City of Bradford MDC
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Agenda for a meeting of the Bradford and Airedale Health and Wellbeing Board to be held on Tuesday, 25 July 2017 at 10.00 am in Committee Room 1 - City Hall, Bradford

Dear Member

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

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

Yours sincerely

P Akhtar

City Solicitor

Notes:

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

From:
Parveen Akhtar
City Solicitor
Agenda Contact: Fatima Butt
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To:

MEMBER	REPRESENTING
Councillor Susan Hinchcliffe	Leader of Bradford Metropolitan District Council (Chair)
Councillor Val Slater	Portfolio Holder for Health and Wellbeing
Councillor Simon Cooke	Leader of the Conservative Group
Kersten England	Chief Executive of Bradford Metropolitan District Council
Dr Andy Withers	Bradford Districts Clinical Commissioning Groups
Helen Hirst	Bradford Districts and Bradford City Clinical Commissioning Groups
Dr James Thomas	Airedale, Wharfedale and Craven Clinical Commissioning Groups
Dr Akram Khan	Bradford City Clinical Commissioning Group (Deputy Chair)
Laura Smith	Area Team Director, NHS England
Anita Parkin	Director of Public Health
Bev Maybury	Strategic Director Health and Wellbeing Board
Michael Jameson	Strategic Director of Children's Services
Javed Khan	HealthWatch Bradford and District
Sam Keighley	Bradford Assembly Representing the Voluntary, Community and Faith Sector
Bridget Fletcher	Representative of the main NHS Provider
Clive Kay	Representative of the main NHS Provider
Nicola Lees	Representative of the Main NHS Provider

Non-Voting Co-opted Members

Two Co-opted representatives of the three main NHS providers (from the list above).
One Co-opted representative of the Community Interest Companies (representing primary care).

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

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

2. DISCLOSURES OF INTEREST

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

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

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

Notes:

(1) Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.

(2) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

(3) Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.

(4) Officers must disclose interests in accordance with Council Standing Order 44.

3. MINUTES

Recommended –

That the minutes of the meeting held on 28 March 2017 be signed as a correct record (previously circulated).

(Fatima Butt – 01274 432227)

4. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

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

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

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

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

(Fatima Butt - 01274 432227)

B. BUSINESS ITEMS

5. PROPOSALS FOR SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) TRANSFORMATION 0-25

The Strategic Director, Children's Services will submit **Document "A"** which asks the Board to:

- Take note of the proposals for SEND Transformation 0-25
- Support the SEND transformation to provide additional capacity within the Early Years Enhanced Specialist Provisions (EYESP) to meet the complex health needs of some children with SEND, for example, through providing additional capacity from school nursing.

Recommended-

(1) That the proposals outlined in Document "A" be noted and that Board Members and their organisations be asked to contribute to the formal consultation.

(2) That the Board notes that the Strategic Director, Children's Services in consultation with the Portfolio Holder is authorised to consider consultation findings from partners, stakeholders, staff, children and their families and implement the proposals.

(Lynn Donohue/Angela Spencer-Brooke – 01274 439610)

6. CHAIRS HIGHLIGHT REPORT: BETTER CARE FUND,2016/17 HEALTH AND WELLBEING ANNUAL REPORT, DRAFT JOINT HEALTH AND WELLBEING STRATEGY 2017/22, SEND LOCAL OFFER ANNUAL REPORT 2016/17

The Health and Wellbeing Board Chair's highlight report **(Document "B")** summarises business conducted between meetings: where for example reporting or bid deadlines fall between Board meetings or business conducted at any meetings not held in public where these are necessary to consider material that is not yet in the public domain.

Reporting through a highlight report means that any such business is discussed and formally minuted in a public Board meeting.

The July report covers:

- Business conducted at meetings of the Board's subgroups: the Integration and Change Board. There is no update from the new Integrated Commissioning Executive which is in development.
- Better Care Fund – Update on performance and progress on the 2017-19 Plan
- Care Quality Commission – Review Guidance
- 2016-17 Health and Wellbeing Board Annual Report to Bradford District Partnership

Recommended-

(1) That in relation to section 3.1 of Document "B" (Better Care Fund) the Board is asked to:

- **Note the position in relation to the local area progress in refreshing the local Narrative Plan and Planning Template for 2017/18 and 2018/19.**
- **Note the establishment of the Executive Commissioning Board.**
- **Note the requirement to submit revised BCF Plan by the 11th September 2017.**
- **Agree delegated authority to the Chair of the Board in consultation with the Leader of City of Bradford MDC and a nominated representative of the three CCGs to authorise submission of the Better Care Fund Plan on behalf of the Health and Wellbeing Board.**

(2) That in relation to Section 3.5 (Document "B") the Board is asked to:

Note that the 2016-17 SEND Local Offer Annual Report has been agreed by the Chair of the Board and published on the SEND Local Offer website.

(Angela Hutton – 01274 437345)

7. UPDATE TO THE BRADFORD DISTRICTS AND CRAVEN HEALTH AND WELLBEING PLAN (FORMERLY TITLED STP)

The Chief Officer, Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups will submit **Document "C"** which presents a progress update on the delivery of the Bradford Districts and Craven Health and Wellbeing plan. The components of the delivery are:

- A joint operational plan

- The progress and achievements of the transformational programmes and work streams
- The performance dashboard and report (‘tracker’)
- Involvement on work streams at West Yorkshire and Harrogate STP level

Recommended-

That the Board notes and supports the actions being taken to develop an integrated Health Plan for Bradford Districts and Craven as being a key element of ensuring the sustainability of the health, care and wellbeing sector and of the Board’s forthcoming Joint Health and Wellbeing Strategy.

(Christine Walters – 01274 237290)

8. HEALTH PROTECTION ASSURANCE ACROSS THE BRADFORD DISTRICT

The Director of Public Health will submit **Document “D”** which reports that the Director of Public Health has responsibility for strategic leadership of the health protection function in their local authority area. Health protection is one of the four domains described in the Public Health Outcomes Framework. The paper proposes that an assurance group is established to ensure local coordination of the different aspects of Health Protection.

Recommended-

(1) That a multi-agency health protection assurance group be established as a forum for bringing together the local health protection responsibilities.

(2) That the group meets quarterly and reports into the Health and Wellbeing board as required, or as agreed with the board.

(Sarah Muckle – 01274 432805)

THIS AGENDA AND ACCOMPANYING DOCUMENTS HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER

City of Bradford MDC
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Report of the Strategic Director of Children's Services to the meeting of the Health and Wellbeing Board to be held on 25th July 2017

A

Subject: Proposals for Special Educational Needs and Disabilities (SEND) Transformation 0-25

Summary statement:

This report asks the Health and Well-Being Board to:

- Take note of the proposals for SEND Transformation 0-25
- Support the SEND transformation to provide additional capacity within the Early Years Enhanced Specialist Provisions (EYESP) to meet the complex health needs of some children with SEND, for example, through providing additional capacity from school nursing.

Our Ambition - Improve outcomes and life chances for all children and young people in Bradford.
To do this we need to:

- Ensure there is early identification, early assessment and early intervention of children with SEND
- Increase high quality places to meet a growing need for SEND
- To make the most effective use of the outstanding practice and provision across the Bradford District
- Ensure continued use of our specialist knowledge, skills and expertise in meeting the need of children and young people with SEND

We are proposing a two locality model be adopted, each providing 50 early years specialist places for children aged 2 – 5 years but with capacity for some children aged up to 7 where appropriate; alongside provision for mainstream places for young children.

Name: Lynn Donohue (Early Years Strategic Manager)
Angela Spencer-Brooke (SEND & Behaviour Strategic Manager)
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Portfolio:

Health and Wellbeing

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

This report asks the Health and Wellbeing Board to:

1.1 Approve consultation on the proposals for SEND Transformation 0-25.

1.2 Support the SEND Transformation to provide additional capacity within the EYESPs to meet the needs of more complex children with SEND t to meet their health needs, for example, through additional capacity from school nursing. .

Our Ambition - Improve outcomes and life chances for all SEND children and young people in Bradford.

The vision for the transformation of SEND services in Bradford District is underpinned by:

Improving outcomes for children and young people with SEND including their educational attainment, achievement, closing the gaps with their peers nationally; improving their emotional well-being, independence and resilience; making sure they are safeguarded; improving their employment and training opportunities and that they are well prepared for work.

- Ensure there is early identification, early assessment and early intervention of SEND
- Increase high quality places to meet a growing need for SEND
- To make the most effective use of the outstanding practice and provision across the Bradford District
- Ensure continued use of our specialist knowledge, skills and expertise in meeting the need of children and young people with SEND.

To do this, it is proposed that the district will be divided into two localities each providing 50 early year's specialist places alongside mainstream places for young children. These places will be **in addition** to the early years places provided at our Special Schools which are for children with more complex needs and life limiting conditions.

Each locality will contain two Early Years Enhanced Specialist Provisions (EYESP) which will provide integrated early education for mainstream and SEND young children on the same site; there will be two SEND Specialist Centres of Excellence co-located with one of the EYESP in each locality. The SEND Specialist Centres of Excellence will comprise a range of SEND specialist practitioners who will provide consultation, support, training and outreach work for all SEND early years children across all types of early year's settings within the locality in addition to those accessing the EYESP.

See Appendix 5 for a Glossary of terms used throughout the report.

2. BACKGROUND

2.1 The current position

- We have a growing population of children and young people in Bradford and proportionally have a growing population of children and young people with SEND;
- The complexity of special needs in Bradford is increasing - as a result there is a need for more specialist places.
- Bradford is a highly inclusive local authority; only 1% of our school population are in Special Schools.
- Increasing the number of specialist places for SEND alongside a predicted population growth will still only result in around 1% of SEND pupils attending specialist provision.
- We are working in a challenging and changing landscape both financially and educationally.
- With this comes the opportunity to transform the way in which specialist provision and support for SEND are delivered in Bradford – intervening early to reduce costly intervention later in the life of a child or young person.
- The proposed model will continue to make a range of specialist services available across the district for children and young people with SEND.

The trend over time shows that overall there has been an increased under-occupancy of the early assessment places (Children's Centre+ places) for young children with SEND. By July 2016 only 47% of the funded early assessment places for young children were occupied and some young children were also taking up places at our primary Special Schools. Irrespective of whether places are filled, staff are centrally employed to service these places and this is paid for from the High Needs Block. Schools Forum requested a review of Teaching Specialist Services to look at redesigning services for the future and this was in consultation with Stakeholders.

The way in which parents have chosen to access support and provision for their children with SEND has changed over the last 2 – 3 years, more parents have chosen an early years place in a primary special school, and due to changes in the transport policy parents are also choosing mainstream early years places at a school or a PVI setting. Our evidence shows that our SEND population is becoming increasingly more complex and some parents have chosen not to have group based provision but to have home teaching from the Portage service.

The proposal is based on the evidence and findings of the SEND Strategic Review in Bradford 2016.

The vision for the transformation of SEND services in Bradford District is underpinned by these principles and aligned to the priorities in the Bradford Children, Young People and Families Plan 2016-20 particularly Great start in life and good schools; Better skills, good jobs and a growing economy; Better health, better lives.

- Improving outcomes for children and young people with SEND these include accelerating educational attainment and achievement and closing the gaps with their peers nationally; improving their emotional well-being, independence and resilience; making sure they are safeguarded; improving their employment and training opportunities and that they are well prepared for work; have greater access to a range of opportunities and making sure children and young people with SEND flourish and achieve their full potential.

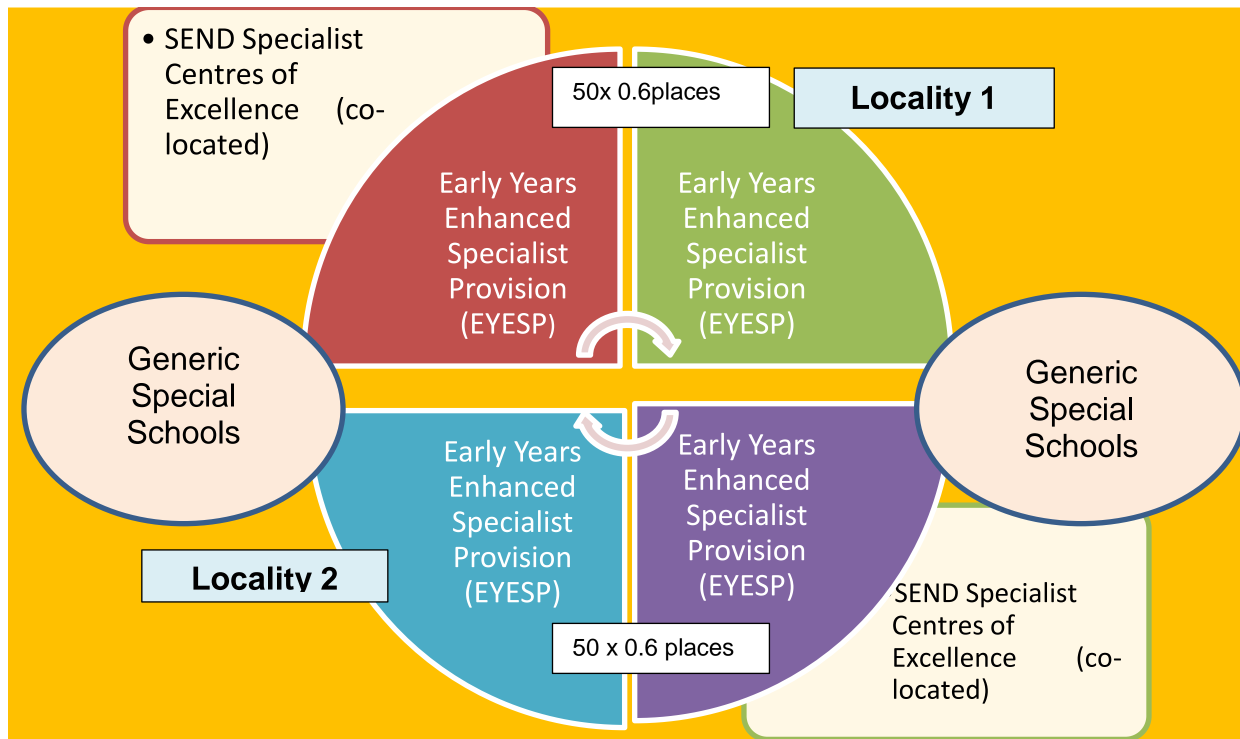
To do this we need to:

- Ensure there is early identification, early assessment and early intervention of SEND
- Build responsive services, with a more personalised offer
- Increase high quality places to meet a growing need for SEND
- To make the most effective use of the outstanding practice and provision across the Bradford District
- Ensure there are effective transitions from home into provision and into schools
- Ensure continued use of our specialist knowledge, skills and expertise in meeting the need of children and young people with SEND
- Build capacity and expertise within SEND across the District and further develop Bradford's sector led model
- Ensure accessibility of SEND support and provision and support parental choice and aspirations
- Intervene early to prevent expensive out of authority placements for children and young people with SEND and to ensure efficient use of resources and value for money. Currently Bradford spends around £4.5m per annum on out of authority placements for children and young people with SEND.

0-5+ SEND Pathway

The 0-5+ Pathway has been designed to realise the principles stated above within the 'Vision' and in response to the rising number of requests for assessment and specialist placements for early years children with identified SEND. The table below shows the percentage of the total number of referrals for children aged 0-7 years. In December 2016 referrals for this age group constituted 51.9% of referrals for the month and overall 45.5% of all referrals received since September 2015. See Appendix 1.

The District wide Model for 0-5+ years SEND pathway



It is intended that the district will be divided into two localities each providing 50 x 0.6 early year's specialist places alongside mainstream places for young children.

Each locality will contain two Early Years Enhanced Specialist Provisions (EYESP) which will provide integrated early education for mainstream and SEND young children on the same site; co-located with one of the EYESP in each locality will be a SEND Specialist Centre of Excellence.

The SEND Specialist Centres of Excellence will comprise a range of SEND specialist practitioners, for example specialist teachers of autism, cognition and learning and behaviour; family support workers, portage home visitors, who will provide consultation, support, training and outreach work for all SEND early years children across all types of early years settings within the locality in addition to those accessing the EYESP and provide support for families with children with SEND and transition from home to provision.

The location

There has been considerable analysis undertaken to assess the optimal location of the provisions. Part of this work has been considering the incidence of need, the availability of suitable accommodation and any financial implications.

There are currently three Nursery Schools across the District already providing integrated early years SEND and mainstream places (currently part of the Children's Centre plus provision) within high quality provision which has been judged by Ofsted to be good (1) and outstanding (2). These are:

- Strong Close Nursery School (BD21)
- St. Edmunds Nursery School (BD8)
- Canterbury Nursery School (BD5)

In addition to these nurseries and through an expression of interest process we have now identified the fourth provision as Abbey Green Nursery School (BD8)

SEND Data for all year groups shows that the areas within the District with the **highest areas** of SEND needs are:

Highest areas of SEND by ward (for high incidence SEND)

Top 3 wards	**Autistic Spectrum Disorder (ASD)**	**Severe Learning Difficulties (SLD)**	**Social Emotional Mental Health (SEMH)** NB. See BESD below.
1	Keighley Central	Toller	Tong
2	Great Horton and Keighley East	Bowling and Barkerend	Keighley West
3	Keighley West	Manningham	Wyke

See appendix 2 for the Wards with the highest number of EHCPs across all types of SEND (see also appendix 3 for map of number of EHCPs).

The SEND data reinforces that the three current Nursery schools who are currently providing Children's Centre plus (CC+) places and hence, providing this integrated mainstream and SEND provision detailed above are located in geographically accessible areas to serve the highest areas of SEND across the Bradford District.

The draft proposals for the 0-5+ pathway are:

- Alongside the places provided for young children within our generic specials schools, this model proposes to increase the number of assessment and specialist places for young children 0-5+ years with SEND across the district to 100 places in total, 50 in each locality. This expansion has already been agreed as part of the findings from the SEND review (July 2016). Additional specialist places are needed as part of the expansion of special school places and by creating additional early year's places this will release some places in our special schools currently being occupied by young children of non-statutory school age.
- 72 x 0.6 Early Assessment places are currently provided for young children with SEND in what are known as Children's Centre plus places (CC+). The proposal is to rationalise the current CC+ places (which were based originally on seven centres) into four enhanced centres (Early Years Enhanced Specialist Provision EYESP) and increase the number of places to 100 x 0.6 places.
- The places in the EYESP would be for children primarily aged 2 to 5 years-old but also for those aged 5+ which would be by exception and provided through a formal off-setting agreement for those with EHCPs.

- Work with our partners in the special schools and the LA specialist staff to further develop the skills and capacity of the EYESPs to deliver high quality care and early education for young children with more complex SEND.
- These places, totalling 100 across the district, will be created in addition to the places for Early Years children currently available in our Special Schools for early years and primary aged children.
- In addition, we propose to establish two SEND Specialist Centres of Excellence (for children 0-5+ years with SEND) co-located within two of these four provisions. Each centre of excellence will be partnered with the other EYESP in the 'locality' area to serve young children with SEND within their 'reach' area.
- The SEND Specialist Team attached to each centre of excellence will provide outreach training, support, consultancy and home teaching across the locality to educational settings e.g. nursery classes in schools, PVIs, child-minders to build capacity in each locality.
- The SEND Specialist Team will consist of SEND Leaders and Managers, Portage, Specialist Teachers, Education Psychologists, Family Support, Access and Inclusion Practitioners, Business, finance and data support and administration. The compliment of staff will provide transitional support from Portage (Home Teaching) into schools and transition from EYESP provision into both mainstream and special schools.
- The 0-5+ Model will ensure that places for young children with SEND meet more local needs and resources are deployed efficiently. Transport will be costed into the hub model but will only be offered on a case by case basis following an individual assessment as we need to ensure that places offered within the hubs are filled so we do not fund empty places.

See Appendix 4 – for timeline

The proposal is to phase the model in during the remainder of the 2016 - 17 financial year starting with increasing placements in the EYESPs and to be fully operational from 1 April 2018.

Phase 1

Extensive informal discussions have begun and consultation with a number of partners to look at the viability of the proposals, model of delivery, level of demand for places, financial model and sustainability, legal implications, site location and premises. Formal consultation with partners, stakeholders, children, and their families to commence end of June 2017.

Phase 2

From April 2017 there will be an increase in the number of young children with SEND accessing specialist and assessment places in the EYESP.

Phase 3

The LA to undertake a review and restructure of the centrally employed teaching support services and SEND teams; and out of this review will be the creation of two

specialist SEND teams who will be co-located within two of the Early Intervention SEND Specialist Hubs. The SEND central assessment team will be largely centrally located to support the hubs with their statutory duties.

Phase 4

By 1st April 2018 the Early Intervention SEND Specialist Hubs and the four EYESPs will be offering provision, placement, specialist support and training for providers for young children with SEND within their identified localities.

Previous relevant decisions

The Council Executive has approved a period of formal consultation with partners, stakeholders, staff, children, and their families on the proposals set out in this report to develop a new model for SEND provision which will divide the district into two localities each providing 50 early years' specialist places alongside mainstream places for young children. These places will be in addition to early years places provided at special schools in the district; the expansion of places in specialist provision has already been agreed through Schools Forum earlier in October 2016

The Council Executive has approved that the Strategic Director Children's Services in consultation with the Portfolio Holder be given delegated authority to implement the proposals subject to the consultation response and to report back as appropriate. This delegated authority shall include authority to execute all necessary contractual and supporting documents needed to effect the final proposals.

3. OTHER CONSIDERATIONS

- A letter to Directors of Children's Services dated 31 January 2017 from the DfE's former Director of Early Years and childcare – Helen Stephenson, emphasised that Local Authorities need to *'make full use of their nursery schools, not only helping them to support the social mobility of disadvantaged communities but also giving them a wider role in the leadership of the Early Years system …this makes very good use of nursery schools pedagogical expertise and experience, and if you do not already use your nursery schools in this way, I would encourage you to do so.'*

  Therefore, consideration has been given to how the LA might be able to support the continued viability of Nursery schools in Bradford. The 0-5+ Model would result in the re-designation of some nursery school provision to specialist Early Years SEND provision. The LA will be working with our nursery schools and governing bodies to identify the most appropriate sites for the SEND Specialist Centres of Excellence and the enhanced provisions (EYESP).

- To ensure that places are filled this model will need to provide some support to the most vulnerable families with transportation. This will be done case by case with an individual assessment.

- A further issue is the use and allocation of the Early Years Inclusion Grant which has been extended to 3 and 4 years olds in schools and not just PVIs. This will undoubtedly increase the number of requests for this additional grant funding to include young children in schools. We propose that this funding will be allocated to each of the two Early Intervention SEND Specialist Centres of Excellence who will allocate this based on local demand and need.

- We need to ensure we have better collaboration with special schools, nursery schools, the specialist hubs and the EYESP in order to offer greater choices to parents and better transition for young children.

- This model is intended to replace the current children's centre + places and will impact on future funding of places within two of the existing children's centres – these are at Barkerend and Woodroyd Children's centres with an allocation of 16 places each; in July 2016 these were 50% occupied.

4. FINANCIAL & RESOURCE APPRAISAL

Financial, HR, Communications issues (including value for money)

Substantial savings must be made from the High Needs Block and the implementation of the 0-5+ model within the 0- 25 SEND Pathway will generate savings of approximately £660k in 2018-19.

Total Cost to DSG of EY New Model Provision	
EYIP	600,000
Centrally Managed / Assessment Budget	170,000
Places (new model)	1,006,707
Hubs (new model)	2,178,148
Total Cost to the DSG	**3,954,855**
Increased cost vs. current DSG budget provision	**1,500,315**
This increase financed By (on-going basis):	
Reduction in Sensory Service outreach to 50%	707,613
Full trading of other LSS services	1,456,000
Total Finance	**2,163,613**
Difference (saving on existing budget)	*663,298*
Allocation of 17 FTE places funding from DSG places growth fund	293,590

Additional resource will be required from a range of other council services including:

- HR – Developing the Hubs will require a full restructure of a range of existing services
- Legal services, Estates and Asset Management, School Buildings team, IT services– to support extensive consultation, staffing changes and re-designation of existing sites and possible changes in use of premises and buildings.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Unless there is a radical change in the way that SEND is delivered there is a significant risk of insufficient places and the needs of children and young people not being met.

6. LEGAL APPRAISAL

6.1 The SEND Code of Practice 2015 sets out statutory guidance that LA’s , education settings and health bodies must take into account of in carrying out their respective duties in respect of children and young people aged 0-25 years.

6.2 The LA has a duty to identify, assess and make provision to meet the special educational and wider needs of children within its area and to monitor progress against outcomes. From September 2014 all new statutory assessments and Plans must consider educational, health and care needs , outcomes and appropriate provision.

6.3 LA’s are expected to take into account the views of children, young people and their parents when proposing changes to any SEN provision and should identify the specific educational benefits and improvements in provision which will flow from the proposals.

6.4 The LA is also under a general duty to improve the well-being of children under 5 years and to reduce inequalities. It must also ensure that there are sufficient children centre places and that parents and any interested parties are consulted about any major changes that are proposed to be made to children centre provision.

6.5 The LA has a statutory duty to ensure that there are sufficient school places in the District. It must have regard for the need to secure special educational provision and to keep its arrangements under review. Where changes are proposed to schools it should consider whether statutory proposals are required.

6.6 One of the initial factors for consideration of any changes to SEN provision for a LA is to ensure that pupils will have access to appropriately trained staff and access to specialist support and advice

6.7 There is no prescribed timeframe for consultation with employees in relation to any proposed changes to contractual terms, this will depend upon the nature of the proposed changes and the employee’s response.

6.8 In circumstances where there is no prescribed consultation period or prescribed statutory process the LA's should consult interested parties in developing their proposals and before publication or determination of those proposals as part of their duty to act rationally and to take account of all relevant considerations.. Any responses received to the consultation should be considered and the LA must have regard to its Public Sector Equality Duty before any decision is taken to implement the proposals.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

The Local Authority must not discriminate directly or indirectly against any group or individual.

An Initial Equalities Impact Assessment will be completed by the end of July 2017.

7.2 SUSTAINABILITY IMPLICATIONS

There are no direct sustainability implications arising from this report. Any development or changes to buildings undertaken as a result of these proposals will be undertaken in a sustainable way which minimises the future impact of the Local Authority's carbon footprint.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

The proposals would not impact on gas emissions. If children are able to attend their local provision this could lead to a reduction in emissions.

7.4 COMMUNITY SAFETY IMPLICATIONS

There are no direct community safety implications arising from this report..

7.5 HUMAN RIGHTS ACT

There are no direct Human Rights implications arising from this report.

7.6 TRADE UNION

Trade unions have been informed of the proposals. Human Resources have been informed of the proposals and there will be no changes to existing terms and conditions of existing members of staff.

7.7. WARD IMPLICATIONS

Ward Councillors will be formally consulted upon about the proposals affecting their wards.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

9.1 The Health and Wellbeing Board can approve a period of formal consultation to enable the consideration and implementation of the proposals set out in this report for a locality model for SEND services across the District

9.2 The preferred option is for the Health and Wellbeing Board to approve that the Strategic Director of Children's Services in consultation with the Portfolio Holder is authorised to consider consultation findings from partners, stakeholders, staff, children, and their families and implement the proposals without the need to report back to Health and Wellbeing Board for approval to implement.

9.3 The transformation of SEND services is a significant programme of work that requires delivery at considerable pace to ensure that our resources are used efficiently and effectively to address the projected shortfall because of significant pressure on funding within the High Needs Block (HNB) and to enable the LA to intervene early to ensure better life chances and opportunities for all SEND children and young people and to prevent expensive placements later when needs have not been met early enough. The Health and Wellbeing Board is asked therefore to approve the recommendations in accordance with the proposed timeline.

10. RECOMMENDATIONS

10.1 The Board notes the proposals outlined in this report and asks members and their organisations to contribute to the formal consultation.

10.2 The Board notes that the Strategic Director of Children's Services in consultation with the Portfolio Holder is authorised to consider consultation findings from partners, stakeholders, staff, children, and their families and implement the proposals.

11. APPENDICES

Appendix 1 – Analysis of Early Years Referrals for assessment for an Education, Health and Care Plan (EHCP)
Appendix 2 – Ward analysis of Education and Health Care Plans (EHCPs)
Appendix 3 – Map of wards with the highest number of EHCP's across all types of SEND.
Appendix 4 – Timeline
Appendix 5 - Glossary

12. BACKGROUND DOCUMENTS

- Bradford Council Plan 2016 - 2020 – A Great Start and Good Schools for all our Children.
- Bradford Children, Young People and Families Plan 2016-2020
- The Education Covenant 2017-2020
- Childrens' Services 'imperatives' 2017 – 2018
- The Children and Families Act 2014
- The Equality Act 2010
- The Parliamentary Inquiry into Childcare for Disabled Children July 2014

- Statutory Guidance Directors of Children's Services: Roles and Responsibilities 2013
- SEN Code of Practice 2014

APPENDIX 1

Analysis of Early Years Referrals for assessment for an Education, Health and Care Plan (EHCP)

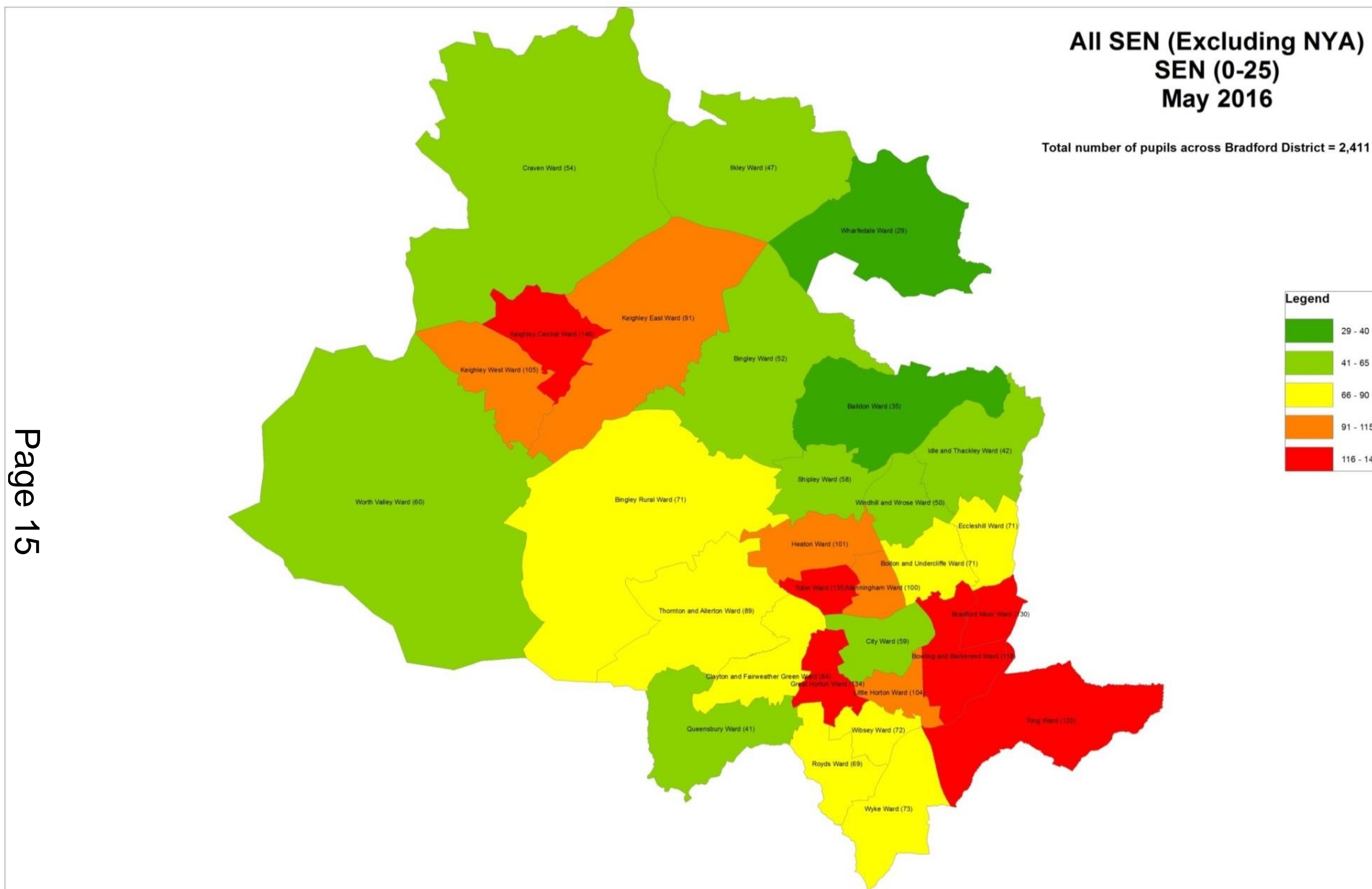
	Referrals for children aged 0-7	Total number of referrals	% for children aged 0-7
Sep-15	11	27	40.7%
Oct-15	28	58	48.3%
Nov-15	22	55	40.0%
Dec-15	24	47	51.1%
Jan-16	33	59	55.9%
Feb-16	26	67	38.8%
Mar-16	33	94	35.1%
Apr-16	35	72	48.6%
May-16	46	79	58.2%
Jun-16	41	86	47.7%
Jul-16	38	102	37.3%
Aug-16	19	30	63.3%
Sep-16	32	70	45.7%
Oct-16	25	67	37.3%
Nov-16	25	62	40.3%
Dec-16	42	81	51.9%
Total number of referrals	**480**	**1056**	**45.5%**

APPENDIX 2

Ward analysis of Education and Health Care Plans (EHCPs)

