



**Agenda for a meeting of the Bradford and Airedale Health and Wellbeing Board to be held on Tuesday, 17 April 2018 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

M Bowness

Interim 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:**

Michael Bowness  
Interim City Solicitor  
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**To:**

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

### Non-Voting Co-opted Members

Two Co-opted representatives of the three main NHS Providers (from the list above)  
 Dr Richard Haddad – Co-opted representatives of the Community Interest Company (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. 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

### 4. **SHARED PRIORITIES BETWEEN THE JOINT HEALTH AND WELLBEING STRATEGY FOR BRADFORD AND AIREDALE AND THE ECONOMIC STRATEGY FOR BRADFORD DISTRICT**

The Strategic Director, Health and Wellbeing will submit **Document “N”** which summarises the main focus of the District’s new Joint Health and Wellbeing Strategy and its new Economic Strategy. It considers areas of crossover, connection and shared priorities, highlighting potential opportunities for joint working. The priorities of the 2016-2020 District Plan for Bradford and Airedale have informed both strategies.

#### **Recommended-**

**That the Health and Wellbeing Board members consider how their organisations contribute to the priorities of the Economic Strategy and could help to support and develop synergies between the two strategies.**

(Sarah Muckle – 01274 432805)

### 5. **BRADFORD AND AIREDALE HEALTH AND WELLBEING BOARD - TERMS OF REFERENCE**

The Programme Director of Integration and Change Board will submit **Document “O”** which outlines proposed changes to the terms of reference of the Health and Wellbeing Board necessitated by changes to the role and remit of the Board in respect of two factors; firstly the focus of the Board on the wider determinants of health and wellbeing; secondly the changes to the governance arrangements of the Bradford District Partnership under which the Health and Wellbeing Board takes additional responsibilities as the senior strategic partnership.

#### **Recommended-**

**That the proposed changes to the Boards Terms of Reference (as detailed in Document “O”) be agreed and referred to the Governance and Audit Committee.**

(James Drury – 07970 479491)



## 6. CHAIRS HIGHLIGHT REPORT

The Health and Wellbeing Board Chair's highlight report (**Document "P"**) summarises business conducted between Board meetings. April's report includes Annual Reports of the Bradford Safeguarding Children Board (BSCB) and the Safeguarding Adults Board (SAB), update on progress on Healthy Bradford, update on the Liaison and Diversion project and the Board's sub-groups.

### **Recommended-**

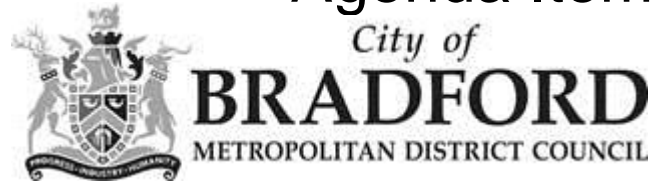
- (1) That the annual reports of the Bradford Safeguarding Children and Adults Boards be noted.**
- (2) That Members note the updates and relevant areas of work being pursued in The Healthy Bradford Plan.**
- (3) That the Liaison and Diversion Project Board reporting to this Board as part of its governance arrangements be agreed.**
- (4) That the Health and Wellbeing Board note the introduction of the Liaison and Diversion Service into Bradford and identify any key areas of opportunity so that these can be progressed by the project team.**

(Pam Bhupal – 01274 431057)

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



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**Report of the Strategic Director of Health and Wellbeing to the meeting of the Bradford and Airedale Health and Wellbeing Board to be held on 17<sup>th</sup> April 2018.**

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**N**

**Subject:**

**Shared priorities between the Joint Health and Wellbeing Strategy for Bradford and Airedale and the Economic Strategy for Bradford District**

**Summary statement:**

**An outline of the priorities of the Joint Health and Wellbeing Strategy and the Economic Strategy and discussion of areas of crossover and potential for joint working.**

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Bev Maybury, Strategic Director,  
Health and Wellbeing

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E-mail: [sarah.muckle@bradford.gov.uk](mailto:sarah.muckle@bradford.gov.uk)

**Portfolio:**

**Health and Wellbeing**

**Overview & Scrutiny Area:**

**Health and Social Care**

## 1. SUMMARY

The paper summarises the main focus of the District's new Joint Health and Wellbeing Strategy and its new Economic Strategy. It considers areas of crossover, connection and shared priorities, highlighting potential opportunities for joint working. The priorities of the 2016-2020 District Plan for Bradford and Airedale have informed both strategies.

## 2. BACKGROUND

'Connecting People and Place', the new Joint Health and Wellbeing Strategy for Bradford and Airedale for 2018-2023 provides a shared agreement about the purpose and focus of the District's strategy for health and wellbeing for the next five years. It sets the direction for the Health and Wellbeing Board as it meets its duties to improve health and wellbeing and reduce health and social inequalities between people.

The new Economic Strategy for Bradford District 2018-2030, 'Pioneering, Confident and Connected' is a key strategy addressing all sectors of the local economy. It reflects the changing nature of the local and national economic context, particularly in response to the opportunities and challenges of the inclusive growth agenda, the Government's Industrial Strategy and the results of the Brexit referendum. The strategy sets out a model for growth and identifies three strategic assets: people, business and place.

Reform of the strategic partnership arrangements across the wider Bradford District has proposed that the Health and Wellbeing Board becomes the senior strategic partnership board, ensuring that the work of all local strategic partnerships is aligned. At the same time the focus of the Health and Wellbeing Board has been refined to ensure that the wider determinants of health and wellbeing are addressed, accordingly the Board membership has been expanded to reflect its broader remit and focus. New members are the Council's Strategic Director for Place and representatives from West Yorkshire Police Service, West Yorkshire Fire and Rescue Service, the social housing sector and. This helps to forge stronger links between health and wellbeing and the wider factors that shape the place where we live: housing and planning, the economy and community safety.

### 2.1 Development and approach of the Joint Health and Wellbeing Strategy (JHWS)

'Connecting People and Place' draws on:

- the Joint Strategic Needs Assessment and Public Health Outcomes dataset which describe our health and wellbeing needs;
- the health priorities of the District Plan, shaped through extensive engagement and public consultation in 2016, and,
- recent work on the sustainability of services locally and across West Yorkshire.

The major health and wellbeing needs and main drivers of health inequality in the District were well-understood with key plans and strategies in place to lead the work for children and young people and the mental wellbeing work. The strategy builds on this position: its outcomes and delivery areas strengthen the focus on improving health, on prevention of illness, the wider determinants of wellbeing, and how a stronger economy and improvements to housing and the built environment will help to build stronger, more



resilient communities.

Priority outcomes		
Our children have a great start in life	People in Bradford District have good mental wellbeing	
People in all parts of the District are living well and ageing well	Bradford District is a healthy place to live, learn and work	
Three high-level actions to deliver the strategy		
Creating a health-promoting place to live	Promoting wellbeing, preventing ill-health	Getting help earlier and self-care

‘Connecting People and Place’ was agreed at a meeting of the Health and Wellbeing Board on 19<sup>th</sup> December 2017. The Health and Wellbeing Board owns the joint strategy and holds its members to account for leading its implementation and for making progress.

## 2.2 Development and approach of the Economic Strategy

The Economic Strategy provides a framework for delivery to maximise the growth potential identified in four key opportunities.

**Our young and enterprising population:** ensure all our people are equipped with the skills and confidence to succeed.

**Our distinctive offer:** use our unique architecture, heritage and cultural assets to create compelling investment propositions and an environment for growth.

**Our growth potential:** build on our business and sector strengths to drive innovation, increase productivity and create wealth.

**Our globally connected district:** improve our transport infrastructure and digital connectivity to strengthen our trading links and access to new markets.

The areas of growth potential were identified through detailed economic analysis and through substantial input from businesses and other local and regional partners to understand what is important to them.

These opportunities, in conjunction with an inclusive growth agenda, will accelerate growth and boost the economic output of the District to the national average, generating an additional £4bn for the economy and bringing an additional 20,000 people into employment.

The Economic Strategy was endorsed by Council Executive on 6<sup>th</sup> March, prior to its local launch and a national launch on March 21st. The new Bradford Economic Partnership chaired by David Baldwin, will provide strategic leadership and oversee delivery of the Strategy.

There will be a series of delivery workshops throughout the coming year focussed on

delivering key actions outlined in the strategy. Health and social care innovation will be covered by one of these workshops.

### **3. OTHER CONSIDERATIONS**

There are clear links and areas of crossover between the two strategies.

#### **3.1 The Economic Strategy:**

- recognises the health, wellbeing and social care sector as a major employment sector for the District, and a driver of innovation through its investment in research and the presence of world-class research institutes.
- acknowledges the strength, foresight and ambition of the Digital Health Enterprise Zone and wider health and care sector as key elements of the District's distinctive economic offer and improves the physical and digital infrastructure to deliver greatly improved connectivity for entrepreneurship in health and social care.
- supports Bradford as a test bed to apply the research and test innovations that will help to address health and social care challenges and support economic growth by bringing new products, services and process to market.
- delivers new, better quality homes, good jobs, better energy efficiency, improvements to the built environment and cleaner, green forms of transport - all of which support good health and wellbeing.
- recognises that growth must not come at the cost of poorer air quality or to the detriment of the green or built environment which help to make the District an attractive place to live and work.
- strengthens links with strategic planning for the wider economies of Leeds City Region and the Northern Powerhouse and builds on the current profile of national and international economic activity.

#### **3.2 The Joint Health and Wellbeing Strategy:**

- supports the Economic Strategy's Key Opportunities by improving the health and wellbeing of our young population and supporting productivity and economic growth.
- supports children and young people to reach their potential as improved health and enables them to make the most of their learning opportunities. Supporting child mental wellbeing will be key to this.
- reduces preventable illness and sickness absence by improving the health of the adult population. In 2014-16 sickness absence was rated amber, on a par with the level for England, but leaving giving room for improvement (PHOF, March 2018).

- supports people to stay healthier for longer across their working lives, retaining skills and further boosting productivity as fewer people leave the workforce early due to ill-health.

### 3.3 Shared priorities and opportunities

Shared opportunities will be developed in greater detail as the two partnerships work together across the two strategic Boards and their working groups to identify shared priorities and potential for joint projects or approaches that will bring benefits across both areas. Key areas could include:

**Housing** – both strategies have an investment in seeing a good supply of high-quality, affordable, energy-efficient homes to enhance quality of life and position the District as an attractive, vibrant place to live and work. Homes that are accessible, affordable to run and adaptable meet the needs of families, they also enable people to retain their independence with less need for expensive adaptations as they age or as their needs change.

