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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 26 October 2023 at 4.30 pm in Council Chamber - City Hall, Bradford

MEMBERS OF THE COMMITTEE – COUNCILLORS

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

Alternates:

LABOUR	*CONSERVATIVE*	*BRADFORD SOUTH INDEPENDENTS*
Firth *Hayden* *Kauser* *Lintern* *Mitchell* *Rowe*	*Clarke* *Sullivan*	*Majkowski*

NON VOTING CO-OPTED MEMBERS

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

NOTES

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

From: **To:**

Asif Ibrahim
Director of Legal and Governance
Agenda Contact: **Asad Shah**
Phone:**01274 432280**; E-Mail: asad.shah@bradford.gov.uk

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

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

2. DISCLOSURES OF INTEREST

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

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

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

Notes:

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

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

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

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

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

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

3. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

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

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

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

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

(Asad Shah – 07970 414022)

4. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

Any referrals that have been made to this Committee up to and including the date of publication of this agenda will be reported at the meeting.

B. OVERVIEW AND SCRUTINY ACTIVITIES

5. UPDATE ON GP ACCESS ACROSS THE BRADFORD DISTRICT AND CRAVEN HEALTH AND CARE PARTNERSHIP 1 - 30

The report of the Executive Director of Strategy, Transformation, Primary and Community (**Document "L"**) provides an update on progress made since October 2022 in helping people understand the services available from their GP practice and accessing support when they need it.

It also highlights areas of improvement and challenges that continue, including those that are not just local to our geography. The report also asks for support from members in our public information and awareness work to help people access the right support from the right health professional.

Recommended –

(1) The Committee receive this update on GP Access.

(2) The Committee receive another report in 12 months' time.

(Clare Smart - 07967 509276)

6. LIVING WELL 31 - 54

The Report of the Director of Public Health (**Document "M"**) presents an update on Living Well whole systems approach to obesity and wellbeing in Bradford District. It outlines the rationale for Living Well, key elements of the approach and provides an update on the key achievements by all the direct delivery projects so far.

Recommended –

(1) That members note the depth, breadth, and detail of the Living Well Approach to improve health and wellbeing across the Bradford District as detailed in the report.

(2) That members continue to support Living Well in their work and in their communities.

(3) That a further progress report is made in 12 months' time to this committee.

(Rose Dunlop – 01274 431915)

7. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2023/24 55 - 60

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

Recommended –

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

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

(Caroline Coombes – 01274 432313)

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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Bradford District and Craven Health and Care Partnership to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 26 October 2023

L

Subject:

UPDATE ON GP ACCESS ACROSS THE BRADFORD DISTRICT AND CRAVEN HEALTH AND CARE PARTNERSHIP.

Summary statement:

This paper, and accompanying report, provides an update on progress made since October 2022 in helping people understand the services available from their GP practice and accessing support when they need it.

This paper, and accompanying report, highlight areas of improvement and challenges that continue, including those that are not just local to our geography. The paper also asks for support from members in our public information and awareness work to help people access the right support from the right health professional.

Dr Louise Clarke
Executive Director
Strategy, Transformation, Primary and Community

Report Contact: Clare Smart, Associate Director
Phone: 07967 509276
E-mail: clare.smart@nhs.net

Portfolio:

Healthy People and Places

Overview and Scrutiny Area:

Health and Social Care

1. Summary

1.1 This report provides an update on the work we have been doing to address issues identified through our local insight, by members of Health and Social Care Overview and Scrutiny Committee and wider stakeholders around people's experiences of accessing their GP practice. We recognise that this update demonstrates the progress we have made, however we wanted to provide a balanced and accurate reflection of our work and the impact this is having.

1.2.1 We would like to highlight the following to members:

- We acknowledge the feedback on GP practice access we have received through our public involvement work, through insight from Healthwatch Bradford and District, hearing from the experiences shared by members and national data such as through the NHS GP Patient Survey.
- We know that our GP practices are offering significantly more appointments than ever before and doing so in a range of flexible ways that reflect clinical need as well as personal preference. While more appointments are being offered, and with a wider range of healthcare professionals, we know that demand is higher than the total available appointments.
- Our focus goes beyond only addressing people's concerns based on personal experience or wider perceptions about access to GP practices, with a focus on the quality of access to the right healthcare professional and in the right setting.
- We acknowledge that national, regional, and local workforce challenges continue to impact on our ability to recruit and fill roles across our place. This in turn leads to an increased workload for existing teams, while ensuring we can safely care for people.
- To protect future sustainability of GP practices and to offer more proactive support to local people, we recognise the role primary care networks will play. PCNs are based on GP-registered lists and are made up of practices, typically serving 30,000 to 50,000 people. This can include enhanced access outside of normal working hours, while benefitting from a broader team of healthcare staff.
- Working with our members and our communities we need to continue to help people make the best and most appropriate use of their whole GP practice team. This is a longer-term behaviour change programme that needs a consistent approach to community awareness and education as well as helping people understand the changing model of delivery to help protect the future sustainability of GP practices.
- We need to recognise the work of colleagues in GP practices and dispel the myth that fewer appointments are being offered when we have a record number of appointments now being booked.

- We are aware that media reporting, alongside strong and often unchallenged views on social media has resulted and continues to result in unacceptable verbal and physical abuse of GP practice colleagues. We would like to gain the support of members to share a strong message of zero tolerance against inexcusable behaviour towards people carrying out their jobs.

2. Background

2.1 We presented an update to members of Health and Social Care Overview and Scrutiny Committee in October 2022, our latest update describes the work we have done to address the challenges we described as well as those shared by members on behalf of their constituents. This paper and accompanying report provides an open and transparent progress update, that includes a reflection on where we continue to see areas of challenge - specifically around recruiting to our GP practice teams. This is not unique to our place however we know that some GP practices are unequally affected by this for a number of reasons.

2.2 We know through Healthwatch reports and our local 'Listen In' engagement model that being able to book an appointment with a GP is an is an important concern for our population. Despite more appointments being made available than ever before, General Practice access is an issue both nationally and locally. The expectations of patients are changing and yet we have a model of delivery that has changed little over the decades. This is against a backdrop of challenges that leads to GPs in crisis.

2.3 Our current reactive approach to GP access is unsustainable. This paper discusses how we, as a health and care partnership, aim to improve the *quality* of access to general practice, rather than simply working to increase the number of appointments. It is informed by the Fuller Stocktake Report *Next Steps for Primary Care* and local learning in Bradford District and Craven as we continue to work with London South Bank University (LSBU) on Universal Healthcare pilots. While an ever-increasing number of appointments that are available, this is not meeting the needs and expectations of our population. The recovery of access in primary care needs to go beyond simply offering 'more of the same'.

2.4 We want to continue our ongoing dialogue with members so that we can work together to understand and respond to community concerns on access to GP practices, while seeking support for any patient information and education campaigns.

3. Report issues

3.1 This section of our paper provides a summary of the key points from our full report that is included in the pack for members. The full report includes technical detail on contracting and commissioning arrangements as well as a range of data sets.

3.1.1 Number of appointments

- Despite a commonly held misconception that we ae now seeing fewer appointments provided by our GP practices locally (and nationally), our data shows that more people are being seen by their GP practice team. Some of this misconception could be based on widely shared media and social media articles, as well as personal experience when trying to book an appointment - from telephony challenges ('I can't get through') through to a person's personal choice to be seen by a certain healthcare professional ('I want to be seen by Dr xxx'). These are valid reasons for people sharing their experience, however it does not reflect the trend shown by our data.
- Bradford district and Craven averaged 386,000 appointments per month over the last twelve months (full year 4.6million). Most appointments are within 7 days and most take place face-to-face (around 7 in 10 now, higher than the national average). Between July 2019 and July 2023 there was **growth** in the number of appointments by 36,593, or **10.4%.** We have used data set from a period that pre-dates the Covid pandemic for a more accurate reflection on demand as well as patient/societal behaviour.
- When comparing our figures with other places across our NHS West Yorkshire Integrated Care Board (ICB) area. Our place-based partnership covers 24.8% of the population of the ICB. In July 2023, our place-based practices offered 387,160 appointments 28.5% of the WY total 1,356,606.
- It is worth noting that some people have fed back that they prefer the flexibility on offer through telephone or video consultations or by seeing other healthcare professionals such as a physiotherapist, pharmacist, or nursing colleague.

3.1.2 Growing our GP practice teams

- It is widely reported and recognised that across health and social care, we currently have several workforce challenges. Despite efforts and dedicated activities to address these issues, we know that this will not deliver immediate results. Set against this backdrop, we have been working with local and regional colleagues to attract, recruit and retain (and retrain people looking to move specialities) people into the multi-disciplinary GP practice teams we have now.
- Locally our GP practice workforce has increased in recent years from 1,565 full time equivalent (FTE) staff in September 2019 to 1,615 FTE staff in July 2023, a rise of 50 (3%). Of these, there are 798 FTE clinicians (49% of the total workforce), of which there are 389 FTE GPs (49% of the clinical workforce). Bradford District and Craven has 0.59 FTE General Medical Practitioners per 1,000 registered patients. We average 1,697 patients per FTE GP, which is in line with the national average.

- While the data around the number of FTE GPs locally is important to be sighted on, modern healthcare and modern ways of treating people requires a more rounded multi-disciplinary team within our GP practices. In response to the growing demand for wider services that can be delivered by appropriately trained colleagues, freeing up GP time, we have continued to work across our primary care networks to recruit to a range of roles. As a result, since September 2019 our GP-registered population has grown by 2.89%, our GP workforce by 7% and our overall clinical workforce by 9.7%.
- We recognise that when people cannot get through to their GP practice or feel they need to see a GP, these numbers may not provide the assurance they want. It is worth noting that we have ensured clinical cover, across all professional roles, is maintained at or above national average as much as possible.

3.1.3 What do local people tell us?

- The Healthwatch Insight Report notes that GP access remains one of the key areas that people are talking to Healthwatch about. People see GPs as the door to wider health and care services, and many feel let down when they cannot access their GP in a way that works for them. Some improvements in satisfaction were noted however it is clear there is still more work to do to reduce the barriers some patients face when accessing services. There are positive experiences, however for many this remains a challenge.
- Our Bradford District Health and Care Health and Care Partnership's 'Listen In' programme, which is our community outreach involvement approach, has visited community groups across our place to find out about people's experience of health and care services. Through these listening exercises we have had consistent feedback that is reflective of the insight gathered by Healthwatch and other regional and national surveys.
- The other feedback we have been looking to respond to is where people tell us they understand why GP practices have a range of professionals providing support to patients however they are unsure what the different practitioners do. Later in this paper we will describe how we are looking to address this through our 'it's a GP practice thing' patient awareness and education drive.

3.1.4 Why do we see variance among GP practices?

- All GP practices are expected to meet core standards and service levels as set out in the GP contract. However as responsible commissioners of services we want to work with our local providers, including our GP practices, to understand what local communities need based on what our data tells us as well as what people feedback to us. This then means that we offer services that are as tailored to each community's need as possible, while ensuring the core standards are met. As a result we see some variance across GP practices, including the type of wider professionals employed by each practice and primary care network.

- We recognise that around 20% of patients consult their GP for primarily social issues (source British Journal of GP Practice) and as a result practices in some less affluent areas, as well as those in affluent areas, need to ensure their wider GP team can help with these issues. This could be through social prescribers that link people up with the right community support or to statutory services that help address the underlying non-medical reason for their appointment.
- There is variance at PCN level in the number of appointments available per 1,000 patients, those done face-to-face, and those undertaken on the same day of booking. Though, this does not necessarily mean that quantity is better than quality.

3.1.5 Responding to our challenges

- We are actively monitoring activity levels across our GP practices using a system called General Practice Alert Scheme, which is aligned with OPEL (Operational Pressures Escalation Levels Framework) used by our hospitals. Using the same methodology we can anticipate pressure points and look to address these with mutual aid from across our wider health and care system. In addition, this data can help us predict if this will result in pressure in other services such as attendance to emergency departments. This can help us proactively consider mutual aid actions.
- We have previously shared our patient information and education campaign called 'it's a GP practice thing'. This is in direct response to feedback that showed people wanted to know more about how GP practices are working, the range of services offered and the specialist team members who are available to help people get the care they need. The campaign was developed using community insight and testing, and resources include community language and easy read materials.
- We have highlighted in the summary section the rising incidences of verbal and physical abuse experienced by GP practice teams. Our insight work across West Yorkshire highlights that media negativity was given by 25% as a reason for staff considering leaving their role in a survey. In 5/10 primary care focus groups, there was a direct call to action to combat unhelpful and inaccurate misconceptions of GP practice teams. We want to address this and need to ensure that we work together with all partners to understand the reasons for people's frustrations when accessing GP practices but also help people understand what happens when colleagues are confronted by challenging behaviour that is not acceptable.

3.2 Next steps

3.2.1 Our proposed next steps would be as follows:

- We will continue work on a national proto-type called universal healthcare that addresses some of the barriers to access some people face, as well as helping those who regularly book appointments with their GP practice when other wellbeing support is better suited for their needs. This includes working with children and young people who are experiencing physical and mental ill health and distress.

- We are looking at how we can address the issues caused by the current funding formula used when commissioning and contracting GP practice services. This results in an unequal funding arrangement that impacts on GP practices working in less affluent communities.
- We will continue to implement the key findings and recommendations of *Next steps for integrating primary care: Fuller Stocktake* moving towards a population health approach. However as our full report accompanying this paper highlights we need to ensure we have appropriate safeguards in place for some of the Fuller Stocktake recommendations.
- In May, NHS England published the Delivery plan for recovering access to primary care with two aims, firstly to avoid the '8am telephone rush' and secondly to ensure patients know on the day how their request will be managed by their GP practice. We will work with our GP practices to ensure we can implement the aims outlined within the plan as smoothly and as safely as possible, while also working on the wider integration of services ambition in the plan. This means helping people navigate to the right healthcare service and professional within their GP practice and in their community. In addition to taking more control of their health and wellbeing through using the NHS app and using their community pharmacies for common health conditions.
- We recognise that we need to do more to increase the visibility and spread of our 'it's a GP practice thing' campaign, we will continue to work with partners to do this.
- We want to work with partners and members to dispel some of the misconceptions especially where they increase the risk of physical or verbal abuse of colleagues, increasing the risk of people leaving roles within our GP practices.