	ASD	BESD	HI	MLD	MSI	NYA	PD	PMLD	SLCN	SpLD	SLD	VI	Total
Baildon	13	7	1	2	0	0	5	1	1	1	3	1	35
Bingley	21	7	1	0	1	0	8	3	4	0	7	0	52
Bingley Rural	21	8	1	1	0	0	9	5	2	0	22	2	71
Bolton & Undercliffe	26	11	1	2	1	0	6	7	5	1	11	0	71
Bowling & Barkerend	26	9	6	4	0	0	19	9	8	0	34	3	118
Bradford Moor	23	14	13	7	1	0	20	11	10	0	28	3	130
City	10	4	2	1	0	2	9	6	2	0	21	4	61
Clayton & Fairweather Green	13	17	3	2	0	0	8	3	8	0	25	5	84
Craven	26	9	1	4	0	0	4	0	4	0	6	0	54
Eccleshill	24	22	1	3	0	0	2	4	7	0	8	0	71
Great Horton	34	19	4	3	0	1	12	15	13	0	30	4	135
Heaton	27	12	2	5	0	0	8	4	7	1	27	8	101
Idle & Thackley	12	13	0	3	0	0	1	2	3	1	6	1	42
Ilkley	17	3	0	4	1	0	10	2	5	0	4	1	47
Keighley Central	36	14	12	7	0	1	24	13	9	0	25	6	147
Keighley East	34	15	1	4	0	0	9	6	4	1	16	1	91
Keighley West	29	24	5	8	0	0	14	4	4	1	15	1	105
Little Horton	24	15	5	2	0	0	14	9	9	0	21	5	104
Manningham	16	6	9	5	2	0	14	6	5	0	33	4	100
Queensbury	19	5	1	1	0	0	4	2	3	0	5	1	41
Royds	17	17	3	3	0	0	6	3	5	0	14	1	69
Shipley	14	16	0	0	0	0	3	0	7	1	14	3	58
Thornton & Allerton	28	16	1	0	0	2	10	4	6	0	19	5	91
Toller	22	11	17	3	0	2	11	12	7	0	51	1	137
Tong	19	41	0	7	0	0	11	4	16	0	20	2	120
Wharfedale	13	3	0	2	0	0	4	0	2	1	4	0	29
Wibsey	20	15	2	2	0	0	10	1	4	0	17	1	72
Windhill & Wrose	19	17	0	0	0	1	5	1	1	0	6	1	51
Worth Valley	24	16	0	1	0	1	4	1	7	0	7	0	61
Wyke	10	23	0	3	0	3	14	1	8	0	14	0	76
Total	637	409	92	89	6	13	278	139	176	8	513	64	2424

APPENDIX 3



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APPENDIX 4

Proposed timeline 2017 - 2018

Time Period	Focus
8 March 2017	Proposals presented to DMT
22 March	Proposals presented to CMT
24 April	Proposals presented to Labour Group
27 April	OJC Level 2 meeting - briefing
2 May	Briefings with managers; nursery school Headteachers and representatives from the children's centre+ provisions; briefings with staff.
2 May to 6 June	Initial consultation period to inform final proposals for council executive
From April/May 2017 referrals of young children 2-5+ to fill existing EYESP places	Referrals of young children 2-5+ to fill existing EYESP places
From 2 May to 6 June	Consultation period for siting the 4th EYESP and expressions of interest
7 - 9 June TBC	Panel meeting to agree siting of 4th EYESP
20 June	Council Executive
22 June	OJC final proposals and presentation of business case
26 June	Further staff/manager /stakeholder/ partner and council departmental briefings on final proposals
26 June to 31 August	Formal consultation period on proposals
From 1 September 2017	Begin to refer of young children with SEND to fill places at the 4th EYESP
From 11 September 2017 for 6 weeks TBC	Expressions of interest for the 2 SEND Specialist Centres of Excellence

APPENDIX 5

Glossary

SEND – Special Educational Needs and Disabilities
HNB – High Needs Block this is funded through the Dedicated Schools Grant (DSG)
EHCP – Education and Health Care Plans
EYESP- Early Years Enhanced Specialist Provision
ASD – Autistic Spectrum Disorder
BESD – Behaviour Emotional Social Difficulties
SEMH – Social Emotional Mental Health
HI – Hearing Impairment
MLD – Moderate Learning Difficulties
MSI – Multi Sensory Impairment
NYA – Not Yet Assessed
PD – Physical Difficulties
PMLD – Profound and Multiple Learning Difficulties
SLCN – Speech Language Communication Needs
SpLD – Specific Learning Difficulties
SLD – Severe Learning
VI – Visual Impairment
CC+ - Children's Centre + places (Early Years Assessment Places)
PVIs – Private, Voluntary, Independent settings

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Report of the Chair to the meeting of Bradford and Airedale Health and Wellbeing Board to be held on 25th July 2017

B

Subject:

The Health and Wellbeing Chair's highlight report summarises business conducted between Board meetings

Summary statement:

The July highlight report updates on a facilitated development session for Board members and provides information on:

- **Better Care Fund – Update on performance and progress on development of the 2017-19 Plan**
- **Business conducted at meetings of the Board's working groups**
- **2016-17 Health and Wellbeing Board Annual Report to Bradford District Partnership**
- **Draft Joint Health and Wellbeing Strategy 2017-2022**
- **SEND Local Offer - Annual Report 2016-17**

Councillor Susan Hinchcliffe
Chair – Bradford and Airedale Health and Wellbeing Board

Portfolio:

Health and Wellbeing

Report Contact: for overall report
Angela Hutton
Health and Wellbeing Programme Manager
Phone: (01274) 437345
E-mail: angela.hutton@bradford.gov.uk

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

The Health and Wellbeing Board Chair's highlight report summarises business conducted between meetings: where for example reporting or bid deadlines fall between Board meetings, and business conducted at any meetings not held in public where these are necessary to consider material that is not yet in the public domain or HWB development sessions for Board members.

Reporting through a highlight report means that any such business is discussed and formally minuted in a public Board meeting.

The report also brings updates from the Health and Wellbeing Board sub groups unless issues are covered in greater depth by a business item on the agenda.

The July report covers:

- Business conducted at meetings of the Board's subgroups: the Integration and Change Board. There is no update from the new Integrated Commissioning Executive which is in development.
- Better Care Fund – Update on performance and progress on the 2017-19 Plan
- Care Quality Commission – Review Guidance
- 2016-17 Health and Wellbeing Board Annual Report to Bradford District Partnership

2. BACKGROUND

2.1 Board member development sessions

Board members have attended development meetings in April, May and June of 2017. The April and May sessions focused on:

- the 'healthy, happy and at home' vision of our new Home First model for adult social care.
- the opportunities to implement this vision for local transformation and improvement through further alignment of health and social care practice supported by the additional funds for adult social care announced in the Spring Budget
- exploring and understanding the implications of the national changes to the Better Care Fund including the high impact change model outlined as part of Appendix 1 of this report.
- shaping the development of the new joint Health and Wellbeing Strategy

The June development session was facilitated by the Local Government Association using its 'Stepping up to the Place' self-assessment tool developed for use by Health and Wellbeing Boards. An action plan will be produced as a result of this session and further development meetings will be planned for the Board during 2017-18.

The rest of the Chair's Highlight report addresses multiple issues in brief, in some cases with further detail provided in an appendix. The background to each issue is included with the item in section 3 below, and the report contact for each issue is indicated as needed.

3. OTHER CONSIDERATIONS

3.1 Better Care Fund

The Health and Well Being Board is presented with a report on progress with the Better Care Fund Planning and Assurance Process following publication of the Integration and Better Care Fund Policy Framework for 2017 - 19 by the Department of Health and the Department of Communities & Local Government. See Appendix 1.

The Better Care Fund is the only mandatory policy to facilitate integration. It brings together health and social care funding, with an injection of social care money announced at Spring Budget 2017. The policy framework for the Fund covers two financial years to align with NHS planning timetables and to give areas the opportunity to plan more strategically.

The Health and Well Being Board has requested a status update on progress to be reported to its meeting on the 25th July 2017. Work is underway between commissioners to refresh the Narrative Plan in preparation for publication of the Technical Guidance which shall accompany the Policy Guidance and the revised Planning Template. See Appendix 1 for a full update.

Performance for Quarter 4 of 2016-17 has been approved by the Chair since the last Board meeting in March and has been submitted to NHS England.

3.2 Updates from the Board sub-groups

3.2.1 Integrated Commissioning Executive

A new Integrated Commissioning Executive is in development to replace Bradford Health and Care Commissioners. Formal reporting will resume when the group has been established.

3.2.2 Integration and Change Board (ICB) April- May 2017 update

Report from the Chair: Kersten England, Chief Executive, Bradford MDC

The Integration and Change Board met on 26th May 2017. It also hosted a system wide health and care Learning and Innovation Event on 19th May 2017. On the 7th April 2017 an ICB development session took place.

3.2.2.1 Bradford District and Craven Health and Wellbeing Plan

1.1 System pressures

In May at its business meeting key issues discussed include: significant financial pressure across the system; risk of delivery of actions to address the financial gap in the Bradford district and Craven Health and Wellbeing Plan and the need for a more strategic approach to estates to inform any future STP capital bids. The financial position is covered under a separate agenda item.

1.2 Bradford District and Craven Health and Wellbeing Plan Tracker

Overall tracking and reporting on the targets of the Bradford District and Craven Health and Wellbeing Plan were discussed and improvements to the reporting format highlighted. Two

targets remain in development – ‘training 10% of workforce in self-care’ and ‘development of a sustainable care market’ – plans to fully define both measures are in progress. A publication date of the end of July 2017 is being worked towards.

1.3 Programmes

ICB received updates to provide assurance on progress from the planned care programme (Bradford only); the digital programme (district wide); the Airedale vanguard programme providing enhanced health in care homes; Well Bradford (current scope of Girlington and future scope includes Keighley); self care (district wide) and mental wellbeing (district wide).

3.2.2.2 Deaths of people with a Learning Disability or a mental health problem

There was further discussion on the progress of the work of the Northern Alliance of Mental Health and Learning Disability Trusts, led by Mazars - and a number of areas to be addressed. Updates are to be provided to Health and Wellbeing Board on current approaches being, undertaken with a comprehensive report being prepared for a full discussion at an autumn Health and Wellbeing Board.
Further note - In late June the Council’s Health and Wellbeing Department received the local data for Bradford District from Mazars. Further analysis will be undertaken during the summer to understand what the data can tell us about the general ealth and wellbeing needs of people with mental health needs and Learning Disabilities.

3.2.2.3 Bradford City of Research

Professor John Wright presented a paper to stimulate discussion on the district’s track record of success in research and innovation, engage support from ICB, and request nominations for a City of Research Steering Group. This group will take work forward to develop a research strategy to continue to drive forward the pioneering research the city has been undertaking to make a positive impact on health and wellbeing.

3.2.2.4 System Leadership

ICB undertook a facilitated system leadership development session in early April, and considered a number of actions arising, including the development of a broader, enabling Organisational Development workstream. ICB also supported the continuation of the Learning and Innovation events.

3.2.2.5 Learning and Innovation

The district’s second Learning and Innovation event took place on the 19th May, sponsored by the Integration and Change Board. The event was very successful, and welcomed over 170 people on the day from the statutory organisations, VCS and the local population. Attendees shared stories, showcased approaches and heard inspirational change. Ten open space discussions gave people the opportunities to learn more in depth. A number of actions have arisen; in particular the organisers would like to hold an event specifically for children and young people. The event will become routine in our district calendar of events as it provides a unique opportunity for showcasing, learning and creating new relationships and opportunities.

Report contact - Damien Kay 01274 - 237290

3.3 2016-17 Health and Wellbeing Board Annual Report to Bradford District Partnership

As a Strategic Delivery Partnership of the overarching Bradford District Partnership (BDP) the Health and Wellbeing Board provides an annual update on the Better Health, Better Lives priority of the District Plan for the BDP's annual report to summarise the work of the Health and Wellbeing Board during 2016-17 and its ambitions for 2017-18. The report also provides an overview of the key challenges for the coming year.

Performance against each of the success measures in the Better Health, Better Lives priority is presented.

See Appendix 2 for the introduction to the BDP annual report and the Better Health Better Lives annual update.

3.4 Draft Joint Health and Wellbeing Strategy 2017-2022

A draft version of the Joint Health and Wellbeing Strategy 2017-2022 has been circulated to members of the Health and Wellbeing Board as a background paper for their comments and feedback and for consideration at the Board meeting.

3.5 Bradford Special Educational Needs and Disabilities Local Offer – Annual Report

The Chair has agreed the 2016-17 Annual report of the District's SEND Local Offer which provides information on support and services to families, young people and carers affected by SEN or disability. The report was agreed between Board meetings to meet the deadline to publish the annual report on the Local Offer website. See background papers below for a link to the report.

There will be a presentation at the Board meeting on the Local Offer, linked to the item on the SEND Development work.

4. FINANCIAL & RESOURCE APPRAISAL

See Appendix 1 in respect of the Better Care Fund.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

See Appendix 1 in respect of the Better Care Fund.

6. LEGAL APPRAISAL

The legal status of the Better Care Fund has been established through a Section 75 agreement between the Council and the Clinical Commissioning Groups.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

None

7.2 SUSTAINABILITY IMPLICATIONS

Local Health and Wellbeing Plans are being developed for Bradford District and Craven and for West Yorkshire plus Harrogate in accordance with 2016-17 NHS Planning Guidance. These have the aim of bringing local health and care economies onto a sustainable footing by 2020-21. Integrated operational plans are in development, as directed by 2017-19 NHS Planning Guidance.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.4 COMMUNITY SAFETY IMPLICATIONS

None

7.5 HUMAN RIGHTS ACT

None

7.6 TRADE UNION

None

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

No options are provided

10. RECOMMENDATIONS

In relation to section 3.2 Better Care Fund the Board is asked to:

1 Note the position in relation to the local area progress in refreshing the local Narrative Plan and Planning Template for 2017/18 and 2018/19.
2 Note the establishment of the Executive Commissioning Board.
3 Note the requirement to submit revised BCF Plan by the 11th September 2017.
4 Agree delegated authority to the Chair of the Board in consultation with the Leader of City of Bradford MDC and a nominated representative of the three CCGs to authorise submission of the Better Care Fund Plan on behalf of the Health and Wellbeing Board.

In relation to section 3.5 the Board is asked to:

1 Note that the 2016-17 SEND Local Offer Annual Report has been agreed by the Chair of the Board and published on the SEND Local Offer website.

11. APPENDICES

Appendix 1 Briefing Report - Better Care Fund 2017 - 2019

Appendix 2 2016-17 Health and Wellbeing Board Annual Report to Bradford District Partnership

12. BACKGROUND DOCUMENTS

12.1 Better Care Fund Guidance 2017
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/605164/Integration_and_BCF_policy_framework_2017-19.pdf

12.2 Bradford District Partnership Annual Performance Report
https://bdp.bradford.gov.uk/progress-and-performance/annual-reports/

12.3 Draft Joint Health and Wellbeing Strategy 2017-2022. Circulated to Health and Wellbeing Board Members for comments.

12.4 Bradford Special Educational Needs and Disabilities Local Offer Annual report

https://localoffer.bradford.gov.uk/Content.aspx?mid=350

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Appendix 1

	FOR INFORMATION
Bradford Health & Wellbeing Board	**Agenda Item: 6 Chair's Highlight Report**
Paper Title: Better Care Fund (BCF) 2017 - 2019	
Paper Author: Elaine James Head Adult Social Care Policy & Strategy Department Health & Wellbeing City of Bradford MBC Ali Jan Haider Director of Strategic Partnerships Executive Lead for Bradford Districts CCG	

Executive Summary:	The Health and Wellbeing Board is being presented with a report on progress with the Better Care Fund Planning and Assurance Process following publication of the Integration and Better Care Fund Policy Framework for 2017 - 19 by the Department of Health and the Department of Communities & Local Government. The Better Care Fund is the only mandatory policy to facilitate integration. It brings together health and social care funding, with an injection of social care money announced at Spring Budget 2017. The policy framework for the Fund covers two financial years to align with NHS planning timetables and to give areas the opportunity to plan more strategically. The Health and Wellbeing Board has requested a status update on progress to be reported to its meeting on the 25th July 2017. Work is underway between commissioners to refresh the Narrative Plan in preparation for publication of the Technical Guidance which shall accompany the Policy Guidance and the revised Planning Template. **BCF Planning Requirements 2017/18 and 2018/19** There are four national conditions which our BCF Plan must meet: 1. Plans must set out the local areas ambition towards integration by 2020 and be jointly agreed between the Council and the CCG commissioners. 2. The NHS contribution to adult social care must be maintained in line with inflation.

	3. An agreement must be reached to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care. 4. The High Impact Change Model (see Appendix A) must be adopted by the local area to support Managing Transfers of Care (this is a new condition to ensure people's care transfers smoothly between services and settings). In addition in 2017/18 the BCF includes a new element, the improved Better Care Fund (iBCF). As part of planning for the iBCF the following requirements must be met: • The plan for investment of the iBCF must be agreed with the CCG and incorporated into a Section 75 Agreement. • Local Trusts responsible involved in planning schemes to manage discharge should be involved, however they do not need to sign off the plan. • All areas must implement the High Impact Change model and this must be confirmed in the BCF Narrative Plan. As part of introducing the iBCF a change has been made to the BCF national metrics. A new composite measure has been introduced to measure the effectiveness of the integrated interface between social care and health services consisting of 8 measures across 3 areas, emergency admissions, transfers of care and reablement. Bradford is ranked 2nd of 152 Health and Wellbeing Areas nationally under the new composite measure (see appendix D). • Emergency Admissions (65+) per 100,000 65+ population • 90th percentile of length of stay for emergency admissions (65+) • TOTAL Delayed Days per day per 100,000 18+ population • NHS Delayed Days per day per 100,000 18+ population • SOCIAL CARE Delayed Days per day per 100,000 18+ population • 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 and over) who are discharged from hospital who receive reablement/ rehabilitation services • Proportion of discharges (following emergency admissions) which occur at the weekend Whilst as a local area commissioners have flexibility in how the Fund is spent over health, care and housing schemes or services, agreement has to be reached through the local BCF planning process as to how this spending will improve performance in the following four routinely collected and nationally reported system metrics (see Appendix B): • non-elective admissions (general and acute)

	• admissions to residential homes and care homes • effectiveness of reablement • delays to transfer of care with an additional requirement applied to the iBCF element that local areas adopt the High Impact Change Model (Appendix A) The BCF 2017/18 and 2018/19 shall also include the following elements which must be spent in keeping with their national policy intent: • The Disabled Facilities Grant • The Care Act 2014 Monies • Former Carers Break Funding • Reablement Funding (former Section 256 transfer funding) The BCF planning framework includes a national assurance process which is administrated by NHS England and the Association of Directors of Adult Social Services Regions to test how well local plans meet the national conditions applied to the BCF (see Appendix B). The assurance process shall be a single stage process with submission due on 11th September 2017 (see timeline in Appendix C). Health and Wellbeing Board approval shall be required by the 11th September 2017. Plans rated as approved but with conditions shall need to be resubmitted by 31st of October. As part of the Improved Better Care Fund arrangements the Care Quality Commission have been engaged to undertake a targeted area review of 12 Health and Wellbeing Areas during autumn 2017. The areas as being selected for wave 1 are being identified based on performance in relation to delayed transfer of care due to historic concerns in relation to performance. It is anticipated that a further 5 areas shall be selected for a best practice targeted area review following the conclusion of wave 1. It is anticipated that Targeted area reviews shall: • Take 10 - 14 weeks end to end and all 12 of the first wave will be completed by end of November 2017. • 6 weeks before on-site review there will be a "System Overview request" shall be sent to local areas. • 3 weeks before the on-site review a local area visit shall take place to meet with the system leaders and service users/ patients. • Be at a senior level with teams make up of Chief Officer level members and CQC inspectors. • Follow the 5 key lines of enquiry that CQC use for all inspections, with a focus on whether the system is "well-led". • They will establish their findings in a report to the Health and Wellbeing Board.
Finance/Resource	The Better Care Fund in 2016/17 had a value of £38,090,495 of

Implications:	which £3,519,000 is the mandated element for the Disabled Facilities Grant and £1,356,000 is mandated for the Care Act implementation. From April 2017 the Improved Better Care Fund allocations announced in the spring 2017 spending review shall be incorporated into the fund. The Improved Better Care Fund element shall be paid as a direct grant to the Council under Section 31 of the Local Government Act 2003. The iBCF consists of two elements, in 2017/18 the Bradford allocation is £1,565,946 of previously announced and a further £10,479,875 announced in the 2017 spring spending review.
Risk Assessment:	The Better Care Fund risk log comprises both Strategic and Operational Risks. Strategic Risks and the Operational Risks are managed by commissioners and programme leads. Significant risks are migrated onto the CCG's Corporate Risk Register and the Council's Corporate Risk Register as appropriate. At present all risks are well managed with no major risks to escalate to the Health & Wellbeing Board.
Legal Implications:	The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. It allows for the Mandate to NHS England to include specific requirements to instruct NHS England over the BCF, and NHS England to direct Clinical Commissioning Groups to pool the necessary funding. For the DFG, the conditions of usage were set out in a Grant Determination Letter, which was issued by DCLG in April. This references the statutory duty on local housing authorities to provide adaptations to those disabled people who qualify, and sets out other relevant conditions. For the Improved Better Care Fund, the conditions of usage were set out in a Grant Determination Letter, which was also issued by DCLG in April. A Section 75 Partnership Framework Agreement is in place between the Council and the Clinical Commissioning Group(s). The specific purposing of the BCF can be adjusted through a process of Variation to the Section 75 Framework Agreement with the agreement both commissioning agencies.
Health Benefits:	BCF plans support delivery of the CCG's strategic plans for 2016/17 and contributes to the Bradford District and Craven Sustainability and Transformation Plan.
Staffing/Workforce Implications:	Plans are in place to strengthen capacity and capability to support the Integration and BCF. The Council is in the process of recruiting a Programme Lead (Band 7 equivalent) and support is being drawn down from the national support programme to enhance local capacity to test how well schemes are delivering against the national conditions.
Outcome of Equality Impact Assessment:	Any service changes resulting from delivery of the plan will be subject to consideration in relation to an Equality Impact Assessment.

Sub Group/Committee:	The Better Care Fund Policy Framework makes it a national condition that the BCF Plan is owned at the level of the Health & Wellbeing Board. A new Executive Commissioning Board has been established as a Working Group of the Health and Wellbeing Board.
Recommendation (s):	The Bradford Health and Well Being Board is asked to: 5 Note the position in relation to the local area progress in refreshing the local Narrative Plan and Planning Template for 2017/18 and 2018/19. 6 Note the establishment of the Executive Commissioning Board. 7 Note the requirement to submit revised BCF Plan by the 11th September 2017. 8 Agree delegated authority to the Chair of the Board in consultation with the Leader of City of Bradford MDC and a nominated representative of the three CCGs to authorise submission of the BCF Plan on behalf of the Health and Wellbeing Board.

Appendix A: High Impact Change Model

Local System Assessment of Implementation of the High Impact Change Model June 2017

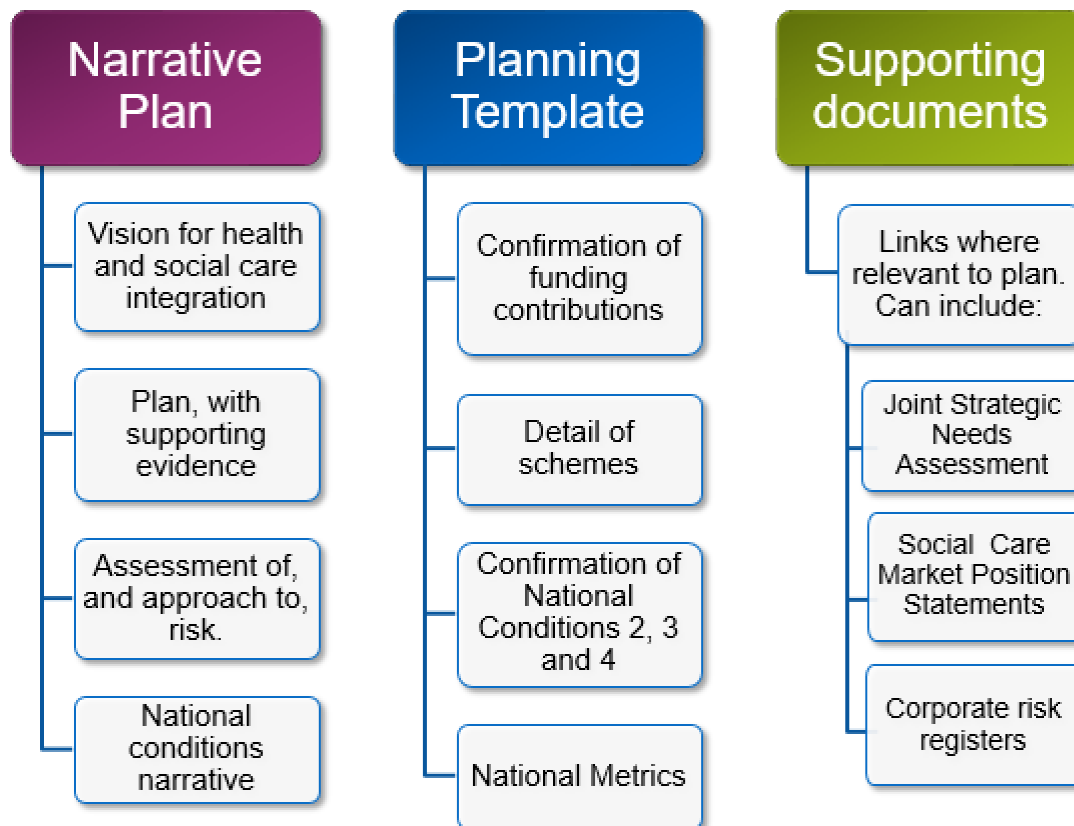
Except where explicitly stated the responses are attributable to both the Bradford and Airedale, Wharfedale and Craven geographical areas.

Change 1 Early Discharge planning	Evidence
(plans in place) (established)	Within the Out of Hospital Implementation Group, work has been planned for elderly/complex patients in the community undergoing surgery to have a pre-admission discharge plan. This work has commenced as part of a phased approach. Work to establish Community Integrated teams has been planned and will lead to case management including discharge planning for elective admissions This is expected to be achieved by the end of October 2017. Both acute hospitals use the SAFER bundle and patients have an Estimated Date of Discharge (EDD) set which is shared with other teams including a multi agency discharge team. Further work is required to agree common terminology across different partners to aid joined up working. No formal reporting of the percentage of EDD against prediction is currently shared. There is also a recognition that work needs to continue on shared terminology, adopting, "medically optimised" and eradicating the sense of people being "back to baseline"
Change 2 Systems to monitor patient flow	Evidence
(established)	Information regarding demand and the capacity to meet the demand is held within providers within each system. There is both an internal and external means of sharing system pressures and increasing capacity and flexibility both on a planned (e.g. public holidays) and unplanned basis. The system utilises triggers and conference calls during periods of escalation to identify individual provider and joint actions which can assist to help manage demand across the services. Staff are aware of bottlenecks and ongoing improvements are identified in projects to decrease bottlenecks and match demand (e.g. length of stay review meetings). Whilst there are adhoc arrangements in place, there is no 'real time' system status tool which is used which can be viewed by the whole system. Across the health and social care economy the OPEL framework is used to monitor levels of demand escalation. The value of senior clinical decision maker is well recognised and increased where necessary
Change 3 Multi-disciplinary/multiple agency discharge teams	Evidence
Discharge planning processes (some plans in place)	Both within Bradford and Airedale there are 2 Hubs (one in Airedale and one in Bradford which is to be launched later this month). These will provide a co-ordination point for discharge. Whilst they operate closely with social services they are not integrated. he Multi Agency Discharge Team (MAID) goes live on 30th June in Bradford which will then be established. In addition, the current teams already share some joint assessments.

	In AWC, this is planned but not yet developed.
Daily MDT meetings (established)	Both Bradford and Airedale acute wards have MDT meetings through SAFER board rounds. In addition to this, other members of an MDT can be accessed on a daily basis. There is access to community teams to provid additional care and support to permit both step up and step down provision.
Continuing Health care (established)	Only 1.96% of Continuing Health Care assessments take place in the acute setting. Assessments are conducted and performed in homes, care homes and community beds.
Change 4 Home First/Discharge to assess	Evidence
Assessment for care in hospital (established)	There are elements of discharge to assess in evidence in parts of both the Bradford and Airedale systems. In Bradford, patients are supported by the virtual ward at home to facilitate early discharge and provide care until needs can be fully assessed. This is conducted on a case by case basis and is not universal. Some community beds are used to provide some of this care until the patient's care needs become clearer. In addition, some patients receive domiciliary care and support from the complex care team.
(established)	In Airedale, some beds in a local care home have been identified to transfer patients with no acute medical need to support the assessment of their needs in an out of hospital environment. The community nursing team also provide some input.
(mature)	Patients who are under the care of the North Yorkshire local authority will return home with reablement support routinely
People entering care homes (established but not for all patients)	The model of transition from acute hospital care to the community takes place through a variety of pathways at present, mainly individually assessed on a case by case basis as to the best pathway available at the time. This can result in the patient returning to their own home (with or without support) or transferring to a community care bed including community hospitals/intermediate care or care homes. The destination is based on the outcome of assessments as well as a recognition of capacity in a particular part of the service, e.g. domiciliary care.
People wait in hospital to be assessed by care home staff (not yet established)	As part of routine discharge planning and communication, patients are discussed with care homes, either that the patient has come from or are planned to be assessed by. The response is variable and no plan is in operation which identifies the steps needed to improve this.
Change 5 Seven Day Service	Evidence
Discharge & Social care teams (mature)	Health and social care teams work on a Seven day basis covering evening and weekends including hospital and community teams.
Care services (plans in place)	Some services, e.g. care homes, do not provide assessments at weekends, though they may provide and restart care over the 7 days
Diagnostics and support services	A number of support services including transport, pharmacy, therapy and diagnostics provide reduced services at weekends, when compared to the weekday. A 'weekend

(plans in place)	culture' results in reduced discharge rates and impacts on progression of care, e.g. therapy assessments. Improvement work to increase the pace of care at weekends needs to align with 7 day plans and taken further.
Change 6 Trusted Assessors	Evidence
Assessments done by different organisations (established) (not yet established) Multiple assessments (not yet established) Trusted assessors (not yet established)	There are elements of trusted assessments undertaken in the Bradford locality. The Comprehensive Geriatric Assessment (CGA) is used by BTHFT and social services as a form of needs assessment, but relates to patients cared for through the virtual ward. Test of change to be undertaken with the 5 Q screening questions (NHS I) to assess against CHC in Bradford. This is not the case in Airedale, which also has multiple local authorities to refer to. Multiple assessments are required from different organisations and a significant piece of work needs to be planned, scoped and delivered to make this established. There has been no plan which has commenced towards singular or Trusted assessors across care providers. This significant piece of work needs to be planned, scoped and delivered to make this established. IT solutions and interfaces are likely to be required to operationalise
Change 7 Focus on choice	Evidence
Information (established) Choice policy (established) Voluntary sector provision (established) (not yet established)	Admission advice and information leaflets are used in both acute hospitals though not always consistently applied Choice protocol exists and is implemented in both Bradford and Airedale. Home from hospital scheme is in operation providing support and information to people at home in relation in Bradford. No voluntary sector scheme is in operation in Airedale, Wharfedale and Craven, with no current plan.
Change 8 Enhancing health in care homes	Evidence

Appendix B - Planning Framework Overview



Jointly agreed plan

- Agreed by Health & Wellbeing Board(s) (HWB).
- Involvement of other stakeholders – providers, housing authorities VCS
- All minimum funding requirements met.
- Clinical Commissioning Group (CCG) minimum contribution to increase in line with CCG overall budgets.
- Agreement on use of IBCF money to ensure that the local social care provider market is supported.
- Agreement on use of DFG funding

Social care maintenance

- Applies to contribution from CCG minimum
- Uplift of minimum required contribution from 2016-17 baselines in 2017-18 and 2018-19
- Local areas can agree higher contributions from the CCG minimum or additional contributions.
- Planning template will be pre-populated with figures – including 2016-17 baseline as assured.
- Opportunity to query baseline if all parties agree it is wrong.

