

Report of the Director of Environment & Sport to the meeting of Bradford East Area Committee to be held on Wednesday, 15th October 2014.

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Subject:

Public Health

Summary statement:

This report provides an overview of the work of Public Health in the Bradford East Area and requests views and comments.

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Portfolio:
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Overview & Scrutiny Area:
Health



1. SUMMARY

This report provides an overview of the work of Public Health in the Bradford East Area and requests views and comments.

2. BACKGROUND

- 2.1 On 1st April 2013 the responsibility for public health transferred from the NHS to local government and a new organisation, Public Health England, was developed.

Appendix 1 provides an overview of the work of Public Health in the Bradford East Area.

3. OTHER CONSIDERATIONS

- 3.1 There are no Other Considerations.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 Financial

There are no significant financial implications arising from this report.

4.2 Staffing

There are no significant staffing implications arising from this report.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 5.1 There are no significant risks and governance issues arising from the proposed recommendations in this report.

6. LEGAL APPRAISAL

- 6.1 This work relates directly to the Local Government Act 2000 and to the Duty of Well-being placed upon the Council to promote and improve the well-being of the District.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

The Equality Act 2010 sets out the new public sector Equality Duty replacing the three previous duties for race, disability and gender. In engaging with our stakeholders, Public Health will have regard to our Equality and Diversity Policy.



7.2 SUSTAINABILITY IMPLICATIONS

Public Health will consider sustainability issues.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

Greenhouse gas emissions and wider environmental impacts are a consideration.

7.4 COMMUNITY SAFETY IMPLICATIONS

7.4.1 Community safety issues are acknowledged as a key contributor to the quality of health in neighbourhoods. It is anticipated that improvements to health will have a positive impact on community safety issues across Bradford East.

7.5 HUMAN RIGHTS ACT

7.5.1 No direct implications arising from the Human Rights Act.

7.6 TRADE UNION

7.6.1 No direct Trade Union implications arise from this report. .

7.7 WARD IMPLICATIONS

7.7.1 Public Health will consider the needs of Wards in the Bradford East Area when exploring how to tackle issues and commissioning work.

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS

7.8.1 Public Health will consider the needs of Wards in the Bradford East Area when exploring how to tackle issues and commissioning work.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

9.1 That Bradford East Area Committee adopts the recommendations outlined in this report.

9.2 That Bradford East Area Committee adopts the recommendations outlined in this report, with amendments.



9.3 That Bradford East Area Committee decides not to accept the recommendations outlined in this report.

10. RECOMMENDATIONS

10.1 The views and comments of the Bradford East Area Committee are requested.

11. APPENDICES

Appendix 1 – an overview of the work of Public Health in the Bradford East Area.

12. BACKGROUND DOCUMENTS

None.



Report to Bradford South Area Committee: 25 September 2014

1 Current initiatives

1.1 Bradford's Healthy Hearts (cardiovascular disease)

With the aim of reducing premature death and risk to the population, Bradford Districts CCG's key health priority is cardiovascular disease (CVD).

In an exciting opportunity for the CCG's team to make a difference to patients' health, this three-year programme – known as Bradford's Healthy Hearts – is being launched in September to all 41 practices, each of whom have nominated a clinical champion who will take the lead and drive change. We will be working in a collaborative way, and the programme will take a phased approach due to the enormity of the challenge. It will involve:

- optimising cholesterol treatment;
- managing high risk patients in primary care;
- reducing the risk of CVD events in specific cohorts (heart failure and atrial fibrillation/stroke);
- improving CVD patient pathways across primary and secondary care;
- taking a risk factor detection population prevention approach.

The programme's outcomes will be measured until 2020. To support practices in making changes, we are holding bi-monthly education and training sessions with each session focussing on a specific clinical area. We are also working with practices to use their data to show how their change in practice has a positive impact on the outcomes of patients and their data.

1.2 Urgent and emergency care services

Together with Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG), Bradford City and Bradford Districts CCGs have invited local people to have their say on ambitious plans to transform urgent and emergency care services.

The joint strategy – which looks at ways to use resources more effectively to match increasing demands and expectations - aims to provide services which meet people's needs; are high quality, clinically safe and affordable; are easy to understand and use; are responsive; and are joined up with other health and social care services.

With a growing young population, particularly in the city area, and a big growth in people over 60 predicted in AWC, there are very real challenges for emergency services to cope with demand over the next few years.

One of the more ambitious changes proposed is for Bradford Teaching Hospitals NHS Foundation Trust to develop a major emergency care centre and build on its existing strengths and specialist services. It also wants to upgrade its facilities by creating an urgent care centre to focus on minor illnesses and accidents.

The strategy is available in full, as a summary and in easy read format - at www.bradforddistrictscg.nhs.uk/category/current-consultations/ . Responses can be made by email to consultation@bradford.nhs.uk, by using the online feedback form, and by freepost to CCG urgent care strategy engagement, Freepost RTEK-UHKG-UBEK, Douglas Mill, Bowling Old Lane, Bradford BD5 7JR. A range of engagement events are taking place throughout September.

1.3 Eccleshill Diagnostic and Treatment Centre

NHS Bradford Districts CCG has commissioned a range of new direct access NHS diagnostics services based at Eccleshill Treatment Centre and other sites throughout Bradford. The services are to be used by patients across the Bradford District.

This follows a re-procurement process to deliver the best outcomes and choices for local people after the previous provider's (Care UK) contract to provide services at Eccleshill ended in July.

There are new providers for endoscopy, MRI, CT and ultrasound services which will all be available via the NHS Choose & Book system, giving patients greater choice of where they can go for diagnostics services.