**Built environment** – high-quality built environments support wellbeing and help to create good neighbourhoods. Bringing sustainable, inclusive economic development together with ambition for good health and wellbeing will help to create local places that support communities and enhance wellbeing. Well-designed buildings provide warm, light spaces that are good, health-enhancing places to work. Neighbourhoods that are safe places to walk and cycle in will encourage physical activity. Access to green space supports wellbeing, particularly in urban areas.

**Routes into work** – building health and wellbeing content into employment training programmes to support people to improve their wellbeing as they get ready for work. Being in work is generally protective of health and wellbeing. However, returning to work after prolonged periods of absence can be daunting, support to wellbeing, particularly mental wellbeing will aid this process.

**Addressing skills shortages** – the health and care sector is a large employment sector that faces skills shortages and recruitment shortfall in some key areas. Working across the two sectors presents opportunities to ensure the right skills are being developed locally, and residents, particularly young people, are aware of growth areas and the opportunities this brings, for example through Bradford Pathways, a Health and Care Industrial Centre of Excellence and rotational, multi-employer apprenticeships.

**Workplace wellbeing** - it is vital that existing working environments are health-promoting places. The challenges are how to work together to make this happen, particularly in relation to mental wellbeing and in making workplace wellbeing accessible to the many small-medium size businesses in the District.

**Procurement** – health and social care are major economic sectors with the potential to support local supply chains, improving sustainability and supporting a wider range of local businesses.

In summary, there are many shared priorities and some joint challenges across the

strategies. Our challenges include improving wellbeing, tackling poor air quality and improving housing supply and quality. Links between Public Health and the Place Department's Planning teams have been strengthened to ensure that opportunities to improve health and wellbeing are considered in new housing, business and neighbourhood developments.

The work to deliver the Health and Wellbeing Strategy will support the aims of the Economic Strategy. A new Healthy Bradford Service is being developed to support local people, local workers to improve their wellbeing, helping to reduce preventable illness. Our health and care sector will continue to support people to manage health conditions and to recover health and independence where possible, enabling people to return to work and to be healthy and productive.

In turn the Economic Strategy will help to deliver inclusive and sustainable growth of the economy, supporting entrepreneurship and bringing the better, higher skilled jobs and opportunities that will help to improve people's standards of living, enabling people to live in better quality housing and to lead healthier lives. It will help to modernise and improve the transport infrastructure and built environment that underpin good health and wellbeing, and continue to upgrade the digital infrastructure to maintain and accelerate innovation in the health and care sector. A new Business Covenant will bring further opportunities to work across both sectors for mutual benefit for the District.

Both strategies see our people and our place as assets - the District's most important resources. There are opportunities for us to do more together and do better on joint priorities, sharing expertise, working across teams and developing areas of joint working on key issues.

#### **4. FINANCIAL & RESOURCE APPRAISAL**

No direct financial issues.

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

The Joint Health and Wellbeing Strategy is governed through the Health and Wellbeing Board which owns and leads the strategy. Risk will be managed by the Board's executive body, the Integration and Change Board through a performance management framework with regular reporting to the Health and Wellbeing Board.

Appropriate delivery and partnership arrangements have been put in place for the next phase of the Economic strategy.

#### **6. LEGAL APPRAISAL**

The Joint Health and Wellbeing Strategy addresses the duties of the Health and Wellbeing Board under the Health and Social Care Act 2012, to improve health and wellbeing outcomes and reduce health inequalities.

The Bradford District Economic Strategy has been prepared under the Local Authority's General Power of Competence as provided in the Localism Act 2011, Section 1. While there is no statutory duty on Local Authorities to produce an economic strategy they are free to determine the breadth and depth of assessments of the economic condition of their area, ensuring a reflection of local priorities.

## **7. OTHER IMPLICATIONS**

### **7.2 SUSTAINABILITY IMPLICATIONS**

The JHWS will support and build on the work at local and West Yorkshire-Harrogate level to ensure that health and care services become sustainable within the available budget for health and wellbeing by 2020. The Strategy will lead improvement of health and wellbeing at a population level, helping to manage demand on services, contributing to the health of the workforce and sustainability of the District's economy.

The main driver of the Economic Strategy is to achieve sustainable and long term economic growth through relevant interventions and investment. This includes consideration of sustainable use of resources, innovation approaches to best use of assets and resources and a commitment to inclusive growth, ensuring an economy that everyone can contribute to and benefit from.

### **7.3 GREENHOUSE GAS EMISSIONS IMPACTS**

The goal of the Economic strategy is to create inclusive economic growth that has a positive impact on the environment. Actions and implications to support energy infrastructure and emissions will be reviewed as part of the delivery of the strategy. Implementation of both strategies will involve co-ordinated action to increase active travel in the District which may have some impact on greenhouse gas emissions if the number of car journeys were to decrease as a result. Building energy-efficient housing will also help to reduce emissions.

### **7.4 COMMUNITY SAFETY IMPLICATIONS**

Community safety is an enabling factor, allowing people to engage in activities that improve health and wellbeing such as using streets, parks and neighbourhood amenities for physical and social activities. Both reduced social isolation and increased physical activity will enhance physical and mental wellbeing.

### **7.5 HUMAN RIGHTS ACT**

No direct implications.

### **7.6 TRADE UNION**

No direct implications.

## **7.7 WARD IMPLICATIONS**

The district wide economic strategy focuses on understanding and supporting the economic role of all communities and wards across Bradford. Through the JHWS wards with poorer health and wellbeing and higher levels of health inequalities may require different approaches to health improvement in order to accelerate improvement in health and wellbeing and to reduce health inequalities.

## **8. NOT FOR PUBLICATION DOCUMENTS**

None

## **9. OPTIONS**

No options are provided.

## **10. RECOMMENDATIONS**

That the Health and Wellbeing Board members consider how their organisations contribute to the priorities of the Economic Strategy and could help to support and develop synergies between the two strategies.

## **11. APPENDICES**

None

## **12. BACKGROUND DOCUMENTS**

'Connecting People and Place' A Joint Health and Wellbeing Strategy for Bradford and Airedale 2018-2023 (Publication Draft).

Bradford District Economic Strategy 2018-2030

<https://www.investinbradford.com/media/1167/bfd-economic-growth-strategy-b5-32pp.pdf>



## **Report of the Programme Director ICB to the meeting of The Health and Wellbeing Board to be held on 17<sup>th</sup> April 2018.**

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**Subject:**

**O**

**Health and Wellbeing Board Terms of Reference**

### **Summary statement:**

**This paper outlines proposed changes to the terms of reference of the Health and Wellbeing Board necessitated by changes to the role and remit of the Health and Wellbeing Board in respect of two factors. Firstly the focus of the Board on the wider determinants of health and wellbeing. Secondly the changes to the governance arrangements of the Bradford District Partnership under which the Health and Wellbeing Board takes additional responsibilities as the senior strategic partnership.**

Office of the Chief Executive

**Portfolio:**

**Health and Wellbeing**

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**Overview & Scrutiny Area:**

**Health and Social Care**

## 1. SUMMARY

This report describes proposed changes to the Terms of Reference of the Bradford and Airedale Health and Wellbeing Board (referred to as 'The Board')

The changes are required to address changes to the role and remit of the Board under which it is required to undertake a dual role;

- Perform the statutory functions of a Health and Wellbeing Board, as defined in the H&SC Act 2012. In undertaking these duties the strategy of the Board is that the Board should focus on the wider determinants of health
- Act as the senior strategic partnership for Bradford District, overseeing the delivery of the Bradford District Plan via the strategic delivery partnerships;
  - Bradford Economic Partnership
  - Bradford Childrens Trust
  - Bradford Safer Stronger Communities Partnership
  - Health and Wellbeing Board (this Board)

In order to address the changes summarised above, the alterations proposed affect the following aspects of the Terms of Reference;

- The membership of the Board
- The duties of the Board
- The operating procedures of the Board

## 2. BACKGROUND

### Requirements of The Health and Social Care Act 2012

It is a statutory requirement to have a health and wellbeing board and for it to be established as a committee of the Council. (s.194 Health and Social Care Act 2012 "The Act")

The Act also specifies required duties and powers of the Health and Wellbeing Board, with additional freedoms to extend the remit beyond the minimum requirements. The requirements are in summary to further the health and wellbeing of the population by;

- Encouraging integrated working between all those involved in health and care. The Board may also encourage close working with those involved in 'health related services', which are in effect those that impact on the wider determinants.
- Encouraging the making of joint commissioning arrangements under s.75 NHS Act 2006
- Overseeing the preparation of an assessment of relevant needs (Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment), and a strategy which responds to those needs (Joint Health & Wellbeing Strategy)

The Act also specifies particular roles and functions that are required as members of a



health and wellbeing board. There is a broad power to include additional members as each board sees fit.

***In reviewing our Terms of Reference it has been confirmed that all members required by The Act are included in our membership, and that all duties required by The Act are covered in our Terms of Reference.***

### Local Chronology

In December 2017 the Bradford District Partnership Board agreed to cease meeting in order to enable its members to further the aims of the partnership through participation in the four strategic delivery partnerships. The Bradford District Partnership Board also noted the intention for the Health and Wellbeing Board to take on the responsibilities for leading the group of strategic delivery partnerships in their collective delivery of the outcomes of the Bradford District Plan.

In December 2017 additional members were co-opted onto The Health and Wellbeing Board to enable a focus on the wider determinants and to support alignment between the strategic delivery partnerships.

In March 2018 the Council Executive approved these changes to the local partnership arrangements

## **3. OTHER CONSIDERATIONS**

### Purpose and Role

In this review of the Terms of Reference the following factors related to the role and purpose of the Board have been taken into account;

- Ensure membership meets minimum requirements of The Act
- Ensure duties meet minimum requirements of The Act
- Include clear statement of intent regarding focus on wider determinants
- Ensure membership reflects focus on wider determinants
- Ensure interests and voting rights are well balanced and reflective of full range of duties of the Board; in order to promote active participation, and encourage consensus seeking behaviour
- Ensure the duties and operating processes of The Board are reflective of the full range of responsibilities of the Board
- Ensure that future relationships between strategic partnerships are clear, and specifically the role of the Health and Wellbeing Board as senior strategic partnership is clear
- Ensure that the responsibilities of the strategic partnerships for each of the outcomes of the Bradford District Plan is clear

### Membership of the Health and Wellbeing Board

In this review of membership and voting rights the following factors have been taken into account;

- The rationale for a mix of voting and non-voting membership; and the balance

between the two categories

- The balance of interests within the Board, including avoidance of the perception of dominance by one group
- Reflective of focus on the wider determinants of health in addition to health and care services
- Wide enough membership to cover the full range of responsibilities of The Board including responsibility as senior strategic partnership
- Tight enough membership to enable focused discussion and decision making
- Reflective of developments in the place based integration of health and care and emphasis on population health outcomes. E.g. provider alliances and health and care partnerships.
- Active participation by both providers and commissioners
- Responsive to findings of CQC local system review

It is noted that to some extent these considerations will not be entirely compatible, e.g. a wider remit for the Board and desire to be inclusive will tend towards a bigger membership, which will make the desire for tight-knit focused decision making more difficult to achieve. The proposal set out at Section 9 attempts to balance these competing forces. Where required options are set out for the Board to consider.

