

Agenda for a meeting of the Bradford and Airedale Health and Wellbeing Board to be held on Tuesday 24 November 2015 at 10.00, in Committee Room 1, City Hall, Bradford

Dear Member

You are requested to attend this meeting of the Bradford and Airedale Health and Wellbeing Board.

The membership of the Board and the agenda for the meeting is set out overleaf.

Yours sincerely



Interim City Solicitor

Notes:

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

From:

D Pearson

Interim City Solicitor

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To:



City of Bradford
Metropolitan District Council



Members of the Board -

MEMBER	REPRESENTING
Councillor David Green (Chair)	Leader of Bradford Metropolitan District Council
Councillor Ralph Berry	Portfolio Holder for Health and Social Care
Councillor Simon Cooke	Bradford Metropolitan District Council
Kersten England	Chief Executive of Bradford Metropolitan District Council
Dr Andy Withers	Bradford District Clinical Commissioning Group
Helen Hirst	Bradford City/ Bradford District Clinical Commissioning Group
Dr Philip Pue	Airedale, Wharfedale and Craven Clinical Commissioning Group
Dr Akram Khan	Bradford City Clinical Commissioning Group
Brian Hughes	Locality Director, West Yorkshire
Anita Parkin	Director of Public Health
Bernard Lanigan	Interim Strategic Director of Adult and Community Services
Michael Jameson	Strategic Director of Children's Services
Javed Khan	HealthWatch Bradford and District
Sam Keighley	Bradford Assembly representing the Voluntary and Community sector
Simon.Large/Bridget Fletcher or Clive Kay	One Representative of the main NHS Providers

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The Interim City Solicitor will report the names of alternate Members who are attending the meeting in place of appointed Members.

2. DISCLOSURES OF INTEREST

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

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

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

Notes:

- (1) Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.
- (2) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.
- (3) Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.
- (4) Officers must disclose interests in accordance with Council Standing Order 44.

3. MINUTES

Recommended-

That the minutes of the meeting held on 16 September 2015 be signed as a correct record (previously circulated).

4. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

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

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

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

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

(Fatima Butt - 01274 432227)

B. BUSINESS ITEMS

5. **SUBJECT: WORKING BETTER TOGETHER - A WHOLE SYSTEM FOR HEALTH AND SOCIAL CARE**

Previous Reference: Minute 13 (2015/16)

Members are reminded that the Board at its meeting held on 16 September 2015 considered Document "D" - Working Better Together- Developing a Whole System Approach to Health and Social Care. It was resolved that the principles outlined in the report be supported and that further reports be submitted to the next Board meeting following the October Health and Wellbeing Board development session.

In accordance with the above a joint report (**Document "G"**) is presented which updates the Board on work that is being undertaken towards delivering the vision for 2020 of a sustainable health and care system. It reports that the work being carried out focuses on enhancing health and wellbeing and accelerating an improvement in outcomes for the local population through integrated commissioning and delivering new models of care and, updates the Board on the work that is being planned to build upon the Better Care Fund, as well as expanding the joint commissioning arrangements to secure better integration of health and care services.

The report also serves as a progress report on the tasks commissioned at the Board's development sessions.

Recommended-

That the Health and Wellbeing Board supports the principles outlined in Document "G" and further reports be submitted to the next Board meeting.

(Damien Kay – 01274 237661)

6. **CHAIRS UPDATE**

The Chair's Highlight report (**Document "H"**) provides updates on business arising between Board meetings and the Board's sub-groups as follows:

Business conducted under the Chair's action:

- Children and Young People's Mental Health – Future in Mind Transformation Fund Bid

Updates from the Health and Wellbeing Board sub-groups:

- Integration and Change Board
- Bradford Health and Social Care Commissioners

(Angela Hutton - 01274 437345)

7. JOINT REPORT ON SAFEGUARDING ARRANGEMENTS FOR CHILDREN, YOUNG PEOPLE AND ADULTS

Previous Reference: Minute 20 and 21 (2014/15)

Members are reminded that this Board at its meeting held on 25 November 2015 considered reports on the Safeguarding Arrangements for Children, Young People and Adults and resolved that:

- That the Board has a themed meeting at least annually that looks at safeguarding issues across Adults and Children's Services as part of its responsibilities for the health and wellbeing of the district.
- That a further report be presented to the Board on the progress made with the Bradford Safeguarding Children Board Work Plan for 2014/15.
- That a further report be presented to the Board on the progress made with the Safeguarding Adult Board – Bradford and Airedale Work Plan for 2014/15 and priorities for 2015/16.”
- That a further report be presented to the Board on whether relevant agencies could have a system in place that flags up any child that is at risk of child sexual exploitation so that any agency that had access to records could immediately be alerted of a child at risk.

In accordance with the above the Strategic Director, Children's Services and the Interim Strategic Director, Adult and Community Services will submit **Document "I"** which presents progress reports from the Bradford Safeguarding Children Board and the Safeguarding Adult Board – Bradford and Airedale for feedback and discussion. The report outlines the main areas covered by the annual reports and highlights three areas of focus where joint approaches to policy and practice are in operation or in development across children's and adults' safeguarding arrangements.

Recommended-

- (1) That the Board receive the annual reports of the Bradford Safeguarding Children and Safeguarding Adults Boards.**
- (2) That the Board support the development of a new integrated Early Help Offer for the District.**
- (3) That the Board task the Bradford Health and Care Commissioners to support the development of a Joint Commissioning Strategy for Special Educational Need and Disability based on the recent update of the SEND Needs Assessment.**

(Angela Hutton – 01274 437345)

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Report of the Directors of Public Health, Adult and Community Services and Finance of Bradford MDC, and the Director of Collaboration and Chief Officers of the CCGs to the meeting of the Health and Wellbeing Board to be held on 24th November 2015.

Subject: Working Better Together - A Whole System for Health and Social Care

G

Summary statement:

This report updates the Board on work that is being undertaken together to take us closer towards delivering our vision for 2020 of a sustainable health and care system. This work is focused on enhancing health and wellbeing and accelerating an improvement in outcomes for the local population through integrated commissioning and delivering new models of care. The report updates the Board on the work that is being planned to build upon the Better Care Fund, as well as expanding our joint commissioning arrangements to secure better integration of health and care services. It also serves as a progress report on the tasks commissioned at the Board's development sessions.

Bernard Lanigan, Interim Strategic
Director Adult and Community Services
Anita Parkin, Director of Public Health,
BMDC
Nancy O'Neill, Director of Collaboration
Helen Hirst
Chief Officer, Bradford City and
Districts
Philip Pue, Chief Clinical Officer AWC
CCG
Stuart McKinnon-Evans, Director of
Finance, BMDC

Portfolio:

Health and Social Care

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Overview & Scrutiny Area:

Health and Social Care



1. SUMMARY

This report updates the Board on work that is being undertaken together to take us closer towards delivering our vision for 2020 of a sustainable health and care system. This work is focused on enhancing health and wellbeing and accelerating an improvement in outcomes for the local population through integrated commissioning and delivering new models of care. The report updates the Board on the work that is being planned to build upon the Better Care Fund, as well as expanding our joint commissioning arrangements to secure better integration of health and care services. It also serves as a progress report on the tasks commissioned at the Board's development sessions.

2. BACKGROUND

The 5 year forward view was signed off by the Health and Wellbeing Board in July 2014. It is a strategy for the Bradford District & Craven health and care system which is designed to deliver our collective vision to create a sustainable health and care economy that supports people to be healthy, well and independent. It describes how health and care services for the people of Bradford District & Craven need to change over the 5 years from 2014 to 2019, and sets out how we envisage this will be achieved. It recognises this is a time of unprecedented prolonged financial challenge to the health and social care sector, twinned with rapidly rising demand, as well as acknowledging this a huge opportunity to create a system that operates in a way better suited to the 21st century. Working together across the health and care system we need to move from looking at how we merely address the financial challenge in the system to looking at how we collectively utilise available resources in a more efficient and effective way. In order to deliver the ambitions of this plan we are working to shift activity and resources into different parts of the system and are working together across numerous work-streams to secure its implementation. This is being done through transforming and integrating health and care services through establishing new models of care (see Appendix 1), supported by commissioners working together and providers coming together to form alliances to bring different services together - like hospitals, social care and GPs – so that they work in a more joined up way.