After a short temporary closure during which some essential works were carried out at the building, Eccleshill Treatment Centre is due to re-open for business in September 2014 with the provision of community endoscopy.

During the transition period patients were referred to alternative diagnostics services across the district and national targets for waiting times continued to be met.

At this stage we do not know what other services will ultimately also be based at Eccleshill Treatment Centre as NHS Property Services, which owns the building, is currently exploring its use with other prospective tenants.

Some of the CCG's existing NHS service providers are looking to use Eccleshill as an out-reach arm of their current contracts, so previous services may be based in the building in the future. Throughout this period, patients still have access within Bradford to the full range of services that were provided there, just via alternative providers.

New providers who have been commissioned via the any qualified provider (any provider able to provide a specific service and meet the required minimum standards) route are listed on the CCG website at: www.bradforddistrictscg.nhs.uk/news

The public has been kept informed of developments via the local media and we have kept in regular contact with key stakeholders, including the health and social care overview and scrutiny committee. All local GPs have also been updated regularly and are aware of the new services and their availability on the Choose & Book system.



1.4 Five year forward view

Working with Airedale, Wharfedale and Craven CCG, the two Bradford CCGs have developed a five year strategy – the Five Year Forward View. The document sets out proposals for how the NHS budget will be invested to secure sustainable models of care over the next five years.

To create a sustainable health and care economy that supports people to be healthy, well and independent, by 2019, we will:

- promote self-care and illness prevention and improve the general health and wellbeing of the population of Bradford district and Craven;
- transform primary and community services and place the patient at the centre of their care;
- implement a 24/7 integrated (joined up) care system across the health and care economy;
- develop and deliver a sustainable system-wide model for urgent care services (see urgent care strategy);
- develop and implement a system-wide model for delivery of planned care interventions.

The document was presented to the Health and Wellbeing Board on 29 July and was thereafter submitted to NHS England. The CCGs used feedback from local people to inform the plan.

1.5 Integrated (joined up) care

Health and care services across Bradford, Airedale, Wharfedale and Craven are working together as partners in care to join up care services and deliver more care at home.

The integrated care programme has three main objectives:

- Joining up health and care services around the needs of the person
- Delivering as much care as is safe and feasible as close to home as possible.
- Lining up our IT and estates to support the delivery of integrated care

The programme is supported by the Health and Wellbeing Board, system leaders, particularly clinicians, and has commitment and energy from all staff. Most importantly it is built on the views of the users of our services who don't recognise the split between NHS and social care services.

Integrated care is happening on the ground and supporting people to remain at home. Across Bradford and Airedale, we have 21 communities with integrated community teams planning joined up care for people with complex needs, often the frail elderly and people with a number of long-term conditions.

We are also expanding the intermediate care virtual ward which will provide intensive support at home following an admission to hospital or to prevent an admission if this is right for the person. Care will be delivered at home by doctors, nurses, therapists and carers trained to enable people to be as independent as possible. Alongside this, we also have around 100 intermediate care beds if they can't be supported at home, but are not ill enough to need an admission.

We are a national 'accelerator site' for implementing an integrated digital care record and from April 2015, all records will be linked to one system. This will enable practitioners to plan care in a truly joined up way and will avoid the need for people to tell their story more than once.

- This short animation explains in simple terms what partners across Bradford are aiming to achieve. Area Committee members may be interested to view it:
<http://www.youtube.com/watch?v=ecanqQmJq-0>



2 Engagement in 2013-14

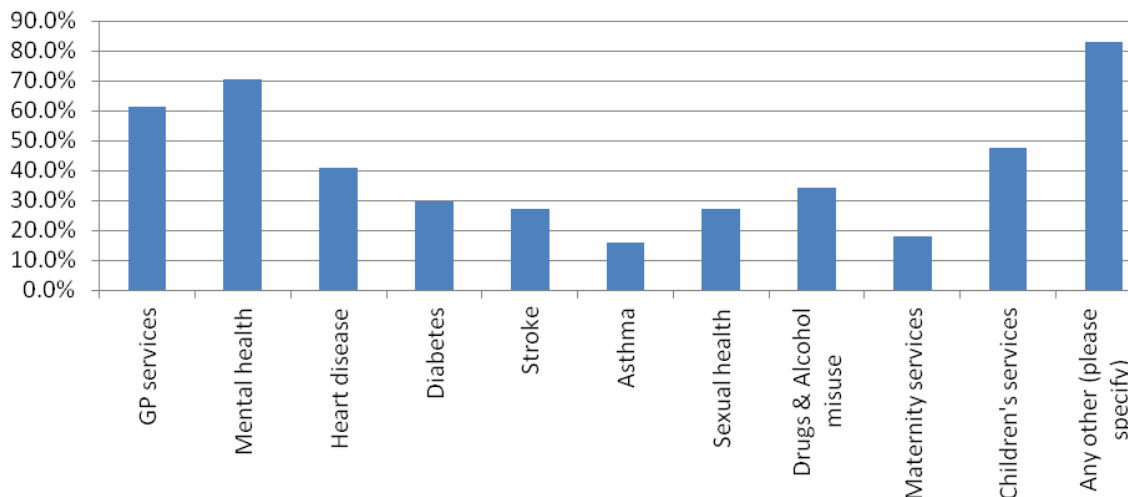
Much of the time Bradford City and Bradford Districts CCGs work together to engage with local people, the voluntary and community sector (VCS) and other stakeholder groups.

Our engagement with patients and the local communities gives the CCGs insight into the needs of our population. Over the past year we have built an infrastructure of engagement to listen and build in the needs expressed by communities and have carried out focus groups, outreach work and supported networks and forums to discuss needs and priorities with our communities.

