires, barbecues, wood stoves). Figure 3 shows a comparison of trends in mortality attributable to air pollution in Bradford and England.

Figure 3. Mortality attributable to air pollution, Bradford and England



Source: [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

This PHOF indicator is a measure of the fraction of all cause adult mortality that can be attributable to air pollution. The inclusion of this indicator in the PHOF enables Directors of Public Health to prioritise action on air quality in their local area to help reduce the health burden from air pollution. Bradford has lower levels than the country's average (which is influenced by high levels of pollution in the London area), but higher than other West Yorkshire LA's with the exception of Leeds. These measures do not account for the impact of the Clean Air Zone, that was implemented in September 2022.

#### Action: Clean Air Zone

One of the five outcomes of Bradford District Plan 2021-25 is to act at all levels to address climate and environmental change. Priorities include investments and programmes to reduce air pollution, in line with the Bradford Clean Air Plan in development since 2018 ([Breathe Better Bradford](#)).

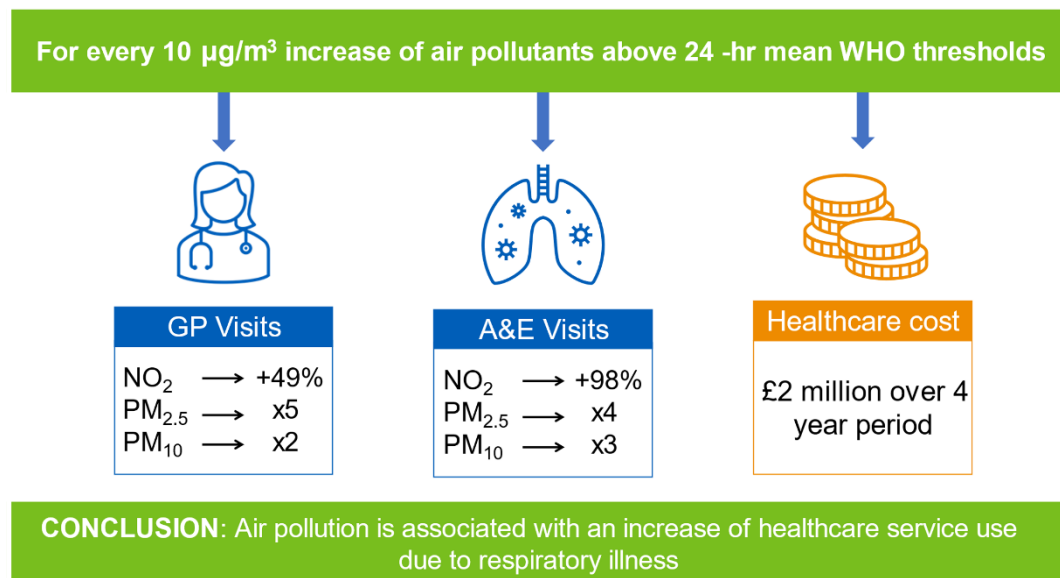
In September 2022, Bradford launched a Clean Air Zone (CAZ), which is a defined area where targeted action is taken to improve air quality. Since September 2022, noncompliant commercial vehicles are charged a daily fee to enter the zone. Around 20% of the Bradford population live within Bradford CAZ, and 40% of the schools are in the area.

The revenue generated by the fines is ring fenced to further improve air quality. The CAZ includes exemptions and support packages for locally registered vehicles, a mitigation to avoid the impact that charging the taxi trade would have on families that were already on low incomes. With support from Council grants, 97% of taxis were upgraded to CAZ standard, and we now have the cleanest fleet in UK. All commercial buses were also upgraded. The revenue generated by the CAZ has enabled public health initiatives like the

school streets and clean air schools.

The CAZ health impact is being evaluated as the subject of a £1m National Institute of Health Research project by the NHS and Born In Bradford (Bradford NHS). New research linking admissions with air pollution has found that up to one-in-two healthcare attendances for breathing difficulties in Bradford could be triggered by breaches in daily air pollution limits. This study analysed data from over 120,000 attendances for respiratory problems between 2018 and 2021 and concluded that the impact of pollutant gases on health care use is far greater than previously reported, affecting people for up to 100 days after exposure. The full paper can be accessed here and is summarised in Figure 4.

Figure 4. Association of air pollution with healthcare utilisation and costs in Bradford



Source: The effects of exposure to NO<sub>2</sub>, PM<sub>2.5</sub> and PM<sub>10</sub> on health service attendances with respiratory illnesses: A time-series analysis (sciencedirectassets.com)

We should soon (early 2024) have early data on how the implementation of a clean air zone has reduced pollution and how this has improved health. The research is being carried out at Bradford institute of health research (BIHR) as part of the BiB Breathes - Born In Bradford project. Research is also ongoing to understand the impact of poor housing conditions and indoor air pollution on health and inform policies for reducing indoor pollution, for example by reducing pollution from solid fuel burning in residential areas.

#### Action: Urban planning, development and guidance

The Chief Medical Officer's 2022 annual report focused on Air Pollution and its' impacts on health. Bradford Plan to reduce air pollution featured as one of three examples of city-wide policies of success in England. The report highlights the Clean Air Zone and the role of the local Planning and Housing teams to ensure that urban planning:

- allows 'adequate air pollution dispersal to reduce people's exposure to poor air quality where they live and travel'

- supports delivery of ‘high-quality and sustainable homes and places of work’
- includes ‘amenities such as parks, green spaces, healthcare facilities, retail and leisure opportunities at the neighbourhood level’
- reduces ‘pollutant exposure risks for vulnerable people such as children, older people, and others with long-term health conditions’, with a focus on key sites such as schools, health and care facilities.

Urban redevelopment can create safe, attractive walking/cycling routes, siting them away from traffic to reduce exposure to traffic emissions. The current transformation programme for parts of the City Centre increases safe walking, cycling and wheeling routes for city centre residents, workers, commuters and visitors, including the large number of young people accessing the sixth form colleges, Bradford College and the University. When people can easily and safely move around their neighbourhoods on foot, by cycle or wheelchair, and have regular, reliable reach bus and train stops and hubs to make for longer journeys they are less likely to make short journeys by car. Over time this widens our travel choices, helping to reduce traffic-related pollution.

Locally, the Council has published guidance for developers wishing to build new developments or convert existing buildings in Bradford District to support the creation of healthy places to live and work. Environmental Health and air quality officers provide specific advice to reduce exposure to dust and other forms of pollution during building works. At a larger scale, urban design and local planning teams can shape and reduce people’s exposure to other sources of air pollution: from decisions about location of food manufacturing, restaurants, industrial processes to the design of new-build homes and retrofit schemes; ensuring that living environments minimise air pollution, are well-insulated and provide ventilation to reduce risk of damp, cold and mould; and designing transport schemes to minimise residents’ exposure to pollution.

### *Access to green spaces*

Actions to improve, maintain and protect the natural environment can protect respiratory health through reducing the impacts of air pollution. As well as time spent in nature in rural areas, provision of urban green and blue space are key to removing and providing respite from key air pollutants.

In urban areas, greenspace and urban planting schemes can be designed to control the flow and distribution of air pollution. The Council’s Landscape and Heritage team deliver well-designed urban greening schemes that address a number of issues – softening the appearance of urban environment, absorbing surface water as well as helping to address air quality. Redesigning road and pavement layouts to take pedestrians further away from traffic emissions and providing active travel routes through greenspace, all help reduce exposure to air pollution and improve health. For example, a searchable directory of park and green spaces in the district can be used to plan a day out or to decide if every day journeys can be adapted to pass through parks and other green spaces.

## Action: school streets and clean air schools

School Streets is a national approach supported by the Dept for Transport (DfT) which restricts vehicle access near to schools during the busy times when children are dropped off and picked up. To implement a School Street, the Council uses its legal powers to restrict access to traffic in a defined area around a school, typically for 30-40 minutes twice a day. The result is that it is easier and safer to walk the last few minutes of the journey to school, encouraging families that live very close to school to walk, and dispersing the remaining school traffic across a wider area around the school.

The scheme offers a proactive solution for school communities to tackle air pollution, safety issues and poor health. The school streets approach aims to support a healthier lifestyle and active travel to school for families and lead to a better environment for everyone. Local authorities can apply for DfT funding to add 2-3 schools per year. By autumn 2024 the District should have 10 such schemes.

Many schools are in locations where roads cannot be closed every day during term-time, even for short periods, and so a wider approach to reducing pollutions risks to children's respiratory health near schools is being developed by the Clean Air Schools Programme (CASP).

The CASP is a Bradford Council initiative that seeks to further improve air quality at schools, it is supported by a £500,000 grant programme for schools in the most polluted areas (£250-£10,000 per school) to implement bespoke emission and exposure reduction measures.

Figure 5. Areas funded by the Clean Air Schools grant scheme



Source: <https://www.bradford.gov.uk/breathe-better-bradford/what-help-is-available/clean-air-schools-grant-programme/>



Additionally, an engagement package for schools with material and resources will be created to deliver a wide range of activities for pupils to enhance their knowledge of air pollution and allow the school to effectively communicate with parents, visitors, suppliers and the local community.

In June 2023 Executive resolved to develop a district-wide 'anti-idling' programme with associated enforcement. This requires people to turn cars and other vehicle engines off whilst parked in the public highway, to reduce pollution. The CASP has provided training to council wardens on the dangers of air-pollution caused by engines being left running, for example whilst waiting to collect children from school. Traffic wardens are now encouraged to **engage** with people to explain anti-idling offences, to **educate** people about the dangers to health, particularly to child health, from avoidable vehicle pollution, and to **enforce** anti-idling powers where necessary.

## Adverse weather and health

### The problem: health impact of hot weather

Heatwaves increase health-related issues and deaths (excess seasonal deaths). The main causes of illness and death during a heatwave are respiratory and cardiovascular diseases. There is a linear relationship between temperature and weekly mortality, with an estimated 75 extra deaths per week for each degree of increase in temperature. Part of this rise in mortality may be attributable to air pollution, which makes respiratory symptoms worse. There is also a social gradient to these impacts in which they are more severe in the more deprived.

Hot weather can cause respiratory issues to flare up, particularly if the person becomes dehydrated. Hot weather can increase levels of air pollutants that trigger breathing problems. Humidity during hot weather also make breathing problems worse. Increased pollen levels can exacerbate COPD symptoms. Severe summer storms have been linked to an increase in asthma attacks (thunderstorm asthma).

There have been an average 2000 heat-related deaths a year in the UK. In 2022, when there were 5 heat periods including an unprecedented red alert (major incident) for extreme hot weather with temperatures reaching 40C, 3,271 summer deaths were reported for England and Wales.

[UK Climate Projections](#) note we will have warmer and wetter winters, alongside hotter and drier summers. Climate change will hit harder low-income areas and the most vulnerable people, whose housing may be poorer quality, uninsulated, and unsuitable for extremes of temperature. We will continue to take action to mitigate Winter Excess Deaths, however from 2080 we will expect numbers to reduce, whereas the impact of Heat Waves will increase in both frequency and severity.

### The problem: health impact of cold weather

Cold weather can increase the risk of respiratory infections and exacerbate chronic conditions like COPD, asthma, and cardiovascular disease. Effects of the exposure to cold in the human body include suppression of the immune system, reduced capacity of the lungs to fight off infection, airway constriction and production of mucus in the lungs.

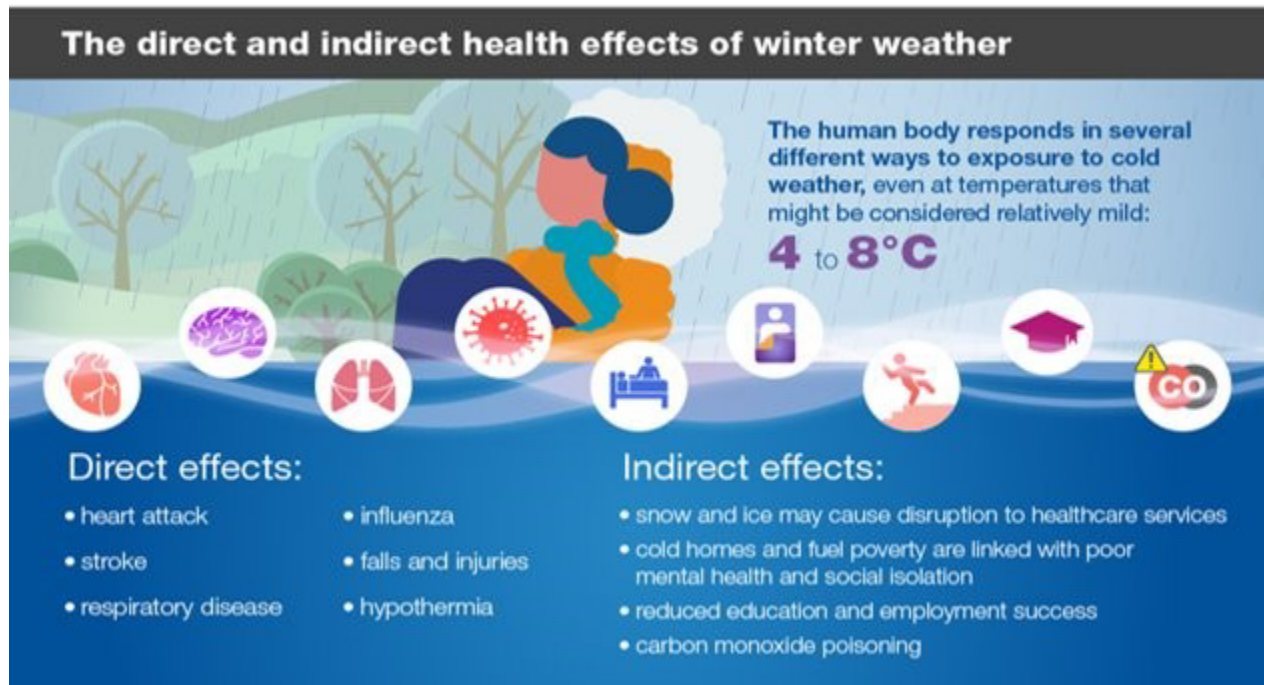
This risk is higher for people who are older, very young, or those who suffer from chronic conditions. As we age, our immune systems become weaker and less able to fight off viruses. We lose the muscle mass that helps us keep warm and moving about. The cold also makes chronic health conditions, which are more prevalent in older people, harder to manage and increase the risk of heart attacks, strokes, depression, and accidents at home.

Factors that impact on people's ability to adapt to the cold may also impact their ability to reduce exposure to respiratory infections, for example through reduced ability to maintain good respiratory and hand hygiene. Particular groups at risk include:

- severe mental illness
- dementia and other causes of cognitive impairment

- disabilities
- being bed-bound
- being very young
- drug and alcohol dependencies

Figure 6. Health effects of cold weather



Source: Adverse Weather and Health Plan - Supporting evidence 2023 to 2024

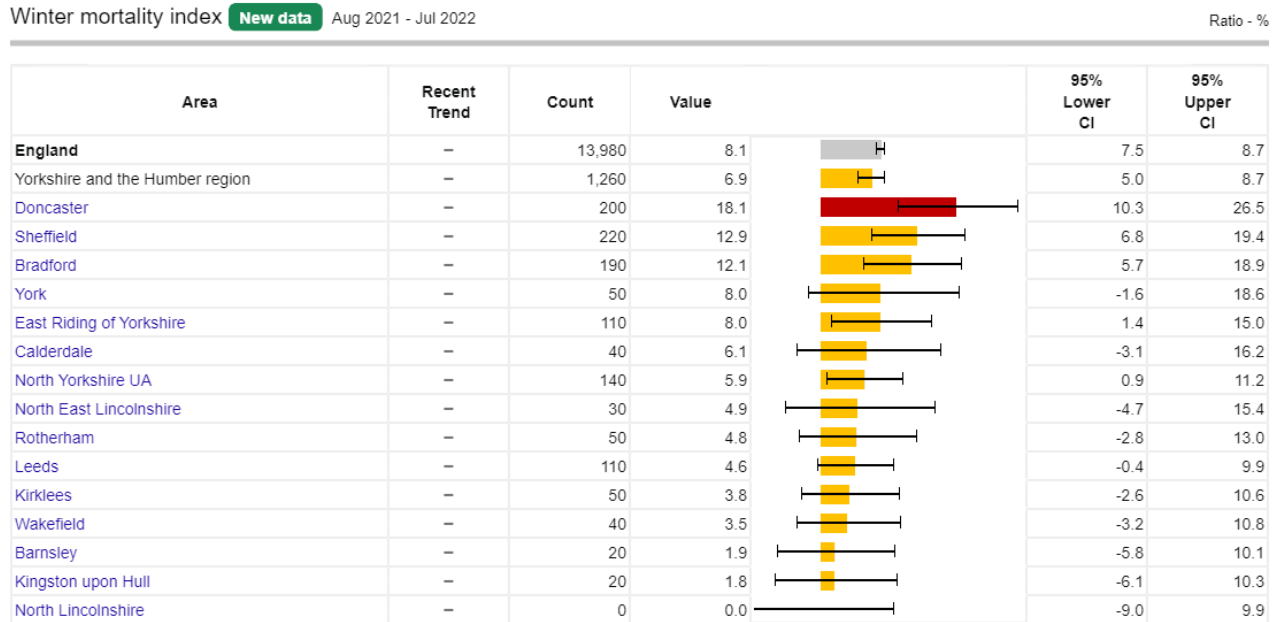
Although lower temperatures have a more significant effect on health, the ill effects from cold homes are already seen when outdoor temperatures drop to around 6°C. Because temperatures in this range are much more common, this is when the greatest number of health problems caused by the cold occur.

There is a seasonal increase in the number of deaths during the cold months. This reflects temperature, people spending more time together indoors, increase or worsening of respiratory diseases and other health conditions, and pressure on services. The PHOF has an indicator to measure this increased mortality. The winter mortality index (previously defined as excess winter deaths) is an important measure to assess whether policies are having an impact on mortality risks during the winter period. This indicator compares the number of deaths that occurred in the winter period (December to March) with the average of the non-winter periods (August to November and April to July).

Bradford has the third highest winter mortality index in Yorkshire and the Humber and is well above the national and regional averages (Figure 7). This is a complex indicator also influenced by wider health determinants like deprivation (fuel poverty, access to services) and it has been hugely impacted by COVID-19. The difference between Bradford and neighbour LA's has exacerbated in 2021-22, probably reflecting the highest number of

deaths related to COVID-19 and deprivation in Bradford compared with neighbour LA's.

Figure 7. Winter mortality index (PHOF) – England and Yorkshire and the Humber local authorities



Source: <https://fingertips.phe.org.uk/>

### Action: Addressing Fuel Poverty

There is evidence of strong [links between cold temperatures, fuel poverty, and respiratory problems](#). Cold weather affects more severely those in fuel poverty, and fuel poverty is at very high levels due to the general cost-of-living crisis and high energy prices. A household is said to be in fuel poverty when its members cannot afford to keep adequately warm at a reasonable cost, given their income. Estimates of the [End Fuel Poverty Coalition](#) project that up to 1 in 3 houses in West Yorkshire were in fuel poverty at some point of 2023.

A [national mapping of fuel poverty](#) hot spot areas shows areas that are highly likely to be experiencing fuel poverty, with large numbers of households with higher than average fuel bills and lower than average income. Bradford District is 2nd highest in England & Wales by number of areas (124) and 6<sup>th</sup> highest by percentage of areas (40% of the District).