#### **4. FINANCIAL & RESOURCE APPRAISAL**

This proposal includes changes to the way in which the local strategic delivery partnerships operate. These changes offer an opportunity to review (not the subject of this paper) the support and administration arrangements for the partnerships. Particularly the Health and Wellbeing Board and the Bradford District Partnership.

Additional interaction between the strategic partnerships is proposed (annual conference, chairs meetings etc) which will have a resource implication. However at the same time there is no longer a requirement to resource the meeting of the Bradford District Partnership Board.

***It is proposed that a review is undertaken of the support and resource requirements of the Health and Wellbeing Board including its sub-groups, and in its dual role as senior strategic delivery partnership.***

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

Following agreement by the Health and Wellbeing Board changes to the Terms of Reference will require approval by the Council, as the Board is established as a committee of the Council. The process for this is as follows;

- Terms of Reference of the Health and Wellbeing Board revised by the Health and Wellbeing Board
- Governance and Audit Committee to consider the proposed changes to the Terms of Reference and make a recommendation to full Council
- Full Council to consider the recommendation of the Governance and Audit

**6. LEGAL APPRAISAL**

As noted at section 2 the Health and Wellbeing Board is required by the Health and Social Care Act 2012 and must comply with the requirements of that Act with regards to membership and duties undertaken. It is confirmed that these minimum legislative requirements are complied with by the proposed Terms of Reference.

**7. OTHER IMPLICATIONS**

Not applicable

**8. NOT FOR PUBLICATION DOCUMENTS**

None

**9. OPTIONS**

Changes are proposed to the **Terms of Reference** in order to address the considerations set out at section 3. The proposed changes are;

Consideration	Change proposed
Ensure membership meets minimum requirements of The Act	Membership already meets minimum legislative requirements – no changes required
Ensure duties meet minimum requirements of The Act	ToR already addresses required duties – see sections 3.1 – 3.5 of the proposed ToR
Include clear statement of intent regarding focus on wider determinants	See section 2 of the proposed ToR which includes <i>“to improve the health and wellbeing of the people in their area; reduce health inequalities; and, promote the integration of services. In so doing, the strategy of the Board is to focus on the wider determinants of health and wellbeing.”</i>
Ensure membership reflects focus on wider determinants	Membership is set out at section 4 of the proposed ToR. In addition to members whose roles are directly involved in either the commissioning or provision of health and social care, the following membership is included; <ul style="list-style-type: none"> <li>• Elected members</li> <li>• the Voluntary, Community and Faith Sector</li> <li>• the social housing sector</li> <li>• The Police</li> <li>• The Fire and Rescue service</li> <li>• Healthwatch</li> </ul>

	<ul style="list-style-type: none"> <li>Local Authority Place Directorate</li> </ul> <p>Under the proposed arrangements 9 out of 22 members would be associated primarily with the 'wider determinants'</p>
Ensure interests and voting rights are well balanced and reflective of full range of duties of the Board; in order to promote active participation, and encourage consensus seeking behaviour	<p>Appendix B includes analysis of the balance of interests within the current and proposed membership of The Board. This analysis demonstrates that both the current and proposed membership is broadly balanced.</p> <p>It is noted that the current practice of the Board is to seek consensus, rather than resort to votes. Therefore it is proposed that in future all the members listed in the ToR should have one vote, but that practice should remain to seek consensus. This would not change the requirement for any further additional members that are co-opted to be non-voting members unless the terms of reference are amended.</p>
Ensure the duties and operating processes of The Board are reflective of the full range of responsibilities of the Board	<p>Changes have been made to section 3 to include additional duties of the Board related to the senior strategic partnership role (see 3.8 – 3.10).</p> <p>Changes have been made to section 7 to reflect new operating procedures related to the senior strategic partnership role (see 7.4 – 7.6)</p>
Ensure that future relationships between strategic partnerships are clear, and specifically the role of the Health and Wellbeing Board as senior strategic partnership is clear	<p>7.4 includes, <i>“The strategic delivery partnerships (Economic Partnership, Childrens Trust, Safer Stronger Communities) will take direction from and are responsible to the Health and Wellbeing Board for delivering the District Plan outcomes and other strategic priorities.”</i></p> <p>Further detail on the roles of the strategic partnerships and relationships between them are set out at 3.8 – 3.10, and 7.4 – 7.6.</p>
Ensure that the responsibilities of the strategic partnerships for each of the outcomes of the Bradford District Plan is clear	<p>3.8 includes a table which sets out which outcomes are owned by each partnership.</p> <p>3.10 sets out the specific duties of each partnership in relation to the outcomes</p>

Changes are proposed to the **Membership** of the Board in order to address the considerations set out at section 3. There is significant overlap with the table above, so only those factors which are additional are set out below

Consideration	Change proposed
The rationale for a mix of voting and non-voting membership; and the balance between the two	It is proposed that all members shall be voting members, with the exception of any further co-opted

categories	<p>members, unless by a change of Terms of Reference.</p> <p>It is considered that the current distinction is unnecessary in view of the practice of the Board to seek consensus, and that the wide ranging nature of the Boards future remit requires full participation from all members.</p>
Reflective of developments in the place based integration of health and care and emphasis on population health outcomes. E.g. provider alliances and health and care partnerships.	<p>It is proposed that Health and Care Provider representation is strengthened. It is proposed that this is achieved by giving all members voting rights.</p> <p>At this stage it is not proposed that provider membership is changed into a number of representative roles for the two provider alliances. However this may be a proposal that The Board may wish to explore in future.</p>
Active participation by both providers and commissioners	Proposed changes to make all members into full voting members are designed to promote active participation by all.

## 10. RECOMMENDATIONS

### Recommended -

**That the proposed changes to the Terms of Reference be agreed and referred to the Governance and Audit Committee.**

## 11. APPENDICES

Appendix A = Proposed Terms of Reference

Appendix B = analysis of balance of interests

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## **Bradford and Airedale Health and Wellbeing Board Terms of Reference – March 2018**

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### **1. Name**

The name of the Partnership will be “Bradford and Airedale Health and Wellbeing Board”, referred to as The Board.

### **2. Principal Purpose**

The Board has a dual purpose.

Firstly to perform the statutory functions of a Health and Wellbeing Board as defined in the Health and Social Care Act 2012. Principally to improve the health and wellbeing of the people in their area; reduce health inequalities; and, promote the integration of services. In so doing, the strategy of the Board is to focus on the wider determinants of health and wellbeing.

Secondly the Board is the senior strategic partnership in Bradford District, leading the family of linked strategic partnerships through which we collectively deliver the five outcomes of the Bradford District Plan.

### **3. Principal Duties**

- 3.1 To provide local democratic accountability for the use of public resources to improve health and wellbeing and reduce health and social inequalities
- 3.2 To promote integration in the commissioning and provision of health and social care services across the District.
- 3.3 To oversee and be assured that joint commissioning arrangements are in place for health and social care through the Executive Commissioning Board, and that joint commissioning responsibilities are being effectively discharged to address needs and reduce inequalities.
- 3.4 To oversee the production of the Joint Strategic Needs Assessment and the Pharmaceutical Needs Assessment
- 3.5 To oversee the production of the Joint Health and Wellbeing Strategy
- 3.6 To provide system leadership and a local interface for both planning and governance through engagement with NHS England, Public Health England, Local Partnerships and providers, including the Voluntary, Community and Faith Sector, and to undertake all statutory duties.
- 3.7 To hold health and social care system leaders to account through the Integration and Change Board to ensure the Local Place Based Plan for Bradford District and Craven and the West Yorkshire and Harrogate Health and Care Plan (as it relates to Bradford District) are delivered.
- 3.8 To oversee the development and delivery of the outcomes within the Bradford District Plan 2016 – 2020, via the Districts strategic delivery partnerships;

<b>Strategic Delivery Partnerships</b>	<b>Ownership of Outcomes</b>
Health and Wellbeing Board	<ul style="list-style-type: none"> <li>• Better health better lives</li> </ul>
Economic Partnership Board	<ul style="list-style-type: none"> <li>• Better skills, more good jobs, and a growing economy</li> <li>• Decent homes that people can afford to live in</li> </ul>
Safer Stronger Communities Board	<ul style="list-style-type: none"> <li>• Safe, clean and active communities</li> </ul>
Childrens Trust Board	<ul style="list-style-type: none"> <li>• A great start and good schools for all our children</li> </ul>

3.9 To support delivery of the District Plan by;

- Drawing on the expertise of the private, public and voluntary sector to coordinate joint working to improve service delivery, and achieve efficiencies while improving the quality of life for people
- Encouraging joint working, reducing duplication and improving coordination of service commissioning and delivery between partners
- Aligning partnership activity to deliver the District Plan, as well as ensuring delivery against statutory priorities assigned to the strategic delivery partnerships
- Promoting and overseeing the delivery and performance management of the aims and outcomes set out in the District Plan
- Monitoring and promoting the overall achievements against the delivery of the District Plan outcomes and being accountable to the wider community and key stakeholders

3.10 The Strategic Delivery Partnerships will;

- Take responsibility for the delivery of outcomes as set out in the District Plan and for pursuing specific pieces of work on behalf of the Health and Wellbeing Board acting as the senior strategic partnership.
- Be expected to carry out regular reviews to ensure that the set of established delivery groups are the most appropriate for delivering these outcomes, and that as such they are fit for purpose
- Determine the need for, and the work programme of, any delivery groups that report to them and will actively monitor and manage these work programmes.