4. Options

Not applicable

5. Recommendations

5.1 The Committee receive this update on GP Access.

5.2 The Committee receive another report in 12 months' time.

7. Background documents

None

8. Not for publication documents

None

9. Appendices

Appendix A: Focus on: GP Access

A report to Bradford Health and Social Care Overview and Scrutiny Committee.

10. **Background Documents**

Hyperlinks referenced in Appendix A

Page 1:

GPs in crisis

https://www.thetimes.co.uk/article/gp-crisis-nhs-burnout-patient-numbers-uk-2023-times-health-commission-6twwn0992

Fuller Stocktake Report: Next steps for Primary Care

https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf

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Contract models: GP contract

https://www.england.nhs.uk/gp/investment/gp-contract/

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Direct Enhanced Services contract specification

https://www.england.nhs.uk/publication/des-contract-specification-2020-21-pcn-entitlements-and-requirements/

Investment and Evolution

https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf

Fuller Stocktake Report: Next steps for Primary Care

https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf

Delivery Plan for recovering access to primary care

https://www.england.nhs.uk/wp-content/uploads/2023/05/PRN00283-delivery-plan-for-recovering-access-to-primary-care-may-2023.pdf

Changes to the GP contract in 2023/24

https://www.england.nhs.uk/long-read/changes-to-the-gp-contract-in-2023-24/

Enhanced services GPs can seek funding for

https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/enhanced-services-gp-practices-can-seek-funding-for

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Enhanced access to General Practice services through the network contract DES

https://www.england.nhs.uk/gp/investment/gp-contract/network-contract-directed-enhanced-service-des/enhanced-access-faqs/

ARRS: Expanding our workforce

https://www.england.nhs.uk/gp/expanding-our-workforce/

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BMJ: consultation patterns and frequent attenders in UK primary care

https://bmjopen.bmj.com/content/11/12/e054666

BMA: Safe working in General Practice

https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-in-general-practice

Policy Exchange: At your service. A proposal to reform general practice and enable digital healthcare at scale

https://policyexchange.org.uk/publication/at-your-service/

British Attitudes Survey: Public satisfaction with the NHS and social care in 2022

https://www.kingsfund.org.uk/publications/public-satisfaction-nhs-and-social-care-2022

Healthwatch Insight Report: What people across West Yorkshire are telling us about their experience of health and care services

https://healthwatchleeds.co.uk/wp-content/uploads/2022/10/Healthwatch-Insight-Report-WY-Strategy-Refresh-12.10.22.pdf

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Making sure you get the right care as quickly as possible

https://www.wypartnership.co.uk/campaigns/its-a-gp-practice-thing

GP practice thing video – West Yorkshire

https://www.youtube.com/watch?v=BruRJAmAcHs

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Delivery Plan for recovering access to primary care

https://www.england.nhs.uk/wp-content/uploads/2023/05/PRN00283-delivery-plan-for-recovering-access-to-primary-care-may-2023.pdf

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Bradford District and Craven
Health and Care Partnership

ACTasONE

Proud to be part of the West Yorkshire Health and Care Partnership

Focus on: GP Access

Bradford

Health and Social Care

Overview and Scrutiny Committee

October 2023

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General Practice Access

1. Purpose

1.1 We know through Healthwatch reports and our local 'Listen In' engagement model that being able to book an appointment with a GP is an important concern for our population. Despite more appointments being made available than ever before, General Practice access is an issue both nationally and locally. The expectations of patients are changing as are consumer habits that allow us to access other services in different ways (for example the way we shop or the way we carry out our financial transactions) and yet we have a model of delivery that has changed little over the decades. This is against a backdrop of challenges that leads to GPs in crisis.

1.2 Our current reactive approach to GP access is unsustainable both from the perspective of our patients and our colleagues working hard to support people. This paper discusses how we aim to improve the *quality* of access to general practice, rather than simply working to increase the number of appointments. It is informed by the Fuller Stocktake Report *Next Steps for Primary Care* and local learning in Bradford District and Craven as we continue to work with London South Bank University (LSBU) on Universal Healthcare pilots. While an ever-increasing number of appointments that are available, this is not always meeting the needs and expectations of our population. The recovery of access in primary care needs to go beyond simply offering 'more of the same'.

2. Introduction

2.1 Our GPs, and the wider primary medical care workforce, face challenges in recruitment and retention, increased workload, safe-working practice, and a national contract that continues to focus on driving the volume of appointments to be made available. The current model of access to primary care is not working for our population or those working within general practice.

2.2 This paper describes the need to shift our focus from quantity of access to quality of access. Using the learning from our Universal Healthcare pilot and successful models such as Bradford Central Locality Integrated Care Service (community connectors developing personalised care plans), we know we need an open and ongoing conversation with local people about general practice access and the ongoing perception, and lived experience, that most people cannot get an appointment. We plan to prototype and test models to address the quality of access, while working with our practices to understand and support them where there is unwarranted variation in access. This development, using co-design between patients and primary care teams, is in line with the direction of travel set out in the Fuller Stocktake,

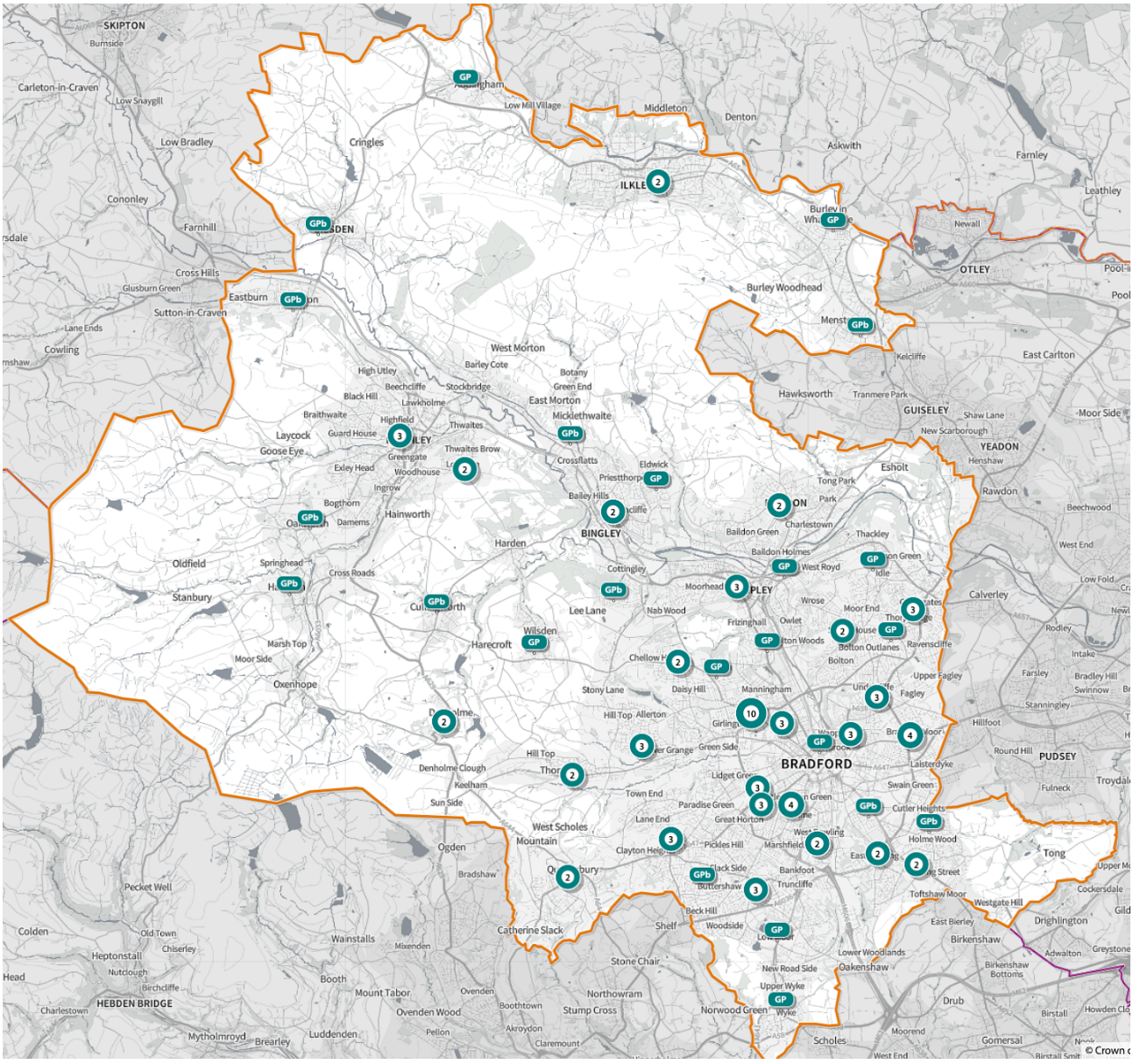
3. Our local operating model

3.1 West Yorkshire Integrated Care Board (ICB) is the delegated responsible commissioner for primary medical services, serving a population of 2,657,293 (August 2023). Legally, NHS England retains the residual liability for the performance of primary medical care commissioning.

3.2 Under delegation, ICBs have responsibility for commissioning and contract monitoring GP services in their localities, with NHS England maintaining overall accountability. Community Pharmacy, Dental and Optometry contracts were also delegated to ICBs on 1 April 2023. The ICB has a statutory duty to improve the quality of services and reduce inequalities, which are critical when referring to access in services. The commissioning and contracting of primary medical care services in West Yorkshire is devolved to the five 'Places' that make up the ICB.

3.3 Of the 269 West Yorkshire GP practices, Bradford District and Craven Health and Care Partnership has 60 practices providing primary medical care services, across 104 sites. This is under a variety of contract models to a GP-registered population of 661,085, 24.85% of the West Yorkshire population (September 2023). Within the City of Bradford Metropolitan District Council (CBMDC) boundary, the GP-registered population is in the region of 610,000 across 98 sites.

Figure 1: SHAPE Atlas – General Practice sites within CBMDC boundary



3.4 Our practices collaborate in an operating model of 12 Primary Care Networks (PCNs). PCNs are based on GP-registered lists and are made up of practices, typically serving 30,000 to 50,000 people. PCNs are small enough to provide the personal care valued by both patients and GPs, but large enough to have impact and economies of scale through better collaboration between practices and other providers in the local health and social care system.

3.5 PCNs build on existing primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and care for people. The model is intended as a change from reactively providing appointments to proactively caring for the people and communities we serve. PCNs are led by clinical directors who may be a GP, practice nurse, clinical pharmacist or other clinical profession working in general practice. PCNs are formed via sign up to the Direct Enhanced Services contract specification.

3.6 It is important to also acknowledge the role our other primary care contractors (Pharmacy, Optometry and Dental) play in providing services to our local populations. Recently, the role of Community Pharmacy in supporting improvements in access has become key through the implementation of schemes such as the Community Pharmacy Consultation Service, which aims to shift lower acuity presentations from General Practice to Community Pharmacy.

4. The GP contract for 2023/24

4.1 2023/24 is the final year of the 5-year framework agreement which was set out in Investment and Evolution. Over the course of 2023/24 NHS England will engage with the profession, patients, ICSs, government and key stakeholders, building further on the Fuller Stocktake from May 2022 which set out the next steps towards integrating primary care.

4.2 The Chancellor in his Autumn Statement set out a commitment to publish a recovery plan for General Practice access, this was published in May 2023. The Delivery plan for recovering access to primary care is considered in section 10.4.

4.3 Changes to the GP contract for 2023/24 can be reviewed here. In summary, they are in relation to:

- Access;
- Changes to Impact and Investment Fund (IIF) and QOF QI modules;
- Increased flexibility of Additional Roles Reimbursement scheme (ARRS); and
- Immunisations and vaccinations.

4.4 In addition to the core GP contract, practices are offered contracts for Directed Enhanced Services (DES) and Local Enhanced Services (LES). DES are nationally agreed and local commissioners can develop LES to offer to local practices to supplement services already offered in the core practice contract. The Enhanced GP services shows examples of this additionality. This list is not exhaustive, but rather an indication of the kinds of services that fall outside of the core GP contract.

5. GP access data

5.1 This section considers the information available that describes 'GP access' for West Yorkshire ICB and Bradford District and Craven (BDC) HCP. The information from NHS Digital uses July 2023. It should be noted that not all appointments are currently flowing through to the national dashboard. For example, the data above does not fully include Enhanced Access activity or several ARRS roles. This data is starting to flow and, as PCNs work on improving their data, this will increase the number of recorded appointments to reflect true activity. That is, more is being provided than recorded. We also know that the way some GP practices upload information does impact on the national data. An example of this has resulted in some practices being flagged as offering fewer face-to-face appointments than they do resulting in inaccurate reporting through the media.

5.2 NHS West Yorkshire ICB routinely offers over 1.3 million appointments per month for our population of 2.66 million. In July 2023, 30% were routine general consultations, 19% were acute consultations, with around 25% used for clinical triage and planned clinics. 44.2% took place on the same day. The mode of consultation has changed in the last 12 months, shifting to more face-to-face work. Most appointments (73%) were face to face, with 21% taking place over the telephone.

5.3 BDC represents 24.85% of the population of the ICB. In July 2023, BDC practices offered 387,160 appointments (Figure 1), 28.5% of the WY total 1,356,606. An increase of 36,593 appointments compared to July 2019 (pre-COVID-19 Pandemic). 70.6% were face-to-face, 22% by telephone (Figure 2). In July 2023, 46.4% were offered for the same day in BDC, 10.5% next day, and a further 16.2% within 2-7 days. That is, 73% of patients had an appointment within 7 days of booking (this is in line with the West Yorkshire wide average of 70%). A further 21.2% within 28 days, 5.6% over 28 days. Around 49% of appointments last 15 minutes or less. On average, 37% of appointments are with a GP.

