Agenda for a meeting of the Health & Social Care Overview and Scrutiny Committee to be held on Thursday 21 January 2016 at 1630 in Committee Room 1, City Hall, Bradford

Members of the Committee - Councillors

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<th>BRADFORD INDEPENDENTS</th>
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Alternates:

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Non-Voting Co-opted Members:
G Sam Samociuk - former Mental Health Nursing Lecturer
Vacancy - Strategic Disability Partnership
Susan Crowe - Strategic Disability Partnership

Notes:
- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.
- Light refreshments will be provided for Members of the Committee only.
- 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.

From:  
D Pearson
Interim City Solicitor
Agenda Contact: Palbinder Sandhu
Phone: 01274 432269
E-Mail: palbinder.sandhu@bradford.gov.uk
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 Health and Social Care Overview and Scrutiny Committee meetings held on 12 November 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 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.

(Palbinder Sandhu – 01274 432269)

B. OVERVIEW AND SCRUTINY ACTIVITIES

5. INTEGRATED PERSONALISED SUPPORT AND CARE FRAMEWORK

Previous reference: Minute 58 (2015/16)

In line with Council Standing Order 4.4.1 all contracts with an estimated value of over £2m must be reported to the relevant Overview and Scrutiny Committee before inviting tenders.

The Interim Strategic Director, Adult and Community Services will present a report (Document “AG”) that sets out the Integrated Personalised Support and Care Framework procurement project being undertaken with details provided in line with the Commissioning and Procurement Briefing note. This activity is in line with the Department’s procurement plan and the Department’s transformation programme work.

Recommended –

That the content within the report be noted.

(Paul Hunt – 01274 431748)

6. BUDGET AND FINANCIAL OUTLOOK

The Interim Strategic Director, Adult and Community Services and the Director of Public Health will present Document “AH” which provides information on the initial draft saving proposals presented to Executive in December 2015 and the consequential implications of those proposals to Adult and Community Services and Public Health. The report also reminds the Committee of the savings that were agreed as part of the 2015-16 budget proposals approved by Council in February 2015.

Recommended –

That the Committee is asked to consider and note the information provided in this report.

(Wendy Gregory – 01274 434163)
7. HEALTH INEQUALITIES – PROGRESS REPORT

Previous reference: Minute 30 (2014/15)

The Director of Public Health and the Interim Strategic Director, Adult and Community Services will submit Document “AI” which provides an update on the progress in relation to the main priorities of the Health Inequalities Action Plan (HIAP).

Recommended –

(1) That the Committee recognise the breadth and complexity of the work undertaken in relation to Health Inequalities and support its continuation.

(2) That a further report be submitted in 12 months time.

(Sarah Possingham – 01274 431319)

8. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2015/16

The Committee’s work programme (Document “AJ”) for the remainder of the 2015/16 municipal year will be submitted by the Interim City Solicitor.

Recommended –

That the Committee notes the information in Appendix 1 to Document “AJ”.

(Caroline Coombes – 01274 432313)
Subject:

Briefing Note for Projects over £2m – Integrated Personalised Support and Care Framework

Summary statement:

In line with Council Standing Order 4.4.1 all Contracts with an estimated value of over £2m must be reported to the relevant Overview and Scrutiny Committee before inviting tenders.

This report details the above requirement.

Officers within Adult and Community Services feel it is important that Health and Social Care Overview and Scrutiny Committee are informed of the procurement projects Adult and Community Services (the Department) are undertaking over the coming months.

This is a tripartite collaborative project across Health and Social Care (Children & Adults)

This report sets out the Integrated Personalised Support and Care Framework procurement being undertaken with details provided in line with the Commissioning and Procurement Briefing note. This activity is in line with the Department’s Procurement Plan and the Department’s Transformation Programme work.

Bernard Lanigan
Interim Strategic Director, Adult and Community Services

Report Contact: Paul Hunt
Phone: (01274) 431748
Email: paul.hunt@bradford.gov.uk

Portfolio:

Health and Social Care

Overview & Scrutiny Area:

Health and Social Care
1. **Summary**

In line with Council Standing Order 4.4.1 all Contracts with an estimated value of over £2m must be reported to the relevant Overview and Scrutiny Committee before inviting tenders.

This report details the above requirement.

Officers within Adult and Community Services feel it is important that Health and Social Care Overview and Scrutiny Committee are informed of the procurement projects Adult and Community Services (the Department) are undertaking over the coming months. This is a tripartite collaborative project across Health and Social Care (Children & Adults)

This report sets out the Integrated Personalised Support and Care Framework procurement with details provided in line with the Commissioning and Procurement Briefing note. This activity is in line with the Departments procurement plan and the Departments transformation programme work.

2. **Background**

The Commissioning Team within the Adults and Community Services Department procures and manages a wide range of (predominantly) service Contracts that deliver care and support to vulnerable adults in the Bradford District.

Each Contract the Department holds is reviewed through the Council’s business planning process. This business planning process is aligned with the Contract expiry dates of the Contracts the Department has entered into.

The Integrated Personalised Support and Care Framework set out in this Committee report has been through the business planning process and is part of the Transformational Programme work being undertaken by the Department.

The Integrated Personalised Support and Care Framework will replace the accreditation process previously undertaken for Domiciliary Care providers and will be an OJEU level procurement exercise. It is being undertaken to improve the quality of existing service provision, enhancing safeguarding, responding to feedback from service users, carers and representative organisations and reviewing rates and cost models in line with national policy. We anticipate a smaller number of high quality providers with whom the Department and the CCG can work with to deliver transformational, integrated and outcome based services.

This change in the way the Department procures services has been agreed by Senior Managers and is intended to deliver the above stated outcomes.

The Project exceeds the EU Procurement threshold and therefore will be tendered in line with EU Procurement Regulations and Council Standing Orders.

3. **Report issues**

3.1 **Title:** Integrated Personalised Support and Care Framework
3.2 **Purpose:**

The purpose of the new framework is to establish quality provision of personalised support and care for eligible children and adults across the Bradford District.

This is a tripartite integrated framework, jointly commissioned by Adult and Community Services, Children & Young People’s Services and Bradford CCGs. The framework incorporates personalised support and care for the following client groups: older people, children and young people, service users with learning disabilities, mental health, and/or physical disabilities.

The aim of the support and care services is to ensure:

- Service Users are able to remain in their own home for as long as possible and to achieve and maintain their autonomy, independence, personal identity and social inclusion.
- Service Users and Carers remain at the centre of decisions about their care. This is to ensure care is provided in a person centred way.
- Changes in Service Users’ health and care needs are communicated effectively and in a timely manner to enable appropriate action and interventions to be made, including enabling Service Users to remain at home safely.

The implementation of this Contract should contribute to outcomes for Service Users which are also those outlined in current National Legislation and Policy specific to Health and Social Care provision.

Providers will be able to bid for Lots under the Framework, based on the geographical area of service provision. Specialist provision will be required on a District wide basis. Within the Lots, Providers will indicate specialism’s for particular client groups, for which their expertise will be determined within the tendering process, and monitored throughout the Contract term.

Following on from the Supported Living Framework, successfully awarded in 2015, and the Integrated Residential and Nursing Care Framework planned for 2016, the Department is continuing to commission services in line with the framework model.

The Integrated Personalised Support and Care Framework will provide a list of preferred suppliers to deliver care in a community setting, streamlining previously commissioned services both contractually, and in terms of quality monitoring.

One of the primary outcomes for the Department is that we engage with as many providers as possible inclusive of local, national, new and current, to advise them of our proposals and to seek feedback with regard to the same. The Department has produced a number of Market Position Statements to advise and engage with the provider market of the proposals in commissioning services. Our intention to procure the Integrated Personalised Support and Care Framework is detailed within the Market Briefing which has been published and discussed with Providers at the initial market event held in November. The document is shown at Appendix A.

3.3 **Delivery Options:** Open EU procurement Exercise.
3.4 Outputs/Outcomes: Providers will be required to report on a six monthly basis to the appointed Officer in the Departments Commissioning Team, using an agreed template and format. Providers will be quality assessed against a Balanced Scorecard and be subject to quality visits and reviews. The intelligence gathered utilising a whole system approach to feedback on the provision of services from Providers on the Framework will be used to inform the Contract review and ultimate monitoring outcome of the services in the locality using an innovative approach whereby a quality score will be awarded to each Provider (every six months) and initial call off under the framework will be from the Providers with the highest quality assurance score. This will foster a culture of continuous improvement and improve the outcomes for service users and carers.

The high level outcome as indicated above, is to improve the quality of service provision in the personalised support and care sector in Bradford. The new arrangements will support providers to shape their services to meet the needs of individuals and to support the national personalisation and integration agendas locally in partnership with the Council and CCGs. Performance against these objectives will be monitored against the ASCOF.

3.5 Constraints: Reduction in funding available to commission services has meant the Department has had to find alternative approaches to commissioning within the resources and time available. This is a change to how services have previously been commissioned. Research indicates that this is an attractive approach to the market.

Value: As a framework Contract it has no value. Based on current and anticipated spend on Personalised Support and Care services we estimate spend in the region of around £20 million per annum. This includes meeting the needs of older people and those people with, learning disabilities, mental health, and physical disabilities. This will be a 2 year Contract with an option to extend by a further 1 year period subject to Contract terms.

3.6 Funding: The funding for the framework is within the Departments revenue budget. The levels of spend will vary depending on customer demand, our statutory duty to deliver and cost reductions planned over the coming years. The anticipated spend is in the region of £20million per annum plus health budgets.

3.7 Efficiencies:

- Running one tender process for a number of service areas for the Council is a more efficient process in terms of commissioning time and resource
- Similarly this approach is more efficient for suppliers wishing to engage as only one tender application for a range of services areas is required
- As envisaged the framework will cover a diverse range of services and client needs and potential new opportunities
- Holds the opportunity for providers to be transferred to the Connect2Support website as an approved provider when the system is further developed and rolled out across the District, (subject to satisfactory performance)
- Benefit from the Councils launch /raising awareness of services and supplier choice in the area for funded and self-funding clients of the connect2Support system when developed and launched
- Provides a more competitive market and increases client choice
• Provides a framework of suitable providers to meet the needs of our most vulnerable client groups
• The framework will allow the Department to manage services as the Department experiences budget pressure and service redesign challenges
• Savings will be made in accordance with the Department’s plans for reductions.
• Standardised consolidated hourly rates which facilitates accurate budget projections.

3.8 **Length/Timing of the Project:**

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<th>Event</th>
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<tbody>
<tr>
<td>Committee Approval</td>
<td>21 January 2016</td>
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<tr>
<td>ITT published</td>
<td>17 February 2016</td>
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<tr>
<td>Closing date for ITT</td>
<td>16 March 2016</td>
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<tr>
<td>Notification of proposed appointment</td>
<td>22 April 2016</td>
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<tr>
<td>Contract award</td>
<td>09 May 2016</td>
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<td>Commencement date of framework</td>
<td>06 June 2016</td>
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(N B: The above dates are indicative.)

3.9 **Resources:** A Project Group has been established comprising a Contract and Quality Assurance Manager who is managing the Project and Contract and Commissioning Officers providing support. The Project Team also includes an Officer from the Council’s Commercial Legal Team, Corporate Finance Team and partners from Health, Service Users, Carers and family voice representatives.

3.10 **Project Leads:** Susan Anderson Carr, Assistant Director (Adult & Community Services), Paul Hunt, Contract & Quality Assurance Manager.

4. **Options**

There are no options which need to be considered as part of this report which is provided for information purposes only.

5. **Contribution to corporate priorities**

Key drivers which support the need for high quality Personalised Support and Care services include:

• Reducing health and economic inequalities experienced by service users
• Supporting and safeguarding the most vulnerable adults, children and families
• The need to reduce the number of people entering long-term care hospital beds and being admitted into hospital and to support safe and timely discharge from hospital
• Increased range of accredited and quality assured personalised support and care providers;
• To deliver the personalisation agenda and promote choice and an e market place. Improve market availability across Bradford for service users, families and professional staff
• Effective personalised support and care is crucial in the ongoing drive to transform care and support in the District. The provision of excellent services forms an
essential part of the preventative agenda which enables individuals to retain their independence and involvement within their local communities

6. **Recommendations**

That the content within this report be noted.

7. **Background documents**

None

8. **Not for publication documents**

None

9. **Appendices**

Appendix A - Market Briefing for Integrated Personalised Support and Care
Appendix A

Adult and Community Services

MARKET BRIEFING

Integrated Personalised Support & Care Framework 2016

This Market Briefing Statement is part of a series of briefings supporting the Transforming Adult and Community Services Programme.

The purpose of this briefing is to:

- Share the Councils thinking and future commissioning intentions in relation to Domiciliary / Home Care provision
- Support the personalisation agenda locally
- Encourage and support providers to shape their services to meet the current and future needs of individuals in our District
Introduction

This Market Brief (MB) for Adult Social Care (ACS) Children & Young People’s Services (CYPS) and Health in Bradford is published as part of the journey to transform the way services are commissioned and delivered across the Bradford District.

Over recent years, health and social care services in England have been undergoing significant transition following the introduction of the Health and Social Care Act 2012 and the Care Act 2014. Further major reforms are presaged in the Bradford and Craven Five Year Forward View (FYFV) available on line at:


This FYFV sets out a vision for the future of the NHS in the area, articulating why change is needed, what that change might look like and how it can be achieved. The key themes that have emerged from the need for transformational change include a radical upgrade in prevention and public health, providing greater control for people of their own care, a breakdown of barriers in how care is provided and support for new and innovative models of care.

Against the background of growing legislation and policy, there is recognition by both health and social care commissioners and providers that they need to take a more preventative approach to reduce demand for their services and a more innovative approach to service delivery based on integration.

The Care Act, which is driving transformation, presents commissioners and providers with a new set of challenges. At the heart of the Care Act is the duty to promote people’s well-being and we consider helping people to live as independently as possible as a key part of doing so.

If the vision of integrated care is to be achieved, it must be underpinned by a commitment from all partners working within the system and led by people who use services, their families, carers and the public, and supported by staff at every level and in every care setting, whether they are NHS, Local Authority, private or voluntary sector providers. Integrated care will only work if it keeps the person who uses services at the centre of all decisions and design processes. Care must be reorganised to focus on the holistic needs of people and appear as a single, seamless system to people who use services, regardless of the underlying organisation of the system. Co-design will be central to the process of testing ideas and generating a set of concrete options for Bradford which will inspire more creative and effective ideas for the future of the system.

The new procurement exercise will be known as the Integrated Personalised Support and Care Framework.
Purpose of Briefing and its Usefulness

The purpose of the Briefing is to give clear messages to the market about what we intend to commission and why. It is intended as a brief overview that aims to be clear and concise.

It is useful because it summarises demand, supply and our commissioning priorities, so that we can support our current and potential providers to develop the right services to meet the needs of our residents.

Through embedding a culture of continuous improvement, encouraging innovation and best practice will be encouraged.

The Integrated Personalised Support and Care Framework will work across Adults, Children’s and Health Services. It will support better ways of working between commissioners and services, acting as the basis for joint cohesive relationships and whole systems working.

It is divided into the following five sections:

1. Our strategic priorities and commitment to working together
2. Bradford District Demographics and Joint Strategic Needs Assessment (JSNA)
3. Market information (demand and supply)
4. Our Integrated Personalised Support & Care Framework
5. What approaches we expect from providers?

It is hoped you will continue to participate in this partnership approach to commissioning. If you have any questions or comments about this document please email commissioninginbox@bradford.gov.uk.
1. Our strategic priorities and commitment to working together

Our commissioning will be guided by:

- Personalisation: We will work towards people having personal budgets and increased choice; providers of services will need to promote and support the personalisation agenda.
- Pressure on funding: we continue to work in a context of reductions to public service funding while there are increasing needs particularly among: older people, people with a learning or physical disability, people with mental health needs and those accessing extra care services.
- Varied service requirements: we know we will increasingly move towards commissioning by service type rather than by individual client group. Therefore the new Integrated Personalised Support and Care Framework will cover all client groups not just older people as previously commissioned.
- E-Market solutions: further development to the Connect to Support e-market place will be made to enable people to access a diverse and high quality range of services made available through this portal. We expect all providers to register on Connect to Support.
- Individual Service Funds (ISF’s): much of the personalisation agenda has been driven by supporting access to personal budgets. We know that the responsibility for managing budgets is not the choice of all people who use services and/or carers. ISF’s allow people to transfer their personal budget to a provider of their choice to manage on their behalf thus enabling people to retain control of their budget without the additional responsibility of budget management.
- Keeping it local: we want to make sure that people are not placed into residential care too early. We want to support people to retain independence for as long as possible in their own homes. We also want to develop local services for people who transfer from children’s to adult services. We would like to discuss opportunities to develop local services with providers that can meet the varying needs and rising expectations of citizens, who are flexible and understanding of the need to encourage and support personal choice.
- Learning Disability transformation: we will make sure that services conform to the recommendations from the Winterbourne review and will be looking to identify and engage with specialist local providers.
- Mental Health transformation: we are working to develop appropriate support services to meet the needs of people with mental health problems. Central to this will be to offer re enablement and support services to promote and maintain independent living.
- The Care Act: an emphasis on promoting well being and providing services and facilities that contribute towards preventing or delaying the development of needs for support, through focus on prevention and early intervention rather than waiting till the crisis occurs.
- Health will work with Clinical Commissioning Groups (CCG’s) as commissioners of health care to improve the health and wellbeing of people in the Bradford District who receive domiciliary care services through:
  - Supporting integration of health and care services
  - Promoting personalisation
  - Delivering better health outcomes
  - Achieving greater independence
  - Supporting and encouraging self-management
  - Promoting and offering choice
• Technology Available:
  We are looking to maximise the use of technology in the home care market. In part,
  this will come from the use of electronic monitoring systems as a tool for safeguarding
  vulnerable people. We recognise technology has a role to play in promoting
  independence, choice, community participation and ultimately helping people to remain
  in their home for as long as possible.