#### **4. Membership**

4.1. The Board shall consist of:

- a) The Leader of the Council, CBMDC
- b) The Elected Member portfolio holder for Health and Wellbeing, CBMDC
- c) One opposition Elected Member, CBMDC
- d) The Chief Executive of the Council, CBMDC
- e) The Director of Public Health, CBMDC



- f) The Strategic Director of Health and Wellbeing, CBMDC.
  - g) The Strategic Director of Children’s Services, CBMDC.
  - h) The Strategic Director of Place, CBMDC
  - i) The Accountable Officer for the District’s Clinical Commissioning Groups and a clinician from each of Airedale, Wharfedale, Craven CCG, Bradford City CCG and Bradford District CCG if the Accountable Officer is not a clinician
  - j) One member from the NHS England Area Team
  - k) The Chief Executive of Bradford Teaching Hospitals NHS Foundation Trust
  - l) The Chief Executive of Airedale NHS Foundation Trust
  - m) The Chief Executive of Bradford District Partnership NHS Foundation Trust
  - n) The Group Chief Executive, InCommunities Group Ltd
  - o) The Chief Superintendent Bradford District, West Yorkshire Police
  - p) The District Commander West Yorkshire Fire and Rescue Service
  - q) One member from Bradford HealthWatch
  - r) One member from the Voluntary, Community and Faith Sector, elected through Bradford Assembly.
  - s) One member from the GP Community Interest Companies (CICs).
- 4.2 The Board will be able to co-opt further members, as required.
- 4.3 Named alternates can be provided for the members of the Health and Wellbeing Board.

## **5. Meetings of the Board**

- 5.1 The Board will have a chair who is the leader of Bradford Council
- 5.2 Provision will be made for a Deputy Chair who will be appointed from the NHS CCG membership on the Board
- 5.3 Meetings will be held in public
- 5.4 Meetings will take place bi-monthly
- 5.5 Each Member of The Board will have a vote though agreement on matters considered by The Board will generally be by consensus. Further persons co-opted by The Board will be non-voting unless the terms of reference are amended by Council.

## **6. Quorum**

- 6.1 One third of Board members will form a quorum, with at least two Elected Member representatives from the Council, one Council Officer, and one representative from Clinical Commissioning Groups.

## **7. Governance**

- 7.1 The work of the Board shall be reviewed by the Health and Wellbeing Overview and Scrutiny Committee.
- 7.2 Sub-groups that report directly to the Board shall include the Executive Commissioning Board and the Integration and Change Board, with further direct reporting Task and Finish groups to be appointed, as needed, to progress Board priorities.
- 7.3 Clear reporting arrangements shall be put in place for each sub-group that reports directly or indirectly to the Board.
- 7.4 The strategic delivery partnerships (Economic Partnership, Childrens Trust, Safer Stronger Communities) will take direction from and are responsible to the Health and Wellbeing Board for delivering the District Plan outcomes and other strategic priorities. They will be expected to report their progress against these outcomes to the Health and Wellbeing Board on an annual basis.
- 7.5 The working arrangements between the strategic delivery partnerships (including Health and Wellbeing Board) are to include;
- Annual conference – to support alignment, review delivery of outcomes and agree and align forward plans
  - Twice yearly meeting of the chairs of the strategic delivery partnerships for horizon scanning and placement of cross-cutting themes
  - Quarterly meetings of the lead support officers of each strategic delivery partnership to generate an integrated progress report and coordinate forward plans
  - The agendas of the Health and Wellbeing Board to include a quarterly focus on one of the outcomes in the District Plan (Better Health Better Lives included in every meeting).
- 7.6 The Board will receive the annual reports of the Safeguarding Adults Board and the Safeguarding Children Board

## **8. Review**

- 8.1 The Board is recommended to review these Terms of Reference on a 12 monthly basis

# Balance of B&A HWB – Current State

	LA political	LA officers	CCGs	NHS providers *	Others
<b>22 members</b>	3	5	4	4	6
<b>15 voting</b>	3	4	4	1	3
<b>7 non-voting</b>	0	1	0	3	3

	LA	NHS **	Others
<b>22 members</b>	8	9	5
<b>15 voting</b>	7	6	2
<b>7 non-voting</b>	1	3	3

\* = includes GP CIC rep

\*\* = includes NHSE rep, whereas included in 'other' category in first table

# Balance of B&A HWB – Proposed

	LA political	LA officers	CCGs	NHS providers *	Others
22 members	3	5	4	4	6

	LA	NHS **	Others
22 members	8	9	5

\* = includes GP CIC rep

\*\* = includes NHSE rep, whereas included in 'other' category in first table



## Report of the Chair to the meeting of Bradford and Airedale Health and Wellbeing Board to be held on Tuesday 17<sup>th</sup> April 2018.

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**P**

### **Subject: Chairs Highlight report**

- a. Annual Reports of the Bradford Safeguarding Children Board (BSCB) and the Safeguarding Adults Board (SAB)
- b. Healthy Bradford Update
- c. Liaison and Diversion Project update
- d. Sub-group updates: ECB, ICB

### **Summary statement:**

The Health and Wellbeing Board Chair's highlight report summaries business conducted between Board meetings. April's report includes Annual Reports of the Bradford Safeguarding Children Board (BSCB) and the Safeguarding Adults Board (SAB), update on progress on Healthy Bradford, an update on the Liaison and Diversion project and updates from the Board's sub- groups.

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Cllr Susan Hinchcliffe  
Chair, Bradford and Airedale Health  
and Wellbeing Board

Report Contact: Pam Bhupal  
Phone: (01274) 431057  
E-mail: [pam.bhupal@bradford.gov.uk](mailto:pam.bhupal@bradford.gov.uk)

### **Portfolio:**

**Health and Wellbeing**

### **Overview & Scrutiny Area:**

**Health and Social Care**

## 1. SUMMARY

The Health and Wellbeing Board Chair's highlight report summaries business conducted between Board meetings. April's report includes Annual Reports of the Bradford Safeguarding Children Board (BSCB) and the Safeguarding Adults Board (SAB), update on progress on Healthy Bradford, an update on the Liaison and Diversion project and updates from the Board's sub- groups.

## 2. BACKGROUND

Background notes for Annual Reports of the Bradford Safeguarding Children Board (BSCB) and the Safeguarding Adults Board (SAB)

- 2.1 The Bradford Safeguarding Adults Board (SAB) is a multi-agency partnership that leads on the development of safeguarding adults work in the Bradford District. The main focus of the Board is to safeguard adults with care and support needs from abuse and neglect. The board exists to hold all agencies to account for the work they do to safeguard adults at risk in Bradford, and to ensure adults at risk are protected from abuse, can live the best lives they can, without fear, and safe from abuse and neglect. Membership to the Board includes representation from the main statutory agencies Bradford Council, NHS organisations, Police, Probation and Fire Service, the housing sector and from independent and voluntary sector organisations.
- 2.2 The SAB has an Independent Chair who is accountable to the Local Authority Chief Executive. The SAB realises its aims and objectives through a structured planning process, with a strategic plan informed by the SAB's vision and, in turn, informing the SAB business plan.
- 2.3 The Care Act and its statutory guidance outlined the duties of the Safeguarding Adults Board. SAB members now have a duty to co-operate and the SAB itself must publish a strategic plan each year; developed with local community involvement and working alongside Healthwatch. It must publish an annual report on what it has done over the past year, detailing members' contributions to the strategy and how they have implemented personalisation in safeguarding and it must conduct Safeguarding Adults Reviews under Section 44.
- 2.4. The **Bradford Safeguarding Children Board (BSCB)** provides the procedural framework for all partnership work to keep children safe within Bradford and fulfils its statutory responsibility around quality assurance and training. The role of the Board:
  - sets the procedural framework for all partnership work to keep children safe within Bradford
  - fulfils its statutory responsibility for ensuring that staff receive multi-agency training to support them in their work
  - ensures that agencies are held to account for their work and that there is a

learning and improvement framework in place to ensure that serious case reviews and other challenge and learning processes are effective.

- conducts a multi-agency review of every child death in the District, carried out by the Child Death Overview Panel.
- In addition, BSCB plays a role in supporting and planning innovative partnership responses to safeguarding children challenges, such as the establishment of the multi-agency CSE Hub.

2.5 The Health and Wellbeing Board resolved in November 2016 that:

- i. The Health and Wellbeing Board resolved in That the Board receives the annual reports of the Bradford Safeguarding Boards.
- ii. That the presentation from Mazars of its investigation of deaths of people with Learning Disability or Mental Health at Southern Health Foundation Trust be provided to Board Members.
- iii. That the Integration and Change Board (ICB) consider the findings of the Care Quality Commission (CQC) Report on Southern Health Foundation Trust when it is published, and work with Mazars to consider the learning from information on deaths of people with Learning Disability or Mental Health in Bradford District. That the ICB undertakes this work in the context of: the report of the national Confidential Inquiry into Premature Deaths of People with Learning Disability (2013); the work of the District's Child and Adult Death Overview Panels and the work of the Coroner. That the ICB consider the role for person-centred care and advocacy in establishing good practice and report back to the Board in May 2017.
- iv. That the Chairs of the Safeguarding Board for Children's and Adults and the Voluntary and Community Sector Representative be involved in considering the piece of work outlined in 3 above.

2.6 The Health and Wellbeing Board members received the presentation as at point (ii) and this Board, rather than the ICB further considered the findings at the last meeting and identified further work (iii). Any safeguarding concerns will be raised through the BSCB and SAB for action (iv).

### **3. OTHER CONSIDERATIONS**

#### **Annual Reports of the Bradford Safeguarding Children Board (BSCB) and the Safeguarding Adults Board (SAB)**

3.1.1 The Safeguarding Children Board in Bradford has undergone a change of leadership over the period of this report. The Vice Chair of the Board Nancy O'Neil has left the Board and has been replaced with Michelle Turner, Director of Quality and Nursing for the NHS Airedale, Wharfedale and Craven CCG & Bradford City

and NHS Bradford Districts CCGs. The Manager of the Business Unit for the Board has changed, with Mark Griffin arriving in April 2017.