The Council and the local NHS co-commission a [Warm Homes Healthy People](#) service for residents. The service is targeted at people and households who are most vulnerable to or at risk of the impacts of fuel poverty on their health and wellbeing. People may be referred by health, care or community workers, or self-refer via the website or by freephone. Referrals are triaged by need - prioritising people who have health conditions, or a household member who is vulnerable to excess heat or cold due to age or other factors, or those living in poor housing conditions.

Households receive 1-2 home visits to assess risk, provide free advice, support to manage fuel debt, make best use of heating and are provided with energy-saving measures that help people reduce bills and retain heat, reducing risk of excess cold, damp and mould.

Households are also supported to apply for national energy-saving schemes and grants, and households who will be vulnerable during power cuts and no-heat situations are supported to register with their energy and water providers' Priority Service Register. The War Homes service provides free online training for front-line health and care professionals, particularly those who visit residents at home, enabling them to identify the signs and impacts of fuel poverty and refer residents into the service.

Since 2022 the service has operated at an enhanced level through additional investments from various sources – DHSC, DWP, Public Health and Adult Social Care. The service supported 2,008 households in 2022-23 and 1,386 households as of Feb 2024 in 2023-24.

A [Cost of Living Support](#) booklet produced in partnership with CABAD and Bradford District and Craven HCP contains advice on how to protect from cold, prevent respiratory infections, keep healthy, and access financial support. Additional sources of support are the [Warm Spaces](#) directory (giving details of safe places to spend time for free and avoid isolation, these stay open ins summer as Welcoming Spaces) and the [Weather Ready](#) campaign with advice to prepare for extreme cold spells.

#### Action: improving housing standards

A number of housing-related hazards, such as damp, mould, excess heat or cold and poor indoor air quality can exacerbate or trigger respiratory illness. The Council's [Housing Standards team](#) provides advice and support to landlords and agents so that they know what is expected of them, and support tenants with getting repairs done and making sure that their landlords deal with hazards properly, including enforcement action if necessary. The team also facilitates access to loans for housing repairs or adaptations for low-income tenants who are not eligible for commercial loans or equity release.

The team has produced [advice to help tenants and homeowners](#) to understand what they can do to reduce the risk of damp and mould, and to understand when it is caused by a structural problem that must be addressed by the homeowner or the landlord or housing provider. The Council has also made available a very simple but effective [video explaining the issues of condensation](#) and how this can be avoided.

Damp can be controlled with the use of heating and ventilation, however, increases in fuel and household costs have made heating a home and reducing humidity unaffordable for many. A pilot project has provided tenants with humidistats to control humidity through the use of cross ventilation, ventilation fans and simple moisture reduction measures. The Housing Standards Team have targeted properties within certain areas of the district with EPC scores F or G to improve heating and insulation measures.

As one of the largest providers of social housing within Bradford, the team also has a close relationship with Incommunities to ensure that problem properties with ongoing damp and

mould issues are referred directly into Incommunities, reducing the turnaround time for necessary repairs.

The Housing Operations Service also provides financial assistance to support low-income homeowners to access equity loans for housing repairs (removing hazards) or adaptations if they are not eligible for commercial loans. Should homeowners not be eligible for loan there is a small grant which can be provided to address the more serious hazards.

#### Action: adverse weather and health plan

The UKHSA Adverse Weather and Health Plan (AWHP) published in 2023 is part of the government's response to ensure that the UK is resilient to climate change. The plan brings together and builds on the previous Heatwave Plan for England and the Cold Weather Plan for England and it aims to promote a change of focus from response and recovery to resilience and preparedness. A set of action cards for different settings was developed alongside the plan.

Alongside the launch of this plan, UKHSA and the Met Office developed action cards for specific settings and a new platform for Weather-Health Alerts including both Heat-Health Alert (HHA) and Cold Health Alerts. During an adverse weather event with a high impact on health and medium or high likelihood, they will issue an alert with information on the expected impact. UKHSA has also produced toolkits and action cards to raise awareness of risks of adverse weather to health, suggest preventive actions and mobilise individuals and communities to protect the most vulnerable individuals and groups.

In Bradford, Emergency Planning distributes alerts to the Broadcast 1 list. The local adverse weather plan is activated when an amber alert is received (level 2).

Because most mortality from adverse weather happens out of the hotter or colder days of the year, earlier activation of weather health alerts could prompt more preventive action and have the greatest impact on excess seasonal morbidity and mortality and pressures in the NHS. The same rationale applies to cold and hot weather.

Therefore, public health is developing a **local weather-health alert system** to allow earlier delivery of messages (eg when a level 1 - yellow alert - is triggered) to those settings where individuals are more likely to suffer negative health impacts from adverse weather, for example:

- Adult social care centres
- Residential homes and children's homes
- Winter warmth advice services
- Providers and voluntary organisations that work with vulnerable groups e.g., older people, people with substance misuse problems, rough sleepers

The local weather health alert system is in development and should be piloted in Summer 2024.

## Tobacco

### The problem: impact of tobacco in health

Smoking is the most important cause of COPD and lung cancer and a risk factor for asthma development and attacks. Exposure to second-hand smoke (passive smoking) also causes significant harm to both adults and children. Smoking or exposure to second hand smoke during pregnancy is responsible for an increased rate of stillbirths, complications during labour, premature birth, miscarriages, birth defects and sudden infant death syndrome (SIDS). It also increases the risk of developing asthma and middle-ear infections after birth.

The impact of smoking on health goes well beyond respiratory disease. Smoking is the leading cause of preventable disease, disability and premature death, with over 74,000 people dying from smoking in the UK each year. Smokers lose on average 10 years of life, or around 1 year for every 4 years of smoking after the age of 30. Smoking contributes to the six major health conditions that are responsible for 60% of deaths and disability in England (Figure 8), and to the five clinical areas of the CORE20PLUS5 approach to inequalities.

Figure 8. Contribution of smoking to the six major health conditions in the UK

	% of years of healthy life (DALYs) lost attributable to tobacco (2019)					
	Dementia	CVD	COPD	Diabetes	MSK	Cancer
Bradford	20%	23%	62%	18%	12%	30%
N Yorks	19%	19%	60%	16%	12%	27%

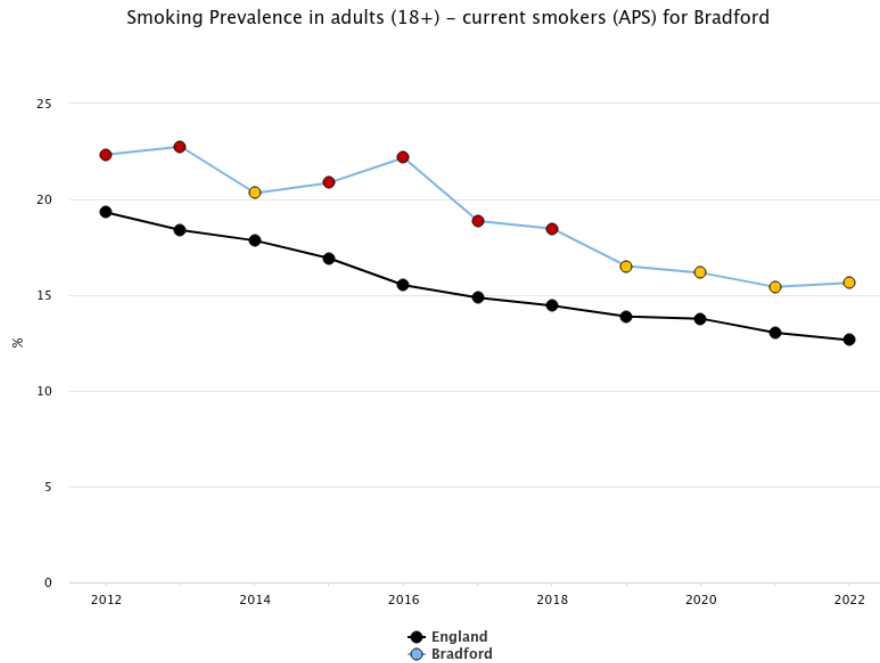
Source: Adapted from Major conditions strategy: case for change and our strategic framework, 2023.

Smoking is the principal driver of health inequalities and the leading cause for the gap in life expectancy between rich and poor. Smoking helps to sustain deprivation, just as deprivation sustains smoking: directly causing ill health, and causing poverty, which leads to further ill health. Long-term smokers are 7.5% less likely to be employed than non-smokers. Around a third of households with a smoker fall below the poverty line. Current smokers are 2.5 times more likely to require social care support.

Between 2011 and 2021, the national prevalence of smoking (measured by the Annual Population Survey) has reduced from almost 20% of adults to 13%. Hospital admissions attributable to smoking have also been falling over time in England.

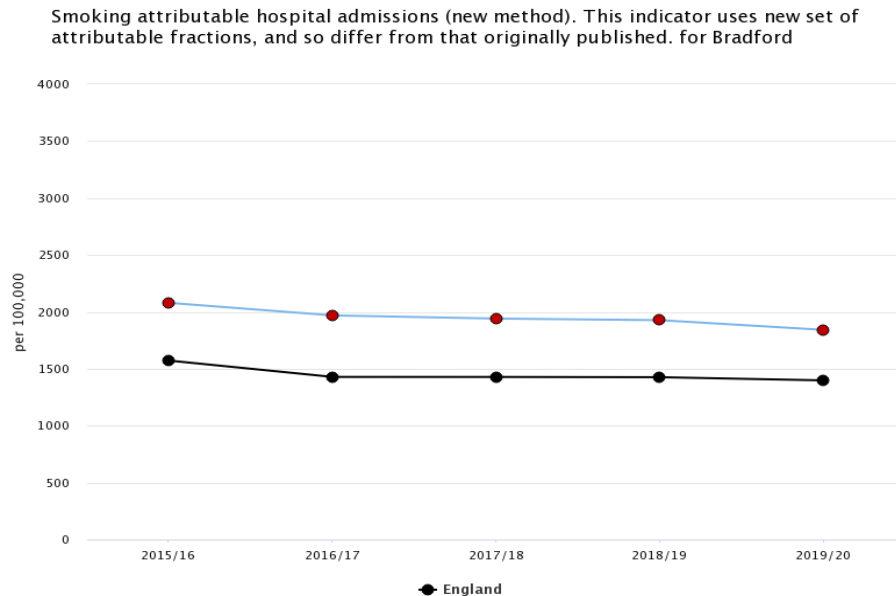
The prevalence of current smokers aged 18+ in Bradford District is 15.4% equating to 62,602 individuals. A general downward trend continues to be observed in Bradford since 2011 (when it was 21.7%), however the district continues to have higher smoking prevalence (Figure 9), smoking attributable admissions (Figure 10), and smoking related deaths than England.

Figure 9. Smoking prevalence in adults - Bradford and England



Source: <https://fingertips.phe.org.uk/>

Figure 10. Hospital admissions due to smoking – Bradford and England



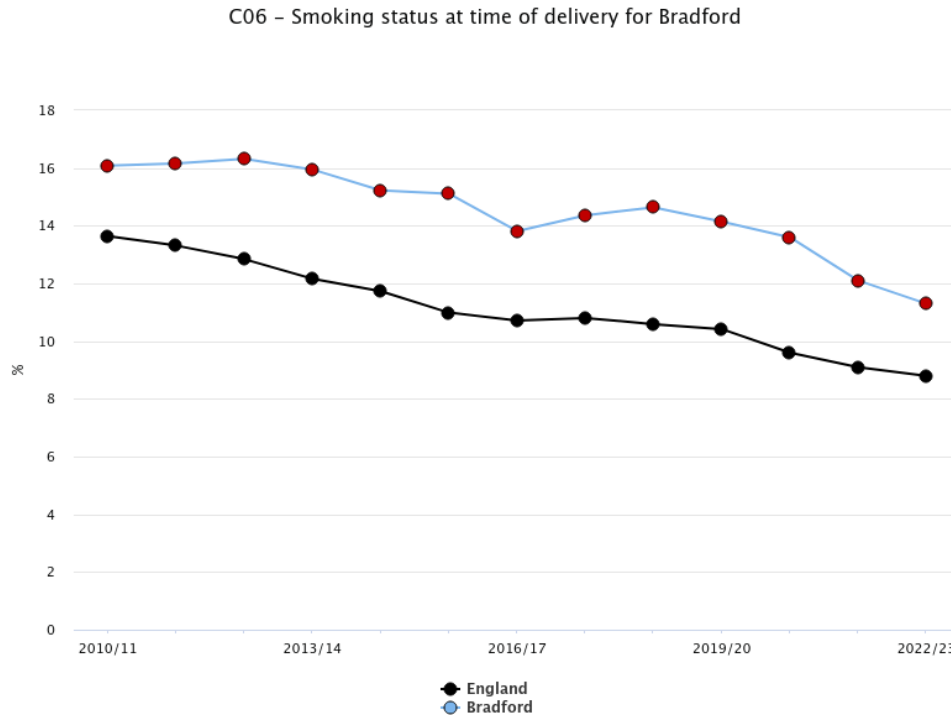
Source: <https://fingertips.phe.org.uk/>

Some groups have particularly high smoking rates, eg 24% of routine and manual workers in Bradford were smokers in 2022. The prevalence of smoking during pregnancy for



Bradford district (Figure 11) has reduced from 16% in 2010/11 to 11.3% in 2022/23. This percentage is higher than the average of 9% for England and still means around 700 babies each year being exposed to tobacco in utero.

Figure 11. Smoking status at time of delivery – Bradford and England



Source: <https://fingertips.phe.org.uk/>

As an example of inequalities, the prevalence of smoking in pregnancy is influenced by place of residence, age (higher among younger women) and ethnicity (higher among white women) and can be as high as 25% among women residents in Keighley West.

Action: Smokefree England 2030

In December 2023, the government announced bold plans to tackle the harms of smoking and stop children getting hooked on nicotine addiction. The Council answered the public consultation launched in December 2023 about new legislation that is to be presented to parliament this year. The components of the national plan are set out below:

1. Create the first smoke-free generation by raising the age of sale for cigarettes by one year every year from 2027. [[Command paper](#) p. 20 -22]
2. Strengthen support for people to quit smoking [[Command paper](#) p. 23-26]
  - £5m this year and £15m pa from next year for awareness campaigns
  - £70 m from next year for LA Stop Smoking Services.

- In addition to previous commitments of £45 m over two years for 1 million free 'swap to stop' vapes; and vouchers up to £400 for every pregnant smoker who quits.
3. Curb the rise in youth vaping by consulting on measures to reduce the appeal and availability of vapes to children while ensuring they remain available to help adult smokers quit. [[Command paper](#) pages 27-33]
  4. Strengthen enforcement activity, with £30 m new funding in addition to the £3 m on illicit vapes enforcement, additional powers, and an updated anti-illicit strategy. [[Command paper](#) p. 34-37]

From 2024, new DHSC funding will be available to all local authorities to support expansion of stop smoking services in Bradford and engagement with groups at higher risk of tobacco related harm. This is the best opportunity in a generation for improving health outcomes and reducing health inequalities in the country and in the district. Funding will be distributed according to smoking prevalence rates, what means that support will be proportionate to local need. Bradford Council is working on a plan to improve service capacity, referrals to the service and engagement with groups who are more affected by smoking and other exposure to tobacco and nicotine products. This funding will also support public communications and targeted work around smoking and vaping in young people.

#### Action: Bradford tobacco control strategy

Bradford Council is a signatory of the [Local Government Declaration on Tobacco Control](#) which is a public statement of a council's commitment to ensure tobacco control is part of mainstream public health work. The Council is a member of the [Smokefree Action Coalition](#) (SFAC), a group of over 300 organisations across the UK committed to ending smoking.

The Bradford Tobacco Control Alliance, led by the Council, was launched in 2022 to facilitate a comprehensive multi-agency strategy to reduce the harm of tobacco in our communities. The Alliance meets every two months and is chaired by Cllr Sue Duffy and co-chaired by Dr Leanne Riley, respiratory consultant at BTHFT.

The vision for the Bradford tobacco control strategy is to achieve a smoke free generation by 2030, in line with the national ambition for England, while narrowing the gap in health inequalities related to tobacco. We are developing a document for public consultation setting up the vision and priorities of the Bradford Tobacco Control Strategy and how the Tobacco Control Alliance members and signing organisations will deliver those priorities.

The strategy will concentrate efforts on reducing the harm associated with tobacco and smoked cigarettes, which is where evidence shows are the more important harms. We will be flexible to include actions to reduce the harm caused by other forms of tobacco consumption eg, chewing and other forms of nicotine use eg, vaping (particularly among young people). We will also collaborate with the NHS smoking treatment programmes and the WY tobacco control alliance to ensure consistency of messages and access to services, and with West Yorkshire Trade Standards to reduce availability of illegal tobacco in the most deprived communities.

The six priorities of the Tobacco Control Strategy (in development) are

- System Engagement - Making tobacco control everyone's business and de-normalise smoking across all ages.
- Young People - Prevent the uptake of smoking among children and young people.
- Inequalities – Reduce variations in smoking rates ensuring support to quit is available to those at higher risk of tobacco harm.
- Regulations - Promote and enforce smoke free environments and regulation of tobacco and nicotine products including illegal tobacco.
- Research & engagement – Intelligence to respond to local patterns of tobacco use and engagement with services.
- Communications and public engagement – Including coproduction of targeted messages with affected groups.

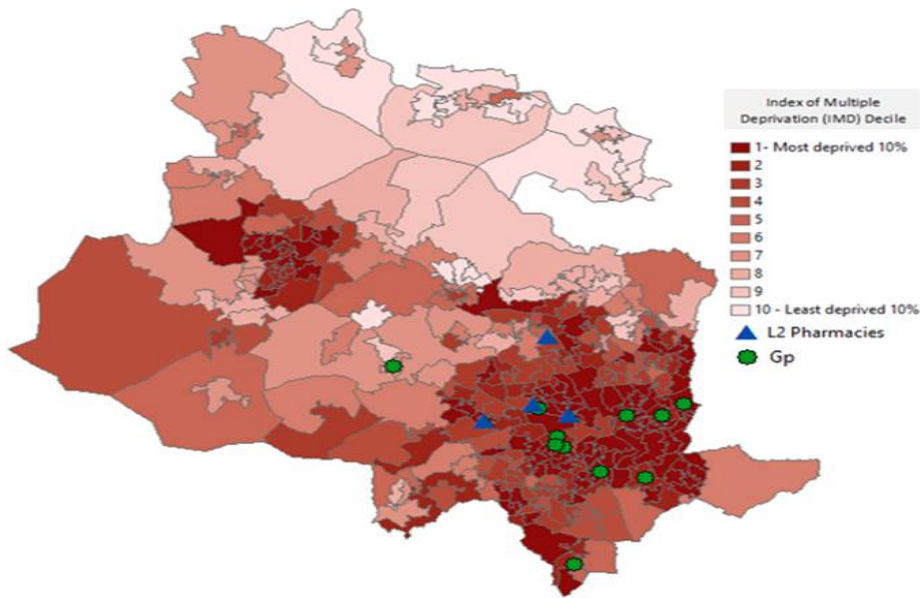
Vaping among young people is an emerging problem that has captured attention of the media and the public. Little is known about the long-term harm to health, but we do know they can cause addiction and short term respiratory and neurological. Therefore, they should not be used by someone who does not smoke, only by adults who want to quit smoking. Public communication needs to balance the message about risks of vaping for those who do not smoke, with the potential benefit of e-cigarettes as part of comprehensive treatments for smoking.