2.1 Health priorities of local people

One part of our engagement work was carrying out a survey which was completed by 578 people. The survey used a range of techniques to ensure representation from diverse groups and we used focus groups, interviews, radio interviews and attended community events to talk to people and gain their views. The table below shows local people's health priorities:

What are your health priorities for your local area?



Some of the key issues arising with relating to the above priorities included:

GP services: addressing issues about access, information, language support, awareness of the range of services currently available at their local practice and also having a wider range of services that could be available and thus avoid people travelling further for routine or minor health issues. Another key priority for people was to ensure they have continuity of care and are able to build a lasting relationship with a family doctor.

Mental health services, cardiovascular disease, diabetes and stroke combined: the key points raised were about more services based within community and GP settings, increases in support to self-care, better integrated services, easier access to personalised care budgets and better communication and information between services and about the range of services available.

Improving patient experience: This was highlighted as a priority in the 'other' section of the survey, and specifically related to improving patient experience of services through better information, communication and integration of services. There is also a need to have more



services which can respond to, and understand, the diversity of patients and their needs. There were specific experience priorities around patient experience in primary and secondary care services. We have also had feedback about this through Grass Roots (see paragraph 2.6).

Loneliness and isolation: This is highlighted as a priority for both younger and older people to avoid vulnerability to ill health, exclusion from services and society, and prevention.

2.1.1 Addressing barriers

It is essential that, as well as addressing the priorities that patients and communities are raising, we understand the perceived and real barriers in accessing services, including:

- issues with primary care (access – making and waiting for appointments, phone systems, prescriptions, availability of opening times, language barriers, interpretation, continuity of GP care);
- referrals to secondary care (smooth integration and communication);
- attitude and behaviour of staff including addressing discrimination;
- expertise of consultants and professionals; and
- continuity of care (same doctor, service, worker)

2.1.2 Areas for improvement

The key areas that patients and communities have identified for improvement were linked to their priorities mentioned above:

- GP experience (more GPs, continuity of care from the same GP, family GP services, access to GP services, access to other services within GP practices, language support)
- Protecting the NHS (keeping the NHS Constitution, public service, limit political involvement and major restructures)
- Prevention (community based services, early intervention services)
- Greater collaboration and partnership working between different services, including better integration
- Specialist services (more consultant specialists, easier quicker access to specialist services)
- Prioritise services for young people
- Communication and engagement (better information, factual information, enable wider choice, language support).

2.1.3 Particular achievements noted/examples of good practice

The current communication and engagement infrastructure within the CCG ensures that the following requirements are met:

- Individual patient participation
- Community and public participation
- Insight and feedback reporting.

2.2 Individual patient participation

Mental health in-reach service: Through our ongoing work with services users and organisations, our engagement leads have been able to identify the gaps in provision and identify the need for a mental health in-reach service. Leading from the front, we were able to bring partners together to help design and develop a service that would put patients in control of their own decisions about support on discharge from hospital.



Patient leaders: To ensure that the CCG promotes and supports patient leaders, allowing them to play a prominent role in improving patient experience, the following have been introduced:

- Steering group members for Patient Network
- Patient leads on sub-groups within the CCG
- Patient advisors on work streams within the CCG
- Consultation events held within the CCG on anticoagulation services and urgent care
- Each Governing Body meeting includes an invitation to a patient or patients to allow them to provide direct feedback, and to allow senior leaders and the public to hear their story direct
- Patient representative invited and in attendance at staff development events to ensure a focus on patient experience
- Healthwatch, as patient representatives, is a member of our Joint Quality Committee
- We have appointed two patient/lay representatives to be part of joint meetings between the governing body and clinical board.

2.3 Community and public participation

Bradford Districts CCG has a patient network which has influenced a local improvement scheme to improve engagement between practices and their communities and increase opportunities for people to work with us to develop services. The network is also an opportunity to share good practice and provide peer support.

2.4 Primary care involvement

The CCG has recently worked with Healthwatch to look at the experiences of people accessing primary care.

Bradford Districts CCG is looking at the issues of access to primary care and has carried out a series of 'positive enquiry' workshops to look at joint solutions to access from patients and practices.

2.5 Other engagement

2.5.1 Urgent care and emergency services

To inform the draft urgent care strategy, we undertook a system-wide review of how people are accessing and using urgent and emergency care services. Part of this review was a focus on people who were from marginalised, seldom heard and vulnerable groups. We are currently feeding back to people about how their views have informed the draft strategy and are gaining further insight and experience.

2.5.2 Young people and healthcare

Bradford City and Bradford Districts CCGs are working in partnership with the third sector and youth services to establish a Youth Network. Local providers are working with young people (e.g. Barnardo's, Sharing Voices, and Youth Prism) and all contribute regularly to our Grass Roots insight report.

The CCG is working with GP practices, Healthwatch and Barnardo's to look specifically at the experiences of young people in primary care.



2.5.3 Maternity and women's health

The Maternity Services Liaison Committee of Bradford City and Bradford Districts CCGs is the local maternity partnership and is currently reviewing a communication and engagement strategy to ensure there are robust mechanisms to listen to people. In addition, the CCGs have supported workshops to look at issues relating to maternity services.

2.5.4 Anti-coagulation services

Bradford Districts and Bradford City CCGs have worked with local community groups, Healthwatch and the third sector to engage with people on developing the service specification for anti-coagulation (Warfarin) services.

2.6 Insight reporting and feedback – “Grass Roots”

Grass Roots is a reporting mechanism used by Bradford Districts and Bradford City CCGs to bring together ‘intelligence’ from a variety of sources to provide the CCGs with an understanding of what local patients, carers and stakeholders are saying about their experiences of the local NHS services.