- 3.1.2 The Board has also welcomed two new chairs of sub-groups. Lyndsey Brown, head teacher of Oastlers School is the chair of the Education Sub-group and Superintendent Alisa Newman from the Bradford Police District is the chair of the CSE/Missing Sub-group. Janice Hawkes, Assistant Director of the East Region of Barnardo's, is the new chair of the Voluntary Community Sector (VCS) group which is linked to the Board.
- 3.1.3 The Joint Targeted Area Inspection (JTAI) preparation group is now additional sub-group of the BSCB. The initial purpose of the group was to prepare for the first possible JTAI inspection which was around CSE. The Sub group undertook a self assessment exercise, and developed and oversaw an action plan relating to this. This methodology enabled the Board to seek assurance, and to drive partnership improvement in a specific area. It was therefore agreed to continue this sub group and to use the JTAI themes as a framework for continuous improvement. In February 2017 Bradford received a JTAI inspection and the work of this group was critical to assuring the inspectors that Bradford's partnership was sighted on domestic abuse. The group is currently working on the theme of Neglect, and a new strategy was launched recently in Bradford.
- 3.1.4 The BSCB is committed to improving the welfare and protection of all children and young people in the Bradford District and has agreed to deliver these priorities through its Business Plan. The plan reflects the complexity of safeguarding in Bradford. The plan focuses on the three key areas of responsibility that drive the 'core business' of the partnership. The plan acknowledges that while a substantial number of children are safeguarded by the core activity of partners, some children have an elevated vulnerability to harm through a range of high risk issues. The aim of the plan is to provide strong and effective safeguarding arrangements to ensure that all children receive the highest quality service at the right time and at the right level thereby promoting their welfare and reducing harm. In 2016/17 the priorities for the Board were to:
1. Ensure the care and protection of children remains the highest priority
  2. Improving outcomes and reducing risk for children
  3. Reducing risk for vulnerable and marginalised children

Collaborative work across the BSCB sub-groups contributes to these priorities in a number of ways.

- 3.1.5 The BSCB continues to provide a comprehensive multi-agency training programme working closely with colleagues from the SAB and Safer and Stronger Communities Partnership Board (S&SCP). The training ranges from basic safeguarding matters through to specialist areas. Multi agency training is a priority for the BSCB to ensure that practitioners have the appropriate skills and understanding to care and protect children.
- 3.1.6 The case review sub-group expanded its term of reference to increase learning from lessons learnt, working closely with Child Death Overview Panel, the Learning and



Development Sub-group and the Safeguarding in Professional Practice sub-group. Learning from child deaths and other serious incidents informs planning for training programmes and can lead to changes and review of policies and procedures. Taken together these groups continually bring about improvements in the delivery of safeguarding.

- 3.1.7 The BSCB has overseen two Serious Case Reviews have been completed involving the cases “Autumn” and “Jack”, including the publishing of report and implementing action plans and embedding learning. Both these cases related to Child Sexual Exploitation and the CSE/Missing sub-group have undertaken significant work around this theme.
- 3.1.8 The Performance Management Audit and Evaluation (PMAE) sub-group enables the BSCB to monitor, evaluate and provide assurance about the effectiveness of what is done by partners individually and collectively. The group developed and agreed a BSCB multi agency data set, and set down a forward plan for looking at specific areas at each meeting for challenge and assurance. The PMAE Group looked in detail at the data relating to Domestic Abuse as part of the JTAI deep dive preparation, and have started an exercise to look at neglect data as part of the current improvement work of the JTAI sub group.
- 3.1.9 The Voluntary and Community Sector Safeguarding Steering Group (VCS) safeguarding steering group acts as an advisory body to the Voluntary and Community Sector and to share information and promote good Safeguarding practice for children and young people within the sector. Information reaches 300 organisations and safeguarding news features amongst the most read items within the voluntary and community sector.
- 3.1.10 Bradford has transformed the approach it takes to family support and how we care for children and young people within the District. Signs of Safety is a new way of working with children, young people and families. It is an innovative strengths-based, safety-organised approach to working with families that was developed in Australia and which is being adopted in many parts of the UK. More than 2,000 Local Authority staff across the district has been trained and a significant number of practitioners from the partnership have also received training.
- 3.1.11 Local authorities in England have a statutory duty to safeguard and promote the welfare of children. Bradford is committed to listening to the voice of the child to inform planning and designing of services from a strategic perspective. Throughout the year there have been a number of examples of capturing the voice of children, including:
- the signs of safety model
  - similar models amongst our partners across the health sector
  - specific questions within audits and challenges panels that considers the voice of the child
  - each sub-group considers the voice of the child within meetings and work undertaken

## **Summary of the Boards Achievements**

- 3.1.12 In February 2017 Bradford received a JTAI inspection and the work of this group was critical to assuring the inspectors that Bradford's partnership was sighted on domestic abuse. "There are very effective multi-agency arrangements within the MASH, particularly between the police and children's social care, with a dedicated domestic violence hub."  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/609891/Joint\\_targeted\\_area\\_inspection\\_of\\_the\\_multi-agency\\_response\\_to\\_abuse\\_and\\_neglect\\_in\\_Bradford.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/609891/Joint_targeted_area_inspection_of_the_multi-agency_response_to_abuse_and_neglect_in_Bradford.pdf)
- 3.1.13 Bradford Police officer Matt Catlow has been highlighted as national best practice and has led to two National Awards being received, The Lord Ferrers and the National Working Group Unsung Hero Awards. This work will continue in order to help safeguard the vulnerable working with key partners around CSE activity.
- 3.1.14 The successful delivery of the educative drama "Someone's Sister, Someone's Daughter" has continued throughout the District. More than 4500 students saw this play which was aimed at year 10 students. "Mr Shapeshifter" is currently being delivered across the Bradford district with an aim of reaching 45 Bradford primary schools. Some of these schools will host other primary schools at their performances, which is intended to increase the reach to over 60 schools. Over 4500 Year 6 pupils will potentially be reached over the life time of this project.
- 3.1.15 The Barnardo's NightWatch initiative, raised awareness of child sexual exploitation by offering advice, guidance, support and training to businesses, services and the general public. The programme has been delivered across Bradford and included those working in fast-food outlets, hotels and bed and breakfast accommodation, accident and emergency services, and security service roles (such as, door staff). The implementation of Nightwatch, has resulted in increased confidence and awareness amongst Night Time Economy (NTE) workers around the issue of CSE and how to identify it as well as through examples of children and young people having been safeguarded from exploitation and abuse.
- 3.1.16 Bradford Council and Collingwood Learning have developed innovative training and awareness events called Real Safeguarding Stories. Real Safeguarding Stories was launched in autumn 2016 The website encompasses all areas of Safeguarding including adults, children and domestic abuse. Since the launch, over 20 films on the website has had over 3000 visits, 2,500 users and 10,000 page hits within just four months, from across the UK. The online service is free to access for all users. The films can be used to support training and development. Locally, Real Safeguarding Stories have been used to enable Councillors to use them at community events to raise awareness of safeguarding issues, as training at the Mothers Union in child sexual exploitation, training for taxi drivers and operators in CSE and the night-time economy, as part of Barnardo's training programme with hotels and B&Bs highlighting CSE issues, and used as part of the induction for West Yorkshire Trading Standards staff, to name but a few. These were nationally recognised through Local Government Body as "Effective partnership working" good for Bradford MDC and BSCB. Further details can be found at :  
<http://realsafeguardingstories.com/index.php/child-safeguarding/>
- 3.1.17 Bradford was the first District to undertake a Safeguarding Week, and each year

has grown the programme, widening topics to all Safeguarding matters. Bradford District was proud to celebrate its fifth annual multi-agency Safeguarding Week in October 2016 that showcased a wide range of learning and development opportunities primarily for practitioners. There were over 2000 attendees with over 80 organised events hosted across the District. This demonstrated great partnership working amongst the Safeguarding Adults, Children and Domestic Abuse Boards. Many other partners, services, young people and service users got involved by organising and delivering events throughout the week.

### **3.1.18 Child Death Overview Panel (CDOP)**

The CDOP undertakes a comprehensive and multidisciplinary review of every child death under 18 years in the District. Its aim is to better understand how and why children die across the Bradford district and use the findings to take action to prevent other deaths and improve the health, wellbeing and safety of children in the area. CDOP held 8 meetings over 2016/17 and reviewed 63 deaths during this time. An away day was held in May 2016 to look at all the key data and understanding from these reviews and informed the published CDOP report for 2016/17. This annual report highlights key recommendations from all deaths including modifiable deaths and also key themes since 2008 when CDOP began.

## **The Safeguarding Adults Board – Annual Report 2016-2017**

3.1.19 The Care Act 2014 came into force in April 2015. This legislation has placed Safeguarding Adult's Boards on a strong statutory footing, better placed both to prevent abuse and to respond to abuse when it occurs. All partners have remained committed to the safeguarding adult's agenda and partnership working.

3.1.20 The Safeguarding Adults Board (SAB) has continued to work closely with a number of key statutory organisations such as the Clinical Commissioning Group (CCG), the Police, NHS England, Healthwatch and the Care Quality Commission (CQC).

3.1.21 The West, North and York City Safeguarding Adults Consortium, consisting Bradford, Calderdale, Kirklees, Leeds, North Yorkshire, Wakefield and York have begun the process re-writing of the Safeguarding Adults Procedures. The consortium has continued to work on the production of the procedures and is expecting a draft to be consulted upon through June and July 2017.

3.1.22 For this period the safeguarding service received a total of 3,279 safeguarding concerns and of these, 714 concerns progressed to a safeguarding enquiry. Of the 3,279 concerns processed this year, 1,422 were with respect to male victims and 1,857 were in respect of female victims. Of the 3,279 concerns processed this year, 1,422 were with respect to male victims and 1,857 were in respect of female victims

3.1.23 The SAB has continued to monitor the quality of the council's response to the Deprivation of Liberty Safeguards (DoLS). Following certain case law judgements, Bradford has experienced the same increase in work as the rest of the country and DoLS remains high risk and a high priority for the SAB.

3.1.24 Following the Mazars report into the response of Southern Healthcare NHS Trust's care of Connor Sparrowhawk, a young man with learning disabilities, the Safeguarding Adults Board asked Bradford's Health and Wellbeing Board to consider the issue of how we learn from unexpected deaths, work is ongoing to develop practice and learning to prevent the reoccurrence of such tragedy's.

3.1.25 The Care Act 2014 is underpinned by six principles;

- Empowerment – the presumption of person-led decisions and informed consent
- Prevention – the idea that it is better to take action before harm occurs
- Proportionality – providing the least intrusive response appropriate to the risk presented
- Protection – providing support and representation for those in greatest need
- Partnership – delivering local safeguarding solutions through services working with their communities
- Accountability – being clear about who is responsible for safeguarding in

3.1.26 Based on these principles the priorities for 2016 -2017 identified were;

- **Empowerment and Proportionality:** In partnership with communities and local organisations the SAB will work to support people to make their own safeguarding decisions, whilst acting in a proportionate way to protect those who can't make decisions for themselves.
- **Prevention and Protection:** The SAB will work with all partners and with the full involvement of people using services, to be assured that people are supported to feel and be safer, when they are at risk of, or experiencing abuse or neglect.
- **Partnerships and Accountability:** The SAB will work jointly with communities, agencies and other strategic partnerships to make sure that everyone meets their obligations and makes the best use of available resources to tackle abuse and neglect of adults at risk.