The Bradford and Airedale Health and Wellbeing Board has agreed to lead the work on system change to improve outcomes and ensure that the local health economy remains sustainable as public sector budgets reduce up to 2020. Specifically the Health and Wellbeing Board has agreed to work towards the establishment of a total pooled joint commissioning budget and a single prioritisation process that will help to ensure that the right services and interventions are funded to improve health and wellbeing outcomes for the District.

The Board acknowledged that this was a long term objective and that we should aim for this to be the position within five years. Recent Health and Wellbeing Board development sessions have challenged the health and care system to align commissioning plans and resources in 2016 to move us towards this objective and utilising the Better Care Fund framework is seen as one of the key mechanisms to achieve this.



3. REPORT ISSUES

3.1 Pooling budgets through the Better Care Fund

From April 2014, CCGs and the Local Authority have been required to work together to manage funds through the Better Care Fund. The fund is intended to act as a catalyst towards change in health and social care. The CCGs and the Local Authority developed a Better Care Plan, signed off by the Health and Wellbeing Board to set out to how they will use the money that is transferred to a pooled budget specifically for the provision of integrated care. Locally, this is £37.3m and is comprised of aligned existing funding to support the development of an integrated system of community based care and in particular, intermediate care to support people to regain and maintain their health, wellbeing and independence

Pooling budgets makes it easier to commission and deliver the health and wellbeing services people need against a common set of outcomes for their population. Instead of having to deliver highly specified services that target narrow outcomes against fragmented budget codes, providers can personalise interventions according to the best interests of individuals and respond much faster when needs change.

Locally, prior to the Better Care Fund we had already pooled a number of specific budgets including those for community equipment services, and children's communication aids. This provides a shared set of goals and priorities across commissioners and provides a framework for risk sharing, and overall improves service delivery with streamlined assessment processes and response times.

The Board's discussion of how to accelerate progress on the scale and pace of our joint commissioning activity has led to the proposal to develop the Better Care Fund further from 2016-17 with the intention to:

1. increase the scope and scale of the Better Care Fund
2. secure better use of resources through collaborative decision making
3. design new models of care that support improvement in outcomes through both commissioner and provider collaboration

In respect of the scope and scale of the BCF discussions are taking place across the CCGs and CBMDC on an initial expansion of the Better Care Fund to support improvement in the quality of care commissioned, to enable care to be personalised, reduce duplication and produce better value for the system. An initial assessment has scoped out an opportunity to create a BCF in excess of £200m which is broken down into 5 categories:

- keeping people well in the community,
- active support and recovery,
- independent living solutions,
- long-term high support



- adult inpatient medical emergency admissions.

Monitoring the expenditure trends across the whole BCF should enable us to understand the interdependencies between the different elements of the budget and incentivise spending on lower level interventions in an attempt to reduce high cost interventions including emergency hospital admissions.

Improved joint governance arrangements will need to be in place and are being worked through ready to be in place by March 2016 to support shared decision-making about pooled funds. Additionally an overarching Section 75 agreement for 2015/16 is about to be signed off which defines and governs how resources pass between the Council and the CCGs. This Section 75 agreement:

- Covers all key areas where resources transfer between CCGs and the LA;
- Clearly identifies the resources which transfer;
- Provides clarity on the responsibilities of each partner;
- Provides flexibility for adding/removing services where applicable.

With regard to the better use of resources through collaborative decision making, where greater collaboration is agreed this will sometimes, but not always, be facilitated by a Section 75. The current Section 75 agreement includes:

- Administering continuing healthcare contracts
- Contract compliance, resilience and domiciliary care (pooled budget)
- Integrated carers services
- Community equipment services (pooled budget)
- Stroke info and support service
- Alcohol services commissioning
- Joint Mental Health strategic commissioning
- Joint Learning Disability Strategic Commissioning
- Domestic and Sexual Violence Services (pooled budget)
- Children's communication aids (pooled budget)
- CCG and public health commissioning and contracting

The intention is also that operational managers and staff from across different services will be brought into closer day to day working arrangements to join-up practice and share knowledge and expertise of these key areas of practice to enhance the quality of services to improve outcomes.

In respect of new models of care, Appendix 1 details the design work being undertaken to support an improvement in outcomes.

3.2 Commissioning processes to support system wide transformation health and care



‘Accountability arrangements are critical to any system. They set the framework for strategic decisions about how services are provided and to whom, the quality of those services and whether the funds available are well spent. They determine how much say local people and users have alongside regulators and national and local politicians. Weak, poorly designed accountability arrangements are likely to lead to strategic or service quality failures or poor value for money.’
Nuffield Trust, Reconsidering accountability in an age of integrated care, July 2015

Strategic commissioning is one of the key products of the Health and Wellbeing partnership arrangements with the emphasis on ‘making a difference to our customers’ through a clearly articulated vision and set of priorities as set out in the 5 year forward view. The overall objective is to establish an ‘accountable care system’ for Bradford District and Craven through new ways of procurement and contracting which in turn would lead to changes in the models of providing services. It is envisaged that much of the current, operational commissioner activity would sit within these new models of care and therefore one consequence would be the need to create a smaller, more strategic commissioning function. This requires different ways of working across the commissioners, including pooling of resources and different sets of behaviours which are currently being worked through via outline principles and terms of reference for a commissioner alliance for Bradford District and Craven which were shared at the October 2015 Health and Wellbeing Board Development session.

Through the design of new models of care we are exploring the development needs for commissioning as we create a strategic commissioning response to the new models of provision.

Specifically, through collaborative arrangements via Bradford Health and Care Commissioners, the Local Authority and CCGs are working towards developing stronger and deeper integration of health and social care and are working through the options as set out above.

This will create a more joined-up approach to planning and commissioning across out-of-hospital care, and support efforts to deliver more integrated, person-centred care. Amongst the benefits of being able to deliver better integrated care through resource pooling, there will be risk and benefit share opportunities, greater openness and a feeling of fairness through better buy-in to commissioning decisions from all member organisations, as they feel able to be fully involved and have the opportunity to contribute. This will create the potential for further opportunities to integrate – even if we start small we can expand the scope later. Ultimately our new commissioning arrangements will move us towards our 2020 vision.



Work will need to take place with legal representatives of respective organisations to ensure that processes are agreed that comply with all legal and statutory requirements.

3.3 Joint financial planning and prioritisation framework

An outline Joint Finance Strategy was produced during summer 2015 by the Finance Directors of the Council, the CCGs and the acute Trusts. The outline strategy was shared with Health and Wellbeing Board members at the October development session where it was agreed that the Directors of Finance would consider where further efficiencies could be made within current arrangements and systems across health and social care during 2016-18. This work was to include consideration of whether any further integration activities or programmes could be developed through the expansion of the Better Care Fund to create a BCF plus programme in 2016/17. See Section 3.1 above.

Further work is still required to deliver efficiencies across the rest of health and social care. The joint Financial Director groups has begun to scope the potential for further cost reductions in 2016-18 and concludes that these would need to be found through:

1. Action taken by the individual organisations to seek further efficiencies in costs that are within each organisation's control

All organisations are delivering internal efficiencies to meet their own statutory requirements. The FDs will also look at the opportunities to share common costs, but the initial conclusion is this will not yield cost reductions at the scale that will be needed.

2. Action taken at the operational interfaces between organisations. Areas worthy of consideration include:

- capacity to enable hospital discharges;
- optimising the use of personnel across system boundaries;
- cross-system support to people with learning disabilities.

Achieving significant escalation of cost savings across organisational boundaries would require a clear, system-level vision and services to engage with what these efficiencies would look like, with additional system-wide resource to facilitate planning and delivery.

3.4 Alignment and streamlining of key strategic Health and Wellbeing documents

The Joint Health and Wellbeing Strategy and the Five Year Forward View for health and social care across Bradford District and Craven are to be brought together to provide a single, shared vision and set of priorities to guide the improvement of health and wellbeing outcomes. The aim is to streamline existing documents to provide clear messages that can be reflected in the other strategies and plans to enable them to align their contribution



with the common, whole system outcomes.

