

# Report of the Director of Public Health to the meeting of the Joint Health and Wellbeing Board to be held on 19<sup>th</sup> September 2013.

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**Subject:**

**Joint Health and Wellbeing Strategy and the Health Inequalities Action Plan**

**Summary statement:**

**This report contains the final draft Health Inequalities Action Plan (HIAP) to be incorporated within the Joint Health and Wellbeing Strategy for Bradford District for approval by the Health and Wellbeing Board.**

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



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## **1. SUMMARY**

- 1.1 This report contains the final draft Health Inequalities Action Plan (HIAP) to be incorporated within the Joint Health and Wellbeing Strategy (JHWS) for Bradford District for approval by the Joint Health and Wellbeing Board.
- 1.2 The purpose of the HIAP is to identify and implement priority actions that have the potential to reduce inequalities in health outcomes experienced between different populations within Bradford district, and between Bradford district and other parts of the UK.

## **2. BACKGROUND**

- 2.1 In December 2011, a meeting of the full Council noted the high level of health inequalities that exist in Bradford Metropolitan District and recognised that improving health outcomes for residents was one of the most important challenges the district faces. The Council called on the Shadow Joint Health and Wellbeing Board (JHWP) and its successor body to develop a HIAP for Bradford District.
- 2.2 In January 2012, the shadow Joint Health and Wellbeing Board agreed a framework for the JHWS that incorporated a HIAP. At the 19<sup>th</sup> March 2013 meeting of the Shadow Joint Health and Wellbeing Board the JHWS was approved and plans for the continued development of the HIAP were agreed.
- 2.3 The JHWS outlines how Bradford, as a district, aims to contribute to the improvement of the people of Bradford's health, wellbeing and quality of life. The associated HIAP aims to outline how Bradford District will reduce inequalities in health and wellbeing for the population.
- 2.4 "Health Inequalities" are the differences in the health of different parts of the population. For example people in more deprived areas may have a shorter life expectancy than those in more affluent areas. Differences may also occur between groups of people related to other factors like gender, ethnicity or those with caring responsibilities.
- 2.5 There have been important improvements in many different aspects of health and wellbeing in the Bradford District for years. However not everyone has benefitted equally from these improvements and even the most encouraging figures can disguise a more complex picture. Similarly when Bradford District is compared with the rest of the country there can be marked differences.
- 2.6 The JHWP has adopted the life course approach taken by Sir Michael Marmot in 'Fair Society, Healthy Lives'. The priorities in the JHWS are grouped under the six policy objectives described by Marmot. The HIAP follows this approach and is made up of 'commitments' (actions) to reduce health inequalities against the 18 priorities identified in the JHWS.

## **3. OTHER CONSIDERATIONS**

- 3.1 Discussion has taken place with the Strategic Partnerships from Bradford District Partnership to identify an overseeing Partnership for each of the 18 priorities in the HIAP. This Partnership has taken responsibility for identifying and agreeing the commitments (actions) in the HIAP. The Partnership also identified the supporting Partnerships and delivery partners who can make the actions happen. The actions

are largely drawn from existing strategies and plans. Greater levels of detail about the commitments contained within the HIAP are available from the relevant Partnerships.

- 3.2 The overseeing Partnership will have responsibility for reporting once a year on progress to the JHWB and Bradford District Partnership. The Council's Strategic Support Team will play a role in supporting performance management and developing the reports.
- 3.3 Standards against which overall progress in reducing health inequalities for all 18 priorities will be monitored will be taken from the national outcomes frameworks for public health, adult social care and the NHS, with the addition of locally determined standards where applicable. This will enable understanding of achievement in each priority area against SMART targets

#### **4. OPTIONS**

- 4.1 The HIAP is presented as the final draft version.

#### **5. FINANCIAL & RESOURCE APPRAISAL**

- 5.1 The JHWS provides guidance and direction in the setting of commissioning priorities for health and wellbeing in the district. In turn, this will influence the way budgets are allocated for health and wellbeing. It is therefore crucial that the strategy is approved and 'owned' by all the partners on the JHWB.

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

- 6.1 Commissioning plans are required to demonstrate they have regard to the priorities set out in the JHWS and are expected to demonstrate that they have regard to the detail contained in the HIAP.

#### **7. LEGAL APPRAISAL**

- 7.1 There is statutory requirement under section 193 of the Health and Social Care Act 2012 for the Council to produce a JHWS.
- 7.2 Similarly an analysis of the effects on equality and to include people in decisions about their health, social care and access to services, must be undertaken by the Council, in order to meet its legal requirements under the Equality Act 2010

#### **8. OTHER IMPLICATIONS**

##### **8.1 EQUALITY & DIVERSITY**

An intention of the HIAP is to promote equality of opportunity between people who share a protected characteristic and those who do not and to reduce the health inequalities experienced by local people. The HIAP also considers health inequalities linked to social factors and living and working conditions and will seek to reduce and alleviate health inequalities linked to poverty and deprivation. The HIAP has been developed in partnership with the Strategic Partnerships and has involved extensive engagement and consultation. All groups and Partnerships have been asked to identify actions that address health inequalities and this will form part of the final Equality Impact Assessment (EIA). It is expected that undertaken a final Equality Impact Assessment will be undertaken following agreement of the draft HIAP and the revised EIA documentation becomes available

## **8.2 SUSTAINABILITY IMPLICATIONS**

A reduction in health inequalities and improved health outcomes will contribute to sustainability for the district

## **8.3 GREENHOUSE GAS EMISSIONS IMPACTS**

Action areas referred to in Priority 9 and 10 of the HIAP concern the improvement of adult and elderly care. The number of beds will have a corresponding energy requirement which can be reduced if carbon reduction ambitions are prioritised. Good insulation standards and natural ventilation will reduce overall energy requirements and improve the comfort levels inside buildings. Looking ahead, affordable warmth will have an impact on emissions. High energy costs are likely to cause householders to turn down heating controls below comfortable levels which in turn could result in health impacts. Government policies on energy efficiency may not be enough to ensure the affordability of energy. This applies both in people's homes and in residential and extra care facilities. It is therefore vital that consideration is given to energy costs and thermal comfort in the homes and places of residence.

There can be a link between environmental improvements and the adverse health impacts described under Priority 18. The cardiovascular health of individuals for example may be improved through active travel modes such as walking and cycling while displacing emissions from motor vehicles. Emissions from road transport account for around one quarter of all emissions in the Bradford District therefore shifting to low impact modes of travel could reduce the emissions burden.