3.1.27 A Safeguarding Adults Review (SAR) is carried out when an adult at risk dies or has experienced serious neglect or abuse and there is concern that agencies could have worked more effectively to protect the adult. A Safeguarding Adults Review is a multi-agency learning process. It aims to identify and promote good practice, encourage effective learning and make recommendations for future practice so that deaths or serious harm can be prevented from happening again.

3.1.28 In December 2016 it was identified that the Adult Protection Unit (APU) had been holding a number of safeguarding adult's cases which had not reached an outcome allowing the cases to be closed. It was decided to seek outcomes and subsequent closure of the 'backlogged' cases from April 2016. After the deployment of additional staff, by April 2017 all cases dated between April 2016 and April 2017 had been cleared or allocated as necessary for ongoing interventions ensuring adults at risk were protected and safeguarded. Incoming cases are now triaged to ensure there

are no high level interventions required. If a case requires further involvement then this is addressed immediately

3.1.29 Housing plays a fundamental role in keeping people safe and free from harm and abuse. The Housing Service within Bradford Council makes an important contribution to safeguarding adults at risk in a number of ways. The Council's Housing Options team is often the first port of call for people fleeing domestic abuse, and under its Domestic Abuse Protocol the team provides specialist housing advice to these households.

3.1.30 The Police are central partners in both the Safeguarding Adults Board and the Domestic and Sexual Violence Strategic Board, and the various sub-groups reporting to these Boards. Bradford Policing District has continued to look at enhancing the service it provides to the communities of Bradford as well as the Partners they work with. This has led to a significant investment of resources into Safeguarding in order for us to deal with the increasing demand and change of focus towards dealing with and prioritising vulnerability.

3.1.31 There are three CCG's in the district including Bradford City CCG; Bradford District CCG and Airedale; Wharfedale and Craven CCGs. They all work in close partnership and have a shared safeguarding team covering adults and children. The team includes a Domestic Violence Manager who works across the whole health economy and a named GP for Safeguarding Adults who supports the development of safeguarding practice across primary care.

## **Key Achievements**

3.1.32 The Safeguarding Voice Group, with membership made up of service users, carers and members of the public continues to undertake crucial work to raise awareness and meet the group's aims of listening to people's views and experiences of safeguarding adult issues and work, helping the SAB towards improving services and how things are done to safeguard adults better in the district help people speak up and importantly 'have a voice'. Some of the key areas that the Voice group has been involved in include the Making Safeguarding Personal Conference in May 2016, which the members attended. The regional Making Safeguarding Personal Conference was held on 19th May 2016 at Margaret McMillan Towers, Bradford, hosted by Bradford Safeguarding Adults Board. The event was contributed to by regional Safeguarding.

3.1.33 Bradford District was proud to celebrate its fifth annual multi-agency Safeguarding Week in October 2016 that showcased a wide range of learning and development opportunities primarily for practitioners. Safeguarding Week was again a 'real success' with over 80 organised events hosted across the District. This demonstrated great partnership working amongst the Safeguarding Adults, Children and Domestic Abuse Boards. Many other partners, services, young people and service users got involved by organising and delivering events throughout the week.

3.1.34 West Yorkshire Police has worked relentless to ensure safeguarding is a high priority within the workforce and in doing this notes the following; 1244 new cases were referred to the Vulnerable Adult Coordinators over the year. This does not include on-going cases they are working on or those for which they have given advice to officers. Approx. 80-85% of these resulted in a formal referral being made by Vulnerable Adults Coordinators to Adult Social Care. Approx. 120 AP1 (Adult Protection Alerts) were submitted this year. This number has declined since early 2016 when agreements was made with Safeguarding Adults Team to phone ahead and discuss circumstances prior to submission. There has been a significant increase in Mental Health referrals over the last 3 months (approx. 55%). Dementia referrals to the older people's social work team have also increased in last 3-6 months. This is due to the "Stay at Home Policy" introduced in 2016. Approx. two dementia concerns are submitted each day, which includes repeat Missing Persons.

#### 3.1.35 Clinical Commissioning Groups (CCG's)

The Named GP for Safeguarding Adults has continued to raise awareness about the broad range of safeguarding issues affecting adults across the district, disseminating information and delivering updates for GP Practice Safeguarding Leads. This supports GPs to develop the skills and confidence needed to identify and enquire about signs of potential abuse at the earliest possible time. CCG has contributed to a number of multi-agency reviews into deaths of adults across the district. We have incorporated learning from Domestic Homicide Reviews, Mental Health Homicide Reviews and Safeguarding Adults Reviews into staff training and continue to work with practices and Information Technology providers to improve safeguarding record systems CCG has worked as part of the local Prevent and Channel arrangements, supporting partnership working with health services, including GP practices in order to protect adults at risk, particularly people with learning disabilities, autism or mental health problems. The CCG safeguarding team lead on the health section of the Local Prevent Action Plan and are supporting the roll out of Prevent training in GP practices.

### **Children and Social Work act/ Working Together**

3.1.36 In 2015, the Government commissioned a fundamental review of Local Safeguarding Children Boards (LSCBs), which was undertaken by Alan Wood. A number of the recommendations were incorporated into the Children and Social Work Act 2017. The Department for Education has revised the guidance Working together to safeguard children: guide to inter-agency working to safeguard and promote the welfare of children, to include the changes needed to support the new system of multi-agency safeguarding arrangements established by the Children and Social Work Act 2017. These changes relate to the:

- the LSCB will no longer be statutory and it will be the be the responsibility of the three safeguarding partners (Police, Local Authority and CCG) to determine how they work together in respect of their arrangements.
- establishment of a new national Child Safeguarding Practice Review Panel. Specific reviews will be undertaken by a national review panel and regulations set out review criteria which safeguarding partners would be required to take into account when deciding whether to commission a review locally.
- transfer of responsibility for child death reviews from LSCBs to new Child Death Review Partners. CDOP will move from the Department of Education to Department

of Health, it should to continue with a similar remit and be a joint responsibility between Clinical Commissioning Groups (CCGs) and Local Authority, further guidance will be published in May 2018.

3.1.37 In October 2017, Bradford convened a joint Board planning day bringing together members of the BSCB, SAB and the Safer and Stronger Communities Partnership (S&SCP). This presented an opportunity for senior leaders to consider a number of matters that are impacting upon Bradford, namely the recent JTAI (Joint Targeted Area Inspection inspection), the findings of the Children and Social Work Act (Wood Review) and opportunities to ensure effective collaboration between Strategic Boards and Sub-Groups within Bradford against future financial challenges impacting across the partnership.

3.1.38 The purpose of the day was identified as working together to:

- Develop a shared understanding and reach agreement on the common priorities and cross cutting themes across the three Boards
- Identify practical steps to ensure the three Boards work more effectively and efficiently on their shared agenda and common priorities

Themes were agreed as follows

- i. Communication/Engagement/Empowerment
- ii. Cyber/Digital
- iii. Prevention/Early Intervention/Education
- iv. Exploitation/Building resilience
- v. Quality assurance – data analysis, data sharing, evidence based practice

3.1.39 Across the three Boards, there is a detailed sub-group structure in place to manage core functions as well Board specific objectives. Some of these core functions lend obvious opportunities for a more consistent and collaborative approach which takes into account the cross cutting themes and presents opportunities for shared learning. A more rationalised approach could reduce demands across the partnership. Work has commenced to develop these work streams.

3.1.40 A specific short term working group has been established to develop a Communications strategy for the BSCB, SAB and S&SCP involving Safeguarding and Communications expertise. This group is looking at communications between and within the Boards as well as to practitioners and to communities.

3.1.41 In June 2017, the BSCB hosted the Internet Safety Conference. This was aimed at managers across the partnership who are involved with safeguarding children with over 80 delegates attending. A number of speakers were invited to present, including the Children's Commissioner, Police, business links through KPMG, and an expert in the field of Internet Safety with children. The conference also considered the voice of children, with a group of young people presenting and contributing to round table discussions. The delegates identified good practice and ideas to safeguarding and protect children on-line. Further work is on-going in the development of a District cyber plan.

## 3.2 Healthy Bradford Update

### 3.2.1 Background

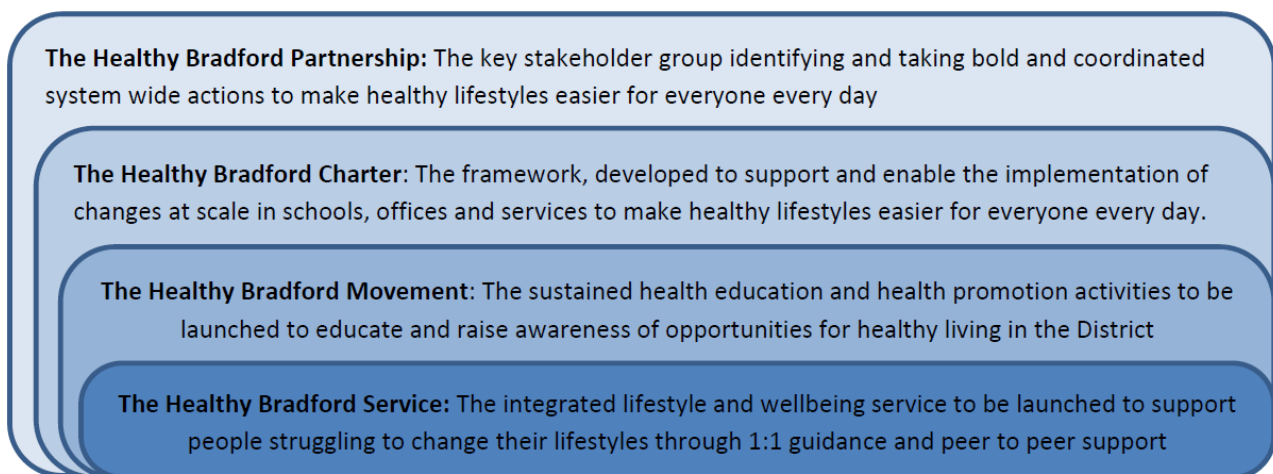
The Healthy Bradford Plan was presented to the Health & Wellbeing Board on the 26<sup>th</sup> September 2017. The Healthy Bradford Plan was the product of 12 months of work with a multi-sector partnership that formed the Healthy Weight Board, established by the Health and Wellbeing Board in August 2016. The vision set out by the plan was making healthy and active lifestyles easier for everyone, everywhere, every day.