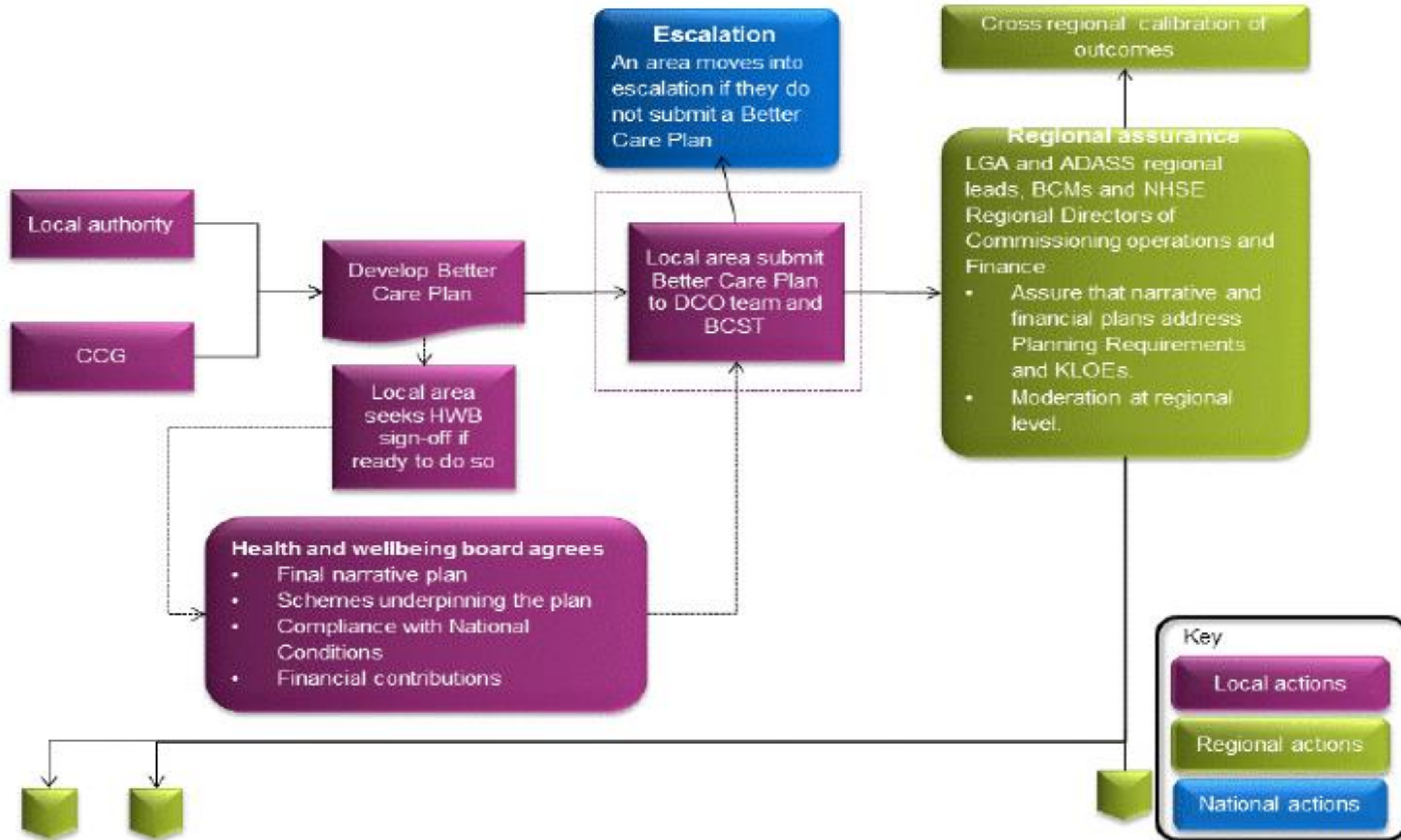
NHS commissioned out of hospital services

- Ring-fenced amount for use on NHS commissioned out of hospital services. This will be set out in allocations.
- This applies to the CCG minimum and covers any NHS commissioned service that is not acute care – can include social care.
- Areas are expected to consider holding funds in a contingency if they agree additional targets for Non-Elective Admissions (NEA) above those in the CCG operational plan.

Managing transfers of care

- All local areas must implement the high impact change model for managing transfer of care.
- This is also a condition of the iBCF grant. We expect the plans to be jointly agreed and funded.
- Some local areas may already be implementing this model – this should be reflected in plans.
- Discussions should involve trusts.

Appendix C – Assurance Timeline



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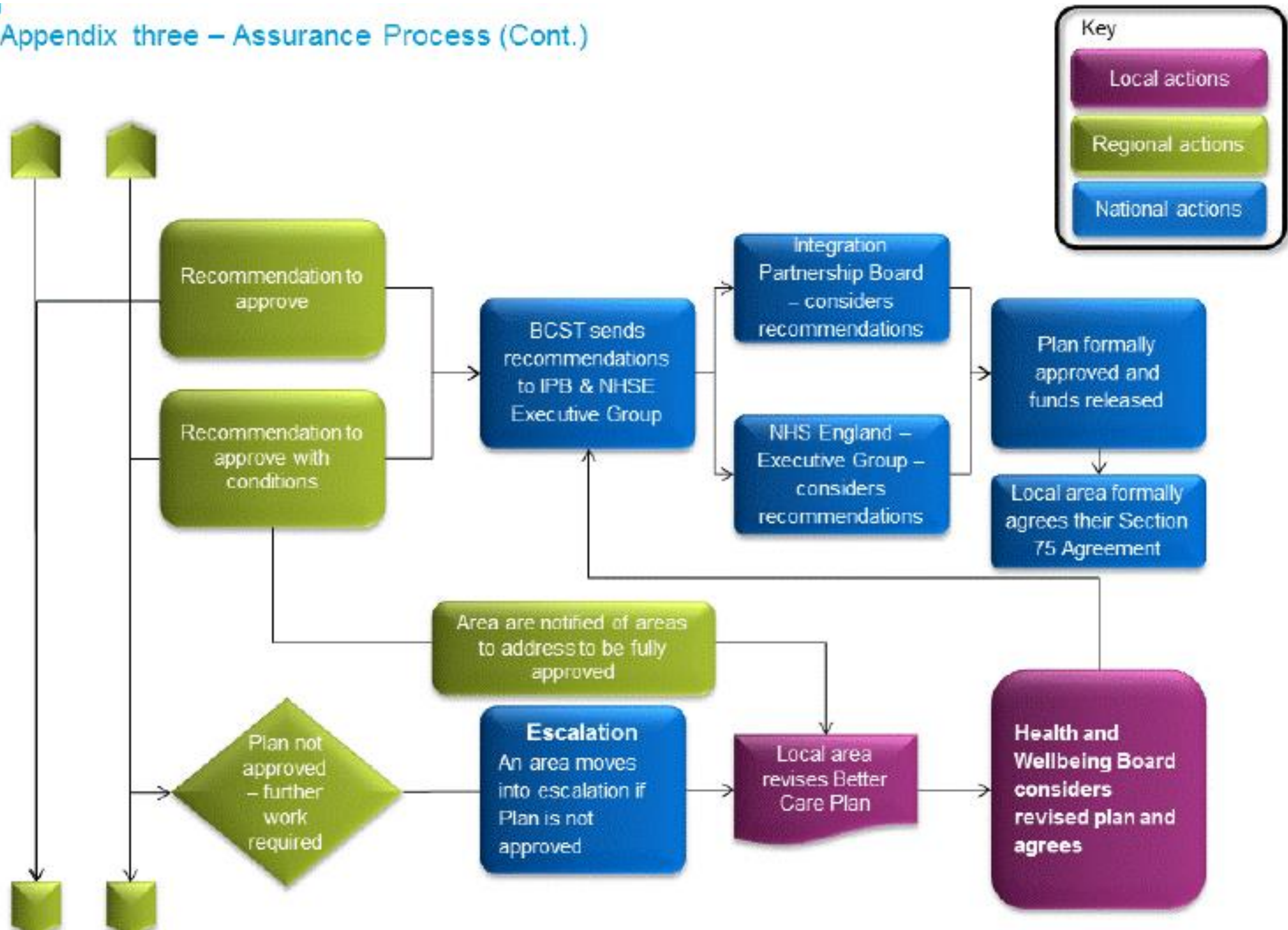
Appendix three – Assurance Process (Cont.)



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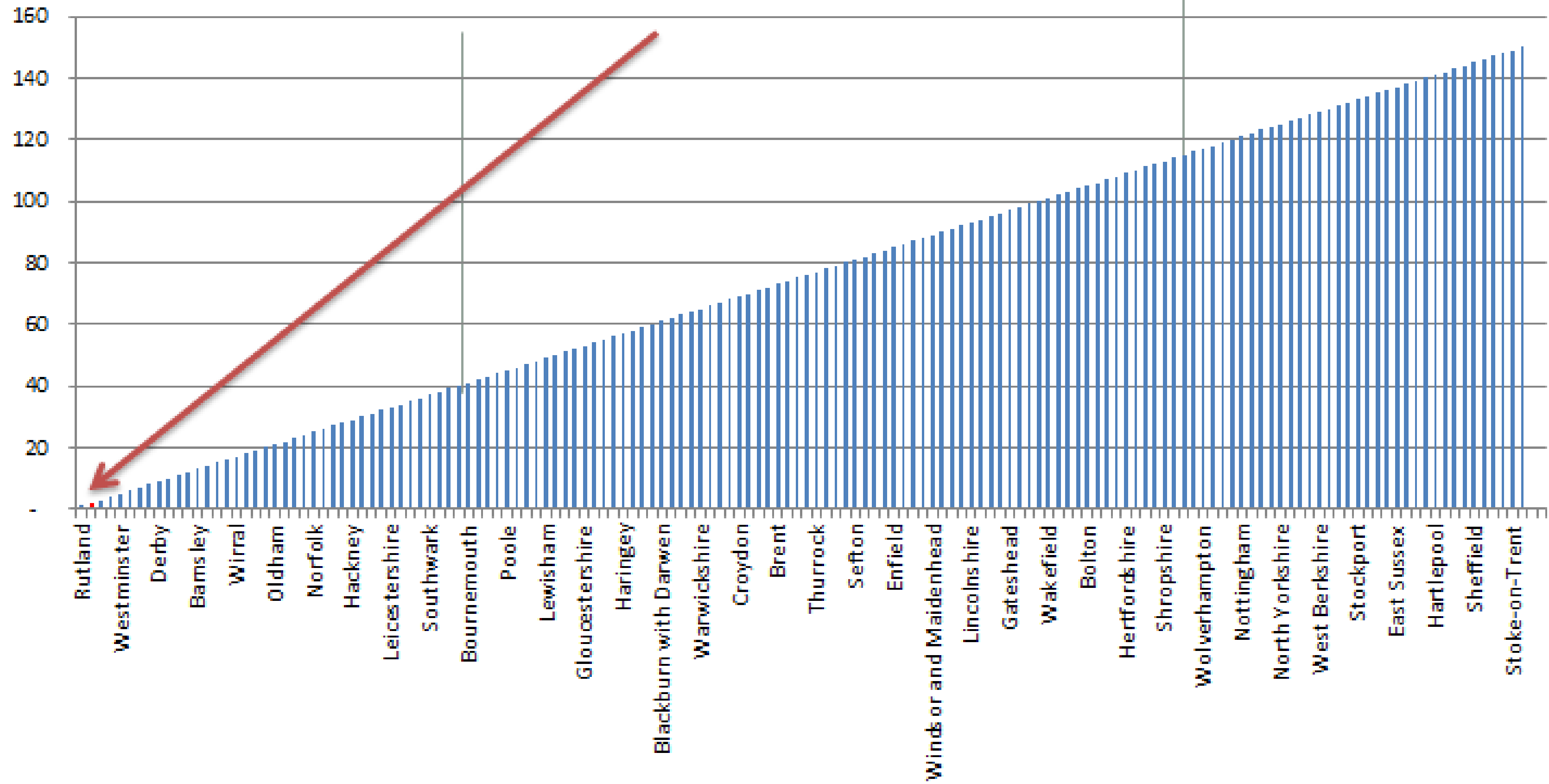
Appendix D – National Ranking on the Combined Better Care Fund Metric



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Appendix E – Executive Commissioning Board Terms of Reference

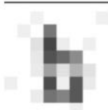
Appendix 2

BRADFORD DISTRICT PARTNERSHIP

ANNUAL REPORT

2016–2017

Introduction and Better Health, Better Lives update



City of Bradford
Metropolitan District Council

1. Introduction and Purpose

This Annual Report highlights the achievements and ambitions of the Bradford District Partnership (BDP) during 2016-17 and provides an overview of the key challenges for the coming year.

The performance against each of the success measures in the District Plan is presented with a trajectory on how we are doing, case studies of our successes alongside the work that still needs to be done in the next year.

The BDP Board, which approved the BDP annual report in June 2017, has given its commitment to continue collaboration and close working across sectors and organisations in the district to deliver the District Plan.

The year ahead provides a great opportunity to build on the good work done over the last few years, while also focusing on the areas that need further enhancement. The BDP Board will continue to play a key role in informing policy development and facilitating joined-up working and delivery of services.

2. Bradford District Partnership Overview

The Bradford District Partnership (BDP) brings representatives of the public, private, voluntary and community sectors together to work to improve the quality of life for all who live in, work in and visit Bradford District. The BDP acts as the strategic body which enables partners to come together to focus on current issues and future challenges, and to co-ordinate, facilitate and challenge delivery.

The BDP's main purpose is to harness the collective resources of the district to drive delivery of the outcomes outlined within the District Plan 2016-20. The BDP Board provides strategic direction and oversight of the delivery of the District Plan through the Strategic Delivery Partnerships (SDPs).

The District Plan sets out Bradford District's vision and priorities for action. It also provides a performance framework for accountability, while at the same time highlighting the coordinated effort needed across organisations to deliver our shared outcomes. Our outcomes will be led by each of our Strategic Delivery Partnerships as follows.

SDP	DISTRICT PLAN OUTCOME
Producer City	Better skills, more good jobs and a growing economy
	Decent homes that people can afford to live in
Health and Wellbeing Board	Better health, better lives
Children's Trust	A great start and good schools for all our children

Safer and Stronger Communities Partnership	Safe, clean and active communities

For further information on our governance arrangements please see the BDP Governance Handbook which can be found here.

The BDP Board who have oversight of the Annual Report are made of senior representatives from Bradford Chamber, Bradford Council (political and corporate), Bradford Districts Clinical Commissioning Groups, Bradford District Assembly (VCS), Incommunities, NHS Hospital Trusts, University of Bradford, West Yorkshire Police.

3. Progress 2016–2017

3.1 Overview

The Bradford District Plan 2016-2020 was developed collaboratively with partners within the BDP. The Plan sets out how all members of the BDP can do things differently, help communities to do more for themselves, work better across organisations and act proactively rather than just respond to issues. It aims to draw on the resources and activity of local people, communities, businesses and organisations across the district. For each outcome, the Plan sets out the district's ambition, describes where we are now and highlights key actions which will help us progress, as well as identifying targets that will help us measure our success.

Over the last 12 months the BPD Board itself has focused its discussions and work on the cross thematic elements of prevention and early intervention which has led to pilot work being undertaken in Keighley with a multi agency co-located focus on mental health. The learning from this has informed further ambition to explore more multi agency area hubs, with a scoping exercise being commissioned commencing in June 2017. The aim of this project is to connect existing and developing prevention and early intervention area based activities. This will initially be done through mapping out existing work, identifying good practice and lessons learnt, identifying referral opportunities, and maximising data sharing.

3.2 Highlights of progress against District Plan outcomes

The section below includes a brief overview of progress and key developments against each of the District Plan outcomes from each of the Strategic Delivery Partnerships. The detailed progress update is then captured for each outcome presented in the appendices. The Annual Report is published on the Bradford District Partnership website https://bdp.bradford.gov.uk/.

	Better skills, more good jobs and a growing economy

Achievement highlights

- An employer led education and skills system to match local people to local jobs has been created

through Bradford Pathways and the Industrial Centres of Excellence.

- Strategic employment sites for new and growing businesses have been brought forward to include the M62 enterprise zones and Gain Lane in BD3.
- The district's town centres and Bradford city have continued to be regenerated with the development underway for The Light cinema complex and the Keighley business improvement district successfully completing its first year of operation.
- Work with the city region and national partners has led to the NPR campaign progressing well, a business case for Tong Street improvements being undertaken and the Bradford to Shipley corridor improvements progressing with an outline business case now in place.
- The district has been promoted to investors with more support having been provided to companies wishing to start or expand their export activities.

The next 12 months

- Brexit is emerging as a key issue for businesses across the district, with uncertainty over the status of EU nationals working here beginning to impact on recruitment. If trade reverts to WTO tariffs many businesses will be at a significant competitive disadvantage which could mean some companies relocating production to the EU.
- Making the economic case for Bradford City Centre station on the Northern Powerhouse Rail network is also a key task.
- The district's response to the government industrial strategy consultation highlights the value of initiatives like Bradford Pathways and our ICE in linking education and skills to real job opportunities.
- A new economic growth strategy will be developed by summer 2017 along with a focus on the Airport Link, One City Park, Public Sector Hub and Strategic Employment Sites.
- In addition a Health and Social Care ICE will be developed to address the broad range of labour market needs of the sector, establishing critical entry points and advancement opportunities.

A great start and good schools for all our children

Achievement highlights

- Further work has taken place on the integrated early years pathway, development of the safe space for children in mental health crisis and the work undertaken by the literacy hub particularly with boys.
- The Children and Young People's Plan has been developed and published, setting out the district's priorities for children.
- Priorities for children in poverty have been identified and actions put in place to tackle them.

The next 12 months

- A focus will be given to the two 'key imperatives' recently identified as school attendance and missing children. It is expected that addressing these two issues will also improve attainment.
- The priorities set out in the Children and Young People's Plan will be connected to the programmes in place to ensure work isn't undertaken in isolation.
- Focus will continue on the Education Covenant, levering in the resources of partners.

Better health, better lives

Achievement highlights

- The Mental Wellbeing Strategy has been shaped to ensure a strong focus on prevention and early intervention.
- A Healthy Lifestyle Board has been established and is planning how to scale up action to address child and adult overweight and obesity and wellbeing in general.
- The Board's annual safeguarding and wellbeing meeting focused on the national review of early deaths of people with learning disabilities and mental health needs. Local data will be reviewed.
- The district is performing well nationally on several measures within the Better Care Fund including reducing Delayed Transfers of Care. This helps to reduce pressure on hospital beds.
- A fully integrated local health plan is being developed for the first time. This will give an overview of how resources for health and wellbeing are being used in the District.
- Development of the Joint Health and Wellbeing Strategy for 2017-2022 has begun.

The next 12 months

- The new Joint Health and Wellbeing Strategy will develop a more targeted approach to some of our long standing health inequalities, which are largely concentrated in areas of high deprivation.
- The Board will continue to lead integration and transformation across the health, care and wellbeing sector.
- The health sector will agree the best use of additional government funds to meet adult social care need and to create a sustainable care system.
- Tools will be developed to accompany and support the new Joint Health and Wellbeing Strategy – including a performance tracker and a toolkit to make sure we are considering the right things in our decision-making.
- The strategy will focus on helping people to stay well, and on earlier intervention to reduce the progression of illness and reduce demand for urgent and emergency care.

Safe, clean and active communities

Achievement highlights

- A Public Space Protection Order was recently implemented and enforcement is taking place with the long term aim of addressing problems of street drinking and former legal highs.
- Six project officers have been resourced to work on addressing community cohesion, developing the white ribbon campaign and anti-social behaviour and other key priorities in the Safer and Stronger Communities Plan.
- The Restorative Justice Hub received a police Commendation and won a Restorative Practice Living Award.
- Recorded anti-social incidents fell, but the overall levels indicate a need to continue a focus on this work.
- Controlling Migration Funding has been received to help minimise the pressures migration can have on communities and within services.
- Under Operation Steerside Police have apprehended over 8,780 drivers to help reduce problem and antisocial driving.

The next 12 months

- Building our work on community relations including a focus on the increasing hate crime levels in the district.

- There will be a focus on reducing repeat victimisation rates for domestic abuse.
- Following the increase in child sexual exploitation referrals, work will continue on protecting young people through raising awareness and bringing perpetrators to justice.
- Developing the People Can campaign to include a more advanced online platform and greater uptake by partners across the district.
- Continue to undertake activities which reduce anti-social behaviour, especially diversionary projects with young people.
- A new approach to enforcement on littering in our towns and city centre.

Decent homes that people can afford to live in

Achievement highlights

- The number of new affordable homes delivered by Registered Providers has increased.
- The number of Disabled Facilities Grants completions has continued to grow.
- Through the Great Places to Grow Old programme contractors have been appointed to deliver extra care and intermediate care schemes in Keighley.
- Positive action has prevented almost 5,000 households who were threatened with homelessness from becoming homeless.

The next 12 months

- Sustain continued growth in the number of additional homes delivered.
- The provision of new affordable homes for rent is likely to be constrained by the reforms to the welfare benefits system. The reforms will also impact Bradford disproportionately due to our higher proportion of larger households.
- Due to the Local Housing Allowance cap there is an increasing challenge to engage and incentivise private landlords to house single under 35s in shared accommodation.
- Elements of the new Housing and Planning Act will be implemented in 2017/18 which will impact on the way housing enforcement is conducted.
- A focus will be given to tackling poor quality housing through enforcement and support.
- The not for profit White Rose Energy company will be promoted offering fair energy prices to residential properties across the region.
- Proactive preparation for the additional demands of the Homelessness Reduction Act 2017.
- Work will continue with private landlords to increase the supply of properties for people in housing need.

Appendix: Better health, better lives

Ambition

We want all of our population to be healthy, well and able to live independently for as long as possible – with the right healthcare or support for each person, available at the right time. Our ambition is to help everyone take more control of their own health and wellbeing, to see more people taking good care of their health and fitness and to see people supporting each other to make positive changes.

Getting and staying healthy can be harder for people living on low income, in poor-quality housing or leading insecure, stressful lives. Our challenge is to ensure everyone is able to enjoy the best health they can and to have a good quality of life whatever age they are and wherever they live.

Progress on our success measures for 2020

District Plan 2020 target	Short name	Latest value	Trajectory to 2020 target
4a) Increase healthy life expectancy	Healthy life expectancy at birth (Female)	60.5	
4a) Increase healthy life expectancy	Healthy life expectancy at birth (Male)	62.9	
4b) Reduce the gap in life expectancy between the most and least deprived areas	Difference in life expectancy at birth between the most and least deprived parts of the District (Females)	7.2	
4b) Reduce the gap in life expectancy between the most and least deprived areas	Difference in life expectancy at birth between the most and least deprived parts of the District (Males)	9.6	
4c) Significantly reduce the proportion of children overweight or obese at age 10 to 11	Excess weight in 10-11 year olds	36.35%	
4d) Improve mental wellbeing and reduce high anxiety to below the England average	Self-reported wellbeing - people with a high anxiety score	18.62%	
4e) Build on success at tackling loneliness and social isolation	Proportion of people who use services who reported that they had as much social contact as they would like	51.3%	
4f) Significantly reduce causes of preventable deaths – smoking, being overweight and obesity – and increase physical activity and healthy eating	Percentage of inactive adults	31%	
4f) Significantly reduce causes of preventable deaths – smoking, being overweight and obesity – and increase physical	Smoking prevalence - adults (over 18s)	21%	

- On track to meet target by 2020 ⚠ Some concerns/possible delays
- 🔴 Not expected to be achieved

Overall, life expectancy has not changed. Healthy life expectancy tells us the age that people remain in good general health on average. For males, that age increased by 1.4 years compared to the previous year, whilst for females it dropped by 0.5 years, meaning that on average women reported 2.4 fewer years of healthy life than men.

Two of the main factors causing preventable deaths in adulthood show a slight increase. These are smoking prevalence (the percentage of adults who are current smokers), and excess weight in 10-11 year olds. Both of these are concerning as they undermine people's health and wellbeing. Although we already have programmes in place we will need to rethink how we work with and alongside people to support them to improve their health and wellbeing.

Good things are happening here

Bradford Healthy Hearts
Bradford's Healthy Hearts campaign was developed by Bradford Districts Clinical Commissioning Groups (CCG) in collaboration with stakeholders and patients to design a programme that would change the way people with cardiovascular disease (CVD) are cared for, and to identify people at risk but not yet identified in the community. The approach has seen good results from its aim to identify and support thousands of local people at high risk of CVD, treating people with poorly managed or undiagnosed high blood pressure or high cholesterol levels. The programme set itself a challenging target, to reduce cardiovascular events by 10% by 2020, preventing 150 strokes and 340 heart attacks. This would reduce the damage and disability caused by CVD, and reduce the cost of emergency admissions for CVD - at least £4.5 million per year.

In the first two years of operation, the campaign has significantly improved the health of residents, offering nearly 21,000 health interventions to people in the Bradford area. Since the start of the campaign in 2015 there have been 211 fewer heart attacks and strokes. The programme has won national recognition for its innovative approach and is being piloted in Scotland.

Action on respiratory disease
Respiratory disease such as asthma and Chronic Obstructive Pulmonary Disease (COPD) is a significant cause of poor health and early death in Bradford District. Partners across the district, including the local authority and NHS, have prioritised respiratory health with the aim of improving health outcomes. Preventive approaches aim to reduce the numbers of young people who take up smoking and to support people to stop smoking, particularly pregnant women and smokers who are admitted to hospital; support is also targeted at workplaces with high numbers of smokers.

Programmes have also been developed to improve the health status of people with respiratory disease and reduce deaths from respiratory disease. In Airedale, Wharfedale and Craven the focus is mainly on primary care, where most people are looked after, but also to ensure that care is as joined up as possible when people do require management in hospital settings. In Bradford, a new programme - Bradford Breathing Better - is led by clinicians and will help people with long-term lung conditions to better manage their asthma or COPD.

Our achievements over the last 12 months

The Health and Wellbeing Board (HWB) is leading the delivery of the Joint Health and Wellbeing Strategy and the Health and Wellbeing Plan for Bradford and Craven. Over the last 12 months we have:

- Helped to shape the Mental Wellbeing Strategy at an early stage of development. This would ensure that the new strategy had a strong focus on prevention and early intervention to support people's mental wellbeing. It also addressed the role played by wider factors such as low-income, unemployment and poor housing in shaping people's mental health and wellbeing. The HWB received regular progress updates throughout 2016-17.
- Established a Healthy Weight Board to review and make recommendations on how best the district can halt the increasing trend of child and adult overweight and obesity.
- The November HWB meeting focused on Safeguarding. The HWB had a presentation on the national review of early deaths for people with learning disabilities and mental health needs. HWB tasked the Integration and Change Board to review the relevant data for the district (once available from the national auditors) and to report back to the HWB with an assessment of action needed to improve health and wellbeing.
- Overseen the working of the Better Care Fund. This is a joint fund established to accelerate integration between health services and adult social care systems. Its aim is to improve services and reduce delays, for example to avoid people having to stay in hospital longer than necessary. The district is performing well nationally on several measures within the Better Care Fund including reducing Delayed Transfers of Care.
- Overseen development of the Bradford District and Craven section of the West Yorkshire and Harrogate Sustainability and Transformation Plan and a joint operational plan for Bradford and Craven. Both are required under the NHS Planning Guidance for 2017-19. The joint operational plan brings together single organisation plans, and transformation plans, to improve our understanding of what is currently provided, where we have gaps and where and how resources for health and wellbeing could be better used. This will help to improve future planning and deliver value for money.
- Develop the second Joint Health and Wellbeing Strategy for 2017-2022. The strategy will be a short, focused document that addresses the major health needs and health inequalities in the district and helps to guide decisions about the use of resources. It will build on the Better Health, Better Lives section of the District Plan as this had extensive engagement and consultation in 2016, and health and wellbeing needs, identified through needs assessment and the 2016 Sustainability and Transformation Planning process.

The challenges facing us over the next 12 months

Addressing the high level of health inequality between different areas of the district and between different people remains a priority. This will be a strong theme in the next joint Health and Wellbeing Strategy being developed for 2017-2022.

There are encouraging signs for the local economy but poor child health in some areas of the district remains a challenge. For some children and young people, life chances may have been adversely affected by worsening deprivation between 2010 and 2015 (Index of Multiple Deprivation 2015) and by the rise in the rate of child poverty in 2014. This became apparent when national data was published by HMRC in autumn 2016. Some aspects of child health have been improving but others are not and it will be prioritised in the new Strategy.

Developing a sustainable, integrated approach to health and wellbeing is likely to remain a challenge for the next few years. Resources are shrinking and demand is likely to continue to grow. This will place increased demand on services unless we can improve people health and wellbeing by keeping more people healthy for longer and intervening earlier when people do become ill.

Our aim is to support people to stay well so that more resources can be used for maintaining health rather than treating illness. To support this approach the Board will lead the work to enable more people to be supported in their homes and communities for as much of the time as possible, and at the appropriate level of care.

Our focus for the next 12 months

The Health and Wellbeing Board will develop a shift in approach within the Joint Health and Wellbeing Strategy (JHWS) to develop and lead a more targeted approach to some of our long-standing health inequalities, particularly where these show clear links to area-based deprivation. For example, as we focus on reducing the high rate of early death from preventable causes we are likely to need a specific focus on the Bradford City CCG area.

In addition the Health and Wellbeing Board will:

- Agree across the sector the best use of additional central government funds to meet adult social care need. Monies were identified in the Spring budget and we are awaiting post-election confirmation at the time of writing.
- Continue to develop the Better Care Fund in 2017-19 to take further steps towards integration across Health and Social Care. Further funding for adult social care will be aligned through the Better Care Fund to ensure best use of all available resources.
- Embed the new Home First' approach developed in 2017 to support people to maintain their health and independence into later life and to be able to live in their own homes and communities for as long as possible with the right level of high-quality care.
- Develop tools to accompany the Strategy: a short toolkit to guide decisions about use of resources across the health and wellbeing sector and appropriate performance measures to track progress and outcomes during the strategy.
- Monitor progress on the Better Health Better Lives outcomes and the Local Health Plan which describes how people and organisations will work together to address three broad aims. The Board will receive six monthly updates on the performance of joint plans to address the three aims.
- First, to improve health and wellbeing outcomes for local people. Second, to reduce variation in the quality of care so that everyone has access to consistent standards of care and high-quality services. Third, to close the financial gap that will open up by 2021, between the projected budget available for health, social care and wellbeing, and the estimated demand and cost. The financial gap has arisen as a result of planned reductions in health and social care budgets to 2020-21 and increasing pressure as a result of an ageing population and growing demand for services.

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Report of the Chief Officer- Bradford City, Bradford Districts and Airedale, Wharfedale and Craven CCGs to the meeting of the Health and Wellbeing Board to be held on 25th July 2017

C

Subject: Update to the Bradford Districts and Craven Health and Wellbeing Plan

Summary statement:

The Health and Wellbeing Board is invited to consider this update to the progress of the Bradford Districts and Craven Health and Wellbeing Plan (formerly titled ‘STP’).

Name:Helen Hirst
Chief Officer – Bradford City, Bradford Districts and Airedale, Wharfedale and Craven CCGs

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E-mail:
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Portfolio:

Health and Wellbeing

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

This paper presents a progress update on the delivery of the Bradford Districts and Craven Health and Wellbeing plan. The components of the delivery are:

- A joint operational plan
- The progress and achievements of the transformational programmes and workstreams
- The performance dashboard and report ('tracker')
- Involvement on workstreams at West Yorkshire and Harrogate STP level

2. BACKGROUND

The STP plan for Bradford Districts and Craven was submitted in late 2016 as the local Bradford 'place' contribution within the West Yorkshire and Harrogate STP. Locally, it is now termed the **Health and Wellbeing Plan** to reflect its purpose in being the high level summary of the system wide goals for health and care for the area. Its evidence base is principally in the population health and wellbeing gaps as described in the Joint Health and Wellbeing Strategy and the care and quality gaps recognised by other evidence available to statutory organisations.

Each of the health and care sector organisations drew up their individual operational plans for the period April 2017 to March 2019 for their contracted activity in NHS and local authority services. Each organisation continues to maintain its own service delivery and performance and corporate functions whilst working together with partners to develop a stronger system across the area.

The transformational programme plans contributing to the Health and Wellbeing plan have been documented numerous times. These are key to the progression and delivery of sustainable and outcome focused health and care for local people between now and 2021. The system recognises that success will be as a result of delivery through local partnerships.

At the West Yorkshire and Harrogate level, transformational and enabling workstreams were agreed which addressed common challenges at scale - and complemented, supported or leant from local programmes.

The performance metrics represented by the Health and Wellbeing Plan triple aims were agreed in late 2016 and are a series of key targets to be delivered by the system 2021, covering health and wellbeing, care and quality, finance and efficiency.

The health and wellbeing measures are weighted towards population health measures and some outcomes. The care and quality measures are weighted towards service (process) measures, with only 2 measures related to outcomes.

The delivery programmes behind the health, wellbeing, care and quality measures represent the consolidation of many areas of work from day to day health and care services through to specific transformation programmes underway.

3 OTHER CONSIDERATIONS

3.1 The content of the Bradford plan submitted to NHS England within the West Yorkshire and Harrogate STP has remained unchanged to date and continues to steer the focus of targeted work and delivery of outcomes.

3.2 The Integration and Change Board (ICB) continues to be the forum for system leadership and oversight of the plan and its components. ICB has agreed that the vision for the system is to enable people to be *Healthy, Happy and at Home* and we will do so collectively and in partnership. This vision brings a very strong imperative to focus our energy on ensuring the health and wellbeing plan remains relevant and we are creating the right environments and opportunities to deliver it.

3.3 ICB has now appointed a substantive Director of Transformation and Change. James Drury is currently at South West Yorkshire Partnership NHS Foundation Trust and will commence in post in August 2017, picking up responsibility for supporting ICB and the system wide leadership in delivery of the plan in conjunction with the links in to the West Yorkshire and Harrogate STP.

3.4 The joint operational plan for Bradford District and Craven has been revised to reflect more of the detail of the transformational programmes central to the Health and Wellbeing Plan. ICB will review this plan in July and consider any further amendments and next steps.

3.5 There are three high level programmes of work:

- **Acute provider collaboration** – this includes our local providers – Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Trust – who are working together on a collaborative programme which seeks to ensure ongoing sustainability of hospital services as well as improving outcomes for local people. It also includes some West Yorkshire & Harrogate wide work e.g. increasing cancer diagnostics through the acute hospital providers working together; and collaboration between West Yorkshire mental health providers to improve some of our acute mental health provision.

- **Accountable Care**

  The health, care and support system in the Bradford district and Craven is working together as a system, blurring the boundaries between providers and between providers and commissioners to improve the effectiveness and efficiency of our whole system. Our strategic aim is for an operating model that improves quality, experience and population health outcomes through triple, seamless integration between mental and physical health services, social care and health care and community and hospital based services. We

believe, based on international evidence, that this approach is our best chance of managing increasing demand, mitigating the workforce risks and challenges and maximising the resources we have to spend.

We have a number of projects running under the banner of accountable care in both Airedale, Wharfedale and Craven and Bradford. These include:

- Care model development for complex care and universal care
- Estates review to ensure we are maximizing the facilities we have available
- Workforce development to mitigate reductions in workforce availability and facilitate changes in roles
- Technology developments – including shared records, interoperability of systems, enhanced role of digital solutions in care and support
- Primary care development and investment to ensure the right primary and community support required for these new models of care can be implemented

We are trialling the principles of accountable care through a change to how we transform diabetes care in Bradford including primary and secondary prevention activities; through enhanced primary care and complex care in Airedale, Wharfedale and Craven.

Other developments such as the implementation of the mental wellbeing strategy, building the right support for people with learning disabilities, home first and the early help and prevention programme are all working to the same concept of getting it right in communities, investing in prevention and support so people get help much earlier. This not only improves the outcomes and experience for people but is a much more efficient way of using the resources we have available.