## **8.4 COMMUNITY SAFETY IMPLICATIONS**

The Health Inequalities Action Plan will contribute to improved community safety.

## **8.5 HUMAN RIGHTS ACT**

There are no direct implications from this report in relation to the Human Rights Act.

## **8.6 TRADE UNION**

There are no direct implications from this report in relation to the Trade Union.

## **8.7 WARD IMPLICATIONS**

There have been many important improvements in health and wellbeing in the Bradford District. However not everyone in the district has benefitted equally from these improvements and the most encouraging figures can mask a more complex local picture. The HIAP will link with the Ward Area Assessments and will cover geographical issues and issues for specific communities of needs for Bradford District. The HIAP includes the population of the Bradford District and Bradford City Clinical Commissioning Groups (CCGs) and around two thirds of the population of Airedale, Wharfedale and Craven CCG.

## **9. NOT FOR PUBLICATION DOCUMENTS**

None

## 10. RECOMMENDATIONS

- 10.1 That the Health Inequalities Action Plan (Appendix 1) be approved as the final version.

## 11. APPENDICES

- 11.1 Appendix I: Health Inequalities Action Plan for Bradford District

## 12. BACKGROUND DOCUMENTS

Joint Strategic Needs Assessment - JSNA

Bradford District Health and Wellbeing Strategy – Joint Health and Wellbeing Strategy

Operating principles for Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies –

[www.nhsconfed.org/Publications/Documents/operating-principles-jsnas.pdf](http://www.nhsconfed.org/Publications/Documents/operating-principles-jsnas.pdf)

## Appendix 1: HEALTH INEQUALITIES ACTION PLAN

### HEALTH INEQUALITIES

#### ***What are health inequalities?***

“Health inequalities” are the differences in the health of different parts of the population. For example, people in more deprived areas have a shorter life expectancy than those who live in less deprived areas. Inequalities also exist in other aspects of people’s health – for example, people in more deprived areas tend to smoke more, drink more alcohol, and are more likely to experience long-term illness. Inequalities also exist between groups according to other factors, such as gender, ethnic background, certain sorts of disability and sexual orientation.

Whilst the health of the population has improved continuously since the industrial revolution, the rate of improvement in those from poorer backgrounds has generally been slower than for those who are more affluent. This means that, in health terms, the gap between the most and least deprived is widening.

The Local Authority, the NHS locally, and other organisations work hard to ensure that differences between groups are as small as possible – we want to ensure that, wherever possible, an individual’s health and wellbeing is not determined by the area in which they were born, or in which they live, or – for example - their ethnicity.

#### ***Why do inequalities matter?***

In the past two decades there has been an increased focus on reducing inequalities, and in Spring 2013, the Secretary of State for Health said:

*“Everyone should have the same opportunity to lead a healthy life; no matter where they live or who they are which is why we must continue to work to narrow the gap in health inequalities. Local areas must work together to address the health needs of their population and make a real difference in tackling health inequalities.”*

There are a number of reasons why people think that inequalities are important.

Possibly the most important reason is because the effect inequalities have seems unfair. Put simply, the poorer a person is, the less likely they are to survive infancy and the less likely they are to live into old age.

Additionally, evidence suggests that where the greatest inequalities exist, the health of the whole population – even the relatively affluent – is worse than it would be if inequalities were less significant.

There is also an acceptance that inequalities begin in childhood, and subsequently widen over an individual’s lifetime. That is to say that if children have very different experiences of health when they are very young, then they will experience even greater differences as adults.

Furthermore, inequalities in health and its determinants can trigger other problems – such as crime, poor educational outcomes, and mental health issues such as situational depression. This can in turn make areas more deprived, and this can widen the gap in inequalities. As such, it becomes a vicious circle.

Finally, because Bradford is more deprived than other areas, any argument that inequalities do not matter could logically be extended to say that it is acceptable for the population of Bradford to experience poorer health than those of its neighbours.

### ***What leads to inequalities?***

There are a number of factors which lead to Health Inequalities. Most experts tend to place these factors into a small number of groups – such as those listed below. It is important, however, to bear in mind that experts think of these as the factors which are *likely to* lead to poorer health. There is every reason to believe that people can live healthy lives even in the harshest circumstances.

#### **Social factors:**

These are issues which affect the population as a whole – but do not necessarily affect everybody equally. Examples include government policies, the availability of work; general levels of wages; taxation; and how much things cost – particularly the prices of essentials such as fuel, transport, food, and clothing. These big, broad considerations can affect how much the public sector can spend on health and well being.

#### **Living and working conditions:**

These include the important issues for people as they go about their lives, day in, day out: things like education, training and employment; housing; public transport; and amenities. It also includes basic facilities like reliable utility supplies (gas, water and electricity) and being able to get hold of essential goods like food and clothing.

#### **Social and community networks:**

A person's "network" includes his or her family, friends and social circles – and the way all of those people together support, influence, advise and guide the individual. A strong network of family and friends can help to ensure that an individual has a healthy lifestyle. Sometimes individuals living alone may not have any "network"; sometimes the "network" can have an unsupportive effect, such as encouraging the consumption of alcohol to excess.

#### **Individual lifestyle factors:**

These are sometimes described as lifestyle 'choices', because they tend to refer to things that people can generally choose to do, or not do. This would include things such as tobacco use, alcohol consumption, and drug use, whether people eat healthily and whether they take regular physical exercise. These 'choices' are influenced by the environment in which the individual lives – how friends and family act, how products are advertised and so on.

#### **Healthcare factors:**

There is evidence to suggest that sometimes the parts of the population in the greatest need are poorly understood. This can mean that services are constructed and commissioned to address the needs of the whole population, but not in such a way that inequalities are addressed.

Additionally, low-cost health care is sometimes under-used in a population. When this happens, it tends to be the most deprived parts of the population who are worst affected, because illness and disease is most prevalent in those areas. This therefore leads to a widening of the gap between the most and least deprived areas of a population.

#### **Personal factors:**

These include some of the basic definitions of who people are: age, sex, ethnicity and genetic factors. There is nothing that can be done to *change* these factors – but *understanding* more about the population can help us to develop strategies, policies and practices, and can influence the way the Local Authority and the NHS communicate with people.