Figure 2: BDC (36J) Appointments in General Practice February 2021 to July 2023

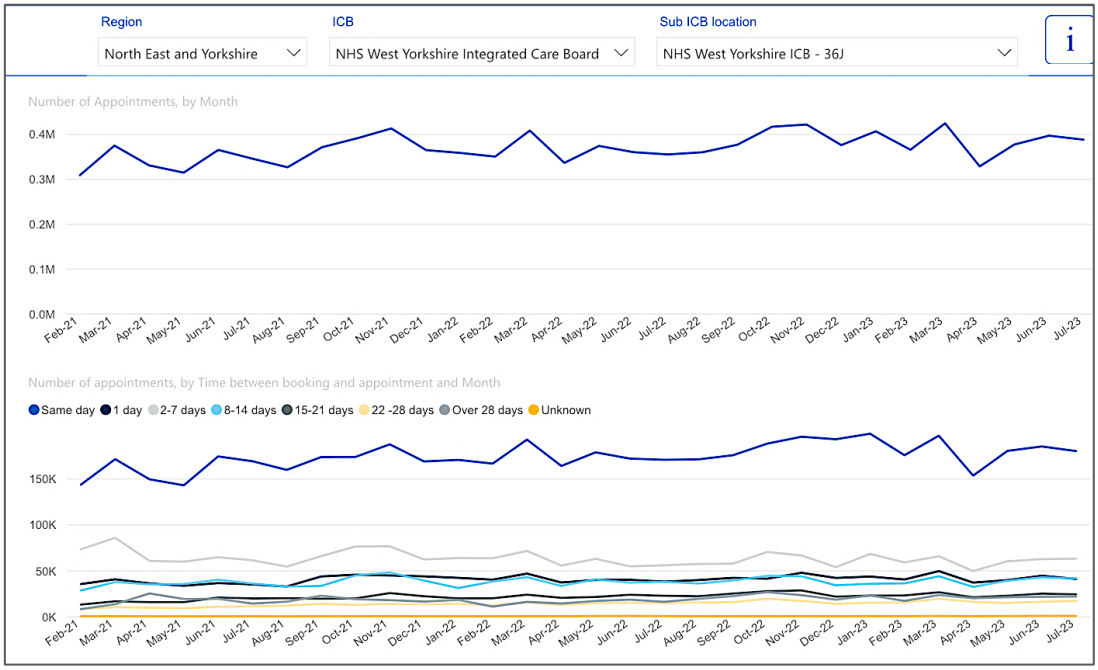
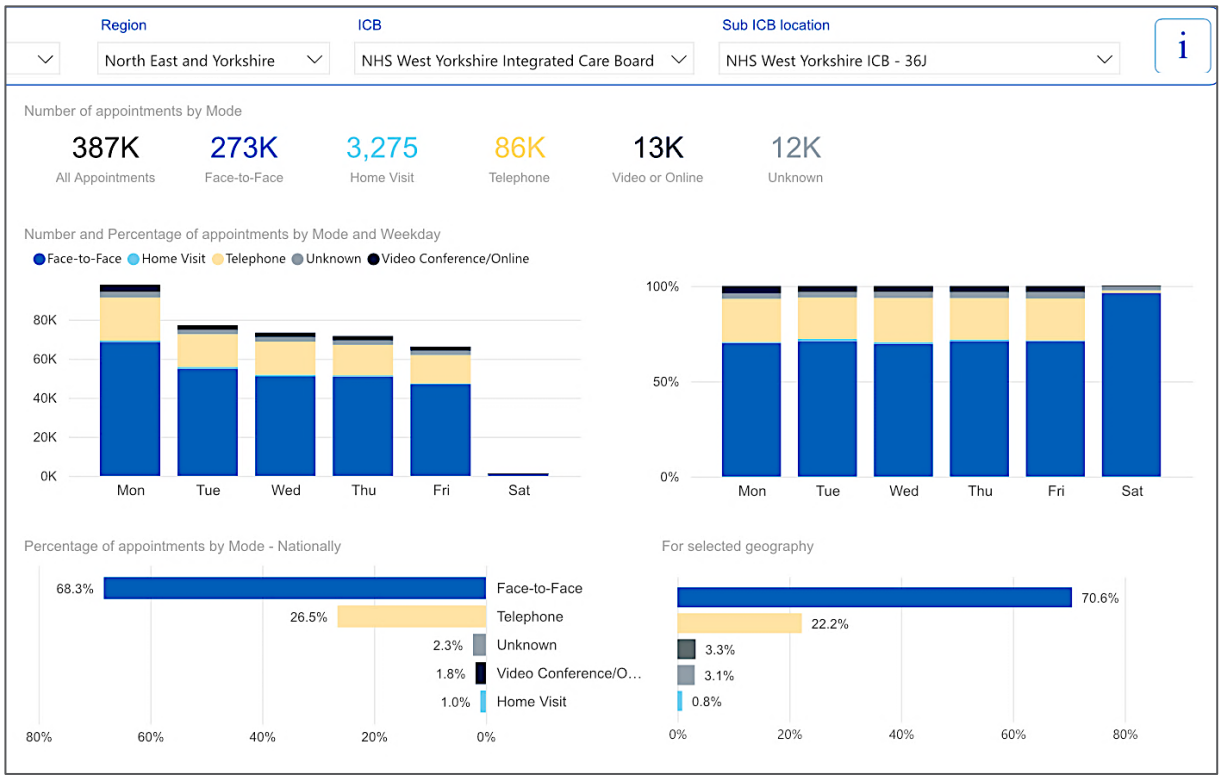


Figure 3: BDC Appointments in General Practice – appointment mode



5.4 Overall, the number of appointments available (Figure 3) and those that are offered on the same day is increasing. **Locally, more appointments take place face-to-face than the national percentage and there has been a 19% increase compared to July 2022 (Figure 4).**

Figure 4: Benchmarking - Total Appointments per 1,000 Registered Population

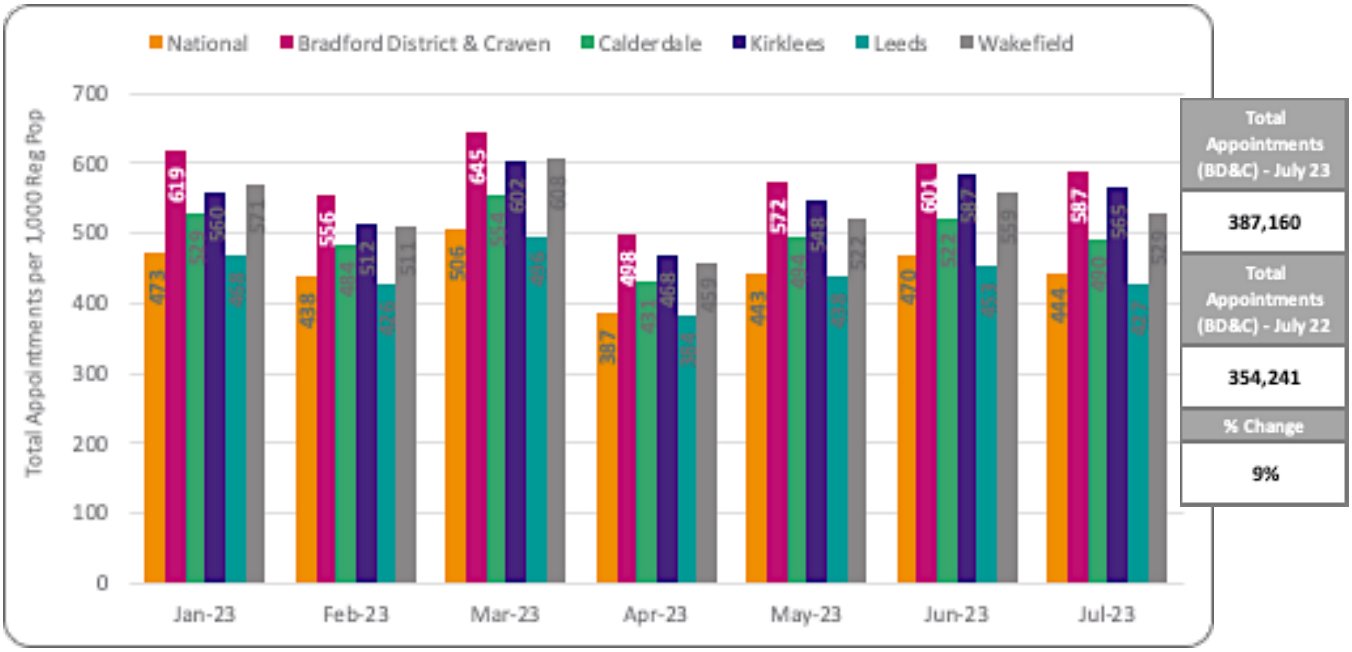
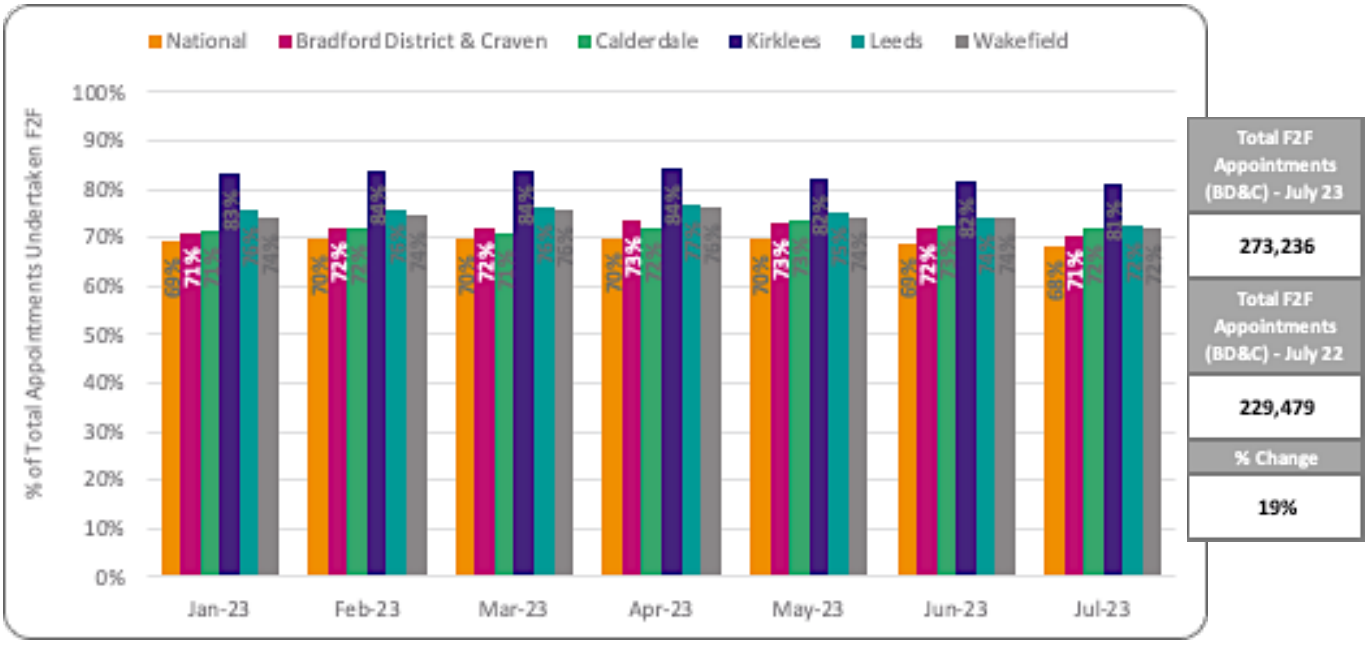


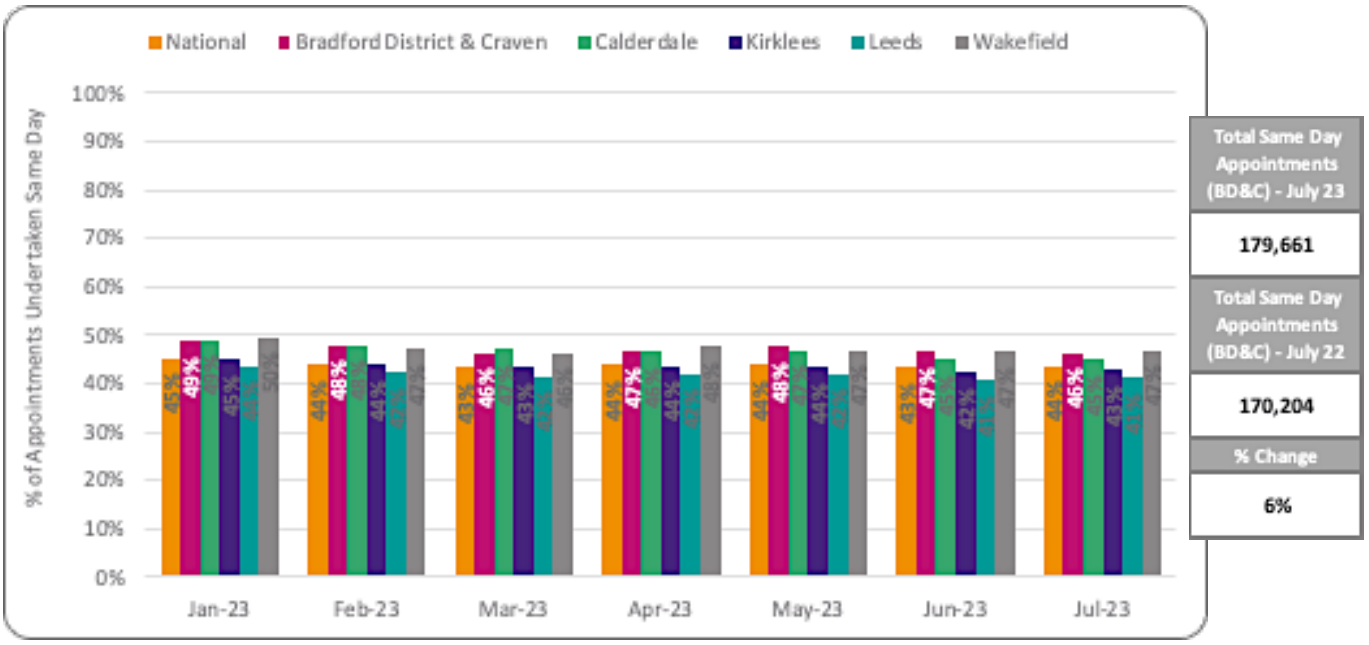
Figure 5: Benchmarking - Proportion of Appointments Undertaken Face to Face (F2F)



5.5 More appointments overall are provided now than pre-pandemic. More appointments are provided on the same day or within one day than the national average.

In July 2023, 51.1% of people in BDC were offered a same day or next day appointment. **Overall, 70.4% of people were offered an appointment within one week. Fewer people wait.**

Figure 6: Benchmarking - Proportion of Appointments Undertaken Same Day



6. What does the data tell us?

6.1 Capacity to meet demand remains a pressure on primary care. A common misconception is that there are fewer appointments available, which is not the case. The number of available appointments has recovered and increased from pre-pandemic levels. In line with the national picture, although we are delivering more appointments there is a higher demand, high expectations of timely access, and significant public dissatisfaction with GP access.

