

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

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**Subject:**

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

**Summary statement:**

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

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**Portfolio:**

**Healthy People and Places**

**Overview & Scrutiny  
Area:**

**Health and Social Care**

## **EQUALITY & DIVERSITY:**

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

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

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

## 1. SUMMARY

- 1.1 The Health Overview and Scrutiny Committee (HOSC) is invited to receive an annual update report from the Bradford District and Craven Health and Care Partnership Board.
- 1.2 Our Board is a committee of the NHS West Yorkshire Integrated Care Board. From 1 July 2022 integrated care boards (ICBS) have taken on the statutory responsibility for planning and funding (commissioning) health services. Previously this was the responsibility of clinical commissioning groups (CCG) - for example the former NHS Bradford District and Craven CCG.
- 1.3 The Bradford District and Craven Health and Care Partnership Board publishes its papers in advance on the [BD&C Partnership website](#) and publicises the forward programme of meetings through all partner communications channels. The Partnership [proactively seeks questions from members of the public](#) and considers them at every Board meeting.
- 1.4 This paper provides an update on progress made since the previous report was shared with members as well as highlighting areas of challenge which are consistent with other health and care systems.
- 1.5 This paper outlines the financial challenges facing our place-based partnership that is being overseen through our 'closing the gap' programme. This report demonstrates a commitment to avoid any compromise on safety for any services, while highlighting that difficult decisions will have to be made that impact on partners and citizens.
- 1.6 Members are encouraged to find out more about our place-based partnership and share our website link with their networks [www.bdcpartnership.co.uk](http://www.bdcpartnership.co.uk) and in addition information about the NHS West Yorkshire Integrated Care Board can be found at [www.westyorkshire.icb.nhs.uk/](http://www.westyorkshire.icb.nhs.uk/)
- 1.7 A bank of real-life stories has been developed demonstrating how colleagues from across our partnership are helping to tackle inequalities. [Here's Nadia telling us more about her work in BD3 to help people get into employment](#). Our library of workforce stories can be accessed through [our YouTube channel](#).
- 1.8 Members may wish to encourage their networks and contacts to follow the work of the partnership on X/Twitter (@ActAsOneBDC), Facebook ([www.facebook.com/BDCHealthandCarePartnership](http://www.facebook.com/BDCHealthandCarePartnership)) and Instagram ([www.instagram.com/bradfordcravenhcp/](http://www.instagram.com/bradfordcravenhcp/)).

## 2. BACKGROUND

- 2.1 This section of the report carries information we have shared previously, we have edited this down ensuring that members have a quick reference to the key governance information that informs the work of our place-based partnership within the wider West Yorkshire Integrated Care System and NHS West Yorkshire Integrated Care Board.
- 2.2 [The Health and Care Act 2022](#) established new arrangements for the planning and coordination of health and care services, including the establishment of Integrated Care Systems (ICSs) comprising NHS Integrated Care Boards (ICBs) and partnerships between ICBs and local authorities known as Integrated Care Partnerships (ICPs).

- 2.3 Our ICS covering Bradford District, one of 42 across the country, operates on a West Yorkshire footprint. The importance of retaining local decision making is included in the Act, and provision is made for the establishment of ‘place-based’ committees of the ICB, which work alongside Health and Wellbeing Boards to lead local health and care systems. The Bradford District and Craven Health and Care Partnership Board (the subject of this report) is our place-based committee of the West Yorkshire ICB. We publish papers for all our meetings, which are held in public on our website [www.bdcpartnership.co.uk/about-us/how-we-make-decisions/](http://www.bdcpartnership.co.uk/about-us/how-we-make-decisions/)
- 2.4 In July 2022 the [governing documents](#) for the West Yorkshire ICB and the Bradford District and Craven Health and Care Partnership Board (BD&C Partnership Board) were approved by NHS England. They provide for extensive delegated authority and ensure that most decisions affecting health and care in Bradford District are taken locally. The principle of subsidiarity was already well established in the West Yorkshire Health and Care Partnership prior to the 2022 Act and has been retained in the new arrangements.
- 2.5 The focus for this year’s report is to provide an overall picture of the operating environment for our place-based partnership, highlighting the challenges and issues we are actively working on and examples to celebrate the work of our partnership.