### ***Addressing inequalities***

Because inequalities are so complex, we cannot always deal with them in the same way. For example:

- Some of the time, we focus on particular parts of Bradford and District, because it is most important to ensure that health and wellbeing in the most deprived areas 'catches up' with the less deprived areas. In other instances, the focus is on the whole of Bradford and District
- Sometimes, campaigns to improve health and wellbeing need to be focused on individuals; sometimes on the population as a whole

Through wide consultation with partnerships across the District, each of the priorities within the Joint Health and Wellbeing Strategy now has an agreed set of commitments (action points) that will be delivered against to reduce inequalities in that particular area of health and wellbeing.

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## Priority 1: Reduce and alleviate the impact of child poverty

Relevant standards against which to monitor progress on this priority could include:

The number of children living in relative poverty

| Areas for action   | Commitments   | Delivery Partners   | Overseeing (and supporting) Partnership   |
|--|---|---|---|
| <p><b>Embed child poverty in existing local strategies to focus resources on alleviating child poverty</b></p> <p><b>Offset the negative impact of welfare reform</b></p> <p><b>Increase uptake of free school meals and ‘poverty-proof’ the school day by identifying and removing barriers to learning for children in poverty</b></p> <p><b>Improve housing quality and reduce fuel poverty for children living in poverty</b></p> <p><b>Encourage positive parenting to improve resilience and help parents protect children from the effects of poverty</b></p> <p><b>Make employment accessible for families now and children in the future</b></p> <p><b>Reduce rates of accidental injury to children in poverty</b></p> | <p><b>Deliver the Child Poverty Strategy</b></p> <ul style="list-style-type: none"> <li>• <b>No child to live in sub-standard housing</b></li> <li>• <b>Every family can access the support they need</b> (eg. Debt advice; benefits and careers advice; mental health; domestic violence support; disabilities services)</li> <li>• <b>Children and young people take advantage of education, employment and training opportunities</b> (continue to reduce the gap between children at foundation stage, key stage 2 and key stage 4)</li> <li>• <b>Break the cycle of worklessness</b> by undertaking positive action for vulnerable groups (low income families; unemployed adults; those who are NEET or at risk of becoming NEET.</li> <li>• <b>Positive parenting builds resilience in children and families</b> to address inequalities particularly health related issues</li> </ul> | <p>Bradford Council - Children’s Services; Adult and Community Services; Revenues and Benefits; Housing; Carbon Reduction and Climate Services; Parenting Board; Third sector; Schools; Colleges; Job Centre Plus</p> | <p>Children’s Trust<br/><i>(Child Poverty Board; Regeneration and Prosperity Partnership)</i></p> |

## Priority 2: Reduce infant mortality

Relevant standards against which to monitor progress on this priority could include:

Rate of infant deaths (persons aged less than one year) per 1,000 live births; neonatal mortality and stillbirths; low birth of term babies; breastfeeding; smoking status at time of delivery

| Areas for action   | Commitments   | Delivery Partners  | Overseeing (and supporting) Partnership                                  |
|--|---|--|--|
| <p><b>Improve nutrition for pregnant women and young children, including vitamin D</b></p> <p><b>Increase uptake of breastfeeding</b></p> <p><b>Ensure that all women have equal access to comprehensive high quality antenatal services</b></p> <p><b>Integration of key children's services in early years together with investment in health visiting and family nurse partnership services</b></p> <p><b>Reduce the number of pregnant women who smoke and/or are at risk of alcohol or substance misuse</b></p> <p><b>Increase individuals', families' and communities' understanding of genetic inheritance</b></p> <p><b>Ensure consistent messages via websites and media to improve maternal and child health</b></p> | <p>Implementation of the key areas of the Every Baby Matters Action Strategy and Action Plan with focus on areas of high need in target areas below:</p> <ul style="list-style-type: none"> <li>• Recommendation 3a and b : Improve infant and maternal Nutrition and Vitamin D and breastfeeding</li> <li>• Recommendation 4: Ensure equal access to pre-conception, maternal and infant health</li> <li>• Recommendation 6a and b: Reduce smoking in Pregnancy and reduce alcohol and substance misuse</li> <li>• Recommendation 7: Increase awareness of genetic inheritance</li> <li>• Recommendation 8: Increase community awareness through Media and communications</li> </ul> <p>Investment in a Health Visitor Expansion Programme &amp; development and implementation of an integrated care pathway for early years services with midwifery and health visiting services</p> | <p>NHS;<br/>Bradford Council;<br/>Third Sector;<br/>Clinical Commissioning Groups;<br/>Bradford District Care Trust;</p> <p>Key groups :</p> <ul style="list-style-type: none"> <li>▪ Maternity Network</li> <li>▪ Breastfeeding and Women and Infants and Nutrition</li> <li>▪ Smoking in Pregnancy</li> <li>▪ Early Years , Midwifery and Health Visiting services via Health Visitor Implementation Plan group</li> </ul> | <p>Childrens Trust Board<br/><i>(Health Improvement Partnership)</i></p> |

### Priority 3: Promote effective parenting and early years development

Relevant standards against which to monitor progress on this priority could include:

Child development at 2 to 2.5 years; school readiness; Foundation Stage Profiles results; Narrowing the gap in Foundation Stage profile results between deprived and less deprived areas