It is collated on a monthly basis and the themes and categories are considered by CCG bodies responsible for the area of work. A report is then collated on the actions taken to address the issues highlighted.

2.7 Examples

Examples of some of the outcomes of the areas described in section two of this report are attached to this paper.

3 Other areas of development areas

3.1 Patient Participation Groups (PPGs)

Bradford Districts CCG has a patient network which brings together the PPGs from all of its member practices. This network offers peer support to individual PPGs and is used as a mechanism to ensure that patient feedback is used to influence the CCG's commissioning intentions.

The network has just celebrated its one year anniversary and a meeting was held recently where the focus was on the self-care agenda. Discussions also took place about establishing a ‘buddy system’ to offer practices practical support to develop the role of their individual PPGs.

We are in the process of recruiting a patient representative who will attend the Governing Body and Clinical Board development sessions and work alongside the Governing Body Lay Member for patient and public involvement. This role will strengthen the patient voice and ensure that patients are better represented. It will also provide an opportunity for patients to share their thoughts and ideas which will be used to influence these discussions.

3.2 Improving GP Access

Bradford Districts and Bradford City CCGs are working in partnership with their member practices and the NHS England West Yorkshire Area Team to understand how improvements can be made to GP access.

Bradford Districts CCG has engaged a number of its member practices in an access review project. This project helped the CCG and practices to understand the issues regarding current capacity and demand in the system and the challenges faced by both patients and practices. Following completion of this project a lively, engaging and interactive workshop was held where the findings of the project were shared and attendees were encouraged to work in partnership to identify practical solutions to improving access. This workshop was well attended by a mixture of patients, partners and practice staff.

One of the key themes of patient feedback around general practice relates to issues with staff attitude and behaviour. As a result of this feedback both CCGs are commissioning customer care training which will be offered to all front line staff working within General Practice, this training commences in November 2014.

Productive General Practice is a tried and tested systematic approach to support GP practices in their drive to improve productivity. It helps to create improvement capability, engages the whole practice team, improves working life of staff, supports patient involvement and develops safer services. Across both Districts and City CCGs there are a number of practices who are being supported to participate with this programme.

Practice Health Champions is a scheme which encourages people to voluntarily give their time to work with the staff in their local GP Practices to consider new ways to improve the services that the practice offers and help practices to meet the health needs of patients and the wider community. A small number of practices have piloted this scheme with good success and this is now being rolled out to a number of other practices across the CCGs.

Ali Jan Haider
Director of Strategy
Bradford Districts Clinical Commissioning Group
September 2014



**Report of the Director of Public Health to the meeting
of Bradford East Area Committee
15th October 2014**

Authors:

Julia Burrows Consultant in Public Health
Michael Horsley Nurse Manager Infection Prevention
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Summary

This report informs the East Area Committee about the work being undertaken to tackle health inequalities and improve health in the Bradford East Council Wards. It sets out the challenges to health of the population of Bradford East and the priorities for health improvement.

Background

Public Health is:

The science and art of promoting and protecting health and wellbeing, preventing ill health, and prolonging life, through the organised efforts of society. It is concerned with the health of the entire population.

On April 1st 2013, the responsibility for public health transferred from the NHS to Local Government and a new organisation, Public Health England which was developed out of the Health Protection Agency. The reorganisation also brought in other changes, including the formation of 3 Clinical Commissioning Groups (CCGs) Bradford Districts, Bradford City and Airedale, Wharfedale and Craven. These are made up of groups of General Practices with responsibility for commissioning healthcare services in the local area. Idle and Thackley and Eccleshill are covered by Bradford Districts CCG and the remaining wards cross the boundaries of Bradford City and Bradford Districts CCGs. Organisations such as NHS England were established to commission core GP services, specialist services across the region, including HIV treatment and care, as well as being responsible for the commissioning of immunisations and screening services.

Public Health has a number of statutory functions as outlined in the Public Health Outcomes Framework. These fall into the following domains:

Improving the wider determinants of health-including the locals environment, housing, employment and fuel poverty

Health Improvement-encouraging people to make healthy lifestyle choices e.g. smoking cessation, healthy eating, physical activity

Health Protection-protecting the local population from harm e.g. protection from communicable diseases including sexually transmitted infections, emergency planning

Healthcare public health and preventing premature mortality-reducing numbers living with preventable ill health and people dying prematurely

The focus of the Outcomes Framework is on achieving positive health outcomes and reducing inequalities.

Commissioning Responsibilities

The 2013 NHS re-organisation introduced changes to the way health services were commissioned. The emphasis is on decisions being made by local experts with an understanding of the needs of the local population. Organisational responsibility for commissioning falls as follows:

Clinical Commissioning Groups

Made up of local GP practices and led by clinically based staff. In Bradford there are two Clinical Commissioning Groups (CCGs), Bradford City CCG and Bradford Districts CCG. CCGs are responsible for commissioning healthcare services inpatient hospital care from local providers such as Bradford Teaching Hospitals. They are also responsible for commissioning mental health and community health services which are broadly grouped into the following themes:

Mental health support for adults and children

Bereavement support

Support for victims of sexual abuse/ violence and rape

Autism support

Young carer's projects

Health projects supporting people with learning disabilities

Support for victims of domestic abuse

Cancer support projects

Although not directly responsible for commissioning mental health services Public Health is very much concerned with mental wellbeing and resilience and all work acknowledges this as a direct impact on the effectiveness of initiatives aimed at improving population health and reducing health inequalities.

Public Health

Public Health within the Local Authority is responsible for healthy living services both through directly employed staff and through services commissioned from other providers. This includes obesity and nutritional support services, infant mortality, drug and alcohol services, smoking cessation and sexual health services.