4. FINANCIAL & RESOURCE APPRAISAL

A full financial and resource appraisal will be undertaken as the development of the whole system approach progresses.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

A risk register will be established to ensure that the Health and Wellbeing Board is aware of system-level risks where these are not able to be mitigated at Programme Board level and require escalation to Strategic Board level.

6. LEGAL APPRAISAL

- 6.1** This initial legal appraisal has been undertaken by the Council. The first issue that will need to be addressed is whether the organisation has the legal powers to participate in the Commissioner Alliance. Section 1 of the Localism Act 2011 allows the Council to do anything that individuals generally may do subject to the limitations set out in the same Act and any prohibitions on activities contain in other legislation. In addition the Council's Constitution (Article 13) allows the Council and the Executive to enter into joint arrangements to deliver services. The other participants will need to provide assurances that they have similar powers and are not prohibited from entering into an agreement to facilitate the Commissioner Alliance.
- 6.2** The second issue is whether the individual representatives of the organisations have delegated authority to take decisions on behalf of their organisations. Bradford Council sets its budget annually at Full Council and allocates funding to each department for the provision of its services. Article 14 of the Council's Constitution gives delegate authority to officers to implement decisions of the Council. This would include the allocation of budgets to deliver services. Similarly each CCG has to submit a financial and operational plan to NHS England approved by each CCG Governing Body. The individual CCGs whilst being authorised to spend their resources as they see fit to deliver their objectives have to ensure all NHS constitution standards and other statutory obligations are fulfilled. Each participant will need to ensure that their representative has the necessary authority to take decisions as part of the Commissioners Alliance that will bind their organisation.
- 6.3** All parties will need to understand the legal and governance framework within which each participant undertakes their commissioning and procurement activities. Bradford Council and the CCGs must comply with all legislation that applies to Local Authorities and the NHS respectively in terms of securing value for money and in particular the European Union Procurement Regulations relating to public



sector contracts. In addition Council officers must exercise their delegated authority in accordance with the Council's agreed budget and policy framework and comply with the Council's Contract Standing Orders and Financial Regulations and CCG officers and clinical leaders have a similar governance framework through their CCG constitutions with which they have to comply. To ensure that any joint commissioning and procurement is undertaken with the permitted framework of each participant, processes will have to be agreed that comply with all these requirements as well as any others that apply to other organisations.

- 6.4 Clarity about where decisions are to be taken is needed. If it is proposed that they are taken by the Health and Wellbeing Board then the Terms of Reference of the Board as set out in the Council's Constitution will need to be amended to reflect the additional responsibility. This will then address the issue of delegated authority in relation to the Council as it is a sub-committee of Full Council and, as such, if Full Council agrees the amendment to the Constitution then that is the delegation from Council to the Board. CCGs will need to establish the authority to do this through their constitutions and their schemes of delegation amended accordingly.
- 6.5 Consideration will also need to be given to the position of providers who sit on the Board as they may have a conflict of interest if they are to participate in decisions about which services should be commissioned where they may also be the providers of those services.
- 6.6 Full legal appraisal will be needed in relation to the further development of the Better Care Fund and Section 75 agreement and other specific issues as identified as the proposal is developed.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

An Equality Impact Assessment will be undertaken following the full report to the Health and Wellbeing Board at the December 2015 Board meeting.

7.2 SUSTAINABILITY IMPLICATIONS

The system change work that will continue throughout 2015-16 and beyond provides an opportunity to further embed the principles of sustainable development to contribute to a sustainable financial footing for the future provision of healthcare.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

The UK health and care system contributes 32 million tonnes of CO₂ per year. The impacts are often attributable to pharmaceuticals, energy, travel and transport, waste and anaesthetic gases. There are three notable areas which have opportunity to address greenhouse gas emissions (carbon footprint);



- Good lifestyle habits
- Redesigning services
- Integrated working

Close attention to buildings, energy, waste, procurement and commissioning and travel and transport would allow improvement on current levels of greenhouse gas emissions.

7.4 COMMUNITY SAFETY IMPLICATIONS

None

7.5 HUMAN RIGHTS ACT

None

7.6 TRADE UNION

None

7.7 WARD IMPLICATIONS

None

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

Not applicable.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

None

10. RECOMMENDATIONS

The Health and Wellbeing Board supports the principles outlined in this report 'Working Better Together- Developing a Whole System Approach to Health and Social Care. Further reports are to be brought to the next Board meeting.

11. APPENDICES



12. BACKGROUND DOCUMENTS

None



New Models of Care – Bradford District and Craven

1. A national programme of Vanguard sites have been set up which is the beginning of widespread, person-centred change which need to demonstrate they are viable models for reform in a tough financial climate. The vanguard areas will join up mental health, primary care, community nursing, hospitals, pharmacy and social care. Nine are primary and acute care systems, while fourteen are multi-specialty community providers (GP practices coming together with hospital specialists, community services, nurses and pharmacists to offer primary and specialist services). Thirteen are acute care collaboration vanguards which will link together local hospitals to improve their clinical and financial viability. Six – aim to enhance health in social care focus the total care system. There is substantial investment to secure change and tailored support for each area on everything from clinical workforce redesign to digital technology and patient empowerment. The learning will not just be about the specifics of particular models, but about leadership for system-wide cultural change.

2. Five areas of health and social care have been chosen as vehicles to shape, and take forward, our vision for an over-arching new model of care across the District. The work taking place surrounding these five programmes will equip the system leaders with a valuable insight into the change management process required and the best way of deploying our transformation resources. These are seen as a signal of our collective determination to inject pace and resources into testing out its ambitions for developing an accountable care system – one which breaks new ground in the way health and social care is commissioned and delivered across Bradford, Airedale, Wharfedale and Craven. To test this vision as robustly and effectively as possible, the following cross-section of programmes have been selected:
 - Better Start Bradford and Looked After Children
 - Airedale, Wharfedale and Craven (New Models of Care Programme)
 - Cardio-vascular disease
 - Diabetes
 - Enhanced Care in Care Homes (Vanguard status) –

3. These are workstreams of the Integration and Change Board which will closely follow all the principles of the Vanguard to ensure the five programmes make the best possible contribution to the next steps in the creation of an accountable care system. Below is a summary of some of the work being undertaken:
 - 3.1. Airedale, Wharfedale and Craven New Models of Care (NMoC) Programme

Appendix 1

3.1.1 This is a key enabler in re-shaping the health and social care services delivered across Airedale, Wharfedale and Craven (AWC) and in delivering against the 'Right Care' vision as set out in the district's Five Year Forward View. Synonymous with all populations, the residents of AWC have significant degrees of variation in their health and social care needs. Implementing innovative modes of care provides the opportunity to meet these needs, reducing demand on an already overstretched care economy. Health and social care partners across AWC are working collaboratively to improve and integrate services as the primary mechanism for reducing avoidable demand on the system, improving patient outcomes, and generating the necessary efficiencies required to ensure financial sustainability of the local care economy.

3.1.2 The NMoC programme seeks to achieve these objectives through the delivery of 4 key projects (see figure 1):

a) Complex care

If people have more than one health condition and need extra help to live independently we say that they have 'complex needs'. People with complex needs will be selected by their GP practice and with their agreement will receive more support from a new 'complex care team'. The complex care team will have a number of different professionals working in it including a doctor, nurse, mental health nurse pharmacist and a personal support navigator who will act as the link with social workers. A business case and service specification for the Complex Care service has been developed and approved. Local providers of clinical services have been invited to participate in the delivery of this service. The Personal Support Navigator (PSN) role of the service will be commissioned separately by BMDC. The complex Care service will be piloted for 12 months. A formal evaluation will take place and to determine the medium to long term future of the service.

b) Enhanced care

Some people don't have complex needs, but have a long term condition, like diabetes or asthma, and more can be done to help them manage it. The aim is to provide people and their families with more targeted support and help them set personal goals, such as being able to play football or feeling less anxious. Individuals requiring enhanced care may also have mental health or social care issues which affect their daily living and means they need to access a range of care health and service frequently. In AWC there are some schemes known as 'Enhanced Primary Care'. These are testing out different ways of providing enhanced care. The learning from these will inform the type of Enhanced Care service that will be offered in the medium to long term in AWC.