• Safeguarding Social care plays an important role in helping people with care and
  support needs to live full lives, free from abuse and neglect. This includes preventing
  abuse, minimising risk without taking control away from individuals, and responding
  proportionately if abuse or neglect has occurred. Local authorities, care providers,
  health services, housing providers and criminal justice agencies are all important
  safeguarding partners.

Values and Principles

The following values and principles have been agreed and signed up to by stakeholders
through the work of the Health and Wellbeing Board (HWBB) and the Integration and
Change Board (ICB):

• Working better together is first and foremost about what is best to add value for all the
  people of the district
• Improvement to the quality of care and support available and look for improvement
  through the eyes of the people of the district and the staff providing the care
• We’re in this together, working as a whole system and both risk and reward are shared
• We will continue to create a culture of trust, openness and transparency, including
  demonstrating a collective stewardship of resources, using all available assets in a
  shared way
• We recognise that the system is wider than just our organisations and we will put the
  interests of the people we serve at the forefront of our decisions with the view that the
  people of the district are themselves an asset
• We will collectively agree our future priorities through a whole system approach
• Our clinicians, social care professionals, managers, colleagues and partners will work
  together to make change happen
• We commit to working at pace, to achieve rapid progress, make decisions and see
  them through
• We will communicate our shared values and principles in a consistent way

Providers who are successful in their tender application will need to take an integrated,
partnership approach to meet the needs of our vulnerable people, whilst also adopting the
vision and principles as set out in this document.

2. Bradford District Demographics and Joint Strategic Needs Assessment (JSNA)

The Bradford district has a large, growing and diverse population. With 528,200 people it
is the fourth largest local authority in England. It is the ‘youngest’ city outside London with
a significant proportion of children and young people, in line with national trends. It also
has an increasing number of people over 65 years of age. This is accompanied by high
levels of deprivation and a particularly wide gap between the most and least deprived
parts of the district. All these features have significant implications for the future health
and well being of the district and therefore the provision of health and social care services.
Below are details of the district’s population that are relevant to the provision of personalised home care and support in Bradford. For more information on the Bradford District please visit www.bradfordobservatory.co.uk and http://www.observatory.bradford.nhs.uk/pages/jsna.aspx

Older People

Total population

The table below shows the current size of the elderly population in the district and the expected levels of increase over the next ten years. As the population increases, particularly the number of older people, the number of people requiring assistance to carry out daily living tasks is also going to rise.

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<th>Table 1: Bradford District 65+ population Source: ONS 2012 population projections</th>
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<td>2014</td>
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<td>65-84</td>
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<td>85+</td>
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<td>65+</td>
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<th>Table 2: Bradford District 65+ % population increase Source: ONS 2012 population projections</th>
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<tr>
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According to the latest Office for National Statistics (ONS) estimates of population there are 74,900 people age over 65 in the District. It is expected that this group will increase by 12% over the next 5 years, reaching a total of 83,900 by 2020.

This increase will be even more significant for the very elderly, with the number of people over the age of 85 increasing by 20% over the next 5 years, reaching a total of 12,100 by 2020.

These two percentage figures echo the national average percentage increase of 12% and 24% respectively.

Some areas of the District have more elderly people than others. Unfortunately population projections are not broken down below district level. It is likely that the north of the District, including the Ilkley, Craven, Bingley and Bingley Rural wards will continue to have the largest elderly populations.

Health and Day-to-Day Living

An individual’s ability to perform daily living activities is also an important determinant of the need for assistance with personal care and support in the District. Below is a table providing details of the health and ability to perform daily tasks of the elderly population in the Bradford District:

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<thead>
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<th>Table 3: Bradford District 65+ population whose day-to-day activities are limited a lot Source: 2011 Census and population projections applied</th>
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<tbody>
<tr>
<td>2014</td>
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<tr>
<td>65-84 whose day-to-day activities are limited a lot</td>
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The health and social care needs of the district’s population is illustrated by the 2011 Census data on the number of people who feel that their day-to-day activities are limited significantly by long term health problems or a disability.

It is estimated that 19,100, 25% of over 65 year olds in the district have a long term health problem or disability which significantly restricts their activities. If this % remains similar in future years there will be approximately 2,300 more in total by 2020.

4,300, 42.7% of over 85 year olds currently experience these health problems. If this remains stable, by 2020 there will be 800 more over 85 year olds in this state of health.

This level of need is supported by data estimating the number of elderly people unable to perform domestic and self care tasks. Table 4 below shows that currently it is estimated that around 30,000 elderly people are unable to manage at least one domestic task on their own, and this will increase significantly over the next five years.

| Table 4: Bradford District 65+ population unable to manage at least one domestic task on their own  |
| Source: www.poppi.org.uk |
| -- | 2014 | 2015 | 2020 | 2025 |
| 65-84 unable to manage at least one domestic task on their own | 22,818 | 23,159 | 25,047 | 27,716 |
| 85+ unable to manage at least one domestic task on their own | 7,888 | 8,038 | 9,320 | 10,970 |
| 65+ unable to manage at least one domestic task on their own | 30,706 | 31,197 | 34,367 | 38,686 |

Table 5 shows a significant number of elderly people who are unable to manage at least one self care activity on their own. Through an increase in the elderly population, there are projected corresponding increases to take place during the next five years.

| Table 5: Bradford District 65+ population unable to manage at least one self-care activity on their own  |
| -- | 2014 | 2015 | 2020 | 2025 |
| 65-84 unable to manage at least one self-care activity on their own | 18,442 | 18,732 | 20,266 | 22,373 |
| 85+ unable to manage at least one self-care activity on their own | 6,766 | 6,891 | 7,965 | 9,340 |
| 65+ unable to manage at least one self-care activity on their own | 25,208 | 25,623 | 28,231 | 31,713 |

Dementia

The Health Needs Assessment for Dementia in Bradford and Airedale carried out in July 2014, estimates that applying the UK prevalence rate for dementia of 6.5% of the 65+ population (which includes diagnosed and undiagnosed cases) there are approximately 5,000 people who currently live with Dementia in the district.

Dementia can occur at any age but it is far more common in the elderly. Nationally, one in six people over 80 and one in 14 in the over 65 population live with Dementia. As the number of older people in the district is increasing, and the fact that people with dementia are living longer, it estimated that the number of people in the district with dementia will increase by an additional 100 cases each year up to 2020.
The trajectory of referrals to memory services by primary care providers in 2005-13, shows a rapidly rising trend in the Bradford District CCG area, with a less dramatic increase for the Airedale and City CCGs which appeared to be levelling off in 2012-13.

It is estimated that 25% of hospital beds are occupied by people with dementia, rising to 40% of those over 75 years of age and this trend is rising. People with dementia tend to stay in hospital longer and have a poorer experience.

Statistics for the current and future prevalence of dementia in the district and issues around hospital admittance for people with dementia, illustrates the need for high quality home care. Vulnerable people should be supported in their own homes, so that, as far as possible, hospital admissions are avoided and the home support service caters for earlier discharges.

**Ethnicity**
Bradford district contains a rich mix of ethnic groups and cultures. The Asian ethnic group forms 27% of the total population, with people with a Pakistani heritage by far the largest group. The following table shows the ethnicity of the over 65 population in the district and illustrates that culturally suitable services are required to meet the needs of this varied population. Although population projections based on ethnicity are not available, as the population ages the proportion of the elderly population from ethnic minority groups will increase over the next five and ten years.

<table>
<thead>
<tr>
<th>Table 8: Bradford District 65+ population ethnic group %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Source:</strong> 2011 Census</td>
</tr>
<tr>
<td><strong>White</strong></td>
</tr>
<tr>
<td>65+</td>
</tr>
</tbody>
</table>

**18 – 64 year population**
As part of the overall increase in the district’s population, the number of 18-64 year olds is also expected to increase. This is at a lower rate than that for children and older people. The current 317,400 population is expected to increase by 2% over the next five years to 318,600.

<table>
<thead>
<tr>
<th>Table 9: Bradford District 18 - 64 population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Source:</strong> ONS 2012 population projections</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2014</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-64</td>
<td>317,400</td>
<td>318,600</td>
<td>324,700</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 10: Bradford District 18 - 64 % population increase</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Source:</strong> ONS 2012 population projections</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2014</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-64</td>
<td>0%</td>
<td>2%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Table 11 provides information related to estimates of the number of 18 – 64 year olds with a learning disability, physical disability and mental health problems. These figures are very approximate and probably underestimate numbers, but they indicate the level of need in the district for this specialist support.
Table 11: Bradford District 18 - 64 population
Source: www.poppi.org.uk

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Predicted to have a moderate or severe learning disability</td>
<td>1,770</td>
<td>1,778</td>
<td>1,814</td>
<td>1,843</td>
</tr>
<tr>
<td>Predicted to have a serious physical disability</td>
<td>6,878</td>
<td>6,938</td>
<td>7,221</td>
<td>7,370</td>
</tr>
</tbody>
</table>

Table 12: Bradford District 18 - 64 population predicted to have a mental health problem
Source: www.poppi.org.uk

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common mental disorder</td>
<td>51,134</td>
<td>51,307</td>
<td>52,208</td>
<td>52,788</td>
</tr>
<tr>
<td>Borderline personality disorder</td>
<td>1,429</td>
<td>1,434</td>
<td>1,458</td>
<td>1,474</td>
</tr>
<tr>
<td>Antisocial personality disorder</td>
<td>1,112</td>
<td>1,116</td>
<td>1,141</td>
<td>1,160</td>
</tr>
<tr>
<td>Psychotic disorder</td>
<td>1,270</td>
<td>1,275</td>
<td>1,297</td>
<td>1,311</td>
</tr>
<tr>
<td>Two or more psychiatric disorders</td>
<td>22,867</td>
<td>22,946</td>
<td>23,373</td>
<td>23,655</td>
</tr>
</tbody>
</table>

The ethnic group data for the 18 – 64 year age group shows a different ethnic breakdown to that for older people. The Asian community in this case forms over 25% of the population and is growing. This needs to be taken into consideration to ensure culturally sensitive services are provided.

Table 13: Bradford District 18 - 64 population ethnic group %
Source: 2011 Census

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Mixed</th>
<th>Asian</th>
<th>Black</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-64</td>
<td>69%</td>
<td>2%</td>
<td>26%</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Children

There are currently 124,650 under 16 year olds in the district. Bradford district has the third highest number of children in England and with 23.6% of the total population under 16 years of age, has more children as a proportion of the population than any other city outside London. The number of children is also rising, mainly due to the annual number of births which has recently been around 8,000 per annum. Some areas of the district have more children than others. The inner city wards are the most youthful, with around 30% of the population in some inner city wards such as Little Horton and Bradford Moor under 16 years of age. [A large number of children are therefore living in the more deprived parts of the district with the implications for lifestyle and health that this entails.] Over a quarter of all children in the district are classified as living below the poverty line, a higher proportion than the average for West Yorkshire and England.

Bradford’s infant mortality rate is one of the highest in England and babies with a low birth weight (associated with an increased risk of ill health and disability throughout life) account for around 10% of births, again much higher than the national average.

Bradford has a higher than expected number of children with disabilities. There is a considerably higher prevalence of childhood disabilities and complex health needs in Bradford compared to the national average, particularly within the south Asian population. As the under 16 population is increasing it is likely that over the next few years the number of children with a specialist home care need will also increase.
Obesity and overweight rates by school year 6 are also higher than regional and national averages. There are also concerns regarding the number of children with emotional health problems.

3. Market information Demand and Supply

Demand

The following data show the indicative levels of demand if population projections for the next five and ten years are applied to existing client data (including adults currently receiving care funded by the local authority and the NHS).

<p>| Table 14: Projected increase in home care clients, by 2020 |</p>
<table>
<thead>
<tr>
<th>18-64</th>
<th>65+</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning disability</td>
<td>14</td>
<td>9</td>
</tr>
<tr>
<td>Memory/cognition</td>
<td>1</td>
<td>21</td>
</tr>
<tr>
<td>Physical disability</td>
<td>10</td>
<td>183</td>
</tr>
<tr>
<td>Mental health</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Social</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>26</td>
<td>216</td>
</tr>
</tbody>
</table>

<p>| Table 15: Projected number of home care clients, by 2020 |</p>
<table>
<thead>
<tr>
<th>18-64</th>
<th>65+</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning disability</td>
<td>718</td>
<td>82</td>
</tr>
<tr>
<td>Memory/cognition</td>
<td>43</td>
<td>198</td>
</tr>
<tr>
<td>Physical disability</td>
<td>507</td>
<td>1,712</td>
</tr>
<tr>
<td>Mental health</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Social</td>
<td>40</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td>1,308</td>
<td>2,016</td>
</tr>
</tbody>
</table>

<p>| Table 16: Projected increase in home care clients, by 2025 |</p>
<table>
<thead>
<tr>
<th>18-64</th>
<th>65+</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning disability</td>
<td>28</td>
<td>18</td>
</tr>
<tr>
<td>Memory/cognition</td>
<td>2</td>
<td>44</td>
</tr>
<tr>
<td>Physical disability</td>
<td>20</td>
<td>382</td>
</tr>
<tr>
<td>Mental health</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Social</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>51</td>
<td>450</td>
</tr>
</tbody>
</table>

<p>| Table 17: Projected number of home care clients, by 2025 |</p>
<table>
<thead>
<tr>
<th>18-64</th>
<th>65+</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning disability</td>
<td>732</td>
<td>91</td>
</tr>
<tr>
<td>Memory/cognition</td>
<td>44</td>
<td>221</td>
</tr>
<tr>
<td>Physical disability</td>
<td>517</td>
<td>1,911</td>
</tr>
<tr>
<td>Mental health</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Social</td>
<td>41</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>1,333</td>
<td>2,250</td>
</tr>
</tbody>
</table>

The data shows that over the next five years there will be 241 additional people requiring a home care provision, a total of 3,324 people. Most of this increase is due to the expected rise in the number of over 65 year olds, with the largest increase in demand for personal care and support from elderly people with a physical disability.

By 2025 there will be a need to provide for over 3,500 people. 501 additional people will require home support; again 90% of this increase is a need for extra provision for the elderly and largely for assistance due to physical ailments.

Supply

This section provides details of Bradford’s Adult Services clients currently receiving personalised care and support. In total, as at the first week in September 2015 there are 2,767 adult social care home care clients. The vast majority 2,687 (91%) are receiving a service from an independent provider.

60% of clients are over 65 years of age and 40% are between the ages of 18 and 64. Table 13 shows that in line with longer life expectancies for women two thirds of elderly clients are women. The gender split is more even for adults aged between 18 and 64.
Table 18: All ASC home care clients by gender  
*Source: CBMDC Adult services, September 2015*

<table>
<thead>
<tr>
<th></th>
<th>18-64</th>
<th>65+</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>46.1%</td>
<td>66.6%</td>
<td>58.4%</td>
</tr>
<tr>
<td>Male</td>
<td>53.5%</td>
<td>33.4%</td>
<td>41.5%</td>
</tr>
</tbody>
</table>

The ethnic breakdown also varies by age group. Mirroring district trends the overwhelming majority of elderly home care clients are from a white ethnic background – 85%. Again the majority of 18 – 64 year old clients are from a white ethnic group, although this majority is lower at 68%. 233 18 – 64 year old clients have an Asian heritage.

Figure 1: All ASC home care clients by ethnic group  
*Source: CBMDC Adult services, September 2015*

Figure 2 below shows the breakdown of clients by client category. 928, nearly one third of clients are receiving a service due to frailty, with 96% of these being over 65 years of age. 701, 24% are people with a learning disability, with 90% of these aged between 18 and 64. 666, 23% have a physical disability. There is a more equitable split between age groups for physical disability, with 58% being over the age of 65 and 52% between 18 and 64. Those living with dementia form the next largest client group, with 87 people currently receiving a home care service.
Figure 2: All ASC home care clients by client category
Source: CBMDC Adult services, September 2015

ASC clients

Figure 3 provides more information on the characteristics of service users, with details of the primary support reason. By far the most common reason is a physical condition. 1,798 people receive a service to provide assistance with a physical impairment, 61% of all clients. This information also illustrates the high number of people receiving support at home with a learning disability and problems related to memory and cognition.

Figure 3: All ASC home care clients by primary support reason
Source: CBMDC Adult services, September 2015

ASC clients

Children’s

As of September 2015 there are 185 children in the district receiving home care support either as a managed home care service – supplied by a provider organisation (62) or as a Direct Payment (123). Currently there are 25 17-18 year olds who are likely to require adult personalised care and support in the near future.
Health

There are presently 202 people in the district who receive a home care provision funded through continuing health care. 28 of these are children. Figure 4 below shows the breakdown by age and client group. There are currently around 60 people who receive assistance for a physical or learning disability, around 60. Nearly all learning disability clients are aged between 18 and 64, whereas the age split for physical disabilities is more even.

**Figure 4: Health funded home care clients by age and client group**  
*Source: NHS, July 2015*

Most health funded clients reside in the area served by the Bradford District CCG. Figure 5 below shows that the vast majority of learning disability clients between 18 and 64 years live in the Bradford area.

**Figure 5: Health funded home care clients by CCG and client group**  
*Source: NHS, July 2015*

The Council currently works with a mixed commercial status of home care providers. The greatest number of organisations is small independent companies and those providing services regionally.

There is no overall significant difference in the service provided by each organisation. Most providers are able to offer personal, domestic and night sitting support.

The geographical areas providers are able to offer support has changed quite dramatically in recent years. Commissioners now have a relatively ‘even spread’ of organisations operating in the district.
Bradford Council Customer Survey

In September 2015 Bradford Council Adults Services department conducted a survey of all home care service user clients to understand their views on the service they receive. There was a 23% response rate, with approximately 400 responses in total. Below is a summary of the results from the survey. Appendix 1 on page 26 provides a detailed analysis for each question asked.

In the main, clients seem satisfied with the overall service that they receive and are also largely satisfied with each different aspect of the service they were questioned about.