On 26<sup>th</sup> September 2017 the Health and Wellbeing Board resolved:

- (1) That the broader lifestyle behaviours approach set out in the Healthy Bradford Plan be accepted.
- (2) That the development of the system wide Partnership and the implementation of the actions it identifies as priority areas for improving lifestyles be supported.
- (3) That the Board encourages and supports its own Members to use the Healthy Bradford Charter within their own organisations to identify and achieve the potential to make healthy lifestyles easier for everyone.

The Healthy Bradford Plan set out 4 key areas of work shown in Figure 1. Development of the Healthy Bradford Plan was grounded in working towards a whole systems approach to tackle wellbeing and underpinned by the principles of population level behavioural change science frameworks. The whole systems approach acknowledges that complex issues such as obesity have multiple and interrelated root causes to be addressed.

**Figure 1:** The four core activities to be undertaken to deliver the Healthy Bradford Plan



The whole systems approach to tackling complex issues has long been referred to in academic evidence, particularly regarding addressing obesity; however few resources have been developed on how to deliver the approach in practice. In 2016, Leeds Beckett



University were commissioned by Public Health England to identify and trial a route map for a whole systems approach to obesity. In September 2017, Bradford Council was given the opportunity to become a pilot site and test the route map under development. Piloting the five phase route map (see Figure 2) aligned well with the intentions of the Healthy Bradford Plan. In particular, the Healthy Bradford Plan required wider system partners to have greater engagement and understanding of how many seemingly abstract parts of the local system are contributing to the complex issues that make healthy lifestyles harder to achieve.

**Figure 2: Public Health England/ Leeds Beckett Whole Systems Obesity Route Map (underdevelopment: unpublished)**

**Phase 1): Creating the environment for change**

Includes developing an active and sustainable system partnership from a broad range of stakeholders that becomes skilled in systems thinking, is willing to take collective actions with a shared vision of improving lifestyle behaviours,

**Phase 2) Understanding the local system and its causes and linkages**

Includes identifying and mapping the local system its causes and linkages and understanding how this self-adapting, unintended system has developed locally.

**Phase 3) Identifying opportunities to shape and intervene in the existing local system**

This phase includes through identifying key themes which emerge and areas for potential focus and prioritisation

**Phase 4) Taking action collaboratively**

Working together to deliver on priority actions identified in Phase 3 and monitoring and supporting progress on these actions

**Phase 5) On-going system shaping and maintenance**

Includes evaluating the actions taken; reflecting on the system as it changes and adapts; and delivering new actions to upkeep and maintain a system that supports healthy lifestyles for the population.

**3.3.2The Healthy Bradford Team (Partnership)**

The Healthy Bradford Team (referred to as The Healthy Bradford Partnership in Figure 1) was set up to deliver the whole systems work. The Team, established in October 2017, is led by a Public Health consultant from Bradford Council and it includes representatives from the Voluntary and Community Sector, Active Bradford, CCG's, Better Start Bradford, Public Health England, Yorkshire Sport and from Bradford Council: Health Improvement, Sport and Leisure, Neighbourhoods and Highways.

The Healthy Bradford Team has been responsible for delivering two Summits specifically related to obesity with a wide range of stakeholders and partners. The first summit, held in November 2017, worked with partners to identify the root causes/ drivers of obesity in Bradford. The second summit, held in December 2017, engaged partners with a framework grounded in behavioural change science to support them in identifying solutions or actions for addressing the root causes they have identified. A broad range of actions were identified during the second summit.

The Healthy Bradford Team has since worked to examine the actions and to collate them into common themes to create refined strategic actions – see appendix 1. For example, many of the actions suggested by stakeholders pertained to improving knowledge, understanding and generating enthusiasm in the community for a more healthy diet; actions which have been incorporated into the work of the Healthy Bradford Movement. Similarly, other actions were around healthy food offers when eating out or working with employers to make being healthy in the workplace easier. These actions are being incorporated into the Healthy Bradford Charter. Many of the actions stakeholders provided correlated with planned areas of work already identified in the Plan however, we now have a greater number of key stakeholders engaged and understanding their role and contribution in shaping the system.

One theme identified by many stakeholders related to ‘place’ e.g. actions suggested were safer well lit parks, active streets etc. The Healthy Bradford Team is currently working towards identifying a strategic route for these actions to be bought together in a more efficient manner than by working on each individually. One possible route is for this to be within the Healthy Place partnership work that is developing between Bradford Council’s Public Health team and different sectors of the Place department including housing and neighbourhoods.

The Healthy Bradford Team are holding a third, shorter summit, in late April to update stakeholders as well as to feedback on outcomes of the second summit, work that has been undertaken since and how they can support this work and the actions they identified. The Healthy Bradford Team are also working to repeat the process on identifying root causes and potential actions with the wider community in the coming months.

### **The Healthy Bradford Movement & Charter**

The Healthy Bradford Movement work has begun working in partnership with Self Care and Mental Health partners in Bradford CCG’s. Work has begun with a design agency to form a single brand; to identify and bring together health messaging and also to identify healthy activities to prevent ill health in order to help those with existing conditions care for themselves. It is hoped the brand will launch in the early summer. The brand will retain consistency in health messages while being used alongside other brands where appropriate. The brand will also be applied to Healthy Bradford Charter and also the Healthy Bradford Service (see following section). Commissioning of a large scale physical activity project to engage and enthuse large sectors of the community with physical activity through fun and unique means is also underway and will be used to support the awareness of the brand in the community.

The Healthy Bradford Charter work is in development and a workshop will be undertaken shortly to engage employers around ways that the Charter could apply and identify the best way to support businesses to make being healthy and active easier for everyone. Discussions are taking place with large employers in the District to support early engagement and adoption with the Charter prior to launch. Development of toolkits for employers to use is being supported by the Public Health Improvement Team,

### **The Healthy Bradford Service: Integrated Wellbeing System.**

The Healthy Bradford Service set out to ensure there is a strong local offer to support and

motivate people at the individual level. By acknowledging the scale of the issue of overweight obesity and physical inactivity in the District, this area of work is exploring proposals to some large scale unique solutions include the viability of:

- Having open access to free of charge hours each day in all Council Sport and Leisure facilities.
- Council Sport and Leisure Facilities having a 1:1 integrated wellbeing service offer with a wellbeing assessment and motivational interviewing to develop a personal health plan and linking clients into strengthened local physical activity and wellbeing offers to match their needs and interest. This service will include within itself or offer direct referral to appropriate specialist services such as smoking cessation advice, booking routes and a personalised experience.
- The possibility of all residents having access to a Wellbeing Card (likely to use the same brand as being developed under the Movement).
- Exploring the viability of all the cards being able to both accrue and spend credits to the card either with local physical activity providers, Healthy Charter food outlets/ meals, local weight loss support groups etc. Proposals being explored around the card include: credits being earned through engagement with personal challenges set on wellbeing machines (the machines which weigh/ measure/ check BMI, blood pressure and other wellbeing metrics) e.g. step challenges or weight loss challenges or credits may be allocated at a district level to target groups or GP's may have the ability to add credits to an individual's card. Details of the technology and potential opportunities within are being explored by a working partnership group including Public Health and Sport and Leisure. The cards are expected to retain anonymity of individuals while collecting sufficient data to enable rigorous evaluation of different offers being applied to the local system. Academic partners are being engaged to ensure this is achieved.

### **Forthcoming Activity: a summary**

- Increased partnership working with system partners in particular Self Care and Sport and Leisure.
- Consultation of proposals as well as root causes/ solutions work undertaken with community members.
- Identifying mechanism / process for the delivery of place based actions identified by system partners.
- Co-design of Healthy Bradford Charter with local businesses.
- Conclusion of branding work to deliver healthy brand/ hallmark.
- Completion and delivery of shared communications and 'movement' plan with partners.
- Design and development of wellbeing card technology and business case.
- Completion and delivery of the integrated wellbeing service design.
- On conclusion of the detail of the majority of activity areas currently in planning/ viability assessment a further report will be submitted to the HWBB for consultation regarding how the integrated wellbeing system emerging from the Healthy Bradford Plan is to be delivered.

### 3.3 Liaison and Diversion Programme update

- Update on the progress made of developing an NHS funded All Age Liaison and Diversion Services in Bradford through the extension of the service which currently operates in Wakefield and Leeds. The existing service is managed by Wakefield Council and at the end of 2017 NHS England approached Wakefield Council to extend its current pilot to include Bradford with a view to the service being operation in May 2018
- The All Age Liaison and Diversion Service is fully funded by NHS England, Health and Justice Directorate. The service currently has three teams, based at the Wakefield District Police HQ, Leeds District Police HQ and Leeds Magistrates Court. There 35 cells in Wakefield and a throughput of 9000 people and 40 cells in Leeds with a throughput of 17,000 detainees. The cell area at Trafalgar House covers the entire Bradford District and comprises 34 Police cells with a throughput of 13,500 detainees per year.
- The service seeks to engage and assess service users at the point they enter the criminal justice system in order to ensure they are accessing support services and where possible are diverted from the criminal justice system, and prevented from escalating to high cost health and social care interventions. The service is primarily a prevention service and following assessment will work with service users for up to a 12 week period. NHS England plan to roll out Liaison and Diversion coverage to the entire country over the next 2 years.
- To enable a multi-agency approach the Service is staffed by a mix of people employed by different organisations, including third sector partners Bridge, Together Women Project and Touchstone, healthcare professionals, police officers, and YOT Officers.
- West Yorkshire Police (Bradford) have agreed to support the identification of appropriate premises for the new team in Trafalgar House.
- A report was presented at the Safer and Stronger Communities Partnership Board in January.
- The project team is keen to engage with partners to ensure that appropriate case identification, assessment and referral pathways are developed to support service provision and a successful Stakeholder Event was held at Kala Sangam on 23<sup>rd</sup> February, 2018.
- The project team has sought to engage and work with existing service providers to ensure that appropriate referral pathways are developed to support service provision, to ensure that existing services are not duplicated, but that additionality is secured and that available resources are used effectively and efficiently. Work with partners will ensure information governance requirements are met either through existing information sharing agreements or through the development of additional agreements.