#### Action: Living Well smoking cessation services

The [Living Well Stop Smoking Service](#) provided by Bradford Council offers comprehensive support for smokers aged 12 and above residing in the Bradford District via telephone and face-to-face clinics. The service offers a universal and targeted evidence-based 12-week behavioural programme delivered by Living Well Advisors and Level 2 Stop Smoking Practitioners, along with access to pharmacotherapy through E-vouchers issued by a Stop Smoking Practitioner and processed in participating pharmacies. Dedicated advisors provide personalised guidance, assistance in managing cravings, access to [quitting tools](#) and recommendations for utilising nicotine replacement therapy (NRT). Starting from March 2024, the council is extending its support by offering e-cigarettes to adult smokers who wish to quit, with guidance and assistance from Living Well Advisors. E-cigarettes are recognized as substantially less harmful than traditional cigarettes and serve as an [effective aid](#) in smoking cessation efforts.

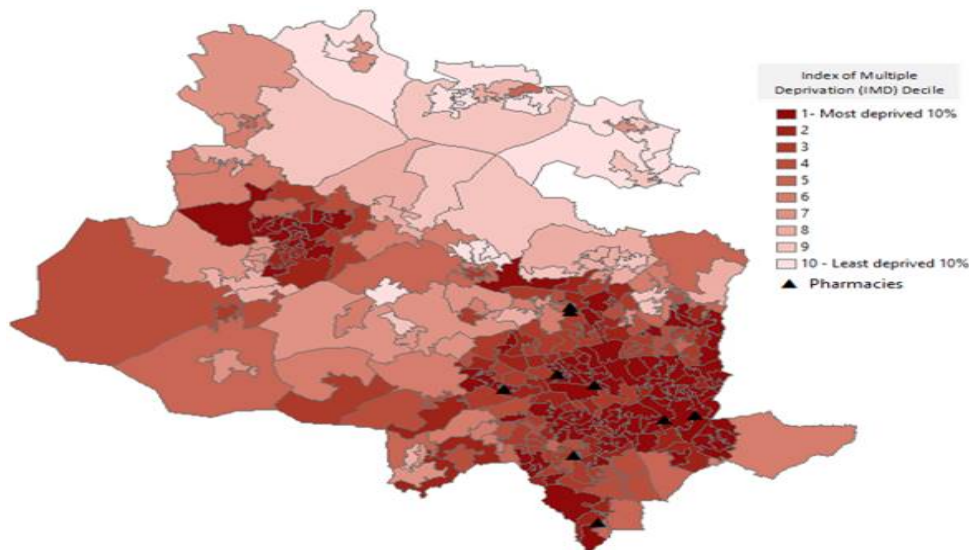
In 2022/23, 1163 service users set a quit date with 517 (44%) reporting a successful quit at week 4. As of June 2023, we had 10 GPs and 4 pharmacies delivering level 2 smoking cessation advice (behavioural intervention) (Figure 12) and 4 pharmacies delivering level 1 advice only (support to use NRT) (Figure 13). This is in addition to our in-house LW advisors, that provide advice to all residents regardless of place of residence. The maps below show the distribution of GPs and pharmacies providing the service as of Summer 2023. The LW advisors cover the whole district.

Figure 12. Level 2 stop smoking providers



Source: Public health intelligence team

Figure 13. Level 1 stop smoking providers



Source: Public health intelligence team

The Living Well Service can be directly contacted by calling 01274 437700 or emailing [stopsmokingservice@bradford.gov.uk](mailto:stopsmokingservice@bradford.gov.uk). Support is also available through the [NHS Better Health](#) website.

### Emerging issues: vaping

The decrease in the proportion of current smokers may be partly attributed to the increase

in vaping users. The recent [Action on Smoking and Health \(ASH\) adults and youth survey](#) showed that the use of vapes had increased among adult smokers between 2021 and 2023 from 17% to 27%. The survey also found that the proportion of vapers who were smokers had increased between 2021 and 2023.

The annual YouGov survey for Action on Smoking and Health (ASH), showed that current vaping among young people aged 11-17 has risen from 4% in 2020 to 7% in 2022. The National Smoking, Drinking and Drugs Use survey found the use of e-cigs to be as high as 9% in young people aged 11-15.

The Public Health Team have gathered insight into vaping habits from over young people in Bradford through focus group interviews. Nicotine containing disposable e-cigs were popular among secondary school pupils. These devices were readily available through peers, corners shops, social media and family. The colour and the shape of the devices as well as flavours were stated as the main reasons to why young people were attracted to vapes. Furthermore, the current regulation limits the number of puffs to around 600 per device, however, the findings from the focus groups indicated that young people were using illegal devices which promoted up to 9,000 puffs.

### *Health facts*

A vaping device (also known as vapes or e-cigarettes – ECs) allows you to inhale nicotine in a vapour rather than smoke. They do not contain tobacco and do not produce tar or carbon monoxide, two of the most damaging constituents in cigarette smoke. ECs work by heating a solution (e-liquid) that typically contains nicotine, glycerine, flavourings and propylene glycol which is a solvent to hold the nicotine in and is odourless and considered by Medicine and Healthcare products Regulatory Agency (MHRA) to be non-toxic when ingested orally.

While the tobacco smoke of cigarettes contains thousands of harmful chemicals, many of which are known carcinogens, nicotine itself, though highly addictive, is not a carcinogen. So, alternative nicotine delivery devices such as vapes that are less harmful could play a crucial role in tobacco harm reduction.

Even though vapes are less harmful than tobacco it does not mean they are completely safe. There are fewer knowingly harmful chemicals, but the long-term impact on the heart, circulation, or other aspects of health are unknown. The longer-term risks of vaping are likely to be substantially lower than smoking due to the levels of exposure to toxic chemicals from vaping being a tiny proportion of those from smoking. E-cigarettes and vaping should never be taken up by people who do not already smoke, but they could be a useful tool to help people to stop smoking completely.

### *Vapes as tools for quit smoking*

OHID's [Vaping in England Evidence Review](#) (2021) found no evidence to support the concern that e-cigarettes are a route into smoking among young people. The same review found that there is strong evidence that nicotine vaping products are effective for smoking

cessation and reduction. A major [UK clinical trial](#) found that e-cigarettes, when combined with face-to-face behavioural support, are twice as effective for quitting smoking, and at one fifth of the cost, as other nicotine replacement products such as patches or gum.

Combining vaping products with stop smoking service support should be an option available to all smokers who want to quit smoking. The use of nicotine containing vaping devices to help adult smokers quit is one of the recommendations from the [independent Khan review](#) and from the [NICE \(NG209\) guidance on tobacco](#).

### *Vaping education in schools*

The long-term consequences of vaping in young people are unknown, however, evidence suggests that it may affect brain development and cause anxiety and nicotine addiction.

The Public Health team have commissioned a local provider (Step 2) to raise awareness of dangers associated with vaping in schools. The purpose of this is to combat the rise of vaping in children and young people. The provider will deliver awareness sessions in both primary (year 6 only) and secondary schools as well as in the community across Bradford and District with greater focus on the most deprived areas where the smoking prevalence is high.

To combat the rise in vaping use in young people, the provider will:

- Develop an age-appropriate awareness package approved by Bradford Public Health for 11–17-year-olds
- Target year 6 onwards- priority will be given to the most deprived areas where smoking prevalence rate is high
- Deliver sessions in the community targeting adults and young people

### *Illegal cigarettes and vapes*

Sales of illegal tobacco and vapes continue to raise concerns in Bradford despite West Yorkshire Trading Standards (WYTS) efforts to combat the activity. The rise in cost of living has contributed towards the increase in sales of cheaper tobacco products through the illegal market. Illegal cigarettes and vapes may contain non-regulated additives and higher concentrations of nicotine and other toxic substances.

Data from WYTS suggest that more complaints are received from Bradford than other West Yorkshire Local Authorities on sales of illegal cigarettes and vapes:

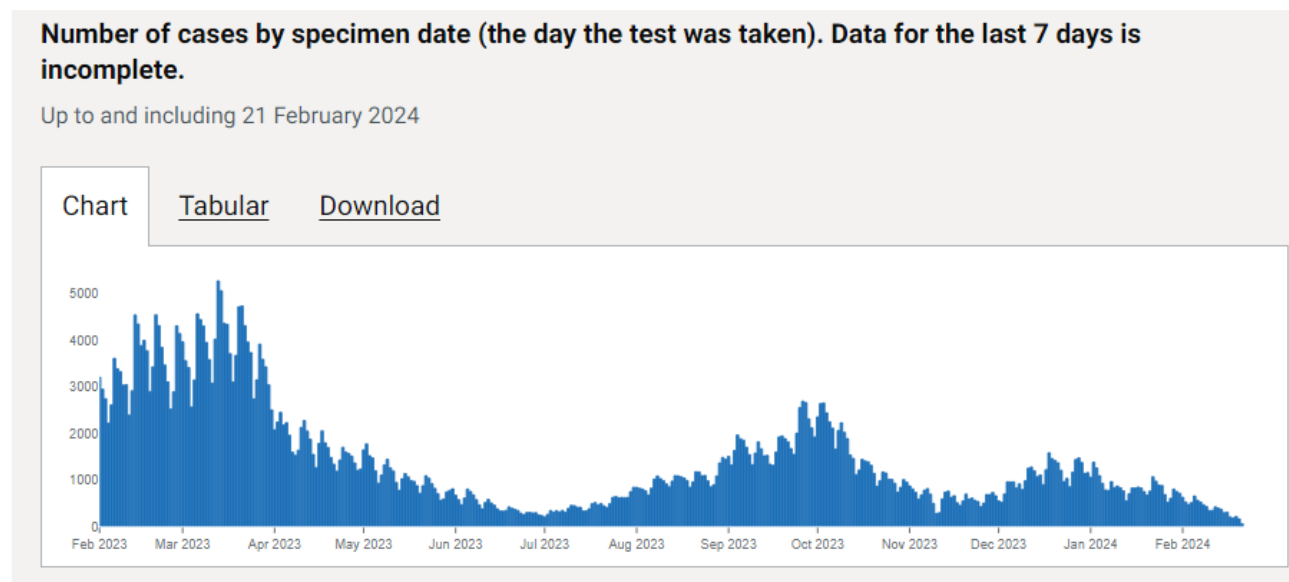
- 30-40 complaints each quarter on supply of cheap and illicit tobacco in Bradford - most complaints received were in regard to underage sales of vapes
- More inspections and test purchasing lead by WYTS than any other WY local authority
- 7,462 illegal vapes seized in 22-23

## Respiratory infections

### The problem: COVID-19 and other respiratory infections

The UK Coronavirus (COVID-19) dashboard was decommissioned in December 2023 and replaced by UKHSA data dashboard, which presents data on respiratory viruses. The latest update of the COVID-19 dashboard showed that up to December 2023 there had been 21 million cases and 197,000 deaths related to COVID-19 in the UK. In Bradford, almost 190,000 cases and 1,955 deaths were reported until December 2023. Figure 14 shows the cases in Bradford in the last 12 months.

Figure 14. COVID-19 cases in Bradford, Feb 2023-Feb 2024



Source: COVID-19 dashboard

Immunity from vaccines and previous infections significantly reduced the impact of COVID-19, and the last social restrictions were lifted in all settings (including care homes) in September 2022. At that same time, the UK COVID-19 public inquiry began to examine the Government response to the pandemic. This inquiry will inform the UK response to future pandemics.

In May 2023 the WHO declared that COVID-19 was no longer a public health emergency of international concern (PHEIC). This statement marked the official end of the pandemic, although the WHO warned all countries to be vigilant against the rise of new variants. Vaccines should continue to evolve to match evolving variants. At that point in time, 765 million cases and 6.9 million deaths caused by COVID-19 had been reported worldwide, and 13 million doses of a COVID-19 vaccine had been administered.

Following the official end of the COVID-19 pandemic, the WHO set up a [Preparedness and Resilience for Emerging Threats \(PRET\)](#) initiative to improve pandemic preparedness. Similarly, national government in the UK established initiatives like the national Centre for

Pandemic Preparedness and the [Pandemic Preparedness toolkit project](#).

Bradford has had higher levels of COVID-19 infection and deaths than the national average, particularly among deprived groups, older people, and people with chronic conditions. The impact of COVID-19 on the local economy, public trust in government, mental health of young people and those who lost loved ones, and the thousands now living long COVID-19 will still be felt for many years. It will be essential to find ways of re-building the confidence of communities in public health advice, vaccines, and treatments.

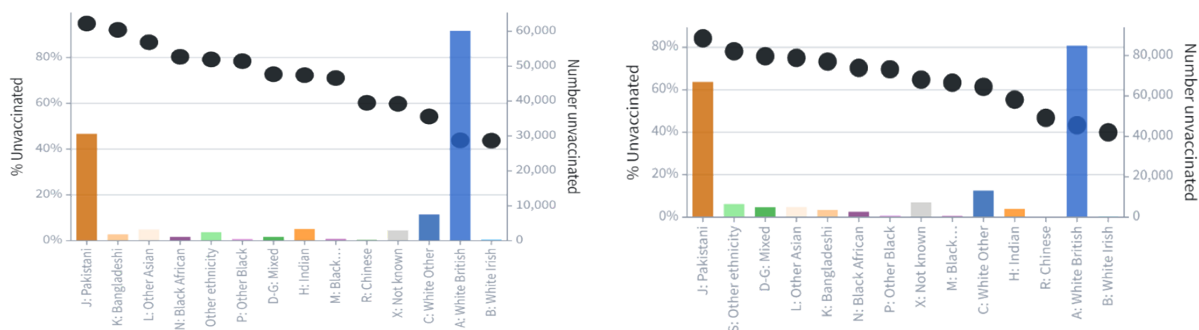
### Vaccination and outbreak control

The COVID-19 national vaccination programme moved away from mass vaccination to focus on those at highest risk of severe disease, based on age and underlying conditions. The NHS is promoting joint offer of COVID-19, flu, and other vaccines for which the patient may be eligible and from 2024 COVID-19 and flu vaccination campaigns should be operationally aligned as much as possible. Both the COVID-19 and flu vaccination programmes are led locally by the NHS/ICB, with partnership review meetings which council officers attend.

Bradford has lower uptake of COVID-19 vaccine than the national average. Uptake is good among older people and care home residents, but it is still below NHS targets among children, pregnant women, health and social care workers. Some groups that are at a higher risk of infection and death such as those with long term conditions have very low vaccine uptake. Uptake is particularly low among Pakistani and Bangladeshi individuals and those living in the more deprived areas of the district.

The uptake of COVID-19 and flu vaccine is similar across a range of parameters suggesting that the issues that impact on the uptake of both vaccines are similar. Deprivation, ethnicity, and age are the main determinants of whether a patient receives a vaccination or not and this is most stark in the inner-City areas of Bradford and Keighley. Figure 15 illustrate these similarities.

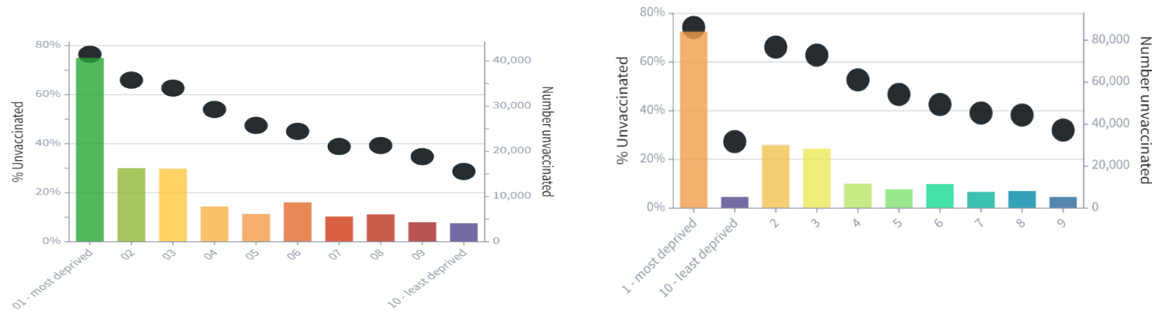
Figure 15. Uptake of COVID-19 and flu vaccines (unvaccinated) by ethnicity



Source: Foundry



Figure 16. Uptake of COVID-19 and flu vaccines (unvaccinated) by deprivation



Source: Foundry

A COVID-19 and flu vaccination inequalities plan was developed to drive a community-based approach to address those inequalities. The four main strategies are:

- Community pharmacies working alongside PCNs/secondary care services to deliver Covid19 vaccinations where the PCN has opted out of Covid19 delivery.
- Providing vaccination clinics in the community delivered in community centres, faith centres or similar (these may be PCN, Community Pharmacy or jointly delivered)
- Mobile outreach vaccination opportunities in targeted communities or geographical locations to maximise opportunistic uptake.
- Working through existing networks such as the Living Well Community Development work, REN Community Champions & helpline, Community partnership interventions.

In terms of target populations, this plan focus on the groups that consistently demonstrate the lowest take up of flu and COVID-19 vaccines (not including HSC staff).

- PCN 4, 5 & 6 areas
- Pakistani/Bangladeshi communities
- Gypsies, Travellers, and Roma
- Asylum Seekers and refugees
- Pregnant women

The council has also worked to tackle misinformation and increase the public's confidence in the vaccines. A joint communications workgroup with NHS officers is in place and has produced messages reinforcing the safety of the vaccines for all groups. Community champions, LW advisors and social care staff have been offered training on communication skills to overcome vaccine hesitancy.

Vaccine hesitancy is a growing challenge nationally and despite these efforts, Bradford still has the lowest levels of vaccine uptake in West Yorkshire. In the autumn/winter campaign that finished in January 2024, we vaccinated 44% of the eligible population for COVID-19 and 42% for flu, against WY averages of 49% and 48% respectively.

Action: preventing spread of respiratory infections

In April 2023, the Council's Infection Prevention Control team, that has supported outbreak management in care homes since the early days of the COVID-19 pandemic, registered no outbreaks of respiratory infections for the first time since July 2021. This was a few weeks before the WHO declared the official end of the pandemic. Since then there has been between 1-3 ongoing outbreaks per week, with no significant spikes during winter. Testing is not routinely made anymore so not all outbreaks are clearly identified as being caused by COVID-19, flu or other respiratory viruses.

In February 2024, in line with the national guidance that integrated management of COVID-19 and other acute respiratory infections (ARI), the definition of an outbreak of ARI has been changed from 2 or more linked cases within a 14-day period, to 2 or more linked symptomatic cases within a **5-day period**. The rationale for this change was an observed reduction of the duration of symptoms and contagious period following roll out of the COVID-19 vaccination programme.

New guidance for [Infection prevention and control \(IPC\) in adult social care](#): acute respiratory infection (ARI) was published on 31 January 2024. Acute respiratory illness (ARI) is defined as the acute onset [of one or more specific respiratory symptoms](#) and a clinician's judgement that the illness is due to a viral acute respiratory infection (for example COVID-19, flu, respiratory syncytial virus (RSV)).

The best way to reduce the spread and mitigate the harm of ARIs is to combine standard infection prevention and control precautions with vaccinations, available medical treatments, and proportionate outbreak management.