- In terms of satisfaction with the overall service they receive over 80% of respondents are satisfied - with 50% either very or extremely satisfied.
- 75% of respondents say that their care workers come at times that suit them.
- However there is an issue regarding being informed about day-to-day changes in care, with 43% of respondents either hardly ever or never made aware about changes.
- 85% of respondents say their care workers always or nearly always carry out the tasks on their care plan.
- 35% of respondents say their care workers are never in a rush when carrying out their care. Nearly 50% stated that sometimes this happens, only 19% said that they are often in a rush.
- Nearly 70% of respondents say their care workers are either always or often on time.
- 53% of respondents say their care workers never spend less time with them than they are suppose to.
- 83% of respondents say that they always or nearly always see the same care worker.
- In terms of how happy clients feel about the way their care worker treats them, 56% are always happy and 33% usually happy.
- 66% of respondents say their care worker understands them, with an additional 32% saying that my care worker understands most things I say.
- If it applied, 41% of respondents say they find it very easy to find information and advice about support, services or benefits. However, a sizeable proportion (24%) said this is very difficult to find.
- When asked whether they had been told about direct payments, 34% said yes 37% said no, and 29% said they didn't know about direct payments.
- 25% of respondents feel in control of their daily life, with a further 56% saying they also do so with some help.
- In terms of safety, 67% of respondents feel as safe as they want to. 26% feel adequately safe but not as safe as they would like. 83% say that the services they receive help them to feel safe.

Healthwatch Survey

- In May 2015, Bradford and District Healthwatch produced a report on the experiences of old people using home care services in the district. The full report can be found on the Healthwatch website at:

  http://healthwatchbradford.co.uk/come-time-slow-down-and-smile-older-peoples-experiences-home-care-bradford-district

- The findings of the report were based on 240 responses from older people and their carers. Below is a summary of the results. In most cases the results echo the findings
of the BMDC survey – showing an overall satisfaction with home care services but also raising some important issues that need to be addressed.

- The report showed that home care services in the district are valued and recognised as playing an important role in keep older people as independent as possible and enabling them to live at home. In response to the question ‘Does home care meet your needs and help to keep you independent in the home?’ 58% said always and a further 36% said most of the time.

- Almost 66% of respondents said care workers are mostly on time but that there are concerns about rushed visits, unpredictable and variable timings and missed visits. Communications about changes to visits was revealed as an issue.

- 52% of the respondents said duties on the care plan are always followed and were satisfied with the care provided. Other respondents felt there was insufficient time and/or carers’ approach or skill level resulted in care needs not being met. Medication is a particular issue for some people.

- The attitude and approach of staff was rated as good overall and people felt they were treated with dignity and respect. But there was also a high number of respondents who made reference to poor communication and the poor attitude of some care staff.

- An open ended question for respondents to provide comments on issues that were important to them revealed a balance of both good and not so good experiences. There were concerns about the lack of skills and training among some care staff. There were also issues related to cultural awareness, housekeeping and basic culinary skills, dignity and respect and continuity of care.

- In terms of how people were involved in the care they were provided with, overall the response was positive, although some reference was made to poor organisation and communication.

Overview of current market Adult Social Care

Self Funders

There are no self funders in relation to the Council for domiciliary care. We do not hold any information regarding the number of self funders within the independent sector.

Direct Payments

The number of service users choosing to use a Direct Payment to purchase some or all of their care is forecast to be circa 620 in 2015/16. Users with a Learning Disability are by far the largest group to utilise Direct Payments in the district. The total number of current Direct Payment users is low in comparison to national usage however recent comparator Local Authorities data highlights Bradford to be mid range in the Yorkshire and Humberside Region.

Several local initiatives including a Business Process Review and comprehensive training package for all social care practitioners has been undertaken in an attempt to increase take up of the Direct Payment facility

Stability of Market

Bradford has a robust market of personal care providers the majority of whom have worked with the Council for many years. It is recognised that innovation and continued development of the services provided is essential to meet the challenges outlined previously. It is therefore our intention to afford and facilitate forums/briefing events to
meet stakeholders and create a meaningful dialogue around the proposed trajectory. A more collaborative working approach will strengthen the stability of the future market whilst developing quality, safe and accessible services for users.

Overview of Existing Quality

The overall quality of personalised community home based care in Bradford is generally good and underpinned by a foundation of quality home care providers delivering personalised services across the District.

We currently measure/quality assure services in several ways, these include close working with partner providers who regularly actively ask for feedback from service users, a robust customer care process, annual quality monitoring visits undertaken by Contract and Quality Assurance staff and direct customer surveys carried out by both local Healthwatch and through Council performance officers all of which contribute to our assessment of the overall quality of services delivered.

Feedback from Healthwatch Bradford who interviewed and surveyed home care service users identified a number of common concerns which included late and unpredictable arrival times, rushed/missed visits, communicating delays and misrepresenting information.

Conversely a recent survey undertaken by the Council identified that 82% of people who use care services said that those services have made them feel safe and secure.

Bradford Metropolitan District Council is committed to the commissioning and provision of good quality care which support positive and safe outcomes for those people using services.

To ensure this is supported we will, as part of future framework agreements, introduce a robust quality monitoring system which will provide an holistic approach to provider performance, identify where providers are performing well and where specific improvements need to be made.

We will use the Council’s own survey data and the recent local Healthwatch report to work with providers, services users and carers in developing our quality framework to ensure it is meaningful to all and adds value to both the Care Quality Commission’s standards of care and ultimately the experience of those using the service.

4. Our Personalised Support & Care Framework

Integrated Personalised Support & Care Framework 2016 – 2020

Home Care/Domiciliary Care Services deliver a range of personal care and domestic/community support services to individuals in their own homes. The care delivered can range from a check to ensure that the individual has taken prescribed medication, for example, through to an extensive care package to meet their assessed needs including personal care i.e. support to get in/out of bed, bathing/toileting and meal preparation.
In Scope

In the main the services in scope of this work are all currently individual spot ‘Contracts for the provision of home care (domiciliary care/personal care) and extra care for older people commissioned from the independent sector. These services are currently accredited by the Council and placed on a list known as the preferred provider list; no formal EU procurement exercise has previously taken place to create a preferred provider list.

Our future intention is to ensure we have a home care framework of providers to meet the wide and varying needs of all vulnerable clients in our community assessed as needing a council funded service. This will be a tripartite tender exercise on behalf of Adults, Children’s Social Care Services and Health partners and will ensure there is a vibrant provider market available to commissioners to meet the needs of all Bradford citizens assessed as needing a domiciliary or home care service.

It is our intention to include Domiciliary Care/Home Care services for all vulnerable adults across Bradford who have been assessed as needing such services. This will include Older People, people with a Learning Disability, Mental Health or Physical Disability. Children and Young People in Transition together with people who are assessed as needing domiciliary or home care services from health referrals and hospital discharges funded from health and finally extra care services also applicable to all the above although historically extra care schemes tend to be for older people.

The Council now intends to complete a full EU procurement process which will invite organisations to formally tender. Successful bids will have to demonstrate that they are credible, fit for purpose organisations that will sign up to the Councils terms and conditions and meet an agreed level of quality. The bids submitted will be evaluated against a set criteria. This criteria and details of the services we believe we will look to commission will be detailed in the tender documentation.

A comprehensive options appraisal will be undertaken in order to determine the level of hours, type of service provision and ultimately the business and the configuration thereof prior to the commencement of the tender process. The allocation of individual packages of care will be dependent upon the outcome of the options appraisal which may include, but not limited to a call off process following the successful award for inclusion on the framework. All processes will be detailed in the tender documentation.

The documentation and indicative timescales for this procurement exercise will be published in January 2016.

Not in Scope

Excluded from the commissioning plan is the Bradford Enablement Support Team (BEST) and the BEST Plus Service which supports service users to achieve therapy goals that are set and monitored by therapists. Last year the service extended its hours to cover 24/7 through the introduction of community BEST social care. This was planned to offer night provision, delivering social care in the community aiming to prevent residential and nursing care admissions. This is in addition to the Trustcare response service that responds to social care and fall emergencies in the district directed by the Safe and Sound control centre and Bradford’s in house extra schemes.
5. What approach do we expect from providers?

Our ambition is to design models of service delivery across the district that combined will:

1. Stimulate a sustainable and diverse range of care and support services
2. Continuously improve quality and choice
3. Deliver innovative and cost effective outcomes that promote well being and prolonged independence to the residents of Bradford District.

The challenge of the scale of change required to meet increasing demand with reducing funding must be recognised. We will all need to work in partnership to overcome the challenges ahead and embrace change in order to meet the needs of our citizens across the district.

In line with EU Procurement regulations we now need to scope the future of Domiciliary Care Provision for the next 3 to 4 years.

Considerations will include:

- Demand is expected to increase significantly, especially in certain demographic areas
- Demand for specialist care for Dementia services is also likely to increase
- We would particularly like to discuss opportunities to develop local services with the use of electronic monitoring systems
- There will be an increased focus on people having personalised budgets using mechanisms such as direct payments and Individual Service Funds.
- The focus on preventative, re-enablement and early intervention service provision will become increasingly important. This is in order to support individuals to live healthy and independent lives in their own homes for longer, to reduce or delay the demand for health and social care services, for example residential care
- Integration – How we re-procure to ensure a smooth streamlined service to all
- Improving quality
- Accountability
- Safeguarding
- Ensure value for money

Customer Journey/Whole System Approach

A Business Process review was recently undertaken to establish the customer journey from the B.E.S.T enablement provision to the Support Options brokerage service. We intend to ensure clear and unambiguous timescales together with a formulated handover process which enables not only the continuation of agreed provision but includes the ongoing of enablement outcomes.

The monitoring of this handover process will be integral to the quality evaluation of service provision, including the adherence and responsiveness to predetermined timescales. We will work with colleagues and providers to develop and implement documents which fully facilitate a positive transition for service users, providers and the Council.
Proposed Transition Process - Flow Chart

WEEK ONE
In house Services Commences

Details of all care packages commencing with in-house on Monday to Friday of each week are collated and forwarded to the Bradford Enablement Support Team (B.E.S.T) Home Care Seniors to determine the likely outcome of the package.

THREE SCENARIOS ARE:

1. Care package definitely transferring and ready to transfer at week two/three stage.
2. Care package to continue up to six weeks, unless re-abled before.
3. Care package ceased following re-enablement.

Support options team send provisional details of care packages to providers by midweek of week three. This should include an agreed transfer date.

Transfer Documents are completed by the Home Care Senior and sent to The Support Options Team to liaise with the nominated Provider.

Provider to commence service delivery on agreed start date. No later than day one, week seven.
Delivering Change

Due to the unprecedented budget pressures currently being experienced, the way we commission services has to change. Rather than commissioning services individually for separate client groups we will be undertaking one single procurement exercise for the entire provision of Home Care services across vulnerable client groups at the same time, it is anticipated the tender will be separated into several LOTS, so that any specialised services can be bid for separately. The framework will be awarded by June 2016.

Providers who are successfully appointed to the Framework will have to work within the legislative and policy framework of Bradford’s Contracts in a complex and challenging environment that will need leadership, discipline and structure to ensure that at all times the highest quality of service is provided which can evidence value for money, be outcome focussed and flexible.

Providers will need to be prepared to be:

- Commercially pro-active on the Council’s behalf
- Be flexible and co-operative in implementing business change
- Work in partnership with stakeholders to deliver the best possible outcomes
- To be innovative and proactive in their approach to the delivery of services
- Work collaboratively with the Council and our health partners to continuously improve and eliminate duplication and improve accountability and safeguarding

The final Contract award decision will be based upon assessment against responses to questions detailed in the associated procurement documents and throughout the subsequent stages of the procurement process. For further information on the Councils commissioning intentions and market position statement please visit the Adult and Community Services Commissioning website for more details at: http://www.bradford.gov.uk/bmdc/health_well-being_and_care/adult_care/commissioning

Providers are advised to register on YORtender to ensure they receive notification of the procurement timetable in more detail. The Procurement process is planned to run from October 2015 to Contract award June 2016. During this period no further accreditations of providers will take place.

Collectively, we will create a diverse, high quality and sustainable market that treats people as individuals, helping them to regain and maintain their independence and improves their health and well-being.

Prevention and early intervention are recognised as ways to help people stay well, live independently and remain healthy for longer. It is important to ensure that a wide range of preventative services are available to support people across the spectrum of need, including those who do not approach the Council for support or meet its eligibility criteria. This will ensure that people do get the support which could prevent critical needs developing in the future.
We welcome views on what kind of market information would be especially useful in the future or might be difficult to obtain independently as well as your views on the type of engagement you feel will be most useful to you.

The Council is interested in hearing from you if you have any questions or comments about this document and with your ideas about how we could improve it in future years.

Bradford Metropolitan District Council
Adult & Community Services
Commissioning Team
Commissioninginbox@bradford.gov.uk

For further information, open the links below:

Doing Business with Bradford Council
Commissioning Adult Health and Social Care Services

YORtender
Appendix 1

Table 1: Overall, how satisfied are you with the help from Adult Social Care that you receive in your own home?

<table>
<thead>
<tr>
<th>Perception</th>
<th>0%</th>
<th>5%</th>
<th>10%</th>
<th>15%</th>
<th>20%</th>
<th>25%</th>
<th>30%</th>
<th>35%</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am extremely dissatisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am very dissatisfied</td>
<td></td>
<td></td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am quite dissatisfied</td>
<td></td>
<td></td>
<td></td>
<td>15%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am neither satisfied nor dissatisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am quite satisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>25%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am very satisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>I am extremely satisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>35%</td>
</tr>
</tbody>
</table>

In terms of satisfaction with the overall service they receive, over 80% are satisfied, with 50% either very or extremely satisfied. Only 8% are dissatisfied.

Table 2: Do your care workers come at times that suit you?

<table>
<thead>
<tr>
<th>Perception</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>They always come at times that suit me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They usually come at times that suit me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They sometimes come at times that suit me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They never come at times that suit me</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

75% of respondents say that their care workers come at times that suit them, with 25% saying that they always did. Only 3% stated that care workers never came at a time that suited them.
Table 3: Are you kept informed, by your home care service, about day to day changes in your care?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>They never let me know about changes</td>
<td>0%</td>
</tr>
<tr>
<td>They hardly ever let me know about changes</td>
<td>5%</td>
</tr>
<tr>
<td>Someone usually lets me know about changes</td>
<td>10%</td>
</tr>
<tr>
<td>Someone always lets me know about changes</td>
<td>15%</td>
</tr>
</tbody>
</table>

If a day-to-day change in care is required, 53% of respondents say that they are either always or usually informed of this. However, 43% are hardly ever or never informed about changes.

Table 4: Do your care workers do the things that are on your care plan

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>They never do the things on my care plan</td>
<td>0%</td>
</tr>
<tr>
<td>They sometimes do the things on my care plan</td>
<td>10%</td>
</tr>
<tr>
<td>They nearly always do the things on my care plan</td>
<td>20%</td>
</tr>
<tr>
<td>They always do the things on my care plan</td>
<td>30%</td>
</tr>
</tbody>
</table>

85% of respondents say their care workers always or nearly always carry out the tasks on their care plan. Only 3% stated that they never do things on their care plan.

Table 5: Are your care workers in a rush?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>They are often in a rush</td>
<td>0%</td>
</tr>
<tr>
<td>They are sometimes in a rush</td>
<td>10%</td>
</tr>
<tr>
<td>They are never in a rush</td>
<td>20%</td>
</tr>
</tbody>
</table>

35% of respondents say that their care workers are never in a rush when carrying out their duties. Approximately 50% stated that sometimes this happens, but only 19% said that they are often in a rush.
Table 6: Do your care workers arrive on time?

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>I never know what time my care workers are going to arrive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>My care workers are never on time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>50%</td>
</tr>
<tr>
<td>My care workers are sometimes on time</td>
<td></td>
<td></td>
<td></td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My care workers are often on time</td>
<td></td>
<td></td>
<td>40%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My care workers are always on time</td>
<td>60%</td>
<td>50%</td>
<td>30%</td>
<td>10%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nearly 70% of respondents say their care workers are either always or often on time. 8% stated that they never know what time their care worker is going to arrive, but only 4% said that they never know.

Table 7: Do your care workers spend less time with you than they are supposed to?

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
</tr>
</thead>
<tbody>
<tr>
<td>They never spend less time with me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>They sometimes spend less time with me</td>
<td></td>
<td></td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They often spend less time with me</td>
<td>30%</td>
<td>40%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They always spend less time with me</td>
<td></td>
<td>50%</td>
<td>60%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In terms of time spent with clients, 53% of respondents said their care workers never spend less time with them than they are supposed to. 18% said they often or always spend less time with them than they are supposed to.

Table 8: Do you always see the same care workers

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, I always see the same care workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30%</td>
</tr>
<tr>
<td>No, but I nearly always see the same care workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>50%</td>
</tr>
<tr>
<td>No, I hardly ever see the same care workers</td>
<td>30%</td>
<td>40%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No, I never see the same care workers</td>
<td></td>
<td></td>
<td></td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

83% of respondents say that they always or nearly always see the same care worker. Only 3% said that they never see the same care worker.
When asked how happy clients feel about the way their care workers treat them, 56% are always happy and 33% usually happy. 1% of respondents said they are never happy.

66% of respondents say their care worker understands them, 32% said their care worker understands most things they say.

When it applied, 41% of respondents say they find it very easy to find information and advice about support, services or benefits. However, a sizeable proportion (24%) said this is very difficult to find.
Table 12: Has your social worker or care manager told you about direct payments

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>5%</th>
<th>10%</th>
<th>15%</th>
<th>20%</th>
<th>25%</th>
<th>30%</th>
<th>35%</th>
<th>40%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To find out if people are being informed of direct payments, clients were asked whether they had been told by their social worker or care manager about direct payments. 34% said yes and 37% no, although 29% said don’t know.

Table 13: Which of the following statements best describes your present situation

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel in control of my daily life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With help I feel in control of my daily life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have some control over my daily life but not enough</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have no control over my daily life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

25% of respondents feel in control of their daily life, with a further 56% saying they also do so with some help. Only 4% feel they have no control over their daily life.