NHS England

NHS England was a new body set up as part of the NHS re-organisation. Its remit includes commissioning and oversight of specialist services both regionally and nationally. This includes commissioning primary care services (including GP and dental services) as well as specialist services such as regional cancer services. It is responsible for immunisation and screening services through Public Health England at a regional and national level.

Overview

Public Health responsibilities transferred to the Local Authority in April 2013 under the Health and Social Care (H&SC) Act. The ring-fenced Public Health grant has been used to fund a variety of stand alone and partnership programmes with other Local Authority departments. This has been achieved through direct funding for specific posts, project work and Inter-departmental Agreements to secure programmes that would have otherwise been at risk from recent budget cuts. The work of the department is embedded in the Health and Wellbeing Plan and Health Inequalities Action Plan which set out the key priorities for improving the health of the local population and reducing health inequalities across the district. The Public Health department undertakes a mixture of direct delivery and commissioning work which includes a number of city wide Public Health initiatives which impact on the Bradford East Wards. These include the drug and alcohol misuse services, smoking cessation services, obesity and healthy eating services, sex and relationships education and training as well as initiatives such as Warm Homes Healthy People (WHHP) programme to support vulnerable households against the cold winter weather. The department has recently led the re commissioning of sexual and reproductive health services for the district, a statutory function under the H&SC Act and also commissions small scale interventions to improve population health and reduce inequalities.

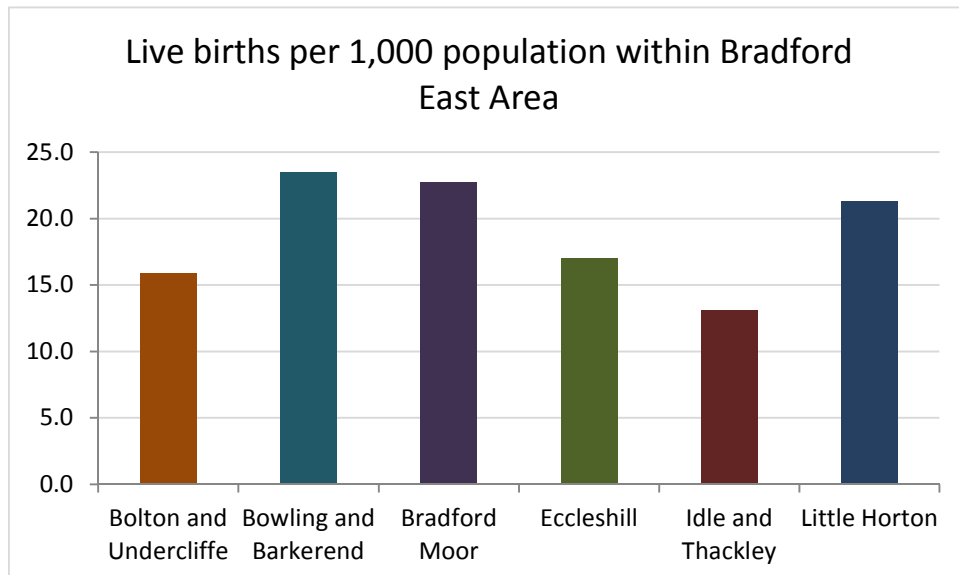
Demographics of Bradford East

The following has been taken from the 2011 census information:

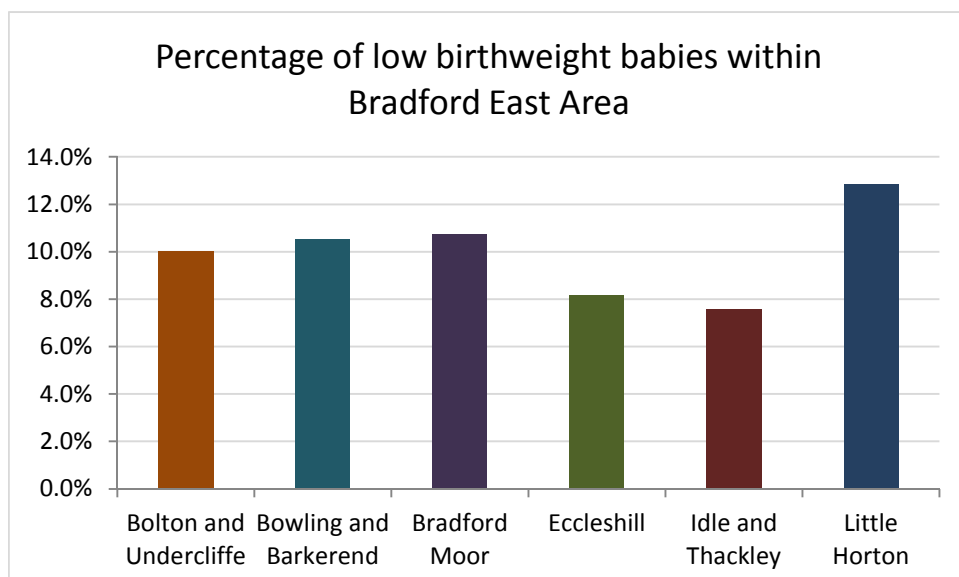
- There are no differences in the male and female population across the area as a whole
- There is a larger under 15 population than across the district or England
- There are 2 significant ethnic groups represented across the area. The white British population is lower and the Asian British Pakistani populations are higher than the district or England average.
- The country of birth for the majority of Bradford East is England but with significant numbers born in the Middle East and Asia
- No significant differences in housing tenure and housing occupation across the area from Bradford district or England
- Lower proportion of people who speak English as a main language than compared to Bradford district and England. Also the proportion of households where no people speak English as the main language is higher than Bradford district or England
- Higher numbers of the population have never worked or are long term unemployed than local or national figures
- There are significantly higher numbers of the population who have no qualifications than when compared to Bradford district and England.