As routine testing has been removed, an outbreak may be suspected when there is an increase in the number of staff and/or residents displaying symptoms of ARI at the same time. An ARI outbreak consists of 2 or more positive or clinically suspected linked cases of ARI, within the same setting within a 5-day period. This means the cases may be linked to each other and transmission within the care setting may have occurred. Testing might still be used within the context of risk assessing an outbreak, under guidance of the Health Protection Team.

Recommendations for individuals in community settings with symptoms of a respiratory infection, such as COVID-19, have not changed since 2022. If you have symptoms of a respiratory infection and has a high temperature or do not feel well enough to go to work or carry out normal activities, you should avoid contact with vulnerable people and stay at home, if possible, until you no longer have a high temperature (if you had one) or until you no longer feel unwell. For those who absolutely cannot stay at home, guidance to reduce spread of infection is available [here](#). Testing for specific respiratory infections is not routinely advised, but If you have a positive COVID-19 test result, you should try to stay at home and avoid contact with other people for 5 days after the day you took your test.

## Chronic respiratory conditions

### The problem: chronic respiratory disease

Chronic respiratory diseases are influenced by smoking rates, air quality, and access to healthcare. Individuals in disadvantaged areas may face higher smoking rates and exposure to environmental pollutants. Deprived communities in Bradford may have higher rates of chronic respiratory diseases due to environmental factors and lifestyle choices. These conditions can reduce life expectancy and overall well-being, especially when coupled with other health disparities, and limit individuals' ability to engage in physically demanding work, affecting employment opportunities.

### *COPD*

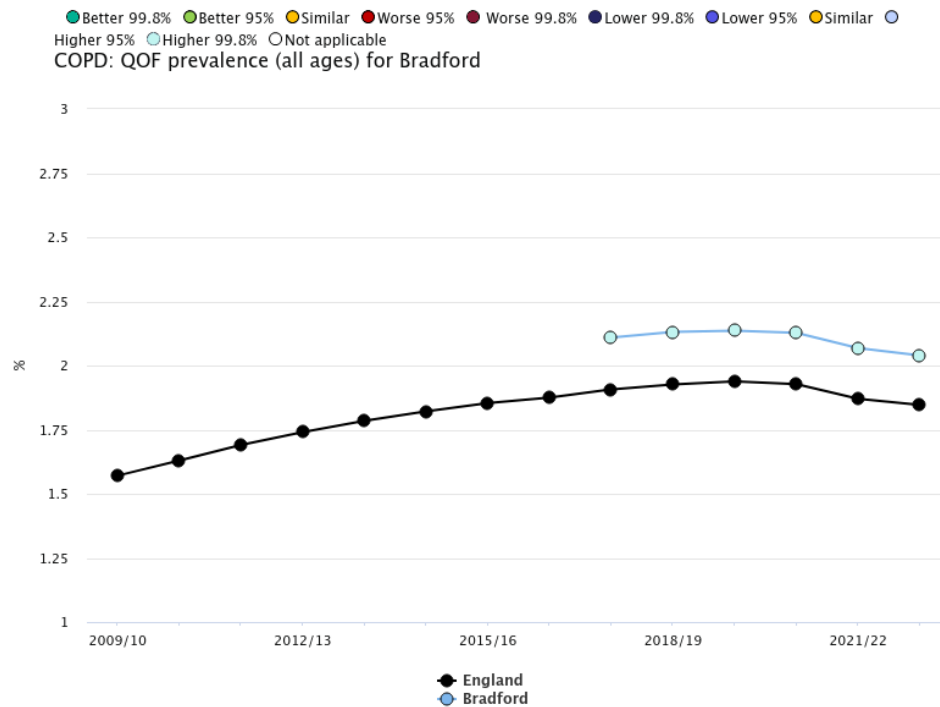
Chronic obstructive pulmonary disease (COPD) is a common name for a group of lung diseases that cause progressive narrowing of the airways and breathing difficulty. It includes emphysema and chronic bronchitis and is more common in middle-aged or older adults who smoke. An estimated 3% of the UK population and 2.1% of people in West Yorkshire has COPD, of which about a third goes undiagnosed. Up to 70% of COPD is caused by smoking.

The disease is usually progressive, but symptoms can be reduced with proper treatment. One of the main challenges in managing COPD is that many people are unaware that they have the condition. Late diagnosis has a substantial impact on symptom control, quality of life, outcomes, and cost. Often people are not diagnosed until the disease is at an advanced stage, with non-reversible changes to the lungs and airways. This is because people may not recognise symptoms that develop gradually or may think that the symptoms are normal or associated with age.

Data for Bradford District and Craven show that 13,407 individuals had a COPD diagnosis in 2021/22 which corresponds to 2.1% of the population. This is slightly higher than the national average of 1.9%. In the same period, 44,770 people aged 6 years or older were living with asthma, or 7.4% of the population, what is also higher than the national average of 6.5%.

Diagnosis rates for COPD have decreased since 2019/20 after 10 years of increase, which may be related to the impact of COVID-19 on NHS capacity and mortality patterns. Figure 17 compares prevalence of COPD for England (black) and Bradford District (light blue) based on NHS data from the Quality Outcomes Framework, showing that rates of COPD in Bradford district continue to be consistently higher than the national average.

Figure 17. Prevalence of COPD for Bradford and England



Source: <https://fingertips.phe.org.uk/>

Hospital admissions for COPD for Bradford district were decreasing before the COVID-19 pandemic. Latest data publicly available (2019/20) showed that the gap between national and local rates was narrowing. In absolute numbers, there has been over 1,200 hospital admissions a year for COPD exacerbations in Bradford District.

### Asthma

Asthma differs from COPD as it usually starts in childhood – it is the most common chronic condition among children. About 6.5% of the population have a diagnosis of asthma, and as with COPD a great number of individuals are not diagnosed. In asthma, the obstruction of the airways is due to inflammation, and it can usually be controlled or reversed with use of drugs. Long term, untreated asthma may cause structural changes in the lungs and airways similarly to COPD. In both conditions, symptoms can get temporarily worse (COPD exacerbations and asthma attacks).

While the main determinant of COPD is smoking (or passive exposure to tobacco smoke), asthma is multifactorial, and it is often difficult to find a single, direct cause.

Risk factors for developing asthma include:

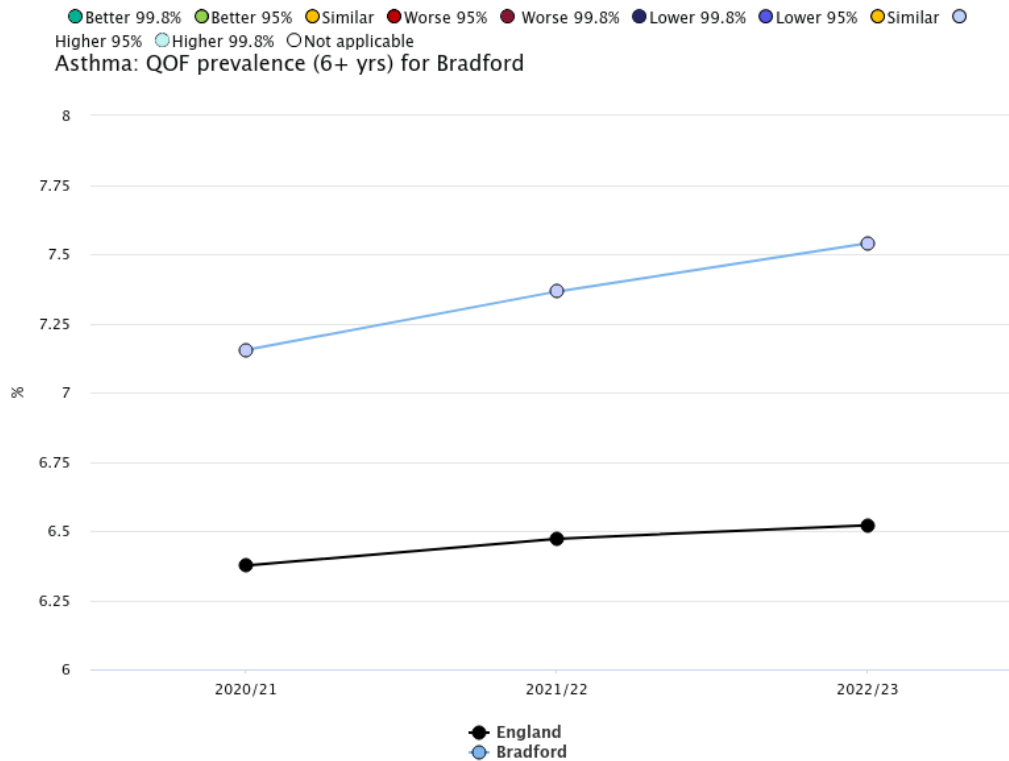
- A close relative with asthma
- Existence of other allergic conditions such as eczema and hay fever
- Exposure to air pollution
- Events in early life that affect the developing lungs like prematurity, exposure to

tobacco smoke (including during pregnancy) and air pollution, viral respiratory infections

- Overweight or obesity

The same environmental factors that are involved in the primary development of asthma may increase the frequency and severity of attacks. Up to one third of the asthma cases in Bradford can be attributable to air pollution. Prevalence of asthma for Bradford is shown in Figure 18

Figure 18. Prevalence of asthma for Bradford and England



Source: <https://fingertips.phe.org.uk/>

Data on admissions for asthma are calculated differently from those for COPD. In the 3-year period between 2019-2020 and 2021-22, there were on average 890 admissions per year for asthma in Bradford District. This corresponds to 172 admissions per 100,000, which is higher than the average for England (120/100,000)

#### Action: NHS respiratory programme

Most of the care for people with COPD and asthma is provided in primary care. Early identification and effective management can lead to improvements in symptom control and quality of life and reduce exacerbations and hospital admissions.

The national approach for respiratory health, in line with the [NHS Long Term Plan](#), aims to improve early diagnosis, access to the right medications, and access to respiratory

rehabilitation services, ensuring that people have the support they need to best self-manage their condition.

Regionally, the WY Integrated Care Partnership is committed to implementing the NHS [CORE20PLUS5 approach](#) to reduce health inequalities. This approach defines a target population (the 20% most deprived as defined by the national Index of Multiple Deprivation) and five clinical areas that require accelerated improvement. Chronic respiratory diseases are one of the key clinical areas. The main objective in this area is to increase uptake of COVID-19, flu, and pneumonia vaccines to reduce COPD exacerbations and hospital admissions in adults.

There are signs of improvement for access and quality of care for people with COPD and asthma. In Bradford district, the proportion of patients with COPD who had a review in the last 12 months increased from 50% in 2020/21 to 69% in 2021/22, what is better than the national numbers of 45% and 60% respectively. Likewise, the proportion of patients with asthma that had a review in the last 12 months increased from 38% in 2020/21 to 62% in 2021/22 for Bradford, compared to 31% and 52% respectively for England.

We recognise there is a long way to go, and we work closely with our partners to ensure we develop pathways of care which meet the needs of our local population.

#### Action: lung cancer screening programme

Both lung cancer and chronic respiratory diseases can share common risk factors, mainly smoking but also environmental factors, such as exposure to air pollution and carcinogens. Smoking causes 72% of lung cancers, and around 35,000 people die and 48,000 people are diagnosed with lung cancer each year. The low survival rate of this cancer is largely attributed to late diagnosis, at a stage when treatment is less effective.

In 2023, a national targeted lung cancer screening programme was launched to help detect cancer sooner and speed up diagnosis. People aged 55 to 74 with a GP record of smoking will be invited for screenings and offered smoking cessation services. The aim of the programme is to cover 100% of eligible population by 2030, what will support the government target for England to be smokefree by 2030.

The rollout follows early pilots and phase 1 projects conducted on more deprived areas of the country, where smoking prevalence is higher and lung cancer survival rates are lower. In the first phase of the targeted lung health check scheme by NHSE, 3 out of 4 lung cancers were caught at an earlier stage, compared with just a third caught at early stages in 2018.

In West Yorkshire, two 'targeted lung health check' (TLHC) projects were delivered in 2023 by BTHFT respiratory service in North Kirklees and Bradford. Most assessments were conducted in mobile CT scanning units located in leisure centres, supermarkets, and GPs. Over 36,000 participants were invited, circa 20,000 undertook a lung check, and over 8500 scans were completed. Discussions for the Bradford District and Craven Phase 2 are underway.

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

Tackling public health issues requires long term commitment and investment. Much of this already exists and is directed towards activity which will positively influence indicators in the Public Health Outcomes Framework. The Public Health service is grant funded by the Department of Health. There are no immediate financial issues arising from this report. Future investments in public health and urban planning may be needed to enable the Council to make a substantive contribution towards reducing the impact of the environmental determinants of respiratory health outlined in this report.

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

Two areas covered in this report are included in Bradford Council Strategic Risk Register (SRR). SR 18 is managed by public health, so the assurance mechanisms are also listed.

##### **SR 06 ENV Environment and Sustainability**

Responding to Climate Emergency by management of CO<sub>2</sub>e (Carbon Dioxide equivalent) emissions, helping to manage rising costs, resource pressures and increasing exposure to penalties as a result of demographic changes and other volume & capacity pressures, changing targets, legislation, economic and political pressures. The Clean Air Programme to achieve legal limits for air quality in the District has synergistic effects and benefits as for the CO<sub>2</sub>e Emission Reduction Programme due to the same emission sources.

##### **SR 18 COV Multiple Outbreaks of Infectious Diseases**

COVID-19 and other respiratory infections could rise locally causing multiple outbreaks across the district that could leave to further waves of infection. This could lead to reintroduction of control measures like community testing, contact tracing, and social restrictions. Low uptake of COVID/flu vaccines increases the risk of simultaneous outbreaks of COVID-19, flu and other respiratory infections, potentially overwhelming capacity of the healthcare, social care and public health systems.

Assurance mechanisms - On-going monitoring of COVID-19 cases, admissions and deaths in the District; On-going support to NHS immunisation programmes; Contingency plans and escalation routes for PH input to outbreak management.

#### **6. LEGAL APPRAISAL**

The provision of public health services to protect the population from respiratory disease and its determinants falls within the Council's responsibilities for public health under the

provisions of the [Health and Social Care Act 2012](#) and [Health and Care Act 2022](#). Outbreak control and protection against environmental health threats are part of the statutory health protection function of local authorities. The Council collaborates with the NHS and UKHSA through partnerships and joint work agreements in areas like vaccination, control of communicable diseases, and public health advice for individuals and organisations. The provision of healthcare for patients with respiratory disease remains under the responsibility of NHS England.

This report does not raise other specific legal issues.

## **7. OTHER IMPLICATIONS**

### **7.1 SUSTAINABILITY IMPLICATIONS**

See 7.2.

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

Actions outlined in this report that contribute to reduce air pollution, increase active travel and increase green areas can contribute towards reducing the speed and impact of climate change. This synergism reinforces the need for integrated approaches to tackle the wider environmental determinants of poor respiratory health, like air pollution, scarcity of green spaces in many urban areas, availability of good public transport links, and climate change leading to extreme weather such as excess cold and heat events.

### **7.3 COMMUNITY SAFETY IMPLICATIONS**

Urban redevelopment initiatives mentioned in this report to improve air quality can also improve community safety. The current transformation programme for parts of the City Centre increases safe walking, cycling and wheeling routes for city centre residents, workers, commuters and visitors, including the large number of young people accessing the sixth form colleges, Bradford College and the University.

### **7.4 HUMAN RIGHTS ACT**

None.

### **7.5 TRADE UNION**



None.

## **7.6 WARD IMPLICATIONS**

Although we have limited access to ward level data on most topics covered in this report, we know that the impact of respiratory disease varies across the district. Part of this can be attributed to variations in access and quality of healthcare including early detection and prevention what highlights the need for targeted work with the NHS. Respiratory health is also strongly influenced by exposure to environmental risk factors and the quality of the built and natural environment, what stresses the need for more cross-sector work and engagement with the different Bradford communities to address wider determinants of respiratory disease.

Living Well stop smoking services and the community engagement actions to improve uptake of COVID and flu vaccines both concentrate resources on the most deprived areas of the district (City and Keighley) which are also where we have highest smoking prevalence and lowest vaccine uptake. Reports on vaccine coverage per GP catchment area are available under request from the NHS immunisation programme.

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

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

Children and young people are more vulnerable to the harm caused by air pollution, adverse weather and climate change, and less able to protect themselves from exposure to tobacco smoke. Asthma is a chronic condition that usually starts in childhood and is influenced by environmental factors and also by second-hand exposure to tobacco smoke including during pregnancy. Although children and young people are less likely to develop severe diseases following respiratory infections like COVID-19 and flu, they are an important target for vaccination programmes because of their role in spread of infectious diseases in the household, school and community.

## **7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

None

## **8. NOT FOR PUBLICATION DOCUMENTS**

None

## **9. OPTIONS**

This report is for information and awareness mainly. The options are to continue or not to support the programmes of work outlined.

## **10. RECOMMENDATIONS**

We invite this committee to note and comment on the information provided in the report and to support ongoing work seeking to address the main challenges outlined.

Elected members can provide unvaluable support through public statements and other awareness raising actions to:

- Initiatives that aim to reduce the health impacts of air pollution, urban development and climate change, like the inclusion of a health in all policies approach in local development policies, instruments and plans.
- Implementation of the Bradford Tobacco Control Strategy, particularly actions to prevent uptake of smoking and vaping in young people and to reduce availability of illegal tobacco in our most deprived communities.
- Initiatives to increase uptake of COVID-19 and flu vaccines and to restore public trust in health advice issued by the local authority, NHS and other local partners.

## **11. APPENDICES**

No confidential information that falls under Schedule 12A of the Local Government Act 1972 were included in this report.

## **12. BACKGROUND DOCUMENTS**

## Report of the Bradford and Craven Health and Care Partnership to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 14 March 2024

# AB

**Subject: UPDATE ON PROGRESS AND OUTCOMES – ADULT AUTISM PATHWAY AND ASSESSMENT AND DIAGNOSIS OF AUTISM IN ADULTS SERVICE, BRADFORD DISTRICT AND CRAVEN**

### Summary statement:

The Bradford and Airedale Neurodevelopment Service (BANDS) was commissioned in 2015 to provide triage, assessment and diagnosis for both ASD and ADHD for adults (over 18) in Bradford, Airedale, Wharfedale and Craven.

This briefing and appendices relate to Adult Autism services only, there is no reference to similar services for children.

Commissioners and providers are pleased to share evidence and data, within this report, to evidence that all outcomes and objectives for the Adult Autism Pathway have been met, or are well on the way to being met.

### Acronyms and Abbreviations used

ASC; Autism Spectrum Conditions

BANDS; Bradford and Airedale Neuro Diversity Service

CBMDC; City of Bradford Metropolitan District Council

HOSC; Health Overview and Scrutiny Committee

BDC ICB; Bradford district and Craven Integrated Care Board

SQC; System Quality Committee

PLT; Place Leadership Team

T&FG; Task and Finish Group

ASC; Adult Social Care

VCS; Voluntary and Community Sector

**Portfolio:**

**Healthy People and Places**

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## 1. Summary

The Bradford and Airedale Neurodevelopment Service (BANDS) was commissioned in 2015 to provide triage, assessment and diagnosis for both ASD and ADHD for adults (over 18) in Bradford, Airedale, Wharfedale and Craven.

This briefing and appendices relate to Adult Autism services only, there is no reference to similar services for children.