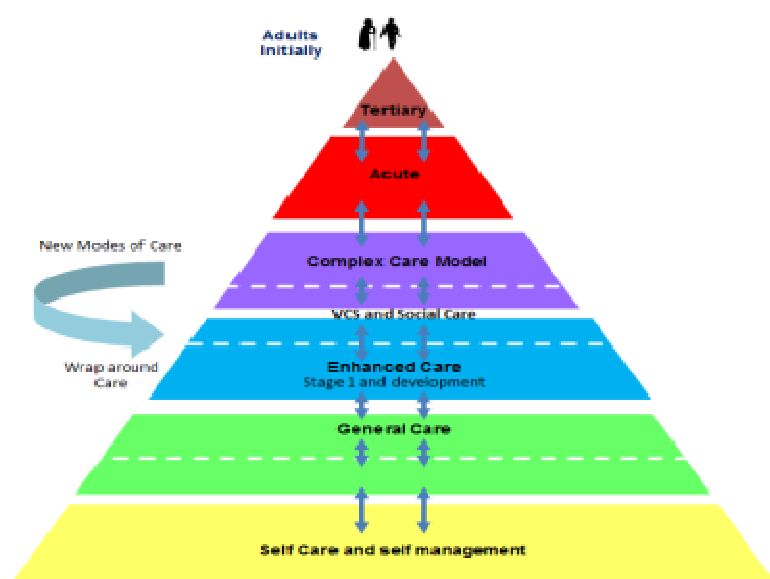
c) Wrap around (integrated community care)

Care will be ‘wrapped around’ people. This means that services like community nursing, end of life care, therapy services and social care will be joined up to work together for the needs of the patient and their family. Each person’s care will be personalised to their needs, not a one size fits all approach. This means listening to the patient and their family about what is important to them. This ‘wrap around’ care will support people who are being cared for by the complex care team or who are getting enhanced care. People will receive care in their own home so that they can live independently at home for as long as possible. This is no different to how people currently receive care, but people will be supported for a longer length of time and their care will be more joined up.

d) Self-care

Self-care is about helping people to live healthy lives, to avoid them becoming ill in the first place and supporting people to look after their health. Self Care is about the actions people can take to manage their physical, mental, emotional and spiritual health and wellbeing. It is about helping people to feel more confident about managing their health; so that they know when they need to see a health professional and they feel more in control of their health. There is a Bradford District wide Self Care Programme that is supported by local delivery within AWC. The aim is promote better ways of making sure a key part of everything we do.

Figure 1



Appendix 1

3.2 Enhancing Health in Care Homes (Vanguard)

One of the new care delivery models highlighted as delivering the above referred to triple aim was Airedale NHS Foundation Trust's innovative nursing and residential care home telemedicine service. The success of the service to date and interest shown nationally led to the team at Airedale NHS Foundation Trust and its partners submitting a bid for the Enhanced Health in Care Homes in order to demonstrate how such a service can be replicated for the benefit of a much wider population. This is now one of the national Vanguard Programme new models of care for providing Enhanced Care in Care Homes. It will initially focus on:

- Multi-agency support for people in care homes and to help people stay at home
- Using new technologies and telemedicine for specialist input
- Support for patients to die in their place of choice.

3.2.1 The ambition is to improve the lives of those living in care homes by using technology to take the expertise that they need into their homes, rather than expect them to come to us. This way, their home becomes the default care setting, not a GP surgery, outpatient clinic or emergency department.

3.3 NHS Bradford City and NHS Bradford Districts CCG New Models of Care

a) Commissioning Complex Care - Bradford City CCG and Bradford Districts CCG

The Out of Hospital Programme works with patients, service users, existing and potential providers to commission a Complex Care Service (CCS) which will operate across the population served by Bradford Districts and City CCGs. CCS will deliver a fully integrated accountable care system with no boundaries between services. Its purpose is to provide optimal care to people with complex needs as a result of frailty, long-term condition/s, chronic disability or complex needs arising from ill health.

It will support all adults in need of the service in their own homes, including those who live in care homes. Workforce management and developments will enable skill mix within CCS to match the needs of the people it serves rather than being determined by professional or organisational structures. It will therefore include medical (GP and consultant), advanced health practitioners, nursing, Allied Health Professions, social care, care navigation and case management, mental health and wellbeing services and any other services determined by need.

Appendix 1

Access will be through a single point, supported by tele-consultation. This will be the forerunner of a single point of access for all community health and social care services.

The intended outcome of the service is to enable the people it serves to remain as healthy, well and independent as possible and to reduce unnecessary dependence on health and care services, particularly acute secondary care. This will be achieved through proactive care planning, including Advance Care Plans and Emergency Care Plans driven by the wished and aspirations of the person concerned. The promotion and enablement of self-care education and skills will support a culture change in reducing dependence on traditional health and care services, with increasing support being provided through pharmacy, community and voluntary services.

Complex Care Teams will provide NHS and social care services with the capacity and capability to maintain people with complex needs at home and only utilise hospital services when absolutely necessary.

The service will support people in care homes, including investment in training and education and proactive care to ensure that care is optimised for people with very complex needs. Needs will be less likely to escalate in an uncontrolled manner enabling people to live with dignity and control over their care. It will enable people with dementia to receive care in their place of residence and minimise transfers to other settings.

The service will be delivered by 4 or 5 teams each serving a population of between 80,000 and 100,000 people. Each service will be responsive to local need and link closely to Integrated Community Services delivered at a practice/local neighbourhood level.

b) Intermediate Care

The Out of Hospital Programme is bringing all intermediate care services together to support Bradford residents within a whole system approach. Joint working between BTHFT, CBMDC, BDCFT and the CCGs to develop and strengthen Intermediate Care Services has led to the creation of a single point of access to Intermediate Care services and the expansion of those services. A new BEST Rapid Response Team will enable people at risk of hospital admission through a combination of health and care needs to remain at home with support from both the Virtual Ward and BEST.

From 2.11.15, the Intermediate Care Hub will enable step up access from community and primary care to intermediate care, including community beds. More people than before will be enabled to avoid acute admissions and to get the right support, in the right place, first time.

c) Integrated Ways of Working

Everyday integrated ways of working across general practice/community services will be the focus for the majority of people registered with City and Districts practices. This will include preventative approaches such as Diabetes, Cardio Vascular Disease – see below.

d) Diabetes

NHS Bradford City and Districts CCGs are developing a new model of care building on the success of NHS Bradford City CCG's Bradford Beating Diabetes initiative. This aims to identify people at risk of developing type 2 diabetes and offer a range of lifestyle interventions to prevent or delay the onset, to identify all people currently undiagnosed with diabetes, and to improve outcomes for people diagnosed with the condition through improved clinical management and self-care. They are currently developing an end to end care pathway and will procure this service as a test of a new model of contracting to deliver new models of care and in particular the provider alliance elements which will require providers of care to work together in a very different way to deliver improved outcomes.

e) Cardio Vascular Disease (CVD)

Bradford Healthy Hearts is a programme with a bold and clear ambition to reduce cardiovascular events by 10% by 2020 which will result in 150 fewer strokes and 340 fewer heart attacks and Bradford Districts will no longer be the 7th worst CCG in the country. This is an integrated programme focusing on those with chest pain, heart failure and atrial fibrillation (AF). It will build on the learning and experience of the above approach to the new model of contracting and delivery of a diabetes service.

4. Additionally, there are other recently launched Vanguards as part of the national programme that span beyond our local population, but which we are part of given the geographical footprint and population flows. There is a West Yorkshire Urgent and Emergency Care Vanguard which is focused on testing new ways of working and accelerating the adoption of new models of care for Urgent and Emergency Care. For example they are focussing on reconfiguring clinical pathways for people with specialist emergency care needs, developing ways of the workforce working differently such as emergency care practitioners in primary care and by April 16 they will have developed a West Yorkshire wide emergency services mental health strategy and they are committed to expanding those things that are working well at a local level across a broader footprint such as 'pharmacy first' minor ailment services.