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

#### **3.1 Financial challenge: ‘Closing the gap’ in our place-based partnership**

- 3.1.1 Members will be fully briefed on the financial challenges facing local authorities, including Bradford Council, which impact on the wider delivery of partnership ambitions especially on preventative measures and tackling inequalities.
- 3.1.2 This report provides members with the wider financial context for our place-based partnership and what this means for the collective NHS budget in our place. The partnership covers the geographies of Bradford District and Craven with a population of around 650,000 people (figure based on GP registrations in the localities we cover).
- 3.1.3 We are required by our West Yorkshire Integrated Care System to find an additional in-year savings of around £6m before the end of this financial year, on 31 March 2024. This is set against an expected place-based NHS deficit position of around £80-90m at a time when we are experiencing record levels of demands across health and care services.
- 3.1.4 To help us plan for the in-year and longer-term savings target we have established our closing the gap programme. This programme has the remit of helping us understand the scale and complexities of our financial challenge, consider options for immediate and longer term efficiencies and help close the gap based on the budget available and our current expected spending across all sectors. The membership of our steering and operational groups involves all sectors from the NHS, local authorities, independent care and voluntary, community and social enterprise (VCSE) sector.
- 3.1.5 The scale of the challenge means we will need to make difficult decisions that we know will impact on our partners and our citizens. Our effort will be to maintain safe care, ensure we value all partners as equals and take a logical and methodical approach to considering our options. As part of this exercise, we are asking NHS

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

- 3.1.6 By taking proactive action locally and regionally, we are looking to avoid external intervention and control measures.
- 3.1.7 We are working collaboratively and transparently to explore how we can safely meet our challenge. We are doing this while maintaining a focus on ensuring the quality of services remains good, continuing our work on prevention and early help and committed to ensuring any decisions recognise our commitment to reducing health inequalities. We will also look to identify ways we can reduce duplication of effort and resource, and ensure we are getting best value for money from all our delivery partners. Using our Act as One ethos, underpinned with a commitment to tackle inequalities, we remain determined to delivering our vision of people living 'happy, healthy at home'.
- 3.1.8 This report is part of our efforts to keep members briefed on our financial position, we will keep you updated on progress and welcome the involvement of members going forward. We will work with you to understand how we can keep members updated and involved.

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

- 3.2.1 All Integrated Care Boards are required to reduce their running costs by 30% with 20% to be delivered by the end of the 2023/24 year, and the remainder in 2024/25. In West Yorkshire we are approaching this as an evolution of the whole Integrated Care System model which we have established together. We are designing our operating model in a way that focusses on the Integrated Care Board's core (and statutory) objectives and values.
- 3.2.2 Over summer and through to mid-November our ICB has been running a staff engagement exercise and a formal staff consultation. In addition, prior to the formal staff consultation, our ICB both at West Yorkshire and in our five places sought the views of wider partners on its operating model and how it could effectively function while meeting the running cost reduction exercise.
- 3.2.3 Each of the five places were set different asks in terms of the total amount they had to save from their respective pay budgets. The size of the ask was commensurate with the size of the place, its existing budget and the viability of continuing to run effectively with a reduced staffing resource. For Bradford District and Craven, the expectation was a reduction of 15% of our staffing budget.
- 3.2.4 To limit the risk of voluntary or compulsory redundancies a number of steps have been taken including a vacancy and recruitment control process. Here in Bradford District and Craven we have been working on a distributed leadership model which means we have been able to share roles and responsibilities across NHS partners as evidenced by chief nurses from our provider trusts covering the role of the director of nursing and quality when the previous postholder retired. This has allowed us to have a leaner place-based ICB executive team.
- 3.2.5 In addition to the vacancy control measures and new ways of working, we have seen some functions being consolidated as single teams operating across West Yorkshire rather than solely on a place-based footprint. This includes HR, finance, contracting, governance and quality.
- 3.2.6 Even with these measures in place we have seen a further reduction in staffing