Following criticism of BANDS by HOSC and complaints from patients, which included concerns about the service model, value for money, the high number of people waiting and the length of time people had to wait, a review was conducted and an Action Plan was agreed by the MH, LD and ND Partnership Board to address these concerns and commission a new service model.

Following several failed attempts to expand the existing BANDS service model, it was recognised that a new, innovative approach was needed to address the growing gap between demand and capacity for adult autism assessment and support. A critical aspect of this approach involved facilitating a partnership between the existing BANDS service and the larger, more successful service delivered by SWYPFT. In addition, a substantial increase in financial investment was agreed by Bd&C Health and Care Partnership, from £65,000 p.a. to £352,000 p.a.

It was agreed that the entire Adult Autism Pathway should be redesigned in order to introduce pre and post diagnostic support options for patients. WY ICB, BDCFT, SWYPFT and CBMDC worked together to create the new Bradford district and Craven Adult Autism Pathway. The new pathway is centred on principles of partnership to deliver an innovative, sustainable model of service that meets needs through quality improvements, a proven ability to recruit to posts and a service model which is closing the gap between demand and capacity. The new pathway includes an expansion of specialist and non-specialist support available locally to autistic adults, alongside a new Autism Assessment and Diagnosis Service delivered in partnership between BDCFT and SWYPFT.

### The planned outcomes for the new pathway are;

Outcome	Objective
Improve capacity of Adult Autism Pathway to meet demand	Delivery capacity to meet demand of 600 referrals per annum
Waiting times to access service to be reduced to NICE guideline levels	Reduce average waiting time to 12 weeks
Improved quality of referrals	Reduce number of referrals refused due to quality to <5%
Improved experience of the Adult Autism Pathway	Reduce number of complaints
Improve non-clinical support options	Offer signposting to non-clinical support options Support development of additional non-clinical support options

Commissioners and providers are pleased to share evidence and data, within this report, to evidence that all outcomes and objectives for the Adult Autism Pathway have been met, or are well on the way to being met.

## 2. Background

Autism is a lifelong neurodevelopmental condition, the core features of which are persistent difficulties in social interaction and communication and the presence of stereotypic (rigid and repetitive) behaviours, resistance to change or restricted interests. The way that autism is expressed in individual people differs at different stages of life, in response to interventions, and with the presence of coexisting conditions such as learning disabilities (also called 'intellectual disabilities').

People with autism also commonly have trouble with cognitive and behavioural flexibility, altered sensory sensitivity, sensory processing difficulties and emotional regulation difficulties. The features of autism may range from mild to severe and may fluctuate over time or in response to changes in circumstances. (*NICE Clinical guideline [CG142]*)

"The greatest discomfort for autistic people can be the social one. For me, I was confused by the way people behaved."

Chris Packham, CBE and National Autistic Society Ambassador

[Autism Assessment UK](#)

1% of the general population is estimated to have autism and 50% of those to have intellectual disability. For Bradford the autistic only population is calculated at 3,147 by 2025 (*Pansi dataset*).

In response to section 2 of the Autism Act 2009, the Department of Health published '*Fulfilling and Rewarding Lives*', *The Strategy for adults with autism in England (2010)* <https://webarchive.nationalarchives.gov.uk/ukgwa/20170207052351/https://www.nao.org.uk/wp-content/uploads/2009/06/0809556.pdf>

The Government's vision is that 'All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them makes the most of their talents'. It outlines five quality outcomes:

1. Adults with autism achieve better health outcomes
2. Adults with autism are included and economically active
3. Adults with autism are living in accommodation that meets their needs
4. Adults with autism are benefiting from the personalisation agenda in health and social care, and can access personal budgets

5. Adults with autism are no longer managed inappropriately in the criminal justice system

### 3. Report issues

#### Adult Autism Project Overview

##### Strategy

- Mental Health, LD and ND – one of five BDC HCP priorities
  - Parity of Esteem
    - Learning disability / neurodiversity access and outcomes

##### Aim:

- Deliver a clinically led, resilient Adult Autism pathway providing clinical triage, assessment, diagnosis and support.
- Respond to new referrals within the NICE target of 12 weeks
- Provide information, training and advocacy across the health and care system

##### Challenges:

- Growing number of referrals – 600 per annum against capacity for just 50 assessments per annum
- Workforce issues – resignations and recruitment difficulties
- Demand and capacity gap – 560 people per annum added to waiting list

##### Commissioning intentions:

- partnership between BDCFT/BANDS and SWYPFT, building on the principles of the WY Integrated Care System
- joint recruitment to posts, building on SWYPFTs reputation and success
- Revised model of service, to deliver a better patient experience and value for money
- Revised Adult Autism pathway, increasing the quality of referrals which leads to better outcomes and expanding options for support
- Expand non-clinical support options, including support with education, social and employment

### 3.1 Adult Autism Project Timeline

Date	Key Development
June 2022	<p><b>Interim leadership cover for BANDS</b></p> <p>The SWYPFT Adult Autism service provided cover for BANDS following the loss of all existing staff. Additional input from Prof Adamou and other team members was received to provide Referral Management cover, improve processes and have meetings with local stakeholders.</p>

<p><b>July 2022</b></p>	<p><b>Development of new Bradford District and Craven (BDC) Autism Assessment and Diagnosis Service for Adults. See Appendices 1 &amp; 2</b></p> <p>A new service model was developed in partnership between BDCFT and SWYPFT. From July 2022, Dr Sara Humphrey, clinical lead for LD and autism, joined the T&amp;FG and led on revising and improving the pathway, including the referral process.</p>
<p><b>Sept. 2022</b></p>	<p><b>Bradford Waiting List Initiative commenced. See Appendix 3</b></p> <p>This project was commissioned to manage 100 people from the BANDS Autism Assessment waiting list. 127 people were identified from the waiting list, they were referred for assessment between September 2022 and June 2023.</p>
<p><b>January 2023</b></p>	<p><b>Referral Through GP ASSIST commenced</b></p> <p>A large proportion of referrals were returned to GPs, requesting more information. This process was time consuming and inefficient. Feedback from clinicians and patients show that GP appointments are not ideally suited to gather the detailed and complex background needed to determine whether a patient needs to receive an assessment for autism.</p> <p>From January 2023, GPs who wish to refer an adult patient to be screened for assessment for autism only need to send basic information to the new service, through ASSIST. Following this development, no referrals were returned for further information.</p>
<p><b>April 2023</b></p>	<p><b>Launch of new Adult Autism Assessment service.</b></p> <p>All patients referred receive an invitation by the Service at Hillside Bridge Health Centre, Bradford, to a 30-minute face to face interview (assessment clinic) to gather appropriate information and complete a referral.</p> <p>Expert health professionals in autism review the information gathered during this referral completion along with other information on file and determine whether the patient has sufficient indicators of autism suggesting they need assessment.</p> <p><b>Clinical Triage</b></p> <p>To better prioritise need, the new service model includes a clinical triage step, so only the people who may have Autism are offered an assessment. Clinical triage is guided by utility, maximisation of benefits, and prioritisation based on clinical criteria and is commonly used for other conditions in medicine. Our clinical triage approach for Autism is not focused on excluding people, but on identifying people who are more likely to be diagnosed; as such, it is looking for positive indicators of Autism and not negative ones. If such indicators are found, then the person is considered clinically appropriate for an assessment, and if not (and on the contrary, negative indicators are also found), then the person does not need to be assessed. SWYPFT have evaluated this triage approach with a single-blind study, and out of 52 patients who were triaged as not needing an assessment but subsequently offered one, none ended up with a diagnosis.</p>

	<p>This approach has been supported by primary care practitioners in Wakefield, Kirklees, Barnsley and Calderdale, where it has been in use for over four years.</p> <p><b>Communication. See Appendices 4 &amp; 5</b></p> <p>The new service provides reports to patients and to referring clinicians detailing the outcome of this triage process and/or subsequent assessment.</p> <p>Each person referred receives a letter from the new service, explaining what to expect. Additional information is provided in a leaflet and website signposting patients to sources of support in their local communities, particularly Wellbeing Hubs and Social Prescribing services.</p> <p>This model was subsequently endorsed by inclusion in the NHS England ‘National Framework to deliver improved outcomes in all-age autism assessment pathways’, <a href="https://www.england.nhs.uk/long-read/a-national-framework-to-deliver-improved-outcomes-in-all-age-autism-assessment-pathways-guidance-for-integrated-care-boards/">https://www.england.nhs.uk/long-read/a-national-framework-to-deliver-improved-outcomes-in-all-age-autism-assessment-pathways-guidance-for-integrated-care-boards/</a></p>
<b>May 2023</b>	<p><b>Autism Awareness Training</b></p> <p>In-person autism awareness training, delivered by Leeds Aim, is provided to Social Prescribers and to the 6 Wellbeing Hubs, so that they can better engage with, and support, autistic adults to access community, education, employment and health resources.</p>
<b>July 2023</b>	<p><b>Adult Autism Hub. See Appendix 6</b> for a sample report from the Bradford and Craven Autism AIM Pilot.</p> <p>Working in partnership with Leeds Aim, WYICB and CBMDC, a 12 month pilot Adult Autism Hub is available in Bradford, with 3 key elements of support. Bradford and Craven Autism AIM is a pilot service for autistic adults in the area who have little or no other funded support. The project model is based on the Leeds AIM approach of utilising the teams lived experience (85% of the team are autistic) and professional knowledge/skills in providing support to help clients develop self-advocacy skills and give information/ support to reduce barriers of access to wider services or develop strategies that may reduce this need.</p> <p>It was given pilot funding by the West Yorkshire and Bradford District and Craven ICB to offer information and signposting, 1-2-1 Peer Support with a focus on post-diagnostic help, support to help access GP/health services and support to navigate mental health services.( Mental health work utilising existing Comic Relief autism mental health equity focused funding is also being utilised to add value )</p>
<b>Sept. 2023</b>	<p><b>Supported Employment</b></p> <p>CBMDC launched a local supported employment initiative (LSE) for people with autism. This new service will support 100 Autistic people into paid employment and is funded until March 2025.</p> <p>NHS/SACAR; Autism Works – provides a tailored supported employment programme to increase confidence, employability and overall health</p>
<b>Dec. 2023</b>	<p><b>Neurodiversity Social Work Service,</b></p> <p>The Neurodiversity team is a hub of Social Workers and Occupational Therapists who are dedicated and skilled to work with people aged 18 + with autism and/or other Neurodiverse conditions. The team will</p> <p>be based within the Learning Disability and Preparing for Adulthood Service and sit alongside the existing Learning Disability Locality Teams.</p> <p>The overall focus of the Neurodiversity Team is to work with people to enable them to live a good life, by working in a neurodiverse friendly way to understand the person, their strengths and what is important</p>



	to them. The team will work creatively, to find solutions to make a positive impact on people’s lives.
<b>May 2024</b>	<p><b>Broadway – All-age Sensory Room</b> The Broadway Sensory Room is a project funded by organisations across the H&amp;SC system in partnership with the Broadway Shopping Centre.</p> <p>The Sensory Room is a specially designed environment that provides a sensory experience to people, young or old, with a wide variety of different abilities. Perfect for anybody with sensory challenges or in need of a safe and distracting place to return to a state of calm, making the shopping centre a more inclusive space for Autistic people and people with sensory issues.</p> <p>The build is planned to be completed in May 2024 and Commissioners are now working with the Broadway team and their contracted event co-ordinators to plan a launch event of the sensory room. The launch will have a creative arts focus and a grant application has been submitted for funding to secure a relevant performance artist for the day. The launch will follow the blueprint for the Burnley Sensory Room, which has included training centre staff in autism and neurodiversity awareness.</p>
<b>2024 /25</b>	<p><b>Planned Adult Autism Assessment Developments</b> The concept of camouflaging or masking in autism is related to the social communication and social interaction deficits, It involves use of specific behavioural and cognitive strategies to adapt to the non-autistic social world and minimise the visibility of social difficulties. While the concept of masking or camouflaging is supported by the development of self-report measures and its association with mental health difficulties, ongoing research is needed to further validate and refine this concept.</p> <p>The Service has introduced training and a tool to explore the presence of these making behaviours during the referral completion appointment. Apart from the observations about behaviours linked to autism, specific effort is made to also explore masking behaviours particularly in females.</p>

### 3.2 Performance and Data

Evaluation of the service had been challenged by the absence of data covering 2015 to 2021. A new BANDS monthly data report was agreed with BDCFT and has been in place since Nov 2021. Significant additions were added to the dataset in 2023. As part of the development of the new service model, additional manual analysis of data is undertaken by SWYPFT. A full set of monthly data reports is available in **Appendix 7**

#### **Bradford Autism Assessments - Progress Update: 23 January to 31 December 2023**

The South West Yorkshire NHS Foundation Trust, in collaboration with the Bradford District Care Foundation Trust, initiated the Bradford Autism Assessment Pathway on 23rd January 2023. This update delineates activities and differentiates between new referrals on the updated pathway and legacy cases. Outcomes of the Waiting List Project concluded in June 2023 were reported separately.

#### **Key Points/Developments:**

##### Recruitment:

- Nearly all positions in the Autism pathway have been filled. One remaining vacant psychology post will be advertised with a mid-January closing date.
- New personnel are trained and fully operational.

Legacy cases:

- Outreach to legacy waiting list individuals is underway to confirm interest in assessment, with all contacts planned by 31st March 2024.
- The initial caseload of 506 has reduced to 354. Almost half of those discharged have been seen, the others did not engage or have moved away from Bradford.

Requests for Referral received since 23/1/23:

- 599 requests received; referral rates have increased by 20% in recent months.
- 442 individuals seen to date; a small number discharged for non-engagement or other reasons.
- 71 found suitable for assessment; 60 have had first appointments, and 54 individuals have completed the process.

**REPORT CONTENT**

This update is based on a manual collection of data from SystemOne and other service held records. It has three sections:

1. THE PATHWAY – A description of the pathway and how this compares to the recommended NHSE pathway for adults.
2. REQUESTS FOR REFERRAL TO THE NEW PATHWAY – Details of activities relating to all requests since the pathway launched on 23<sup>rd</sup> January 2023
3. LEGACY REFERRALS RECEIVED BY THE FORMER BANDS SERVICE – Details of activities and information relating to legacy referrals received by the former BANDS service.

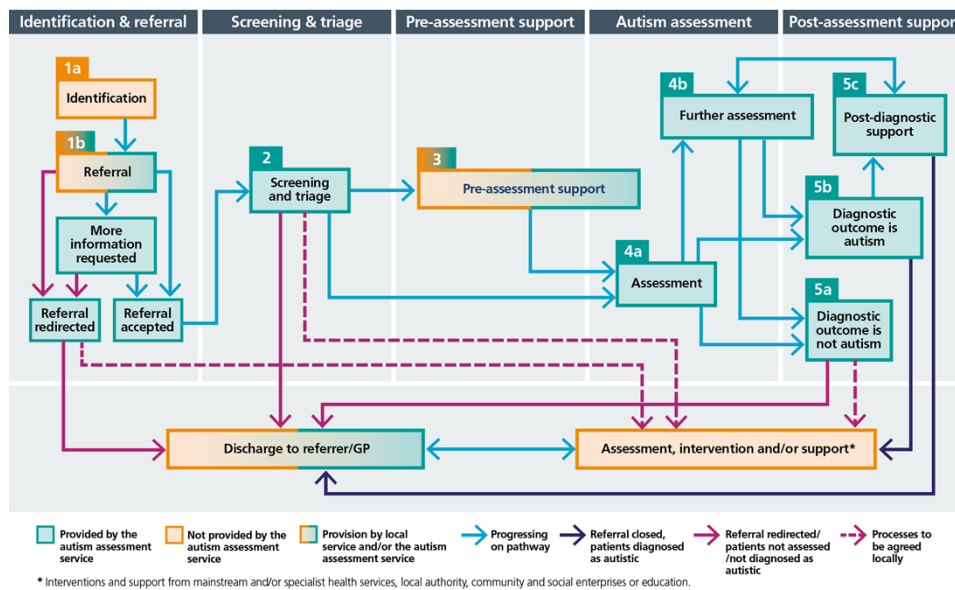
**A. THE PATHWAY**

There are three distinct steps to the pathway:

1. 'Requests for Referral' Management
2. Screening & Triage
3. The assessment

The chart below shows the 5 steps in the NHSE recommended pathway and how many Bradford cases typically flow through Steps 1, 2 and 4 commissioned from this Service in a 12 month period.

### The Autism Assessment Pathway



Cases:            600                    580                    n/a                    100-120            n/a

#### ‘Requests for Referral’ Management

GPs do not submit referrals to this Service, they submit ‘Requests for Referral’ with the intention that clinical appropriateness for assessment is determined by Autism experts. This step allows the individual more time to explain their needs and the reason why they believe they may have Autism.

When a Request for Referral is received, it is reviewed to check basic personal information to ensure the individual meets the criteria for the commissioned pathway e.g. Are they registered with a Bradford GP? Are they aged 18+?

If they meet the criteria, then the request is accepted.

The Service expects to receive circa 600 requests per year and 97% of requests are accepted at this stage. All of these go on to screening & triage.

#### Screening & Triage

As recommended in the recently published NHSE Guidance for ICB’s [NHS England » Operational guidance to deliver improved outcomes in all-age autism assessment pathways: Guidance for integrated care boards](#), the pathway includes screening and triage by a panel of clinical experts to ensure that an autism assessment is appropriate. The referral collection form is based on recommendations from this guidance.

Each person is invited to a **Referral Clinic**, a 30 minute appointment to discuss why the person feels they need an autism assessment and gather relevant referral information. The appointment gives them much more time than a regular 8 minute appointment with the GP and can enhance the information provided for triage. The majority of appointments are face to face at Hillside Bridge Health Centre in Bradford, but some appointments are held remotely via video conferencing. The Service also takes this opportunity to seek consent to view other relevant health records that might help to determine if an assessment is appropriate.

A panel of Autism experts then review the information available to them and determine if an assessment is clinically appropriate. This step is called **Triage**. If the panel agree that an Autism assessment is appropriate, then it is **at this point** that the person is referred to the Autism Assessment pathway. Circa 15-20% of monthly requests are referred for assessment (approx. 100-120 people per year).

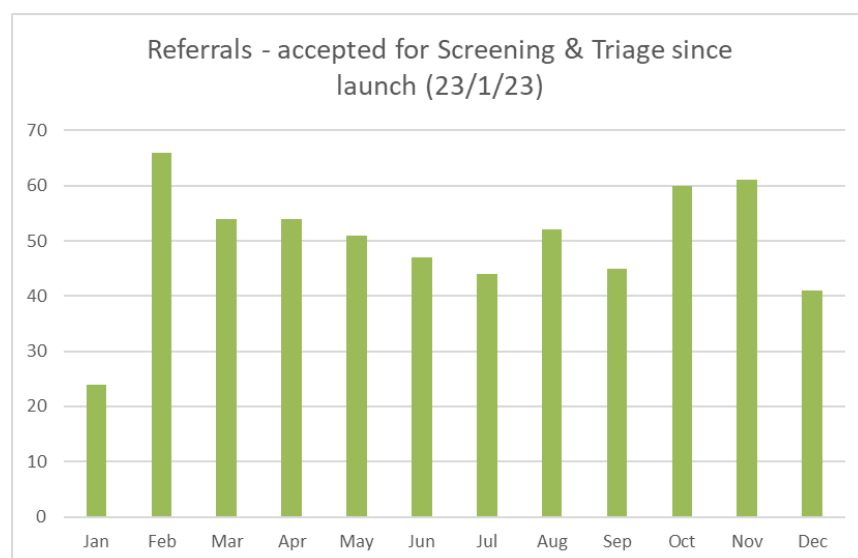
### The Assessment Process

When referred for assessment, the person is sent a self-questionnaire pack that provides information for several clinical tools. When this pack is returned, the person is offered an **initial assessment appointment**. Further appointments with the person and/or family members may be needed before a decision is made about whether the person has Autism or not.