Table 14: Which of the following statements best describes your social situation

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>as much social contact as I want with people I like</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>adequate social contact with people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>some social contact with people, but not enough</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>little social contact with people and feel socially isolated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Social contact and social isolation appears to be a concern for home care clients. Only 41% have as much social contact with people they like and 31% feel they have adequate social contact with people. 20% feel they do not have enough social contact and 8% have very little social contact and feel socially isolated.
Table 15: Thinking about what you do with your time including leisure, doing things for others, describe how you spend your time?

![Bar chart for Table 15]

Although 39% of home care clients do the things they like to do, 61% can’t do many of the things they like to do or can’t do anything they want to (13%).

Table 16: Which of the following statements best describes how safe you feel

![Bar chart for Table 16]

Table 17: Do services help you to feel safe

![Bar chart for Table 17]

In terms of safety, 67% of respondents feel as safe as they want to. 26% feel adequately safe but not as safe as they would like and 3% do not feel safe at all. 83% stated that the services they receive help them to feel safe.
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Report of the Interim Strategic Director of Adult and Community Services and the Director of Public Health to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 21 January 2016

AH

Subject:

Budget and Financial Outlook

Summary statement:

This report provides information on the initial draft saving proposals presented to Executive in December 2015 and the consequential implications of those proposals to Adult and Community Services and Public Health. The report also reminds the Committee of the savings that were agreed as part of the 2015-16 budget proposals approved by Council in February 2015.

Bernard Lanigan
Interim Strategic Director Adult and Community Services
Anita Parkin
Director of Public Health
Report Contact: Wendy Gregory
Business Advisor Adult and Community Services
Phone: (01274) 434163
E-mail: wendy.gregory@bradford.gov.uk

Portfolio:
Health & Social Care

Overview & Scrutiny Area:
Health and Social Care
1. SUMMARY

1.1 The Council is currently going through a period of unprecedented budget reductions which are discussed in detail in the Budget Report to Executive on 1st December 2015.

1.2 This report provides information about savings approved at Full Council in February 2015 and further savings proposed to Executive in December 2015.

2. BACKGROUND

2.1 In February 2015, Full Council approved indicative saving/additional income proposals (further referred to as savings) for 2016-17 of £27.3m. In December, Executive began consultation of further savings proposals of £17.7m for 2016/17 and £24.4m for 2017/18. This gives a total savings requirements of £69.4m over the next two financial years.

2.2 The executive are proposing additional investments of £3.4m, a council tax increase of 1.6% and a further 2% increase on the Council tax charge to meet the increasing demand in Adult Services in line with new Government policy.

2.3 The savings already approved will reduce the staff posts by 167 and in addition the new savings proposals (if approved) would reduce the numbers of staff posts by a further 474 over the next two years; this will give a reduction in staffing posts of 641 over the next two years.

2.4 There will still remain a funding gap of £6m in 2017/18 which will need to be addressed with further reductions to services or generating additional income.

2.5 The Government is still proposing that by 2020 Health and Social Care will be integrated and in the current year the two organisations have pooled budgets of £37m. In the Comprehensive Spending Review, the Government are proposing a further £1.5bn nationally to the BCF but this is back loaded with £105m available from 2017/18, rising to £825m in 2018/19 and finally to £1.5bn in 2019/20. However, it is not new money in the system and will be a redirection of existing funding for example £800m will come from a reduction in the New Homes Bonus that is currently paid to Local Government.

2.6 The Government has also announced an increase in the Disabled Facilities Grant rising nationally from £220m to £500m by 2019/20. It is not clear whether the £280m increase is part of the £1.5bn increase in BCF as mentioned in 2.5 above.

3. REPORT ISSUES

3.1 Adult and Community Services have a net budget in 2015/16 of £122.4m and are currently forecasting an underspend of £0.3m for the current financial year. This underspend is the net position of recurring budgetary pressures, savings that will not be met in full in this financial year, offset by managed spending reductions in other areas of the budget.
3.2 Adult and Community savings proposals for 2015-16 are £8.3m of which 85% (£7.1m) are being achieved in full. Of the savings proposals that are not fully met in year, the balancing amount is being met through compensating savings and actions to manage within the allocated budget.

3.3 There are a number of recurring pressures which will impact over the next two years and these are:

- Income from the NHS which will need to be agreed over the coming months and when the NHS funding allocations have been made by Central Government. (£0.8m).
- The joint LA/CCG equipment store (BACES) is overspending and the current agreement is that the overspend is jointly shared between the LA and the three CCGs. (£0.5m)
- Care which is externally purchased e.g. Residential, Nursing and Domiciliary Care is seeing an increased demand and an increase in cost from the plan at the start of the year when the budgets were set and savings targets agreed. (£1.2m).
- There has been an increase in the number of families seeking financial support who have no recourse to public funds. (£0.2m)

3.4 The pressures above are offset with non recurrent in year savings from the following:

- Acceleration of the savings with Housing related support and other commissioned services to meet the planned 2016-17 savings. (£2m).
- Vacancies have been very closely managed to ensure that the needs of the service are met whilst preparing for the proposed staffing reductions. (£1m)

3.5 There are discussions about potential increases to the Care fees for Nursing, Residential and Domiciliary Care providers. This is still in discussion and a decision will be made in the coming months about what the new fee will be. There has been funding allocated for this purpose which may cover the additional costs however, the extent of the total cost rise will only be known when the final decision is made.

3.6 The Government has announced an increase to the National Living Wage and the impact on Adult and Community Services budgets from both our own staff and from contractual payments is currently estimated to significantly add to the financial pressure over the next two years. This is a national issue which so far has not received any funding from Central Government other than the option for Council’s to include a social care precept on council tax of up to 2%. This equates to £3.1m for Bradford which is far short of the estimates.

3.7 The savings which were approved in February 2015 for 2016/17 totalled £8.2m and a further proposal is currently being consulted on for a savings of £4.3m in 2016/17 giving a total saving of £12.5m in 2016/17 and a further £10.3m savings have been proposed for 2017/18. This gives total savings of £22.8m over a two year period which is a 18.5% reduction on the 2015/16 base budget. The proposed savings are shown in Appendix A and the pre-agreed savings are shown in Appendix B. The
savings (pre-agreed and proposed) for the two year period 2016/17 to 2017/18 are summarised below.

Table 1 Summary of Adult and Community Services Savings agreed and proposed over the two year period 2016/17 and 2017/18

<table>
<thead>
<tr>
<th>Pre-agreed savings</th>
<th>Proposed savings</th>
<th>Proposed savings</th>
<th>Total savings over the two years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-17 £m</td>
<td>2016-17 £m</td>
<td>2017-18 £m</td>
<td>2016-2018 £m</td>
</tr>
<tr>
<td>8.2</td>
<td>4.3</td>
<td>10.3</td>
<td><strong>22.8</strong></td>
</tr>
</tbody>
</table>

3.8 Council is aware of the financial pressures faced due to a growing and aging population. Additional budget has been invested on an annual basis to support the growing need and a further £3m will be invested over the next two years to address the financial pressure.

3.9 The impact of the proposed budget reductions has yet to be considered on the whole of the public purse; for example any saving proposed which may impact on the NHS by increasing their costs. This will need to be considered in some detail as the impact may be, for example, increasing Delayed Transfers of Care i.e. more people in high cost hospital beds that could potentially be in a social care setting.

3.10 Public Health Background

3.10.1 The PH grant is provided to local authorities by the Department of Health (DoH) in order for them to discharge their public health responsibilities. These funds are formally ‘ring fenced’ and must be used for the following:

1. Improve significantly the health and wellbeing of local populations;
2. Carry out health protection and health improvement functions delegated from the Secretary of State;
3. Reduce health inequalities across the life course, including within hard to reach groups;
4. Ensure the provision of population healthcare advice.
5. Prescribed or mandated functions which must be delivered against the grant are:
   6. Sexual health services - STI testing and treatment
   7. Sexual health services – Contraception
   8. NHS Health Check programme
9. Local authority role in health protection

10. Public health advice


3.10.2 In setting their spending priorities local authorities are required to deliver the overall objectives of the grant and the prescribed functions. They are also required to tackle the wider determinants of health, such as violent crime, the successful completion of drug treatment, smoking prevalence, weight management and obesity issues, food/fuel poverty and child poverty etc. Indeed the ‘movement’ of PH into local authority control is in part to support this wider role in tackling the wider determinants of health.

3.10.3 PH grant is expected to be fully utilised ‘in year’, however if at the end of a financial year there is underspend this can be carried forward, as part of a public health reserve, into the next financial year. It’s important to note though that grant conditions still apply to this reserve.

3.10.4 Where there are large underspends of PH grant ‘year on year’ the DoH will consider whether future allocation to an area should be permanently reduced.

3.10.5 Bradford has spent fully against the grant since the movement of PH into the council in 2013/14 and 2014/15. It is anticipated this will continue to be case in 2015/16. This has been possible through a mixture of expenditure directly through the PH department and investment into other key parts of the Council who contribute to the statutory duties listed above and the wider determinants of health. This means that, unlike other council departments PH does not at this stage declare as part of future budget proposals detailed financial reductions planned.

3.11 This year’s forecast for Public Health

3.11.1 The table below shows the forecasted spend of Public health Grant for 2015/16. It follows the priorities listed above in the grant conditions

<table>
<thead>
<tr>
<th>PH Service Area</th>
<th>2015-16 costs</th>
<th>Percentage of total (rounded)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Public Health</td>
<td>£571,200</td>
<td>1%</td>
</tr>
<tr>
<td>Drugs Misuse</td>
<td>£12,267,800</td>
<td>31%</td>
</tr>
<tr>
<td>Alcohol Misuse</td>
<td>£545,100</td>
<td>1%</td>
</tr>
<tr>
<td>Nutrition Obesity &amp; Physical Activity</td>
<td>£2,054,400</td>
<td>5%</td>
</tr>
<tr>
<td>Healthchecks</td>
<td>£175,500</td>
<td>0%</td>
</tr>
<tr>
<td>0-5 Children’s Services</td>
<td>£6,020,300</td>
<td>15%</td>
</tr>
</tbody>
</table>

Page 39
### Table

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 5 - 19</td>
<td>£3,879,000</td>
<td>10%</td>
</tr>
<tr>
<td>Tobacco</td>
<td>£734,900</td>
<td>2%</td>
</tr>
<tr>
<td>Sexual Health</td>
<td>£4,859,100</td>
<td>12%</td>
</tr>
<tr>
<td>Wider Determinants</td>
<td>£4,530,600</td>
<td>12%</td>
</tr>
<tr>
<td>Health Protection</td>
<td>£1,403,800</td>
<td>4%</td>
</tr>
<tr>
<td>Public Health Leadership</td>
<td>£1,316,700</td>
<td>3%</td>
</tr>
<tr>
<td>Information &amp; Intelligence</td>
<td>£228,300</td>
<td>1%</td>
</tr>
<tr>
<td>Premises and Running Costs</td>
<td>£651,300</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£39,238,000</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

3.11.2 The Local Authority has received notification from Public Health England of further potential reductions to the Public Health grant which will be phased in at 2.2% in 2016-17, 2.5% in 2017-18, 2.6% in each of the following years, and no change in 2020-21. In addition to the funding reductions, we are also awaiting the result from the funding formula consultation, when this is finalised, the final allocation will be announced. The current and future Public Health grant allocation is set out in Appendix C: chart 1.

3.12 **Health Watch**

3.12.1 The Council’s current contract with its Healthwatch provider, KIVCA, was due to come to an end in March 2016. However, a 3 months extension to 30th June 2016 has been agreed in order to facilitate a re-commissioning exercise, which will include an options appraisal & stakeholder consultation. The related Advocacy Service has been extended until 30th June 2016 which will also be re-commissioned in parallel to the Healthwatch service.

3.12.2 The commissioning process will consider what the Council needs in respect of these services in the context of the rapidly evolving nature of the organisation. Additionally, the council will need to be cognisant of the need to:
1. maximise value for money;
2. contribute to the further significant budget reductions that the Council is required to secure over period of any new arrangements.

3.12.3 The current budget for Healthwatch is £223,692 and for the Advocacy Service it is £135,319. Whilst no decisions have yet been made as regards scope and budget, it is probable that further efficiencies will be sought in the replacement Healthwatch and Advocacy Services.

4. **FINANCIAL & RESOURCE APPRAISAL**

4.1 This report covers the financial issues of the proposed budget.
5. **RISK MANAGEMENT AND GOVERNANCE ISSUES**

5.1 Implementing the draft saving proposals will require a significant range of risks to be managed. The uncertainties regarding the funding that will be available to the Council are considered within the report. The consultation process is designed to ensure that stakeholders can have their say and their input taken into account before budget decisions are finalised.

5.2 Adult and Community Services do have a robust Programme Management structure in place to deliver the original savings proposals approved in February 2015 and this Programme Management approach will extend to any new proposals ultimately agreed by Full Council in February 2016.

6. **LEGAL APPRAISAL**

6.1 The Council must comply with all legal requirements and local agreements to consult on any proposals to change Council services and functions before Council is asked to make any final decisions on the proposals.

6.2. The public sector equality duty under the Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to:
   - Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
   - Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
   - Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

6.3. An Equality Impact Assessment (EIA) is a tool for identifying the potential impact of proposals to change Council services and functions and to assist in identifying whether a proposal disproportionately affects particular groups with relevant protected characteristics and if so whether any such adverse impact can be avoided or mitigated.

6.4. There is also a duty on all Best Value authorities to consult representatives of council tax payer, people who use the service or likely to use the service, other people who might be affected and local voluntary and community organisations and small businesses when considering making changes to a service or ending provision of a service, including decommissioning a service. The Council must comply with all legal requirements and local agreements to consult on any proposals to change Council services and functions before Council is asked to make any final decisions on the proposals.

6.5. Legal Services will continue to provide advice and assistance throughout the consultation process.
7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

The Equality and Diversity Issues have been considered as part of supporting documents to the budget proposals.

7.2 SUSTAINABILITY IMPLICATIONS

7.2.1 N/A

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

7.3.1 There are no impacts on Greenhouse Gas emissions

7.4 COMMUNITY SAFETY IMPLICATIONS

7.4.1 There are no direct Community Safety Issues.

7.5 HUMAN RIGHTS ACT

7.5.1 N/A

7.6 TRADE UNION

7.6.1 Pursuant to Section 188 Trade Union and Labour Relations (Consolidation) Act 1992 (TULRCA 1992) the Council as employer is required to consult the recognised Trade Unions where there is a proposal to dismiss by reason of redundancy (which includes voluntary redundancy) 20 or more employees. If 100 or more employees are at risk of dismissal by reason of redundancy the consultation period is a minimum of 45 days.

7.6.2 As the proposals set out in Appendix B to the Report to Executive on 1 December 2015 (included as Appendix A to this report) include proposals to dismiss by reason of redundancy over 100 employees such consultation with the Trade unions commenced on 28th October 2013. The consultation is continuing and includes consultation about ways of avoiding dismissals, reducing the numbers of employees to be dismissed and mitigating the consequences should redundancy dismissals become necessary.

7.7 WARD IMPLICATIONS

7.7.1 There are no direct impacts on specific wards of the savings plans within Adult and Community Services. However, there will be an impact across the Council with some wards being more specifically impacted than others. This is impossible to quantify until robust action plans have been agreed.
7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS
(for reports to Area Committees only)

7.8.1 N/A

8. NOT FOR PUBLICATION DOCUMENTS

8.1 None.

9. OPTIONS

9.1 This report is for information

10. RECOMMENDATIONS

10.1 That the Overview and Scrutiny Committee is asked to consider and note the information provided in this report.

11. APPENDICES

Appendix A – Proposed savings 2016/17 and 2017/18
Appendix B – Pre-agreed savings 2016/17
Appendix C – Public Health Grant allocations

12. BACKGROUND DOCUMENTS

- Briefing note: Financial Impact of the National Living Wage
- Briefing Note: Provisional Local Government Settlement 2016/17
- Executive report: Executive Budget and Council Tax Proposals 2016/17 and 2017/18
- Various spreadsheets and working papers in finance
<table>
<thead>
<tr>
<th>NEW REF</th>
<th>Service Area or function</th>
<th>Proposal for Change</th>
<th>Total 2015-16 Budget for Service Area</th>
<th>2016/17 £'000 Impact</th>
<th>2017/18 £'000 Impact</th>
<th>Total £'000 Impact</th>
<th>% of total budget</th>
<th>Equalities impact on the Equality Duty protected characteristics &amp; low income groups</th>
<th>Mitigation</th>
<th>EIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults and Community Services</td>
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<tr>
<td>3A1</td>
<td>Integration and Transition</td>
<td>Changes to the Contributions Policy for Adult Social Care</td>
<td>(5,747)</td>
<td>466</td>
<td>611</td>
<td>1,077</td>
<td>18.7%</td>
<td>This proposal is likely to have a disproportionate impact on older people and working age adults with disabilities who have more income and young people under the age of 25 in receipt of high rate Disability Living Allowance/Personal Independence Payment.</td>
<td>The current Contributions Policy ensures that no individual service user, especially those with limited income, contributes more than they can reasonably afford to pay. That principle will not change under this proposal and all existing service users will have a new financial assessment with help to maximise benefits. There is also an appeals process if the service user cannot afford any</td>
<td></td>
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</tbody>
</table>