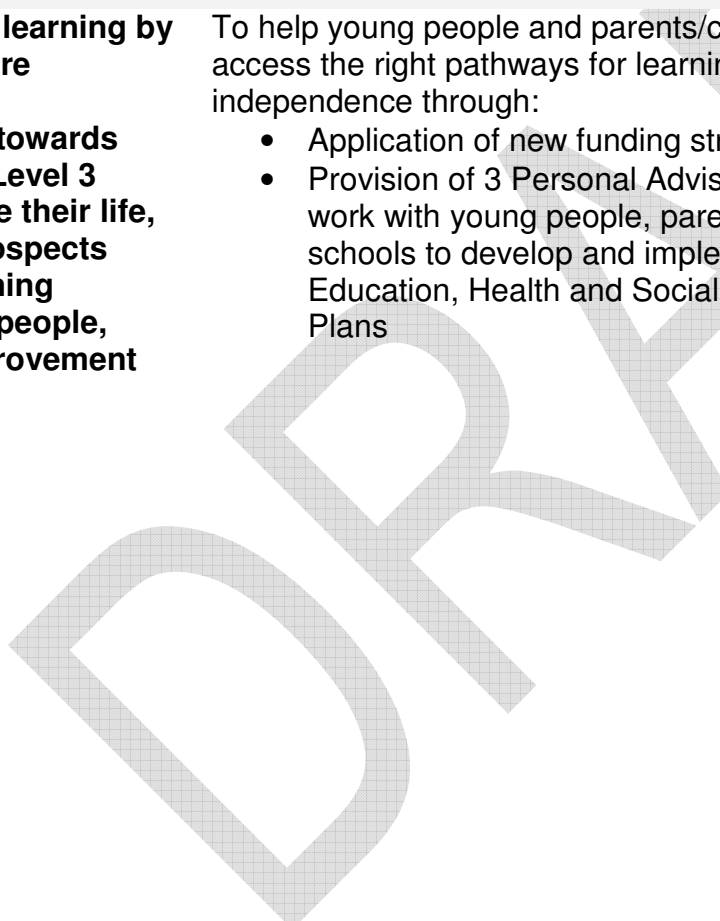
| Areas for action  | Commitments   | Delivery Partners  | Overseeing (and supporting) Partnership                              |
|---|---|--|--|
| <p><b>Increase parental voice and participation in service development</b><br/> <b>Increase access to services by providing information, advice and guidance on available services</b><br/> <b>Provide early support to parents and carers in times of difficulty</b><br/> <b>Improve relationships with adult services</b><br/> <b>Ensure staff are well trained and supported to deliver services using evidence-based approaches</b></p> | <p>Ensure all below are implemented particularly where deprivation is high and Foundation Stage profile results are low :</p> <ul style="list-style-type: none"> <li>• Review parent representation on children's centre advisory boards and implement action plan</li> <li>• Increase take up of the statutory 2 year old early education entitlement by the most disadvantaged children</li> <li>• Implement the Integrated Care Pathway</li> <li>• Pilot a team around the family model and Family Common Assessment Framework (CAF)</li> <li>• Review Young Carers Partnership and implement revised action plan.</li> <li>• Nutrition training to be rolled out across all children's centres</li> </ul> | <p>Early Childhood Services/ Children's Centres;<br/>           Partnership across Children Services, schools NHS and Third sector;<br/>           Health Visiting Implementation Group: Midwifery, Health Visiting;<br/>           Families First Team; Childrens Trust Partners; Women and Infants Nutrition Group</p> | <p>Children's Trust<br/> <i>(Health Improvement Partnership)</i></p> |

**Priority 4: Ensure young people are well prepared for adulthood and work, with a focus on helping children with disabilities to maximise their capabilities**

Relevant standards against which to monitor progress on this priority could include:

Pupil absence; First time entrants to the youth justice system; 16-18 year olds not in education, employment or training; Under 18 conception; Employment for those with a long term health condition, including those with a learning difficulty/disability or mental illness; Hospital admissions caused by unintentional and deliberate injuries in under 18s; Emergency admissions for children with lower respiratory tract infection

| Areas for action  | Commitments   | Delivery Partners  | Overseeing (and supporting) Partnership  |
|---|---|--|--|
| <p><b>Increase participation in learning by ensuring opportunities are accessible to all</b></p> <p><b>Enable learners to work towards their full first Level 2 or Level 3 qualification and improve their life, career and economic prospects</b></p> <p><b>Deliver high quality learning opportunities for young people, through continuous improvement</b></p> | <p>To help young people and parents/carers to access the right pathways for learning and independence through:</p> <ul style="list-style-type: none"> <li>• Application of new funding streams</li> <li>• Provision of 3 Personal Advisers to work with young people, parents and schools to develop and implement the Education, Health and Social Care Plans</li> </ul> | <p>Colleges;<br/>Special Schools;<br/>Mainstream Schools;<br/>Adult Services;<br/>Employers;<br/>Education Funding Agency (EFA).</p> | <p>Children’s Trust<br/>(<i>Strategic Disability Partnership; Learning Disability Partnership; Health Improvement Partnership</i>)</p> |



**Priority 5: Reduce childhood obesity and increase levels of physical activity and healthy eating in children and young people**

Relevant standards against which to monitor progress on this priority could include:  
Excess weight in 4-5 and 10-11 years

| Areas for action   | Commitments  | Delivery Partners  | Overseeing (and supporting) Partnership                              |
|--|--|--|--|
| <p><b>Encourage and support healthy growth and weight of children</b><br/> <b>Promote healthier food choices and improve the nutritional quality of food in schools</b><br/> <b>Increase everyday play and physical activity opportunities for children</b><br/> <b>Promote environments and practices that support children to eat healthier foods and to be active throughout each day</b><br/> <b>Provide personalised advice and support for children and their families through a child healthy weight pathway</b><br/> <b>Increase support and training for education and childcare staff to implement health improvement activity and increase availability and accessibility of evidence based children’s lifestyle weight management services</b></p> | <ul style="list-style-type: none"> <li>• To develop a child obesity strategy and implementation plan for Bradford district by Jan 2014</li> <li>• To halt the increase of and start seeing a year on year reduction in the prevalence of obesity in children aged 4-5 years</li> </ul> | <p>Bradford Council;<br/> Bradford District Care Trust;<br/> Third Sector;<br/> Clinical Commissioning Groups;<br/> Schools;<br/> Children's Centres;<br/> Health and Wellbeing Team;<br/> Bradford Teaching Hospitals Foundation Trust.</p> | <p>Children’s Trust<br/> <i>(Health Improvement Partnership)</i></p> |

## Priority 6: Improve oral health in the under 5s

Relevant standards against which to monitor progress on this priority could include:  
Tooth decay in under 5s; Access to NHS dental services

| Areas for action  | Commitments  | Delivery Partners   | Overseeing (and supporting) Partnership                              |
|---|--|---|--|
| <p><b>Improve diet and reduce sugar intake</b><br/> <b>Optimise exposure to fluoride</b><br/> <b>Improve oral hygiene</b><br/> <b>Adopt a life course approach to improve oral health, through delivering a programme of evidence-based health improvement interventions for all ages</b><br/> <b>Provide professional training and support to those involved in the care of young children</b></p> | <ul style="list-style-type: none"> <li>• Review and refresh local Oral Health Strategy</li> <li>• Ensure process in place to robustly manage performance of oral health improvement programmes</li> <li>• Develop structured partnerships to improve and integrate oral health within child health systems eg embedding oral health within clearly defined elements of the HCP/ICP</li> <li>• Review the safe transition of flexible and equitable dental access to dental care</li> </ul> | <p>Local Authority;<br/>           Public Health England;<br/>           stakeholders;<br/>           National Health Service England;<br/>           Health and Wellbeing Board;<br/>           Family Nurse Partnership;<br/>           Troubled families;<br/>           Health care professionals;<br/>           Early years teams;<br/>           Clinical Commissioning Groups;<br/>           Bradford District Care Trust.</p> | <p>Children's Trust<br/> <i>(Health Improvement Partnership)</i></p> |