## B. REQUESTS FOR REFERRAL TO THE NEW PATHWAY

### Request for referral activity

Approx 599 electronic requests have been received since launch. Referral rates have increased in October and November, but the average referral rate is only slightly higher than to the twelve months to Dec 2022.



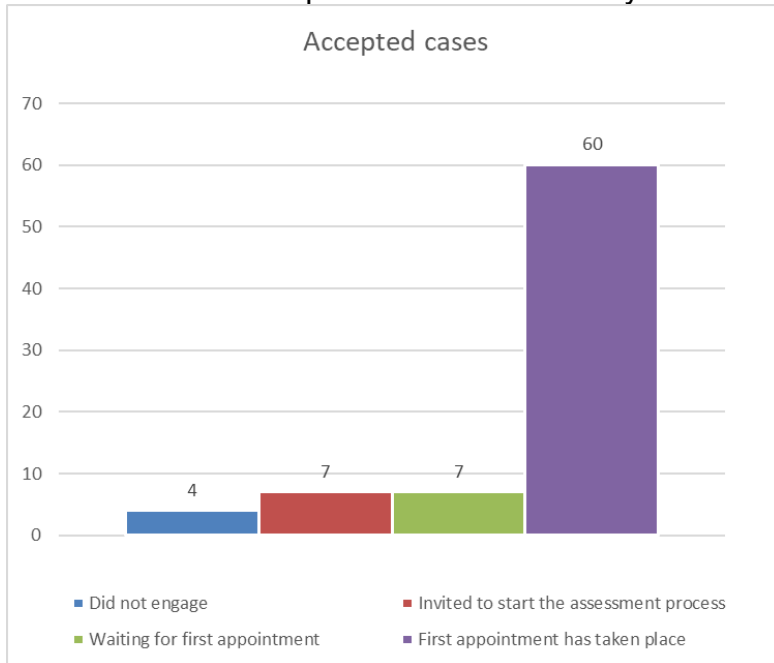
### Screening & Triage

To date, 442 (80%) of the 567 people accepted for screening & triage have attended a referral clinic. 33 people have been discharged as they did not engage, 5 others moved away or withdrew from the process before they were seen. There are currently 87 people waiting for their referral clinic to take place, 35 of these have an appointment booked in the next 4 weeks.

From the 442 people seen since launch, 3 were discharged as they decided they did not want to be assessed or moved away from the area. 7 are waiting to be considered by the Triage Panel. To date, 432 referrals have been considered by the Triage panel. 361 people do not meet the criteria for assessment and 71 people have been identified as appropriate.

### The Assessment Process

60 of these 71 appropriate cases have already had their first assessment appointment and 5 have been offered one in the next four weeks. 4 were discharged as they did not engage with the assessment process. 2 others are yet to return questionnaire packs.



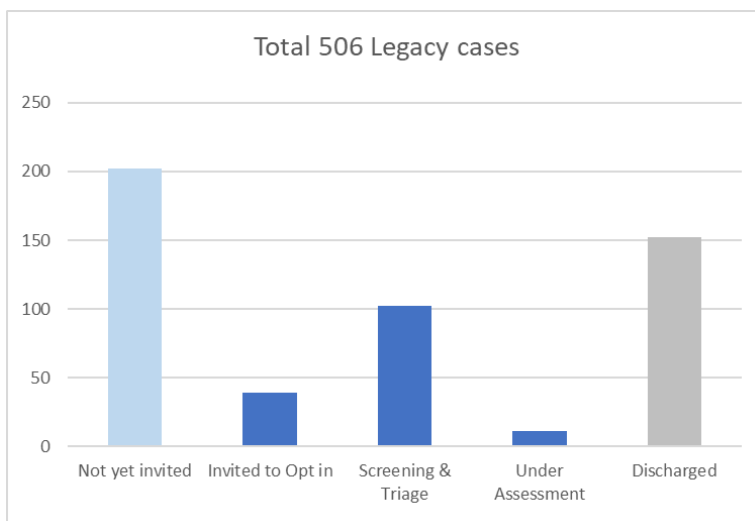
### Diagnostic Outcomes

40 individuals have been told they do not meet the criteria, 10 (25%) have been informed that they do have Autism. All have been signposted appropriately. 13 people are still under assessment. **Note:** The diagnostic rate appears low but note that assessments did not start until April 23 and the rate may be distorted by some of the more complex cases being still under assessment.

### C. LEGACY REFERRALS RECEIVED BY THE FORMER BANDS SERVICE

#### Total Referrals

The number of people on the legacy list from the former BANDS was 506. This chart represents those 506 cases on the pathway:



### Opt In Letters

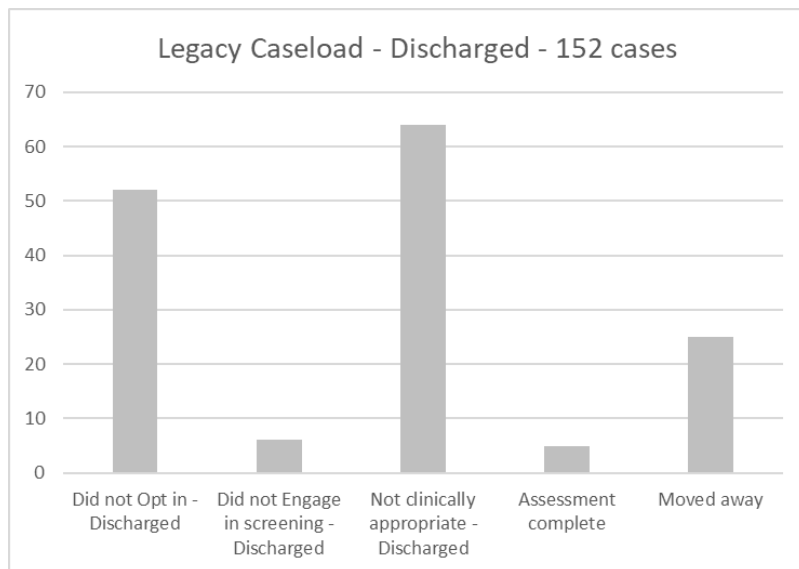
As these individuals were referred to the former BANDS pathway, each person is being contacted to inform them of the new pathway and to ask them if they would still like to be considered for assessment. Everyone referred prior to 30/6/22 has been contacted, there are still have 202 people to contact, all of these will be contacted before 31/3/24.

The response rate is approx. 75% (based on responses due back before the end of December).

### Discharges

152 people are already discharged.

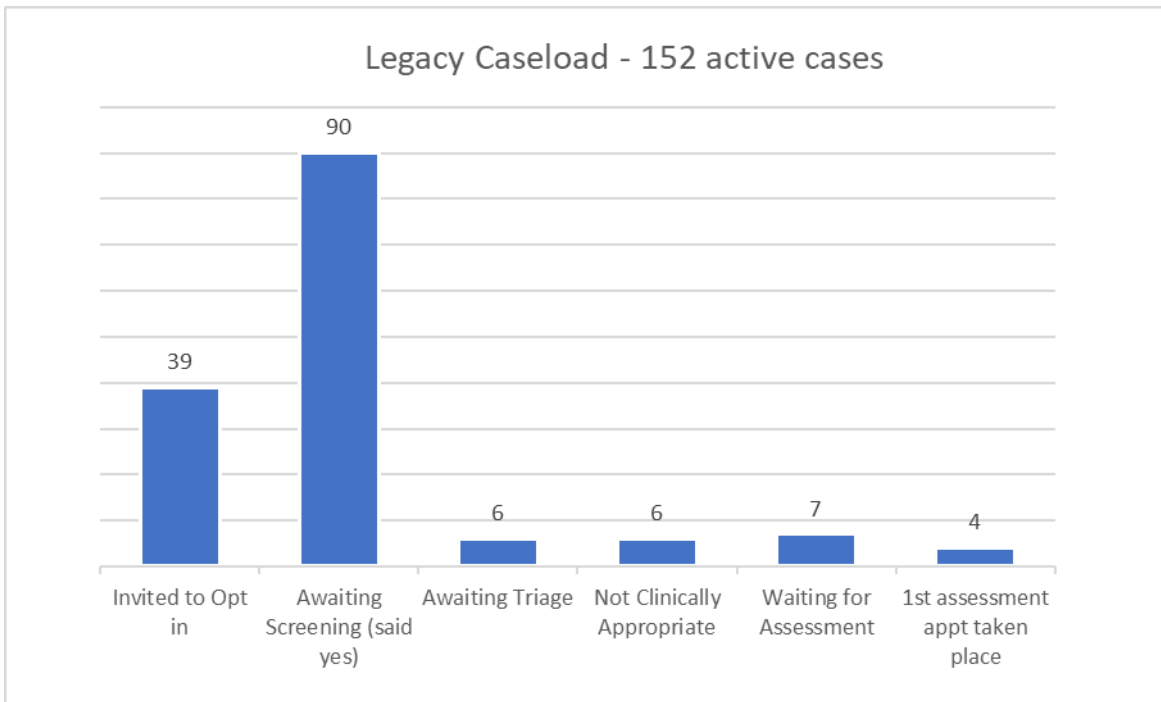
- An audit showed 25 people have moved away from Bradford or passed away.
- 52 did not respond to opt-in letters.
- 6 were invited for screening but did not engage and were discharged.
- 64 were triaged but did not meet the criteria for assessment and were discharged.
- 5 people completed their assessment and were discharged.



### Open cases

There are 354 people still on the caseload. 152 of these are 'active'- contact has been made.

- 39 of those contacted and are yet to respond to opt in letters.
- 90 have responded and are waiting for their screening appointment.
- 6 have had a screening appointment and are waiting to be considered by the triage panel.
- 6 people have been considered by the triage panel and are to be informed that an assessment is not clinically appropriate.
- 7 people were accepted at triage and are waiting for their first assessment appointment to take place.
- 4 people have already started the assessment process.



### Diagnostic Outcomes

To date 16 people have been identified for assessment. 5 assessments are complete, the individuals have been advised that they do not have Autism and have been/will be signposted to appropriate support.

### Waiting Times

The 'oldest' case on the list of open cases is a person referred in May 2021. This person has been seen in a referral clinic and his referral will be considered by the Triage panel in January. There are 22 other people on the open list referred in 2021. All of these have been contacted, 2 are yet to respond and confirm they would still like to be seen.

The majority of the current waiters were referred in 2022. 156 of these have been contacted and to date 93 have confirmed they would still like to be seen.

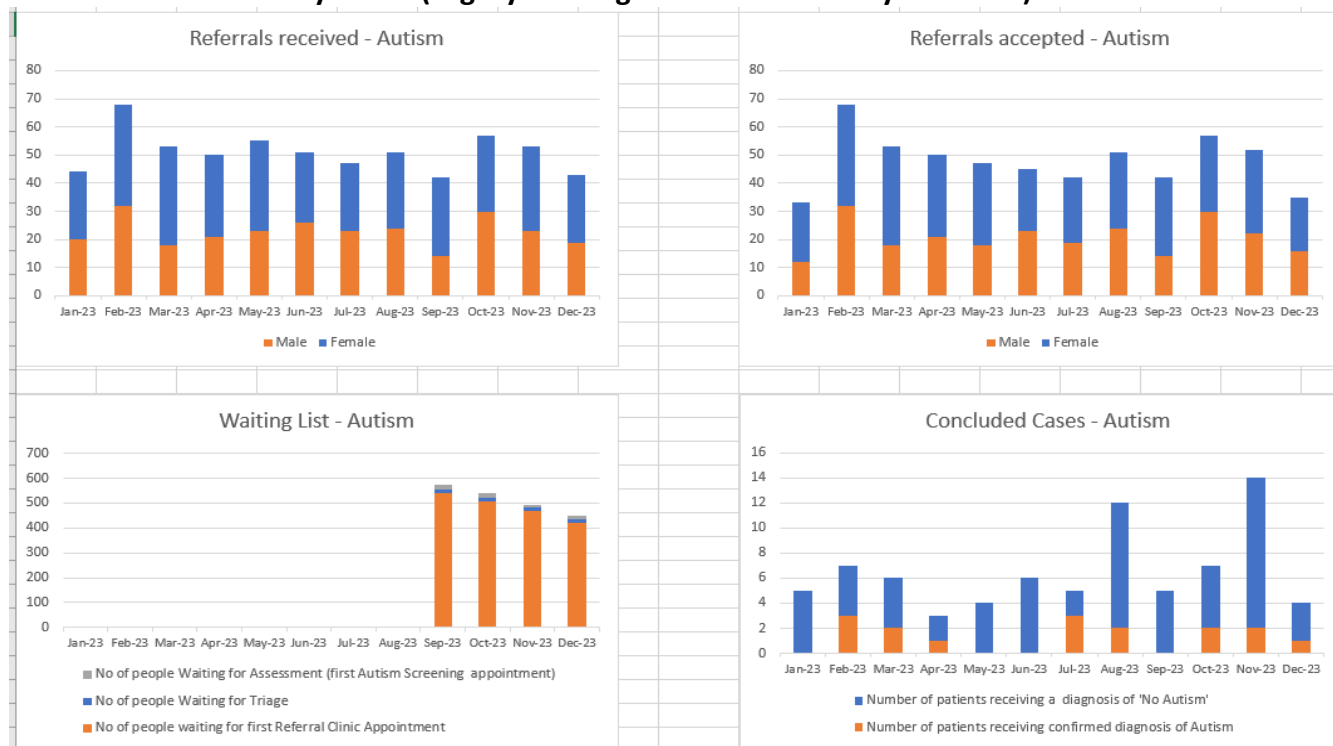
## Autism Overall Monthly Data (Legacy Waiting List + New Monthly Referrals) See Appendix 7

Autism Diagnostic Assessment Monthly Totals														
Metrics	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Data Source	
<b>REFERRAL DATA (Recorded within SystemOne)</b>														
No referrals received	44	68	53	50	55	51	47	51	42	57	53	43	BDCFT	
Male	20	32	18	21	23	26	23	24	14	30	23	19	BDCFT	
Female	24	36	35	29	32	25	24	27	28	27	30	24	BDCFT	
Other	0	0	0	0	0	0	0	0	0	0	0	0	BDCFT	
No of referrals accepted	33	68	53	50	47	45	42	51	42	57	52	35	BDCFT	
Male	12	32	18	21	18	23	19	24	14	30	22	16	BDCFT	
Female	21	36	35	29	29	22	23	27	28	27	30	19	BDCFT	
Other	0	0	0	0	0	0	0	0	0	0	0	0	BDCFT	
No of Referrals rejected (breakdown of reason below)	11	0	0	0	8	6	5	0	0	0	1	8	BDCFT	
Refused By Service	0	0	0	0	0	0	0	0	0	0	1	7	BDCFT	
Inappropriate Referral	4	0	0	0	8	6	5	0	0	0	0	0	BDCFT	
Duplicate Referral Request	0	0	0	0	0	0	0	0	0	0	0	1	BDCFT	
Incomplete referral request	7	0	0	0	0	0	0	0	0	0	0	0	BDCFT	
<b>WAITING LIST INFORMATION -Waiting at end of period</b>														
No of people waiting for first Referral Clinic Appointment										540	508	467	422	BDCFT
Longest wait for referral clinic										1055	900	930	961	BDCFT
No of people Waiting for Triage										13	12	16	13	SWYPFT
Longest wait for Triage										50	791	773	830	SWYPFT
No of people Waiting for Assessment (first Autism Screening appointment)										22	23	12	13	SWYPFT
Longest Wait for Assessment (first Autism Screening appointment)										808	776	819	867	SWYPFT
<b>WAITED INFORMATION (Patient Activity)</b>														
<b>Referral clinic (Information Gathering)</b>														
No of people receiving first referral clinic appointment in period	2	15	82	45	45	40	51	42	31	67	64	48	BDCFT	
Average wait from referral date to first Referral Clinic appointment								46.5	34.7	281.3	288.4	475.6	BDCFT	
<b>First Assessment Appointment (First Autism Screening Appointment)</b>														

Metrics	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Data Source
<b>No of people receiving first Autism assessment appointment in period (First Autism Screening Appointment)</b>													
No of people receiving first Autism assessment appointment in period (First Autism Screening Appointment)	9	5	2	5	8	5	5	8	9	8	16	8	BDCFT
<b>Average wait from referral date to first autism Assessment (first Autism Screening appointment)</b>													
Average wait from referral date to first autism Assessment (first Autism Screening appointment)								151.7	206.7	397.1	161.5	381	BDCFT
<b>Diagnosis</b>													
<b>Number of patients receiving confirmed diagnosis of Autism</b>													
Number of patients receiving confirmed diagnosis of Autism	0	3	2	1	0	0	3	2	0	2	2	1	BDCFT
<b>Average time waited from referral to diagnosis of autism (days)</b>													
Average time waited from referral to diagnosis of autism (days)		754.3	793.5	680			158	131		185	182.5	220	BDCFT
<b>Number of patients receiving a diagnosis of 'No Autism'</b>													
Number of patients receiving a diagnosis of 'No Autism'	5	4	4	2	4	6	2	10	5	5	12	3	BDCFT
<b>Average time waited from referral to diagnosis of 'No Autism' (days)</b>													
Average time waited from referral to diagnosis of 'No Autism' (days)								162.3	156	315.6	177	137.3	BDCFT
<b>PATIENT DATA</b>													
<b>Number of referrals open at end of reporting period</b>													
Number of referrals open at end of reporting period							0	583	588	561	520	467	BDCFT
<b>DISCHARGE DATA</b>													
<b>Discharges Breakdown by End Reason</b>													
<b>Not Recorded</b>													
Not Recorded								0	0	0	0	9	BDCFT
<b>Client transferring to specialist care</b>													
Client transferring to specialist care								0	0	0	0	1	BDCFT
<b>Discharged - No further treatment appropriate</b>													
Discharged - No further treatment appropriate								62	31	61	56	50	BDCFT
<b>Discharged - Patient did not attend</b>													
Discharged - Patient did not attend								2	3	2	3	3	BDCFT
<b>Discharged - Patient died</b>													
Discharged - Patient died								0	0	0	2	0	BDCFT
<b>Discharged - Patient Requested Discharge</b>													
Discharged - Patient Requested Discharge								0	0	0	1	0	BDCFT
<b>Discharged - Treatment completed</b>													
Discharged - Treatment completed								2	2	1	10	8	BDCFT
<b>Data Cleansing</b>													
Data Cleansing								1	0	0	0	0	BDCFT
<b>Discharged - Refused to be Seen</b>													
Discharged - Refused to be Seen								1	0	4	14	28	BDCFT
<b>Discharged - Moved out of the area</b>													
Discharged - Moved out of the area								0	1	16	6	0	BDCFT
<b>Total Discharges</b>													
Total Discharges								68	37	84	92	99	BDCFT
<b>General Medical Practitioner</b>													
General Medical Practitioner	44	68	53	50	55	51	47	51	42	57	53	43	BDCFT
<b>Other Agency</b>													
Other Agency	0	0	0	0	0	0	0	0	0	0	0	0	BDCFT
<b>Total</b>													
Total	44	68	53	50	55	51	47	51	42	57	53	43	BDCFT
<b>Additional Metrics</b>													
<b>No of people receiving first appointment in period</b>													
No of people receiving first appointment in period	3	16	84	45	47	41	52	42	31	67	64	48	BDCFT
<b>No of people waiting for first Appointment</b>													
No of people waiting for first Appointment	535	585	551	545	545	544	523	529	536	505	464	420	BDCFT
<b>No of people waiting for Diagnosis</b>													
No of people waiting for Diagnosis	556	615	641	667	664	658	599	578	585	556	519	465	BDCFT



**Autism Overall Monthly Charts(Legacy Waiting List + New Monthly Referrals)**



**3.4 Case Studies; Bradford Adult Autism Project Case Studies x 2**

Recognising the unique experience of individuals referred to the service and collecting information that identifies themes and trends is an important part of ongoing service development. Please note the additional points relating to these case studies, which were completed by one of our Physician Associates working in Bradford.