**NEW DRAFT PROPOSALS OPEN FOR CONSULTATION UNTIL FULL COUNCIL ON 25 FEBRUARY 2016**

**APPENDIX A**
<table>
<thead>
<tr>
<th>NEW REF</th>
<th>Service Area or function</th>
<th>Proposal for Change</th>
<th>Total 2015-16 Budget for Service Area</th>
<th>2016/17 £'000 Impact</th>
<th>2017/18 £'000 Impact</th>
<th>Total £'000 Impact</th>
<th>% of total budget</th>
<th>Equalities impact on the Equality Duty protected characteristics &amp; low income groups</th>
<th>Mitigation</th>
<th>EIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A2</td>
<td>Operational Services</td>
<td>Changes to Home Care Services&lt;br&gt;Savings will be made by changing the way in which home care services are monitored and delivered and by fully implementing existing policy relating to care plans for people recovering from hospitalisation and accidents:&lt;br&gt;<strong>Electronic Monitoring</strong> – using technology to monitor and agree care provided by contractors will enable the Council to save money by paying for care that is actually delivered, rather than simply planned in advance and providing it with more control over changes to individual care packages and the length of time those changes stay in place.&lt;br&gt;<strong>Reducing staff costs by Providing More Equipment in the Home</strong>, Sometimes people’s care needs can mean that they don’t need their care arranged the same way for very long periods of time.&lt;br&gt;<strong>Electronic Monitoring</strong> – using technology to monitor and agree care provided by contractors will enable the Council to save money by paying for care that is actually delivered, rather than simply planned in advance and providing it with more control over changes to individual care packages and the length of time those changes stay in place.&lt;br&gt;<strong>Reducing staff costs by Providing More Equipment in the Home</strong>, Sometimes people’s care needs can mean that they</td>
<td>23,059</td>
<td>500</td>
<td>1,500</td>
<td>2,000</td>
<td>8.7%</td>
<td>This proposal could have a disproportionate impact in the short term on older people and disabled people who use the service, as it may involve a change in the way their service is delivered. Therefore the impact could be high in the short term whilst people adjust to the change.</td>
<td>Before any changes are made to individual arrangements a review of individual care needs will be undertaken and service users will be supported through the process.</td>
<td>3A2</td>
</tr>
<tr>
<td>NEW REF</td>
<td>Service Area or function</td>
<td>Proposal for Change</td>
<td>Total 2015-16 Budget for Service Area</td>
<td>2016/17 £'000 Impact</td>
<td>2017/18 £'000 Impact</td>
<td>Total £'000 Impact</td>
<td>% of total budget</td>
<td>Equalities impact on the Equality Duty protected characteristics &amp; low income groups</td>
<td>Mitigation</td>
<td>EIA</td>
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<tr>
<td>3A3</td>
<td>Integration and Transition</td>
<td>Changes to Supported Living for People With Learning Disabilities: Using Technology to Promote Independence and Reduce Contact Time With Staff. Supported living covers different services that help people with learning disabilities to be enabled to live as independently as possible. The Council currently spends over 7,918 £'000 on these services.</td>
<td>7,918</td>
<td>500</td>
<td>500</td>
<td>1,000</td>
<td>12.6%</td>
<td>People with Learning Disabilities will predominantly be affected by this proposal but the focus will be on personalised services for people so impact will be minimised. There is a potential short term low impact as existing service users with Learning Disabilities may be affected.</td>
<td>The Care Act (2014) requires people to have individual assessments of their needs using national eligibility criteria. The Act requires the Council to offer an independent advocate to support participation in the equality duty.</td>
<td>3A3</td>
</tr>
<tr>
<td>Service Area or function</td>
<td>Proposal for Change</td>
<td>Total 2015-16 Budget for Service Area</td>
<td>2016/17 £'000 Impact</td>
<td>2017/18 £'000 Impact</td>
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<tr>
<td>Integration and Transition</td>
<td>£7.9m on these services and the proposal would save money by requiring contractors to reduce costs by using new technology to promote greater independence and reduce the need for one to one contact with staff. Some people will see their hours of contact time reduce but all individual needs will be reviewed.</td>
<td>3,711</td>
<td>300</td>
<td>700</td>
<td>1,000</td>
<td>26.9%</td>
<td>Disabilities adjust to new arrangements.</td>
<td>assessment and therefore implementation of the Act mitigates against any individual with a protective characteristic being negatively impacted</td>
<td>n/a</td>
<td>3A4</td>
</tr>
<tr>
<td>NEW REF</td>
<td>Service Area or function</td>
<td>Proposal for Change</td>
<td>Total 2015-16 Budget for Service Area</td>
<td>2016/17 £’000 Impact</td>
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</tr>
<tr>
<td>3A5</td>
<td>Departmental</td>
<td>Restructure Adults and Community Services and Reduce Staff by 80</td>
<td>36,429</td>
<td>500</td>
<td>2,000</td>
<td>2,500</td>
<td>6.9%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Savings would be made by undertaking a fundamental re-structure of the whole of Adults and Community Services including options for the delivery of Social Work and Occupational Therapy assessment and support functions. There could however be an impact on frontline services, for example in delayed transfers from hospitals to care and longer waiting times for people to have their needs assessed.</td>
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</tr>
<tr>
<td>3A6</td>
<td>Operational Services</td>
<td>Changes to Learning Disability Day Care Services and Procurement</td>
<td>8,836</td>
<td>500</td>
<td>1,000</td>
<td>1,500</td>
<td>17.0%</td>
<td>People with Learning Disabilities will predominantly be affected by this proposal but the focus will be on personalised services for people so impact will be minimised</td>
<td>The Care Act (2014) requires people to have individual assessments of their needs using national eligibility criteria. The Act requires the Council to offer an independent advocate to</td>
<td>3A6</td>
</tr>
<tr>
<td>NEW REF</td>
<td>Service Area or function</td>
<td>Proposal for Change</td>
<td>Total 2015-16 Budget for Service Area</td>
<td>2016/17 £'000 Impact</td>
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<tr>
<td>3A7</td>
<td>Integration and Transition</td>
<td>Changes to Housing Related Support : Decommission and Re-configure Services</td>
<td>The overall numbers of hours and days of day care provided will reduce and this will affect some individuals and families directly. Everyone will have their needs reviewed before any changes are made to individual arrangements.</td>
<td>10,728</td>
<td>0</td>
<td>1,000</td>
<td>1,000</td>
<td>9.3%</td>
<td>Equality assessment carried out indicates that this proposal is likely to have no or a low impact on everyone, and so there is no disproportionate impact on any group who share protected characteristics</td>
<td>n/a</td>
</tr>
<tr>
<td>NEW REF</td>
<td>Service Area or function</td>
<td>Proposal for Change</td>
<td>Total 2015-16 Budget for Service Area</td>
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<td>2017/18 £'000 Impact</td>
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<tr>
<td>3A8</td>
<td>Operational Services</td>
<td>Continue to Review Learning Disabilities Travel Support</td>
<td>2,542</td>
<td>0</td>
<td>360</td>
<td>360</td>
<td>14.2%</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>This saving is a budgetary consequence of a decision previously consulted on and is therefore not open for further consultation</td>
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</tr>
<tr>
<td>3A9</td>
<td>Operational Services</td>
<td>Closure of Whetley Hill Day Care Centre With Serviced to be Provided Elsewhere</td>
<td>641</td>
<td>0</td>
<td>170</td>
<td>170</td>
<td>26.5%</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td></td>
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</table>

Equalities impact on the Equality Duty protected characteristics & low income groups:
- Mitigation: n/a
- EIA: n/a
<table>
<thead>
<tr>
<th>NEW REF</th>
<th>Service Area or function</th>
<th>Proposal for Change</th>
<th>Total 2015-16 Budget for Service Area</th>
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<th>Equalities impact on the Equality Duty protected characteristics &amp; low income groups</th>
<th>Mitigation</th>
<th>EIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A10</td>
<td>Operational Services</td>
<td>Changes to Contracts for Residential and Nursing Care for People With Learning Disabilities to Promote Independence and the Use of Technology</td>
<td>18,248</td>
<td>500</td>
<td>1,000</td>
<td>1,500</td>
<td>8.2%</td>
<td>People with Learning Disabilities will predominantly be affected by this proposal but the focus will be on personalised services for people so impact on protected equalities characteristics will be minimised</td>
<td>The Care Act (2014) requires people to have individual assessments of their needs using national eligibility criteria. The Act requires the Council to offer an independent advocate to support participation in the assessment and therefore implementation of the Act mitigates against any individual with a protective characteristic being negatively impacted</td>
<td>3A10</td>
</tr>
<tr>
<td>3A11</td>
<td>Operational Services</td>
<td>Reduce the Number of Long Term Placements of Older People in the Independent Sector</td>
<td>17,373</td>
<td>800</td>
<td>200</td>
<td>1,000</td>
<td>5.8%</td>
<td>The proposal will predominantly affect older people and older people with disabilities in residential care.</td>
<td>To mitigate against any potential disproportionate impact individual assessments of needs will be</td>
<td>3A11</td>
</tr>
</tbody>
</table>

*City of Bradford Metropolitan District Council*
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<thead>
<tr>
<th>NEW REF</th>
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<th>EIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A12</td>
<td>Operational Services</td>
<td>long term residential or nursing care some will still require that level of care. The Council proposes to reduce costs by changing spare beds in Council homes into long term beds reducing the numbers that we need to purchase from the independent sector.</td>
<td>3,051</td>
<td>250</td>
<td>250</td>
<td>500</td>
<td>16.4%</td>
<td>The proposal is to review all those people with Mental Health aftercare arrangements and assess their requirement to contribute towards their care and support arrangements. The proposal will therefore disproportionately affect people with Mental Health needs</td>
<td>undertaken. There would be extensive engagement with service users, carers and advocates to ensure seamless transitions for any service users affected.</td>
<td>The Care Act (2014) requires people to have individual assessments of their needs using national eligibility criteria. The Act requires the Council to offer an independent advocate to support participation in the assessment and therefore implementation of the Act mitigates against any individual with a protective characteristic</td>
</tr>
<tr>
<td>NEW REF</td>
<td>Service Area or function</td>
<td>Proposal for Change</td>
<td>Total 2015-16 Budget for Service Area</td>
<td>2016/17 £’000 Impact</td>
<td>2017/18 £’000 Impact</td>
<td>Total £’000 Impact</td>
<td>% of total budget</td>
<td>Equalities impact on the Equality Duty protected characteristics &amp; low income groups</td>
<td>Mitigation</td>
<td>EIA</td>
</tr>
<tr>
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</tr>
<tr>
<td>3A13</td>
<td>Operational Services</td>
<td>Reduce Long Term Placements of Older People into Nursing and Residential Care</td>
<td>As per 3A11 0 1,000 1,000 5.8%</td>
<td>This proposal would have a high impact on older people but would result in a wider range of choice to meet peoples assessed needs and ensure where possible people with particular characteristics are not disproportionately affected</td>
<td>To mitigate against any potential disproportionate impact individual assessments of needs will be undertaken. There would be extensive engagement with service users, carers and advocates to ensure seamless transitions for any service users affected.</td>
<td>3A13</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>being negatively impacted</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total Adults and Community Services</td>
<td>122,418 4,316 10,291 14,607 11.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

The 2015/16 budget for the Service area is the total Departmental budget, not all of which is subject to savings proposals.
### Appendix B

SAVINGS CONSULTED UPON DURING 2014/15 AND AGREED BY FULL COUNCIL ON 26 FEBRUARY 2015

<table>
<thead>
<tr>
<th>NEW REF</th>
<th>Service Area or function</th>
<th>Proposal for Change</th>
<th>Total 2015/16 Budget for Service Area</th>
<th>2016/17 £’000 Impact</th>
<th>Total £’000 Impact</th>
<th>% of total budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adults and Community Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A1</td>
<td>Assessment &amp; Support Older People and Learning Disabilities</td>
<td>Current service improvement programme is under way. Its completion will deliver a 10% saving through increased efficiency, redesign of processes and alignment with related health services. The balance of professionally registered social workers to vocationally qualified social care workers will change to increase the latter.</td>
<td>8,079</td>
<td>287</td>
<td>287</td>
<td>3.6%</td>
</tr>
<tr>
<td>A2</td>
<td>Day Care</td>
<td>The Council will withdraw completely from the direct provision of older people’s social day care with the exception of day time respite for people with dementia. All Local Authority Social Day Care centres will over the next 3 years be closed and reduced levels of re-provision will be bought through the independent or voluntary sector. Continue to explore opportunities to work in partnership with the NHS to support people with complex needs</td>
<td>10,842</td>
<td>445</td>
<td>445</td>
<td>4.1%</td>
</tr>
<tr>
<td>A4</td>
<td>Safeguarding</td>
<td>Increased contributions are sought from Police and CCG partners.</td>
<td>1,024</td>
<td>95</td>
<td>95</td>
<td>9.3%</td>
</tr>
<tr>
<td>A6</td>
<td>Nursing Care</td>
<td>Improve efficiency of commissioning with the NHS and reduce demand for nursing care by supporting people in their own homes where possible.</td>
<td>9,628</td>
<td>226</td>
<td>226</td>
<td>2.3%</td>
</tr>
<tr>
<td>A9</td>
<td>Learning Disability (LD)/Mental Health (MH)/Physical Disabilities (PD) Residential Care</td>
<td>To renegotiate high cost placements across all client groups. This will include out of area placements and will require more people to move back to Bradford and we will need to renegotiate our block contracts to make sure they can support more people with complex needs. £1.11m removed in both 2015/16 and 2016/17 due to reduced expected s117 contribution from NHS</td>
<td>21,102</td>
<td>1,005</td>
<td>1,005</td>
<td>4.8%</td>
</tr>
<tr>
<td>A10</td>
<td>Older People Residential Care</td>
<td>Existing proposal - in line with existing policy and subject to formal statutory consultation, decrease provision by closing a further two in-house residential homes (inc Harbourne) and reduce the number of older peoples’ residential</td>
<td>15,013</td>
<td>1,353</td>
<td>1,353</td>
<td>9.0%</td>
</tr>
<tr>
<td>NEW REF</td>
<td>Service Area or function</td>
<td>Proposal for Change</td>
<td>Total 2015/16 Budget for Service Area</td>
<td>2016/17 £'000 Impact</td>
<td>Total £'000 Impact</td>
<td>% of total budget</td>
</tr>
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<tr>
<td></td>
<td></td>
<td>placements in the independent sector through promotion of independent living.</td>
<td>As A10</td>
<td>200</td>
<td>200</td>
<td>1.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reduce the length of stay for people in Acute Hospitals by increasing the number of NHS funded intermediate care beds in Council managed residential homes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A11</td>
<td>Housing Related Support</td>
<td>Bring all Housing Related Support into one service; Eliminate duplication of effort and commissioning and introduce standard criteria for people to gain access to support. Review all contracts with a view to maintaining, reconfiguring, reducing or de-commissioning. £1,300k brought forward from 2016/17 into 2015/16 and additional savings added in 2016/17 of £1,100k</td>
<td>10,728</td>
<td>4,100</td>
<td>4,100</td>
<td>38.2%</td>
</tr>
<tr>
<td>A12</td>
<td>Supported Accommodation - Learning Disability (LD)</td>
<td>Achieve savings through improved productivity and staff turnover. Use of assistive technology to promote more independent living and reduce the number of support hours required. £141k removed in both 2015/16 and 2016/17 as NHS income no longer tenable.</td>
<td>7,918</td>
<td>24</td>
<td>24</td>
<td>0.3%</td>
</tr>
<tr>
<td>A13</td>
<td>Direct Payments</td>
<td>Look to significantly increase the number of people with personal budgets delivering efficiencies through more local and direct purchasing. Also, audit Direct Payments made to Service Users and claw back any unused funds. Further audits will be undertaken to identify unused Direct Payment funds which has resulted in an increase to the original proposal of £26k</td>
<td>5,220</td>
<td>250</td>
<td>250</td>
<td>4.8%</td>
</tr>
<tr>
<td>A16</td>
<td>Block Contracts - All client groups</td>
<td>The contract for a support service to older people with mental health problems will end and the Council will assist service users to access its own provision</td>
<td>1,094</td>
<td>200</td>
<td>200</td>
<td>18.3%</td>
</tr>
<tr>
<td></td>
<td>Total Adult and Community Service</td>
<td></td>
<td>122,418</td>
<td>8,185</td>
<td>8,185</td>
<td>6.7%</td>
</tr>
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</table>
Chart 1: Projected Public Health Grant Allocation for Bradford, 2015-16 to 2020-21

Public Health Grant Allocation

<table>
<thead>
<tr>
<th>Financial Year/Year</th>
<th>Initial Allocation</th>
<th>Final Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16 0</td>
<td>41.5</td>
<td>38.9</td>
</tr>
<tr>
<td>2016/17 1</td>
<td>45.0</td>
<td>44.0</td>
</tr>
<tr>
<td>2017/18 2</td>
<td>42.9</td>
<td>41.8</td>
</tr>
<tr>
<td>2018/19 3</td>
<td>41.8</td>
<td>40.7</td>
</tr>
<tr>
<td>2019/20 4</td>
<td>40.7</td>
<td>40.7</td>
</tr>
<tr>
<td>2020/21 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

nb: All values given in millions of pounds
Report of the Director of Public Health and the Interim Strategic Director, Adult and Community Services to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 21 January 2016

Subject: Progress report: Health Inequalities

Summary statement:
The following report updates the Health & Social Care Overview and Scrutiny Committee on progress in relation to the main priorities of the Health Inequalities Action Plan (HIAP)

Dr Anita Parkin: Director of Public Health, CBMDC, Bernard Lanigan: Interim Strategic Director of Adult and Community Services

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Phone: (01274) 431319
E-mail: sarah.possingham@bradford.gov.uk

Portfolio: Health & Social Care
Overview & Scrutiny Committee: Health & Social Care
1. SUMMARY

Summary
The following report will update the Health and Social Care Overview and Scrutiny Committee (H&SC O&S) with regards to progress against the Health Inequalities Action Plan’s (HIAP) strategic priorities. This includes the detail of changes made as a result of reports relating to the HIAP being considered by the Council’s Executive committee; the H&SC O&S and the Health and Wellbeing Board (HWBB) during 2014-15 & 2015-16. It also incorporates the Public Health (PH) department’s performance in relation to the Council’s internal equalities performance management systems; the Equalities Action Plan (EAP). This is in accordance with the decision of the Corporate Overview and Scrutiny Committee taken on 4 November 2015.