## Priority 7: Improve the mental health of people in Bradford

Relevant standards against which to monitor progress on this priority could include:

People with mental illness or disability in settled accommodation; People in prison who have a mental illness or significant mental illness; Hospital admissions as a result of self harm; Excess under 75 mortality in adults with serious mental illness; Suicide; Reducing premature deaths in people with serious mental illness; Employment of people with mental illness; Proportion of adults in contact with secondary mental health services who live independently; with or without support; Emotional wellbeing of looked after children; Proportion of adults in contact with secondary mental health services in paid employment; Patient experience of community mental health services; Domestic abuse

| Areas for action   | Commitments  | Delivery Partners   | Overseeing Partnership                |
|--|--|---|---------------------------------------|
| <p><b>Increase community based mental health care</b><br/> <b>Include families and carers in help and support</b><br/> <b>Support people with mental ill health to live well, cope with ill health and not to be left out of society</b><br/> <b>Improve physical health of people with mental illness</b><br/> <b>Provide choices of good quality care, including access to psychological therapies</b><br/> <b>Develop public health mental health and suicide prevention strategies</b></p> | <ul style="list-style-type: none"> <li>• Linking mental health initiatives to wider determinants thereby taking a holistic approach which includes family, environment, community, culture and poverty and deprivation.</li> <li>• Improve physical health of people with mental ill health, addressing diagnostic overshadowing, access to psychological therapies and primary care. Access to mental health beds and support from acute beds</li> <li>• Improve support for people experiencing difficulties accessing services due to barriers linked to age, ethnicity, disability and language</li> <li>• Increase early intervention, improve access to services including through web based applications</li> </ul> | <p>Bradford District Care Trust;<br/>           Third Sector;<br/>           Clinical Commissioning Groups;<br/>           Regeneration and Prosperity Partnership;<br/>           Bradford Council;<br/>           Airedale NHS Foundation Trust;<br/>           Bradford Teaching Hospitals Foundation Trust;<br/>           West Yorkshire Joint Services.</p> | <p>Health Improvement Partnership</p> |

**Priority 8: Improve health and wellbeing for people with physical disabilities, learning disabilities, sensory needs and long term conditions**

Relevant standards against which to monitor progress on this priority could include:

Reduce premature death in people with learning disabilities; Health related quality of life for people with long term conditions; Proportion of people feeling supported to manage their condition; Employment of people with long-term conditions; Unplanned hospitalisation for chronic ambulatory care sensitive conditions, asthma, diabetes and epilepsy in under 19s and adults; Health-related quality of life for carer; People manage own support as much as they wish, so are in control of what, how and when support is delivered to match their needs, Proportion of adults with learning disabilities who live in their own home or with their family; Proportion of adults with learning disabilities in paid employment; Permanent admissions aged 18-64 to residential and nursing care homes; Excess under 60 mortality rate in adults with a learning disability

| Areas for action   | Commitments  | Delivery Partners   | Overseeing Partnerships   |
|--|--|---|---|
| <p><b>Support people with disability, long-term illness, and sensory needs with employment, skills and learning</b></p> <p><b>Develop integrated services for management of long-term conditions</b></p> <p><b>Improve housing, assistive technology and support at home</b></p> <p><b>Ensure information and access to services is available for all</b></p> <p><b>Facilitate transitions from children to adult services</b></p> <p><b>Develop specialist services and pathways for rehabilitation and care</b></p> <p><b>Ensure Bradford District benefits from regional commissioning for HIV &amp; AIDS</b></p> | <ul style="list-style-type: none"> <li>• Make sure disabled people have enough money to make healthy life choices</li> <li>• Support Disabled People to have opportunities to develop skills, to work and/ or do activities that are meaningful to them</li> <li>• Develop housing, neighbourhoods and access to transport that give disabled people a real choice about where they live</li> <li>• Improve access to health care by             <ul style="list-style-type: none"> <li>○ Raising awareness, understanding and actions of Health Care Professionals</li> <li>○ Giving people knowledge and voice to make informed choices and decisions</li> </ul> </li> </ul> | <p>Bradford District Care Trust;<br/>Third Sector;<br/>Clinical Commissioning Groups;<br/>Regeneration and Prosperity Partnership;<br/>Bradford Council;<br/>Airedale NHS Foundation Trust;<br/>Bradford Teaching Hospitals Foundation Trust;<br/>West Yorkshire Joint Services;<br/>Health Improvement Partnership</p> | <p>Strategic Disability Partnership<br/>Learning Disability Partnership</p> |



**Priority 9: Improve diagnosis, care and support for people with dementia and improve their, and their carers', quality of life**

Relevant standards against which to monitor progress on this priority could include:

Dementia and its impacts; Enhancing quality of life for carer,; Enhancing quality of life for people with dementia; Carer-reported quality of life; Proportion of carers who report that they have been included or consulted in discussion about the person they care for; Overall satisfaction of people who use services with their care and support; Overall satisfaction of carers social services; Estimated diagnosis rate for people with dementia

| Areas for action  | Commitments   | Delivery Partners   | Overseeing Partnership            |
|---|---|---|-----------------------------------|
| <p><b>Improve diagnosis of early and late onset dementia</b><br/> <b>Improve planning for dementia care</b><br/> <b>Improve early intervention to support end of life planning</b><br/> <b>Integrate health and social care to promote independence and facilitate community based care</b><br/> <b>Improve access to intermediate care</b><br/> <b>Reduce use of non therapeutic anti-psychotic medication</b></p> | <ul style="list-style-type: none"> <li>• Improved integration of health and social care resulting in coordinated services and information sharing</li> <li>• Standardisation of provision across the district with a more equitable service for everyone with dementia and their carers.</li> <li>• Complete the Dementia Health Needs Assessment, ensuring engagement of members and that the findings are reflected in the Dementia Strategy Action Plan</li> <li>• Ensure that the majority of people with dementia are diagnosed, and that intervention, is early in their pathway within GP/NHS records by standardisation of Memory Assessment and Treatment Service (MATS)</li> <li>• Improve quality of care in general hospitals and care homes ensuring people with dementia receive the highest standard of care and that anti psychotic medication is used appropriately and monitored</li> <li>• Improved public and professional awareness and understanding of dementia and services available. Reduce the stigma associated with dementia in all communities including Black and Minority Ethnic (BME) communities</li> </ul> | <p>Dementia Strategy Group – Partners include Bradford Council; Bradford District Care Trust; representatives from the District’s CCGs; representatives from the District’s Acute trusts; representatives of Third sector groups including The Alzheimer’s Society, Meri Yardain, KIVCA and Positive Minds.</p> | <p>Older People's Partnership</p> |