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

### **3.3 Industrial action**

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

## **4. VALUING ALL PARTNERS EQUALLY**

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

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

- 4.1.1 Our place-based partnership values and recognises the contribution made by the VCSE sector that can help us deliver our vision of keeping people 'happy, healthy at home'. We also know that VCSE organisations deliver much-needed support to our communities in their localities in spaces they know and trust. In addition, we understand the valuable contribution the VCSE makes in raising aspirations, improving health and wider outcomes and connecting citizens with our partnership.
- 4.1.2 We had the ambition to be the first place-based partnership to set up a community investment standard that was designed to ensure that we ring-fenced money from our collective budget for the VCSE. Our current financial position does not allow us to do this now however we will continue to challenge ourselves on making decisions fairly and not going for the easiest option.
- 4.1.3 Our partnership board, partnership leadership executive and other key committees benefit from the insights of our VCSE system lead who advocates and provides constructive challenge on behalf of the sector.
- 4.1.4 We have examples of how the VCSE is helping to reduce pressure on stretched health and care services. From our wellbeing hubs, to the MAST service in hospitals facilitating effective, safe and quicker discharges through to our community-based mental health support options and our community partnerships.
- 4.1.5 We wanted to assure members we are sighted on the considerable risk facing our VCSE, including the future viability of some organisations and that we are doing all we can to mitigate these.

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

- 4.2.1 Our Bradford District and Craven Health and Care Partnership has been open in recognising the challenges faced by our minoritised communities that impact on their mental health and when they look to access services. We are committed to rooting out racism in all that we do. Therefore in 2022 we recognised the need for an independent review focusing on people’s lived experience of racism as well as their efforts to access help for their mental health. We commissioned the Centre for Mental Health to carry out the review.
- 4.2.2 Experiencing racism increases a person’s chances of having poor mental health but also makes it harder for them to get the right support, according to a new report from Centre for Mental Health. The report, [‘Pursing racial justice in mental health report’](#), is based on research in Bradford District and Craven on the ways in which voluntary and community organisations locally support people with their mental health. It finds that racism not only causes poor mental health in the first place, it also stops people getting into services, and it impedes their recovery.
- 4.2.3 Following the findings of the Centre for Mental Health’s report and recommendations, a multi-agency project team - representing stakeholders from Bradford Council, NHS, VCSE, people with lived experience and the Bradford District and Craven Health and Care Partnership’s Reducing Inequalities Alliance - was brought together to establish a specialist service to meet the needs of ethnically and culturally diverse communities.
- 4.2.4 The total contract value over 5 years will be £4,500,000 with the ICB acting as lead commissioner across the Partnership. The contract is for three years from 1 April 2024, with the option to extend for a further two years. This represents an overall increase of 31% investment to provide this specialist support for people from our ethnically diverse communities.

## 5. LISTENING TO OUR STAKEHOLDERS

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

- 5.1.1 We continue to develop strong and collaborative relationships with members of Health and Social Care Overview and Scrutiny Committee, while ensuring that the focus of the scrutiny function is maintained. As a partnership we have valued the strong and collaborative relationship, including members giving their time to engage with us outside committee meetings. Through the year, colleagues have presented updates on key issues and service changes including access to primary care (GP practices), waiting times for adult autism, waiting times for CAMHS, the work of our healthy minds priority and the future of Shipley Hospital.
- 5.1.2 We have used feedback from members to shape service delivery and design and to ensure we continue to improve the way we communicate with our communities especially around accessing services / accessing appropriate services. This includes inviting members to shape the work of our communications and involvement team, sharing feedback received from constituents to help further improve the team’s awareness of what matters to communities.
- 5.1.3 We have welcomed the receptive approach from members when we have offered tours of facilities and services. This includes members finding out more about

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

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

## 5.2 Listen In

- 5.2.1 Our [Listen In](#) weeks are a rolling locality-based programme that coincide with our Partnership Board meetings in that locality. Listen In offers senior leaders and wider colleagues an opportunity to take part in real-life conversations in community-based settings to find out more about what matters to people, how community groups are helping people and to receive feedback on people's experience of health and care.
- 5.2.2 Over the past year members of the Bradford District and Craven Health and Care Partnership Board and wider colleagues have visited 97 different community groups and talked to people in public settings like markets, bus stations or libraries right across Bradford District and Craven.
- 5.2.3 Through all the Listen in cycles, the strongest theme that we heard is challenges in access to GP services. We know this is an issue that local constituents raise regularly with members of the Health and Social Care Overview and Scrutiny Committee.
- 5.2.4 We ran a large-scale deliberative event to bring citizens, workforce, and leaders together to think collectively about solutions to the key challenges in access to GP services. At the event, challenges were discussed and worked through in detail by over 100 people, to come up with proposed solutions to each challenge. We worked with community groups and an external market research agency to ensure that the event included people from different backgrounds and reflected the diversity of our population. [A write-up of the event can be found online.](#)
- 5.2.5 Places at the event were limited so we're continuing to give everyone the opportunity to participate online on our EngageBDC platform [www.engagebdc.com](http://www.engagebdc.com). We have used the insight from the deliberative event to start developing an action plan based on some of the practical solutions developed by people working together on the day, this will also inform our future deliberative events we are planning for the coming year.
- 5.2.6 In [one of her blogs](#), Elaine Appelbee – independent Chair for the Bradford District and Craven Health and Care Partnership Board – reflects on how involving people and communities can help support changes in services that helps the people we serve as well as colleagues working in our services. Her focus was on the learning and outcomes from the deliberative event.
- 5.2.7 Our work on involving people is not restricted to what we learn from Listen In. In 2022-2023 we continued involving our communities, some examples are described below:
- We continue to work with families and children with special educational needs and/or disabilities (SEND) through a well-established co-production and engagement programme. As well as working with the Parents' Forum for Bradford and Airedale (PFBA), we have set up a new youth engagement group