- **Self Care and Prevention**

The vision of the programme is that people are increasingly independent, self-sufficient and resourceful to confidently manage their needs and thus, reduce dependency on the health and care system by improving their health, wellbeing and lifestyle. We recognise that self-care and prevention is about people doing more for themselves, either with support or individually.

The programme states that 'An important part of doing things differently is how we refocus health and social care *to help people do more to help themselves*, whatever their level of vulnerability or ill-health. The vision is that people are increasingly independent, self-sufficient and resourceful to confidently manage their needs, thus reduce dependency on the health and social care system and improving their wellbeing and lifestyle.

We recognise that self-care and prevention is about people doing more for themselves, either with support or individually. People will feel more confident

to manage their health and wellbeing because they understand their needs and where to access help and support'

The programme has developed three enabling and delivery themed areas; Workforce, People and Communities and System Change. There are now eight project groups, with the following objectives:

- Train and empower staff across health, social care and the Third Sector to support delivery of the self-care and prevention agenda in the workplace to facilitate collaborative decision making with people.
- The key principles of Self Care and Prevention are embedded within commissioning or contracting services with robust evaluation and monitoring mechanisms in place
- Population within Bradford and Craven have access to a good range of preventative services across the system and are empowered to improve lifestyles and tackle the wider determinants of health through clear integrated pathways.
- To work collaboratively with key stakeholders to link existing and develop new digital technology to embed technology enabling care services across the health and care landscape
- To embed a culture which mainstreams self-care as part of normal working practice
- Self-Care tools and resources are embedded in service delivery and self-care initiatives are reflected and implemented by stakeholders in their marketing objectives and priorities
- Develop a series of learning opportunities to engage people and communities

The above programmes are predominantly focussed on how the system, the people we serve and those who work in it can operate differently to achieve change. Some of this work is inextricably linked to the design of models of care in the community. In addition, we have some specific programmes of work which seek to transform other areas and that regardless of whether we had signed up to accountable care as our preferred operating model we would still need to make these changes. Also we have recognised that simply shifting our current models of care into an 'accountable care' operating system will not transform services on its own. It is also worth pointing out that none of these changes are independent of each other. This is a complex programme of change with significant interdependencies. The other programmes are:

The Urgent Care Programme aims to create a simple to navigate, sustainable and people-focussed urgent and emergency care system. With the CCGs the programme has engaged the acute trusts, Local Care Direct, primary care, the local authority, Yorkshire Ambulance Service (YAS), and the voluntary sector and considers its successful progress is as a result of managing long term transformation and short term resilience within one programme board.

The programme has five key work streams:

- Urgent Care service - where a primary care and multiagency team has been created to see patients with lower acuity presenting at the Emergency Department (ED). Recent developments include implementing streaming at the front of the ED which lowered the first time to assessment to 15minutes (all ages).
- Transforming urgent and emergency care for children and young people
- Developing a step up model for acutely unwell children to prevent hospital admission and promote self-care.
- Reviewing and reducing ambulatory admissions. This is a multifaceted work stream that includes pathway review, clinical audit and service development.
- Linking Urgent Care Practitioners to most frequent ambulance calling care homes. This service is now working with the top 15 ambulance calling care homes across Bradford.
- Resilience planning for winter and Easter. The group retains the overarching operational planning for periods of surge and escalation.

To date the programme has
- Reduced the time to first assessment to 15 mins, developing a robust specification for the children and young people children's step up model.
- Launched a refocused urgent care practitioner's service to prevent conveyance to A&E.
- Provided a successful primary care additional hours scheme over bank holidays and Christmas.

Bradford district and Craven health commissioners and providers are also involved in the West Yorkshire Urgent and Emergency Care Vanguard and the time limited West Yorkshire Acceleration Zone work. Initiatives include developing an urgent care service model to introduce a number of consistent approaches to improve pathways and care for patients, to implement a model for transforming urgent care for children and young people, urgent care practitioner roles and out of hours care offered by general practice.

The Planned Care programme is developing a model which is financially sustainable and that ensures maximum quality and economic value at every clinical encounter, enhancing patient experience by ensuring the patient receives right care at the right time throughout journey.

The current overarching focus of Planned Care is to improve referral management processes across the system. Working closely with our provider organisations, we aim to deliver developments through the review, redesign and implementation of pathways. This will be underpinned through the use of Map of Medicine, which will enable consistent adherence to agreed pathways.

The programme will work with local providers to ensure that inefficiencies and unwarranted variation will be removed. Clinical encounters, investigations and interventions that do not add value will be stopped. The population of Bradford will be guaranteed that every referral, outpatient appointment, investigation and intervention will give maximum value.

The programme aims to deliver referral efficiencies, specific service review/redesign, avoid variation in demand, variation in supply, eligibility and criteria, and improving the interface between primary and secondary care.

3.6 The Enabler Programmes

Those reporting to ICB are Digital 2020, the Estates Strategic Partnership, Integrated Workforce Programme, Finance Workstream(reported separately) and an Organisational Development Workstream (under development).

- **Digital 2020**

Digital 2020 aims to lead the implementation of a digital vision for the local area, including the championing of innovations to improve health and wellbeing. During 2016/17 the programme has:

- Extended take up of Patient Online – patients having online access to their GP clinical record including the ability to book and cancel appointments and order repeat prescriptions.
- SystmOne Optimisation collaborative – working across the district to simplify and standardise clinical templates and protocols
- Implementation of SystmOne Adult Social Care – in preparation for the sharing of Social Care Information with Health and vice versa (in 17/18)
- Implementation of a fast modern network with improved security in all GP Practices. This will provide a cornerstone to build future services including Wi-Fi for staff and patients, online Video Consultations and health and care collaboration.

- **The Estates Strategic Partnership**

The estates programme aims to delivery a strategy in order to drive rationalisation of estates and effective utilisation of the assets across the local STP area. This will also include developments to support multipurpose health and care sites and release of sites for housing development in line with national guidance. The strategy is due to be completed in the early part of 2017/18.

- **The Integrated Workforce Programme**

The integrated workforce strategy aims to promote health and care as the sector of choice to work for, attracting and recruiting people to the local area, and maximising workforce resilience and sustainability. The programme will be critical to numerous others across the STP area, where workforce constraints, impacts, opportunities and development occur.

The programme aims for 'The best people, providing seamless care – the Bradford District and Craven way''

There are 13 workstreams that underpin the strategy, within four work programmes:

- Growing Our Own
- Developing Our Workforce Together
- Creating the conditions to retain talent in the system
- Developing a shared culture of integration and system wide working

To date the programme has made significant progress including agreeing and signing off the vision statement. The integrated workforce strategy has been developed using a bottom up and top down approach with genuine involvement from partner agencies and reflecting national, regional and local workforce priorities across the health and care sector with links established with the West Yorkshire wide work. Exploratory workshops were

held with a wide range of health, care and education partners to agree whether to pursue the development of a health and care Industrial Centre for Excellence (ICE).

3.7 Involving people in our plans

The health and wellbeing board was keen to ensure the people of Bradford district and Craven have the opportunity to influence and engage with our plans before anything is firmed up. Healthwatch Bradford has been commissioned to undertake this engagement work and under the hashtag #oursaycounts have established a social media presence which is encouraging people to feed in their views, complete a survey and, if they prefer, attend a public meeting and or a drop in session. An update on this campaign can be shared at the meeting.

3.8 The Performance Dashboard and Report ('tracker')

The CCGs have commissioned a periodic report with a front-end dashboard to track progress and health, wellbeing, care and quality indicators (Attached separately).

The report is now populated with data where available and comparable metrics across the Bradford system and other appropriate benchmarks.

The report is currently incomplete, however we continue to work with the Programme Boards of each of the transformation programmes to align their plans with the targets and trajectories of the plan (represented in the Report) and their aims, intended outcomes and ongoing progress narratives.

The intended audiences of the Report are primarily the Health and Wellbeing Board and ICB. Subject to quarterly, half yearly or annual sign-off a public facing document will be available.

Progress to date against targets is currently variable.

3.9 Bradford District and Craven involvement in West Yorkshire and Harrogate-wide priority programmes, leadership and governance functions

The Bradford system is fully committed to maintaining a significant level of influence and contributing our expertise and learning to the West Yorkshire and Harrogate level governance and programmes. Representation has been increasing.

ICB members currently sponsor the Cancer Alliance, provide clinical leadership to the Primary and Community Services workstream, provide financial leadership to mental health and finance workstreams, and chair the Cancer Alliance Early Diagnosis Group, the Stroke Task and Finish Group and the Primary Care Vanguard group and belong to other workstream groups including Urgent and Emergency Care, System Leadership Executive, Joint Committee of CCGs, Acute Trust Chief Executive Group and Place Based Planners Group. Other senior officers and clinicians from Bradford District and Craven are members of several other clinical and non-clinical workstream groups.

4. FINANCIAL & RESOURCE APPRAISAL

The Financial Report of the Health and Wellbeing Plan will be presented at the Board meeting.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Governance and risk management for the Health and Wellbeing Plan is provided through the Integration and Change Board – a working group of the Health and Wellbeing Board that reports to the Board.

6. LEGAL APPRAISAL

Legal appraisal will be undertaken as the Health and Wellbeing Plan is developed.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

The Equality Act 2010 unifies and extends previous equality legislation and has been taken into account when developing the Health and Wellbeing Plan.

7.2 SUSTAINABILITY IMPLICATIONS

Development of the Health and Wellbeing Plan is a key element of ongoing work to ensure sustainability of the health, care and wellbeing sector.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None specific to this paper

7.4 COMMUNITY SAFETY IMPLICATIONS

None specific to this paper

7.5 HUMAN RIGHTS ACT

None specific to this paper

7.6 TRADE UNION

None specific to this paper

7.7 WARD IMPLICATIONS

None specific to this paper

8. NOT FOR PUBLICATION DOCUMENTS

None

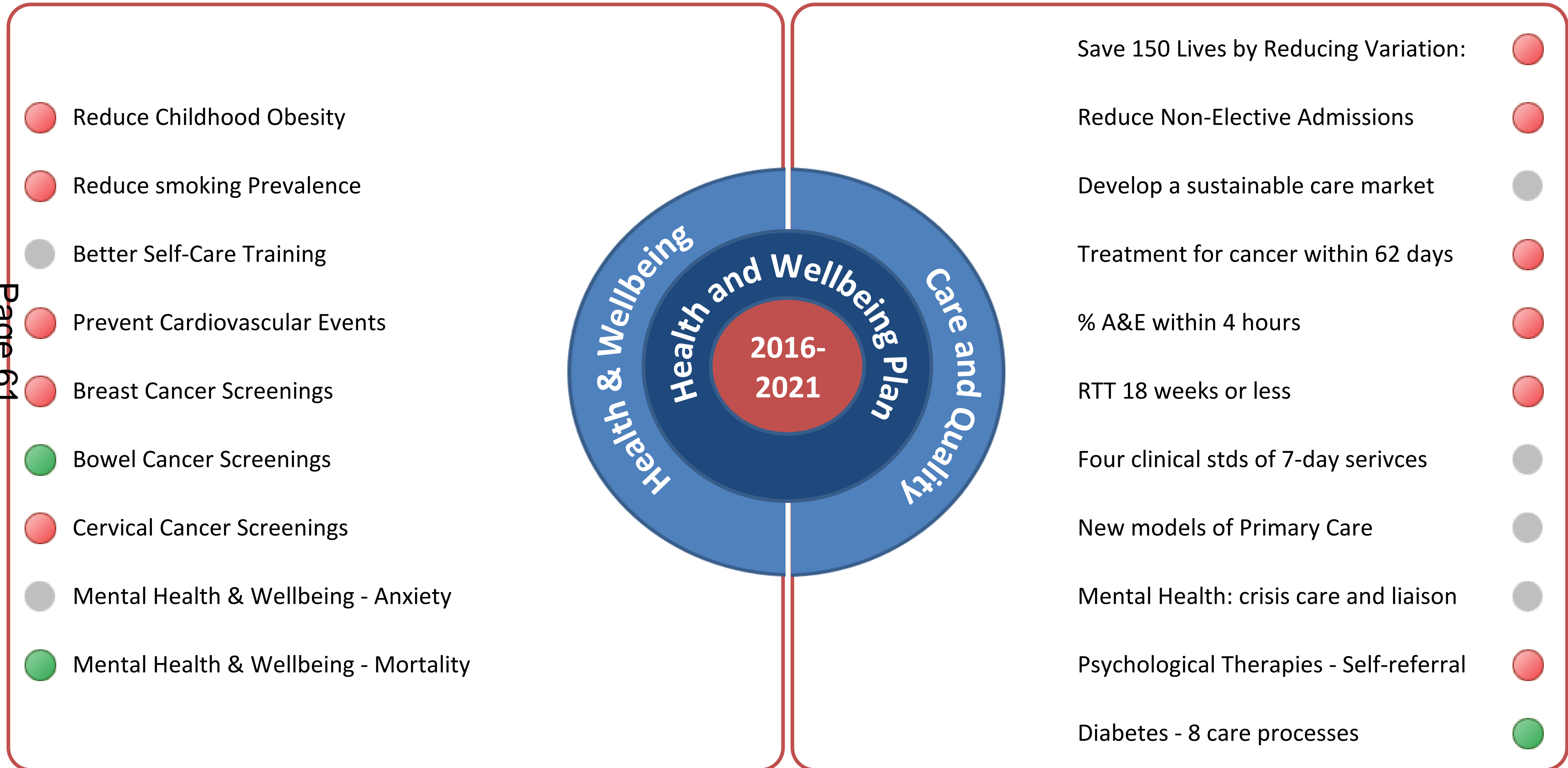
9. RECOMMENDATIONS

9.1 The Board notes and supports the actions being taken to develop an integrated Health Plan for Bradford Districts and Craven as being a key element of ensuring the sustainability of the health, care and wellbeing sector and of the Board's forthcoming Joint Health and Wellbeing Strategy.

11. APPENDICES

11.1 Bradford Districts and Craven Health and Wellbeing Plan Tracker.

Bradford District and Craven Health and Wellbeing Plan 2016 to 2021 - Tracker



Health and Wellbeing

1.1 Reduce childhood obesity by 5%

Number of children in Year 6 (aged 10-11 years) classified as overweight or obese, attending participating state maintained schools in England, as a proportion of all children measured

Combined

Year	Actual	Target
2015/16	35.7%	35.0%
2016/17	#N/A	34.7%
2017/18	#N/A	33.7%
2018/19	#N/A	32.7%
2019/20	#N/A	31.7%
2020/21	#N/A	30.7%

Actual | WY&H | England | Target

40% 30% 20% 10% 0%

2015/16 2016/17 2017/18 2018/19 2019/20 2020/21

35.7%

0.7% above target

Bradford

Year	Actual	Target
2015/16	36.4%	35.7%
2016/17	#N/A	35.4%
2017/18	#N/A	34.4%
2018/19	#N/A	33.4%
2019/20	#N/A	32.4%
2020/21	#N/A	31.4%

40% 30% 20% 10% 0%

2015/16 2016/17 2017/18 2018/19 2019/20 2020/21

36.4%

0.7% above target

Craven

Year	Actual	Target
2015/16	27.0%	26.4%
2016/17	#N/A	26.0%
2017/18	#N/A	25.0%
2018/19	#N/A	24.0%
2019/20	#N/A	23.0%
2020/21	#N/A	22.0%

40% 30% 20% 10% 0%

2015/16 2016/17 2017/18 2018/19 2019/20 2020/21

27.0%

0.6% above target

*Data Source: NHS Digital - Data at UA/LA level using resident population

Excess weight in 10-11 year olds   Contact: Alison Moore, alison.moore@bradford.gov.uk Senior Manager, Public Health – Health Improvement Team

Current average prevalence of childhood obesity and overweight is 35.8%, which is extremely high in terms of numbers of children and long-term impact on their health. The highest is Little Horton with 43.9% of the children overweight or obese. Currently 19 of the wards of the district are above the England average of 33.4. Due to budget cuts we are doing less than ever to address the issue of childhood obesity. We have had a major set back in the fact that we recently decommissioned our Family Weight Management Service and were instructed to use the funding to commission a different service; Obesity prevention and Early Intervention. This newly commissioned Prevention service will hopefully see some good outcomes in terms of family behaviour change but the focus is prevention rather than supporting the many thousands of children in families who are already overweight.

We do commission some services that have been developed to address the issue of childhood obesity but none of them at the scale that is necessary to impact on a population the size of Bradford. We have a small team within Public Health that is a dedicated resource to work on the issue. We have commissioned a range of services and work with partners to try and make a difference. There is however a much bigger piece of work needed to address the determinants of excess weight; poverty and the environment; these are well referenced as the true root course of the issue. As a local system we could do much more to promote healthy behaviour through the life-course but particularly in the Early Years. Evidence shows that pre-pregnancy weight, the first year of life and gestational growth are the determinants of a child's weight and height. We are looking at ways we (as a team) can support the children's workforce although fundamentally we need all parts of the system to Make Every Contact Count and raise the issue of healthy behaviour.

Below is a list of our current work programme on childhood obesity, some commissioned services and some programmes delivered by Public Health:

Breastfeeding – For our NHS services to be Baby Friendly Initiative compliant. Commission a Strategic lead for breastfeeding and a Breastfeeding Support Service for the district

Healthy Start Programme – the national healthy start programme provides vouchers for vitamins, vitamin drops and fruit and vegetables for pregnant women, new mothers and babies. PH has had a contract with dietetics to promote and audit the programme. They report excellent uptake and good compliance to the programme. Breastfeeding – BFI and Support Service

Integrated Care Pathway (ICP) - As part of the Integrated Early Years Strategy there is an Integrated Care Pathway which highlights when Health Visiting should assess children's weight and height, and refer to a Health Exercise and Nutrition for the Really Young (HENRY) programme

Children's Centres – have a KPI in their service specification on reducing obesity. They release staff to be trained and as part of their core programme deliver HENRY

Health, Exercise and Nutrition for the Really Young (HENRY) – is co-ordinated across the district by Public Health. PH provides the training for staff to be able to deliver the HENRY parenting programme which addresses at family lifestyle. The programme is having good results with parents and we have trained over 500 practitioners.

National Child Measurement programme (NCMP) – school nursing are commissioned to weigh and measure all Reception and Year 6 children, and feedback to their parents. This includes information about HAPP and NHS choices. Public Health feedback results to schools,

Healthy Active Play Partners (HAPP) – this is a home intervention for overweight children. The HAPP team work with the family to be more active and use local physical activity/play services.

School Travel Programme – Public Health commission a programme provided by Sustrans to increase active travel, they work with schools in areas with high prevalence

Be Healthy Schools programme – is a programme designed by Public Health (PH). Schools deliver the programme and receive funding from PH

Daily Mile – in partnership with West Yorkshire Sport we are promoting and encouraging schools to do the Daily Mile

Greenline Mile – PH have laid four greennline mile circuits down on the pavements to encourage walking, a fifth greenline mile is planned in Keighley imminently

Ministry of Food – deliver a learn to cook programme across the district. Many schools take up the programme.

School Cooks Programme – PH have trained the first cohort of school cooks to deliver cookery clubs in their schools

Voluntary Community Sector – PH commission the VCS to provide prevention and early intervention programme – the focus is physical activity and nutrition. The service focuses on health inequalities and areas of deprivation

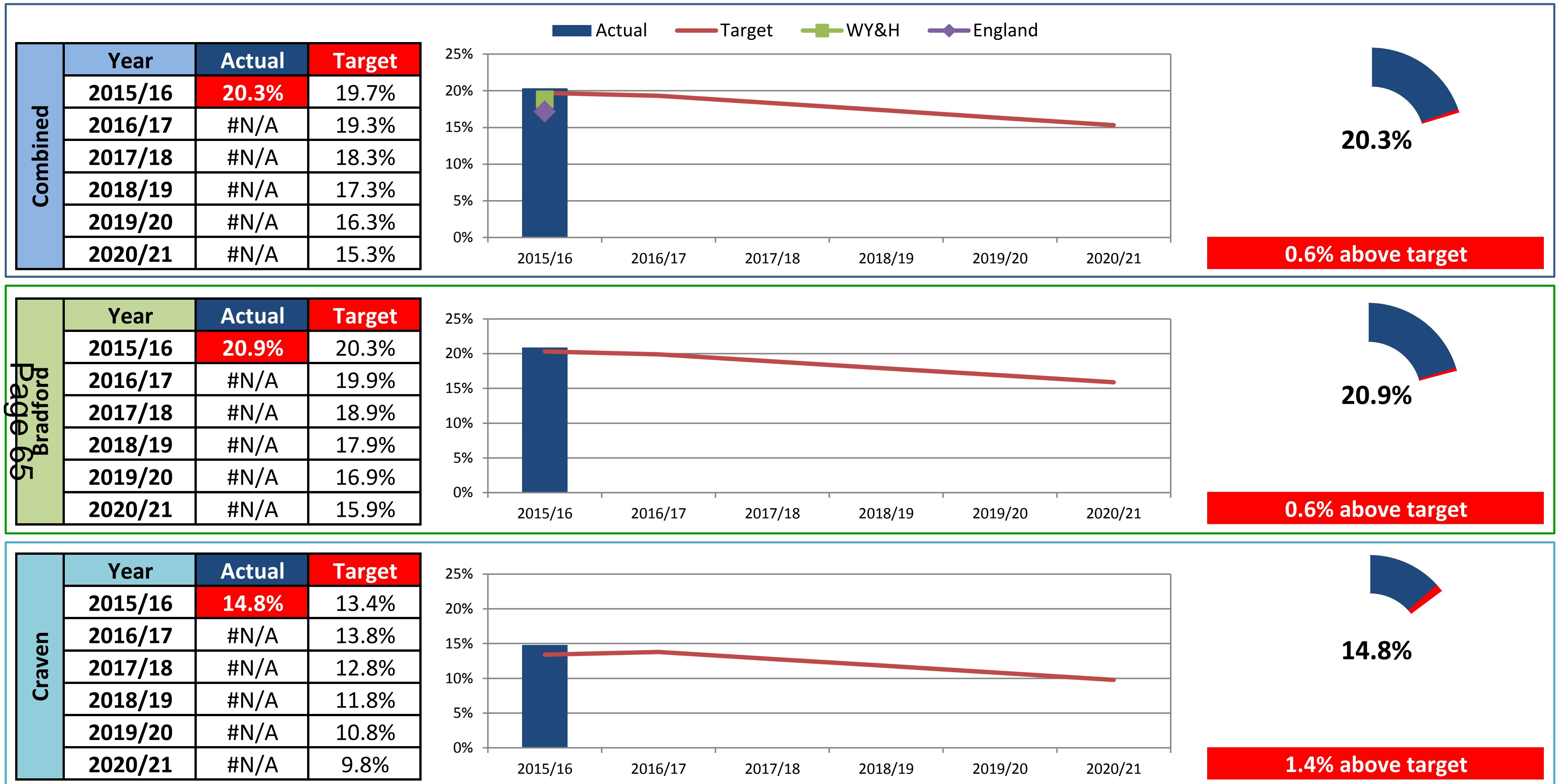
Good Food Award – PH commission West Yorkshire Trading Standards to provide a programme that is working with take-aways to improve healthy options and recipes

Health Improvement Training – PH deliver a training programme to increase capacity to work with groups around food and nutrition across the district

A Children's Healthy Weight Group meets on a quarterly basis and includes all necessary partners. The group have developed an Action Plan that addresses all the important aspects of childhood obesity with an omission of pre-conception weight management. We have commitment for the Action Plan from most partners but not all.

1.2 Reduce smoking prevalence by 5%

Prevalence of smoking among persons aged 18 years and over



Combined

Year	Actual	Target
2015/16	20.3%	19.7%
2016/17	#N/A	19.3%
2017/18	#N/A	18.3%
2018/19	#N/A	17.3%
2019/20	#N/A	16.3%
2020/21	#N/A	15.3%

Bradford

Year	Actual	Target
2015/16	20.9%	20.3%
2016/17	#N/A	19.9%
2017/18	#N/A	18.9%
2018/19	#N/A	17.9%
2019/20	#N/A	16.9%
2020/21	#N/A	15.9%

Craven

Year	Actual	Target
2015/16	14.8%	13.4%
2016/17	#N/A	13.8%
2017/18	#N/A	12.8%
2018/19	#N/A	11.8%
2019/20	#N/A	10.8%
2020/21	#N/A	9.8%

*Data Source: Public Health England - Data at UA/LA level using resident population

Smoking prevalence - adults (over 18s)   Contact: Joanne Nykol Senior Manager, Public Health - Tobacco Lead

There are a range of actions in place and in planning to reduce smoking prevalence with a focus on smoking in pregnancy, secondary care, mental health, and communities with higher smoking prevalence. Reducing smoking in pregnancy is a key priority for Bradford Council and NHS partners, Public Health have commissioned a stop smoking specialist midwife (BTHFT) to implement an evidence based programme into the maternity care pathway to ensure a consistent intervention and rapid referral for women identified as smoking in pregnancy.

Within Secondary Care smokers are referred to the stop smoking service with access to medication and support to quit provided on the ward. Public Health have worked in partnership with the Mental Health acute setting to achieve a smokefree site, training staff to stop smoking practitioner level to ensure smokers have access to medication and support on admission, with a pathway in place to maintain support on discharge.

Within Primary Care Public Health deliver and commission stop smoking services from GP practices and pharmacies across the district to ensure smokers have a range of venues and times to access support to quit.

The illegal trade in cheap tobacco undermines the effectiveness of efforts to reduce smoking. Working as a West Yorkshire LA partnership *'Keep it Out'* is a West Yorkshire programme to tackle illicit and illegal tobacco. WY Trading Standards have been commissioned creating economies of scale and to prevent driving illegal tobacco over neighbouring boarders.

Two areas of developing work are:

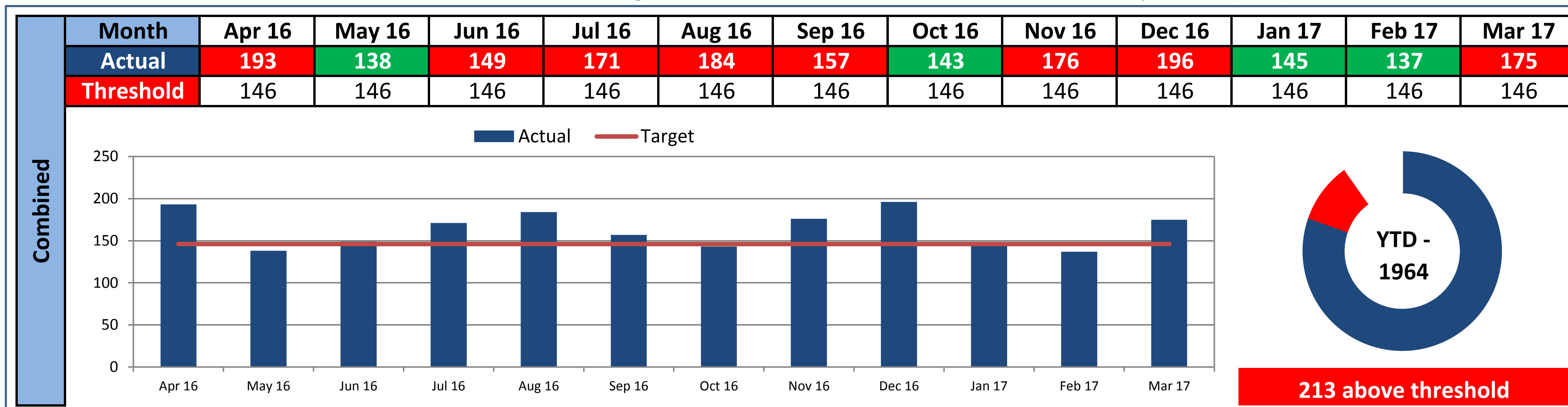
Tobacco Control - a work stream for the West Yorkshire & Harrogate Cancer Alliance STP – The main purpose of this work stream is to strengthen existing tobacco controls and smoking cessation services across West Yorkshire and Harrogate in line with reducing smoking prevalence to below 13% nationally by 2020.

Partnership work with Bradford City and Districts CCGs to embed smoke free interventions, actions and pathways in to the Bradford Breathing Better respiratory programme.

1.4 Prevent cardiovascular events for 600 people

Current saving: -213

Non Elective Admissions following Heart Attack or Stroke - Links to Bradford Healthy Hearts (QIPP)



Month	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Actual	193	138	149	171	184	157	143	176	196	145	137	175
Threshold	146	146	146	146	146	146	146	146	146	146	146	146

PLEASE NOTE: The Thresholds are provisional only - the projected number of events to be prevented is currently being calculated.

Bradford Districts CCG: *Bradford's Healthy Hearts*

Bradford has one of the worst mortality rates from heart disease in England. That is why one of our main priorities – through *Bradford's Healthy Hearts* (*BHH*) – is to reduce the risk of heart attack and stroke. BHH involves wide-ranging engagement with a broad range of healthcare stakeholders including hospital consultants, GPs, other healthcare professionals and patients. Through BHH, clinicians working with the BHH programme have:

used the QRISK2 assessment (a calculator to work out the risk of heart attack and stroke) to identify people with more than a 10% risk of having a stroke and to start them on statin medication worked to prevent strokes for people with atrial fibrillation (an abnormal heart rhythm that increases the risk of stroke). This programme has assisted people to start oral anticoagulation (blood thinning) therapy to reduce the risk of stroke started, in February 2016, a programme to improve blood pressure control for patients with high blood pressure

Already through *BHH* we have reduced non-elective cardiovascular admissions by 10%; prevented 74 strokes and 137 heart attacks; and cost savings associated with this represent approximately £1.2 million. This excellent work was recognised when *BHH* won the BMJ award for clinical leadership team of the year in May 2016 and was commended for "*Inspirational leadership at scale, taking forward ambitious targets to tackle long-standing public health challenges, and the engagement with the public whilst balancing demands on the clinical workforce was impressive.*" In addition, *BHH* was held up as an example of good practice in the NHS RightCare commissioning for value long-term conditions pack in December 2016.

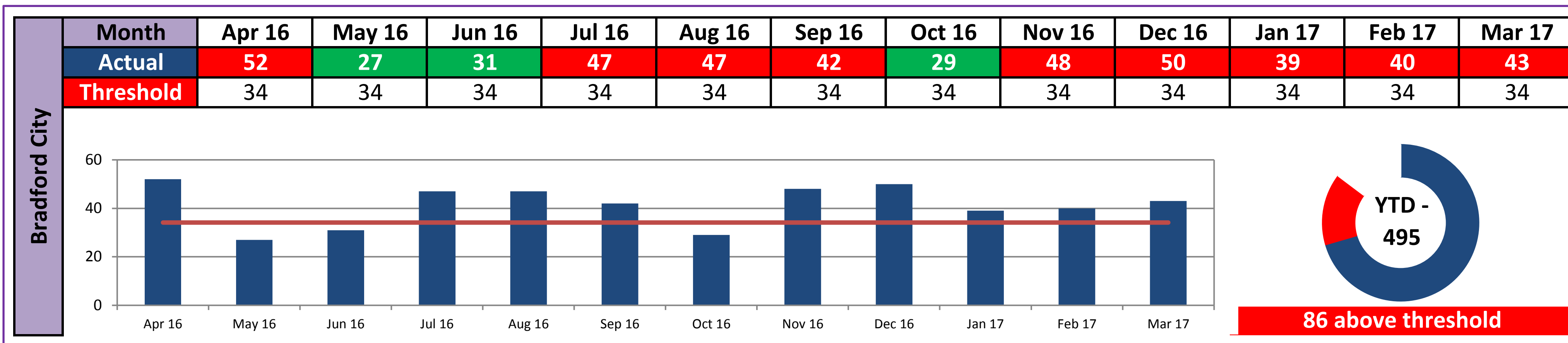
The BHH website is an excellent resource for patients and professionals with lots of helpful information. *BHH* also lent its support to the district's successful Guinness World Records™ title for "Longest chain of people making heart-shaped hand gestures" (2,331 people) which was achieved on 15 September 2016, at City Park. BHH gave the event a healthy twist by encouraging adults to get their blood pressure checked to cut their risk of stroke.

Starting at the end of October 2016, Bradford's Healthy Hearts ran a six weeks campaign to encourage people to get their blood pressure checked, using Pulse radio and social media to publicise.