- The pathway is compliant with the NHSE Guidance [NHS England » Operational guidance to deliver improved outcomes in all-age autism assessment pathways: Guidance for integrated care boards](#). These studies reflect the recommended steps.
- In these examples, the time period between Information Gathering and Screening & Triage was about 2 months. This is because of technical issues we had with Bradford systems in the early part of the collaboration that created some bottlenecks for triage. These issues are completely resolved now and Screening & Triage generally takes place within 2 weeks of Information Gathering.
- Assessment appointments are generally offered within 30 days of Screening & Triage. Cases that exceed this time frame are generally because the individual has not responded to questionnaires within appropriate time scale.

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**Bradford Project Case Study #1                      Service for Adults with Autism**

**Patient Details**

Mr AAA is a 56-year-old, gentlemen currently living in Bradford.

**Reason for referral**

Mr AAA was referred for an Autism assessment on the 15<sup>th</sup> of May 2023 by his GP. The referral was initiated by his sister – who following the passing of his mother,

had taken over care of Mr AAA. His family had long suspected he may have Autism, however had struggled to gain a formal assessment. There were concerns around his behaviors in the workplace, mainly difficulties in his relationships with co-workers and in addition to this, his sister must provide significant support for his activities of daily living.

They cited difficulties in Mr AAA's ability to develop friendships, inappropriate behavior in social situations, communicating with people and not knowing how to verbalize his thoughts or feelings. He also appears to have strange collections.

### **Information Gathering**

Mr AAA first attended a referral clinic appointment on the 31<sup>st</sup> of May 2023 to ascertain if his initial referral was appropriate. During the clinic appointment, there was evidence of difficulties in respect to his social communication, interaction and he described unusual interests and fixations not appropriate of someone of his age.

### **Screening & Triage**

The information and clinical observations were used to assess the clinical appropriateness of offering an Autism assessment. This decision was made by a panel of experts in Autism who determined that Mr AAA needed an assessment.

### **Assessment 1**

He then attended a screening assessment accompanied by his sister, on the 19<sup>th</sup> of September 2023. This appointment lasted over two hours. During the appointment, Mr AAA was observed to show deficits in social communication, interaction and presented with restrictive behaviours and interests. Furthermore, through the information collected, there appeared to be long standing difficulties in respect to his level of functioning. This screening assessment indicated a need for a formal assessment using validated diagnostic tools as recommended by NICE CG142.

### **Assessment 2**

Mr AAA was assessed using the Autism Diagnostic Observation Schedule (ADOS-2) – a gold standard diagnostic tool on a rescheduled appointment on the 15<sup>th</sup> of December 2023, following a cancellation of a prior appointment. On the ADOS, Mr AAA scored very highly – 16. Mr AAA's case was then put forward to discuss at MDT.

### **MDT discussion Outcome**

At the final MDT discussion, it was concluded that Mr AAA meets the criteria for autism spectrum disorder on the 21<sup>st</sup> of December 2023.

He was provided the outcome and had the opportunity to discuss his assessments. His carer was also contacted and provided with further information around support for carers and to answer any additional questions. Mr AAA was sent the reports, along with the post diagnostic pack, which includes information around ASD, charities and services designed to support people with autism and further information around his rights and the support he may be able to access.

### **Feedback from Service User Carer**

*"The process was quicker than I anticipated as I was initially told I may wait several years to get my brother assessed. As a family, we were especially pleased with the*

*outcome as it allows us to provide support but also help us understand our brother. The information sent has allowed us to understand his rights and he has since been able to access better support at work and seems happier as a result.”*

-----

## **Bradford Project Case Study #2**

## **Service for Adults with Autism**

### **Patient Details**

Mr XXX is a 25-year-old gentleman currently living in Bradford.

### **Reason for referral**

Mr XXX was referred for an Autism assessment on the 13<sup>th</sup> of July 2021 by his GP. The referral was initiated by Mr XXX himself. He has had longstanding concerns that he may have Autism dating back to 2014. He cites difficulties in social situations as he has a tendency to overthink situations and has longstanding low mood and anxiety.

### **Information Gathering**

Mr XXX first attended a referral clinic appointment on the 25<sup>th</sup> of October 2022 to ascertain if his initial referral was appropriate. During the short referral clinic appointment, there were some difficulties observed in respect to his nonverbal communication and social interaction.

### **Screening & Triage**

The information and clinical observations were used to assess the clinical appropriateness of offering an Autism assessment. This decision was made by a panel of experts in Autism who determined Mr XXX warranted an assessment due to his current presentation.

### **Assessment 1**

Mr XXX initially did not attend his first appointment March of 2023, and was then offered a second screening assessment, which he attended on the 5<sup>th</sup> May 2023 on his own. This appointment lasted over three hours. During the appointment, Mr XXX presentation was observed to improve as the assessment progressed. As he became more comfortable, his eye contact was socially modulated, and he engaged in back-and-forth communication appropriately. He shared humour, including the use of sarcasm. There was also an absence of repetitive or restrictive behaviours, including no sense of rigidity, no inflexible nonfunctional routines, and no specific interests. Mr XXX also reported a turbulent and dysfunctional childhood and feelings of low mood and anxiety from an early age. He has previously had contact with CAMHS and has long term difficulties with his food intake. Mr XXX also has a dependency on Cannabis and is currently using 2-3g of the drug a day.

During the assessment he screened positive for panic disorder with agoraphobia and generalised social anxiety disorder using the M.I.N.I. (*Mini International Neuropsychiatric Interview (M.I.N.I) which is designed as a brief structured diagnostic interview for the major psychiatric disorders in adulthood.*)

Mr XXX's case was then discussed in MDT.

### MDT discussion Outcome

At the final MDT discussion, it was concluded that Mr XXX **does not** meet the criteria for autism spectrum disorder on the 8<sup>th</sup> of June 2023.

MDT noted how within the assessment, Mr XXX engaged in reciprocal conversations, demonstrated appropriate nonverbal communication, and did not have the required repetitive or restrictive behaviours expected in ASD.

Mr XXX was contacted to discuss the outcome of his assessment with clear rationale as to how he did not meet the criteria. There was long discussions and the opportunity to ask questions of the clinician. Mr XXX was given recommendations and information in respect to local services such as “My Wellbeing College” “Mind in Bradford” and how to access support for his substance use. He was also aware that he could discuss a referral to CMHT with his GP.

### Feedback from Service User Carer

*“I was initially upset at the outcome as I had thought I might be autistic. However, reading the report and discussing the outcome was helpful for me to understand differences between how I act and Autism. It also helped me understand how my anxiousness affects me and liked the information on local services who I contacted.”*

### 3.5 Complaints, comments and concerns Jan 2023 to Jan 2024

	Total	Closed	With drawn	Current	Upheld	Not Upheld	Partially Upheld	inconclusive
Concerns	14	12	1	1		11	2	1
Dis-satisfied	2					2		
Complaints	0							
MP Complaints	1	1				1		

	Total	Discharge Arrangements	Customer Services	Service Provision	Length Of Waiting List	Diagnosis Problems	Failure to Follow Procedures
Concerns	14	2	4	5	1	1	1
Dis-satisfied	2	1			1		
Complaints	0						
MP Complaints	1				1		

	Service User	Relative/Family Member	MP.	Total
Concerns	12	2		14
Dis-satisfied	2			2
Complaints				
M.P. Complaints	2		1	

It has been noted there are more appeals from patients in Bradford, then from other areas. This suggests the complaints pathway would benefit from review. A process map, identifying roles and responsibilities between the partners should be developed so that patients receive a timely and informed response to comments or complaints. This will be addressed in the first annual review of the service, in March 2024.

### 3.6 Conclusion

This data and narrative updates included in this report provide evidence that the outcomes and objectives for the Adult Autism Pathway have been met, or are well on the way to being met.

Capacity of the assessment and diagnosis service has been increased from 40 cases per annum to 600 cases per annum, to meet existing demand

Waiting time for initial assessment has been reduced from approx. 12.5 years to 15 weeks. When the legacy waiting list is cleared, in approx. 12 months, the waiting time will be less than the NICE recommended 12 weeks

Quality of referrals has been improved through the introduction of GP referral through GPASSIST and the introduction of the 30 minute in person initial assessment meeting.

Improved experience of the Adult Autism Pathway is challenging to evidence as this service is not included in BDCFT Friends and Family Test. Complaints and comments from the adult assessment and diagnosis service requires further development to integrate communication to patients from BDCFT and SWYPFT.

Non-clinical support options have been extended through the addition of online and postal signposting to Community Wellbeing Hubs and Social Navigators. A pilot Adult Autism Hub was launched and funding is being applied for to continue this resource.

	Old Service	New Service
<b>Staffing</b>	2.5	4.85 (part of a team of 32)
<b>Finance</b>	£65 k p.a.	£352,000 p.a.
<b>Demand</b>	600 cases p.a.	600 cases p.a.
<b>Activity</b>	40 cases p.a.	600 cases p.a.
<b>Cost</b>	£1,625 per referral	£590 per referral
<b>Referrals</b>	Referral form completed by GP	Request through GP ASSIST. Referral form completed by service.
<b>Access</b>	Approx. 12.5 years (500 people waiting @ 40 assessments per annum)	15 weeks and reducing
<b>Assessment Clinic</b>	No	Yes
<b>Clinical triage</b>	No	Yes
<b>Signposting</b>	No	Yes

## 4. Options

This is an update report for information only, with no options for consideration required.

**5. Contribution to corporate priorities**

This plan supports the BDC HCP priority; Parity of esteem for access and outcomes for people with Learning disability / neurodiversity

**6. Recommendations**

- 6.1 Members are asked to support the developments to the BDCFT/SWYPFT service model to develop a new Adult Autism Pathway and service model to assess and diagnose adults with autism spectrum conditions and the benefits for patients and referrers.
- 6.2 That it be noted that all project objectives have been met, or are on target to be met, and the new service is now operating as 'business as usual'.

**7. Background documents**

None

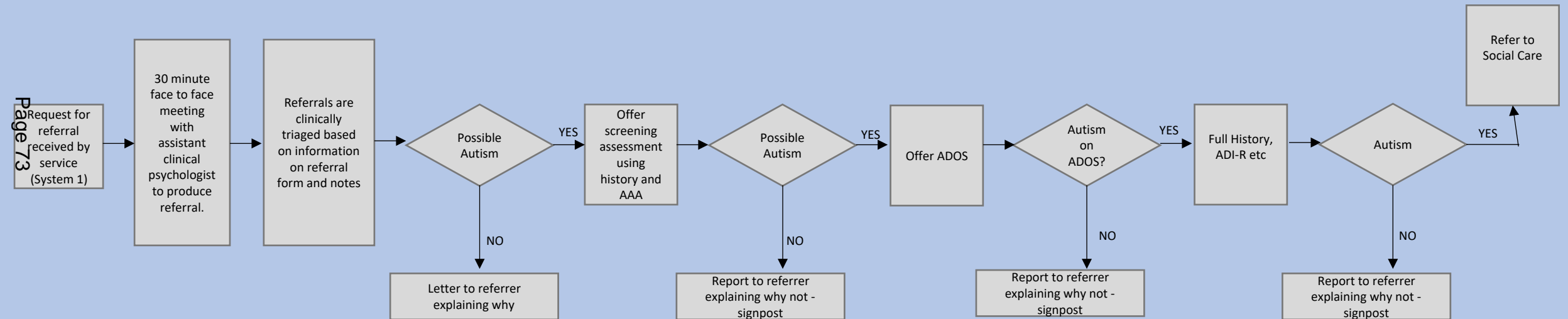
**8. Not for publication documents**

None.

**9. Appendices**

- 1. New Adult Autism Assessment Process Map
- 2. New Adult Autism A&D Pathway
- 3. Bradford Autism Waiting List Project Final Report
- 4. Letter to patients re next steps
- 5. Autism Support Leaflet and Website
- 6. Bradford and Craven Autism Aim September Report
- 7. Adult Autism monthly data Dec 2023

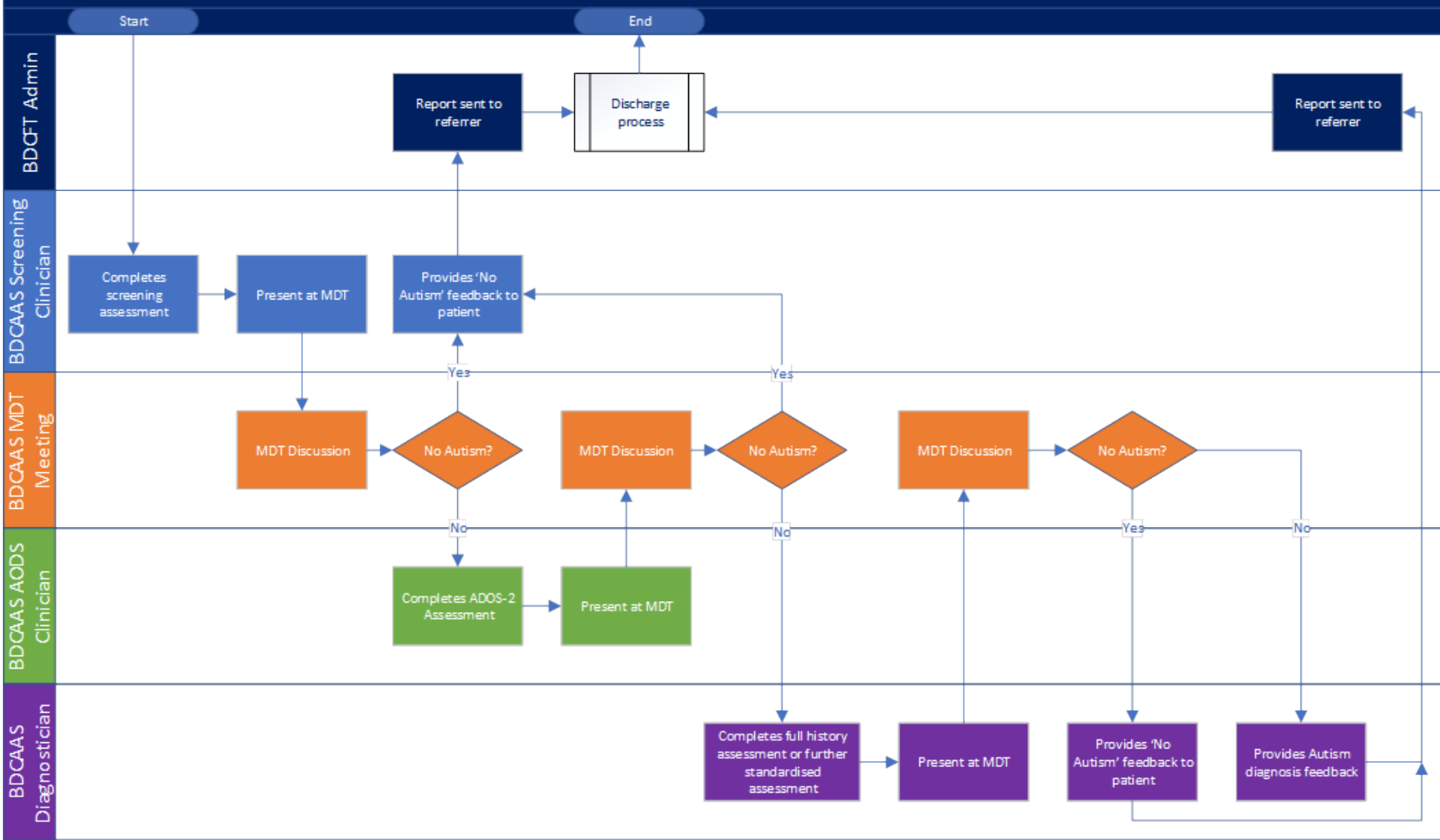
# BANDS - Adult Autism assessment process:



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# Bradford District and Craven Autism Assessment & Diagnosis Service for Adults

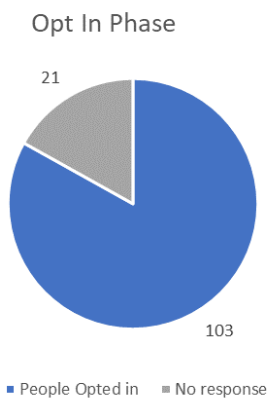




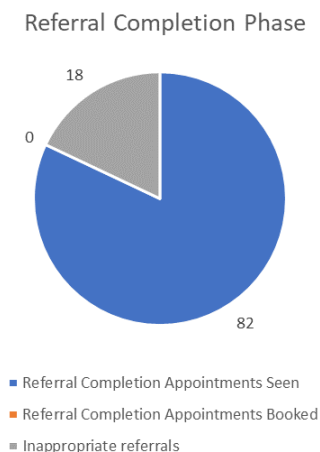
**BRADFORD AUTISM ASSESSMENT WAITING LIST PROJECT**  
**Final Update, 21st June 2023**

This project was commissioned to clear 100 people from the BANDS Autism Assessment waiting list. 127 people were identified from the waiting list, they were referred for assessment between 22<sup>nd</sup> September 2020 and 14<sup>th</sup> July 2021.

The project is now 100% complete – all of the 127 people identified from the list have been discharged. The following charts and narrative explain how many people have been seen by each part of the pathway.

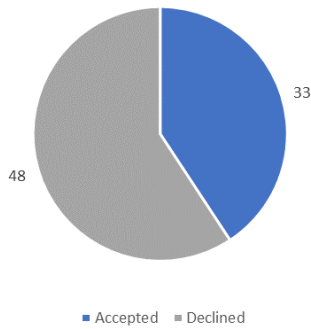


- 127 cases were identified from the waiting list.
- 3 had moved away, so a total of 124 people were informed of the clinical triage process and invited to confirm if they still wanted to be assessed.
- 103 respondents opted in.
- 21 were discharged as they did not respond



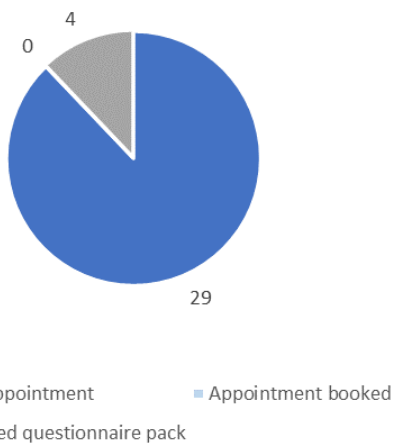
- Of the 103, 18 referrals had enough information to be considered inappropriate after clinical triage (Triage Phase).
- 2 referrals were discharged as they had moved away or had a private diagnosis.
- The remaining 83 cases had insufficient or low-quality information in the referrals so could not be clinically triaged.
- Face to face referral completion appointments were set up to capture the required information, the last of these appointments took place on 14/2/23.
- 1 person was discharged due to non-attendance.