## Priority 10: Promote the independence and wellbeing of older people

Relevant standards against which to monitor progress on this priority could include:

Falls and injuries in the over 65s; Health related quality of life for older people; Hip fractures in over 65s; Improving recovery from injuries and trauma; Improving recovery from fragility fractures; Helping older people to recover their independence after illness or injury; Proportion of people who use social services who have control over their daily life; Proportion of people using social care who receive self-directed support and those receiving direct payments; Permanent admissions ages 65+ to residential and nursing care homes; Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services; Proportion of older people (65+) discharged from hospital with the clear intention that they will move on/back to their own home out of those discharged from hospital; Average number of delayed transfers of care attributable to social care; Bereaved carers' views on quality of care in the last 3 months of life

| Areas for action   | Commitments   | Delivery Partners  | Overseeing Partnership            |
|--|---|--|-----------------------------------|
| <p><b>Promote personalisation and enhance quality of life for people with long-term conditions care and support needs</b></p> <p><b>Help people to recover from episodes of ill-health or following injury, preventing deterioration, delaying dependency and supporting recovery</b></p> <p><b>Support people to maximise their incomes through good welfare benefits advice, education and training and support to stay or return to employment</b></p> <p><b>Ensure a positive experience of care and support; treating and caring for people in a safe environment and protecting people from avoidable harm</b></p> <p><b>Ensure people experience services that support them to enjoy a good quality of life</b></p> | <ul style="list-style-type: none"> <li>• Continue to develop preventative and early intervention approaches, including self care, to reduce health inequalities experienced by older people and ensure that support is focused on the areas with most need.</li> <li>• Widen the offer of innovative approaches to maintaining independence of older people. This will include the development of local 'support hubs' and health and wellbeing champions to increase affordable care choices for people living on low incomes.</li> <li>• Support planning for retirement for over 50s to enable a smooth transition from employment, so that people can enjoy wellbeing in retirement. There will be a focus on people in low paid employment.</li> <li>• Promote intergenerational approaches to bring communities together to increase social interaction between people where there are high levels of isolation.</li> <li>• Deliver the Great Places to Grow Old Programme ensuring a wide range of housing options are offered and made available which results in greater independence for older people.</li> </ul> | <p>All partners within the Older Peoples Partnership Priority 10 group established to address this priority. Partners likely to include NHS; third sector; Local Authority; CCGs; Social Housing Providers</p> | <p>Older People's Partnership</p> |

## Priority 11: Increase employment opportunities and training

Relevant standards against which to monitor progress on this priority could include:

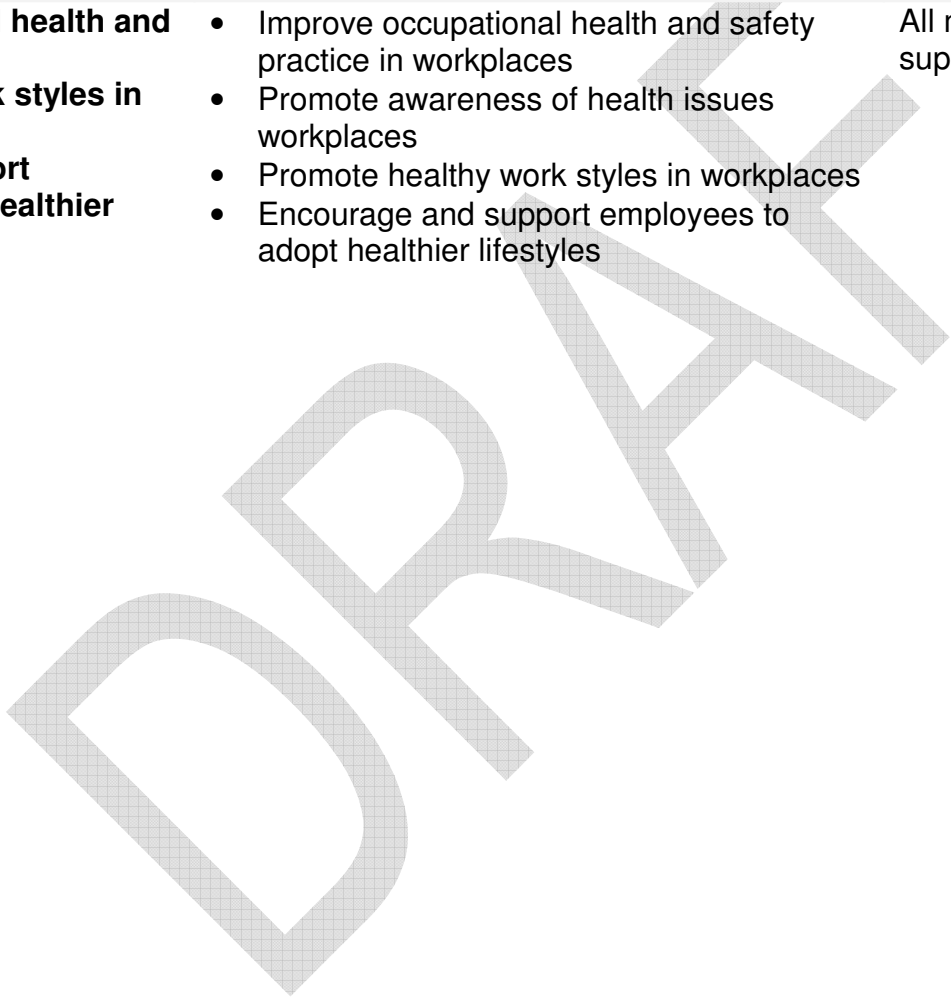
Employment for those with long term health condition including those with a learning difficulty/disability or mental illness, People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation