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

## 6 RESPONDING TO SYSTEM PRESSURES

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

- 6.1 Autism Service - A new autism service is able to support more people and reduce waiting times for assessment to help autistic adults manage everyday challenges. The service provides an assessment for adults concerned if they have autism and signposts to community support services to help build self-care skills, along with further specialist clinical support if needed. Following previously long waiting times, all patients are now seen within 12 weeks with a focus on early intervention and opening up access to community, education, employment and health resources. Autism awareness training is being provided to over 100 social prescribers working in primary care and to [six wellbeing hubs](#). With community support now available, this will help reduce the number of physical and mental health crises experienced by adults with autism, lowering demand on acute and urgent care services.
- 6.2 Community Diagnostic Centre - Our community diagnostic centre (CDC) at Eccleshill Community Hospital went live in February 2024. Over the past five years, demand for diagnostic services in England has risen at a greater rate than the increase in capacity. The CDC will provide additional capacity in core diagnostic areas (X-Ray, CT, MRI, ultrasound) as well as a number of other services. We note that members will receive an update paper in March on this centre, including an offer of a tour of the facility.
- 6.3 Drug and Alcohol Treatment and Recovery Services - A partnership between national and local charities launched on 1 April providing drug and alcohol treatment and recovery services across Bradford District. The new service, named "New Vision Bradford", is led by the national charity Humankind with partners Project 6, The Bridge Project and Create Strength Group who have been working and supporting people across the district for many years. New Vision Bradford aims to improve outcomes for people with issues around alcohol and drugs across the district, better meeting the needs of the area's diverse communities.

### 6.3 Uptake of cancer screening and vaccination

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

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

- 6.3.2 People in deprived areas in Bradford are now more likely to be diagnosed with lung cancer at an earlier stage, thanks to the success of NHS lung trucks. The mobile scanners launched at three Bradford GP practices in 2019 and 37 more from 2022 as part of an NHS England pilot, and they have already made an impact on earlier diagnoses. Since then, more than 2,800 people have had a CT scan, which has identified over 100 suspected lung cancers and over 90 further undiagnosed conditions, like chronic obstructive pulmonary disease. Following the success of the pilot NHS England has announced the programme will be expanded to all GP practices in Bradford District and Craven.
- 6.3.3 Bradford and Airedale Bowel Cancer Screening programme has started a project with University of Hull and University of Surrey to co-create (with South Asian men and women, living in Bradford) and evaluate the effectiveness of a multifaceted intervention to improve uptake bowel screening FIT test. The intervention will comprise a culturally tailored instruction letter and booklet, and a bio-degradable poo catcher for the toilet.
- 6.3.4 A working group has been established to address cancer and homelessness In Bradford District and Craven. The intention is to explore the needs and requirements of this community and how best we can support, not just with cancer screening but along the whole of the cancer pathway once a person has been diagnosed and post cancer treatment. Discussions taking place have also highlighted a need to expand this work to cover refugee and asylum seekers and street workers. The partnership will work in collaboration with Bevan, VCSE and charities.
- 6.3.5 The Race Equality Network was commissioned to run community engagement activity for the 2023/24 autumn and winter vaccination campaign, which consisted of outreach work by three community champions, focus groups with grassroots organisations, and a 1000 calls to eligible people from Pakistani and Bangladeshi communities on behalf of two Bradford City practices with low uptake - to have conversations in preferred languages about concerns and to help eligible people book their vaccination appointments, if appropriate. This was complimented by outreach vaccination clinics in mosques, community groups and shopping centres.