Accepted/Declined at Triage



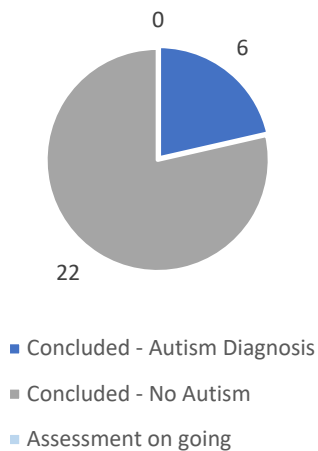
- 81 referrals of people seen in the Referral Completion Phase, plus the 18 at the start of the project have already been triaged – 99 in total.
- 1 person seen at the Referral Completion Clinic moved away and did not require Triage.
- Of the 99 considered, 48 were not deemed as clinically appropriate for an assessment and were discharged.
- 33 cases were accepted for assessment and sent self-questionnaire packs.

Accepted Cases



- Of the 33 packs sent, 29 were returned.
- Four packs not returned and the individuals were discharged.
- All 29 people have had their first appointment.

Concluded Cases



- 28 assessments have been concluded
- 6 people have a confirmed Autism diagnosis.
- 22 people do not meet the criteria.
- 1 person withdrew from the assessment process

# What happens when I'm referred for an adult autism assessment



**1** You have been referred for an adult autism assessment



**2** You will be invited to a face-to-face appointment to gather more information for your referral. This will take about 30 minutes



The adult autism service check the referral to see if:

- 3**
- a. You already have a diagnosis
  - b. There is enough information from the GP or social worker
  - c. The information suggests you MAY have autism



**4** If it looks like you might have autism, you will be sent a pack with questions to answer and send back.



**5** An autism specialist called a 'screening clinician' looks at your answers and invites you to have a chat with them. This may take place over a few appointments. This part is called information gathering.



The autism team look at all the information together and decide what the outcome is. The outcomes will be either:

- 6**
- a. They're not sure and need to investigate a bit more
  - b. Yes, you have autism
  - c. No, you don't have autism (they might suggest you have a different condition)



**7** The autism team will let you and your social worker or GP know the outcome. They will both tell you what support is available if you want it.



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# Autism advice and community support



Autism affects the way a person communicates and how they experience the world around them. Many autistic people are able to live independent lives but others may face additional challenges.

If you are experiencing difficulty in any area of your life, a range of people and services across Bradford District and Craven can offer you advice and support.

This leaflet provides information on how to get in touch with the following support services in your local community:

- **wellbeing hubs**
- **social prescribers**
- **mental health support via Healthy Minds**
- **council services for adult social care and young people**





## Wellbeing Hubs

There are six Wellbeing Hubs in our area. They provide specialist support with emotional and wellbeing needs such as mental health, domestic abuse, addiction, welfare benefits, physical health and carer support.

No matter which hub you go to you'll find a warm welcome and friendly staff to help get you on the path to better wellbeing.

### The hubs are located in:

**Bradford centre:** Daisy House Farm, 44 Smith Lane, Bradford, BD9 6DA

**Tong:** The Sutton Community Centre, 51 Kyffin Place, Bradford, BD4 8NB

**Manningham:** Manningham Mills Community Centre, Lilycroft Road, Bradford, BD9 5BD

**Shipley:** 1 Westgate, Shipley, BD18 3QX

**Keighley:** 15-17 Devonshire Street, Keighley, BD21 2BH

**Thornbury:** The Thornbury Centre, 79 Leeds Old Road, Bradford, BD3 8JX



Find out more and make an appointment online:

[www.healthyminds.services](http://www.healthyminds.services)

# Social prescribers

## What are social prescribers?

Social prescribers are trained professionals who can refer you to a range of local, non-medical community services, groups and activities to support your health, wellbeing and social welfare needs.

For example, social prescribers can help with the following:

- **housing and benefits**
- **unemployment/employment**
- **domestic violence and abuse**
- **debt**
- **social isolation**
- **community groups**
- **bereavement**



Social prescribers will build a close relationship with you to offer advice and access to personalised support. This will help you take better control of your health and wellbeing.



**Find out more about social prescribing online:**

**[www.england.nhs.uk/personalisedcare/  
social-prescribing](http://www.england.nhs.uk/personalisedcare/social-prescribing)**

## How do I get in contact with a social prescriber?

You can ask your GP practice to refer you to a social prescriber.

## Mental health support via Healthy Minds

Healthy Minds provides mental health and wellbeing services across Bradford District and Craven.

On the Healthy Minds website you can find out about mental health support for things like depression, anxiety, abuse and insomnia. There are also links to people who will listen and help.



**Find out more online:**

[www.healthyminds.services](http://www.healthyminds.services)

## Local Offer for children and young people

A Local Offer is for children and young people aged 0 to 25 years who have special educational needs



and disabilities (SEND). It is a free service to help people find the most suitable support services on offer.



**Find out more online:**

**Bradford District:**

[www.localoffer.bradford.gov.uk](http://www.localoffer.bradford.gov.uk)

**Craven:**

[www.northyorks.gov.uk/children-and-families/send-local-offer/about-north-yorkshire-send-local-offer](http://www.northyorks.gov.uk/children-and-families/send-local-offer/about-north-yorkshire-send-local-offer)

## Council services for adults

Adult social care supports adults of all ages, disabilities and backgrounds, through support in the community or in your own home. This includes specialist autism services.

### If you live in the Bradford District

You can find out about adult social care support from an Independence Advice Hub.

Contact an independence advisor to talk about support to help you stay independent.



#### To contact an Independence Advice Hub:

- **telephone: 01274 435400**
- **visit: [www.bradford.gov.uk/adult-social-care/i-want-an-assessment/i-want-an-assessment](http://www.bradford.gov.uk/adult-social-care/i-want-an-assessment/i-want-an-assessment)**

### If you live in Craven

If you need help with daily living, you can get an assessment to give you advice and guidance about your care and support needs.



#### Find out more:

- **telephone: 0300 131 2 131**
- **visit: [www.northyorks.gov.uk/adult-care/social-care-adults/adult-eligibility-social-care-services/request-involvement-adult-social-care](http://www.northyorks.gov.uk/adult-care/social-care-adults/adult-eligibility-social-care-services/request-involvement-adult-social-care)**

# Community groups

## Why Don't We - arts group

Why Don't We is a Bradford-based collective of artists with learning disabilities and/or autism who meet Weekly. They work on a range of different creative projects and collaborate with and exhibit at cultural venues across Bradford.

### Find out more:



- **telephone: 0113 234 6040**
- **visit: [www.pyramid.org.uk/wdw/](http://www.pyramid.org.uk/wdw/)**



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**Bradford  
and Craven  
Autism AIM**

**The  
Advonet  
Group**  
Providing Independent Advocacy

# Bradford and Craven

## Autism AIM Pilot

# Monthly Summary Report: September 2023

## Contents

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**1: Overview**

**2: Referral Data**

**3: Web and Social Stats - Aug-Sept**

**4: Contact Info**

# Overview

## Background

Bradford and Craven Autism AIM is a pilot service for autistic adults in the area who have little or no other funded support. The project model is based on the Leeds AIM approach of utilising the teams lived experience (85% of the team are autistic) and professional knowledge/skills in providing support to help clients develop self-advocacy skills and give information/ support to reduce barriers of access to wider services or develop strategies that may reduce this need.

It was given pilot funding by the West Yorkshire and Bradford District and Craven ICB to offer information and signposting, 1-2-1 Peer Support with a focus on post-diagnostic help, support to help access GP/health services and support to navigate mental health services. ( Mental health work utilising existing Comic Relief autism mental health equity focused funding is also being utilised to add value )

## Partnership Working

Further work has taken place consulting and linking in with the new Adult Social Care Team. A meeting was scheduled for early October so the teams could meet each other and explore further partnership work. AIM provided consultation on what training could be provided to the team based on previous experience of particularly vulnerable clients who may need ASC support.

A report was sent to Mind in Bradford following our environmental audit and a meeting scheduled to follow up recommendations. Work began in Leeds with Leeds Mind to compile a toolkit of resources for the Autism Mental Health Peer Support Group. This will link into the Bradford work with all three teams providing input and clinical reviews being conducted with LYPFT Psychologists.

The Yorkshire Autism AIM team and BDCT have been shortlisted for the Celebrate as One: Bradford District and Craven Health and Care Partnership Awards 2023 in the 'Working in Partnership' category. This was to recognise the partnership work that Yorkshire Autism AIM and BDCT, LYPFT and others have carried out as part of the Sensory Inpatient Project. Although this is not part of the funding covered in this report it will encourage other partnerships to develop with this project.

Social Prescriber Training has been booked in for October and November.

## Client Work

Clients have continued to come in at a steady pace, referrals primarily have come from clients themselves but it should be noted that a significantly higher proportion of referrals than Leeds have come from parents. An emerging trend of clients who have not accessed services or not found them suitable in meeting their needs in the past is being established. Clients are presenting as having complex and built up issues, especially around physical and mental health issues.

When clients have self referred, they are often being supported by family members or other support networks. This demonstrates that through lack of engagement or availability of adequate services that clients may be lacking in self-advocacy skills or may lack independence.

Mistrust of other services is also a common theme which may explain the steady nature of referrals.

## Learning and Future Planning

The team has produced a revised comms and engagement plan based on our learning. Engagement with 18-40 year olds is being prioritised, with a particular focus on University and College populations.

### Running Client Referral Source

Partner	Professional	Parent	Client
1	2	8	18



# Overview

<b>Number of people actively supported September 2023</b>	<b>40</b>
<b>Number of new clients actively supported September 2023</b>	<b>8</b>
<b>Parent/Carers Supported</b>	<b>6</b>
<b>Professionals Engaged</b>	<b>13</b>
<b>Compliments</b>	<b>1</b>
<b>Complaints</b>	<b>0</b>
<b>Any serious incidents or safeguarding involvement</b>	<b>0</b>

<b>Services Requested</b>	<b>September Total</b>	<b>Monthly Target</b>	<b>Running Total</b>	<b>Pilot Target</b>
<b>One to one peer support</b>	<b>3</b>	<b>2</b>	<b>19</b>	<b>20</b>
<b>Support to access GP</b>	<b>2</b>	<b>3</b>	<b>9</b>	<b>30</b>
<b>Mental health peer support group</b>	<b>3</b>	<b>2</b>	<b>13</b>	<b>20</b>
<b>Information Signposting</b>	<b>19</b>	<b>7</b>	<b>29</b>	<b>70</b>

## Demographics

<b>Average Age</b>	<b>31.5</b>
<b>Ethnicity</b>	
White (British)	<b>6</b>
Prefer not to say	<b>2</b>
Asian/Asian British (Pakistani)	<b>1</b>
<b>Gender</b>	
Female	<b>3</b>
Male	<b>4</b>
Non-binary	<b>0</b>
Prefer not to say	<b>1</b>
<b>Sexuality</b>	
Heterosexual	<b>3</b>
Prefer not to say	<b>2</b>
Other	<b>3</b>

# Web and Social Stats – August-September 2023

## Website

Page views	576
Unique visitors	169

## Resources from website

Flyer for autistic adults	6
Flyer for professionals	6
Fatigue scale	3
Executive functioning explained	3
Strengths autism can bring	3
Executive functioning strategies	3
Reasonable adjustments	2
Barriers to sleep and solutions	2
Making info accessible for neurodivergent people	2
Which job is right for you?	2

## Twitter/X

Impressions (views of posts): 6,534	
Likes of posts	116
Retweets/shares of posts	95
Link clicks:	56
New followers	40

## Facebook

Daily post reach:	43.6
New page likes:	17
Total page likes at end of September 2023	31
Total followers at the end of September 2023:	45
Shares of posts	58
Likes of posts	43

We have had 2 compliments and no complaints or safeguarding incidents reported in this first period.

If you require any further information or have any queries about the content of this report, please contact:

**Owen.Walker@advonet.org.uk**

Leeds Autism AIM Team Manager



**Email:** [bradfordautismaim@advonet.org.uk](mailto:bradfordautismaim@advonet.org.uk)



**Phone:** 0113 244 0606



**Web:** [bradfordautismaim.org.uk](http://bradfordautismaim.org.uk)



**Facebook:** [facebook.com/Bradfordautismaim](https://facebook.com/Bradfordautismaim)



**Twitter:** [twitter.com/bdautismaim](https://twitter.com/bdautismaim)

Bradford and Craven Autism AIM is part of The Advonet Group, an independent advocacy charity in Leeds.

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## Autism Diagnostic Assessment Monthly Totals

Metrics	Nov-21
<b>REFERRAL DATA (Recorded within SystmOne)</b>	
No referrals received	41
Male	20
Female	21
Other	0
No of referrals accepted	22
Male	10
Female	12
Other	0
No of referrals Undecided	0
Male	0
Female	0
Other	0
<b>No of Referrals rejected (breakdown of reason below)</b>	
Refused By Service	19
Inappropriate Referral	16
Duplicate Referral Request	1
Incomplete referral request	2
	0
<b>WAITING LIST INFORMATION -Waiting at end of period</b>	
No of people waiting for first Referral Clinic Appointment	
Longest wait for referral clinic	
No of people Waiting for Triage	
Longest wait for Triage	
No of people Waiting for Assessment (first Autism Screening appointment)	
Longest Wait for Assessment (first Autism Screening appointment)	
<b>WAITED INFORMATION (Patient Activity)</b>	
<b>Referral clinic (Information Gathering)</b>	
No of people receiving first referral clinic appointment in period	0
Average wait from referral date to first Referral Clinic appointment	
<b>First Assessment Appointment (First Autism Screening Appointment)</b>	
No of people receiving first Autism assessment appointment in period (First	0
Average wait from referral date to first autism Assessment (first Autism Screening	
<b>Diagnosis</b>	
Number of patients receiving confirmed diagnosis of Autism	0
Average time waited from referral to diagnosis of autism (days)	
Number of patients receiving a diagnosis of 'No Autism'	3
Average time waited from referral to diagnosis of 'No Autism' (days)	
<b>PATIENT DATA</b>	
Number of referrals open at end of reporting period	
<b>DISCHARGE DATA</b>	
<b>Discharges Breakdown by End Reason</b>	
Not Recorded	
Client transferring to specialist care	
Discharged - No further treatment appropriate	
Discharged - Patient did not attend	
Discharged - Patient died	
Discharged - Patient died(Natural causes)	

Discharged - Patient Requested Discharge	
Discharged - Treatment completed	
Data Cleansing	
<b>Discharged - Refused to be Seen</b>	
<b>Discharged - Moved out of the area</b>	
Total Discharges	
Source of referrals (Breakdown)	
Community Mental Health Team	0
General Medical Practitioner	40
Internal Referral	1
Patient/Parent	0
<b>self</b>	0
<b>Other Agency</b>	0
Total	41
Additional Metrics	
No of people receiving first appointment in period	3
No of people waiting for first Appointment	238
No of people waiting for Diagnosis	244



0	0	0	0	0	0	0	0	0
33	46	40	48	32	41	29	26	47
2	2	0	2	3	0	0	0	0
0	0	0	7	7	17	4	0	1
0	0	0	0	1	0	0	0	0
0	0	0	0	0	0	0	0	0
35	48	40	57	43	58	33	26	48
5	2	1	8	3	0	1	0	0
261	292	325	347	377	421	436	444	475
267	297	329	358	366	421	437	445	476



Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
52	56	33	43	44	68	53	50	55
24	30	14	17	20	32	18	21	23
28	26	19	26	24	36	35	29	32
0	0	0	0	0	0	0	0	0
41	35	21	31	33	68	53	50	47
19	18	8	14	12	32	18	21	18
22	17	13	17	21	36	35	29	29
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
11	21	12	12	11	0	0	0	8
0	1	0	1	0	0	0	0	0
3	6	2	1	4	0	0	0	8
0	0	0	0	0	0	0	0	0
8	14	10	10	7	0	0	0	0
8	34	6	1	2	15	82	45	45
0	0	5	4	9	5	2	5	8
0	0	0	0	0	3	2	1	0
					754.3	793.5	680	
0	0	1	3	5	4	4	2	4

1	0	0	0	0	0	0	0	0
48	56	33	43	44	68	53	50	55
0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0
52	56	33	43	44	68	53	50	55
30	34	8	0	3	16	84	45	47
484	462	477	511	535	585	551	545	545
511	523	545	576	556	615	641	667	664

Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Data Source
51	47	51	42	57	53	43	BDCFT
26	23	24	14	30	23	19	BDCFT
25	24	27	28	27	30	24	BDCFT
0	0	0	0	0	0	0	BDCFT
45	42	51	42	57	52	35	BDCFT
23	19	24	14	30	22	16	BDCFT
22	23	27	28	27	30	19	BDCFT
0	0	0	0	0	0	0	BDCFT
0	0	0	0	0	0	0	BDCFT
0	0	0	0	0	0	0	BDCFT
0	0	0	0	0	0	0	BDCFT
0	0	0	0	0	0	0	BDCFT
6	5	0	0	0	1	8	BDCFT
0	0	0	0	0	1	7	BDCFT
6	5	0	0	0	0	0	BDCFT
0	0	0	0	0	0	1	BDCFT
0	0	0	0	0	0	0	BDCFT
			540	508	467	422	BDCFT
			1055	900	930	961	BDCFT
			13	12	16	13	SWYPFT
			50	791	773	830	SWYPFT
			22	23	12	13	SWYPFT
			808	776	819	867	SWYPFT
40	51	42	31	67	64	48	BDCFT
		46.5	34.7	281.3	288.4	475.6	BDCFT
5	5	8	9	8	16	8	BDCFT
		151.7	206.7	397.1	161.5	381	BDCFT
0	3	2	0	2	2	1	BDCFT
	158	131		185	182.5	220	BDCFT
6	2	10	5	5	12	3	BDCFT
		162.3	156	315.6	177	137.3	BDCFT
	0	583	588	561	520	467	BDCFT
		0	0	0	0	9	BDCFT
		0	0	0	0	1	BDCFT
		62	31	61	56	50	BDCFT
		2	3	2	3	3	BDCFT
		0	0	0	1	0	BDCFT
		0	0	0	1	0	BDCFT

		0	0	0	1	0	BDCFT
		2	2	1	10	8	BDCFT
		1	0	0	0	0	BDCFT
		1	0	4	14	28	BDCFT
		<b>0</b>	<b>1</b>	<b>16</b>	<b>6</b>	<b>0</b>	<b>BDCFT</b>
		68	37	84	92	99	BDCFT
0	0	0	0	0	0	0	BDCFT
51	47	51	42	57	53	43	BDCFT
0	0	0	0	0	0	0	BDCFT
0	0	0	0	0	0	0	BDCFT
0	0	0	0	0	0	0	BDCFT
0	0	0	0	0	0	0	BDCFT
0	0	0	0	0	0	0	BDCFT
51	47	51	42	57	53	43	BDCFT
41	52	42	31	67	64	48	BDCFT
544	523	529	536	505	464	420	BDCFT
658	599	578	585	556	519	465	BDCFT