Report of the Chair to the meeting of the Health and Wellbeing Board to be held on 24th November 2015.

Subject: Chair's Highlight Report

H

Business conducted under Chair's action:

- Children and Young People's Mental Health – Future in Mind Transformation Fund Bid

Updates from the Health and Wellbeing Board sub-groups:

- Integration and Change Board
- Bradford Health and Care Commissioners

Summary statement: The report provides short updates on business arising between Board meetings or at the Board sub-groups.

Bernard Lanigan
Interim Director- Adult & Community Services, CBMDC

Anita Parkin
Joint Director of Public Health, CBMDC

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Portfolio:
Health and Social Care

Overview & Scrutiny Area:
Health and Social Care



1. SUMMARY

This Chair's Highlight report provides short updates on business conducted under Chair's action between Board meetings, and business conducted at the sub-groups of the Health and Wellbeing Board as follows:

Business conducted under Chair's action:

3.1 Children and Young People's Mental Health – Future in Mind Transformation Fund Bid

3.2 Updates from the Health and Wellbeing Board sub-groups:

3.2.1 - Bradford Health and Care Commissioners

3.2.2 - Integration and Change Board

This report is intended to streamline the paperwork for Board meetings by dealing with a number of items for information within a single report.

2. BACKGROUND

The background to each item is described in the relevant part of section 3.

3. OTHER CONSIDERATIONS

3.1 Business conducted between meetings under Chair's action

Young People's Mental Health and Wellbeing - Future in Mind Transformation Bid

The recent report of the Children and Young People's Mental Health Taskforce 'Future in Mind' establishes a clear direction and key principles for children and young people's access to mental health care.

A bid for funds to the Future in Mind Transformation Programme has been approved on behalf of the Board, aiming to bring £5.5m of extra funding to transform mental health services for children and young people over 5 years in Bradford District and Craven. The bid takes the form of a draft Transformation Plan to be refined based on feedback from NHS England and local input. It is submitted to the Health and Wellbeing Board for comment - see Appendix 1.

The Transformation Plan will bring £1.1million new funding to Bradford District and Craven every year for the next 5 years and will allow us to move forward at scale and with pace to significantly reshape service delivery for children and young people with mental health



needs over the next 5 years in line with the Future in Mind approach including reviewing the efficiency of the current investment and funding in C&YP mental health services.

3.2 Updates from the Board sub-groups

3.2.1 Update from the Integration and Change Board (ICB)

In August and September ICB spent the majority of the meetings focused on governance and resource including the ICB's role in light of the proposed changes to HWB. This resulted in confirmation to refresh and tighten the membership of the ICB group as well as to better define roles and responsibilities, as well as a new Chair for ICB (Kersten, England, Chief Executive, CBMDC).

The group appraised current potential system risk across the Care Home sector and will be working to manage this as we head into the winter period as well as ensuring that longer term work provides solutions to future risk.

The group also spent time hearing information about the University of Bradford Digital Health Enterprise Zone as well as work being progressed on a wider footprint. ICB is keen to support this innovative work around technology which is crucial for the whole system. Presentations and updates covered:

- the eBradford concept, a proposal to bid for monies to develop a city-wide digital community programme covering 500,000 people to provide a shared platform for developing innovative approaches to improving health and wellbeing which ICB gave its backing to.
- the work of the Integrated Digital Care Record programme as well as the New Models of Care Test sites.

ICB also gave their support to the Well North programme (see Section 12 below - Background documents) which will be identified as an ICB programme. It is a Public Health England care programme that intends to improve the health of those with the poorest health and most complex lives.

The focus of this programme is Northern England and the explicit aim of the project is to close the health gap between North and South. The main focus for the work is likely to centre on the communities of Girdlington, Holme Wood and Keighley. The Well North Executive and Board supported the local bid and we will be working towards a go live date of 1st January 2016.

During October and November discussions are taking place within ICB on what needs to be done to ensure the collective vision for delivering a sustainable health and care system is embedded into each organisation. This includes considering the implications for system leadership, the resource impacts, organisational development requirements and the key enablers to support such a scale of change.



3.2.2 Update from Bradford Health and Social Care Commissioners (BHCC)

Recent BHCC meetings have received an updates on significant service reviews including:

- **the substance misuse review**, undertaken by the Local Authority. It has been agreed that CCGs would now take forward the joint commissioning process.
 - the **review of school nursing and special school nursing services** which is being undertaken as one review, the second phase will focus on developing a service model to meet the needs of school aged children (4-19) and the Healthy Child Programme agenda.
- the transfer of commissioning responsibilities to the Local Authority from 1st October 2015 has provided an opportunity to review the current **Health Visiting and Family Nurse Partnership model** and to identify if and how the model meets current and emerging need taking into consideration the changing demographic profile within the Bradford District. The review will identify key opportunities to make improvements in prevention and early intervention in partnership with key stakeholders.

BHCC have supported a Children's and Young People Autism Commissioning strategy which sets out the vision and commissioning priorities in addressing the needs of children and young people with an autistic spectrum condition (ASC), their carers and families living within Bradford. They have requested the development of an associated plan focusing on the transformation of services and supporting resource analysis.

Following the presentation of a paper by Children's Services at the Health and Wellbeing Board (HWB) held on 29 July 2015, BHCC considered the issues and concerns raised around the implementation of the SEND Code of Practice. As a result agreements were reached on transforming the service delivery model particularly around paediatrics and educational psychologist capacity.

BHCC have also discussed CAMHS and the Children and Young People's Mental Health Transformation Plan which is covered under a separate update following sign off out of committee.

4. FINANCIAL & RESOURCE APPRAISAL

In respect of 3.2.2

Appropriate financial and resource appraisal will be undertaken in respect of paediatric and educational psychology capacity with regard to Special Educational Needs And Disability.



5. RISK MANAGEMENT AND GOVERNANCE ISSUES

None

6. LEGAL APPRAISAL

No implications

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

No implications

7.2 SUSTAINABILITY IMPLICATIONS

Embedding sustainable development to deliver local services will have social, economic, health and environmental benefits. Greening the health and care system will require particular focus on efficient buildings and reducing waste.

The system change work that will continue throughout 2015-16 and beyond provides an opportunity to further embed the principles of sustainable development to contribute to a sustainable financial footing for the future provision of healthcare.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

The UK health and care system contributes 32 million tonnes of CO₂ per year. The impacts are often attributable to pharmaceuticals, energy, travel and transport, waste and anaesthetic gases. There are three notable areas which have opportunity to address greenhouse gas emissions (carbon footprint);

- Good lifestyle habits
- Redesigning services
- Integrated working

Close attention to buildings energy, waste, procurement and commissioning and travel and transport would allow baseline for improvement on greenhouse gas emissions.

7.4 COMMUNITY SAFETY IMPLICATIONS

No implications

7.5 HUMAN RIGHTS ACT.

No implications



7.6 TRADE UNION

No implications

7.7 WARD IMPLICATIONS

No implications

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

Not applicable

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

No options are provided.

10. RECOMMENDATIONS

No Recommendations are provided.

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

12.1. Improving Mental Health Services for Young People

<https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

12.2 Future in Mind Report

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

12.3 Well North Programme

<http://www.mahsc.ac.uk/friends/well-north/>



Report of the Interim Strategic Director of Adult and Community Services and the Strategic Director of Children's Services to the meeting of the Health and Wellbeing Board to be held on 24th November 2015.

Subject:

Joint report on safeguarding arrangements for Children, Young People and Adults

Summary statement:

This report for the Health and Wellbeing Board brings progress reports from the Bradford Safeguarding Children Board and the Safeguarding Adult Board – Bradford and Airedale for feedback and discussion. The report outlines in brief the main areas covered by the annual reports and highlights three areas of focus where joint approaches to policy and practice are in operation or in development across children's and adults' safeguarding arrangements.