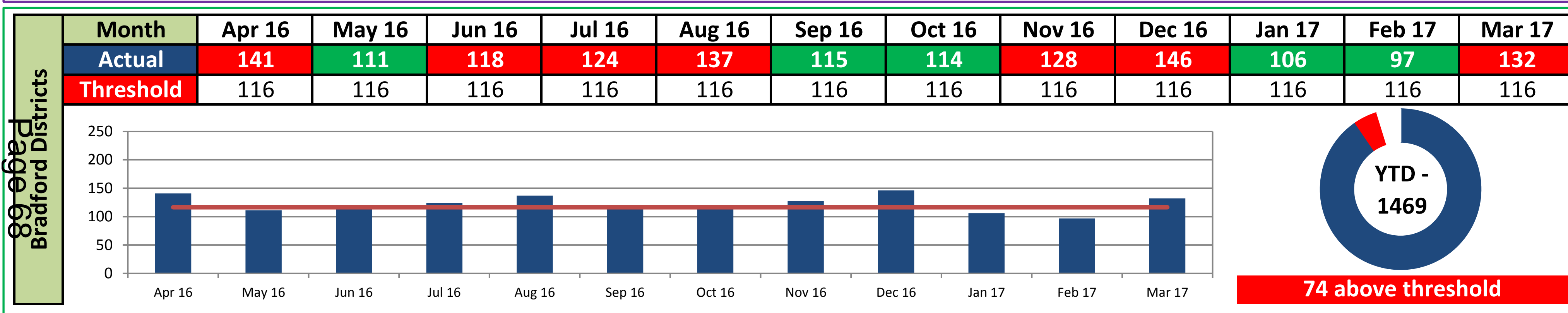
By 2020, we will have prevented 150 strokes and 340 heart attacks helping to reduce health inequalities, improve health and wellbeing and reduce spend on preventable hospital

* Data Source: SUS - Data at CCG level using registered population

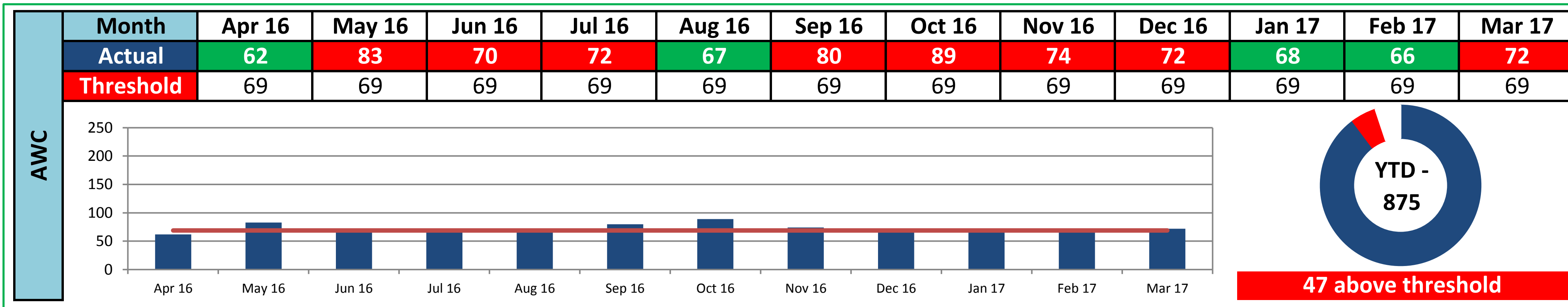
** NHS Airedale, Wharfedale & Craven CCG not included as it's not part of the QIPP plan for Cardiovascular Disease.



Month	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Actual	52	27	31	47	47	42	29	48	50	39	40	43
Threshold	34	34	34	34	34	34	34	34	34	34	34	34



Month	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Actual	141	111	118	124	137	115	114	128	146	106	97	132
Threshold	116	116	116	116	116	116	116	116	116	116	116	116



Month	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Actual	62	83	70	72	67	80	89	74	72	68	66	72
Threshold	69	69	69	69	69	69	69	69	69	69	69	69

* Data Source: SUS - Data at CCG level using registered population

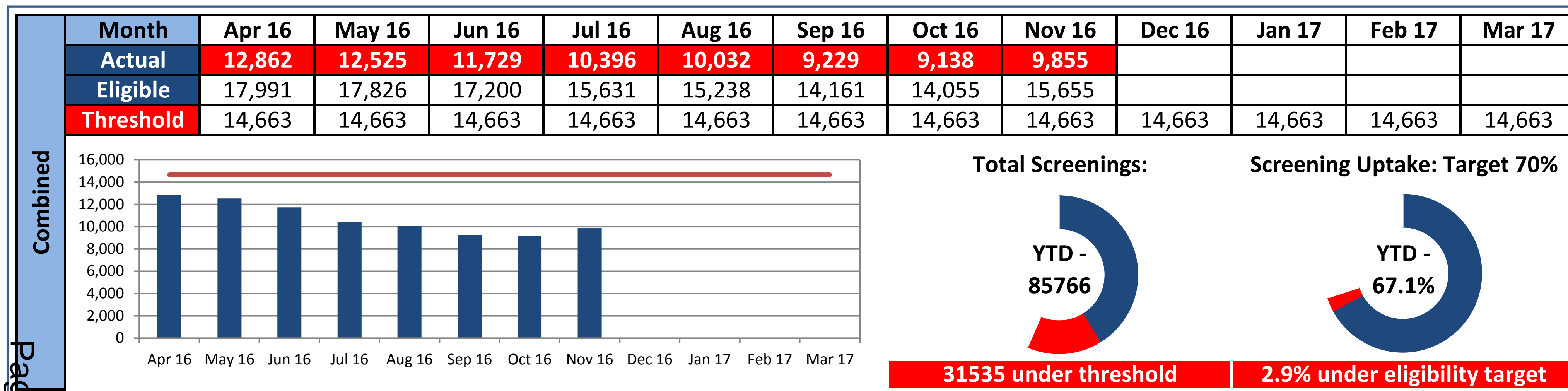
** NHS Airedale, Wharfedale & Craven CCG not included as it's not part of the QIPP plan for Cardiovascular Disease.

1.5i Screen an additional 5500 women for breast cancer

Additional Screenings: -31535

Females, 50–70, screened for breast cancer within 6 months of invitation - National Target 70%

1-year screening uptake %: the number of females registered to the practice aged 50-70 invited for screening in the previous 12 months who were screened within 6 months of invitation divided by the total number of females aged 50-70 invited for screening in the previous 12 months.



Month	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Actual	12,862	12,525	11,729	10,396	10,032	9,229	9,138	9,855				
Eligible	17,991	17,826	17,200	15,631	15,238	14,161	14,055	15,655				
Threshold	14,663	14,663	14,663	14,663	14,663	14,663	14,663	14,663	14,663	14,663	14,663	14,663

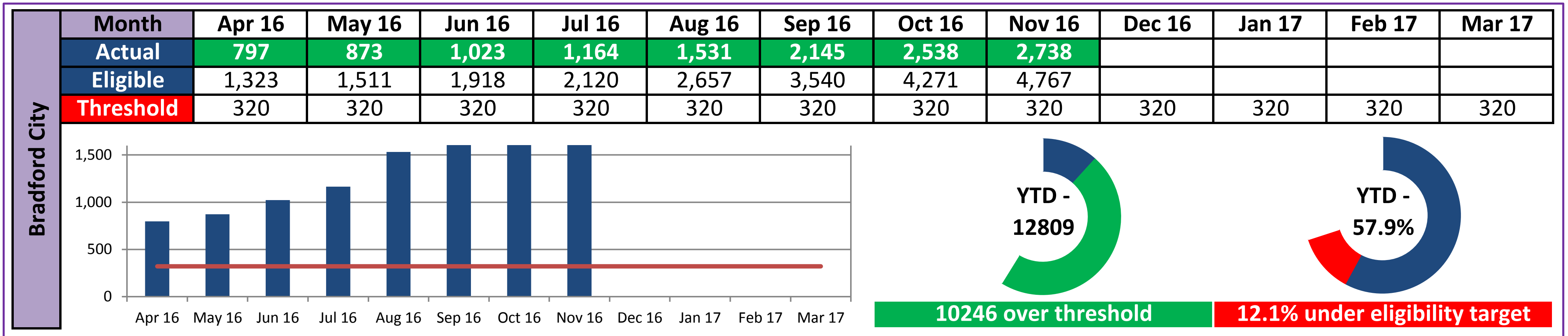
Bradford City

Sadly overall health outcomes continue to be poorer in Bradford City's communities. Cancer survival rates are causing concern: we have high birth rates resulting in neonatal mortality or still birth; emergency admissions for urgent care sensitive conditions are too high. We are part of a West Yorkshire, Craven and Harrogate approach to improve cancer outcomes including increasing capacity of diagnostic services. Locally we are trying to improve uptake of cancer screening programmes and increase awareness so that late presentations can be minimised

Bradord Districts

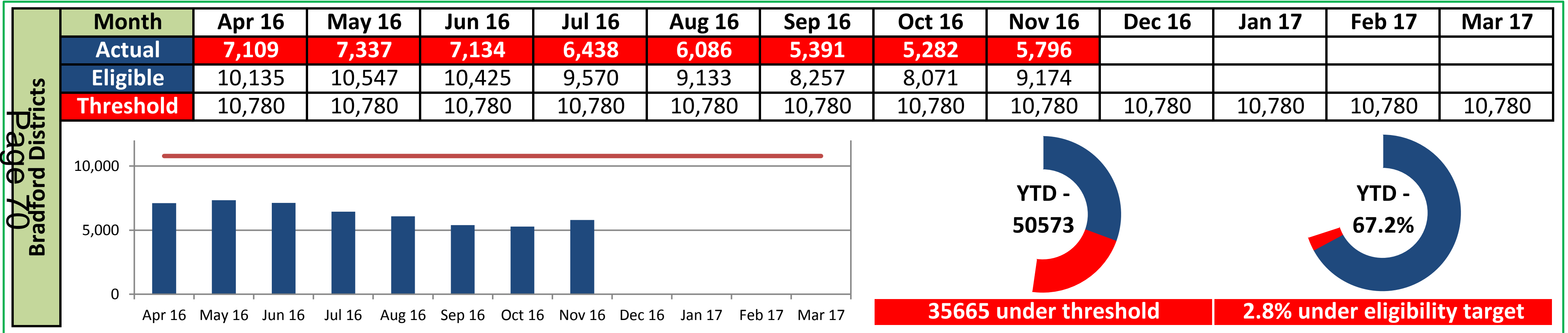
We aim to improve the uptake of screening programmes locally to support earlier diagnosis of cancer at stage one and two. We will continue to engage with GP practices to support best practice, including work with GP practice nurse forums which has been supported by visits from Cancer Research UK. By reaching out to people and increasing awareness of the early symptoms of cancer we aim to reduce the proportion of cancers diagnosed following an emergency hospital admission. We held an engagement event in conjunction with Cancer Research UK in June 2016 to understand the issues and barriers that affect uptake of cancer screening in Bradford. Following this, NHSE has set up a working group - including NHS commissioners and providers, the local authority, third sector organisations and patient groups - to spread the message about cancer screening throughout our population with the aim of diagnosing more cancers at early stages, thus improving patient outcomes and survival rates.

* Data Source: Open Exeter - Data at CCG level using registered population



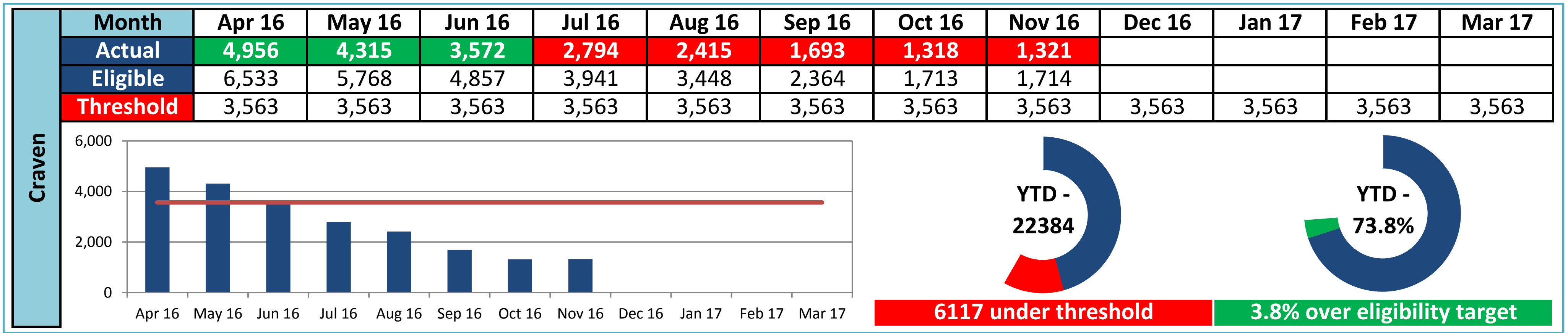
Bradford City

Month	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Actual	797	873	1,023	1,164	1,531	2,145	2,538	2,738				
Eligible	1,323	1,511	1,918	2,120	2,657	3,540	4,271	4,767				
Threshold	320	320	320	320	320	320	320	320	320	320	320	320



Bradford Districts

Month	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Actual	7,109	7,337	7,134	6,438	6,086	5,391	5,282	5,796				
Eligible	10,135	10,547	10,425	9,570	9,133	8,257	8,071	9,174				
Threshold	10,780	10,780	10,780	10,780	10,780	10,780	10,780	10,780	10,780	10,780	10,780	10,780



Craven

Month	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Actual	4,956	4,315	3,572	2,794	2,415	1,693	1,318	1,321				
Eligible	6,533	5,768	4,857	3,941	3,448	2,364	1,713	1,714				
Threshold	3,563	3,563	3,563	3,563	3,563	3,563	3,563	3,563	3,563	3,563	3,563	3,563

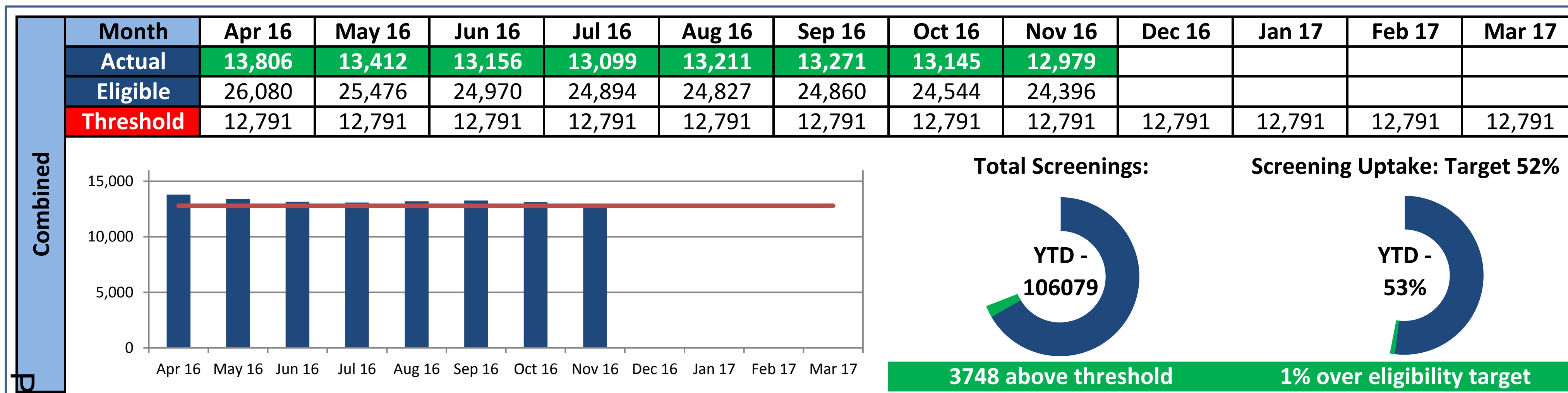
* Data Source: Open Exeter - Data at CCG level using registered population

1.5ii Screen an additional 1500 people for bowel cancer

Additional Screenings: 3748

Persons, 60-74, screened for bowel cancer within 6 months of invitation - National Target 52%

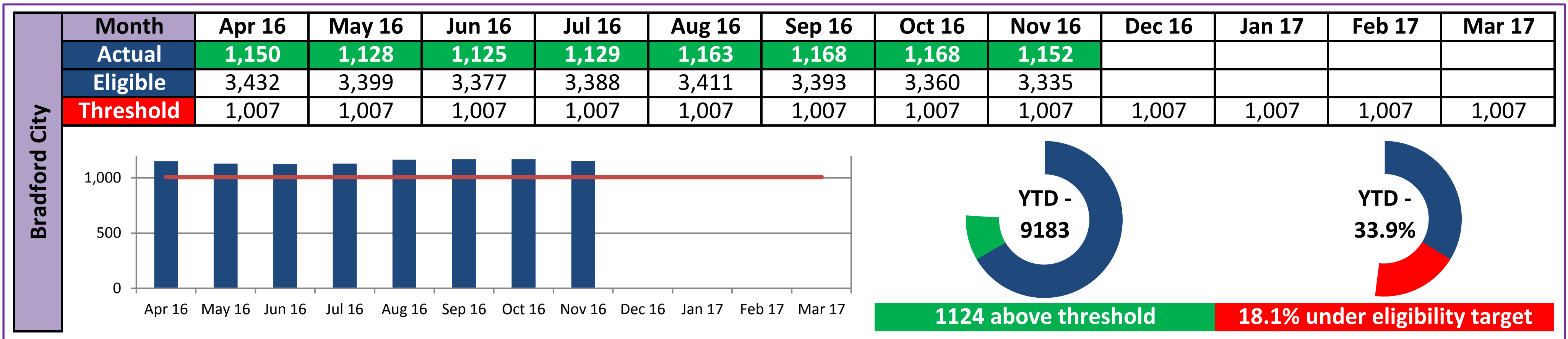
Screening uptake %: the number of persons aged 60-74 invited for screening in the previous 12 months who were screened adequately following an



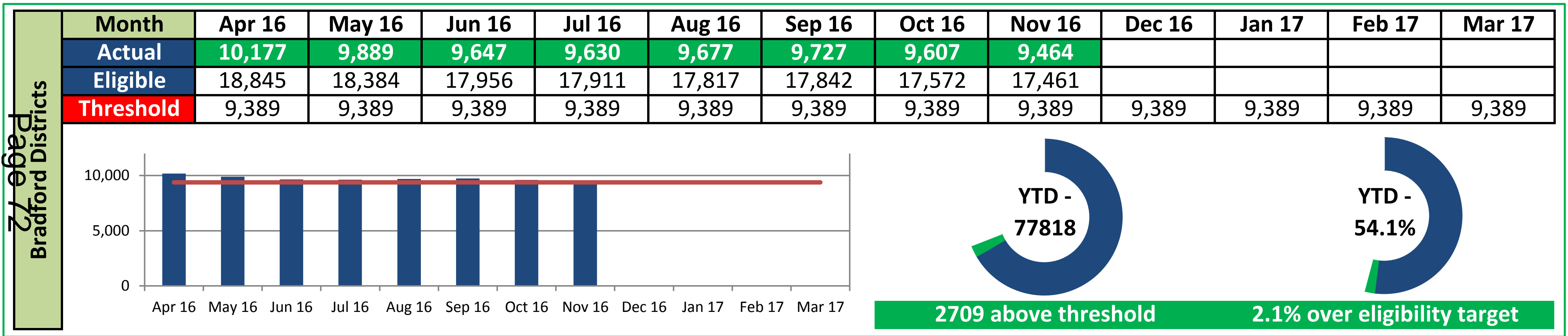
Combined: Month	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Actual	13,806	13,412	13,156	13,099	13,211	13,271	13,145	12,979				
Eligible	26,080	25,476	24,970	24,894	24,827	24,860	24,544	24,396				
Threshold	12,791	12,791	12,791	12,791	12,791	12,791	12,791	12,791	12,791	12,791	12,791	12,791

See 1.5i

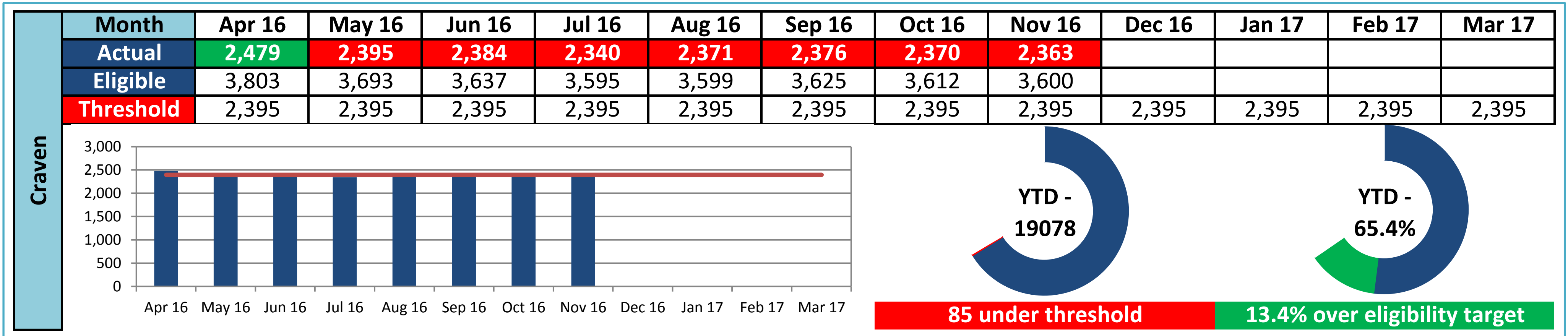
* Data Source: Open Exeter - Data at CCG level using registered population



Bradford City	Month	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
	Actual	1,150	1,128	1,125	1,129	1,163	1,168	1,168	1,152				
	Eligible	3,432	3,399	3,377	3,388	3,411	3,393	3,360	3,335				
	Threshold	1,007	1,007	1,007	1,007	1,007	1,007	1,007	1,007	1,007	1,007	1,007	1,007



Bradford Districts	Month	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
	Actual	10,177	9,889	9,647	9,630	9,677	9,727	9,607	9,464				
	Eligible	18,845	18,384	17,956	17,911	17,817	17,842	17,572	17,461				
	Threshold	9,389	9,389	9,389	9,389	9,389	9,389	9,389	9,389	9,389	9,389	9,389	9,389



Craven	Month	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
	Actual	2,479	2,395	2,384	2,340	2,371	2,376	2,370	2,363				
	Eligible	3,803	3,693	3,637	3,595	3,599	3,625	3,612	3,600				
	Threshold	2,395	2,395	2,395	2,395	2,395	2,395	2,395	2,395	2,395	2,395	2,395	2,395

* Data Source: Open Exeter - Data at CCG level using registered population

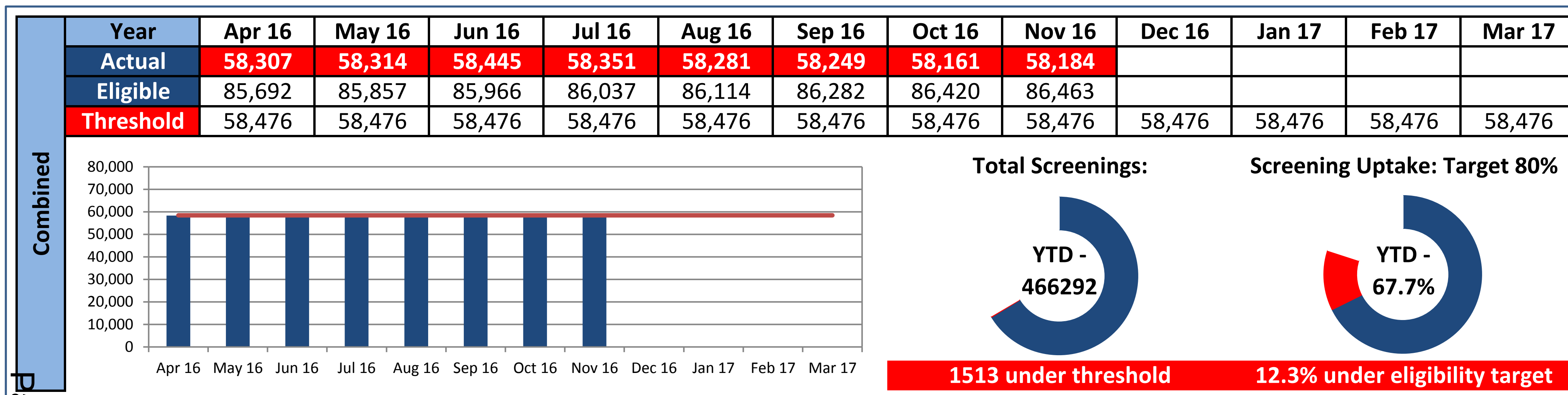
1.5iii Screen an additional 500 women for cervical cancer

Additional Screenings: -1513

Females, 25–64, attending cervical screening within target period - National Target 80%

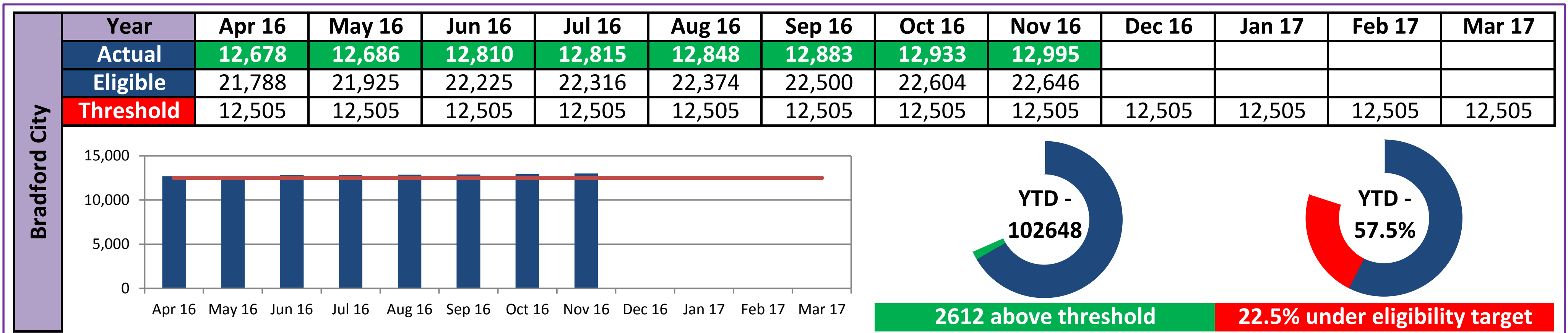
The overall cervical screening coverage: the number of women registered at the practice screened adequately in the previous 42 months (if aged 24-49)

Year	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Actual	58,307	58,314	58,445	58,351	58,281	58,249	58,161	58,184				
Eligible	85,692	85,857	85,966	86,037	86,114	86,282	86,420	86,463				
Threshold	58,476	58,476	58,476	58,476	58,476	58,476	58,476	58,476	58,476	58,476	58,476	58,476

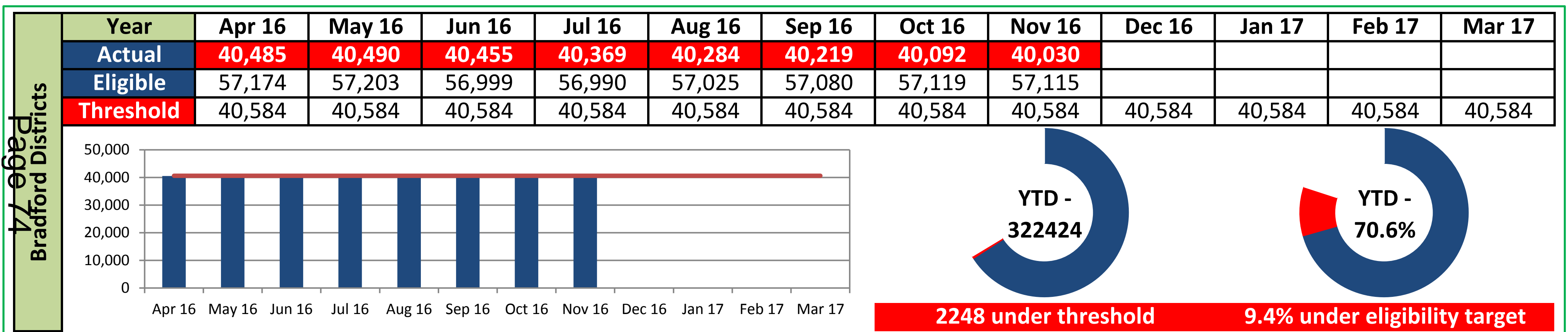


See 1.5i

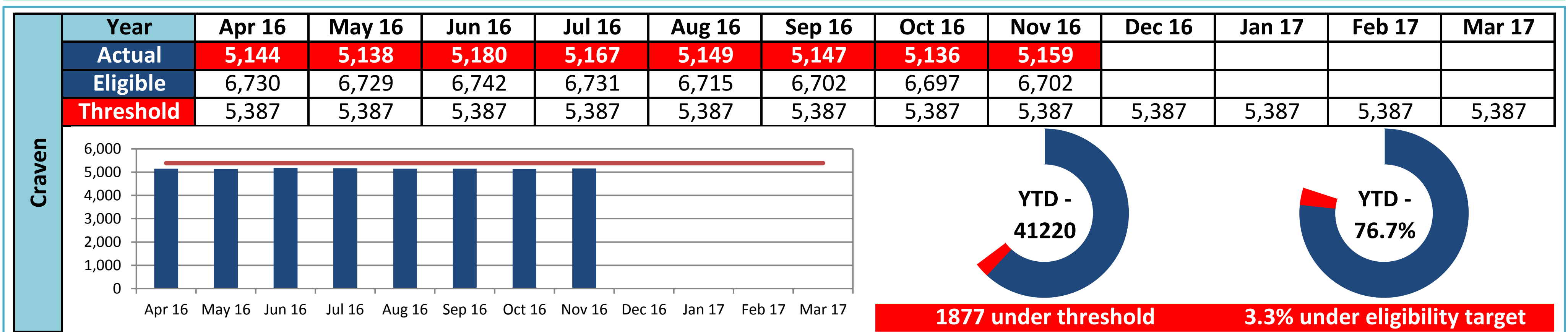
* Data Source: Open Exeter - Data at CCG level using registered population



Bradford City	Year	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
	Actual	12,678	12,686	12,810	12,815	12,848	12,883	12,933	12,995				
	Eligible	21,788	21,925	22,225	22,316	22,374	22,500	22,604	22,646				
	Threshold	12,505	12,505	12,505	12,505	12,505	12,505	12,505	12,505	12,505	12,505	12,505	12,505



Bradford Districts	Year	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
	Actual	40,485	40,490	40,455	40,369	40,284	40,219	40,092	40,030				
	Eligible	57,174	57,203	56,999	56,990	57,025	57,080	57,119	57,115				
	Threshold	40,584	40,584	40,584	40,584	40,584	40,584	40,584	40,584	40,584	40,584	40,584	40,584

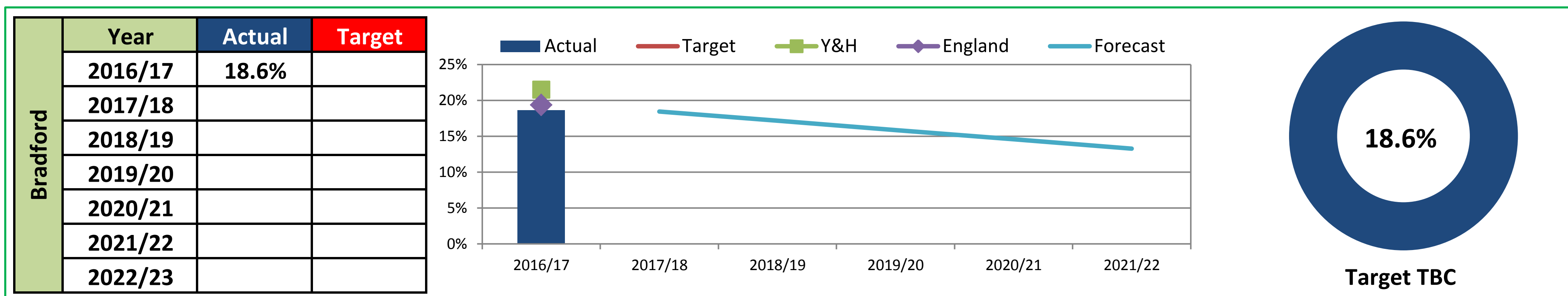


Craven	Year	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
	Actual	5,144	5,138	5,180	5,167	5,149	5,147	5,136	5,159				
	Eligible	6,730	6,729	6,742	6,731	6,715	6,702	6,697	6,702				
	Threshold	5,387	5,387	5,387	5,387	5,387	5,387	5,387	5,387	5,387	5,387	5,387	5,387

* Data Source: Open Exeter - Data at CCG level using registered population

1.6i Recognise and value peoples mental wellbeing and take early action to maintain their mental health

PHOF 2.23iv self-reported wellbeing - people with a high anxiety score. The percentage of respondents scoring 6-10 to the question "Overall, how anxious did you feel yesterday?" - Target to Be Confirmed.



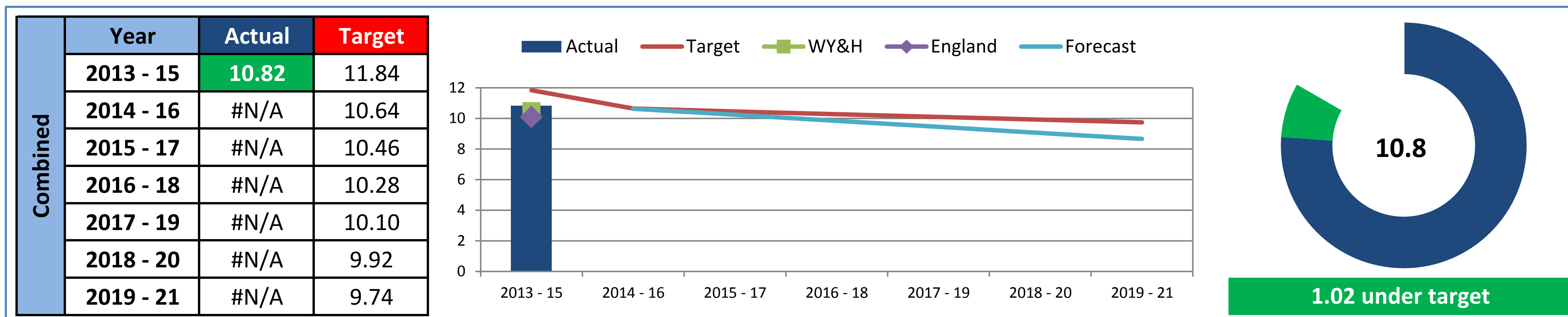
Bradford	Year	Actual	Target
	2016/17	18.6%	
	2017/18		
	2018/19		
	2019/20		
	2020/21		
	2021/22		
	2022/23		

Mental wellbeing is much more than simply not being mentally ill. It is about having positive self-esteem, good coping mechanisms and feeling empowered and in control. In Bradford district and Craven we actively promote mental wellbeing through addressing social and environmental factors and offering support before problems lead to mental ill-health.
A new Mental Health Strategy was recently launched across Bradford – bringing together the health and care economy. The strategic priorities are given as:
Our wellbeing - We will build resilience, promote mental wellbeing and deliver early intervention to enable our population to increase control over their mental health and wellbeing and improve their quality of lifeand mental health outcomes.
Our mental and physical health - Mental health and wellbeing is of equal importance with physical health. We will develop and deliver care that meets these needs through the integration of mental and physical health and care.
Care when we need it - When people experience mental ill health the strategy will ensure they can access high quality, evidence based care that meets their needs in a timely manner, provides seamless transitions and care navigation.
The strategy is comprehensive for Bradford district and Craven 2016-2020 and covers all ages. It provides and innovative focus on promoting mental wellbeing and tackling wider determinants of mental ill-health, and is aligned with national guidance. It was developed through close engagement with local people, carers, VCS, NHS providers and local authorities in Bradford area and Craven
Work is now underway to implement the strategy with the close involvement of wide range of partners in strategy development and implementation.