Bradford East

The Bradford East wards present a number of public health challenges across the age range. The wards in the Bradford East area are amongst the worst in the district in relation to health outcomes and health and wellbeing. Bradford East has the second highest number of live births of the five areas in the Bradford district, with the Bowling and Barkerend and Bradford Moor wards having the highest birth rate in the Bradford East area.



Bradford East also has the highest percentage of low birth weight babies of the five Bradford districts, with the Little Horton ward having the highest proportion in the Bradford area.



Bradford Moor, Little Horton and Barkerend in particular rank poorly in relation to child poverty, child oral health and infant mortality. In order to tackle these issues Bradford Council Public Health was part of a partnership bid, with a number of other organisations in Bradford including voluntary and community organisations (VCS), which was successfully awarded £49 million of Big Lottery funding. This will be used

to improve outcomes for children aged 0-3 years in Bowling and Barkerend, Little Horton and Bradford Moor areas. The Better Start programme will support a number of initiatives in these wards aimed at improving life chances in this age group over the next ten years. The plan is community led with projects located in places which maximise engagement and have a major impact on the health and wellbeing of the population in this area. More information on this project is available from Bradford Trident who is the lead VCS organisation for Better Start.

Wider Determinants of Health

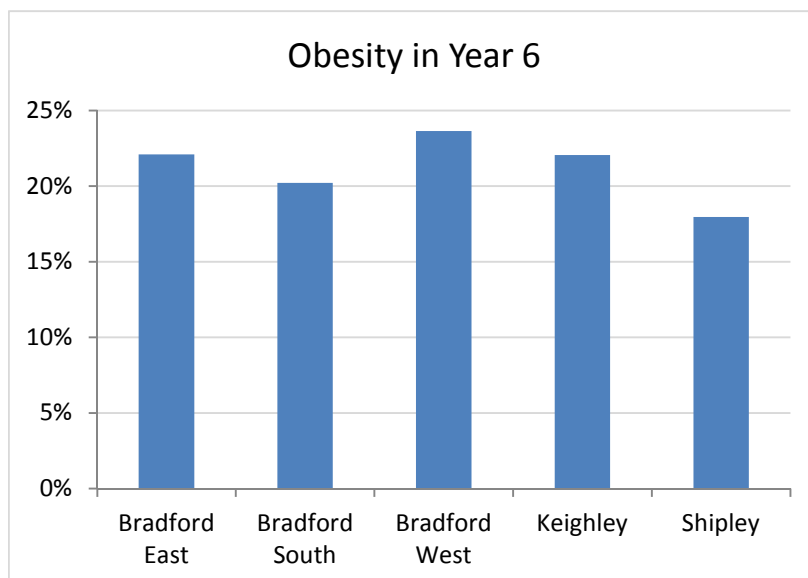
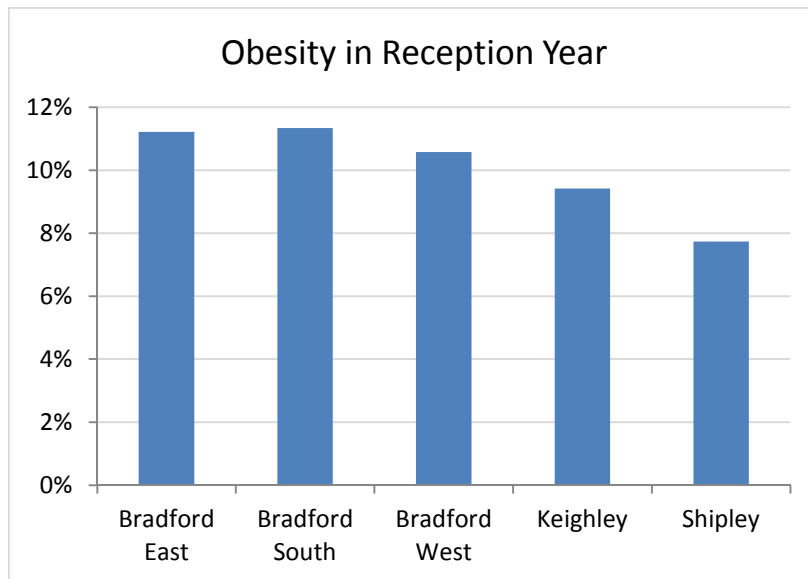
In 2013/14 Public Health funded additional welfare advice services across the district. The programme targets GP surgeries, children's centres etc in recognition of the impact a lack of income, or debt and/or benefit problems can have on vulnerable households. The associated worry and anxiety caused as a result can lead to an increased use of local GP services and rises in lower level mental health issues.

With the move of Public Health into the Local Authority improvements in the coordination of strategic planning, and operational delivery across a number of departments to improve population health and reduce health inequalities, impacted upon the wider determinants of health, have been achieved. These include welfare advice with Adults services; air quality with Environmental Health including funding and managing a post within the team to link with Born In Bradford research team; Warm Homes Initiative with Adults and Regeneration and spatial planning with the Planning department.

In April 2014 a number of interdepartmental agreements were established to maintain work delivered by a range of different Local Authority departments whose work contributes to the wider determinants agenda. These include Adults services funding for support to people living with HIV; Children's services Health and Wellbeing in Education which supports the Investors in Health programmes and Environmental Health.