Bernard Lanigan, Interim Strategic Director – Adult and Community Services
Michael Jameson – Strategic Director – Children's Services

Portfolio:

**Children's Services
Health and Social Care**

Overview & Scrutiny Area:

**Children's Services
Health and Social Care**

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1. SUMMARY

This report introduces the annual reports from the Children's and Adult Safeguarding Boards for feedback and discussion at the Health and Wellbeing Board. A link to the Bradford Safeguarding Children Board annual report is provided in section 12 Background documents. A draft of the Safeguarding Adults – Bradford and Airedale report is provided as an appendix and a link to the Board website where the final report will be published is provided.

The paper highlights recent changes to legislation, policy and practice for example in relation to Children with Special Educational Needs, complex health and disability and in relation to the Care Act and personalisation of care.

The report highlights three areas of practice where the statutory and community and voluntary and community sector partners, the Safeguarding Boards and delivery teams in the council's Children's Services and Adult and Community Services are operating or developing shared policy and practice approaches across children's and adults' safeguarding. These are Early Help, Special Educational Needs, complex health and disability and sexual exploitation. In addition an update on patient and care home safety is provided.

2. BACKGROUND

The Board reviewed the 2013-14 annual reports of the Children's and Adult Safeguarding Boards in November 2014 and resolved the following:

“That the Board has a themed meeting at least annually that looks at safeguarding issues across Adults and Children's Services as part of its responsibilities for the health and wellbeing of the district.”

- That a further report be presented to the Board on the progress made with the Bradford Safeguarding Children Board Work Plan for 2014/15.
- That a further report be presented to the Board on the progress made with the Safeguarding Adults– Bradford and Airedale Board Work Plan for 2014/15 and priorities for 2015/16.
- That a further report be presented to the Board on whether relevant agencies could have a system in place that flags up any child that is at risk of child sexual exploitation so that any agency that had access to records could immediately be alerted of a child at risk.

The annual reports of the Bradford Safeguarding Children Board and the Safeguarding Adults Board provide updates on the work plans for 2014-15 and priorities for 2015-16. See section 12 – Background documents for links to the websites where reports are published.



2.1 Bradford Safeguarding Children Board (BSCB) Annual Report:

Bradford Safeguarding Children Board (BSCB) has produced an Annual Report covering the period April 2014 – March 2015. This report sets out the context of partnership work to safeguarding children in the Bradford District. It also addresses some of the key activity areas and priorities for BSCB and its partners, along with scrutiny, challenge and response by BSCB. The report also contains information about the governance, resources and accountability of BSCB. The full report can be accessed on the BSCB website. See section 12 Background documents.

The report is broken down into the following key areas:

- The safeguarding children context in the Bradford District;
- Effectiveness of Safeguarding Children Performance Information
- Key activity areas;
- Judging the effectiveness of the local response to child sexual exploitation (CSE);
- Priorities during 2014 – 15;
- Scrutiny, Challenge and Response:
- How the BSCB sub-groups and other panels worked on the safeguarding agenda during 2014 – 15;
- Safeguarding in the voluntary and community sector;
- Participation and the views of children and young people.

In addition, the annual report has two appended documents:

- Governance, accountability and resources;
- Child Death Overview Panel annual report.

The Annual Report outlines the local response to child sexual exploitation (section 5) and developments are guided by the BSCB 9 Point Strategic Response to CSE, for which an action plan is in development. The CSE sub group of BSCB is responsible for monitoring the delivery of the plan and is developing specific, measurable actions under each of the points and reports on progress to BSCB and its independent chair.

Alongside tackling CSE the Annual Report also focuses on other key areas and priorities of safeguarding in partnership including:

- Children who go missing, including children missing from education;
- Safeguarding Looked After Children
- Allegations against people who work with children;
- Private fostering;
- Safeguarding children arrangements in Mosques and Madrassahs
- Further progress on learning from the Hamzah Khan serious case review;



The Annual Report also explains the BSCB's approach to scrutiny, challenge and response through:

- Section 11 Audit: *Working Together 2015* requires Local Safeguarding Children Boards to gather data to assess whether partners are fulfilling their statutory obligations regarding safeguarding and promoting the welfare of children as set out in Section 11 Children Act 2004
- Challenge Panels (multi-agency case file audits)
- Learning Lessons Reviews

During 2014/15 the Board has continued to meet bi-monthly, with the Business Planning Sub-Group (Executive) meeting on the intervening months. The work of BSCB is undertaken through the Sub-Group structure and is heavily reliant on the input and contributions of staff from all partner agencies. The commitment shown by agencies and their staff is testament to the seriousness with which BSCB is viewed and the shared intent across the partnership to improve multi-agency working, services and outcomes for children and young people.

2.2 Annual Report of the Bradford Safeguarding Adults Board (SAB) – Bradford and Airedale

The annual report covers the period April 2014 – March 2015 and outlines the actions taken by the SAB to address the developments in adult safeguarding in respect of the changes introduced by the Care Act 2014, as well as addressing the activities and priorities of SAB and partner agencies. .

On 1st April 2015 the Care Act 2014 replaced the 'No Secrets' Guidance placing safeguarding on a clear statutory footing for the first time. This is the major change in adult safeguarding over the last 12 years.

- Section 42 of the Care Act 2014 places a LEGAL duty on the Local Authority to, “*make* (or ensure that others make) whatever enquiries the Local Authority consider necessary to enable it to decide if any action, including safeguarding action, and if so, what, when and by whom should it be taken when it has reasonable cause to suspect an adult in its area (whether ordinarily resident or not) has care and support needs, is subject to, or at risk of abuse or neglect **and** as a result of those needs is unable to protect him/herself against the abuse or neglect or the risk of it. An **enquiry** should establish whether any action needs to be taken to stop or prevent abuse or **neglect**, and by whom”.
- Safeguarding Adult Boards:
 - Are now required by statute (s43 Care Act 2014) and include the core membership of the Local Authority, the Police, and the NHS (specifically the CCG's) – and has the power to include other bodies.
 - Members of SABs must cooperate with each other to protect an adult experiencing or at risk of abuse or neglect as described in s42.
 - must undertake Safeguarding Adult Reviews (SAR)



- must publish annual strategic plans (after consultation with the community and Local Healthwatch organisation) and annual reports of objectives achieved and findings of any SARs, any outstanding SARs, and the progress of SAR recommendations and reasons for any lack of progress.
- Under the Care Act 2014 in safeguarding, Local Authorities have the **lead coordinating role** with all relevant organisations within their area.
- **Councillors** should be aware of their corporate role in preventing and reporting abuse.
- **Overview & Scrutiny Committee** and **Health & Wellbeing Board** have sight of SAB's strategic and annual reports (in order to understand and challenge them).
- The **Director of Public Health** must ensure that their service is working within a safeguarding context to prevent abuse.

The scope of abuse recognised by The Act now includes:-

- Physical abuse,
- Domestic Violence
- Sexual abuse
- Psychological abuse
- Financial and material abuse
- Modern Slavery
- Discriminatory abuse
- Neglect and acts of omission,
- Organisational abuse
- Self Neglect

A core element of The Care Act 2014 is the introduction of 'making safeguarding personal' (MSP). This ensures that the safeguarding processes and professionals listen and reflect the views of adults at risk in any measures that are taken to protect them. Making Safeguarding Personal seeks to achieve:

- A personalised approach that enables safeguarding to be done with, not to, people
- Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'
- An approach that uses social work skills rather than just 'putting people through a process'
- An approach that enables practitioners, families, teams and Safeguarding Adult Boards to know what difference has been.

Looking forward, key elements of the Strategic Plan:-

The Strategic plan for 2015- 2018 will be updated annually and is informed by consultation



Dermot Pearson, Interim City Solicitor

with both carers and people who use services, along with partner self assessment and analysis of data and performance.

Empowerment and Proportionality:

- Be assured that ‘Making Safeguarding Personal’ is implemented across Bradford and that agencies empower people to achieve the safeguarding outcomes they want.
- Ensure that SAB and services in Bradford have fully embedded the empowering ethos of the Care Act within safeguarding arrangements
- Ensure the range of locally available independent advocacy supports the empowerment of adults at risk.
- Make sure that it incorporates service user and carer perspective by creating opportunities to listen to their stories.