*Data Source: Public Health England - Data at UA/LA level using resident population

1.6ii Recognise and value peoples mental wellbeing and take early action to maintain their mental health

Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population



Combined	Year	Actual	Target
	2013 - 15	10.82	11.84
	2014 - 16	#N/A	10.64
	2015 - 17	#N/A	10.46
	2016 - 18	#N/A	10.28
	2017 - 19	#N/A	10.10
	2018 - 20	#N/A	9.92
	2019 - 21	#N/A	9.74

Mental wellbeing is much more than simply not being mentally ill. It is about having positive self-esteem, good coping mechanisms and feeling empowered and in control. In Bradford district and Craven we actively promote mental wellbeing through addressing social and environmental factors and offering support before problems lead to mental ill-health.

A new Mental Health Strategy was recently launched across Bradford – bringing together the health and care economy. The strategic priorities are given as:

Our wellbeing - We will build resilience, promote mental wellbeing and deliver early intervention to enable our population to increase control over their mental health and wellbeing and improve their quality of lifeand mental health outcomes.

Our mental and physical health - Mental health and wellbeing is of equal importance with physical health. We will develop and deliver care that meets these needs through the integration of mental and physical health and care.

Care when we need it - When people experience mental ill health the strategy will ensure they can access high quality, evidence based care that meets their needs in a timely manner, provides seamless transitions and care navigation.

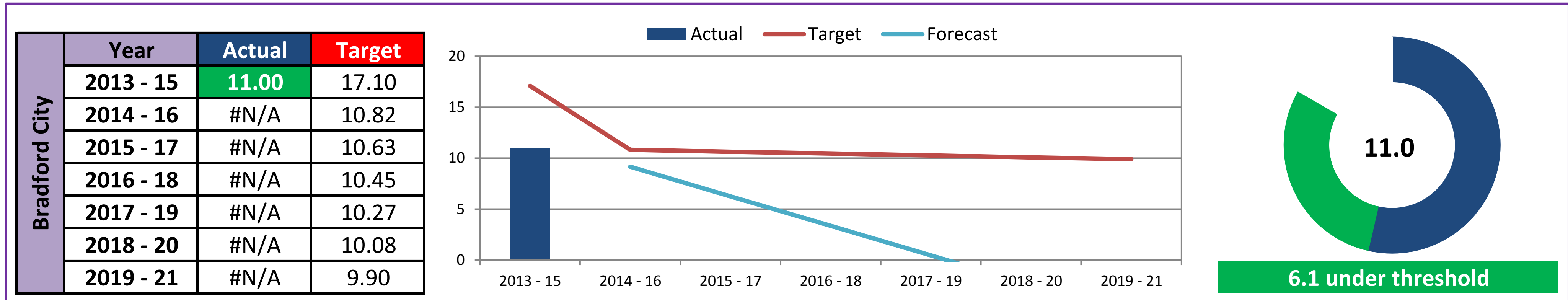
The strategy is comprehensive for Bradford district and Craven 2016-2020 and covers all ages. It provides and innovative focus on promoting mental wellbeing and tackling wider determinants of mental ill-health, and is aligned with national guidance. It was developed through close engagement with local people, carers, VCS, NHS providers and local authorities in Bradford area and Craven

Work is now underway t

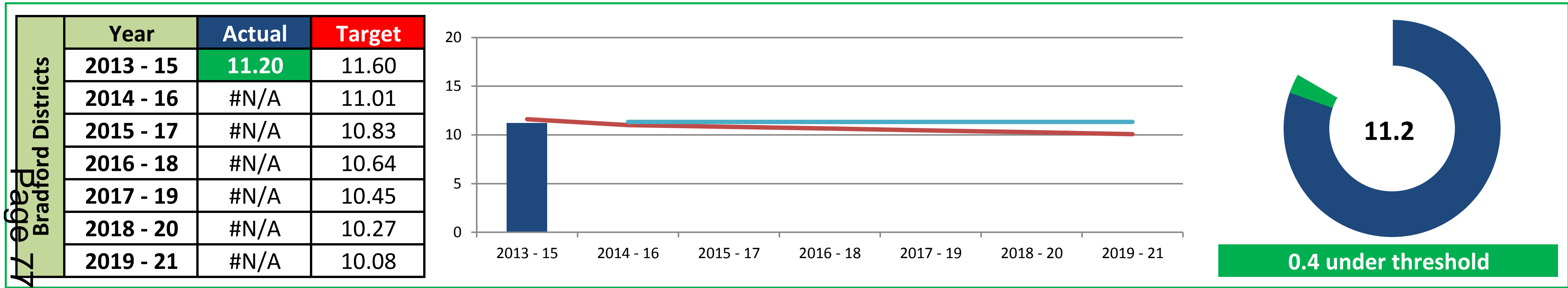
Our key achievements during 2016/17 include: working with colleagues in public health, NHS providers, social care and other teams on actions to reduce suicides

o implement the strategy with the close involvement of wide range of partners in strategy development and implementation.

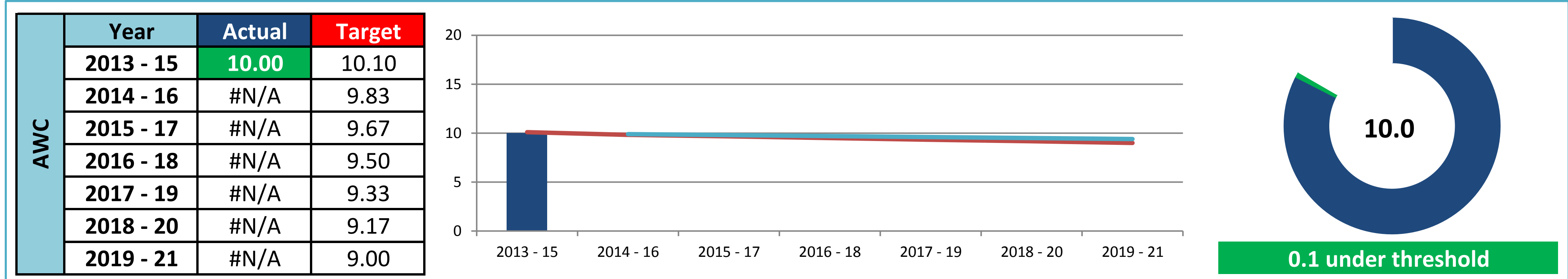
* Data Source: Office for National Statistics - Data at CCG level using registered population



Bradford City	Year	Actual	Target
	2013 - 15	11.00	17.10
	2014 - 16	#N/A	10.82
	2015 - 17	#N/A	10.63
	2016 - 18	#N/A	10.45
	2017 - 19	#N/A	10.27
	2018 - 20	#N/A	10.08
	2019 - 21	#N/A	9.90



Bradford Districts	Year	Actual	Target
	2013 - 15	11.20	11.60
	2014 - 16	#N/A	11.01
	2015 - 17	#N/A	10.83
	2016 - 18	#N/A	10.64
	2017 - 19	#N/A	10.45
	2018 - 20	#N/A	10.27
	2019 - 21	#N/A	10.08



AWC	Year	Actual	Target
	2013 - 15	10.00	10.10
	2014 - 16	#N/A	9.83
	2015 - 17	#N/A	9.67
	2016 - 18	#N/A	9.50
	2017 - 19	#N/A	9.33
	2018 - 20	#N/A	9.17
	2019 - 21	#N/A	9.00

* Data Source: Office for National Statistics - Data at CCG level using registered population

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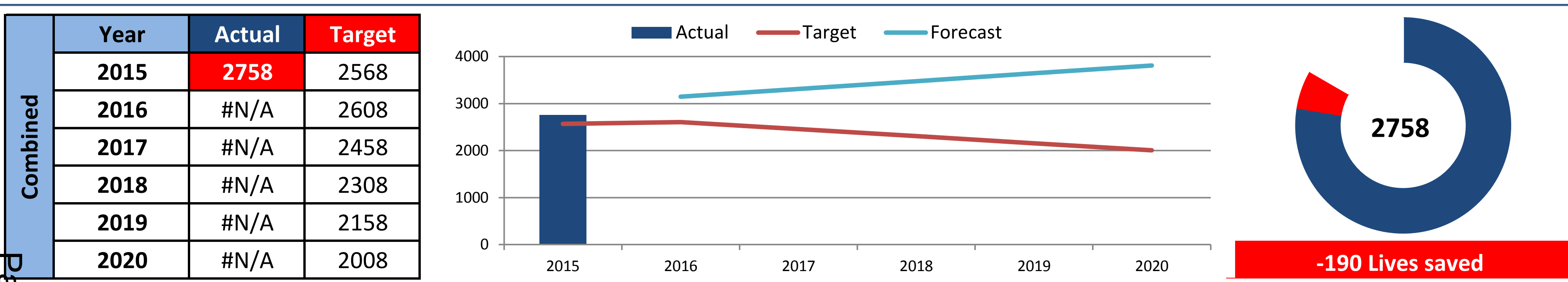
Care and Quality

2.1 Save 150 lives by reducing variation in care

Total Lives saved: -190

Total lives saved for Age-standardised rate of mortality considered preventable from : Cardio Vascular Diseases, Under 75 mortality: mental illness, Respiratory Disease, All Cancers.



Combined	Year	Actual	Target
	2015	2758	2568
	2016	#N/A	2608
	2017	#N/A	2458
	2018	#N/A	2308
	2019	#N/A	2158
	2020	#N/A	2008

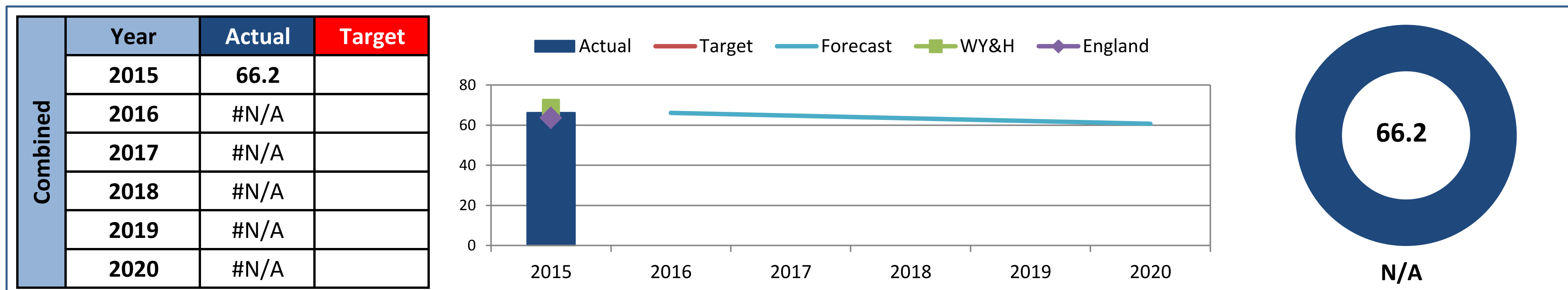
Narrative:

PLEASE NOTE: The Thresholds are provisional only - the projected number of lives to be saved is currently being calculated.

* Data Source: HSCIC/NHS Digital - Data at CCG level using registered population

2.1 Save 150 lives by reducing variation in care

4.04ii - Age-standardised rate of mortality considered preventable from all cardiovascular diseases (incl. heart disease and stroke) in those aged <75 per 100,000 population

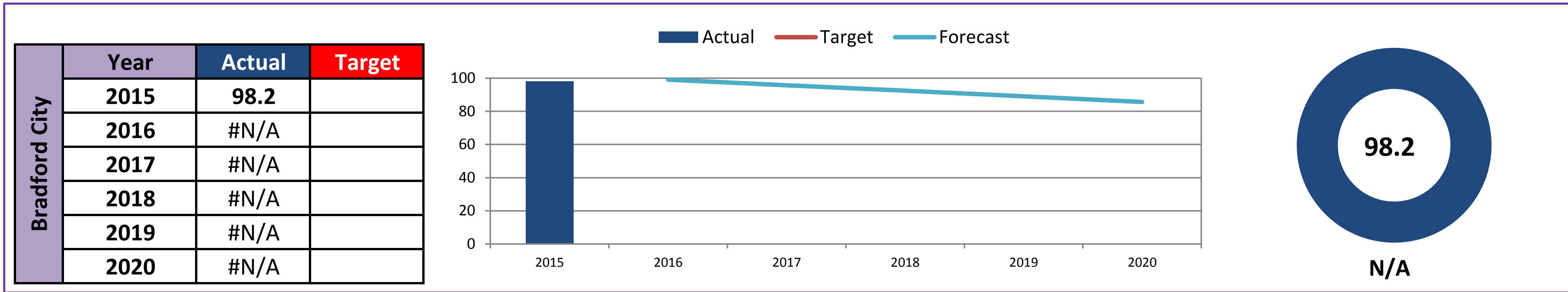


Combined	Year	Actual	Target
	2015	**66.2**	
	2016	#N/A	
	2017	#N/A	
	2018	#N/A	
	2019	#N/A	
	2020	#N/A	

Narrative:

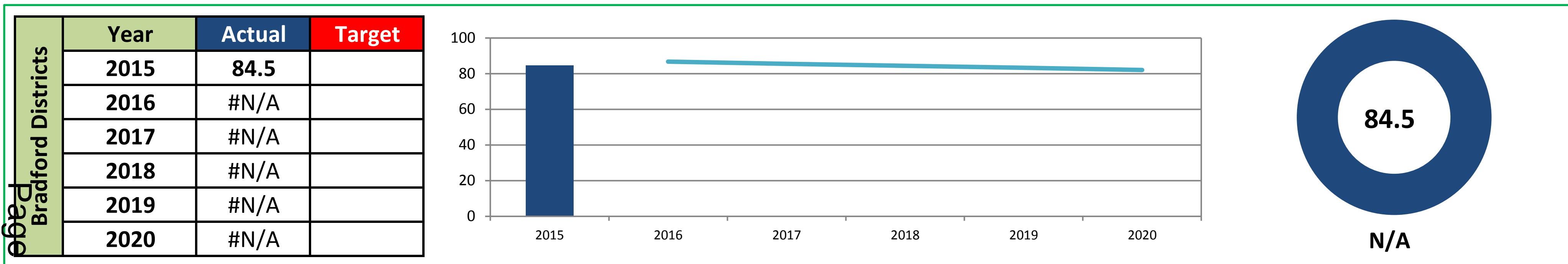
PLEASE NOTE: The Thresholds are provisional only - the projected number of lives to be saved is currently being calculated.

* Data Source: HSCIC/NHS Digital - Data at CCG level using registered population



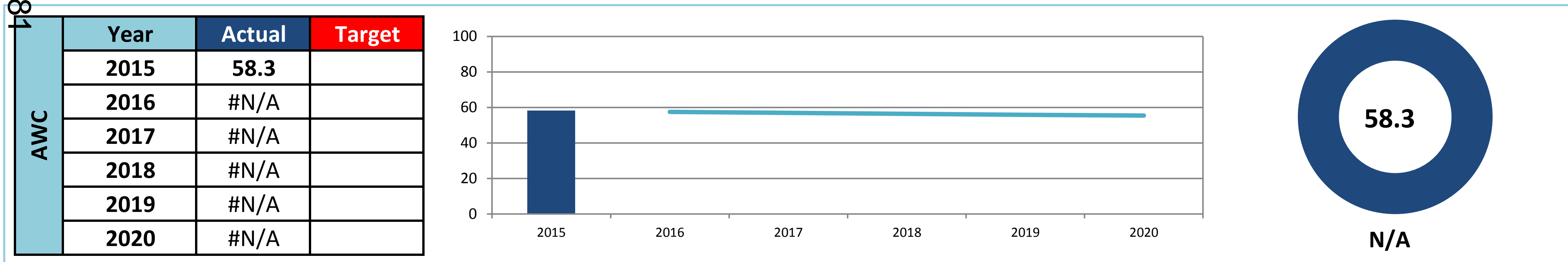
Bradford City

Year	Actual	Target
2015	98.2	
2016	#N/A	
2017	#N/A	
2018	#N/A	
2019	#N/A	
2020	#N/A	



Bradford Districts

Year	Actual	Target
2015	84.5	
2016	#N/A	
2017	#N/A	
2018	#N/A	
2019	#N/A	
2020	#N/A	



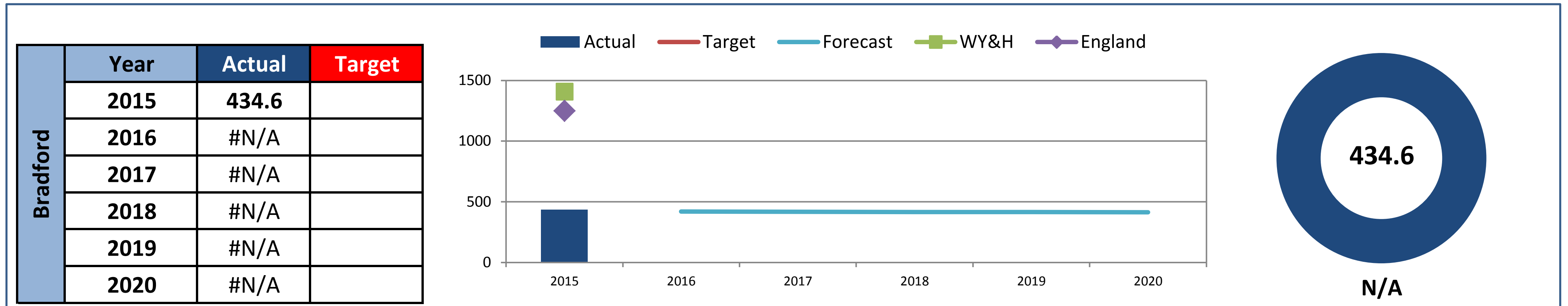
AWC

Year	Actual	Target
2015	58.3	
2016	#N/A	
2017	#N/A	
2018	#N/A	
2019	#N/A	
2020	#N/A	

* Data Source: HSCIC/NHS Digital - Data at CCG level using registered population

2.1 Save 150 lives by reducing variation in care

1.5i Excess under 75 mortality rate in adults with serious mental illness – links to Mental wellbeing strategy



Bradford	Year	Actual	Target
	2015	**434.6**	
	2016	#N/A	
	2017	#N/A	
	2018	#N/A	
	2019	#N/A	
	2020	#N/A	

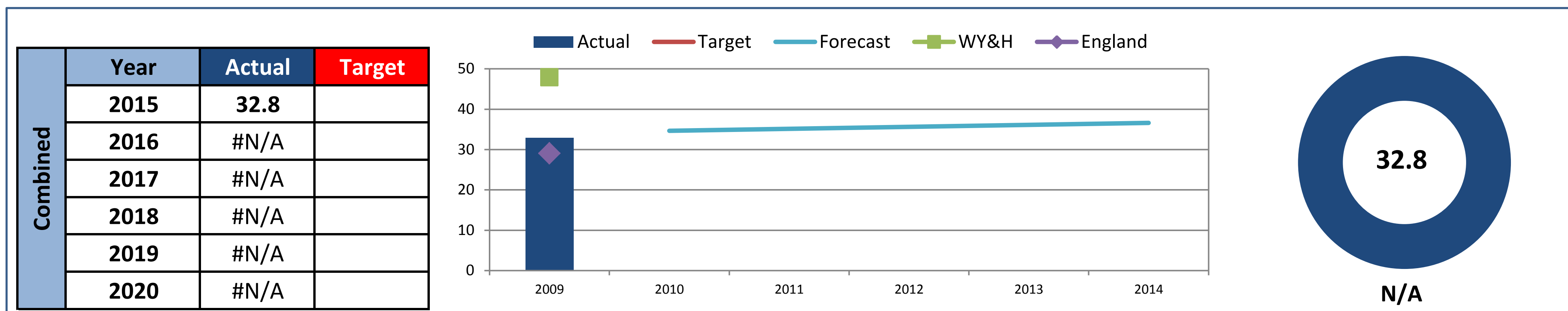
Narrative:

PLEASE NOTE: The Thresholds are provisional only - the projected number of lives to be saved is currently being calculated.

* Data Source: HSCIC/NHS Digital - Data at CCG level using registered population

2.1 Save 150 lives by reducing variation in care

4.07ii - Age-standardised rate of mortality considered preventable from respiratory disease in those aged <75 per 100,000 population



Combined	Year	Actual	Target
	2015	32.8	
	2016	#N/A	
	2017	#N/A	
	2018	#N/A	
	2019	#N/A	
	2020	#N/A	

PLEASE NOTE: The Thresholds are provisional only - the projected number of lives to be saved is currently being calculated.

The aim of the *Bradford Breathing Better* (*BBB*) programme is to improve the pathway of care from diagnosis, ensuring improved management of respiratory diseases with a view to reducing avoidable hospital admissions. This will result in improved patient experience.

BBB was launched in January 2017 at an event attended by around 60 GPs and nurses and other healthcare staff from across Bradford. Going forward, *BBB* will ensure that good practice is spread and improvement achieved by following a similar model to the Bradford Beating Diabetes and Bradford's Healthy Hearts programmes which have already achieved considerable success and recognition. A programme board is to be established and a lead is to be appointed. Each GP practice is to identify its own practice respiratory lead. Improvements will be made by concentrating on four areas: self-care, prescribing and formulary, clinical template development and pathways.

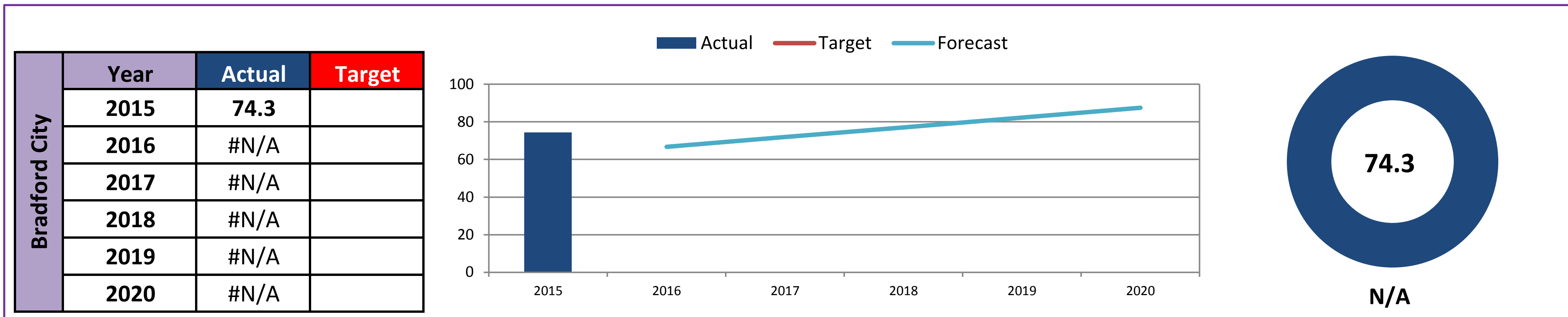
By working to improve the management of people with respiratory conditions we will improve patient experience, reduce health inequalities and reduce spend through reducing the number of preventable hospital admissions.

In Bradford the prevalence of asthma is above the national average and the prevalence of COPD is rising. We have higher emergency admissions, higher mortality and higher spend that other areas.

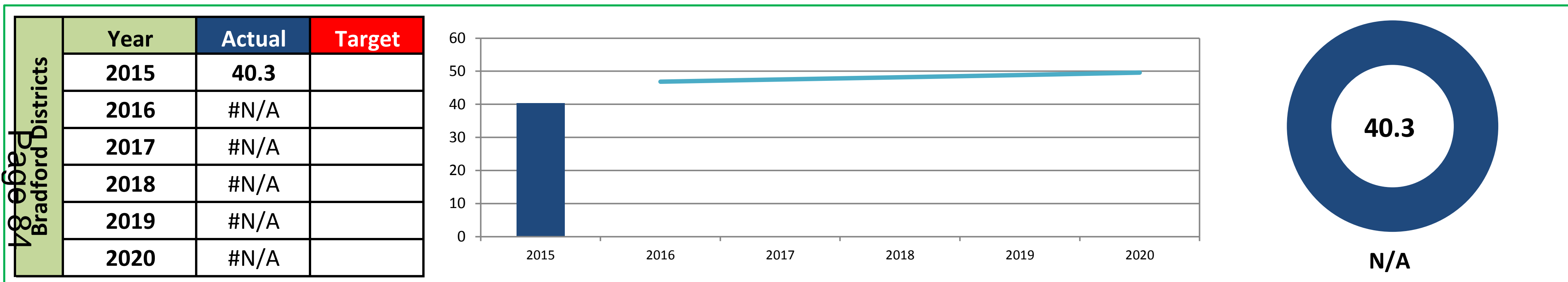
In 2015/16 there were 7,914 patients registered with asthma in City CCG and 21,955 patients registered in Districts CCG. Nationally, prevalence of asthma has fallen slightly from 6.0% in 2012/13 to 5.9% in 2015/16. This trend can be seen in Districts CCG where prevalence has fallen from 6.7% to 6.5%. Prevalence has however risen in City CCG from 6.3% in 2012/13 to 6.4% in 2015/16. Prevalence remains above the national average for both CCGs. It is suggested that some 12,000 people remain undiagnosed with asthma. *(Respiratory Health in Bradford and Airedale, March 2016, Bradford MDC)*

In 2015/16 there were 1,533 patients registered with COPD in City CCG and 8,177 patients registered in Districts CCG. Nationally, prevalence of COPD has risen slightly from 1.7% in 2012/13 to 1.9% in 2015/16 and this trend can be seen in both CCGS. Prevalence of COPD has risen in City CCG from 1.1% in 2012/13 to 1.2% in 2015/16. In Districts CCG prevalence has risen from 2.3% to 2.4% over the same period of time. Prevalence remains above the national average for Districts CCGs. COPD is responsible for large numbers of non-elective hospital admissions – some of which are avoidable. It is suggested that for every 100 people on the COPD disease register

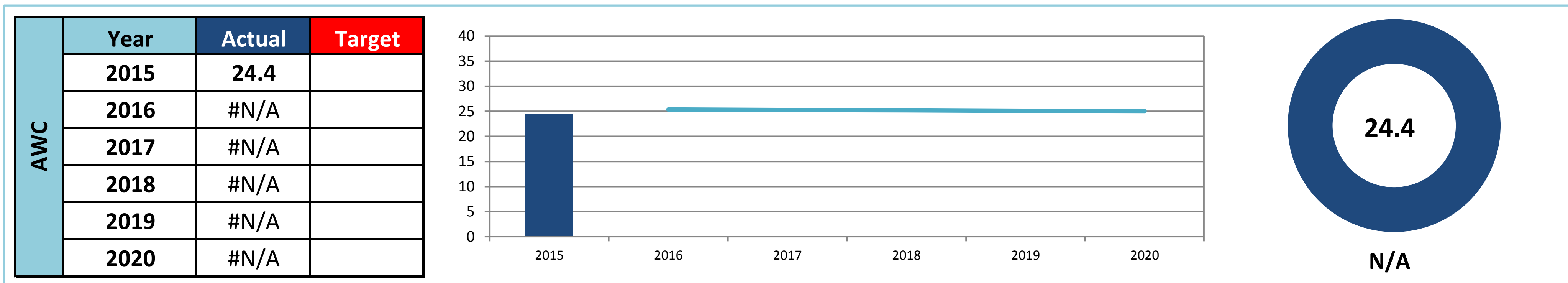
* Data Source: HSCIC/NHS Digital - Data at CCG level using registered population



Bradford City	Year	Actual	Target
	2015	74.3	
	2016	#N/A	
	2017	#N/A	
	2018	#N/A	
	2019	#N/A	
	2020	#N/A	



Bradford Districts	Year	Actual	Target
	2015	40.3	
	2016	#N/A	
	2017	#N/A	
	2018	#N/A	
	2019	#N/A	
	2020	#N/A	

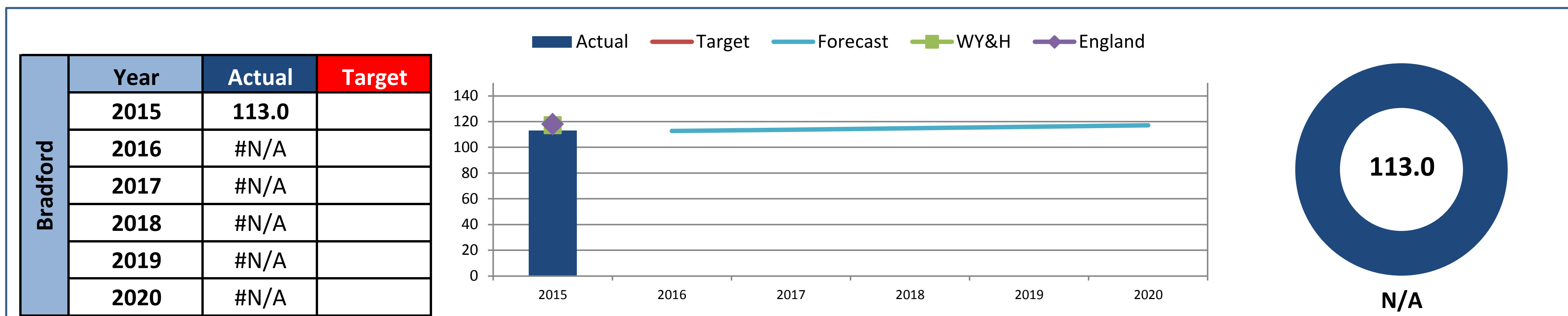


AWC	Year	Actual	Target
	2015	24.4	
	2016	#N/A	
	2017	#N/A	
	2018	#N/A	
	2019	#N/A	
	2020	#N/A	

* Data Source: HSCIC/NHS Digital - Data at CCG level using registered population

2.1 Save 150 lives by reducing variation in care

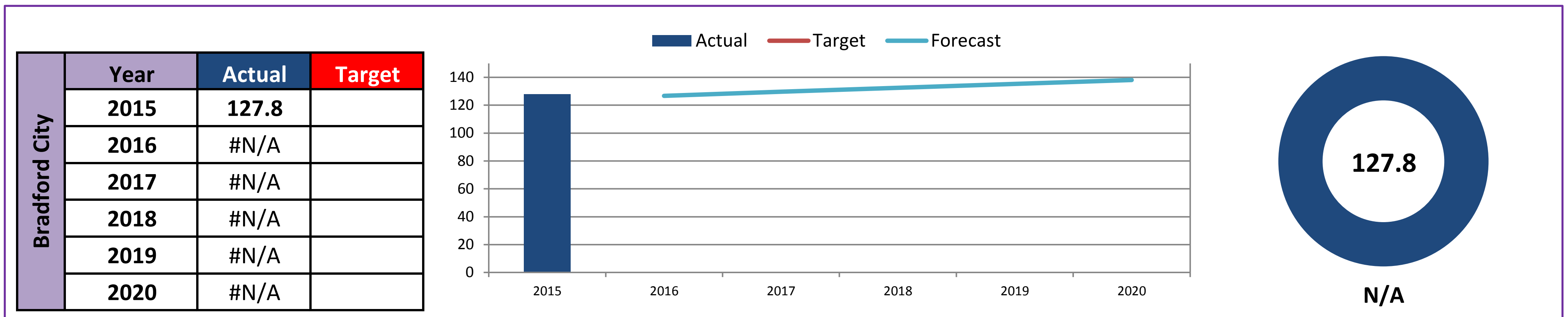
4.05ii - Age-standardised rate of mortality considered preventable from all cancers in those aged <75 per 100,000 population



Bradford	Year	Actual	Target
	2015	**113.0**	
	2016	#N/A	
	2017	#N/A	
	2018	#N/A	
	2019	#N/A	
	2020	#N/A	

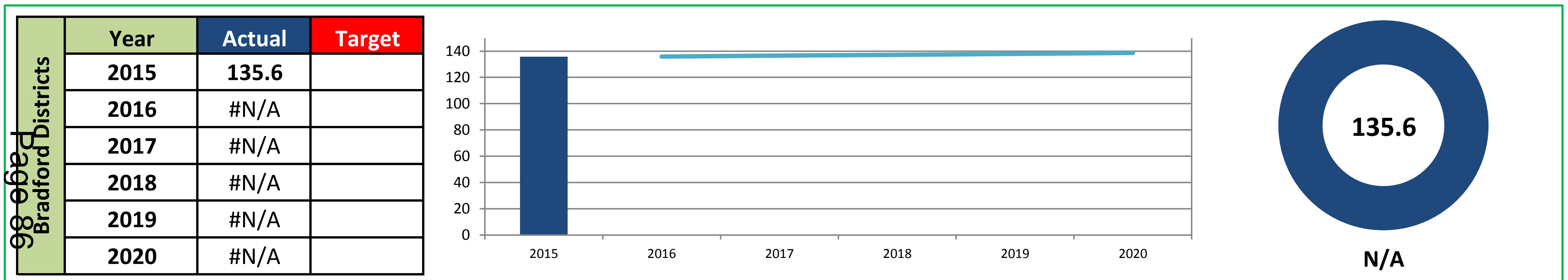
PLEASE NOTE: The Thresholds are provisional only - the projected number of lives to be saved is currently being calculated.
We have implemented the new NICE guidance for the identification and referral of patients with suspected cancer. The resulting lower threshold for referral will result in an increase in the number of patients being seen for diagnostic testing meaning more cancers will be found at an earlier stage and therefore treatment outcomes will be improved. In 2016/17, work was done to update the referral process for patients with suspected cancer in line with new NICE guidance. Streamlining this process allows patients to be seen quicker and enables providers to achieve the various waiting times standards as well as giving better treatment outcomes. We held an engagement event in conjunction with Cancer Research UK in June 2016 to understand the issues and barriers that affect uptake of cancer screening in Bradford. Following this, NHSE has set up a working group - including NHS commissioners and providers, the local authority, third sector organisations and patient groups - to spread the message about cancer screening throughout our population with the aim of diagnosing more cancers at early stages, thus improving patient outcomes and survival rates. BTHFT has continued its work to streamline care pathways in 2016/17, especially for patients with colorectal cancer. In 2017/18, this pathway will become operational and work will start to streamline pathways for breast and prostate cancer. This will include identifying the best location for treatment and the most appropriate ongoing treatment options depending on an individual's diagnosis, treatment plan and prognosis. Across provider organisations work is ongoing to improve utilisation of the recovery package, which gives patients greater control over and understanding of their treatment, thus improving their experience of care.