2. BACKGROUND

2.1 In 2013 the Council, Health and other key partners - through the Health and Wellbeing Board (HWBB), the CCGs clinical governance systems and the Council’s Executive committee - agreed the Joint Health and Wellbeing Strategy for the Bradford district. This outlined the broad strategic priorities for health and wellbeing in the area. It is from these that the detailed HIAP priorities were drawn. (See background document 1)

2.2 A report introducing the HIAP was taken to the HWBB on the 14 May 2013. This established 18 strategic priorities and agreed the performance management framework to be used to manage and deliver them. It was agreed that the Bradford District Partnership (BDP) and their already established strategic planning structures would lead this (See appendix 1)

The initial priorities were:
1. Reduce and alleviate the impact of child poverty
2. Reduce infant mortality
3. Promote effective parenting and early years development
4. Ensure young people are well prepared for adulthood and work with a focus on ensuring that children with disabilities to maximise their capabilities
5. Reduce childhood obesity and increase levels of physical activity and health eating in children and young people
6. Improve oral health in the under 5’s
7. Improve the mental health of people in the Bradford district
8. Improve health and wellbeing for people with physical disabilities; learning disabilities; sensory needs and long term health conditions
9. Improve diagnosis, care and support for people with dementia and improve their carers quality of life
10. Promote the independence and wellbeing of older people
11. Increase employment opportunities and training
12. Promote healthier lifestyles in the workplace
13. Create the economic, social and environmental conditions that improve quality of life for all
14. Deliver a healthier and safer environment
15. Increase the number of decent homes and ensure affordable warmth
16. Enhance social capital and active citizenship
17. Reduce harm from preventable disease caused by tobacco, obesity, alcohol and substance abuse
18. Reduce mortality from cardiovascular and/or respiratory disease; diabetes and cancer

2.3 In the year that followed (2014) further reports were prepared on the HIAP for two key partnerships and decision making bodies. The first was delivered to the HWBB meeting on 29 July 2014. The main purpose of this was to update members on progress in relation to the action plan.

The second report was delivered to the H&SC O&S (on 2 October 2014). This introduced the complexities of ‘health inequalities’; the new responsibility of the Council in relation to these in the light of the shift of PH into Council management from the NHS in April 2013; and detailed performance information on each of the 18 priorities. (See background documents 2 & 3)

2.4 The H&SC O&S October 2014 report defined health inequalities as 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 in more affluent areas. Differences may also occur between groups of people related to other factors such as gender, disability, ethnicity or those with caring responsibilities. Recent information published by Public Health England (PHE) defines health inequalities as:

“Preventable and unjust differences in health status experienced by certain population groups. People in lower socio-economic groups are more likely to experience chronic ill-health and die earlier than those who are more advantaged. Health inequalities are not only apparent between people of different socio-economic groups – they exist between different genders and different ethnic groups. Health inequalities are often observed along a social gradient. This means that the more favourable your social circumstances such as income or education, the better your chance of enjoying good health and a longer life. While there is a significant gap between the wealthy and the poor, the relationship between social circumstances in health is in fact a graded one”

2.5 The discussion and awareness of health inequalities is of major importance for the area. Bradford district is one of continuing contrasts; with rural and urban landscapes, populations across differing ethnic, social, religious and cultural backgrounds and of increasing populations of both older people and younger people. Within it are some of the most deprived wards and super output areas in the country. With this in mind, raising awareness of health inequalities with decision makers and service providers has been a vital first step to tackling inequalities for the future.

The topic of infant mortality serves as an example of health inequalities in Bradford. Although Bradford’s infant mortality rate is improving, at a ward level there are still large inequalities across the district. Higher infant mortality rates are confined to the more deprived wards; to the South East of the district and lower rates occur in the less deprived wards, in the North of the district.
2.6 In November 2014 a ‘peer review’ of health and wellbeing work streams was conducted by the Local Government Association (LGA) across the Bradford district. This examined planning and delivery structures in health and social care; the health of staff; management and leadership; strategic policy and documentation and joint planning systems. The outcome of the review was very positive. However, one of the key recommendations was specifically to reduce the number of priorities within the HIAP. (See background document 4)

2.7 On 13 January 2015 a report on the HIAP was presented at the Council’s Executive committee. This gave detail on progress in relation to all 18 priorities and recommended that from these, 6 be adopted as specific ‘areas of action’ due to their wide ranging nature and the District’s poor performance against tackling them in comparison to national performance data. (See background document 5)

It was acknowledged within the recommendation that all 18 priorities remained, but that 6 would be used to focus increased activity. These 6 are:

1. Infant Mortality
2. Healthy Aging
3. Smoking
4. Alcohol and Violence
5. Excess Winter Deaths and Fuel Poverty
6. Tuberculosis
Each of the six affect the most deprived areas of our community and contribute to health inequalities overall. They were also highlighted by the Public Health Outcomes Framework (PHOF) monitoring as ones of particular concern for Bradford, and are considered to be best tackled by a partnership approach; working across the council and its broader partners.

2.8 A report on the performance of the Council in relation to its wider equalities duties is presented to Corporate Overview and Scrutiny every year; this year this was received on 19 March 2015. The report looks at how the organisation has delivered and managed its services during the year; across each separate directorate; in relation to communities of interest and those listed under the ‘protected characteristic’ categories within the legislative framework. The main vehicle for this is the Equalities Action Plan (EAP). At this meeting it was resolved that a further report would be referred to the relevant scrutiny committee on these performance outcomes. In the case of PH this is H&SC O&S.

2.9 The EAP actions have been concurrent with those in the HIAP with a focus on delivery mechanisms internal to the service rather than externally provided services. PH’s performance against their priorities has benefited from the service being embedded within the Council. Many of the priorities with these plans are cross cutting and are more effectively dealt with participation from a range of services. An example of this is the key role that Housing and Environmental health can play in reducing fuel poverty, when managing retrofit and/or small-scale programmes to tackle homes where heating costs are unaffordable for householders.

2.10 The HWBB is in the process of changing its role and redefining its reach. Discussions at recent meetings have explored mechanisms by which the board can assume wider, more comprehensive, financial and performance management responsibility for aspects of the health and social care economy. One area being considered as part of this is the HIAP.

3. REPORT ISSUES

3.1 The following paragraphs will update the committee on progress against the main 6 areas for action of the HIAP. In each section, the corresponding Public Health Outcomes Framework (PHOF) indicators are noted, together with their position within the wider HIAP.

3.2 Infant Mortality

*HIAP Priority 2 Reduce Infant Mortality*

The survival rate for babies under one year of age has improved across the Bradford district for the sixth year in a row according to the latest published data; the infant mortality rate is now 5.6 per 1,000 live births in 2011-13. This is down from 7.5 in 2009-11 and 8.3 in 2005-07. It is also the lowest rate across the Bradford district for the last decade and the figures are ahead of projected targets agreed in 2011 for reducing infant mortality in the district. The Every Baby Matters steering group is chaired by PH and this group oversees the implementation of the Action Plan, reporting to the Children’s Trust Board and the HWBB as required. The Every Baby Matters Action Plan and dashboard is based on 10 key priority areas. A detailed report on these 10 areas and the dashboard will be presented to H&SC O&S in April 2016.
The following chart shows how Bradford’s infant mortality rate has improved over the last 10 years and how the gap with the national rate has narrowed over time, with the gap between Bradford’s infant mortality rate and the rate for England falling from 3.6 deaths in 2001-2003 to 1.6 deaths in 2011-2013.

![Infant Mortality Rate Chart 2001-2003 vs 2011-2013]

Source: Public Health Outcomes Framework

3.3 Healthy Aging

HIAP Priority 9 Improve diagnosis, care and support for people with dementia and improve their and their carers’ quality of life; HIAP Priority 10 – promote the independence and wellbeing of older people

3.3.1 A detailed report on regarding Dementia in the district was read at the H&SC O&S at the October meeting. (See background document 6). The report confirmed that the Dementia Strategy group has good engagement from stakeholders including the Council, the acute trusts, Bradford District Care Trust, the private sector, the Voluntary and Community Sector and all of the District’s CCGs.

There have been a number of initiatives undertaken to address this priority over the past year: The Dementia Health Needs Assessment has been developed to stand as the District Dementia strategy for 2015-2020, and gives key information on the condition and related services.

The six key strategic priorities are:

- We should support people with dementia to stay in their own homes as long as possible
- We should raise the strategic profile of dementia in care homes
- Around 20% of dementia in our district is vascular in nature and therefore preventable in the same way that heart attacks are through lifestyle changes such as stopping smoking
- We need to look more closely at the development and delivery of palliative care services for people with dementia
- Helping people to live well with dementia

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Page 62
An action plan is being led by the Dementia Strategy Group to address the strategic recommendations.

In respect of inequalities, the two key issues are:
1. Access to diagnosis – all three CCGs are performing above the government target of 66% of patients diagnosed
2. Vascular dementia – this form of dementia is related to lifestyle, particularly smoking and diet. As such it would be expected that its prevalence will follow smoking and obesity prevalence to a degree.

3.3.2 Supporting and promoting the broader objectives of independence and well-being of older people is led by the Older People’s Partnership. This multi-agency body is made up of older people together with key partners who commission and deliver services including, the NHS, Local Authority and the VCS and has been in existence since 2005.

The Partnership’s main aims are to look at older people as a positive asset to the district and sets out the things that they consider most important to their lives, these include:

- Getting and staying healthy
- Living where and how I want
- Being involved in and feeling safe in my community / neighbourhood
- Having economic independence
- Having the opportunity for learning, faith, spirituality and sexuality
- Getting around

In delivering on these elements the partnership ensures that;

- The voices of older people are heard
- Information is accessible and understandable

All projects overseen by the Partnership will involve older people in their delivery – from project initiation to completion.

3.4 Smoking Prevalence

HIAP Priority 17 – reduce harm from preventable disease caused by tobacco, obesity, alcohol and substance abuse

3.4.1 Smoking prevalence in adults aged 18 years and over in Bradford is now 20.2%, (from the 22.8% reported in 2012). This compares to a rate of 20.1% across Yorkshire and Humber and 18% across England. The percentage of pregnant women smoking at time of delivery in Bradford is 15.1%, which compares with 15.6% across Yorkshire and Humber and 11.4% nationally. The PH team has a key role in reducing the prevalence of smoking across the Bradford district.

Breathe 2025 is the overarching campaign for work and aspirations to eliminate tobacco-related harms and health inequalities across the Yorkshire and Humber region. The vision is to see the next generation of children born and raised in a place free from tobacco, where smoking is unusual. To support and drive this vision all Children’s Centres have been provided with training and resources to raise awareness of the danger to children’s health caused by second hand smoke exposure. Each Children’s Centres has identified a smoke free champion to
To reduce exposure to smoke amongst unborn babies and protect the health of mothers-to-be, the stop smoking team work with midwives and local hospitals to ensure pregnant women who smoke get the best support to quit. The trade in cheap, illegal tobacco - with cigarettes sold at half or even a third of retail prices - makes it easier for children to smoke and brings crime into local communities. To create economies of scale and ensure a consistent approach the PH department works in partnership with the other West Yorkshire local authorities and together the authorities have commissioned trading standards to address the trade in illegal tobacco. Support to quit is available at a range of times and venues across the district including GP practices and Pharmacies.

3.4.2 Obesity remains an issue across all age ranges in the district. The estimated prevalence of overweight and obesity amongst adults in Bradford is 67.7%, which is above the national average of 63.8%. Approximately 25.8% of these adults are obese, 1.6% above the national average. Just under a quarter (24.3%) of the population of Bradford district eat a healthy diet, whilst nearly half (49.4%) of Bradford adults are physically active, achieving 150 minutes of activity per week. Amongst both sexes there is a trend of obesity prevalence increasing with age until 60 years, with a higher prevalence of morbidly obesity patients (BMI>40) amongst women (3.4%) than men (1.7%). This differs from the national picture where men more likely to be morbidly obese, 3% compared to 1% of women.

The economic implications are substantial. The NHS costs attributable to overweight and obesity are projected to double to £10 billion per year by 2050, equating to roughly £80 million for Bradford district. The wider costs to society and business are estimated to reach £49.9 billion per year, which would equate to roughly £400 million for Bradford and Airedale.

In Bradford, it is estimated that 14% of 2-15 year olds are obese and 18% are overweight. If no action is taken, evidence suggests that by 2050, 25% of children in Bradford district will be obese and 30% overweight.

Proportions of children with excess weight are higher in the Bradford District than nationally in both Reception and Year 6 with levels of obesity higher in Year 6 than in Reception. The prevalence of obesity is closely linked with socioeconomic deprivation. In Bradford, in 2013/14 12.8% of reception children in the most deprived quintile were obese, compared with 6.2% in the least deprived quintile. In Year 6, 27.4% of children in the most deprived quintile were obese, compared with 12.9% in the least deprived quintile.

3.4.3 Obesity prevalence is associated with ethnicity. The White British population has a lower prevalence of obesity than other ethnic groups. However, Black Minority Ethnic (BME) groups have higher levels of deprivation; therefore confounding effects have to be taken into consideration. National studies have shown that Pakistani boys and girls are up to 50% more likely to be overweight than the general population.

3.4.5 National Child Measurement Programme (NCMP) figures for Bradford 2013/14 show that all of the children measured had their ethnicity recorded. However numbers from the ‘Black’, ‘Chinese’ and ‘Other’ ethnic categories were too small to make comparisons of prevalence. Out of the remaining ethnic categories (White, Asian and Mixed), the highest prevalence of overweight in reception children was amongst the White ethnic group and the highest prevalence of obesity was among the Asian ethnic group. In year 6 children,
the highest prevalence of obesity and overweight was among the mixed ethnic group.

Childhood obesity poses a serious threat to both direct and indirect costs, as obesity in childhood increases the risk of obesity and morbidity in adulthood and will therefore increase the burden.

3.4.6 Whilst acknowledging that Bradford’s statistics are high in comparison with national and regional figures there is positive activity and a range of services and agencies working together to tackle this. The Council and PH in particular support programmes around healthy eating, exercise and raising awareness on the impact of obesity in a variety of settings. These range from schools and educational establishments through to community services and in partnership with NHS providers, GP’s and importantly the voluntary not-for-profit sector.

3.5 Alcohol and Violence

HIAP Priority 17 Reduce harm from preventable disease caused by tobacco, obesity, alcohol and substance abuse; HIAP Priority 14 – Deliver a healthier and safer environment

There remains a strong commitment from local partners to ensure that the negative impacts of alcohol use are addressed. Alcohol affects our community in a variety of ways including health, the economy, crime and fear of crime, families and relationships.

A district wide review of the district Drug and Alcohol system has been conducted due to the changing landscape of drug and alcohol misuse. The review identified that Alcohol services need to be responsive to changes in drinking behaviours within the district, and need to focus on both prevention of harmful drinking and recovery from dependency. A new drugs and alcohol service is now being designed by Council and CCG leads.

A partnership approach is also being taken to address the on-going problems of City Centre Street drinkers. District performance for alcohol is improving. As of October 2015 there were 1,345 people in alcohol treatment in Bradford. Of these 1,345 people, 39.3% had successfully completed treatment. This is above the target of 37% and above the national average of 39.1%.

In 2013-14 there were 3,700 hospital admissions due to alcohol related conditions in Bradford district. Apart from a reduction in 2012-13, admission rates due to alcohol-related conditions have been increasing slightly and have been above the national and regional average. In 2013-14 the admission rate for alcohol related conditions in Bradford district was 787 admissions per 100,000 populations compared to the England average of 645 admissions per 100,000 populations.
3.6 Excess winter deaths and fuel poverty

*HIAP Priority 15 – Increase the numbers of decent homes and ensure affordable warmth*

One of the main programmes aimed at reducing the number of ‘excess winter deaths’ across our district is the Warm Homes Healthy People (WHHP) programme. This has until this year been seasonal and delivered only during the winter months from November through to the end of March each year. Investment from PH and two CCGs in 2015-16 means that a new approach is being taken to develop a more sustainable future for WHHP. The programme is governed and provided by a broad body of agency representatives who work together to support multiple service options through an internet-based single point of referral route. The multiplicity of interventions allows for a targeted approach for vulnerable households who may otherwise suffer through exposure to weather extremes. To support greater sustainability, WHHP has been twinned with the Self Care project this year, and together the projects incorporate a range of messages for the general public, services users and providers alike. These messages aim to reduce health risks, and to promote personal responsibility, neighbourliness and community activity. Additionally, Adult and Community Services support two separate but linked programmes aimed at rough sleepers and homeless households. Both of these groups are vulnerable to inclement weather conditions. The ‘No-Second-Night-Out’ project has joined up a range of voluntary not for profit providers and the Local Authority’s statutory housing options service to try to reduce repeat homelessness. This is a new service commenced at the end of 2015 and early results are promising. Coupled with this is the emergency cold weather services offered every year, which are now formalised via the supported housing contract let in 2015. Both these work programmes are linked into WHHP via provider agencies and close working partnership arrangements.

Through WHHP a Warm Homes Officer has been employed in the voluntary not for profit sector. The Warm Homes Officer is knitting together the range of support that is becoming available to tackle fuel poverty locally. The district has been successful in attracting a range of funding into this area of work including short term small interventions, through to retrofitting poor housing and funding for a range of community outreach sessions to support larger scale energy provider switching and surgeries to support those struggling
with energy bills.

The Fuel Poverty Framework for Action was adopted by the Executive committee of the Council on 15 September 2015. This secures a multi-agency approach to these issues for Bradford.

The stock condition survey completed in July 2015 identified 23,547 households in the area at risk of fuel poverty. PH is working with colleagues in planning and housing to support house building which meets new, more appropriate standards and does not increase a lack of affordable warmth for the future. Outputs for 2015/16 are not completed as yet however in 2014/15 an additional 306 affordable homes were built in the district (including 81 by the Council). All of these that were built as part of the 2011/15 Affordable Homes Programme met the ‘Code for Sustainable Homes’ which set standards for levels of insulation and heating efficiency making them less likely to make occupants ‘fuel poor’.

In the same period, the Council was directly involved in bringing 312 long term empty properties back in to use and also dealt with approximately 4000 housing hazards in private rented and owner occupied properties, of which around 10% related to excess cold. This is positive progress when considering the additional hurdles faced by the district in respect the local housing stock profile and the high number of older properties (pre 1920’s) which are particularly difficult to heat efficiently.

Between August 2010 and July 2013 there were 899 excess winter deaths in Bradford District compared to 749 between August 2009 and July 2012 (Source: PHOF)

The Excess Winter Death Index (the extra deaths from all causes that occur in the winter months compared with the average number of non-winter deaths) for Bradford District between August 2010 and July 2013 was 22.1, compared to 17.4 for England and 17.2 for Yorkshire and the Humber. The Excess Winter Death Index in Bradford is the highest within the region. With this in mind the work of the WHHP partnership and the formal extension of this to a two year programme is particularly important.