| Areas for action  | Commitments   | Delivery Partners                                 | Overseeing (and supporting) Partnership  |
|---|---|---|--|
| <p><b>Increase the number of business start-ups</b><br/> <b>Increase social enterprise growth</b><br/> <b>Create more apprenticeships</b><br/> <b>Retain graduates in greater numbers</b><br/> <b>Develop a single gateway for employers</b><br/> <b>Increase the number of learners accessing pre-entry ESOL (English for Speakers Other Languages)</b><br/> <b>Increase access to basic literacy/numeracy courses</b><br/> <b>Promote growth of existing small and medium enterprises</b><br/> <b>Promote opportunities for disabled people and people with work limiting illness to gain and retain employment</b></p> | <ul style="list-style-type: none"> <li>• Provide effective employment and training routes out of poverty and other life circumstances likely to get in the way of positive health outcomes</li> <li>• Support social enterprise growth including involvement of the third sector in service planning and delivery</li> <li>• Support people to set up in business</li> <li>• Promote greater uptake of apprenticeships by employers</li> <li>• Increase the number of learners accessing pre-entry ESOL (English for Speakers Other Languages)</li> <li>• Increase access to basic literacy/numeracy courses</li> <li>• Promote opportunities for disabled people and people with work limiting illness to gain and stay in employment</li> </ul> | <p>All members of the supporting Partnerships</p> | <p>Regeneration and Prosperity Partnership<br/> <i>(Employment and Skills Board, Bradford Breakthrough, Get Bradford Working E3)</i></p> |

**Priority 12: Promote healthier lifestyles in the workplace**

Relevant standards against which to monitor progress on this priority could include:  
Sickness absence rate

| Areas for action   | Commitments  | Delivery Partners                                 | Overseeing (and supporting) Partnership   |
|--|--|---|---|
| <p><b>Improve occupational health and safety in workplaces</b><br/> <b>Promote healthy work styles in the work place</b><br/> <b>Encourage and support employees to adopt healthier lifestyles</b></p> | <ul style="list-style-type: none"> <li>• Improve occupational health and safety practice in workplaces</li> <li>• Promote awareness of health issues workplaces</li> <li>• Promote healthy work styles in workplaces</li> <li>• Encourage and support employees to adopt healthier lifestyles</li> </ul> | <p>All members of the supporting Partnerships</p> | <p>Regeneration and Prosperity Partnership<br/> <i>(Employment and Skills Board, Bradford Breakthrough, Bradford Chamber)</i></p> |



**Priority 13: Create the economic, social and environmental conditions that improve quality of life for all**

Relevant standards against which to monitor progress on this priority could include:

Reduced differences in life expectancy and healthy life expectancy between communities; People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation; Self reported wellbeing

| Areas for action   | Commitments  | Delivery Partners                                 | Overseeing (and supporting) Partnership  |
|--|--|---|--|
| <p><b>Continue to support enterprise and employment in order to raise the economic wellbeing of the people across the district</b><br/> <b>Deliver economic development, without compromising the quality of life of future generations</b><br/> <b>Raise the economic wellbeing of the people across the district</b></p> | <ul style="list-style-type: none"> <li>• Make Bradford a location of choice for business and a great place to operate a business</li> <li>• Support Bradford businesses to be more productive and innovative creating employment opportunities for all</li> <li>• Mainstream successful approaches to income maximisation and financial inclusion</li> <li>• Deliver economic development without compromising environmental quality</li> <li>• Deliver social and green infrastructure to support sustainable growth and sustainable communities</li> <li>• Locate development where it will support opportunities for the delivery of renewable and low carbon energy, green infrastructure and facilities for walking and cycling.</li> </ul> | <p>All members of the supporting Partnerships</p> | <p>Regeneration and Prosperity Partnership<br/> <i>(Employment and Skills Board</i><br/> <i>Bradford Breakthrough)</i></p> |

## Priority 14: Deliver a healthier and safer environment

Relevant standards against which to monitor progress on this priority could include:

Killed or injured on England's roads; Violent crime; Re-offending; Use of green space for exercise / health reasons; Self reported wellbeing; Public sector organisations sustainable management plans; Proportion of people who use services who feel safe

| Areas for action  | Commitments  | Delivery Partners   | Overseeing Partnership              |
|---|--|---|-------------------------------------|
| <p><b>Create a greener, cleaner and more sustainable environment which makes the best use of our resources and positively affects climate change</b></p> <p><b>Support people from different backgrounds to get on well together</b></p> <p><b>Help everyone to feel secure and at ease, including extending community involvement in tackling crime and in strengthening communities</b></p> | <ul style="list-style-type: none"> <li>• Co-ordinate action to reduce the number of people who are killed or seriously injured on the roads with a particular focus on areas where higher rates of accidents occur</li> <li>• Co-ordinate action to reduce the levels of violent crime</li> <li>• Co-ordinate action to reduce re-offending</li> <li>• Co-ordinate action to reduce illicit and other harmful substance use, increase the numbers of individuals recovering from dependence/maintaining abstinence, and build recovery capital in communities</li> </ul> | <p>Safer Roads Steering Group;<br/>West Yorkshire Police;<br/>West Yorkshire Probation Trust;<br/>Bradford Council -<br/>Public Health Department;<br/>Third Sector organisations</p> | <p>Community Safety Partnership</p> |

## Priority 15: Decent homes and affordable warmth

Relevant standards against which to monitor progress on this priority could include:

Fuel poverty, Excess winter deaths, Percentage of population affected by noise, Statutory homelessness, Air pollution

| Areas for action   | Commitments  | Delivery Partners  | Overseeing Partnership     |
|--|--|--|----------------------------|
| <p><b>Build more homes that are affordable</b></p> <p><b>Reduce disrepair and health hazards in older private housing likely to be occupied by vulnerable people</b></p> <p><b>Improve energy efficiency and eco standards</b></p> <p><b>Local authority housing service to provide high quality services</b></p> <p><b>Improve access and services to vulnerable people, process applications more quickly, improve choice, and reduce and prevent homelessness</b></p> <p><b>Improve the design, quality and supply of housing in the district to better meet the needs of older and vulnerable people</b></p> | <ul style="list-style-type: none"> <li>• Enable and support the delivery of more new homes, in particular housing which is affordable to access and maintain, built to high energy efficiency standards.</li> <li>• Improve the quality of existing housing through a comprehensive programme of housing standards advice, support, equity loans and enforcement.</li> <li>• Support implementation of Green Deal measures to homes across the district; update Fuel Poverty action plan; tackle excess winter deaths</li> <li>• Implement major change programme to homelessness prevention and assessment services, improve provision of temporary accommodation.</li> </ul> | <p>Bradford Council registered providers; housing developers; Private landlords; owner occupiers; other public sector partners;</p> <p>Homelessness service providers; other public sector partners.</p> | <p>Housing Partnership</p> |