* Data Source: HSCIC/NHS Digital - Data at CCG level using registered population



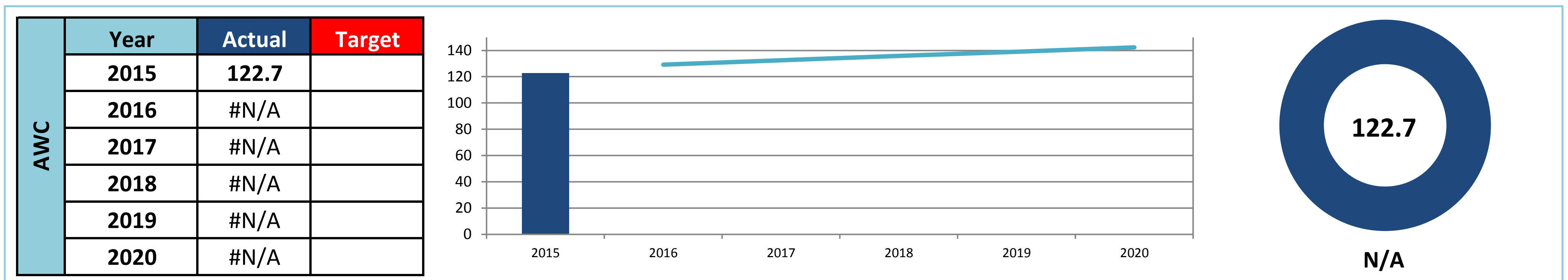
Bradford City

Year	Actual	Target
2015	127.8	
2016	#N/A	
2017	#N/A	
2018	#N/A	
2019	#N/A	
2020	#N/A	



Bradford Districts

Year	Actual	Target
2015	135.6	
2016	#N/A	
2017	#N/A	
2018	#N/A	
2019	#N/A	
2020	#N/A	



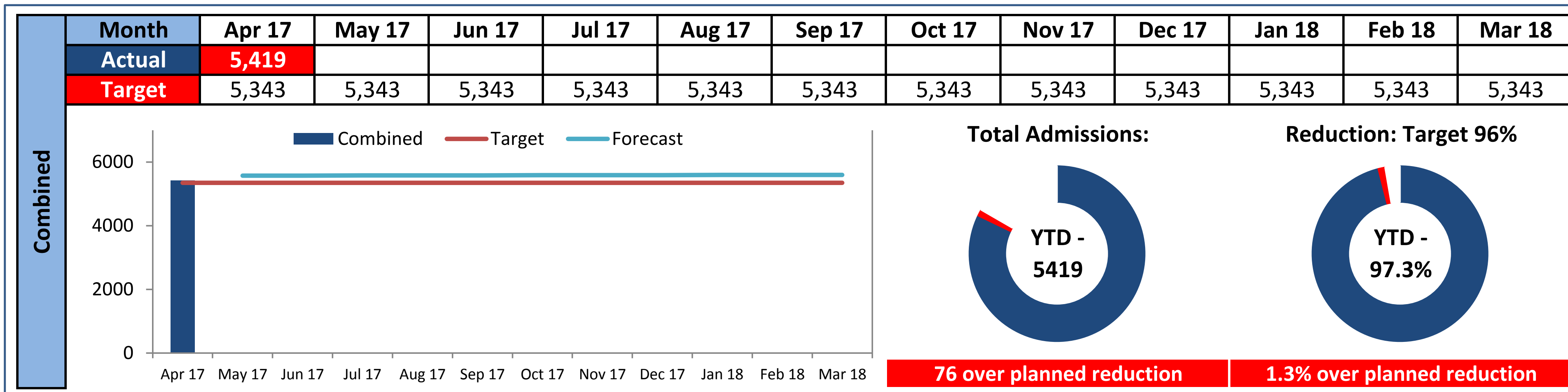
AWC

Year	Actual	Target
2015	122.7	
2016	#N/A	
2017	#N/A	
2018	#N/A	
2019	#N/A	
2020	#N/A	

* Data Source: HSCIC/NHS Digital - Data at CCG level using registered population

2.2 Reduce non-elective admissions by 4%

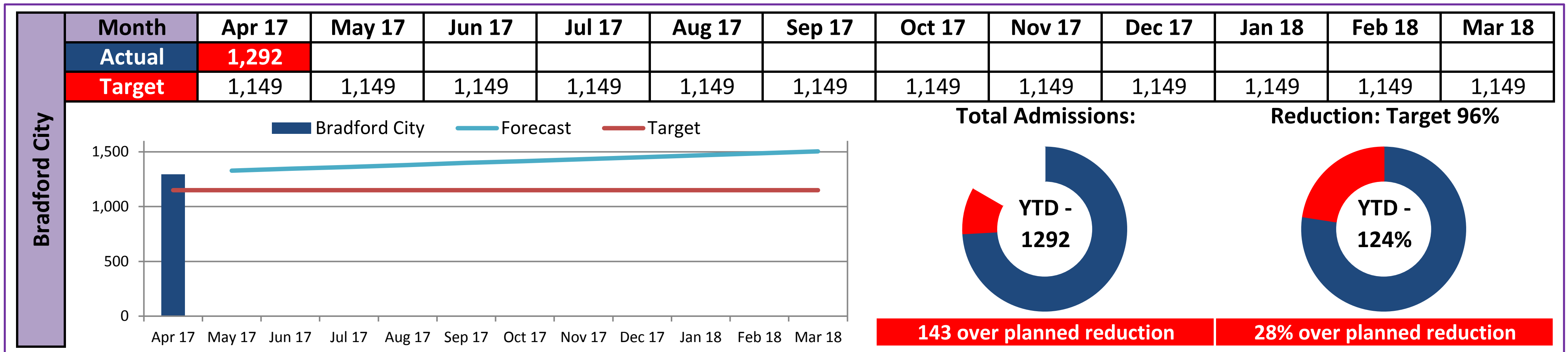
Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population



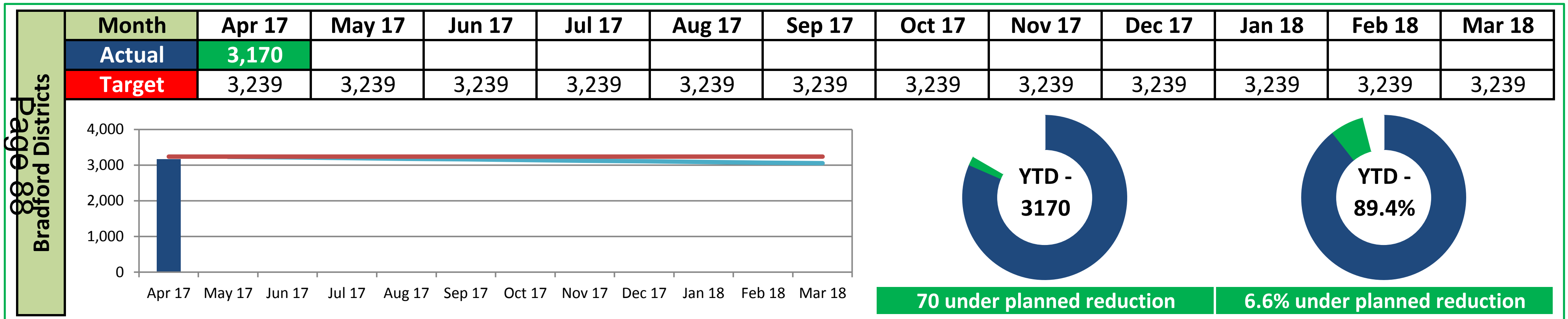
Month	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Actual	5,419											
Target	5,343	5,343	5,343	5,343	5,343	5,343	5,343	5,343	5,343	5,343	5,343	5,343

Narrative:

* Data Source: UNIFY2 - Data at CCG level using registered population



Month	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Actual	1,292											
Target	1,149	1,149	1,149	1,149	1,149	1,149	1,149	1,149	1,149	1,149	1,149	1,149



Month	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Actual	3,170											
Target	3,239	3,239	3,239	3,239	3,239	3,239	3,239	3,239	3,239	3,239	3,239	3,239

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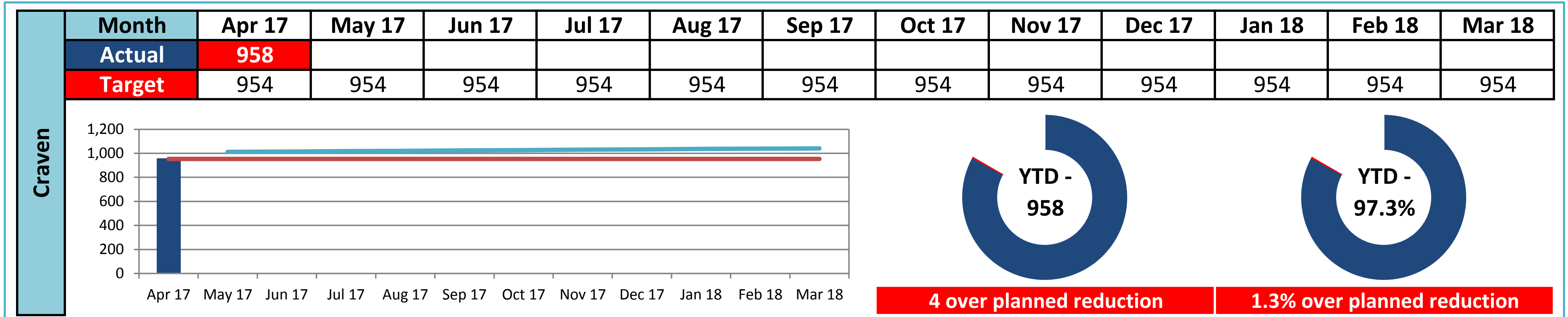
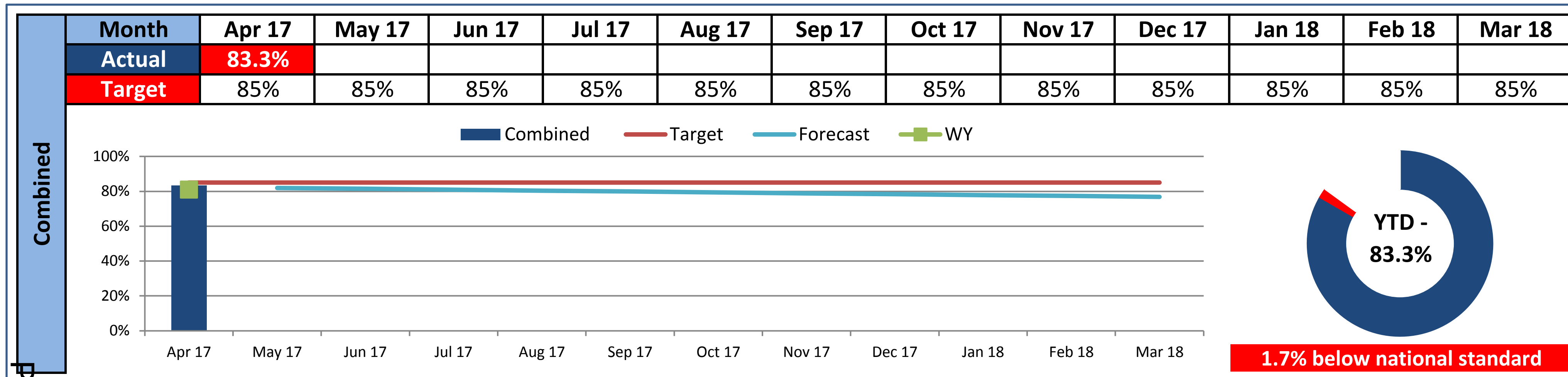


Month	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Actual	958											
Target	954	954	954	954	954	954	954	954	954	954	954	954

* Data Source: UNIFY2 - Data at CCG level using registered population

2.3b Develop a sustainable model of planned and emergency/urgent care that meets clinical and constitutional standards including seven day services in the 4 priority areas as a minimum (part B)

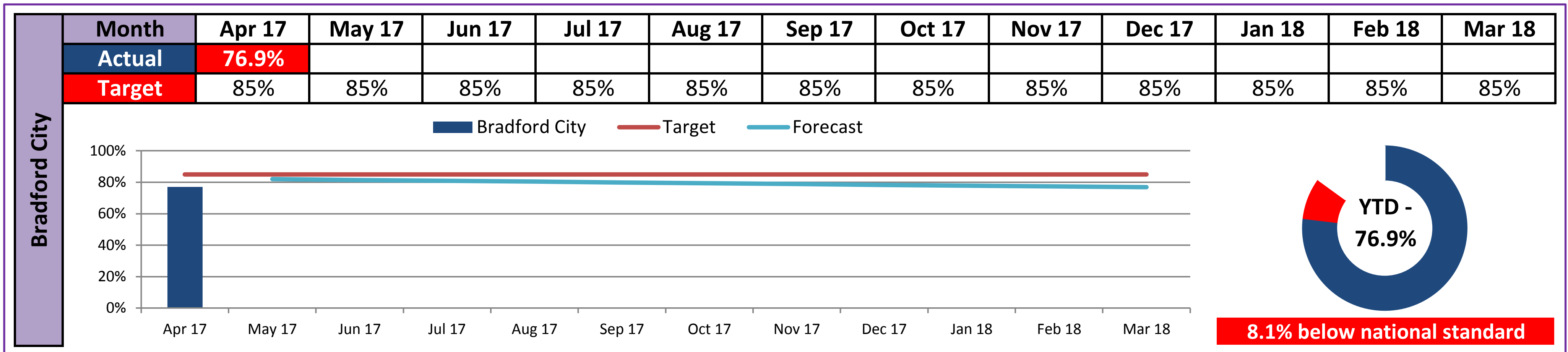
i. CCGIAF 122b People with urgent GP referral having first definitive treatment for cancer within 62 days of referral



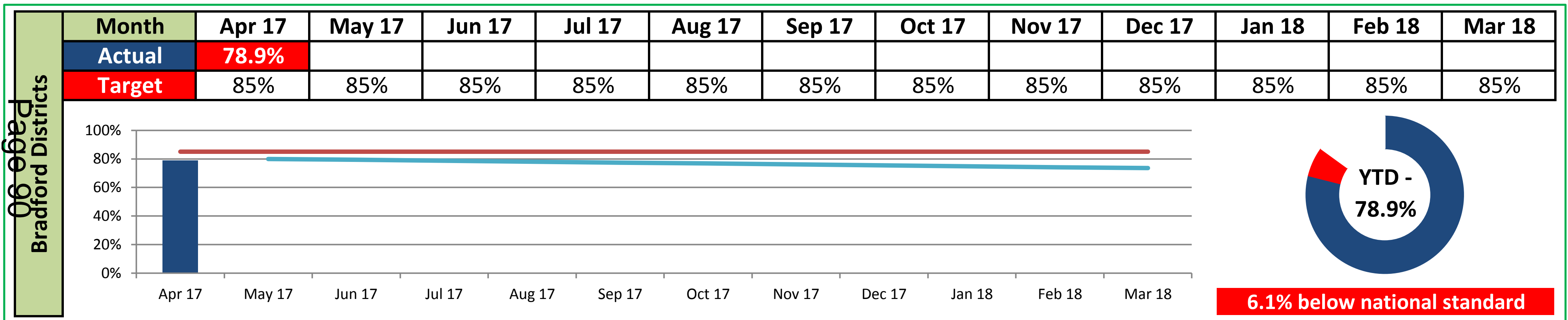
Month	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Actual	83.3%											
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Narrative:

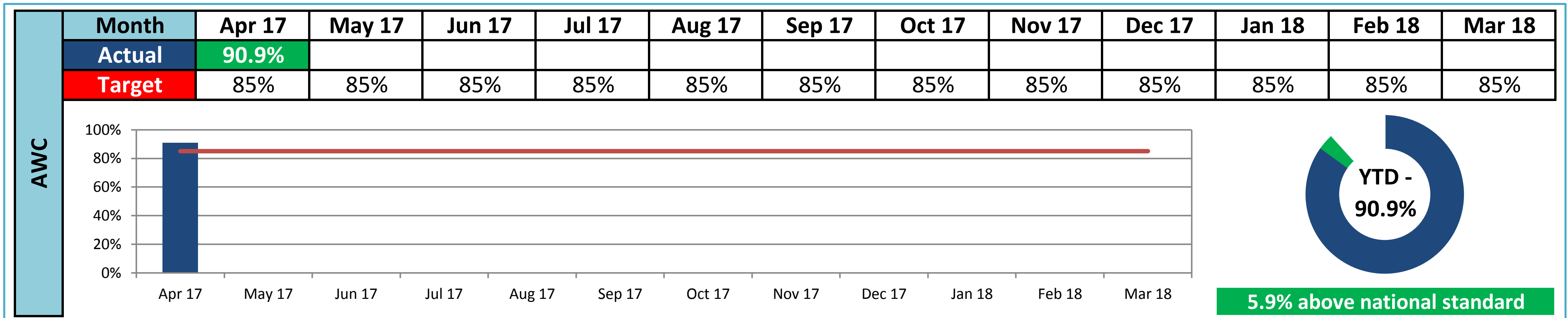
* Data Source: Open Exeter - Data at CCG level using registered population



Month	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Actual	76.9%											
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%



Month	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Actual	78.9%											
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

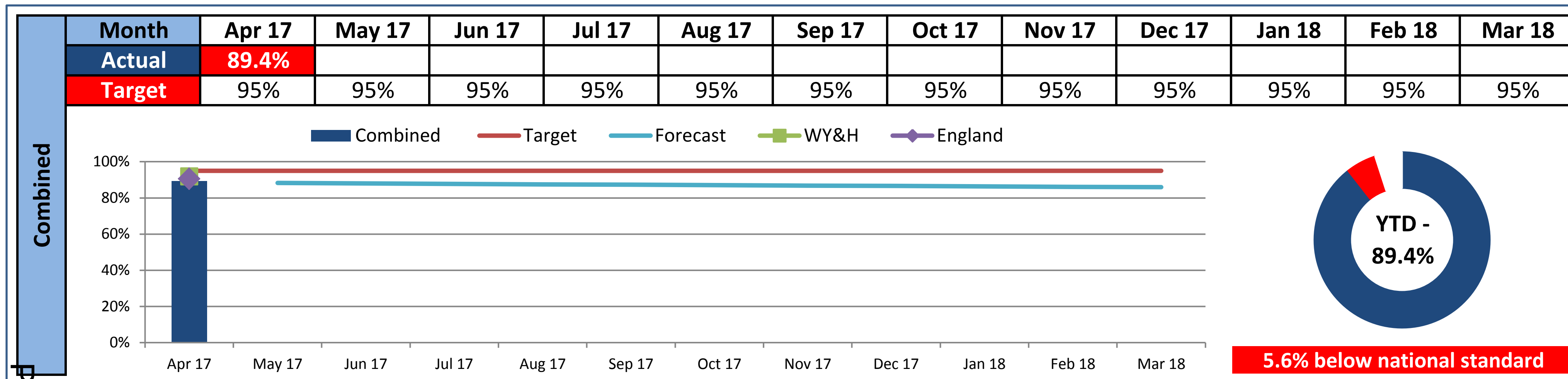


Month	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Actual	90.9%											
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

* Data Source: Open Exeter - Data at CCG level using registered population

2.3b Develop a sustainable model of planned and emergency/urgent care that meets clinical and constitutional standards including seven day services in the 4 priority areas as a minimum (part B)

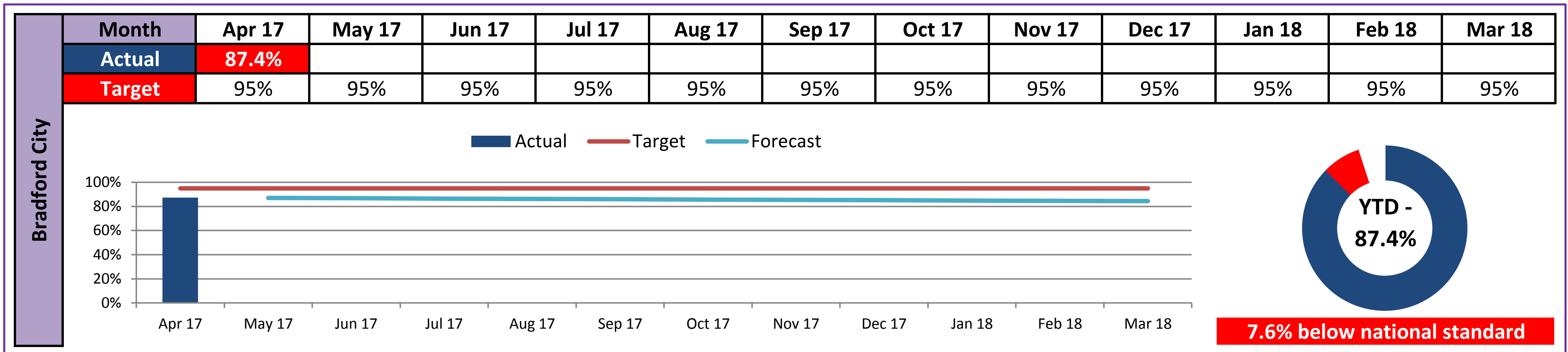
ii. CCGIAF 127c Percentage of patients admitted, transferred or discharged from A&E within 4 hours



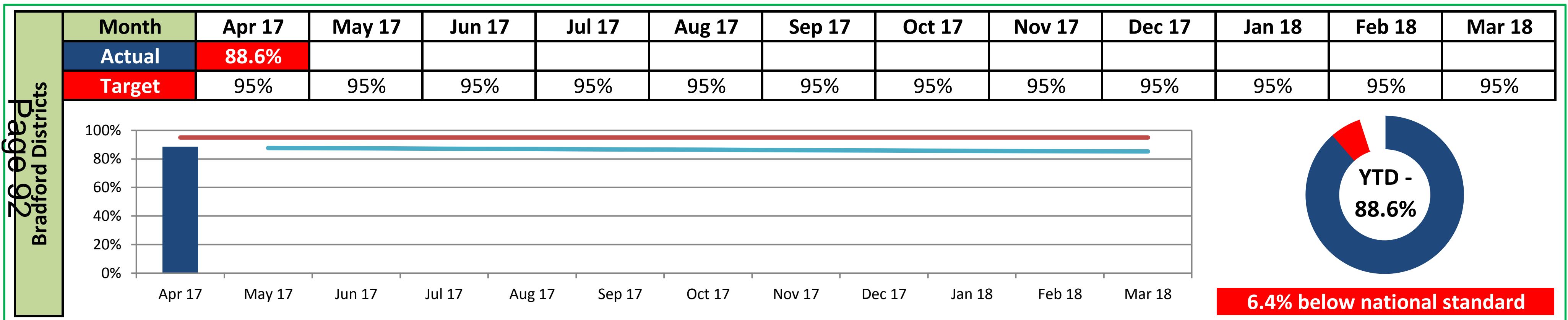
Month	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Actual	89.4%											
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Narrative:

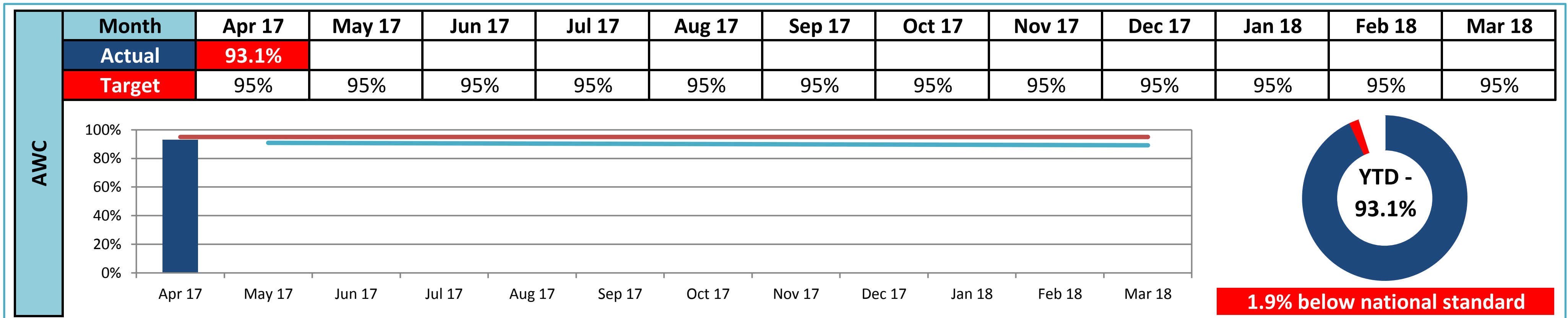
* Data Source: NHS England - Data at CCG level using registered population



Bradford City	Month	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
	Actual	87.4%											
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%



Bradford Districts	Month	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
	Actual	88.6%											
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

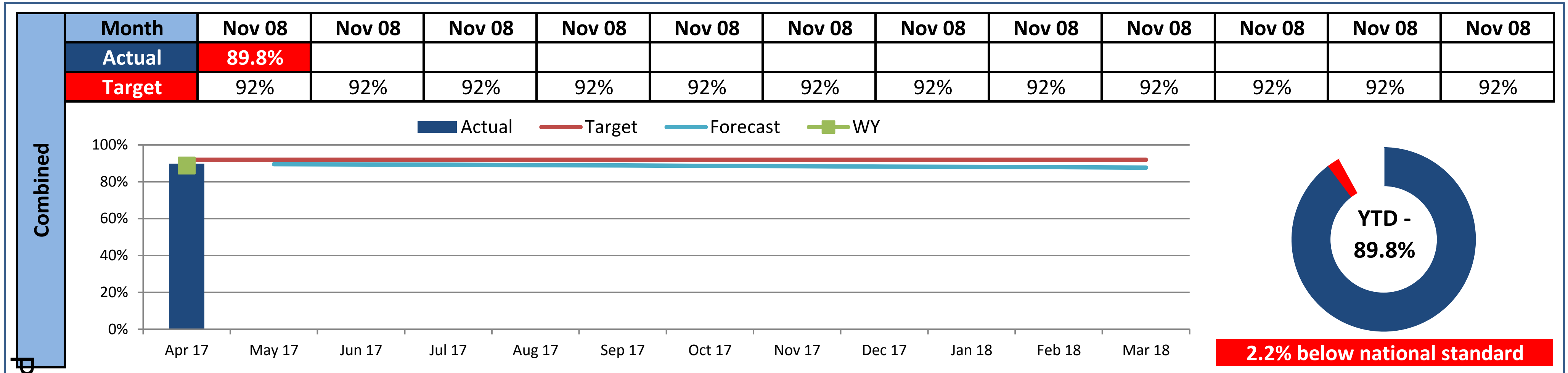


AWC	Month	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
	Actual	93.1%											
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

* Data Source: NHS England - Data at CCG level using registered population

2.3b Develop a sustainable model of planned and emergency/urgent care that meets clinical and constitutional standards including seven day services in the 4 priority areas as a minimum (part B)

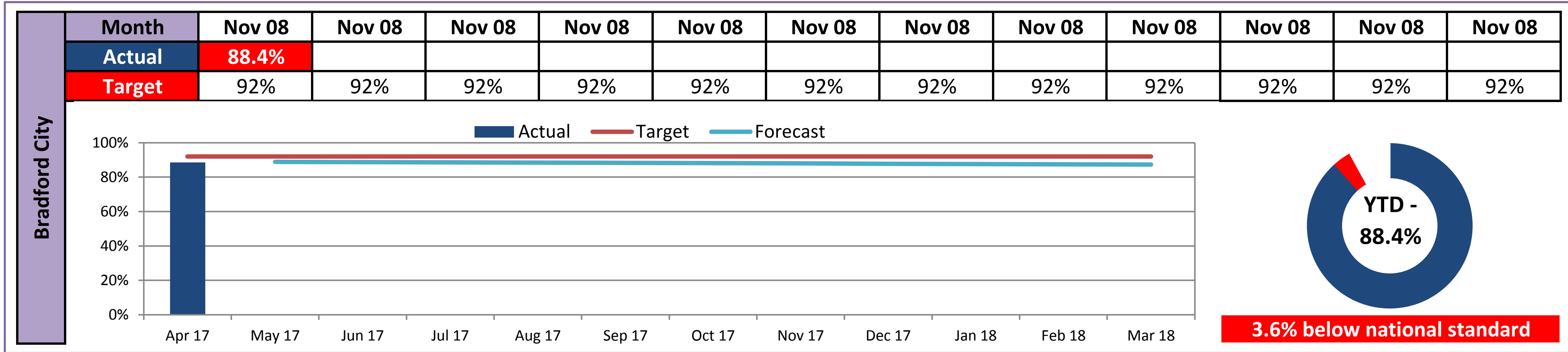
iii. CCGIAF 129a Patients waiting 18 weeks or less from referral to hospital treatment



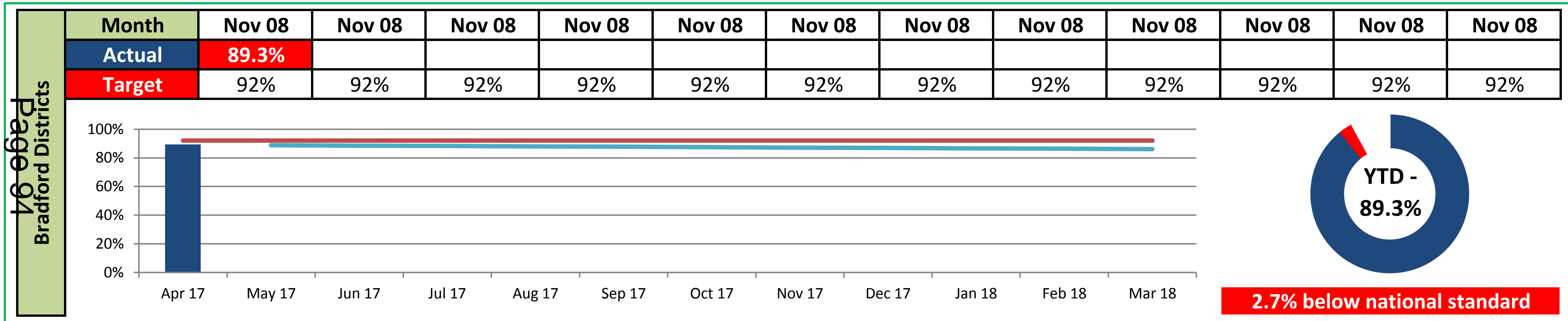
Month	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08
Actual	89.8%											
Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

Narrative:

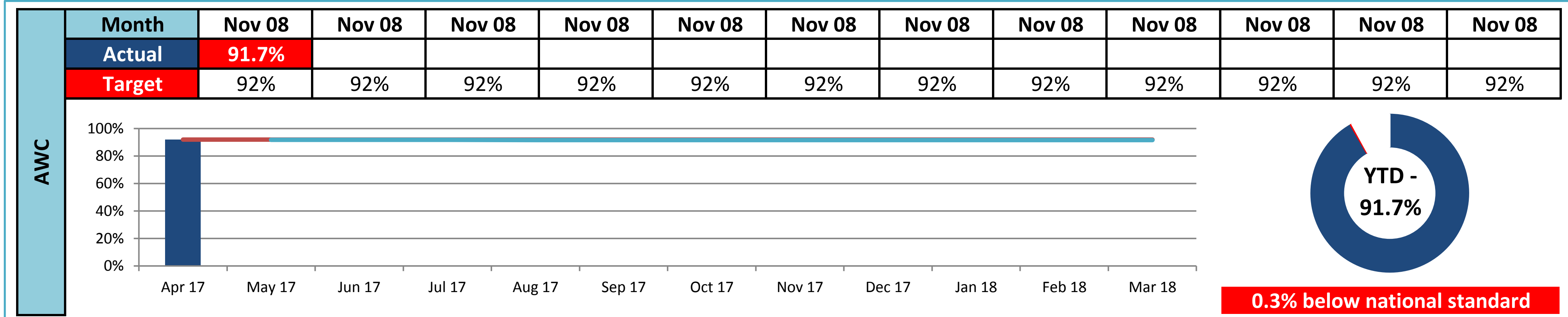
* Data Source: NHS England - Data at CCG level using registered population



Month	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08
Actual	88.4%											
Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%



Month	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08
Actual	89.3%											
Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

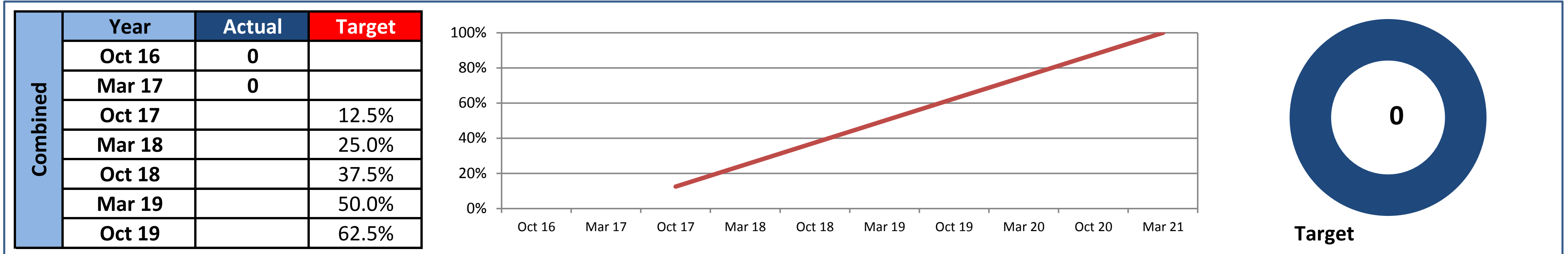


Month	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08	Nov 08
Actual	91.7%											
Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