6.2 Bradford District and Craven averaged 386,000 appointments per month over the last twelve months (full year 4.6 million). Most appointments are within 7 days and most take place face-to-face.

6.3 If we consider pre-pandemic access, the number of appointments has increased.

In **July 2019** there were:

- 350,567 appointments

In **July 2023** there were:

- 387,160 appointments

Between July 2019 and July 2023:

- There was **growth** in the number of appointments by 36,593, or **10.4%.**

6.4 While NHS England measures GP workload based on simple appointment data, the work of primary care goes beyond that of patient consultations. Appointment data alone gives an incomplete picture of GP activity and fails to reflect the significant number of non-appointment patient contacts. That is, work undertaken in relation to repeat prescriptions, test results, referrals, targeted clinics, routine vaccinations, and support groups etc is not currently collected, although work on mapping activity is now underway.

6.5 The pandemic brought its own challenges. From February 2021 to January 2022, GP practices in Bradford District and Craven delivered 549,269 appointments for COVID-19 vaccinations. Last year, from January to December 2022, 104,441 vaccination appointments took place in Bradford District and Craven, a significant increase in workload that was over and above our core general practice appointments.

Public View data

6.6 Public View is a performance monitoring, benchmarking, and reporting service for NHS teams. Public View collates information from hundreds of data sources and enables comparison at provider trust and sub-ICB level, i.e. Bradford District and Craven Health and Care Partnership as a 'Place' of NHS West Yorkshire Integrated Care Board. It is a licensed product and so not freely available to the general public as the other data sources referenced in this report. The source data is still NHS Digital. The reporting tool is used to allow performance comparison on GP appointments per 1,000 population.

Figure 7: Benchmarking – GP appointments per 1,000 population, sub-ICB ranking

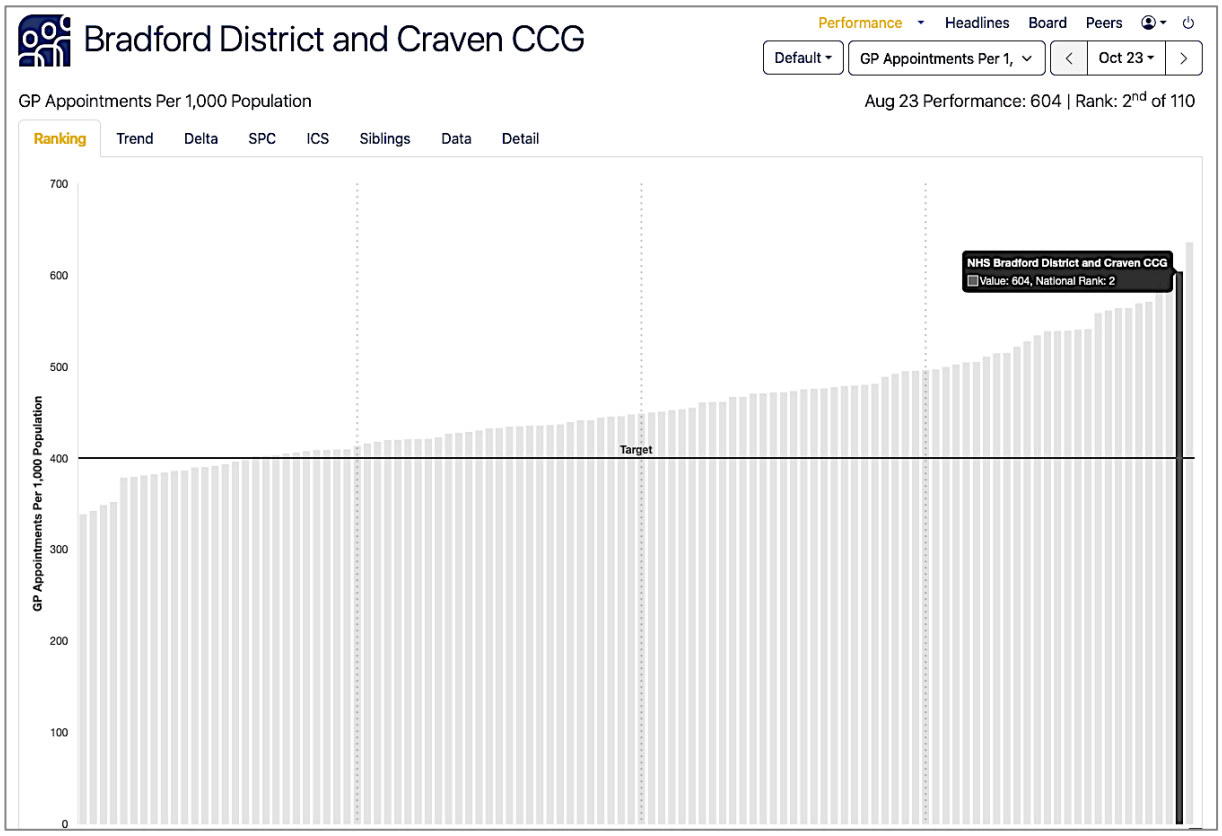
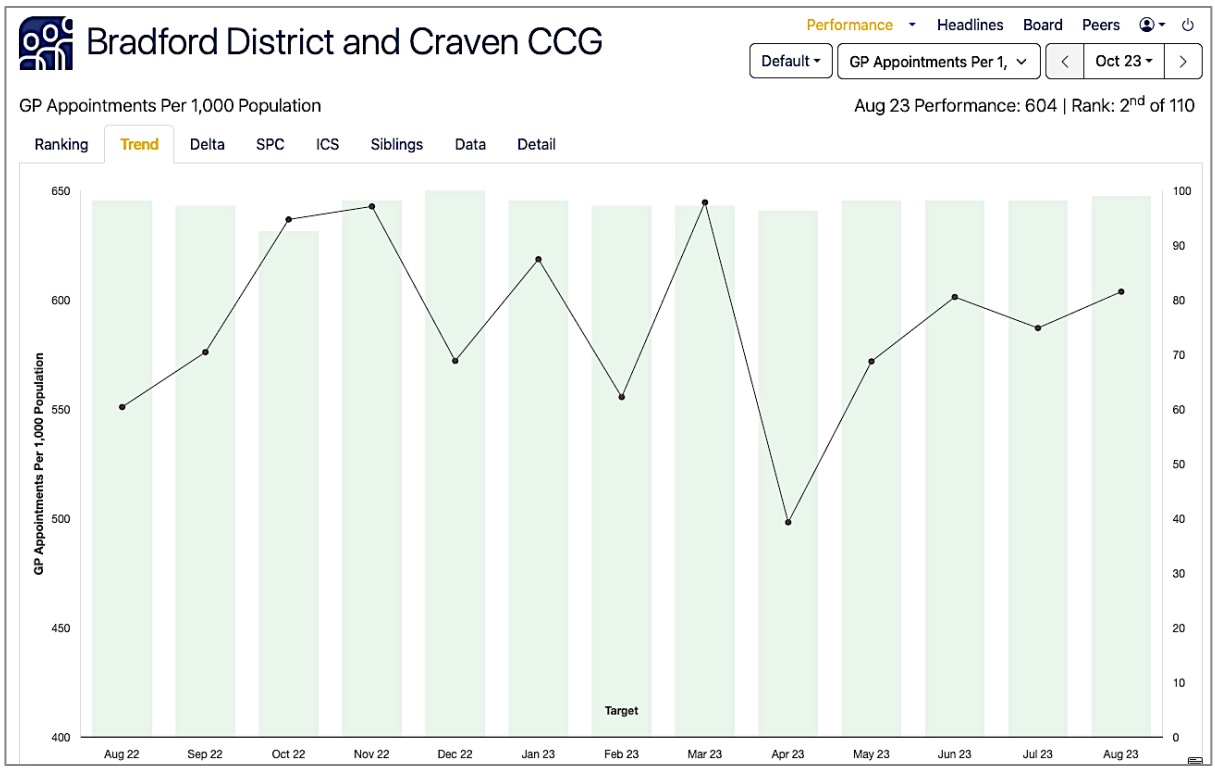


Figure 8: Benchmarking – Sub-ICB performance over 13 months



6.7 As a district, we have ranked in the top five in 12 of the last 13 months for appointments per 1,000 population at sub-ICB level .

7. Our General Practice workforce

7.1 The BDC General Practice workforce has increased over recent years rising from 1,565 Full Time Equivalent (FTE) staff in September 2019 to 1,662 FTE staff in July 2023, a rise of 97 (6.2%). Of these, there are 840 FTE clinicians (50.5% of the total workforce), of which there are 389 FTE GPs (46.3% of the clinical workforce). Bradford District and Craven has 0.59 FTE GPs per 1,000 patients. We average 1,697 patients per FTE GP. 840 FTE clinicians serving a population of 660,237 people (July 2023 population data).

7.2 Core general practice is funded through a national GP contract, with each practice being an independent contractor responsible for the recruitment, training and development, and individual terms and conditions of its staff. There is no specific standard within the contract that determines what workforce a practice should have in place other than that it is sufficient to deliver a safe core service as outlined in the contract.

7.3 The GP contract is funded to provide 2-3 appointments per practice-registered patient per year. For our current population that range is 110,000 to 165,000 appointments per month. In July 2023, there were 387,160 appointments.

7.3 Delivering high quality, patient centred care relies on a large, skilled workforce. With our growing population, living longer with more complexity, our practice teams cannot continue as they are. Since September 2019 our GP-registered population has grown by 2.92%, our GP workforce by 16% and our overall clinical workforce by 15.6%. However, the number of GPs compared to September 2022 has decreased.

7.4 The GP role is one of the most recognised roles within general practice. In 2019, as part of the five-year framework for GP contractual reform, additional investment in general practice was identified to support the expansion of multi-disciplinary teams and create capacity within general practice through the Additional Role Reimbursement Scheme (ARRS). An increase of 60 WTE (42%).

7.5 The scheme sees Primary Care Networks come together to jointly employ and share staff. There are ‘new to primary care roles’ that can be employed under the scheme such as: Social Prescriber, First Contact Physiotherapist, Occupational Therapist, Trainee Nurse Associate, Physician Associate, Practice Pharmacist, Paramedic, Care Co-ordinator, Pharmacy Technician, Dietician, Podiatrist, Mental Health Practitioner, and Health and Wellbeing Coach. Our ‘it’s a GP practice thing’ campaign describes what these different roles do.

7.6 The additional workforce is a welcomed and valuable part of the general practice workforce. It offers not just a significant increase in capacity, but an opportunity for primary care to work differently and collaboratively with a greater skill mix. Still, there are challenges in changing public perceptions of other roles in general practice and continued awareness of these new roles with our patients and wider public is required. We also know that these roles also bring challenges in relation to management and supervision capacity, and the infrastructure needed to accommodate more staff and services.

Prioritising safe working

7.7 The great majority of GP appointments are face-to-face and consultation rates per patient have increased. Fewer GPs providing care for more patients increases the risk of harm and suboptimal care through decision fatigue. This also risks GPs becoming burned out.

7.8 The British Medical Association (BMA) provides guidance for GP practices to make decisions that allow them to best prioritise care through Safe working in general practice. This can be by deprioritising certain aspects of practice daily activities when they fall outside of core requirements, while staying within the constraints of the GMS contract. Overall, it is intended to allow a practice to devote its resources to those patients it is best placed to help.

7.9 'At Your Service', published by the Policy Exchange states that 28 patient contacts per day is 'safe'. *At Your Service* highlights that GPs are seeing on average 37 patients per day.

7.10 Current BMA standards for a session of GP care is 4 hours 10 minutes. No more than 3 hours of this should be spent in consultation with patients. Practices must provide enough appointments to meet the reasonable need of their patients. This must be done in a way that is safe for both patients and GPs. Remote consulting and triage are safe and effective ways of delivering care that have grown in use and acceptability especially for people who require flexibility due to their busy working lives or other commitments. Utilising these methods allows practices:

- to provide patient appointments more flexibly;
- direct patients to the most appropriate provider of care; and
- prioritise care for those most in need.

7.11 The RCGP tracking survey describes data on GP's experiences of the effect of workload pressures on the quality of patient care that can be delivered. It notes:

- 68% of GPs say they do not have enough time in appointments to adequately assess and treat patients;
- 64% of GPs say they do not have enough time in appointments to build the patient relationships they need to deliver quality care; and
- 65% of GPs say patient safety is being compromised due to appointments being too short.

7.12 The ongoing, high level of appointments is also impacting GP retention, with GPs leaving the workforce early at ever increasing rates. The 2022 Royal College of General Practitioners members survey found that 39% of the GP workforce across the UK are seriously considering leaving the profession within the next five years. We need to ensure that GPs can work sustainably to ensure our patients receive high-quality care.

8. Our challenges

8.1 Primary care has 15 times more consultations per day than A&E and 5 times more than hospital outpatient appointments for 7% of the NHS budget. To continue to deliver high-quality healthcare, we must start to think in terms of value and sustainability; identifying a balance between cost and outcomes (value) and long-term impacts (sustainability).

Dissatisfaction

8.2 People are less satisfied with the NHS than they were before the pandemic. This is true for different sections of the population, with waiting times rising in prominence as a driver of dissatisfaction. There has been a fall in satisfaction across a range of health and care services, including GPs, NHS dentists, inpatient and outpatient services, Emergency Departments, and social care. This is highlighted by the findings in most recent British Social Attitudes Survey

8.3 In the 2022 National GP Patient Survey, the results for West Yorkshire ICB indicated that 71% (of those surveyed) rated their overall experience of their GP practice as good; this was in line with the national results at 72% but was a decline from 83% in 2021. However, the variation across the West Yorkshire Primary Care Networks ranged between 43% and 92%.

8.4 The Healthwatch Insight Report notes that GP access remains one of the key areas that people are talking to Healthwatch about. People see GPs as the door to wider health and care services, and many feel let down when they cannot access their GP in a way that works for them. The report highlights the variation in terms of communication, access, booking appointments, and access to additional support. These themes were collated from engagement events throughout September and October 2022 with an update presented to a community group in May 2023. Some improvements in satisfaction were noted however it is clear there is still more work to do to reduce the barriers some patients face when accessing services. There are positive experiences, however for many this remains a challenge.

8.5 Feedback from the recent 'Listen in' events across Bradford district and Craven also saw people consistently raise the ability to access a GP as a concern.