Health Improvement

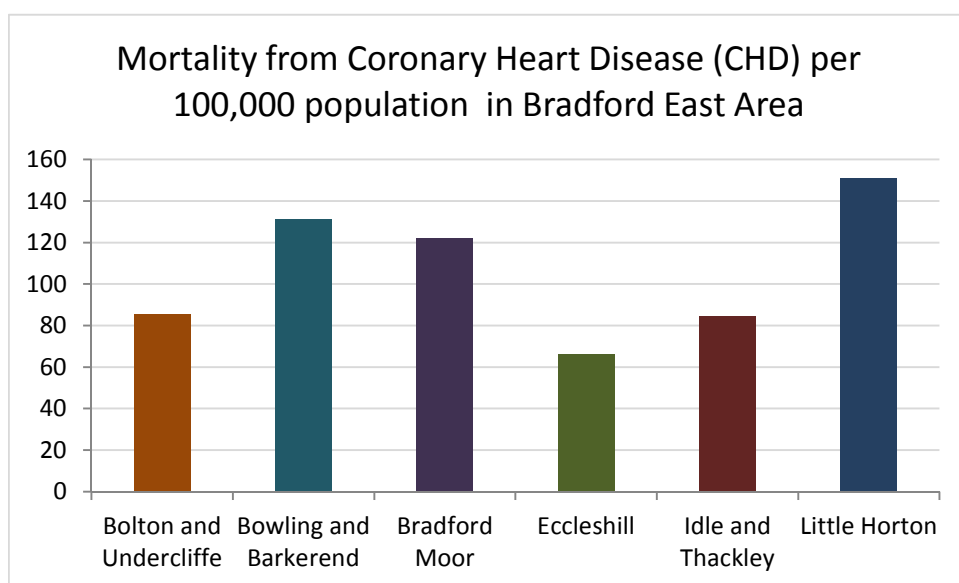
Nutrition is an important part of ensuring good health across the age ranges, but especially in children. This is recognised in the projects plan for the Big Lottery funding and there is an emphasis on promoting breast feeding and early year's nutrition. Bradford East however has the second highest rate of obesity in children in both Reception year and Year 6.



These obesity rates are higher in Reception years for the Bowling and Barkerend and Little Horton wards and higher in Year 6 for all of the Bradford East wards except Idle and Thackley. Various initiatives are in place across the Bradford East wards aimed at improving nutrition and reducing obesity in children within the Bradford East area. These include:

- Highfield healthy Lifestyles - Adult Healthy Weight Groups, Cook & Eats, Physical Activity, Oral health, domestic Violence, alcohol, youth
- Womenzone Community Centre - Healthy Weight, Cook & Eat, Physical Activity, Breast Feeding
- The Thornbury Centre, Cook & Eats, Physical Activity, Advocacy, workshops on home safety, befriending, social isolation, health promotion
- Attock Community Association, Physical Activity, Nutrition support group
- Grange Interlink, Healthy Weight, Children's Weight Management, Cook & Eat, Physical Activity
- Bradford Trident - Healthy Weight, Cook & Eat, Physical Activity, some specific sessions for older people

Failure to tackle poor diet and nutrition in early years can lead to problems of ill health later in life. Bradford East has high rates of Coronary Heart Disease (CHD) and Diabetes both of which can be caused by poor diet and nutrition. In particular the Little Horton and Bowling and Barkerend wards have high rates of mortality from CHD. There are some local prevention initiatives such as the good food award that promotes healthier options in takeaways and the 'salt pot amnesty' initiative aimed at reducing salt intake.



In relation to diabetes, Bradford Moor has one of the highest rates of hospital admissions for diabetes in the across the Bradford district.

The Public Health Obesity team run or commission a number of schemes across the Bradford area aimed at improving nutrition and exercise. These range from schemes such as HENRY (Health, Exercise Nutrition for the Really Young) to schemes for older age children and exercise schemes such as the Bradford Encouraging Exercise People (BEEP) scheme. Other community initiatives are also working to improve diet and nutrition such the Little Chefs project.

Voluntary and Community Sector

Public Health brought a number of contracts and grant arrangements with them on transfer to the Local Authority some of which are operational in Bradford East. In line with the council's standing orders for contracts these are being reviewed and future commissioning intentions will be aligned with both Bradford East priorities, as identified in the Ward Assessment Plans and Public Health Outcome Framework measures. After discussions between the neighbourhood's team and Public Health these fall in the following broad themes:

- Prevention of COPD, CHD and Diabetes- through increased access to exercise, better nutrition advice and information and diet both for obesity and also malnutrition, stop smoking services
- Mental health including loneliness and isolation
- Alcohol and substance misuse

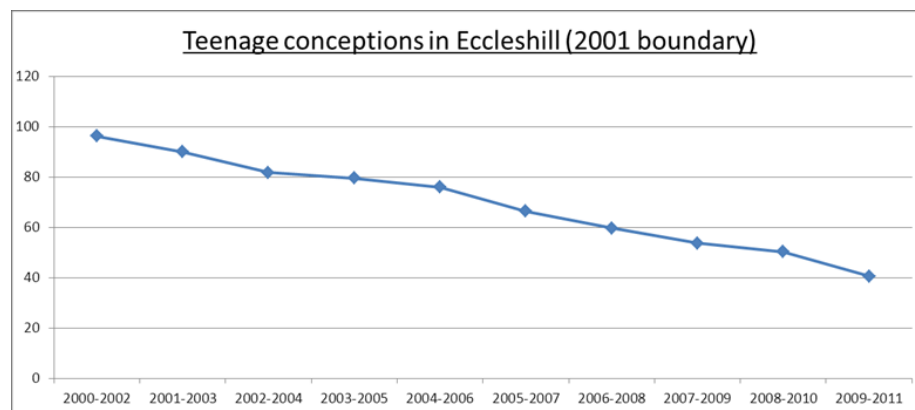
Health Protection

Areas covered by Health Protection include screening and immunisation, sexual health and Tuberculosis.