Prevention and Protection:

- Raise the profile of SAB’s activities with communities and organisations who are less aware of adult safeguarding.
- Be assured that support to carers is helping prevent carer stress and abuse or neglect.
- Help people who have experienced abuse or neglect to be more resilient and to feel and be safer in the future.
- Identify ways in which individuals may be better protected by working with people who have caused abuse.

Partnerships and accountability:

- Cooperate with other strategic partnerships to prioritise and coordinate work streams that affect adults at risk, including, frauds/scams, forced marriage, violent extremism and sexual exploitation.
- Strengthen local arrangements to identify and monitor care settings where there may be increased risks of abuse and neglect.
- Be assured that local safeguarding arrangements support effective interagency working and information sharing.
- Be assured that there are effective arrangements to share good practice and learn from Safeguarding Adults Reviews.
- Strengthen assurance that all partners contribute appropriately to local safeguarding work and have effective arrangements which are consistent with local multiagency safeguarding adults policy and procedures.
- Strengthen relationship with the Health and Wellbeing Board, Children’s Safeguarding Board, Domestic Abuse Partnership and other key partnership bodies.

3. REPORT ISSUES

This joint report highlights three areas of practice where the statutory and voluntary partners of the Children and Adult Safeguarding Boards and the delivery teams of the



council's Children's Services and Adult and Community Services are operating or developing shared approaches across children's and adults' safeguarding. These are Early Help, Special Education Needs, complex health and disability and sexual exploitation, with an update on patient and care home safety.

3.1 Safeguarding through Early Help

A high proportion of enquiries to Children's Specialist Services in Bradford are made in relation to families where there are concerns about children and young people and confusion about how to access support, and which families should be referred to which services. This results in repeat enquiries, multiple assessments, a culture of referring families onto other services, and some families not receiving the help they need until they are at crisis point.

Early Help is an approach that is intended to respond to such families, to improve outcomes for children and to act before concerns and needs escalate. Dame Eileen Munro had made earlier intervention a key recommendation of her 2011 Munro Review of Child Protection (see section 12 below - background documents). The government's response was to require Local Authorities to develop an Early Help Offer to families.

Despite some good examples of positive work being undertaken, the District has so far lacked a clear, consistent approach to providing Early Help and has not delivered the outcomes for families. As a result pressure continues to appear at the acute end of Children's services whilst other services are working with an increasing number of families with complex needs that require a high level of intervention.

To respond Children's Services is leading a programme of change with key partners to ensure we have a shared and well understood approach to approach to building strengths, safety and **stability** in families. A new Early Help Offer will ensure we intervene earlier and develop a clear and accessible route to Early Help interventions for professionals and the public. The change programme will:

- develop a clear multi agency Early Help framework
- re-develop the integrated Early Help Offer across all key agencies
- roll out of 'Signs of Safety' (a practice tool to identify strengths, risks and develop clear action plans with families) across the children's partnership.
- develop Early Help commissioning,
- provide appropriate workforce development
- develop a performance framework

When Sandwell implemented a similar approach, they experienced significant reduction in inappropriate enquiries and referrals to children's social care within six months and made savings as a result. The District would need to consider this a 3-5 year commitment to

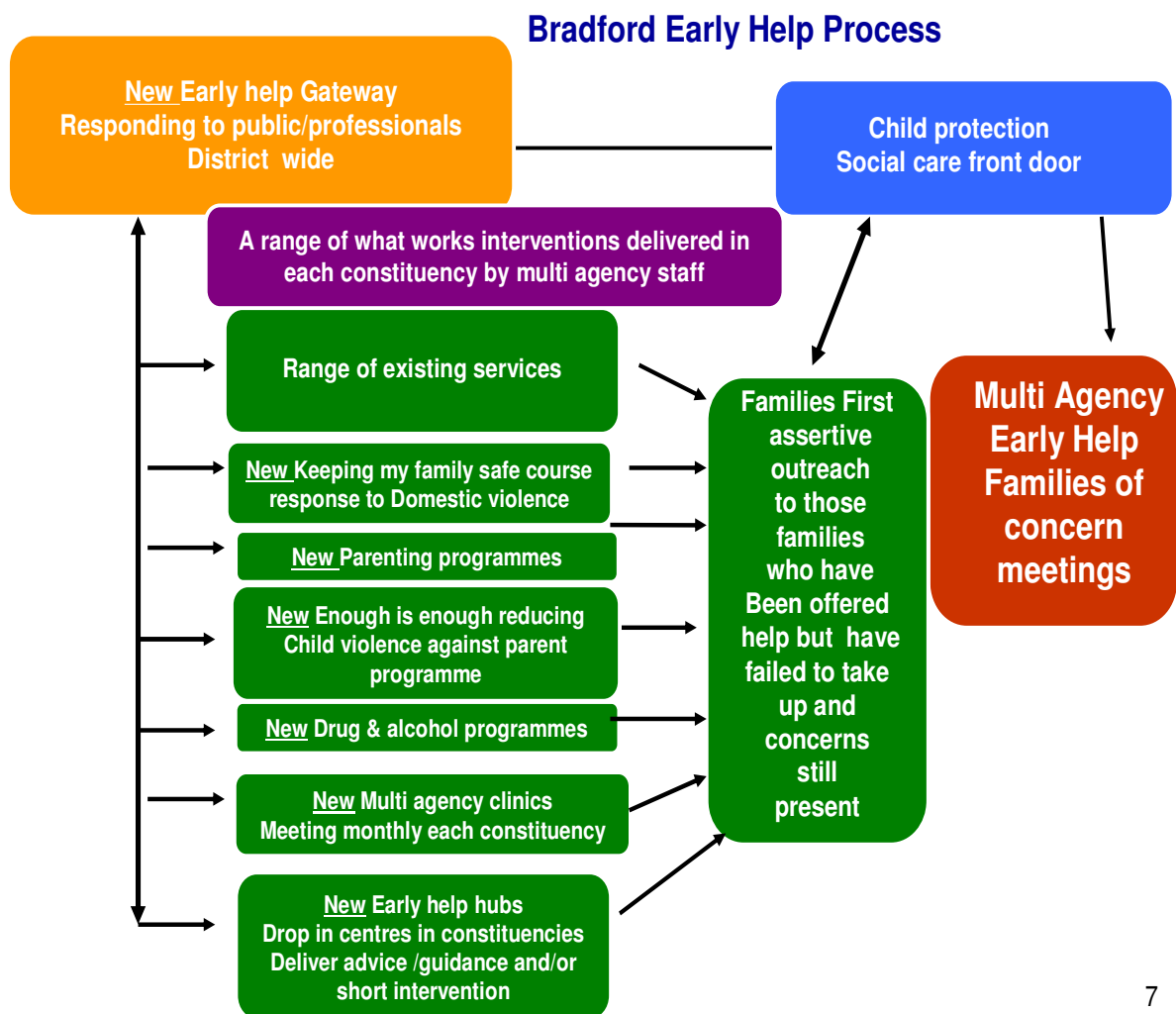


implement and embed the programme. We would expect to see evidence of improvement in outcomes from the second year onwards.

The intention is to work with partners to establish a pathfinder in Keighley and the Better Start area from April 2016, then to extend District-wide - in October 2016.

The diagram below outlines a proposed Early Help gateway to simplify the route for professionals to make and direct referrals to appropriate multi-agency interventions.

The District's Families First service will undertake further work with families where there are safeguarding concerns, but who have not engaged with early intervention services.



7



3.2 Safeguarding Young People as they Prepare for Adulthood (SEN, complex health and Disability)

3.2.1 The National Context

One aspect of the Children and Families Act 2014 is that local authorities must provide information and advice for children with SEN and their parents or carers about matters relating to their SEN or disabilities, including matters relating to health and social care.

Alongside this requirement, the Care Act 2014 says that if a child, young carer or an adult caring for a child who is likely to have needs when they, or the child they care for, turns 18, the local authority must assess them if it considers there is 'significant benefit' to the individual in doing so. This is regardless of whether the child or individual currently receives any services.