* Data Source: NHS England - Data at CCG level using registered population

2.4 Commission new models of primary medical care that ensures seven day access achieved for 100% population by 2021.

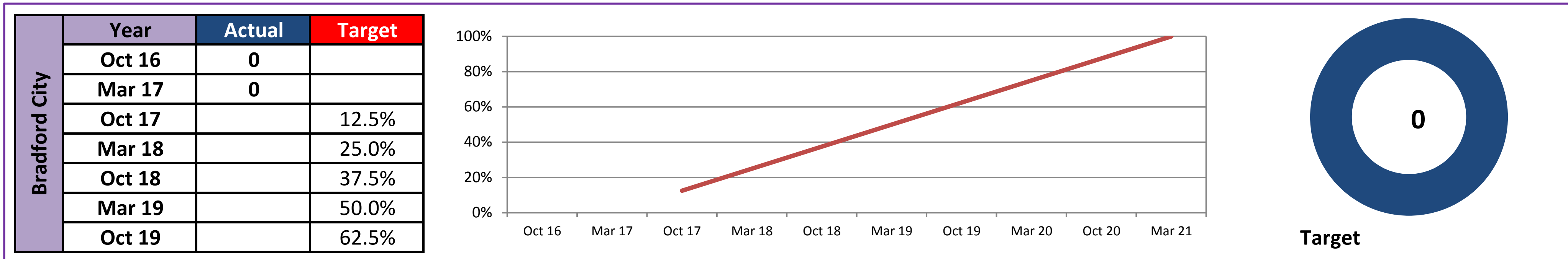
CCGIAF 128c: Primary care access - extended access to GP services on a weekend and evening



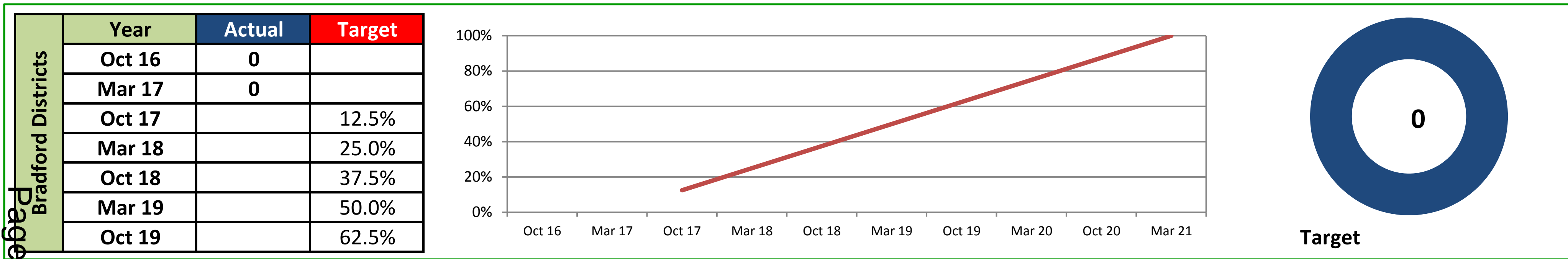
Combined	Year	Actual	Target
	Oct 16	0	
	Mar 17	0	
	Oct 17		12.5%
	Mar 18		25.0%
	Oct 18		37.5%
	Mar 19		50.0%
	Oct 19		62.5%

Narrative:

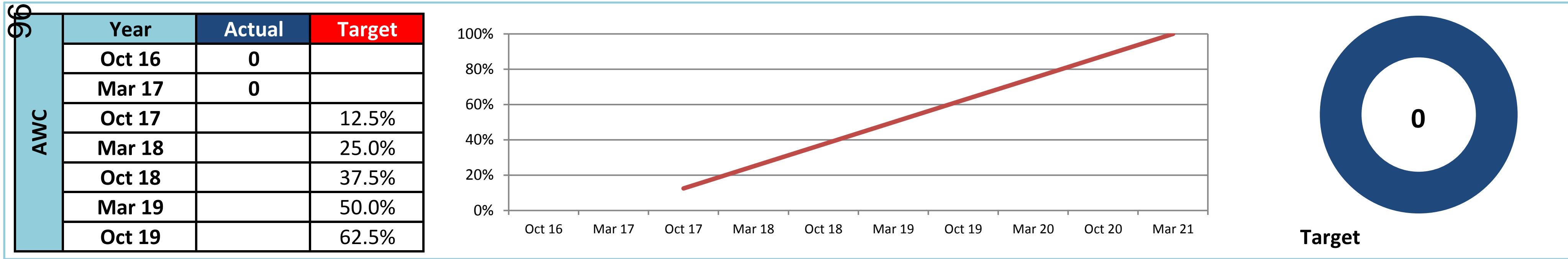
* Data Source: NHS England - Data at CCG level using registered population



Bradford City	Year	Actual	Target
	Oct 16	0	
	Mar 17	0	
	Oct 17		12.5%
	Mar 18		25.0%
	Oct 18		37.5%
	Mar 19		50.0%
	Oct 19		62.5%



Bradford Districts	Year	Actual	Target
	Oct 16	0	
	Mar 17	0	
	Oct 17		12.5%
	Mar 18		25.0%
	Oct 18		37.5%
	Mar 19		50.0%
	Oct 19		62.5%

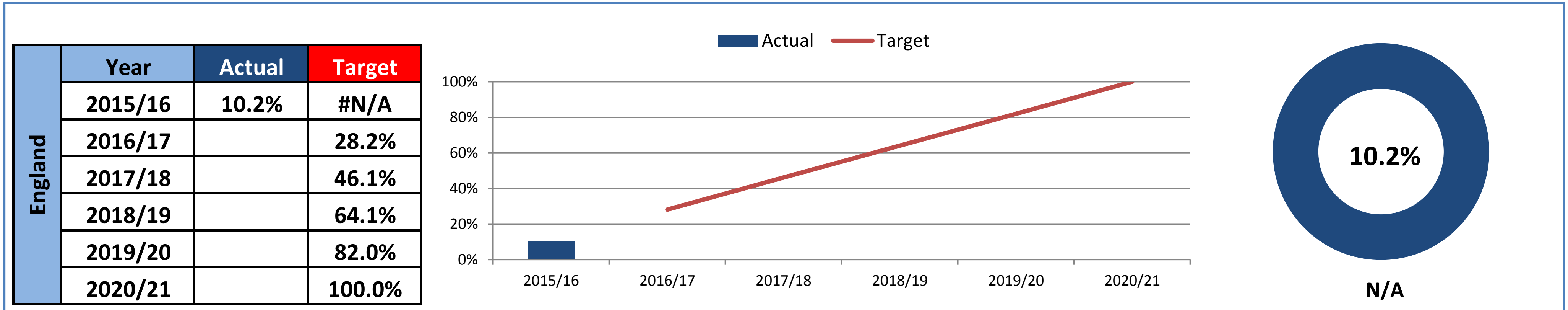


AWC	Year	Actual	Target
	Oct 16	0	
	Mar 17	0	
	Oct 17		12.5%
	Mar 18		25.0%
	Oct 18		37.5%
	Mar 19		50.0%
	Oct 19		62.5%

* Data Source: NHS England - Data at CCG level using registered population

2.5 i - Have all age MH liaison teams in place in all acute providers and meet the 'Core' 24 standards.

CCF IAF: 123d Mental Health: crisis care and liaison mental health services transformation. Staffed to deliver the 'Core 24 service' specification by 20/21



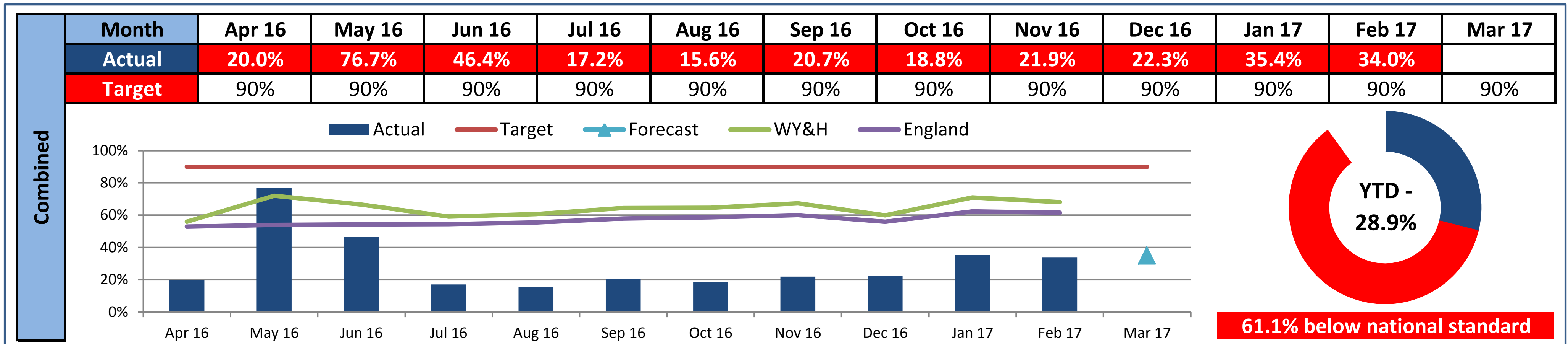
England	Year	Actual	Target
	2015/16	10.2%	#N/A
	2016/17		28.2%
	2017/18		46.1%
	2018/19		64.1%
	2019/20		82.0%
	2020/21		100.0%

Mental wellbeing is much more than simply not being mentally ill. It is about having positive self-esteem, good coping mechanisms and feeling empowered and in control. In Bradford district and Craven we actively promote mental wellbeing through addressing social and environmental factors and offering support before problems lead to mental ill-health.
A new Mental Health Strategy was recently launched across Bradford – bringing together the health and care economy. The strategic priorities are given as:
Our wellbeing - We will build resilience, promote mental wellbeing and deliver early intervention to enable our population to increase control over their mental health and wellbeing and improve their quality of lifeand mental health outcomes.
Our mental and physical health - Mental health and wellbeing is of equal importance with physical health. We will develop and deliver care that meets these needs through the integration of mental and physical health and care.
Care when we need it - When people experience mental ill health the strategy will ensure they can access high quality, evidence based care that meets their needs in a timely manner, provides seamless transitions and care navigation.
The strategy is comprehensive for Bradford district and Craven 2016-2020 and covers all ages. It provides and innovative focus on promoting mental wellbeing and tackling wider determinants of mental ill-health, and is aligned with national guidance. It was developed through close engagement with local people, carers, VCS, NHS providers and local authorities in Bradford area and Craven
Work is now underway to implement the strategy with the close involvement of wide range of partners in strategy development and implementation.

* Data Source: NHS England Mental Health Five Year Forward View Dashboard - National Data only.

2.5 ii - 90% of people who access Psychological Therapies will engage through direct self-referral.

Self-referral: where a person chooses to access the service directly - usually by telephone, referral pack (with information about the service which may



Month	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Actual	20.0%	76.7%	46.4%	17.2%	15.6%	20.7%	18.8%	21.9%	22.3%	35.4%	34.0%	
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

Mental wellbeing is much more than simply not being mentally ill. It is about having positive self-esteem, good coping mechanisms and feeling empowered and in control. In Bradford district and Craven we actively promote mental wellbeing through addressing social and environmental factors and offering support before problems lead to mental ill-health.

A new Mental Health Strategy was recently launched across Bradford – bringing together the health and care economy. The strategic priorities are given as:

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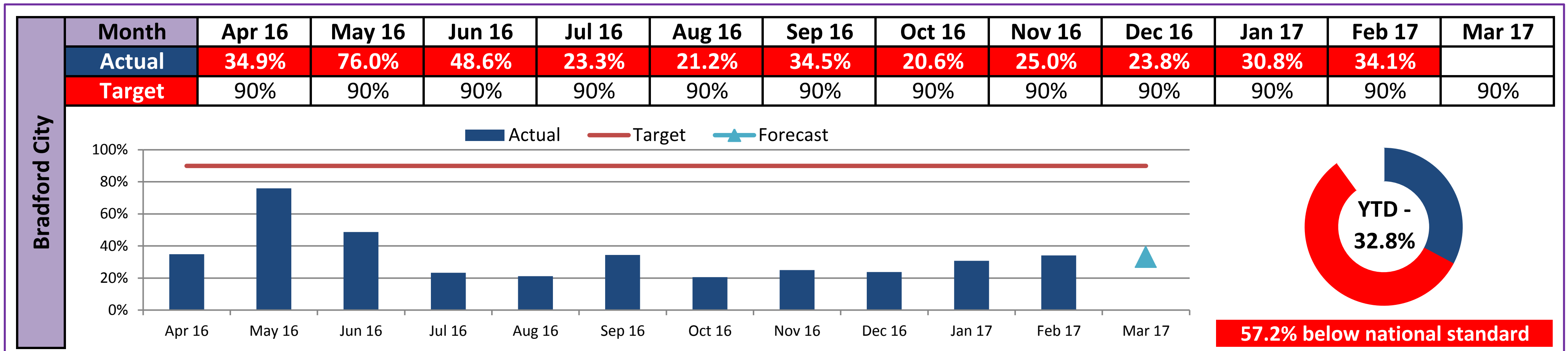
Care when we need it - When people experience mental ill health the strategy will ensure they can access high quality, evidence based care that meets their needs in a timely manner, provides seamless transitions and care navigation.

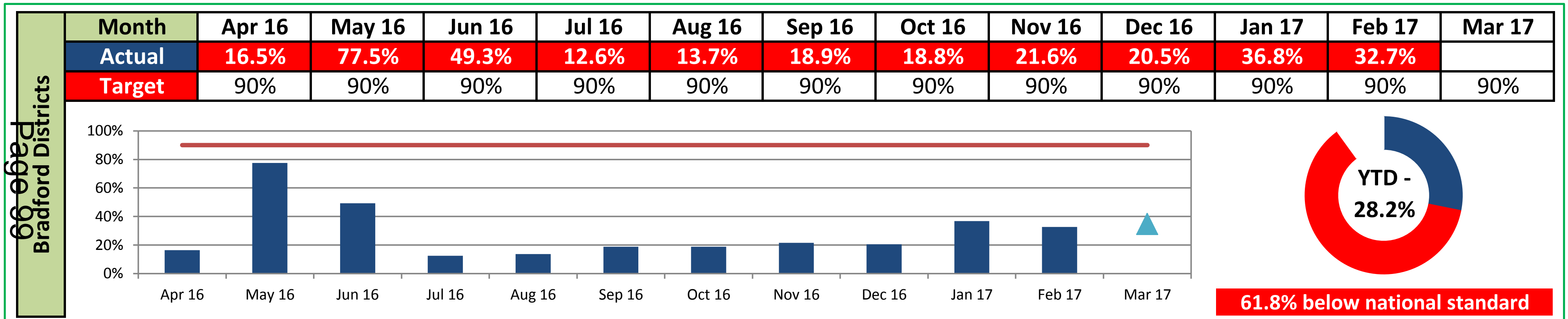
The strategy is comprehensive for Bradford district and Craven 2016-2020 and covers all ages. It provides and innovative focus on promoting mental wellbeing and tackling wider determinants of mental ill-health, and is aligned with national guidance. It was developed through close engagement with local people, carers, VCS, NHS providers and local authorities in Bradford area and Craven

Work is now underway to implement the strategy with the close involvement of wide range of partners in strategy development and implementation.

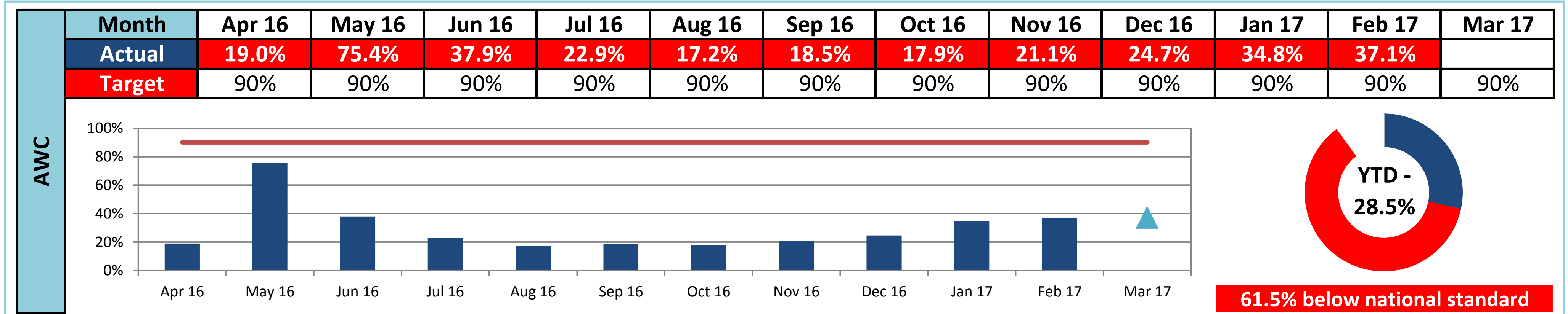
* Data Source: HSCIC - Data at CCG level using registered population



Bradford City	Month	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
	Actual	34.9%	76.0%	48.6%	23.3%	21.2%	34.5%	20.6%	25.0%	23.8%	30.8%	34.1%	
	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%



Bradford Districts	Month	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
	Actual	16.5%	77.5%	49.3%	12.6%	13.7%	18.9%	18.8%	21.6%	20.5%	36.8%	32.7%	
	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

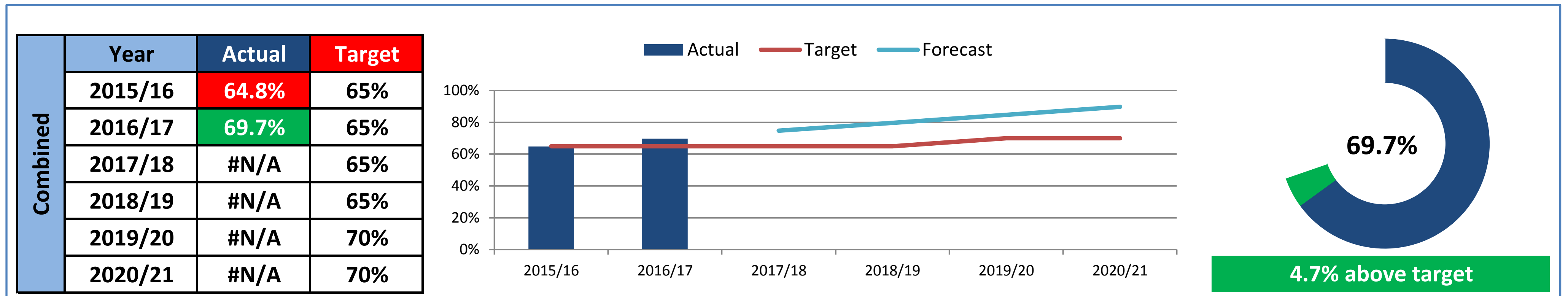


AWC	Month	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
	Actual	19.0%	75.4%	37.9%	22.9%	17.2%	18.5%	17.9%	21.1%	24.7%	34.8%	37.1%	
	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

* Data Source: HSCIC - Data at CCG level using registered population

2.6 Ensure 70% of people with diabetes experience the 8 care processes

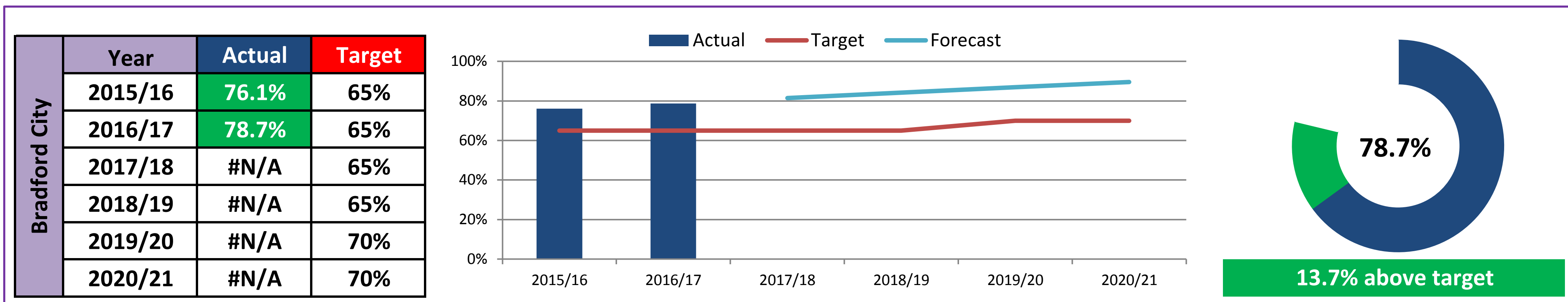
Diabetes - 8 care processes



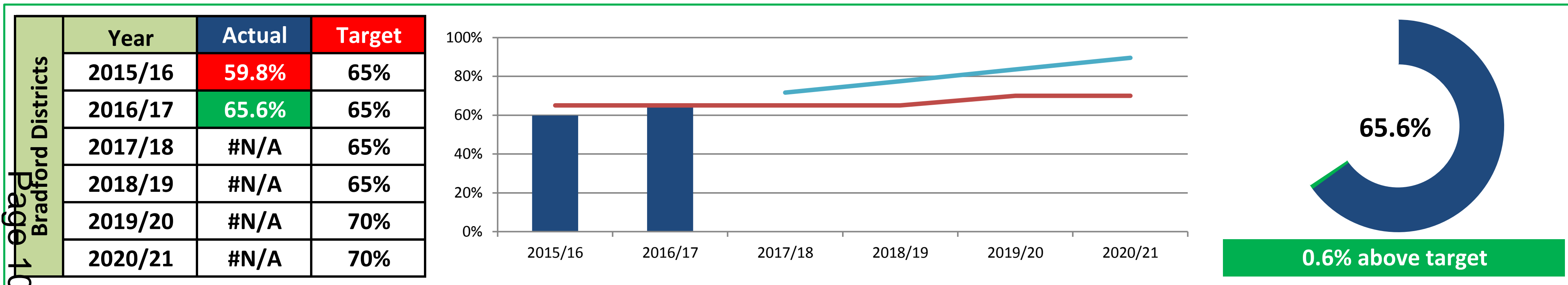
Combined	Year	Actual	Target
	2015/16	64.8%	65%
	2016/17	69.7%	65%
	2017/18	#N/A	65%
	2018/19	#N/A	65%
	2019/20	#N/A	70%
	2020/21	#N/A	70%

Narrative:

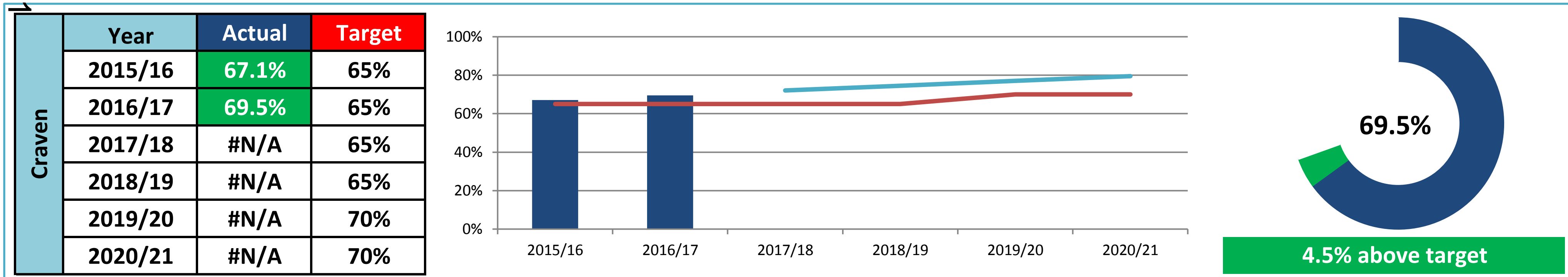
* Data at CCG level using registered population



Bradford City	Year	Actual	Target
	2015/16	76.1%	65%
	2016/17	78.7%	65%
	2017/18	#N/A	65%
	2018/19	#N/A	65%
	2019/20	#N/A	70%
	2020/21	#N/A	70%



Bradford Districts	Year	Actual	Target
	2015/16	59.8%	65%
	2016/17	65.6%	65%
	2017/18	#N/A	65%
	2018/19	#N/A	65%
	2019/20	#N/A	70%
	2020/21	#N/A	70%



Craven	Year	Actual	Target
	2015/16	67.1%	65%
	2016/17	69.5%	65%
	2017/18	#N/A	65%
	2018/19	#N/A	65%
	2019/20	#N/A	70%
	2020/21	#N/A	70%

* Data at CCG level using registered population

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Report of the Director of Public Health to the meeting of the Health and Wellbeing Board to be held on 25th July 2017

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Subject: **Health Protection Assurance across the Bradford District**

Summary statement: The Director of Public Health has responsibility for strategic leadership of the health protection function in their local authority area. Health protection is one of the four domains described in the Public Health Outcomes Framework. The paper proposes that an assurance group is established to ensure local coordination of the different aspects of Health Protection.

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Portfolio:

Health and Wellbeing

Overview & Scrutiny Area:

Health and Social Care

City of Bradford
Metropolitan District Council

1. SUMMARY

The Director of Public Health has responsibility for strategic leadership of the health protection function in their local authority area. Health protection is one of the four domains described in the Public Health Outcomes Framework. It covers the following areas:

- The health impact of any emergencies or incidents (for example, a crash on our roads that involves chemical spills, a fire at a factory that uses substances that when released into the air could affect the health of residents, power cuts or water shortages, etc)
- Prevention and control of the spread of infectious (often called communicable diseases), for example, Health Care Associated Infections, immunisations, sexually transmitted Infections, Tuberculosis (TB), Hepatitis, etc
- Screening, for example, cancer, Abdominal Aortic Aneurisms, newborn screening
- Surveillance of patterns of disease, information and advice
- Infection prevention and control, for example, ensuring nursing homes are following the right policies and procedures to prevent the spread of infection
- Emergency Preparedness, for example, ensuring we have the right plans in place that will enable us to respond to an emergency and that these plans will work

Current arrangements for delivering the health protection function are fragmented. This is a cause for concern as failure to deliver responsibilities by one agency could have a significant impact on our populations health and on partners.

2. BACKGROUND

2.1 System wide roles and responsibilities

Responsibilities for health protection are shared between City of Bradford Metropolitan District Council (CBMDC), Public Health England (PHE), CCGs, NHS England (NHSE) Area Teams and the providers of health and social care services. Local Authorities have, for decades had, and still do have, statutory health protection functions and powers, principally in the area of environmental health, such as ensuring good food hygiene, workplace safety, decent housing, and reducing the impact of environmental hazards.

However, the Health and Social Care Act 2012 placed a new statutory duty on local authorities in England to protect the health of the local population. This duty is discharged through the Director of Public Health who is responsible for strategic leadership of health protection across the district ensuring that the CBMDC and partners, including PHE and the NHS, plan for, and respond to incidents that present a threat to the public's health.

2.2 Current arrangements Organisations, structures and roles

2.2.1 The Council - CBMDC

CBMDC is a Category 1 Responder under the Civil Contingencies Act 2004. This means there is a legal requirement for the local authority to assess the risk of, plan, and exercise for emergencies, as well as undertaking Business continuity Management.

The public health role of the council is one of local leadership and assurance that the system protects the health of the residents of the district. Locally, this includes providing support to PHE in the event of an incident relating to communicable disease or an environmental health hazard e.g. chemical fire. The Council's Environmental Health Service has a key role, in terms of ensuring compliance with environmental health legislation and driving forward improvements in areas such as food safety and air quality.

The council's Emergency Management Team works to ensure there are comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies. The forum for this in Bradford is the Bradford Health Resilience Forum chaired by the CBMDC Emergency Planning Manager.

The local authority is the lead commissioner for sexual health services within the district with a statutory duty to provide an open access sexual health services. Sexual Health issues across the district are discussed locally at Bradford Sexual Health Network

2.2.2 Public Health England

PHE health protection responsibilities include a duty to take such steps as the Secretary of State considers appropriate to protect the health of the public in England. PHE is a Category 1 Responders under the Civil Contingencies Act 2004 and is responsible for ensuring that there are effective arrangements in place nationally and locally for preparing, planning and responding to health protection concerns and emergencies. PHE provide surveillance (monitoring) and specialist advice and support to commissioners, providers and infection control teams. PHE provide leadership in the event of an outbreak or incident, this includes communicable disease control and monitoring, HCAI monitoring and expert advice on environmental, chemical, biological and radiation hazards. However, the local Director of Public Health is responsible for providing local knowledge and making sure the needs of Bradford are taken into account to provide a local solution.

PHE has a team embedded within NHS England local area team which is responsible for commissioning vaccination and immunisation programmes along with screening programmes for Bradford District. Assurance for screening and immunisation programmes in Bradford is via the West Yorkshire Screening and Immunisation Overview Group (WYSIOG) chaired by the PHE Screening and Immunisation Lead.

2.2.3 NHS

NHS organisations are expected to deliver functions that support health protection in accordance with the NHS England Standard Contract. This includes emergency planning (including significant incident and emergency management) and any co-operation requirements necessary to achieve associated objectives. NHS England and CCGs have a

duty to co-operate with CBMDC in relation to health protection this duty includes the sharing of plans.

2.2.4 NHS England

NHS England health protection related responsibilities are set out in the Health and Social Care Act (2012) and subsequent regulations, they include, commissioning primary care, clinical governance and leadership,

NHS England is a Category 1 Responder under the Civil Contingencies Act (2004). They are responsible for co-chairing the West Yorkshire Local Health Resilience Partnership (LHRP) along with the nominated Director of Public Health for West Yorkshire. The LHRP is responsible for ensuring the readiness of NHS organisations to respond appropriately and effectively to health protection issues affecting local people. CCGs, providers and the local authority are all represented on the LHRP.

The LHRP works closely with the Local Resilience Forum (LRF). West Yorkshire Resilience Forum co-ordinates the actions and arrangements between responding services in the area. Their purpose is to provide the most effective and efficient response to emergencies when they occur. The West Yorkshire LRF is co-chaired by the Assistant Chief Constable of West Yorkshire Police, the Assistant Chief Officer West Yorkshire Fire and the Chief Executive of Leeds City Council. NHS England are represented on the LRF.

The commissioning responsibilities of NHS England embrace specific health protection functions including specialist services for HIV treatment, treatment for Multi Drug Resistant TB (MDRTB) and Hepatitis C treatment. NHS England are also responsible for commissioning routine vaccination, immunisation and screening programmes with public health advice and support from the screening and immunisation team who are employed by PHE but embedded in NHS England.

2.2.5 Clinical Commissioning Groups (CCGs)

CCGs are category 2 Responders under Civil Contingencies Act 2004 (a duty to co-operate and share information with Category 1 responders, e.g. emergency services and local authorities, to inform multi-agency planning frameworks). CCGs commission secondary care and community services, they have a responsibility to ensure infection prevention and control compliance with the Health and Social Care Act. CCGs are responsible for commissioning Tuberculosis (TB) services. Overview for TB is via Bradford TB Network chaired by Bradford Public Health Team and TB cohort review chaired by PHE

2.2.6 Primary Care Providers

GP practices are responsible for reporting infectious diseases and administering a number of vaccination programmes.

2.2.7 Secondary Care Providers

Secondary Care Providers are responsible for treatment services, responding to emergencies, communicable disease notification and control

3. OTHER CONSIDERATIONS

The above demonstrates the complex nature of our current arrangements. There is no forum where those across the Bradford District with responsibilities for delivering this function come together with our regional colleagues to discuss and manage progress, issues or risks.

As a local health and social care economy we need to be assured that all the roles and responsibilities are being met and delivered in a way that best meets the needs of our local population. Where this is not happening we need to work together to resolve any issues and have plans in place to improve performance or service delivery.

In line with other areas it is proposed that a health protection assurance group is established as a forum for bringing together the local health protection responsibilities. The group would meet quarterly and report into the Health and Wellbeing board as required or as agreed with the board.

4. FINANCIAL & RESOURCE APPRAISAL

Partners will need to commit staff time to participate in a multi-agency health protection forum.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The report proposes to establish a multi-agency forum, where none currently exists, at which local progress, issues and risk in relation to Health Protection will be addressed. Governance arrangements are proposed to be through the Health and Wellbeing Board, with reporting as required or as agreed on a regular basis with the board.

6. LEGAL APPRAISAL

Local Authorities have statutory health protection functions and powers, principally in the area of environmental health, such as ensuring good food hygiene, workplace safety, decent housing, and reducing the impact of environmental hazards.

The Health and Social Care Act 2012 placed a new statutory duty on local authorities in England to protect the health of the local population. This duty is discharged through the Director of Public Health who is responsible for strategic leadership of health protection across the district ensuring that the CBMDC and partners, including PHE and the NHS, plan for, and respond to incidents that present a threat to the public’s health.

The report describes the responsibilities or each partner under the Civil Contingencies Act 2004 and Health and Social Care Act (2012).

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

No specific implications.

7.2 SUSTAINABILITY IMPLICATIONS

No specific implications.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

No specific implications.

7.4 COMMUNITY SAFETY IMPLICATIONS

There are no specific implications for Community Safety, however a single forum, bringing together the range of agencies involved in health protection is anticipated to contribute to community safety through an improved and strengthened health protection function for the District.

7.5 HUMAN RIGHTS ACT

No specific implications.

7.6 TRADE UNION

No specific implications.

7.7 WARD IMPLICATIONS

No specific implications.

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

1. That a multi-agency health protection assurance group be established as a forum for bringing together the local health protection responsibilities.

2. That the group meets quarterly and report into the Health and Wellbeing board as required, or as agreed with the board.

10. RECOMMENDATIONS

10.1 That Options 1 and 2 are agreed

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

None