3.7 Tuberculosis (TB)

*HIAP Priority 18 – Reduce mortality from cardiovascular disease, respiratory disease*

The Health and Social Care Overview and Scrutiny Committee took a full report on Tuberculosis in the district at their last meeting held on 10 December 2015. (See background document 7) The report noted that for over a decade Bradford has had the highest rate of TB within West Yorkshire. However, recent analysis of the 2014 data shows that Bradford had 96 cases of TB notified to the national Enhanced Surveillance system (ETS) in 2014. This gives the TB rate for Bradford and Airedale in 2014 of just over 18 per 100,000. This is a decline from 2013 (29.45 per 100,000) and the lowest number of cases reported in recent years. This decline reflects a national trend in declining cases as total of 6,520 cases of TB were notified in England in 2014, a rate of 12.0 per 100,000 population, which is a further reduction since the peak of 8,276 cases in 2011 (15.6 per 100,000). Although Bradford has seen a decrease in case numbers and incidence in the past two years, it is too early to tell whether this is the beginning of a sustained downward trend. Work continues to tackle TB across the district coordinated by the TB Network. Regionally the newly formed TB Control Board offers an overview on national strategy taking forward the implementation of the Collaborative Tuberculosis Strategy for England 2015-2020
3.8 Contribution to Corporate Priorities

New Deal is the name of the change programme which Bradford Council has adopted in order to develop a new relationship and narrative with the citizens of the district in the light of the changing role of the public sector. There are four main priorities:

- Safe clean and active communities
- Good Schools and a great start for all our children
- Better skills, more good jobs and a growing economy
- Better Health better lives

All 18 priorities in the HIAP, contribute to and support all 4 priorities, and it is acknowledged that PH has a specific lead role to play in relation to the ‘Better Health Better Lives’ priority. Public sector organisations in the district are working on creating a community plan and a council plan. Both of these plans are likely to see health and social care as key platforms. In a wider context PH has developed a Health Impact Assessment process for use on key strategic policy. This has been used to influence the new Core Strategy and it is hoped to extend this in the future.

4. FINANCIAL & RESOURCE APPRAISAL

Tackling health inequalities requires long term commitment and investment. Much of this already exists and is directed towards HIAP priorities. This includes internal Council investment as well as external funding from central government departments such as the Homes and Community Agency, the Department of Health and Public Health England.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The HIAP and its priorities have been formally endorsed and adopted by the Council and its key partners in a variety of different multi-agency settings. The responsibility for delivering change and the actions designed to mitigate health inequalities has been interwoven into the Bradford District Partnership and its main strategic partnership groups. This ensures accountability across all agencies. The HWBB is also a key contributor and partner in relation to the HIAP. Across all, the expectation is an annual report.

6. LEGAL APPRAISAL

6.1 Section 194 Health and Social Care Act 2012 (the Act) required the Council to establish a Health and Wellbeing Board (HWBB) for the district, which functions as a committee of the local authority under section 102 of the Local Government Act 1972. Its primary function is to encourage integrated working between commissioners of NHS, public health and social care services for the advancement of the health and wellbeing of the local population. It is in pursuance of this objective that the HIAP was considered and has now been brought to the attention of this Committee.

6.2 Part 1 of the Act places legal responsibility for Public Health within Bradford Council. Specifically Section 12 of the Act created a new duty requiring Local Authorities to take such steps as they consider appropriate to improve the health of the people in its area. The Public Health department in the Local Authority supports the performance of this duty. However systems need to be devised to ensure that other parts of the Council fulfil their
The setting of strategic policy objectives and the way services are delivered might both have an influence in this respect and those involved in these processes across the Council need to be made aware of their responsibilities in this respect.

6.3 Section 31 of the Act requires local authorities to pay regard to guidance issued by the Secretary of State for Health when exercising their public health functions and in particular local authorities are required to have regard to the Department of Health’s Public Health Outcomes Framework.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

7.1.1 The Public Sector Equality Duty under the Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to:

a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it; including due regard to tackling prejudice and promoting understanding.

Relevant protected characteristics include age, disability, gender, sexual orientation, race, religion or belief.

There is an important difference between this duty and the responsibility to tackle Health Inequalities. As noted earlier, Health inequalities are defined as the differences in the health of different parts of the population, and this brings into consideration a wider range of factors than those identified as ‘protected characteristics’ within the Equality Act 2010.

7.1.2 The HIAP must therefore promote equality of opportunity between people who share a protected characteristic and those who do not, whilst seeking 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 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 were asked to identify actions that address health inequalities and this formed part of the final Equality Impact Assessment.

7.1.3 There are health inequalities which affect protected characteristic groups more than others. This is acknowledged and reflected in the HIAP, and specifically priorities 1 through to 10. These outline health impacts for specific groups such as older people, young people and children, people with disabilities and/or mental health problems.

7.1.4 It is important to acknowledge however that there are also health inequalities which affect people from all the diverse communities in Bradford. The joint effort of working...
7.2 SUSTAINABILITY IMPLICATIONS

The HIAP and the Joint Health and Wellbeing strategy are an integral part of health and social care systems. As such they underpin all the work programmes and services delivered across the health and social care systems.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

7.3.1 Some of the major programmes which the Council fosters under wider determinants in relation to Health Inequalities have a direct impact on reducing the impacts of climate change. Fuel poverty plans aim to improve housing and heat/light and power systems for vulnerable householders. These make a direct difference for the occupants, creating warm and safer environments and in the process reduce carbon emissions from poor housing.

7.3.2 Actions to improve health outcomes will largely reduce greenhouse gas emissions. Active travel is a good example, achieving multiple outcomes for the environment and the health of the population. However it is important to recognise that energy and emissions can be linked with better standards of living - such as car ownership, domestic energy, good diet and flights abroad. Work needs to take place to ensure that improvements in wellbeing do not therefore automatically lead to increased carbon emissions.

7.4 COMMUNITY SAFETY IMPLICATIONS

The health and wellbeing of communities includes perception of safety and security within the household and wider society. One of the priorities (Alcohol and Violence) has been specifically performance managed by the Community Safety partnership and will continue to be overseen by its replacement in time to come.

7.5 HUMAN RIGHTS ACT

By virtue of the Human Rights Act 1998 all public bodies (including local government) carrying out their public functions have to comply with the rights set out in the European Convention on Human Rights. Developing priorities of the type set out in the HIAP and promoting their effective delivery means that the Council will be supporting the principles behind the Convention, in particular respect for private and family life, the right to marry and start a family, the right to an education, the right to life and the right to be protected from the effects of discrimination. Action taken to reduce health inequalities is likely to have a positive impact on human rights issues across all aspect of the framework.

7.6 TRADE UNION

None
7.7 WARD IMPLICATIONS

Health Inequalities are complex and bought about by economic, cultural and social differentials across populations and communities. Through the Area and Neighbourhoods services there are ward plans developed in partnership with services and householders which detail local concerns; including those which are health and social care related. These are then worked up to identify the actions which can be taken to tackle and/or mitigate these.

8. NOT FOR PUBLICATION DOCUMENTS
None

9. OPTIONS
That members examine and comment on the report content

10. RECOMMENDATIONS

1. That the Committee recognise the breadth and complexity of the work undertaken in relation to Health Inequalities and support its continuation

2. That a further report is made to this Committee in 12 months time

11. APPENDICES

Appendix 1 HIAP

12. BACKGROUND DOCUMENTS

Background paper 1 Health and Wellbeing Strategy
Background paper 2 Report for HWBB re HIAP 2014-07-29
Background paper 3 Report for HSC O&S 2014-10-02-HIAP
Background paper 4 HWB peer review outcomes
Background paper 5 Executive report HIAP 2015-01-13
Background paper 6 Report for HSC O&S 2015-10-10 Dementia
Background paper 7 Report Tuberculosis Incidence in Bradford District-2015-12-10
I am delighted to introduce the Health Inequalities Action Plan, which has been developed by the Bradford and Airedale Health and Wellbeing Board to support the Joint Health and Wellbeing Strategy (JHWS).

The plan is intended to be read alongside the JHWS as it ensures that, as we strive to improve the health and wellbeing for the whole population of Bradford District, we also remain mindful of the significant inequalities within the district – the fact that in some parts of the district, people lead far shorter, less healthy lives than those in other areas.

The plan spells out that we have the greatest chance of reducing inequalities in health and wellbeing if organisations, communities and individuals continue to work closely together. Our commitment to sustaining and developing partnership working has never been more important than it is now as we try to sustain progress in the face of significant reductions in public spending.

This plan describes the Lead Partnership for each of the 18 priorities in the JHWS, and each of those Partnerships will lead or co-ordinate the work which ensures we continue to focus upon improving the health and wellbeing of those whose needs are greatest and to make tackling health inequalities a top priority.

Councillor David Green
Leader of Bradford Council
Chair of Bradford and Airedale Health and Wellbeing Board
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 that 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 wellbeing.

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 healthcare 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 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 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.
### 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**

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<th>Delivery partners</th>
<th>Overseeing (and supporting) partnership</th>
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<tr>
<td>Embed child poverty in existing local strategies to focus resources on alleviating child poverty</td>
<td>Deliver the Child Poverty Strategy&lt;br&gt;• No child to live in sub-standard housing&lt;br&gt;• Every family can access the support they need (eg. Debt advice; benefits and careers advice; mental health; domestic violence support; disabilities services)&lt;br&gt;• Children and young people take advantage of education, employment and training opportunities (continue to reduce the gap between children at foundation stage, key stage 2 and key stage 4)&lt;br&gt;• Break the cycle of worklessness by undertaking positive action for vulnerable groups (low income families; unemployed adults; those who are NEET or at risk of becoming NEET.&lt;br&gt;• Positive parenting builds resilience in children and families to address inequalities particularly health related issues</td>
<td>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</td>
<td>Children’s Trust (Child Poverty Board; Prosperity and Regeneration Partnership)</td>
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<td>Offset the negative impact of welfare reform</td>
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<td>Increase uptake of free school meals and ‘poverty-proof’ the school day by</td>
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<td>Identifying and removing barriers to learning for children in poverty</td>
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<td>Improve housing quality and reduce fuel poverty for children living in poverty</td>
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<td>Encourage positive parenting to improve resilience and help parents protect</td>
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<td>children from the effects of poverty</td>
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<td>Make employment accessible for families now and children in the future</td>
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<td>Reduce rates of accidental injury to children in poverty</td>
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**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 weight of term babies;
- Breastfeeding; smoking status at time of delivery;

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| Improve nutrition for pregnant women and young children, including provision of vitamin D | Implementation of the key areas of the *Every Baby Matters Strategy and Action Plan* with focus on areas of high need in target areas below:  
  - Recommendation 3a and b: Improve infant and maternal Nutrition and Vitamin D and breastfeeding  
  - Recommendation 4: Ensure equal access to pre-conception, maternal and infant health  
  - Recommendation 6a and b: Reduce smoking in Pregnancy and reduce alcohol and substance misuse  
  - Recommendation 7: Increase awareness of genetic inheritance  
  - Recommendation 8: Increase community awareness through Media and communications  
  Investment in a Health Visitor Expansion Programme & development and implementation of an integrated care pathway for early years services with midwifery and health visiting services | NHS; Bradford Council; Third Sector; Clinical Commissioning Groups; Bradford District Care Trust; Key groups: Maternity Network; Breastfeeding and Women and Infants and Nutrition; Smoking in Pregnancy; Early Years, Midwifery and Health Visiting services via Health Visitor Implementation Plan group | Childrens Trust Board (Health Improvement Partnership) |
### 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

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<td>Increase parental voice and participation in service development</td>
<td>Ensure all below are implemented particularly where deprivation is high and Foundation Stage profile results are low:</td>
<td>Early Childhood Services/ Children’s Centres; Partnership across Children Services, schools NHS and Third sector; Health Visiting Implementation Group; Midwifery, Health Visiting; Families First Team; Childrens Trust Partners; Women and Infants Nutrition Group</td>
<td>Children’s Trust (Health Improvement Partnership)</td>
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<td>Increase access to services by providing information, advice and guidance on available services</td>
<td>- Review parent representation on children’s centre advisory boards and implement action plan</td>
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<td>Provide early support to parents and carers in times of difficulty</td>
<td>- Increase take up of the statutory 2 year old early education entitlement by the most disadvantaged children</td>
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<td>Improve relationships with adult services</td>
<td>- Implement the Integrated Care Pathway</td>
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<td>Ensure staff are well trained and supported to deliver services using evidence-based approaches</td>
<td>- Pilot a team around the family model and Family Common Assessment Framework (CAF)</td>
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<td>- Review Young Carers Partnership and implement revised action plan.</td>
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<td>- Nutrition training to be rolled out across all children’s centres</td>
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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

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<tr>
<td>Increase participation in learning by ensuring opportunities are accessible to all.</td>
<td>To help young people and parents/carers to access the right pathways for learning and independence through:</td>
<td>Colleges; Special Schools; Mainstream Schools; Adult Services; Employers; Education Funding Agency (EFA).</td>
<td>Children’s Trust (Strategic Disability Partnership; Learning Disability Partnership; Health Improvement Partnership)</td>
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<td>Enable learners to work towards their first full Level 2 or Level 3 qualification and improve their life, career and economic prospects.</td>
<td>• Application of new funding streams</td>
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<td>Deliver high quality learning opportunities for young people, through continuous improvement.</td>
<td>• Provision of 3 Personal Advisers to work with young people, parents and schools to develop and implement the Education, Health and Social Care Plans</td>
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**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
- The number of children living in relative poverty

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<tr>
<td>Encourage and support healthy growth and weight of children</td>
<td>To develop a child obesity strategy and implementation plan for Bradford district by Jan 2014</td>
<td>Bradford Council; Bradford District Care Trust; Third Sector; Clinical Commissioning Groups; Schools; Children's Centres; Health and Wellbeing Team; Bradford Teaching Hospitals Foundation Trust.</td>
<td>Children’s Trust (Health Improvement Partnership)</td>
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<td>Promote healthier food choices and improve the nutritional quality of food in schools</td>
<td>To halt the increase of and start seeing a year on year reduction in the prevalence of obesity in children aged 4-5 years</td>
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<td>Increase everyday play and physical activity opportunities for children</td>
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<td>Promote environments and practices that support children to eat healthier foods and to be active throughout each day</td>
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<td>Provide personalised advice and support for children and their families through a child healthy weight pathway</td>
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<td>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</td>
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## 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**

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| Improve diet and reduce sugar intake | • Review and refresh local Oral Health Strategy  
• Ensure process in place to robustly manage performance of oral health improvement programmes  
• 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  
• Review the safe transition of flexible and equitable access to dental care | Local Authority;  
Public Health England;  
stakeholders;  
National Health Service England;  
Health and Wellbeing Board;  
Family Nurse Partnership;  
Troubled families;  
Health care professionals;  
Early years teams;  
Clinical Commissioning Groups;  
Bradford District Care Trust. | Childrens Trust Board  
(Health Improvement Partnership) |
### Priority 7: Improve the mental health of people in Bradford District

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.

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<th>Delivery partners</th>
<th>Overseeing (and supporting) partnership</th>
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<tbody>
<tr>
<td>Increase community based mental health care</td>
<td>Link mental health initiatives to wider determinants thereby taking a holistic approach which includes family, environment, community, culture and poverty &amp; deprivation.</td>
<td>Bradford District Care Trust; Third Sector; Clinical Commissioning Groups; Prosperity and Regeneration Partnership; Bradford Council; Airedale NHS Foundation Trust; Bradford Teaching Hospitals Foundation Trust; West Yorkshire Joint Services.</td>
<td>Health Improvement Partnership</td>
</tr>
<tr>
<td>Include families and carers in help and support</td>
<td>Improve physical health of people with mental illness, addressing diagnostic overshadowing, access to psychological therapies and primary care. Access to mental health beds and support from acute beds.</td>
<td>Bradford District Care Trust; Third Sector; Clinical Commissioning Groups; Prosperity and Regeneration Partnership; Bradford Council; Airedale NHS Foundation Trust; Bradford Teaching Hospitals Foundation Trust; West Yorkshire Joint Services.</td>
<td>Health Improvement Partnership</td>
</tr>
<tr>
<td>Support people with mental ill health to live well, cope with ill health and not to be left out of society</td>
<td>Improve support for people experiencing difficulties accessing services due to barriers linked to age, ethnicity, disability and language.</td>
<td>Bradford District Care Trust; Third Sector; Clinical Commissioning Groups; Prosperity and Regeneration Partnership; Bradford Council; Airedale NHS Foundation Trust; Bradford Teaching Hospitals Foundation Trust; West Yorkshire Joint Services.</td>
<td>Health Improvement Partnership</td>
</tr>
<tr>
<td>Improve physical health of people with mental illness</td>
<td>Increase early intervention, improve access to services including through web based applications.</td>
<td>Bradford District Care Trust; Third Sector; Clinical Commissioning Groups; Prosperity and Regeneration Partnership; Bradford Council; Airedale NHS Foundation Trust; Bradford Teaching Hospitals Foundation Trust; West Yorkshire Joint Services.</td>
<td>Health Improvement Partnership</td>
</tr>
<tr>
<td>Provide choices of good quality care, including access to psychological therapies</td>
<td>Develop public health mental health and suicide prevention strategies.</td>
<td>Bradford District Care Trust; Third Sector; Clinical Commissioning Groups; Prosperity and Regeneration Partnership; Bradford Council; Airedale NHS Foundation Trust; Bradford Teaching Hospitals Foundation Trust; West Yorkshire Joint Services.</td>
<td>Health Improvement Partnership</td>
</tr>
<tr>
<td>Improve public health mental health and suicide prevention strategies</td>
<td></td>
<td>Bradford District Care Trust; Third Sector; Clinical Commissioning Groups; Prosperity and Regeneration Partnership; Bradford Council; Airedale NHS Foundation Trust; Bradford Teaching Hospitals Foundation Trust; West Yorkshire Joint Services.</td>
<td>Health Improvement Partnership</td>
</tr>
</tbody>
</table>
### 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.