Elective Recovery

8.6 There is a growing emphasis on redesigning the way we run outpatient care, not least for people with multiple conditions. There is a move towards using specialist expertise in more innovative, less traditional ways, such as online advice and consulting, or patient-initiated follow-up. We have seen changes to how secondary care specialists can ensure that they meet employers' contractual obligations for ongoing follow-up, prescribing, referral, and investigations, in a way that does not further overburden GPs. If innovation and transformation is championed for secondary care, perhaps it is also possible to do the same for primary care.

9. What are we doing?

GPAS (General Practice Alert State) / OPEL (Operational Pressures Escalation Levels)

Reporting

9.1 GPAS or OPEL reporting allows the pressures in General Practice to be presented in the clearest possible fashion. Information from GPAS/OPEL provides tangible evidence the day-to-day pressures in primary medical care and allows data to be presented in a similar format to that from hospitals, helping to demonstrate that pressures in secondary care are more than matched by challenges faced in general practice. This allows us to proactively consider mutual aid to keep services flowing.

9.2 YOR Local Medical Committee (YORLMC) tracks activity per 1,000 patients. As well as showing demand and capacity, it can be used to make meaningful assessments on whether an increase in GP appointments predicts an increase in Emergency Department (ED) attendances. As more data is gathered, it will inform conversations about when and how to support general practice before the ED numbers rise.

It's a GP Practice Thing

9.3 'It's a GP Practice thing' aims to increase awareness of how GP practices are working, the range of services offered and the specialist team members who are available to help people get the care they need.

9.4 The campaign development, led by Bradford district and Craven, took place in October and November 2022 by working with local patient groups and primary care staff to co-create the most effective messages, design style, community language versions and channels. YouTube

Engaging with West Yorkshire primary care

9.5 Although not yet published, media negativity was given by 25% as a reason for staff considering leaving their role in a survey. However, over half of staff said feeling valued would help them stay in their role. We also heard the message about more support against negative media in 5/10 primary care focus groups held in West Yorkshire.

Resolving long-standing process issues

9.6 Small changes can make a difference. We have examples of partners working together to make simple changes that can reduce the burden on primary care.

Enhanced access and additional capacity

9.7 Enhanced Access means that practices (as part of their PCN) offer appointments up until 8pm in the evening and increased provision at the weekend.

Understanding variance

9.8 There is variance at PCN level in the number of appointments available per 1,000 patients, those done face-to-face, and those undertaken on the same day of booking. Though, this does not necessarily mean that quantity is better than quality. The model of care used by, for example, patients of Bevan medical practice in the city centre is very different to that of patients living in more affluent areas. Bevan supports many patients with complex physical and mental health needs, chaotic lives, and stark health inequalities. Without a 'soon' appointment they are more likely to be unable to access, or to disengage from, care. Patients of other practices may prefer a booked appointment balanced around work or social commitments, or long-term, multiple health conditions.

9.9 When looking at the number of appointments available by practice, there is little correlation between appointments and number of FTE GPs, with practices with high appointment rates having some of the highest patient numbers per GP FTE, and vice versa. It is apparent that there are several variables and that there are multiple factors which impact on appointment numbers. We also know from our local Universal Healthcare work that around 50% of people who make a GP appointment have a social problem rather than a medical need, and that other options may be more beneficial than a GP appointment. Access alone is not a good indicator of quality and in some practices the move is to fewer appointments, done well.

Looking to the future – Universal Healthcare

9.10 Primary care generally waits for people to come to it and then reacts. GP appointments skew to a small portion of the population every year with little left over for proactive work. 40-50% of people registered will not attend primary care in any given year, and a quarter or more have not been heard from for 3-4 years, possibly more. Around 40% of appointments are taken up by just 5-10% of the population, year-on-year. Year on year, 2% of our population take up 9% of appointments, leaving little left for proactive work.

9.11 We know that co-morbidities are not always a good indicator of frequent attenders, which are more likely to be for trauma, opioid use, safeguarding issues, anxiety and depression, complex social issues. When reviewing the top 100 practice list of 'super attenders' over half are known to be in a struggling or chaotic lifestyle. The needs of this group are rarely met through 10-minute appointments and they tend to 'bounce' around services and become increasingly medicalised. One of the key aspects of the Fuller Stocktake is that people with complex health needs should receive continuity as part of a multi-disciplinary team (MDT), proactive care approach.

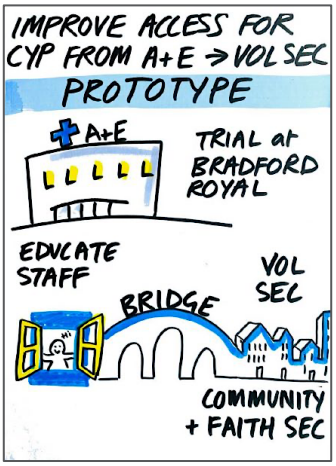
9.12 Our local Universal Healthcare pilot offers an opportunity to look at and understand need, consider continuity, and formulate navigation. We have had some early successes with different MDT approaches for this group of patients. We are also exploring an opportunity to use a VCSE 'front door' to provide continuity (avoiding medicalisation). Our Wellbeing Hubs are having success working with these groups to avoid Emergency Department attendances. This learning could be taken into our future-facing GP model.

10. What next?

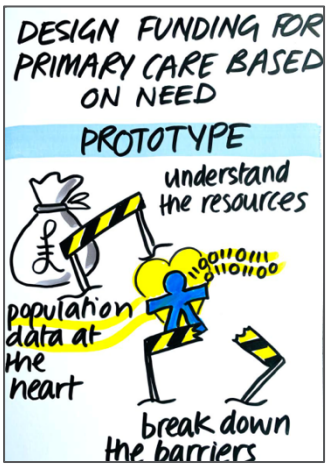
Bradford Universal Healthcare proto-typing

10.1 We have found that a flat offer / one size fits all approach in primary care meant that some got 'more' and those that were not getting access ended up getting less. As we investigated appointment systems we found several key things general practice can do to proactively address this inequality. We found that a 'typical' person who is attending frequently will have had 15-20 appointments in the last year and seen 8-10 practice staff. Case notes often reveal multiple repeated tests and looped diagnoses. The exception is when there is a practice-wide strong commitment to continuity. We grouped our proto-typing exploration into access, rationing, medicalising poverty, and motivational and compassionate conversations. Below are a few examples.

Healthy Children and Families



This prototype seeks to connect ED teams to the mental health support available for children and young people through the voluntary sector and help them understand how to promote access to those services. The hope is that all young people experiencing mental health crises will be able to access immediate support within their own community.



Door step wellbeing: This prototype seeks to build stronger, healthier communities to relieve the stress on GPs, A&E and provide support where it is needed. We want to develop a filtering/triage service in their neighbourhood using community assets.

Fair funding for Primary Care: Primary Care in poor communities receives less funding from the national formula. This Change Project seeks to ensure that postcode does not affect funding and establish a model of understanding need as the basis for funding distribution.

Rethinking primary care

This prototype aims to ensure that people who need primary care can access it, and that primary care services are proactively designed to meet need. This group is exploring how best to design services for people who turn up frequently, and people who need continuity, to meet need and reduce demand and free capacity to enable the practice to be more proactive in connecting to the whole community. We are also exploring who does and does not get access.

Fuller Stocktake

10.2 The publication *Next steps for integrating primary care: Fuller Stocktake* supports our aspiration for primary care that reorientates the health and care system to a local population health approach. A key aspect of the Fuller Stocktake challenge is in creating the capacity in our workforce, estates, data, and digital. As well as building sustainability through our infrastructure, leadership and representation in key decision-making and delivery forums.

10.3 The Fuller Stocktake proposes that the focus must be on the support to our primary care workforce, and access to care and support for our population. Patients with similar needs could be considered together and offered discrete elements of general practice such as vaccinations and phlebotomy. This assumes patients would be happy going to another practice and we recognise that many practices would not support this model. It also risks missing those who need support because of the nature of a fragmented approach to treatment. Conversely, it risks safeguarding situations where families want to avoid continuity that could lead to scrutiny.

Access Recovery Plan

10.4 In May 2023, NHS England published the Delivery plan for rPecovering access to primary care, which has two key ambitions:

- Tackle the 8am rush and reduce the number of people struggling to contact their practice; and
- Patients to know on the day they contact their practice how their request will be managed.

10.5 The plan supports recovery by focusing on four key areas, many of which aim to address some of the challenges identified within this report:

- **Empower patients** to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice;
- Implement *Modern General Practice Access* to **tackle the 8am rush**, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment;
- Build capacity to deliver **more appointments from more staff** than ever before and add flexibility to the types of staff recruited and how they are deployed; and
- **Cut bureaucracy and reduce the workload** across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

10.6 Whilst the plan heavily focuses on General Practice access, it is important to note that there continues to be a focus on integration, particularly on integrating primary care through the proposals relating to community pharmacy.

10.7 ICBs are asked to ensure that their actions in relation to the access recovery plan align with the vision described in the Fuller Stocktake. This is with a particular focus on the functionality of digital telephone systems, supporting the future direction of PCNs and places in offering a single system-wide approach to integrated urgent care and integrated neighbourhood teams. As a HCP, we will develop and support plans that incorporate integrated models of care and continuity.

In it together

10.8 Our Health and Care Partnership has an ethos where we 'Act as One'. The sustainability of primary care is central to our ambitions for the health of our populations. Our problems are shared. GP access is reactive, managing acute and urgent work that cascades through primary medical care. We need to shift the balance back to more proactive care to reduce demand and improve the outcomes and experience of care for local people.

10.9 Working in primary medical care has never been so hard. The negative, anti-GP rhetoric often heard in the media and amplified on social media can fuel patient discontent. Our practices are seeing hundreds of thousands of people each month. A key challenge is putting in place plans that value, recruit and retain GPs and the wider workforce and involve our staff (now and of the future) in designing the model of modern general practice.

10.10 More access is being provided and people are being seen more quickly than ever before, however people feel frustrated when trying to book an appointment. But it's still not enough. Patient – and staff – satisfaction remains low.

10.11 Our aspiration is to have an open and ongoing conversation with the public about GP access, the resources we have, and how we can make best use of them together. We can take this courageous step to be open to co-designing and prototyping new models that better meet people's needs. There will be trade-offs, but we can be transparent about these. We have an opportunity to be radical and to think about how we 'contract' with the population of Bradford in the delivery of our GP services.

11. Summary

11.1 GP access is an issue nationally and we know from what people tell us that it is a significant concern for local people. An increase in GP appointments should not be our only goal. We can use the opportunity of having a collective focus on GP access to ensure that we co-design new models of care with our staff and patients. We aim to improve our patients' experience and outcomes of care, as well as timely access. We need to consider future changes and expectations from people that matches consumer behaviour in other areas of our lives as we continue to see rapid developments in technology change the way we access other services in our lives.

11.2 Despite offering more appointments than ever, on the same day and face-to-face, it is not working for our patients or our primary care workforce. Our practices face significant challenges in retention, recruitment, increased workload, a national contract focused on numbers rather than quality, and the risks posed by all these factors on safe-working practice.

11.3 To meet the needs of our population and retain and recruit the general practice workforce we need to re-think the models of primary medical care across Bradford district and Craven and West Yorkshire. By using our data and intelligence we can develop a model of care that is sustainable and offers enhanced quality of care. This fits with the direction of travel of the Fuller Stocktake, the next round of the GP contract under consultation, and our learning from the Universal Healthcare pilots.

11.4 We need to shift from *quantity of access* to considering the *quality of access* for:

I. Urgent on the day needs

   a. As part of an integrated primary care same day response service.

II. Continuity of care needs (longer appointments and/or follow up)

   a. GP ongoing medical needs;

   b. With MDT (proactive care) – chronic health needs/frailty etc; and

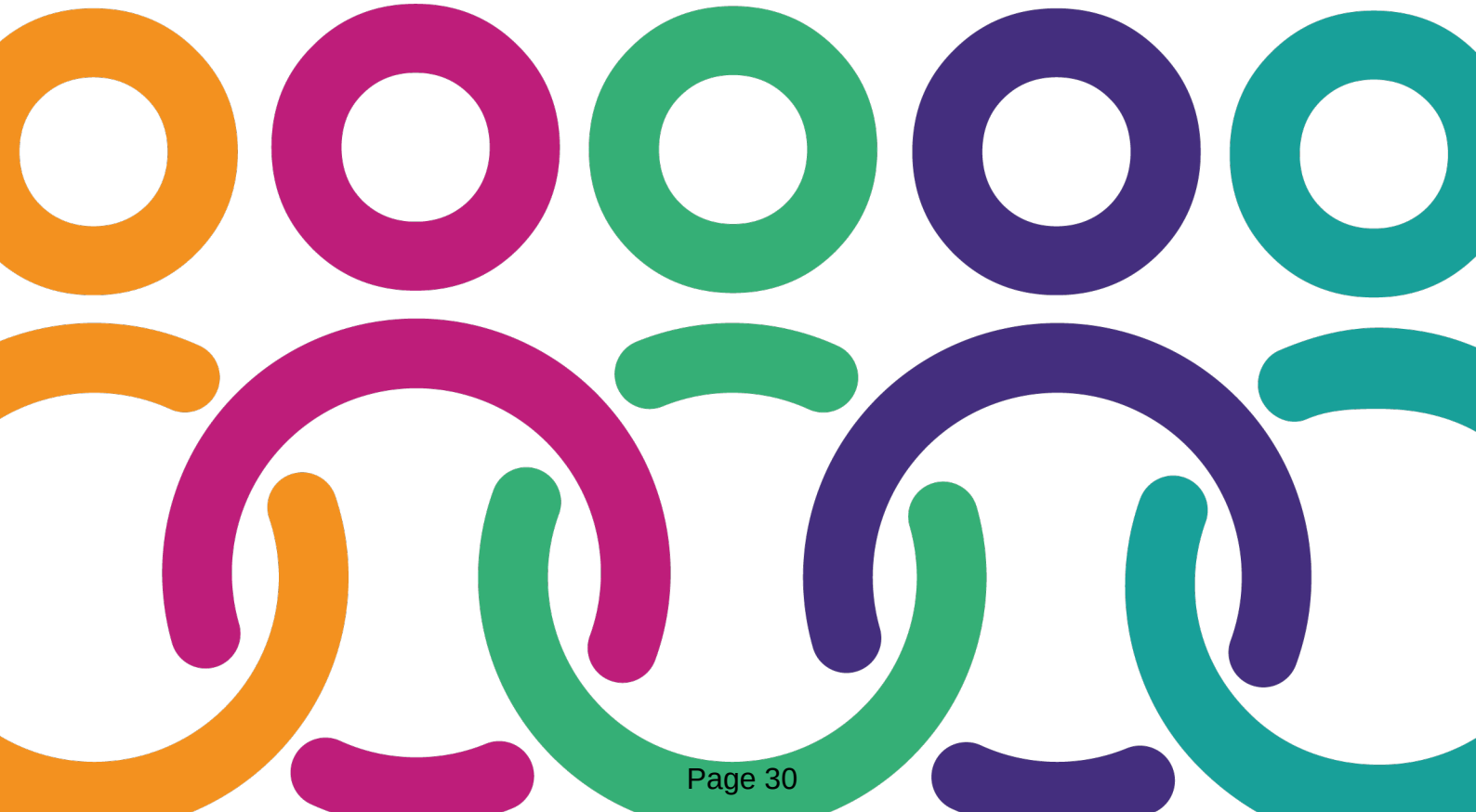
   c. With non-clinician/VCSE/wellbeing approach – social issue.