## Priority 16: Enhance social capital and active citizenship

Relevant standards against which to monitor progress on this priority could include:

Social connectedness; Older people's perception of community safety

| Areas for action  | Commitments   | Delivery Partners                                  | Overseeing (and supporting) Partnership   |
|---|---|--|---|
| <p><b>Develop effective ways for all partners and partnerships to involve communities, groups and individuals in their plans and work</b></p> <p><b>Support communities throughout the District to do things for themselves</b></p>   | <ul style="list-style-type: none"> <li>• Through Ward and Equality Assessments map where we have high and low levels of social capital and active citizens.</li> <li>• Through Ward and Equality Assessments identify Areas and communities of interests with specific health and wellbeing needs where enhancing social capital could make a significant contribution</li> </ul> | <p>Bradford Council;<br/>Third Sector;<br/>NHS</p> | <p>Stronger Communities Partnership<br/><i>(Health Improvement Partnership)</i></p> |
| <p><b>Increase opportunities for active citizen involvement in the District</b></p>   | <ul style="list-style-type: none"> <li>• Through Ward and Equality Plans develop and coordinate community initiatives that support communities to do things for themselves and engage communities appropriately</li> </ul>  |  |   |
| <p><b>Encourage people from different backgrounds to get on well together</b></p> <p><b>Create opportunities for individuals, groups and organisations to get together to discuss their circumstances, needs and aspirations, within and between communities and neighbourhoods</b></p> | <ul style="list-style-type: none"> <li>• Work with Health and Wellbeing partners to help develop support networks and self help groups</li> <li>• Ensure there is brokerage between people wanting to volunteer and organisations seeking volunteers</li> </ul>   |  |   |



**Priority 17: Reduce harm from preventable disease caused by tobacco, obesity, alcohol and substance abuse**

Relevant standards against which to monitor progress on this priority could include:

Smoking prevalence – 15 year olds; Diet; Excess weight in adults; Proportion of physically active and inactive adults; Smoking prevalence – adults; Successful completion of drug treatment; People entering prison with substance dependence not previously known to community treatment

| Areas for action  | Commitments   | Delivery Partners  | Overseeing Partnership                |
|---|---|--|---------------------------------------|
| <p><b>Work with partners to promote an environment and culture that makes healthy lifestyles easier to achieve</b><br/> <b>Develop tiered model of interventions so the most effective interventions get to the right people at the right time</b><br/> <b>Commission specialist services for those in greatest need</b><br/> <b>Provide brief interventions and referrals to effective preventative services, using the principles of ‘Making Every Contact Count’</b><br/> <b>Increase access to targeted health checks</b></p> | <ul style="list-style-type: none"> <li>• Address access to low priced tobacco and alcohol through enforcement</li> <li>• Recognise the importance of safe places to take part in physical activity, whether that be walking or cycling routes, community centres or health facilities and improve accessibility in a physical and monetary sense to ensure available to the wider community</li> <li>• Address obesity as a family issue of malnourishment linked to poverty and deprivation</li> <li>• Address access to low priced poor quality food and takeaways</li> </ul> | <p>Bradford District Care Trust;<br/>                     Third Sector;<br/>                     Clinical Commissioning Groups;<br/>                     Regeneration and Prosperity Partnership;<br/>                     Bradford Council;<br/>                     Airedale NHS Foundation Trust;<br/>                     Bradford Teaching Hospitals Foundation Trust;<br/>                     West Yorkshire Joint Services</p> | <p>Health Improvement Partnership</p> |

## Priority 18: Reduce mortality from cardiovascular disease, respiratory disease and cancer

Relevant standards against which to monitor progress on this priority could include:

Recorded diabetes; Alcohol related admissions to hospital; Cancer diagnoses stage 1 & 2; Cancer screening coverage; Access to non-cancer screening programmes; Take up of NHS Health Checks; Mortality from all cardiovascular diseases (including heart disease and stroke), cancer, liver disease, respiratory diseases, communicable diseases; Emergency readmissions within 30 days of discharge from hospital; One- and five-year survival from colorectal, breast, lung cancer; Preventable sight loss; Emergency readmissions for acute conditions that should not usually require hospital admission; Proportion of stroke patients reporting improvement in activity/lifestyle

| Areas for action   | Commitments  | Delivery Partners  | Overseeing (and supporting) Partnerships   |
|--|--|--|--|
| <p><b>Ensure early detection of cardiovascular disease, respiratory disease, cancer and diabetes, including health screening</b></p> <p><b>Develop integrated care models to meet individual need</b></p> <p><b>Improve management of people with chronic disease and cancer</b></p> <p><b>Reduce complications and repeat admissions from chronic disease</b></p> <p><b>Work with vulnerable and high risk groups to reduce inequalities in access to health services</b></p> <p><b>Improve self-care support</b></p> | <p>Airedale Wharfedale and Craven and Bradford City and Bradford Districts CCG</p> <ul style="list-style-type: none"> <li>• Full implementation of CVD Secondary Prevention Quality Improvement (QI)Project,</li> <li>• Continued implementation of the Atrial Fibrillation QI Project</li> <li>• Development and implementation of Enhanced Heart Failure (HF) project for patients with Heart Failure</li> <li>• Continued implementation of the Respiratory QI project</li> <li>• More robust implementation of smoking cessation into secondary care pathways across hospital and mental health care</li> <li>• Development, implementation and evaluation of directed enhanced services (DES) for hypertension telemonitoring in Bradford District CCG.</li> <li>• Using the findings of the Diabetes review and other plans to improve care and outcomes for patients with diabetes</li> </ul> <p>All with specific encouragement and support of practices with most deprived practice populations to fully participate"</p> | <p>Public Health teams;</p> <p>Primary care teams;</p> <p>Secondary care teams;</p> <p>Clinical Specialty Leads;</p> <p>Clinical Commissioning Groups;</p> <p>Providers;</p> | <p>Transformation and Integration Group;</p> <p>Transformation Change Board;</p> <p>Bradford and Airedale Collaborative Commissioners Forum;</p> <p>Cancer Local Area Network ;</p> <p>Respiratory Quality Improvement Group;</p> <p>Stroke Strategy Group;</p> <p>Diabetes review board;</p> <p>Self care network</p> |