3.2.2 Local context:

In 2011 a health needs assessment of children with disabilities and complex health needs across Bradford District was undertaken to inform the review of the Child Development Centres and Community Paediatrics, it concluded that:

- There is very strong evidence that Bradford District has a much higher prevalence of childhood disability and a wide range of complex health needs compared to regional and national rates.
- There will be large increases in the number of children, and particularly children of South Asian origin. Given that children of South Asian origin are recognised as being at higher risk of many types of disability and complex health need, combined with the relatively high levels of deprivation in Bradford it is expected that there will be a considerable increase in children with disabilities and complex health needs.
- There are also young people who, while they do not have 'multiple impairments', have quite high levels of need in terms of continuing health care. Over recent years, children with conditions associated with poor life expectancy (such as cystic fibrosis) have been surviving into adulthood because of more effective interventions and better quality care.
- There are increasing numbers of young people who have a range of physical, sensory and cognitive impairments, many of whom also have continuing health care needs associated with their impairments.

The 2013 SEND review showed that parents were concerned about the timeliness of transition planning for packages of support moving from children to adult services. A significant number of parents reported planning took place too late. Parents, like professionals, have expressed concern that they are supported to purchase high quality support and make safe and appropriate choices when more families take up Direct Payments.

To address these concerns and issues through earlier and improved preparation for adulthood a dedicated Project Team has been set up within the Adult Transformation Programme to develop an integrated team across Children's and Adults Services and



Health.

3.2.3 Development of an Integrated Preparation for Adulthood Service:

The integrated team will deliver continuity of social care planning including:

- Education and/or employment – this includes exploring different employment options, such as support for becoming self-employed and help from supported employment agencies
- Independent living – this means young people having choice, control and freedom over their lives and the support they have, their accommodation and living arrangements, including supported living
- Participating in society, including having friends and supportive relationships, and participating in, and contributing to, the local community.
- Being as healthy as possible in adult life.

In addition to this the team will support the following:

- Children and Families Act 2014 - rights of young people take precedence when they turn 16.
- Supporting high aspirations – we have the same hopes for disabled young people as non-disabled people – contribute to the world of work and attend a good school or college.
- Developing an integrated Preparing for Adulthood skill set that works across Children's, Adults and Health.
- Building understanding that the most important changes do not happen at age 18 - and developing practice to support the significant changes at ages 14 and 16.

The team will address the needs and demand for a timely and responsive service to people with special educational needs, complex health and disability and their families as they prepare for adulthood.

3.3 Sexual Exploitation: protecting and supporting children and adults:

There has been significant and appropriate focus by the Council and its partners on arrangements to safeguard children from sexual exploitation. However, there is significant local and national evidence of some vulnerable adults also being targeted for sexual exploitation.

In addition, there is local information, particularly emerging from the work of the joint Local Authority/West Yorkshire Police Historic Enquiries team of the challenges facing adults who have been sexually exploited as children, in relation to their need to make a safe disclosure. These adults need confidence about the action to be taken by agencies as a result of the disclosure and require assessment of their own needs and pathways to access appropriate therapeutic support.



The Adult Safeguarding Board has received reports about the arrangements for addressing CSE within the District, and protocols have been agreed for information sharing between the CSE Hub and the Adult Protection Unit.

The Adult Protection Coordinator sits on the BSCB CSE sub group. In addition, an Adult Protection Senior Practitioner attends weekly meetings at the CSE Hub to enhance operational coordination between safeguarding children and adult protection services.

Following the participation of service users at a recent conference organised as part of Safeguarding Week: Child Sexual Exploitation: impact and building resilience”, BSCB is planning an audit and challenge process to establish the extent to which the potential therapeutic needs of children and adults who have been sexually exploited are assessed and understood. This will provide an indication of need to inform work with health and voluntary sector partners to ensure that pathways to appropriate services are in place.

3.4 Patient and Care Home Safety

The report on failures of care at the Mid Staffordshire NHS Foundation Trust prepared by Sir Robert Francis QC and published in February 2013 called for a “fundamental culture change” across the health and social care system to put patients first at all times.

The report called for action by commissioners, providers and regulators across six core themes; culture, compassionate care, leadership, standards, information and openness, transparency and candour.

Through their commissioning relationships with NHS providers the three CCGs for Bradford District and Craven manage contracts and oversee quality, ensuring that providers have systems in place for care quality and patient safety. The CCGs also work within West Yorkshire and District-wide arrangements to oversee the quality of care, including patient safety.

The three CCGs have action plans that were developed in response to the Francis Inquiry but that also address recommendations from the Winterbourne, Berwick and Keogh reports which related to aspects of patient safety and the quality of care in care homes as well as hospitals.

Bradford District and City CCGs have a joint action plan in which a large majority of its actions are complete. Further work on codes of practice, standards for training, leadership and electronic patient information systems is underway to complete the 10 remaining actions. Airedale, Wharfedale and Craven CCG report all actions completed and the Quality Team continues to apply the actions to all future developments.

The Integration and Change Board has also appraised current potential system risk across the Care Home sector and will be working to manage this for winter 2015-16 period as well as ensuring that longer term work provides solutions to future risk.

3.4.1 Mental Health Capacity Act



BMDC has provided training to the care homes regarding the Mental Health Capacity Act to ensure they are aware of their duties and to plan the work required. The process of assessment and authorisation of any specific restrictions that residents are unable to consent to affords protection to residents. Adult & Community Services has needed to increase its capacity for assessments tenfold as a result of the extension of the Act resulting from a High Court judgement in March 2013.

Whilst we are increasing capacity we are not able to make decisions on all cases and prioritise applications using ADASS guidelines. We are commissioning externally additional capacity. We have trained 14 more staff this year and more will be training next year with the intention that all of our experienced social workers are qualified to undertake this duty. Our experience has been that with a few exceptions inappropriate restrictions have not been identified in care homes.

4. FINANCIAL & RESOURCE APPRAISAL

This report updates on the safeguarding work undertaken during 2014-15 and the priorities for 2015-16. Finance and resource issues during these periods of time have been appraised through Council and partner budget and resource planning processes and are reflected in the annual reports. See Section 12 Background documents.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Risk and governance relating to safeguarding is managed through the two Safeguarding Boards' and each Board's sub-groups. The approach to both risk and governance is explained through the annual reports. See Section 12 Background Documents.

6. LEGAL APPRAISAL

The Care Act 2014 established Safeguarding Adults Boards as the statutory body responsible for the duties outlined in Section 2.2 of this report.

The annual reports of the Bradford Safeguarding Children Board, and the Safeguarding Adults Board – Bradford and Airedale (to be published), describe how the Boards co-ordinate and govern the work of the Council and partners to fulfil the statutory duties in respect of safeguarding children and adults.

Legal appraisal of the 2014-15 annual report of the Safeguarding Adults Board – Bradford and Airedale will be undertaken before publication of the report.

7. OTHER IMPLICATIONS



7.1 EQUALITY & DIVERSITY

None

7.2 SUSTAINABILITY IMPLICATIONS

None.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.4 COMMUNITY SAFETY IMPLICATIONS

None

7.5 HUMAN RIGHTS ACT

None

7.6 TRADE UNION

None

7.7 WARD IMPLICATIONS

None

**7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS
(for reports to Area Committees only)**

N/A.

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

None

10. RECOMMENDATIONS

10.1 That the Board receive the annual reports of the Bradford Safeguarding Children and Safeguarding Adults Boards.



10.2 That the Board support the development of a new integrated Early Help Offer for the District.

10.3 That the Board task the Bradford Health and Care Commissioners to support the development of a Joint Commissioning Strategy for Special Educational Need and Disability based on the recent update of the SEND Needs Assessment.

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

Bradford Safeguarding Children Board (BSCB) Annual Report 2014-15

http://bradford-scb.org.uk/2015_documents/BSCB%20Annual%20Report%202014-15.pdf

Safeguarding Adults Board (SAB) – Bradford and Airedale

The link to the annual report will be published on the website at the link below following the next meeting of the Safeguarding Adults Board:

http://www.bradford.gov.uk/bmdc/health_well-being_and_care/adult_care/adult_abuse/for_apracs/safeguarding_adults_board

Munro, Professor E. (2011) Munro review of child protection: final report – a child-centred system; Cm 8062. London: HMSO.

<https://www.gov.uk/government/publications/munro-review-of-child-protection-final-report-a-child-centred-system>