12. Recommendations

12.1 The Committee receive this update on GP Access.

12.2 The Committee receive another report in 12 months' time.

Report contact: clare.smart@nhs.net



City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Director of Public Health to the meeting of Health & Care Overview Scrutiny Committee to be held on 26 October 2023

M

Subject: LIVING WELL

Summary statement:

This report presents an update on Living Well whole systems approach to obesity and wellbeing in Bradford District. It outlines the rationale for Living Well, key elements of the approach and provides an update on the key achievements by all the direct delivery projects so far.

EQUALITY & DIVERSITY:

Living Well has within it several components designed to ensure it is inclusive to all our communities. This past 12 months has seen the launch of the Living Well Community Health Development project which, alongside the core staff based in communities, has made grant awards to multiple community groups to ensure full inclusivity of our work programme, offers and messaging. The work programme directly contributes to Objectives 3 & 4 in the 2021 Council Equality plan.

Objective 3: Living Well actively engages with our communities to help people participate in decision-making processes, to improve the offers and services we provide.

Objective 4: We design and deliver Living Well services to be accessible, inclusive, and responsive to the needs of people and communities. We will provide information about services in a range of accessible formats so that people know what services are available.

Sarah Muckle
Director of Public Health

Report Contact: Rose Dunlop
E-mail: rose.dunlop@bradford.gov.uk

Portfolio:

Healthy People and Places

Overview & Scrutiny Area:
Health & Care Overview Scrutiny Committee

1. SUMMARY

- The report provides an overview of the progress made by the Living Well approach in recent years and highlights upcoming delivery plans for the many Living Well projects.

2. BACKGROUND

- Living Well was established in 2018 following a mandate in September 2017 by the Wellbeing Board to deliver a whole systems approach to obesity to address rising levels in the district. Further details are provided in the main report attached.

3. OTHER CONSIDERATIONS

- Identify any other directly or indirectly related matters.

4. FINANCIAL & RESOURCE APPRAISAL

No specific financial implications identified

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

This is an update report on Living Well approach and there are no significant risks arising from the approach. Any issues arising will be raised with relevant senior officers including the Director of Finance and the Director of Legal and Governance.

6. LEGAL APPRAISAL

There are no legal issues directly arising from this report.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

- Living Well whole systems approach endeavours to create a self-sustaining system which promotes health and wellbeing in all that we do. Through generating a social movement, we aim to increase the sustainability of the work well beyond our direct delivery by enabling other organisations and communities to be working towards a united vision.

7.2 TACKLING THE CLIMATE EMERGENCY IMPLICATIONS

- In delivering Living Well, we endeavour to ensure that within our projects we are mindful to avoid negative impacts on climate and greenhouse emissions.

- Living Well positively supports the common health and wellbeing messages which are integral to a healthy environment. These include active travel and the implementation of the Good Food Strategy which is grounded in creating a health promoting sustainable food system in Bradford District.

7.3 COMMUNITY SAFETY IMPLICATIONS

- Living Well support individuals to access green spaces, take part in physical activity and use community facilities and parklands, community projects and centres, participate in and initiate community activities and take further pride in their neighbourhoods and city. This ground swell will support changes in perceptions of community safety and build health into this work already supported by the neighbourhood services to support their communities.

7.4 HUMAN RIGHTS ACT

- Living Well aims to support and enable the whole of the Bradford district to make changes to promote and develop healthier lifestyles. As such, it indirectly upholds aspects of the Human Rights Act such as the right to liberty and security and the right to a private and family life and a home.

7.5 TRADE UNION

No issues identified.

7.6 WARD IMPLICATIONS

- Living Well is a whole systems and whole district approach to obesity and wellbeing. Activities and services will be available district wide as well as on a locality basis – each locality has a Living Well Community Health Development worker aligned to it.

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

- N/A

7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

Living Well as an approach is for all ages and we also now offer home- based tailored support to children and their families to support them to achieve healthier lifestyles. The service is evidence-based and proving popular and effective in its first year of delivery.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

None

8. NOT FOR PUBLICATION DOCUMENTS

- None

9. OPTIONS

No alternative options - this is an update report for members to note the depth, breadth and detail of the Living Well Approach to improve health and wellbeing across the Bradford district and for members to continue to support the approach going forward.

10. RECOMMENDATIONS

(i) That members note the depth, breadth, and detail of the Living Well Approach to improve health and wellbeing across the Bradford District as detailed in the report.

- (ii) That members continue to support Living Well in their work and in their communities.

- (iii) That a further progress report is made in 12 months' time to this committee

11. APPENDICES

The Living Well Report: 2023 update

Living Well

in Bradford District

2023 Progress Report

What is Living Well?

Living Well is Bradford's whole systems approach to obesity and wellbeing. Established in 2018 it is a joint initiative led by the Bradford Council and Bradford District and Craven Health and Care Partnership.

The increasing number of people living with obesity and excess weight is the outcome of not one, but hundreds of seemingly small changes to what we eat and how physically active we are in recent decades.

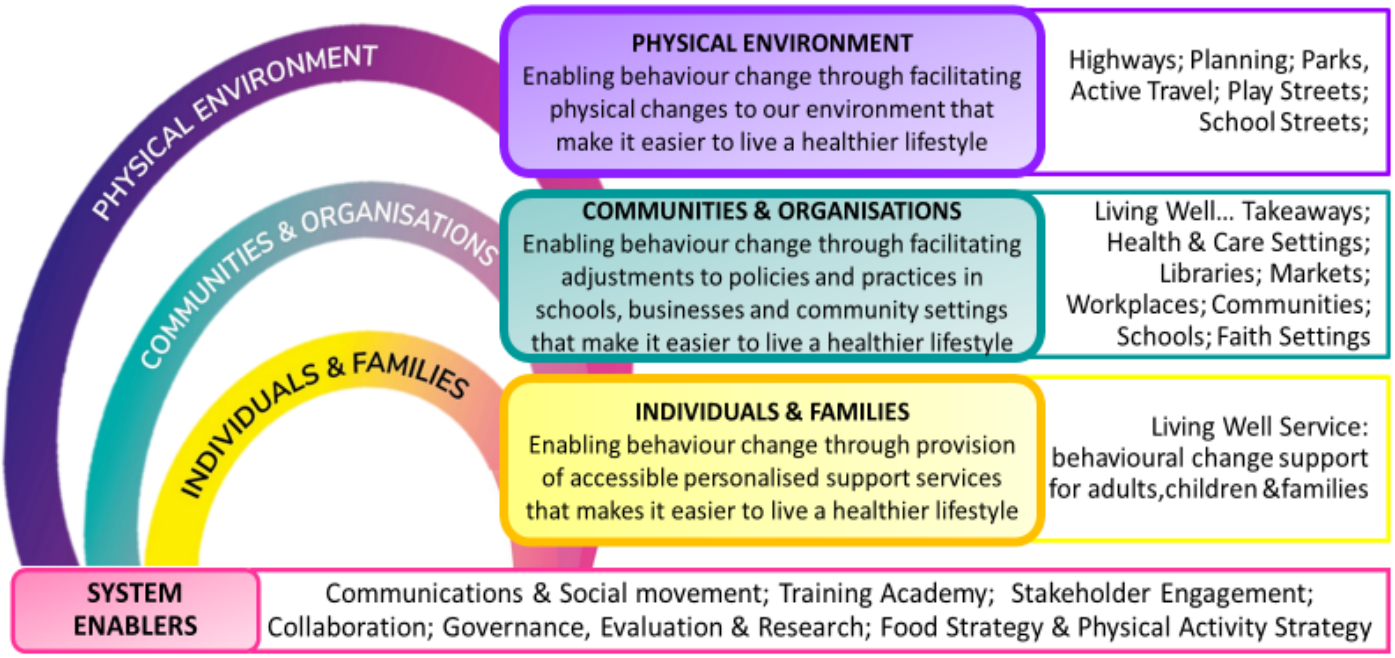
We use Living Well as an umbrella brand to coordinate collective action, create consistency, and build synergy between this broad range of activities that are all contributing towards making it easier for people living in Bradford district to have healthier and more physically active lifestyles.

The Living Well Vision

To create a district where the places and organisations in which we live, work, learn and play are making it easier for people of all ages to live healthier and more active

What does Living Well do?

Living Well enables the system to deliver interventions that will instigate behaviour changes to address the root cause of physical inactivity and having an unbalanced diet to make living a healthy life easier. The Living Well approach targets its efforts through four levels.



Why do we need Living Well?

Over 67% of adults and 41.7% of children aged 10-11 in Bradford District are living with excess weight and obesity. Obesity increases a person's risk of conditions including heart disease, type 2 diabetes, asthma, hypertension, arthritis, sleep apnoea and many types of cancer. In the past effort has focussed on addressing obesity at the individual level, giving people diet plans and guidance on changing their lifestyle. Personalised support is still considered critically important for ensuring we are equipping people to navigate their way through the system in which we currently live, however this is only one element of the Living Well approach.

What's different about a Living Well approach?

The Living Well approach is different to traditional individual focussed efforts to support those living with obesity. No single person, policy or activity has ever intended for our society to become increasingly overweight. Our approach recognises that obesity is the unintended outcome of living within a system which has developed to inadvertently defaults people into living a more sedentary lifestyle and eating greater volumes of food high in fats, salts, and sugars.

The rapid increase in the number of people living with excess weight has resulted from a combination of multiple and complex factors that have worked together to create a situation where it takes extraordinary levels of personal effort and resources to maintain a healthy and active lifestyle. We call these factors the root causes of obesity.

The Living Well story so far…

Since 2018 we have engaged with hundreds of stakeholders and community members across Bradford District to map the root causes of why people have become less active and are eating an unbalanced diet in Bradford. Together, we have identified hundreds of root causes and we set out to develop an approach guided by the latest evidence to address each root cause and work towards creating a district where it will be easier to eat a balanced diet and be physically active.

There isn't a single solution that can bring about the necessary changes to address these root causes of obesity which come together to make living a healthy and active life so challenging. Living Well is about engaging and harnessing the potential of the entire local system to deliver work at scale to make healthier lives 'everybody's business'. It is about making the most of community assets by engaging and enabling organisations, businesses, and communities across Bradford District to develop combined actions that address the root causes of obesity and contribute towards fostering a healthier place for people to live, work, study, and play.

To make this happen, Living Well has directly delivered projects over the past 5 years to start trying to transform the system that we live in**. However, this change isn't going to happen overnight, and we can't do it alone**. As such, we now have over 200 key stakeholders actively engaged in helping to make the Living Well vision a reality. Little by little we are working towards generating the groundswell of change through creating consistent messaging, support, and tools for partners to work with under the Living Well brand. We want to see everyone from town planners to toddler groups recognising and seizing the opportunities we all have in our day to day lives towards creating a district where is easier for people to start Living Well.

Our Projects 2023

Individuals and Families

Living Well Service: Adult Weight Management

Living well is working in partnership with well-known service providers to offer all adults who live in Bradford District with a BMI of 25 or more the chance to access 12 weeks' free membership to weight management programmes. The support has been designed using the psychology of behaviour change and is delivered via community groups and online platforms to help people break old habits and change their lifestyle, giving them the confidence to commit to healthier new habits, for life.

The story so far…

- Launch of the 'Choose What Works for You' campaign in March 2022 via Living Well's social media pages, newsletters and website, to offer a choice of provider (Weight Watchers (WW); Slimming World; Get Slim; Shape Up 4 Life).
- Ongoing promotion of the offer has seen an increase in uptake, including GP referrals.
- Based on feedback and uptake, Living Well continues to offer membership to Weight Watchers (WW) and Slimming World.
- We have seen a fantastic community response with 6,950 applications received from March 2022 to date (Oct 2023)

Coming up…

- Collaboration with the University of Bradford to explore the facilitators, barriers and motivators for men and minority ethnic groups accessing and engaging with weight management interventions. The findings will inform any future adaptation of the service offer.

Living Well Service: Children and Families

The Living Well Service for Children and Families offers a home or community based, needs-led behavioural support programme for children aged 2-19 who are above a healthy weight and live in Bradford District. The team offer personalised support tailored to each family to enable them to develop sustained behaviours around eating a balanced diet, being physically active, sleeping well and maintaining good mental wellbeing. The service offer is key to reducing inequalities in wellbeing experienced by children and their families who need additional support to help them navigate making transitions toward healthier behaviours.

The story so far…

- Service was developed from a substantial grant won by Bradford Council in 2021 to deliver a unique needs led model focussed on the whole family.

- Delivery of an adjusted model for grant compliance began in 2021 focussing on children identified through the National Child Measurement Programme data.
- Full home-based offer launched Sept. 2022 focussed on the health gains from behavioural changes.
- Referrals coming from a wide range of partners including self-referrals from families.

Coming up…

- Focus on promoting the service to increase referral levels.
- Provide a clear transparent narrative and set of materials including videos about what is offered.
- Working to ensure seamless needs-led care pathways are in place around the service for children with more complex clinical and social needs.

Living Well Service: Bradford Encouraging Exercise in People

Bradford Encouraging Exercise in People (BEEP) is multi-agency exercise referral scheme taking referrals from GPs and other health professionals from across Bradford to increase physical activity levels and reduce sedentary behaviour in those living with long term health conditions with a view to improve overall health and better manage conditions. BEEP offers bespoke exercise plans prescribed by registered exercise professionals with a 52-week follow up support service.