## 7 **OUR PARTNERSHIP MAKING A DIFFERENCE**

- 7.1 Health Inequalities - This year we have been running workshops for people from across our workforce - including those who would not recognise their roles as having an impact on health inequalities - that have been designed to show that **tackling inequalities is everyone's business**. We have used these events to encourage people to think about and pledge to take at least one action in their day-to-day work that will help our collective effort to reduce inequalities. Members of our [Bradford District and Craven Health and Care Partnership Board](#), used one of their development sessions to work through an exercise designed to self-assess their knowledge and understanding of inequalities and how they can contribute as members of the board to reducing these. This includes embedding the 10 principles for reducing inequalities when making changes or setting up new services.
- 7.2 **Healthy Minds Summit** - over 200 people joined us at this co-produced event which took place at the end of January to come together and share ideas and experiences that will drive the work of our refreshed Healthy Minds strategy. The [Healthy Minds strategy](#) drives the work of the Healthy [Healthy Minds priority area](#), with the aim of achieving better lives and improving support we offer to people with mental health, substance use needs, learning disabilities or are neurodiverse so that people can live happy, healthy at home. As well as launching our refreshed Healthy Minds strategy, we also formally launched our revamped Healthy Minds website ([www.healthyminds.services](http://www.healthyminds.services)).
- 7.3 Recognising Achievements - In October we held our partnership's inaugural **Celebrate as One Awards** recognising the work and achievements of colleagues from across our place. The awards were open to anyone working in the NHS, local authorities, voluntary, community and social enterprise sector and independent care organisations. We set out to celebrate those individuals, teams, projects and services that demonstrated our Act as One ethos that help us in our efforts to make our vision of people living 'happy, healthy at home' a reality. In a break from the norm our awards were hosted by a local young person, Haris Ahmed, who also penned and filmed a poem dedicated to people's efforts across our partnership. All of our awards were presented by young people from across our place and the entertainment was provided by local, talented music artists including young people from All Star Entertainments. The feedback has been overwhelmingly positive with colleagues already looking forward to our next event in 2025. People can see Haris's poem, our list of winners and our award brochure on our website [www.bdcpartnership.co.uk/awards/](http://www.bdcpartnership.co.uk/awards/)
- 7.4 **Our inclusive language guide**, has been co-designed with partners, representatives and allies from across Bradford District and Craven who specialise in race, gender, LGBTQ+ and disability. This guide is primarily for communications and involvement professionals but can be used by wider workforce colleagues. It may be helpful to use this guide when onboarding new staff, or as a reference point when communicating with our diverse audiences and communities, with focus on inclusion and belonging. The guide will be reviewed twice a year so that to ensure we continue to develop it to reflect changes in language and terminology as well as introducing new content. Download a copy of the guide [www.bit.ly/InclusiveLanguageBDC](http://www.bit.ly/InclusiveLanguageBDC)
- 7.5 Our work with our **Healthy Minds Apprentices** continues, our apprentices are the voice and advocates for children and young people across Bradford District and

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

- 7.6 **Community health checks**, these are designed to encourage people who may not routinely access health services to get checked out in community venues for conditions such as diabetes and blood pressure. Our community health checks included a tailored cancer screening session for people with learning disabilities.
- 7.7 **Cost of living**, we have worked across our partnership on a rolling programme of activities with an underpinning communications and involvement campaign to help people during the ongoing cost of living crisis.
- 7.8 **Ramadan and supporting those with serious mental illness**, we worked in partnership with the British Islamic Medical Association to run four webinars to help healthcare professionals support people with a serious mental illness prepare for Ramadan. The webinars were open to clinicians and support staff in primary and secondary care, voluntary and community sector organisations, staff in integrated care boards, and members of the public.
- 7.9 **Root Out Racism** is our award-winning West Yorkshire wide anti-racism movement and call for change. We are in the process of re-energising the movement locally, sharing our learning across our wider integrated care system.
- 7.10 **Community midwifery clinics at family hubs**, family hubs provide a vital support service and we are pleased to have been able to set up community midwifery clinics at our local family hubs. This is in addition to access to health visitors, breastfeeding support and school nurses providing access to a holistic set of services and professionals under one roof and as close to home as possible.

## 6. RECOMMENDATIONS

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

## 7. APPENDICES