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<tbody>
<tr>
<td>Support people with disabilities, long term illness and sensory needs with employment, skills and learning</td>
<td>- Make sure disabled people have enough money to make healthy life choices&lt;br&gt;- Support Disabled People to have opportunities to develop skills, to work and/or do activities that are meaningful to them&lt;br&gt;- Develop housing, neighbourhoods and access to transport that give disabled people a real choice about where they live&lt;br&gt;- Improve access to health care by&lt;br&gt;- Raising awareness, understanding and actions of Health Care Professionals&lt;br&gt;- Giving people knowledge and voice to make informed choices and decisions</td>
<td>Bradford District Care Trust; Third Sector; Clinical Commissioning Groups; Prosperity and Regeneration Partnership; Bradford Council; Airedale NHS Foundation Trust; Bradford Teaching Hospitals Foundation Trust; West Yorkshire Joint Services; Health Improvement Partnership</td>
<td>Strategic Disability Partnership Learning Disability Partnership</td>
</tr>
</tbody>
</table>
### 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.

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<tbody>
<tr>
<td>Improve diagnosis of early and late onset dementia</td>
<td>- Improved integration of health and social care resulting in coordinated services and information sharing.</td>
<td>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.</td>
<td>Older People’s Partnership</td>
</tr>
<tr>
<td>Improve planning for dementia care</td>
<td>- Standardisation of provision across the district with a more equitable service for everyone with dementia and their carers.</td>
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<tr>
<td>Improve early intervention to support end of life planning</td>
<td>- Complete the Dementia Health Needs Assessment, ensuring engagement of members and that the findings are reflected in the Dementia Strategy Action Plan.</td>
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<tr>
<td>Integrate health and social care to promote independence and facilitate community based care</td>
<td>- 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)</td>
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<tr>
<td>Improve access to intermediate care</td>
<td>- 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</td>
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<tr>
<td>Reduce use of non therapeutic anti-psychotic medication</td>
<td>- Improved public and professional awareness and understanding of dementia and services available.</td>
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<td></td>
<td>- Reduce the stigma associated with dementia in all communities including Black and Minority Ethnic (BME) communities</td>
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</table>
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

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<tr>
<td>Promote personalisation and enhance quality of life for people with long-term conditions care and support needs</td>
<td>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.</td>
<td>Older Peoples Partnership Priority 10 group NHS; third sector; Local Authority; CCGs; Social Housing Providers</td>
<td>Older People’s Partnership</td>
</tr>
<tr>
<td>Help people to recover from episodes of ill health or following injury, preventing deterioration, delaying dependency and supporting recovery</td>
<td>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.</td>
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<tr>
<td>Support people to maximise their incomes through good welfare benefits advice, education and training and support to stay or return to employment</td>
<td>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.</td>
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<tr>
<td>Ensure a positive experience of care and support; treating and caring for people in a safe environment and protecting people from avoidable harm</td>
<td>Promote intergenerational approaches to bring communities together to increase social interaction between people where there are high levels of isolation.</td>
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<tr>
<td>Ensure people experience services that support them to enjoy a good quality of life</td>
<td>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.</td>
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</table>
### 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.**

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<tbody>
<tr>
<td>Increase the number of business start-ups</td>
<td>• Provide effective employment and training routes out of poverty and other life circumstances likely to get in the way of positive health outcomes</td>
<td>Prosperity and Regeneration Partnership, Employment and Skills Board, Bradford Breakthrough and Get Bradford Working</td>
<td>Prosperity and Regeneration Partnership (Employment and Skills Board, Bradford Breakthrough, Get Bradford Working)</td>
</tr>
<tr>
<td>Increase social enterprise growth</td>
<td>• Support social enterprise growth including involvement of the third sector in service planning and delivery</td>
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<tr>
<td>Create more apprenticeships</td>
<td>• Support people to set up in business</td>
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<tr>
<td>Retain graduates in greater numbers</td>
<td>• Promote greater uptake of apprenticeships by employers</td>
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<td>Develop a single gateway for employers</td>
<td>• Increase the number of learners accessing pre-entry ESOL (English for Speakers Other Languages)</td>
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<tr>
<td>Increase the number of learners</td>
<td>• Increase access to basic literacy/numeracy courses</td>
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<tr>
<td>Accessing pre-entry ESOL (English for Speakers Other Languages)</td>
<td>• Promote opportunities for disabled people and people with work limiting illness to gain and stay in employment</td>
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<tr>
<td>Increase access to basic literacy/numeracy courses</td>
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<tr>
<td>Promote growth of existing small and medium enterprises</td>
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<tr>
<td>Promote opportunities for disabled people and people with work limiting illness to gain and retain employment</td>
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Priority 12: Promote healthier lifestyles in the workplace

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

**Sickness absence rate**

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<tbody>
<tr>
<td>Improve occupational health and safety in workplaces</td>
<td>● Improve occupational health and safety practice in workplaces</td>
<td>Prosperity and Regeneration Partnership, Employment and Skills Board, Bradford Breakthrough and Get Bradford Working, Bradford Chamber</td>
<td>Prosperity and Regeneration Partnership</td>
</tr>
<tr>
<td>Promote healthy work styles in workplaces</td>
<td>● Promote awareness of health issues workplaces</td>
<td></td>
<td>(Employment and Skills Board, Bradford Breakthrough, Bradford Chamber)</td>
</tr>
<tr>
<td>Encourage and support employees to adopt healthier lifestyles</td>
<td>● Promote healthy work styles in workplaces</td>
<td></td>
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<tr>
<td></td>
<td>● Encourage and support employees to adopt healthier lifestyles</td>
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</tbody>
</table>
## 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

- Continue to support enterprise and employment in order to raise the economic wellbeing of the people across the district.
- Deliver economic development without compromising the quality of life of future generations.
- Raise the economic wellbeing of the people across the district.

### Commitments

- Make Bradford a location of choice for business and a great place to operate a business.
- Support Bradford businesses to be more productive and innovative creating employment opportunities for all.
- Mainstream successful approaches to income maximisation and financial inclusion.
- Deliver economic development without compromising environmental quality.
- Deliver social and green infrastructure to support sustainable growth and sustainable communities.
- Locate development where it will support opportunities for the delivery of renewable and low carbon energy, green infrastructure and facilities for walking and cycling.

### Delivery partners


### Overseeing (and supporting) partnership

- Prosperity and Regeneration Partnership (Employment and Skills Board) (Bradford Breakthrough)
**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

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</table>
| Create a greener, cleaner and more sustainable environment which makes best use of our resources and positively affects climate change | • 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  
• Co-ordinate action to reduce the levels of violent crime  
• Co-ordinate action to reduce re-offending  
• 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 | Safer Roads Steering Group; West Yorkshire Police; West Yorkshire Probation Trust; Bradford Council - Public Health Department; Third Sector organisations | Community Safety Partnership                                   |
## Priority 15: Increase the number of decent homes and ensure 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

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<tbody>
<tr>
<td><strong>Build more homes that are affordable</strong>&lt;br&gt;Reduce disrepair and health hazards in older private housing likely to be occupied by vulnerable people</td>
<td>• 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.&lt;br&gt;• Improve the quality of existing housing through a comprehensive programme of housing standards advice, support, equity loans and enforcement.&lt;br&gt;• Support implementation of Green Deal measures to homes across the district; update Fuel Poverty action plan; tackle excess winter deaths&lt;br&gt;• Implement major change programme to homelessness prevention and assessment services, improve provision of temporary accommodation.</td>
<td>Bradford Council registered providers; housing developers; Private landlords; owner occupiers; other public sector partners; Homelessness service providers; other public sector partners.</td>
<td>Housing Partnership</td>
</tr>
<tr>
<td><strong>Improve energy efficiency and eco standards</strong>&lt;br&gt;Local authority housing service to provide high quality services</td>
<td>Improve access and services to vulnerable people, process applications more quickly, improve choice, and reduce and prevent homelessness</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Improve the design, quality and supply of housing in the district to better meet the needs of older and vulnerable people</strong></td>
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</table>
## 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**

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<tbody>
<tr>
<td>Develop effective ways for all partners and partnerships to involve communities, groups and individuals in their plans and work</td>
<td>Through Ward and Equality Assessments map where we have high and low levels of social capital and active citizens.</td>
<td>Bradford Council; Third Sector; NHS</td>
<td>Stronger Communities Partnership (Health Improvement Partnership)</td>
</tr>
<tr>
<td>Support communities throughout the District to do things for themselves</td>
<td>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</td>
<td></td>
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<tr>
<td>Increase opportunities for active citizen involvement in the District</td>
<td>Through Ward and Equality Plans develop and coordinate community initiatives that support communities to do things for themselves and engage communities appropriately</td>
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<tr>
<td>Encourage people from different backgrounds to get on well together</td>
<td>Work with Health and Wellbeing partners to help develop support networks and self help groups</td>
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<tr>
<td>Create opportunities for individuals, groups and organisations to get together to discuss their circumstances, needs and aspirations, within and between communities and neighbourhoods</td>
<td>Ensure there is brokerage between people wanting to volunteer and organisations seeking volunteers</td>
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</table>
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

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<tbody>
<tr>
<td>Work with partners to promote an environment and culture that makes healthy lifestyles easier to achieve</td>
<td>Address access to low priced tobacco and alcohol through enforcement</td>
<td>Bradford District Care Trust; Third Sector; Clinical Commissioning Groups; Prosperity and Regeneration Partnership; Bradford Council; Airedale NHS Foundation Trust; Bradford Teaching Hospitals Foundation Trust; West Yorkshire Joint Services</td>
<td>Health Improvement Partnership</td>
</tr>
<tr>
<td>Develop tiered model of interventions so the most effective interventions get to the right people at the right time</td>
<td>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</td>
<td></td>
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<tr>
<td>Commission specialist services for those in greatest need</td>
<td>Address obesity as a family issue of malnourishment linked to poverty and deprivation</td>
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<tr>
<td>Provide brief interventions and referrals to effective preventative services, using the principles of ‘Making Every Contact Count’</td>
<td>Address access to low priced poor quality food and takeaways</td>
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<td>Increase access to targeted health checks</td>
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## Priority 18: Reduce mortality from cardiovascular disease, respiratory disease, diabetes 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

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</table>
| Ensure early detection of cardiovascular disease, respiratory disease, cancer and diabetes, including health screening | - Full implementation of CVD Secondary Prevention Quality Improvement (QI) Project  
- Continued implementation of the Atrial Fibrillation QI Project  
- Development and implementation of Enhanced Heart Failure (HF) project for patients with Heart Failure  
- Continued implementation of the Respiratory QI project  
- More robust implementation of smoking cessation into secondary care pathways across hospital and mental health care  
- Development, implementation and evaluation of directed enhanced services (DES) for hypertension telemonitoring in Bradford District CCG.  
- Using the findings of the Diabetes review and other plans to improve care and outcomes for patients with diabetes  
- All with specific encouragement and support of practices with most deprived practice populations to fully participate | Airedale Wharfedale and Craven and Bradford City and Bradford Districts CCG  
Public Health teams; Primary care teams; Secondary care teams; Clinical Specialty Leads; Clinical Commissioning Groups; Providers; | Transformation and Integration Group; Transformation Change Board; Bradford and Airedale Collaborative Commissioners Forum; Cancer Local Area Network; Respiratory Quality Improvement Group; Stroke Strategy Group; Diabetes review board; Self care network |
References

- Report of the Strategic Director, Children’s Services to the meeting of the Bradford Children’s Trust Board to be held on 16 July 2012. The Annual Analysis of Teacher Assessment, Test and Examination Results 2010/11
- Dementia UK. 2007. A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King’s College London, for the Alzheimer’s Society
- Department of Health. 2010. Healthy lives, healthy people: our strategy for public health in England
- Bradford and Airedale Health and Lifestyle Survey 2007-2008
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Report of the Assistant City Solicitor to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 21 January 2016

Subject: Health and Social Care Overview and Scrutiny Committee Work Programme 2015/16

Summary statement:
This report presents the work programme 2015/16

Dermot Pearson
Assistant City Solicitor

Portfolio:
Health and Social Care

Report Contact: Caroline Coombes
Phone: (01274) 432313
E-mail: caroline.coombes@bradford.gov.uk
1. **Summary**

1.1 This report presents the work programme 2015/16.

2. **Background**

2.1 The Committee adopted its 2015/16 work programme at its meeting of 16 July 2015.

3. **Report issues**

3.1 **Appendix 1** of this report presents the work programme 2015/16. It lists issues and topics that have been identified for inclusion in the work programme and have been scheduled for consideration over the coming year.

4. **Options**

4.1 Members may wish to amend and / or comment on the work programme at **Appendix 1**.

5. **Contribution to corporate priorities**

5.1 The Health and Social Care Overview and Scrutiny Committee Work Programme 2015/16 reflects the Council’s goals to improve health and to ensure that support is available for the most vulnerable adults, children and families.

6. **Recommendations**

6.1 That the Committee notes the information in **Appendix 1**

7. **Background documents**

7.1 Constitution of the Council

8. **Not for publication documents**

None

9. **Appendices**

9.1 **Appendix 1** – Health and Social Care Overview and Scrutiny Committee work programme 2015/16
## Democratic Services - Overview and Scrutiny

### Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

### Work Programme

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<tr>
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<th>Description</th>
<th>Report</th>
<th>Comments</th>
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</table>

**Thursday, 4th February 2016 at City Hall, Bradford.**

Chair’s briefing 18/01/2016. Secretariat deadline 22/01/2016

1) Mental health services provision  
   Update  
   Council / NHS  
   resolution of 5 February 2015

2) Access to gp services - Airedale Wharfedale Craven  
   Update  
   AWC CCG  
   resolution of 5 February 2015

3) Access to gp services - Bradford City and Districts CCGs  
   Update  
   Bradford City and Districts CCGs  
   resolution of 5 February 2015

4) Health and Social Care Overview and Scrutiny Committee Work Programme  
   regular item  
   Caroline Coombes

**Thursday, 18th February 2016 at City Hall, Bradford.**

Chair’s briefing 02/02/2016. Secretariat deadline 05/02/2016

1) Care Quality Commission  
   Annual update on inspection activity in Bradford District  
   TBC  
   resolution of 5 February 2015

2) NHS Complaints  
   Details to be confirmed  
   TBC  
   Resolution of 29 October 2015

3) Relocation of hyper acute stroke services from Airedale NHS FT to BTHFT  
   Update on implementation of the changes to include repatriations, impact on YAS and delivery of the engagement plan  
   Contact: Helen Farmer  
   resolution of 11 June 15

4) Briefing note for Projects over £2m - Integrated Residential and Nursing Care Framework  
   Requirement of Council Standing Orders  
   Leonie Heyes  
   Deferred from 10 Dec 15

5) Health and Social Care Overview and Scrutiny Committee Work Programme  
   regular item  
   Caroline Coombes

**Thursday, 3rd March 2016 at City Hall, Bradford.**

Chair’s briefing 16/02/2016. Secretariat deadline 19/02/2016

1) Joint health / social care learning disabilities services  
   Update on the improvement plan  
   TBC  
   resolution of 5 March 2015

2) Great Places to Grow Old  
   Update on the delivery programme  
   Lyn Sowray / Rachel Holden  
   resolution of 5 March 2015
# Work Programme

## Thursday, 3rd March 2016 at City Hall, Bradford.

**Chair’s briefing 16/02/2016. Secretariat deadline 19/02/2016**

<table>
<thead>
<tr>
<th>Agenda</th>
<th>Description</th>
<th>Report</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>3) Respiratory disorders</td>
<td>details to be confirmed (to include information on Bradford Breathing Better)</td>
<td>Dept of Public Health / NHS (Kath Helliwell/ Andrew O’Shaughnessy)</td>
<td>Ref - minutes of Committee meeting 1 July 2014</td>
</tr>
<tr>
<td>4) Health and Social Care Overview and Scrutiny Committee Work Programme</td>
<td>regular item</td>
<td>Caroline Coombes</td>
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## Thursday, 24th March 2016 at City Hall Bradford

**Chair’s briefing 19/03/2016 Secretariat deadline 11/03/2016**

<table>
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<th>Agenda</th>
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<tbody>
<tr>
<td>1) Use of telecare and telemedicine in the District</td>
<td>details to be confirmed</td>
<td>Dept of Adult and Community Services / NHS</td>
<td>Ref - letter (26 May 2015) to Airedale NHS Foundation Trust as part of the Quality Account process resolution of 9 April 2015</td>
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<tr>
<td>2) New models of care programme</td>
<td>Enhanced care in care homes Vanguard</td>
<td>TBC</td>
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<tr>
<td>3) Diabetes</td>
<td>Details to be confirmed Update on performance and previous resolution around tagging of patient notes and promotion</td>
<td>Public health / CCGs</td>
<td>previous report 6 February 2014</td>
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<tr>
<td>4) 111 service / out of hours primary care</td>
<td></td>
<td>TBC</td>
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## Thursday, 7th April 2016 at City Hall, Bradford.

**Chair’s briefing 18/03/2016. Secretariat deadline 23/03/2016**

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<th>Agenda</th>
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<tbody>
<tr>
<td>1) Bradford Teaching Hospitals NHS Foundation Trust</td>
<td>Update on report received 9 April 2015 to include information on staffing issues</td>
<td>BTHFT</td>
<td>resolutions of 9 April 2015, 16 July 2015 and 12 November 2015</td>
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<tr>
<td>2) Born in Bradford</td>
<td>Update</td>
<td>TBC</td>
<td>resolution of 3 October 2013</td>
</tr>
<tr>
<td>3) Infant mortality</td>
<td>Annual report</td>
<td>Shirley Brierley</td>
<td>resolution of 9 April 2015</td>
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<tr>
<td>4) Health and Social Care Overview and Scrutiny Committee recommendation tracking report</td>
<td>Update on progresses against the Committee's recommendations</td>
<td>Caroline Coombes</td>
<td></td>
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</tbody>
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