The story so far…

- Established for over 15 years in Bradford District with a strong relationship with GPs.
- Implemented the BEEP Reducing Inequalities in Communities project focussing on increasing uptake of the services for residents living in the City area.
- New self-referral pathway established.
- Partnered with MS Society to offer exercise-based support to MS patients in the community.
- Launched a new cancer pre-habilitation pilot for lung and GI cancer patients in Bradford increasing their levels of physical activity prior to treatment to improve outcomes.
- BEEP client won the active lifestyle award at the Bradford Sports Awards 2022
- Redesign and production of new Living Well BEEP resources to increase awareness and transparency of what clients can expect.

Coming up…

- BEEP animation to be used in GP practice waiting rooms and hospital display screens and further involvement at GP practice engagement events and trialling promotional SMS texting at additional GP practices.
- Supporting health events, offering blood pressure checks and involvement in Self-care Week
- Exploring inclusion of exercise on referral into secondary care pathways

Living Well Service: Smoking Cessation

The Living Well Service Smoking Cessation offer provides 12 weeks of behavioural support with access to pharmacotherapy for all smokers in Bradford District wanting to quit. The Service is delivered by both Living Well Advisors and Stop Smoking Practitioners in accredited primary care settings. The objective of the service is to reduce smoking rates and smoking-related health inequalities across Bradford.

The story so far…

- Ongoing and sustained numbers accessing the service for support.
- Introduction of Quit Manager software across the service and primary care partners to increase service efficiency.
- Redesign and production of new stop smoking resources including a regular newsletter for providers of the service in primary care.

Coming soon…

- Local smoking campaign launching in November 2023
- Addition of vapes to the pharmacotherapy offer.
- Harm Reduction approaches being trialled with clients with more complex needs
- Expansion of service to deliver on nationally allocated additional investment in smoking cessation services from April 2024 onwards

Service user story: Steve

In the past few years Steve has had three heart attacks, a heart bypass and needed a couple of stents. He suffers from COPD and he knows this is due to smoking. Steve found it difficult to walk upstairs without assistance and needed help bathing and dressing, which left him with little dignity.

Helped by the Living Well stop smoking team at Thornton Medical Centre, Steve has now managed to reduce his cigarette intake to less than three per day. He is still receiving support from a member of the stop smoking team and with this help Steve is sure he can quit!

Communities and Organisations

Living Well Schools

Living Well Schools began through a 3-year funding award from the Reducing Inequalities in Communities (RIC) Schools with aims to reduce childhood obesity and health inequalities in deprived city area. The project currently delivers its offer to 30 primary schools aimed at transforming them into health-promoting environments for students, staff, and families. The offer provides a facilitated approach linking schools to resources on physical activity, nutrition, and mental health to meet their individualised needs. This enables schools and their leaders to adopt and implement services tailored to their specific needs.

The story so far…

- 85% of RIC-LW schools stated that they have increased the amount of physical activity on offer.
- 83% of RIC-LW Schools are working towards the Food for Life award, three schools have received the Foundation Award and two have nearly completed Bronze.
- RIC-LW Facilitators have produced a Lunchbox Toolkit and Nutrition workshop series for families.
- In September 2023, 20 RIC-LW Schools signed up to receive myHappymind, a locally commissioned mental health programme for schools.
- The team are delivering nutrition workshops to parents and families at coffee mornings and parents' evenings. They deliver lunchbox sessions and educate families about healthy eating.
- Engagement in the RIC Schools project has driven desire to develop outdoor space and utilise it throughout the school day. One school successfully obtained £300,000 through funding bids to create outdoor classrooms, grow beds, and to remodel the KS1 & KS2 playgrounds.
- The Living Well Schools website was developed and launched, with the aim of being an online directory and source of support for school staff and leaders.

"Our RIC Facilitator has expert subject knowledge and delivered many CPD training sessions at our school. He was always responsive and supportive. Due to the access to my RIC Facilitator, progress and implementation has been possible and effective".

Cluster 1 school lead

Coming up…

- The RIC LW Schools team will continue to support the 30 RIC schools until the end of the school year and will be part of the evaluation, development, and transition into the wider Living Well Schools project over the next 8 months.
- Full Living Well Schools project under development to ensure best of RIC-LW offer is extended in addition to work areas around poverty proofing the school day, and adversity trauma and resilience work.

- The new phase of Living Well Schools will be launching in 2024 with increased focus on collaboration between schools, service providers and community projects to maximise the impact of offerings
- Staff training, building communities of practice, hosting and attending events and empowering staff and families.
- The extended provision will comprise of a team of leads to give support to schools, new functions on the website and a system of commissioned providers for schools to access.

Living Well Community Health Development

This programme is based on community centred approaches to reduce health inequalities and strengthen community participation for health and wellbeing. The programme aims to put communities at the heart of what we do, strengthen health promotion action at a community level and gather community insights to maximise the impact of Living Well. We take a particular focus on underserved communities to enable a joined-up approach to addressing health and social inequalities with local populations. Through our work we link frequently with wider community partners, including Neighbourhoods teams, the VCS and place-based NHS provision to share insight and expertise.

The story so far:

- In the past 6 months we have recruited five Living Well Community Development and Engagement workers (CDWs), who are now co-located with Neighbourhood teams across each of the five localities,
- Living Well CDWs have engaged with more than 5,000 local residents in last five months through participating at 45 community health events in Bradford and more than 35,00 local residents through 28 HAF community events in parks. With each engagement we are sharing key Living Well and public health messages and increasing sign-up to the Living Well Monthly Newsletter and social media websites.
- Provision of a Living Well Community Health Development grants offer for VCSE organisations to give voice and improve health within communities of interest groups.
- Conducting focus groups and tailored engagement to inform a health needs assessment for communities of Black ethnicity in Bradford.

Coming soon:

- Living Well Champions project development in the next six months engaging community members in becoming more active in championing Living Well in the community
- Building capacity of small community groups and reaching marginalised community of interest groups through Community Health Development grants programme

Living Well Madrassas

In 2019, Public Health, Born in Bradford and Council for Mosques formed a unique partnership to explore the opportunities for working with Islamic religious settings to tackle inequalities in childhood obesity by supporting healthier behaviours and influencing positive social and structural change. There are 124 registered Madrassa's in Bradford district providing a significant opportunity for engagement with children from the Muslim South Asian community who experience greater levels of inequalities in excess weight. Three years of initial funding was provided through the national Local Government Association 'Childhood Obesity Trailblazer' project (2019-2021), with direct Public Health funding being used to sustain the project since 2021.

The story so far…

- The Madrassas programme worked with Islamic religious settings to co-produce evidence-based curriculum materials and training in the form of a tailored toolkit for Islamic religious settings to implement by aligning it with national guidelines on obesity prevention and the Islamic narrative.
- The toolkit was co-produced using 80 'test and learn' sessions with 10 new place-based groups and 21 workshops on healthy behaviours.
- 15 new faith settings engaged in the project in the last 18 months.
- 17 settings received incentive funding to buy equipment and resources to enable healthy eating and physical activity provision on site.
- Multiple publications in research journals evidencing the success of the project.

Coming up…

- Further plans to work with another 10 new settings in 23/24
- Formally launching the toolkit and sharing best practice to partners outside of Bradford District
- Sustaining the project through further Public Health investment from April 2024

Living Well Workplaces

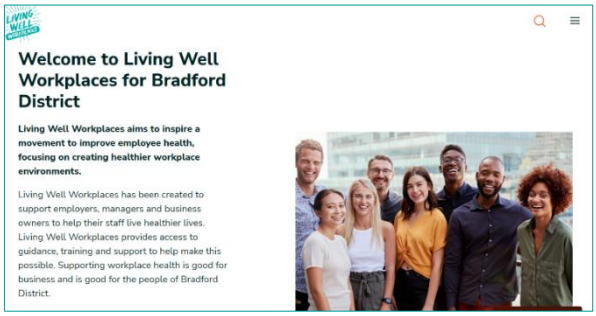
Living Well Workplaces aims to enable employers to consider how they can support the wellbeing of their workforce. We focus on supporting employers to develop policies that create a working environment that enables people to thrive at work and empowers employees to look after their wellbeing.

The story so far…

- Launch of the Living Well Workplaces website
- Promotion of Living Well's 20-minute movement campaign to workplaces
- Development of 20 Living Well Workplace Wellbeing Promises for workplaces to choose from
- Development and launch of a quarterly newsletter with a focus on mental wellbeing.

Coming up…

- Staff resource to support the full-scale development of the programme in 2024.
- Expansion of the Living Well Workplaces website offer to promote the broader Living Well offer and services to workplaces.



Living Well Libraries

The aim of this project is to enable the Library Service to promote health and wellbeing in the community through training, guidance and support. Health and Wellbeing is a statutory area of focus for libraries and their work supports four key wellbeing issues: school readiness, so children can thrive at school and in life; addressing poverty; return to work; reducing social isolation.

The story so far…

- Library service staff are accessing Living Well Academy courses to improve their health literacy and knowledge.
- Bradford Encouraging Exercise in People (BEEP) are delivering sessions in four library locations.

Coming up…

- Looking at opportunities for Living Well Advisors to start working out of libraries across the Bradford District

Living Well Takeaways

The aim of Living Well Takeaways is to enable takeaway businesses throughout Bradford district to look at ways they might offer healthier meal options for their customers. Living Well Takeaways offers takeaway owners and staff the opportunity to help change the way communities think about food.

The story so far…

- Undertook ‘face to face’ engagement with 75 local takeaway owners and staff including interviews and focus groups.
- Engaged with a diverse range of communities and used an online survey to capture behavioural insights of 500 people who regularly use takeaways.
- Developed a research survey for Living Well Takeaways with Dr Eleanor Bryant and a behavioural psychology student from University of Bradford to gain additional insights. This was sent out to over 1,500 takeaway businesses operating across Bradford District via the Environmental Health e-bulletin & newsletters.
- Commissioned providers (Keighley Healthy Living & Participate) to work with takeaways over the next four years.

Coming up…

- Onboarding the new providers by sharing insights gained to date and helping them to prioritise planned Living Well Takeaways work over the next 6-12 months.
- Both providers to engage and start working with 10 ‘test and learn’ takeaway businesses to co-develop a range of offers and initiatives linked to healthier food options
- Develop a range case studies and examples of good practice for the Living Well website and work with the ‘test and learn’ takeaways to create a series of short films.

Living Well Healthcare Settings

The aim of the Living Well Healthcare Settings work is to promote Living Well across hospital trusts, GP practices, pharmacies, care homes, nursing homes and voluntary sector services where we promote Living Well offers and resources to patients, staff and volunteers. Patients will be able to access Living Well services and resources either as a preventative measure or as health improvement support whilst managing their health conditions via their pathways of care. Health and care staff/volunteers will have knowledge of Living Well and will be able to advise patients on support available, as well as being able to access resources and support for themselves to aid a healthy workforce and create a health promoting environment.

The story so far…

- Encouraged all health and care settings to sign up to the Living Well 20 Minute Movement campaign (including hospitals, care trusts, GP practices, care homes and pharmacies)
- Held engagement events across seven health and care settings.
- Living Well offers and messaging included in patient letters and online portal (several specialist) at Bradford Teaching Hospital Foundation Trust
- Worked with BEEP & GP practices to send targeted text messages encouraging patients to access Living Well services resulting in increased referrals.
- Commissioned GP practices to deliver an enhanced weight management offer for adults increasing referrals into Living Well Services

Coming up…

- Extend engagement settings with a focus on adult social care and care homes.
- Continue to work with GP practices to test referral routes and targeted promotion of Living Well Service offers.
- Complete Living Well toolkits for each health and care setting.
- Embed Living Well service offers and resources into discharge process at Airedale General Hospital Foundation Trust
- Monitor impact of including Living Well content in patient letters and online portal at Bradford Teaching Hospital Foundation Trust

Physical Environment

Active Travel Social Prescribing

Bradford District was awarded £1.34 million of Active Travel England funding for a new project which aims to improve mental and physical health, and reduce disparities, through incorporating active travel within social prescribing. The pilot will focus on three areas of the district's most deprived wards where Active Travel infrastructure development plans are in place. The areas identified are Central Keighley, Manningham and Girlington and Bradford Moor.

The ambition is to address the community-identified need for active travel support via social prescribing, particularly in under-represented groups and areas of high deprivation. Strengthening community connections to existing and future Active Travel infrastructure intends to shift people towards active travel through wider travel choices and changes in physical activity.

The story so far…

- Community readiness in progress
- Over 50 VCS organisations engaged.
- New team in place including one manager and two officer roles.

Coming up…

- First delivery of Active Travel Social Prescribing before the end of the year
- Cycle Hub in Keighley to support 'learn to ride' and 'commuter' training
- Innovative e-Bike loans scheme across a pilot area
- Increase in trained cycle and walk leader to support VCS delivery and training
- Delivery of wheelchair skills course pilot

School Streets

A School Street uses a legal traffic regulation order to restrict access to school traffic and through traffic* at the beginning and end of the school day. The aim of School Streets is to help:

- Reduce congestion around the school
- Prevent dangerous driving, parking and turning in areas where there are lots of children and families
- Reduce air pollution (caused by engines running) and noise pollution.
- Provide a safer, calmer, happier, healthier space for children and their families
- Encourage greater physical activity (walking, cycling, wheeling and scooting) as part of the journey to and from school – even if it is only for the last part of the journey.

School Streets schemes in Bradford are currently funded as part of the Council's Active Travel Programme. When funding is confirmed (annually), schools are assessed against eligibility criteria which includes reviewing the suitability of the adjoining highway, air quality levels and existing school engagement.

The story so far…

- In June 2021, nine schools launched their School Streets schemes using 18-month Experimental Traffic Regulation Orders. Of these initial schools, four schools have now converted to permanent schemes. In Summer 2023, two more schools launched their School Streets schemes using Experimental Traffic Regulation Orders
- Evidence from before and after traffic counts shows a reduction in the number of cars entering the school street area once the scheme has been introduced.
- There has been a lot of learning both locally and regionally about challenges including school staff capacity and safety concerns. However, despite the challenges, we are now in a far better place to help to support schools to introduce their schemes and manage their expectations accordingly.
- Through working with the pilot schools we have developed materials and resources to help them communicate effectively and regularly with their families and local residents

**Emergency vehicles are always allowed access and residents of the street are also issued with access permits.*

Coming up…

- Public Health and Highways invited expressions of interest from a further tranche of suitable schools. To date, two more schools have expressed interest in implementing a School Street outside their school and site visits have been arranged with them.
- Act Early are evaluating the impact and reception of the introduction of School Streets. To date 999 pupils have completed a Health and Place Intervention Evaluation (HAPIE) tool which includes a standard measure of wellbeing, physical activity, play and street perception.
- Air Quality monitoring (using diffusion tubes) is being undertaken with Tranche 2 Schools (and their control schools). These will provide a general measure of air quality over time. A real time monitor has also been installed outside one Tranche 2 school and one control school for comparison.