Sexual Health and Teenage Pregnancy

District wide sexual health and reproductive services are available to the whole population with clinics in a range of settings to provide contraception and testing and treatment for sexually transmitted infections. Bradford East has a range of clinics based in both GP surgeries and health centres and can be accessed via drop in or appointment basis.

Teenage pregnancy rates across the district have fallen by 50% against the 1998 baseline. Providing rates by ward proves challenging as Office of National Statistics (ONS) continue to use the 2001 ward boundaries although this is changing soon. The headline ward for Bradford East however is Eccleshill which has seen a dramatic reduction against the 1998 baseline when it was the ward with the highest rates.



This has been achieved by a variety of means including comprehensive Relationships and Sex Education (RSE) in Hanson with the delivery of the Ur Choice programme. This programme is also due to commence at Bradford Academy in October 2014 and some of the programme materials are used in PSHCE lessons in Grange School.

Immanuel and Hanson schools both have Teenage Information and Advice Centres (TICTAC) where pupils can access a range of health information including sexual and reproductive health. Other activities in Eccleshill which led to the successful reduction in rates include specific young people's sexual health clinics, the raising of the educational attainment of pupils, youth services providing young people with

activities and education around educational aspiration and delaying sexual experiences.

Also available across Bradford East is the Speakeasy programme, which develops the skills, knowledge and confidence of parents to talk to their children about relationships and sexual health, this has been delivered through Children's Centres and primary schools. Both Ur Choice and Speakeasy programmes are available to schools and Children's Centres who wish to run them upon request from the Sexual Health Team in Public Health.

Despite success in the reduction of teenage conceptions challenges remain for the Public Health Outcome Framework indicators of Chlamydia diagnosis 15-24 year olds and reducing late diagnosis of HIV. To address these outcomes work is starting on a HIV Needs Assessment to inform future commissioning intentions and stronger KPIs to meet the National Chlamydia Screening Programme target have been built into the re tender of sexual and reproductive services for the district. Ward level data is unavailable for these outcomes as all data reported on sexual health is at district level.

Screening

(Information on screening uptake is only available at CCG level rather than ward level.)

Coverage of screening of breast, bowel and cervical screening varies considerably across the three CCGs in Bradford and Airedale.

There are also variations in coverage according to deprivation and age in practice populations. Bradford has a history of low uptake of screening in the inner city areas and previously the Primary Care Trust worked with practices to try to improve uptake and coverage.

Bradford City and Bradford District CCGs have the lowest screening coverage. Coverage is substantially lower in younger, more deprived population groups than in older, less deprived populations, suggesting inequalities in access to screening services. Bowel screening has the lowest coverage of all three programmes across all three CCGs. Cervical screening has the highest, with some practices achieving coverage greater than 80%.

Bradford City CCG has the lowest coverage across all of the Bradford CCGs in all three screening programmes (Breast, Bowel and Cervical). The information suggests that average coverage for all three screening programmes is lowest in GP practices with younger, more deprived populations.

Improving Uptake of Screening

The 2012 organisational changes to the NHS saw the responsibility for the commissioning of screening services transfer from the Primary Care Trusts to NHS England, with the NHS England Screening and Immunisation Team (SIT) assuming accountability for ensuring local providers deliver against the national service

specifications, and meet agreed population uptake and coverage levels as specified in the Public Health Outcomes Framework and Key Performance Indicators. In seeking to improve uptake of screening the SIT work closely with the Local Authority Public Health team and the CCGs to identify strategies to increase access and uptake. Key strategies to improve uptake include:

- Working with Bradford Health Training Team to include screening as part of their brief intervention and Making Every Contact Count (MECC) where appropriate. A training session for Health Trainers is planned for November 2014
- Support for screening campaigns through social media and press releases
- Plans from the Bradford and Airedale Cancer Local Area Network to recruit local 'Citizen Champions' in each practice to man information stalls raise awareness and to work with communities to spread the message about screening and explain the inaccuracies in the myths around screening and population health.

Immunisation uptake

(Information is at CCG and practice level)

Bradford performs well in relation to uptake of immunisations and is comparable to other areas of West Yorkshire in uptake of childhood and adult immunisations including influenza vaccinations. Commissioning and performance in relation to immunisations also lies with the NHS England SIT with support from CBMDC Public Health Team and the 3 CCGs. Children under 5 years and adults are vaccinated by the GP practice with the Bradford District Care Trust School Nurse team providing vaccinations to school age children. The latter has a good working relationship with hard to reach communities some of which are based in the Bradford East wards.

Tuberculosis

Bradford has the highest rate of Tuberculosis in the region and one of the highest rates nationally. Figures for Bradford are not broken down to ward level; however risk factors for developing TB include poor housing, overcrowding, poor sanitation and poor nutrition, all of which are prevalent in some of the Bradford East wards. Commissioning of TB services is the responsibility of the 3 CCGs. TB treatment is complex and involves taking antibiotics for at least 6 months. Non-compliance with treatment is a problem in the Bradford area. TB rates in children are also higher in Bradford than the regional and national average. TB is one of the priorities from the Health Inequalities Action Plan and the plans to tackle the problem require a multi-disciplinary approach. Actions to improve diagnosis and treatment rates include improved liaison between agencies, multi-disciplinary meetings where management of newly notified and ongoing TB cases is discussed, and increase in capacity of the Bradford Teaching Hospitals Foundation Trust TB nursing service.