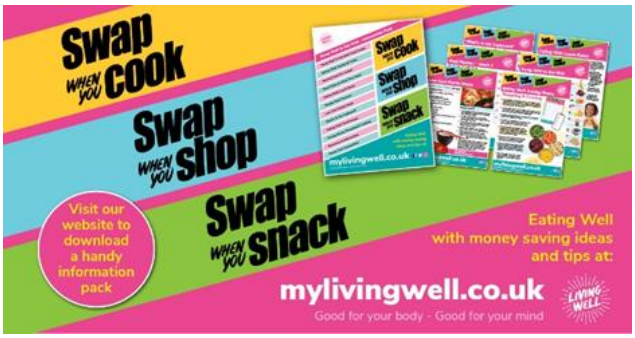
Systems Enablers

Delivering active community engagement, positive campaigns and training offers with consistent messaging under the Living Well brand to increase the capability and motivation of both the public and policy makers to create a social movement for healthier lifestyles.

Living Well Communications and Marketing

Our aim is to raise awareness of the Living Well brand across Bradford District and create a social movement that will educate, encourage, and change people's behaviours by developing local campaigns that show how anyone can lead a healthier life. We want Living Well to become a trusted source of information through the website and via proactive and reactive social media to help make the healthy choice, the easy choice for people living in our district.

The story so far…

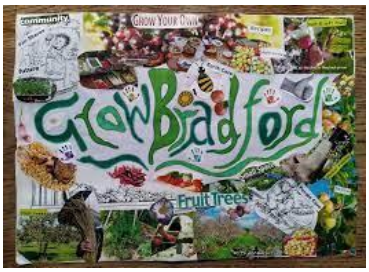


- Delivery of a highly successful 'Swap Well to Eat Well' campaign and distribution of 15,000 'Swap Well to Eat Well' information packs
- Sub campaign 'Swap your Takeaway for a 'Fakeaway' distribution of 1,600 free 'fakeaway' recipe packs in shopping centres and 1,200 recipe packs to people accessing Bradford food pantries.
- Nominations for two prestigious awards with CIPR Pride & Comms Hero Awards CIPR PRide Awards.
- Successful delivery of the '20 Minute Movement' physical activity campaign: 80 workplaces and >20,000 adults signed-up during Phase 1; 33 Primary Schools signed-up during Phase 2; development of campaign resources for older people in Phase 3.
- Sponsorship of the Active Bradford Sports Awards 2023

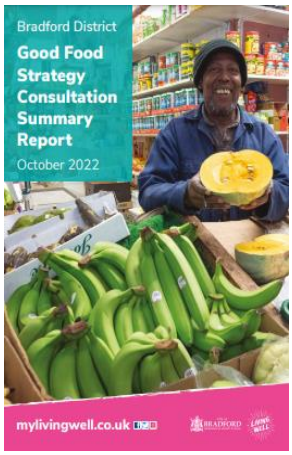
Coming up…

- Development and delivery of a Living Well 'Quit Smoking' Campaign in November 2023
- Delivery of two Self Care Week events in November 2023
- Development and delivery of a Living Well 'Sleeping Well' campaign in January 2024
- Development and delivery of a Living Well 'Community Growing' campaign in Spring 2024

The Bradford Good Food Strategy



The Bradford District Good Food Strategy has been developed in the context of the ongoing pandemic which has highlighted and deepened a range of inequalities, including those around the cost and supply of healthy food, and food insecurity. Work on the strategy has been underway since 2020 when we established a cross cutting multi-stakeholder partnership to lead the development of the strategy and establish the vision for the districts food system. This was followed by an extensive consultation phase where we engaged with key partners and organisations across the district, finishing with a substantial community-based consultation with residents across the district.



The strategy is governed by a new sustainable food partnership which is made up of over 50 local partners and the four key outcomes of the strategy are:

1) Creating an Eating Well Culture
2) Tackling food insecurity
3) Community led growing.
4) Creating a sustainable food system for all

The story so far…

- Investment into local communities for 'community led growing' grants.
- Launched the 'Food for Life' award and 'Food Savers'
- Commissioned 'Grow Bradford' to lead on the community led growing workstream.
- Commissioned Leeds University to co-produce a healthy and sustainable markets charter to be implemented at the new Darley Street Market
- Funding provided to revamp 30 allotments to stimulate local growing.
- Funding to 'Trees for Cities' and 'Fruit Works' to enhance growing at local schools.
- Research produced on vertical farming feasibility and on Halal 'Farm to Fork' potential.
- Working with Food Standards Agency to improve school food.

Coming up…

- A 'Food Symposium' to formally launch the strategy and enable advocacy across the system (13th November 2023)
- Community led food growing campaign to launch in Spring 2024
- The launch of an advocacy toolkit
- Establishing a plan of how to support anchor institutions with food procurement.
- Establishing a consensus statement on Ultra Processed Food
- Working with York University on climate friendly food for school meals

The Bradford Physical Activity Strategy

The Bradford Physical Activity Strategy is our district's plan for promoting physical activity and creating a culture of movement. It provides a clear roadmap for action, outlining the steps that we need to take to increase physical activity levels across the community. Underpinned by an extensive engagement with residents, partners and multiple stakeholders, this strategy is the culmination of the overwhelming interest and participation.

The nine priorities of the new strategy are as follows:

- Active schools, children, and young people
- Neighbourhoods and communities
- Sport and active recreation
- Health and social care
- Workplaces and workforce
- Greenspace
- Built environment.
- Active travel

The story so far…

- Successfully bid for the Active Travel Social prescribing national programme to develop active travel communities.
- New School Streets being delivered in the district to support communities being active on their home street
- New sports facility (Wyke)
- Growth of the Living Well faith settings work with Madrassas
- Launch of the Creating Active Schools framework in 50 schools
- Launch of an interactive and intuitive physical activity search portal powered by ‘open data’
- Launch of the JU:MP app to support teenagers with being active called ‘Best Life’

Coming up…

- Formal launch of the new Bradford Physical Activity Strategy and finalising the action plan
- Co-developing plans for the ongoing growth of the Sport England local delivery pilot (JU:MP) to use its learnings to support wider district areas
- Formulating an approach to advocacy and embedding work across the wider council
- Expanding the Living Well Schools programme

Living Well Academy

The Living Well Academy aims to help individuals, communities, and organisations across the district to access health improvement-based learning and training. The focus of the training on offer is to offer support to:

1) members of the public in improving their own health and wellbeing
2) system stakeholders including employers, schools, health and care staff understand how they can make changes to help others live healthier lives.

The story so far:

- Creation of the Living Well Academy website which has supported promotion to reach a wider audience and increase in recruitment.
- Trained 293 people by delivering 28 mental health courses.; Trained 172 people by delivering 14 Royal Society for Public Health courses. Developed and trained 90 Bradford Council Respect Allies with a shortened one hour 'Introduction to Mental Health' training.
- Delivered bespoke Mental Health First Aid Aware course to various Bradford Council teams including Neighbourhood Wardens, Council Wardens, and Elected Members
- Developed and delivered training to support the '20 Minute Movement' campaign.
- Developed, delivered, and piloted the Living Well Making Every Contact Count (MECC) training

Coming soon:

- Roll out Living Well Making MECC training to our core training offer.
- Develop bite size training sessions on key topics e.g., healthy eating, physical activity.
- In process of developing a short training package to deliver learning on key skills and knowledge areas for Living Well Champions and Living Well Stakeholder Engagement
- Offer additional Adult Mental Health First Aider courses due to high demand.

Living Well Collaborative Network

The Living Well Collaborative is where we come together to deliver our whole systems approach in partnership with all our stakeholders. The group facilitates an opportunity to 'join up the dots' across the system by building capacity, disseminating key messages and sharing good practice. The group currently has 60+ members from across the multi- sectoral system.

The story so far:

- Held six-weekly Living Well Collaborative Network meetings showcasing the work of our partners in delivering work on the Living Well approach and updating partners on the delivery projects within the Living Well team.
- Regular face to face partner events to develop as a group and for informal networking.

Coming soon:

- Refresh our Living Well Collaborative Network to increase ownership across the system to enable us to expand on our existing group of partners.

Living Well Strategic Engagement

Strategic Engagement work sits at the core of Living Well and strives to enable the system to take action. Our ambition is to build positive and supportive relationships across sectors, organisations, and partnerships. In doing this, we hope to engage key decision makers in the system and give them sufficient knowledge of the potential opportunities of their position to deliver strategic and policy change around improving health behaviours, as well as the tools, support, and motivation to allow them to feel shared ownership of Living Well. Through doing this work under the umbrella of Living Well, this aims to create co-ordinated actions that start to tackle the root causes of obesity and disrupt the system that perpetuate unhealthy lifestyles. Strategic Engagement is also responsible for providing robust and transparent governance arrangements for the purpose of providing leadership, assurance, scrutiny and oversight of the development and delivery of Living Well initiatives and achievement of core outcomes.

The story so far…

- Created a governance system for the Living Well Steering Group to ensure that the programme is accountable. Meetings held every six weeks and highlight reports are produced for all delivery projects including quarterly data reports and a programme risk register.
- Delivered a session at the Annual District Partnership event with other enabler programmes to understand how we can best support the District Partnerships to systematically consider the implications of health, wellbeing, inequalities, and social determinants in their delivery.
- Ensured Living Well representation on the 13 community partnerships and five ‘Act as One’ priority programmes and agreed three key areas to focus on joint delivery.
- Showcased Living Well at regional, national, and international knowledge sharing events, conferences and peer-to-peer learning events.
- Developed new connections with the culture sector including the role of Arts in Improving Wellbeing and Bradford City of Culture 2025

Coming up…

- Develop an action plan for partnership with the other Wellbeing system enablers including focussed work with a select number of District Partnerships groups to integrate Living Well into their programme delivery, policy and practice.
- Deliver a ‘Living Well: learning from systems working’ workshop at the Reducing Inequalities Alliance event in November 2023
- Showcase Living Well projects delivered by partners at the Celebrate as One awards in October 2023
- Create a new Culture and Health Network which brings partners together across the culture and healthcare sectors, to maximise the Bradford City of Culture 2025 and integrate wellbeing and culture through services (e.g., social prescribing)

Living Well Research and Evaluation

Embedding research and evaluation into Living Well as an integral component creates the opportunity to measure what is happening, supports feedback and aids decision making.

The story so far…

- Mapping of Living Well stakeholders and partner organisations across the local system
- Designing and piloting a comprehensive survey to explore the capacity and action of strategic partners in addressing the local causes of obesity.
- Developing a framework for monitoring all Living Well projects and outputs
- Supporting Living Well Children and Families Service with data collection and evaluation
- Ripple Effect Mapping workshops with Living Well Schools and Living Well Workplaces
- Several abstracts accepted for national and internal conferences, and presentation given at the EASO Congress on Obesity in Dublin May 2023
- Established a good collaboration with University of Bradford which has enabled MSc students to undertake research on Living Well Takeaways and Living Well Adult Weight Management work and provided a Careers presentation for Psychology and Health students.

Coming up…

- Refresh Living Well's detailed logic models to reflect ongoing delivery and demonstrate how we're pursuing outcomes within a whole system approach.
- Writing collaborative journal papers with other academics from national institutions about Ripple Effect Mapping within Whole Systems Approaches and Reflections on Embedded Research
- Using research and evaluation to support the development of the Children and Families Living Well Service

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Director of Legal and Governance to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 26 October 2023

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

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

Portfolio:

Healthy People and Places

Report Contact: Caroline Coombes
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1. Summary

1.1 This report presents the work programme 2023/24.

2. Background

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

3. Report issues

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

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

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

4. Options

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

5. Contribution to corporate priorities

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

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

6. Recommendations

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

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

7. Background documents

7.1 The Constitution of the Council

8. Appendices

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

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Democratic Services - Overview and Scrutiny

Appendix A

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda Items	Description	Report Author	Comments
Thursday, 23rd November 2023 at City Hall, Bradford			
Chair's briefing 08/11/23. Report deadline 13/11/23			
1) Development of community diagnostic provision	Update	Helen Farmer	Resolution of 24 Nov 2022
2) Disabled Facilities Adaptation Framework - £2m contract report	Presented in line with contract standing orders	Alison Garlick / Dave North	Last presented 1 Aug 2019
Wednesday, 6th December 2023 at City Hall, Bradford			
1) Mental health and mental wellbeing	Annual update	Sasha Bhatt	Resolution of 15 Dec 2022
2) Adult Safeguarding	To include operational information	Darren Minton / Fazeela Hafejee	Resolution of 2 June 2023
Thursday, 1st February 2024 at City Hall, Bradford			
1) Re-imagining Day Services	Update - to include service user input	Julie Robinson-Joyce	Resolution of 15 Dec 2022
2) Preparation for adulthood and transitions pathways from children to adult services	Update - to include service user input	Elaine James	Resolution of 27 Jan 2022
3) Public Health 0-19 Children's Service	Performance update	Sarah Exall	Resolution of 16 Feb 2023
Thursday, 29th February 2024 at City Hall, Bradford.			
1) Bradford District Health and Care Partnership Board	Annual update. Chair and Place Lead to be invited to attend	James Drury	Resolution of 22 Mar 23
2) *PROVISIONAL* Keighley Community Health and Wellbeing Centre	Update, to include information on the community engagement and involvement plan and services to be delivered from the Centre	Robert Maden / Victoria Simmons	Resolution of 27 July 23
Thursday, 14th March 2024 at City Hall, Bradford.			
1) Health and Wellbeing Commissioning Update and Intentions - Adult Social Care	Annual report	Holly Watson	Fulfils requirement of contract standing orders for contracts with a value above £2m
2) Respiratory Health	To include covid update	Jorge Zepeda	Resolution of 16 Feb 2023

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda Items	Description	Report Author	Comments
Thursday, 14th March 2024 at City Hall, Bradford.			
3) Adult autism pathway and assessment and diagnosis service	Progress update to include demographic data	Walter O'Neill	Resolution of 22 Mar 23