- The L&D Manager, Clint Hepworth along with Alison Lowe (Touchstone CEO) have met with Cllr Hinchcliffe to provide an update on the progress being made in Bradford.
- Recruitment has progressed with the Project Co-ordinator and three Project Workers being appointed along with management and administrative support identified. Work is underway to recruit Mental Health Practitioners to support the service.
- An L&D Programme Board is being developed including key strategic representation from organisations in Bradford and it is proposed that this Board will provide progress reports to the Health and Well Being Board. The first meeting is scheduled for 27<sup>th</sup> April, 2018 at 9.30am in Bradford.

### **3.4 Sub-group updates: ECB, ICB**

#### **3.4.1 Executive Commissioning Board**

- Q3 BCF and iBCF submitted in full and on time. Performance on key BCF metrics shows that 3 of the 4 metrics are forecast to meet target for 2017/18. Non-elective Admissions is being forecast to fall short of the target. Placements into Permanent Care, Reablement and Delayed Transfers of care are all forecast to meet target. The Bradford system is also 5<sup>th</sup> best performer and the new national integration metric.
- Through support from the ADASS region ECB successfully co-ordinated a system response to the CQC Peer review which took place w/c 12<sup>th</sup> Feb
- Subgroup of ECB - Integrated Finance and Performance – is now being bimonthly.
- ECB have reviewed the Councils proposals for budget savings as a Board and been presented with significant detail around the savings in order to constructively feedback as part of the consultation process
- Models of Early Help provision were presented at the Board for discussion as part of the consultation process.
- The provision of Equipment Services was discussed in the context of BCF investment and outcomes. The Board discussed the work of the BACES Improvement Board which was established following a deep dive audit in 2016.
- ECB has been discussing the Care Homes market in Bradford following the CQC Peer review and the strategic linkages to the Community Bed Strategy and the work of the Out of Hospital Board and the Engine Room subgroup. These conversation will continue following further work on baselining the market which will be brought back to Aprils meeting.
- Joint commissioning across Children's services was discussed at the March meeting with an agreement that ECB supports the approach to Children's Commissioning of taking a holistic view across all services including localities and housing.
- BCF investment and outcomes are being tested through a joint audit of BCF across Health and Social Care.

#### **3.4.2 Integration and Change Board**

The Integration and Change Board (ICB) met on 16<sup>th</sup> February and will next meet on 20<sup>th</sup> April 2018.

At the last meeting ICB welcomed Soo Nevison CEO of CABAD to the group as the new permanent VCS representative on the group.

The group agreed to review the enabler work streams ensuring their alignment with the Joint Health and Wellbeing Strategy and the health and care plan. Subsequently resourcing and governance would be reviewed.

The Tracker was reviewed and it was agreed to review the alignment of the metrics to the refreshed strategy and to ensure that issues highlighted are acted upon. ICB noted that the Tracker highlights issues for the system to investigate and act upon related to Smoking and Childhood Obesity, both of which would be investigated with Healthy Bradford.

ICB member organisations agreed to invest in years two and three of the health and social care ICE (industrial centre of excellence), which forms a core element of the health and care plan. It was agreed that the work of the ICE is critical to meet future workforce needs, and to support both Health & Wellbeing and Economic Strategy aims.

It was also noted that this development needs to be understood in the context of the wider Integrated Workforce Strategy and considered alongside the Bradford Employment Education & Skills Partnership. A comprehensive discussion on all these items will take place at the next ICB meeting.

The ICB noted progress with the West Yorkshire and Harrogate Health and Care Partnership (STP) expression of interest in becoming part of the next wave of Integrated Care Systems which operate with greater autonomy, in return for stronger collective delivery on access, quality and transformation goals. This item will be the subject of further discussion at ICB and with HWB Board members.

ICB also contributed to the shaping of the Yorkshire and the Humber bid to the LICRE (Local Integrated Care Record Exemplar) Fund. It was agreed that the Digital 2020 enabler would advocate for the local digital strategy within this development.

At the next ICB meeting on 20<sup>th</sup> April the Board will hear updates from the Integrated Workforce Programme and the Self Care and Prevention Programme.

#### **4. FINANCIAL & RESOURCE APPRAISAL**

Safeguarding report - Financial and Resource appraisal is on-going through the budget process of the Council

Healthy Bradford update - There are no financial risks. Funding routes for different aspects of the proposal are being sought within existing means and partner organisation support.

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

Safeguarding report - Risk and governance relating to safeguarding is managed through the two Safeguarding Boards' and through each Board's sub-groups.

## **6. LEGAL APPRAISAL**

Safeguarding report - The annual reports of the Bradford Safeguarding Children Board, and the Safeguarding Adults Board, describe how the Boards coordinate and govern the work of the Council and partners to fulfil the statutory duties in respect of safeguarding children and adults.

## **7. OTHER IMPLICATIONS**

### **7.1 EQUALITY & DIVERSITY**

Safeguarding report - Safeguarding vulnerable people whether children or adults cuts across all categories of communities with protected characteristics. Improvements in how our collective resources work together will increase our ability to prevent and intervene earlier when people are being abused or are at risk of abuse or neglect.

Healthy Bradford update - New offers being formed under the Integrated Wellbeing Service will work to reduce inequalities in health and wellbeing and deliver a diverse offer to incorporate all groups within the community.

### **7.2 SUSTAINABILITY IMPLICATIONS**

**None**

### **7.3 GREENHOUSE GAS EMISSIONS IMPACTS**

**None**

### **7.4 COMMUNITY SAFETY IMPLICATIONS**

Safeguarding report - Safeguarding vulnerable people whether children or adults cuts across all categories of communities with protected characteristics. Improvements in how our collective resources work together will increase our ability to prevent and intervene earlier when people are being abused or are at risk of abuse or neglect.

### **7.5 HUMAN RIGHTS ACT**

Safeguarding report - Practice and development across all areas of Health and Social care must always take into account The Human Rights Act 1998 and its associated articles.

### **7.6 TRADE UNION**

**None**

## **7.7 WARD IMPLICATIONS**

**None**

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

## **8. NOT FOR PUBLICATION DOCUMENTS**

**None**

## **9. OPTIONS**

**None**

## **10. RECOMMENDATIONS**

- (1) That the annual reports of the Bradford Safeguarding Children and Adults Boards be noted.**
- (2) That Members note the updates and relevant areas of work being pursued in The Healthy Bradford Plan.**
- (3) That the Liaison and Diversion Project Board reporting to this Board as part of its governance arrangements be agreed.**
- (4) That the Health and Wellbeing Board note the introduction of the Liaison and Diversion Service into Bradford and identify any key areas of opportunity so that these can be progressed by the project team.**

## **11. APPENDICES**

Appendix 1 - Bradford Safeguarding Children Board (BSCB) Annual Report 2016/17  
Appendix 2 - Safeguarding Adults Board – Bradford and Airedale 2016/17  
Appendix 3 – Healthy Bradford proposed action plan

## **12. BACKGROUND DOCUMENTS**

Children and Social Work Act 2017

<http://www.legislation.gov.uk/ukpga/2017/16/contents/enacted>

Working Together to Safeguard Children: revisions to statutory guidance  
<https://www.gov.uk/government/consultations/working-together-to-safeguard-children-revisions-to-statutory-guidance>

Bradford Safeguarding Children Board (BSCB) Annual Report 2016/17 and Child Death



Over Panel Annual Report 2016/17 [http://bradfordscb.org.uk/?page\\_id=138](http://bradfordscb.org.uk/?page_id=138)

Bradford Safeguarding Adults Board (SAB) Annual Report 2016/2017  
<https://www.bradford.gov.uk/media/4226/sab-annual-report-2016-17.pdf>

The Healthy Bradford Plan:  
<https://bradford.moderngov.co.uk/documents/s16856/Appendix%20to%20Document%20G.pdf>

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# Annual Report 2016 - 2017



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## Introduction from the Independent Chair of the Board - David Niven

**This has been a year of great challenges and I've been extremely pleased to be involved in a partnership that has coped with them in a professional and dedicated way.**

The Bradford Safeguarding Children Board has to respond to local and national demands and address them in the best way for Bradford. We are constantly aware of our responsibilities in improving the care and protection of Bradford's children. Our work includes evaluating how agencies perform and encouraging improvement where necessary.

A key role of the independent chair is to be constructive in challenging and supportive where good work is done.

Being aware of the recent Children and Social Work Bill's impact on how we structure the service and making sure that we are working together with other Boards are crucial factors in the year ahead.

How we communicate with professional colleagues and the general public is extremely important in building confidence and showing what we do. Therefore our website and our methods of sharing information in a speedy and efficient manner is crucial to the Board's effectiveness.

A significant example of good partnership working was demonstrated when Ofsted initiated a Joint Targeted Area Inspection (JTAI) on our work in tackling domestic abuse. Much preparation and consultation had already been done on this and when the inspection happened the result was positive and the JTAI readiness board, chaired by the Director of Children's Services, should be congratulated.

We had to conduct Serious Case Reviews during the last year and those produced considerable learning opportunities and actions that we have to implement in the year ahead.

What we learned from these help add to our significant training programme as well as providing the necessity to scrutinise agencies' response to the Review's findings.

One thing that I constantly look to improve is how we listen to and engage young people in our work and plans. How we communicate, involve and demonstrate what we do with those we are committed to protect is vital and necessary. We can always improve this task.

The Board's manager for many years, Paul Hill, moved on. His contribution and skill will be greatly missed. Luckily, we have a new replacement in Mark Griffin and feel that the Board will remain in good hands.

The Children and Social Work Bill 2017 has received royal assent and I expect guidance from the Department for Education this year in the form of a revised version of 'Working Together'. This will help steer the Board to a new structure that will reflect changes to serious case reviews and child death overview panels and give an opportunity to realise better arrangements for all of Bradford's Safeguarding responsibilities.

I have to praise the work of the Chairs and all the members of our sub-groups. They get through an enormous volume of work and put the main Board's strategic thinking into practice. Combined with the dedicated staff team of the Board they provide an excellent example of partnership working.



David Niven  
Independent Chair





# Chapter 1: Local Demographics



**534,300**  
people living in the Bradford District (Mid 2016 population estimates)



**141,200**  
children 0-17 yrs (Mid 2016 population estimates)



**7,930**  
births in 2016 (public health birth figures)



**35,045**  
children 0-16 yrs living in low income family (snapshot as at 31 Aug 2014 – this is the latest data and was published 30 Sept 16)



**15,206**  
Lone parent households with dependent children (2011 Census)



**32,500**  
children 0-3 yrs (Mid 2016 population estimates)



**20%**  
South Asian people (Pakistani) (2011 Census)



**64%**  
White British people (2011 Census)

- Numbers of Children on roll in the Bradford District (taken from May 2017 school census)

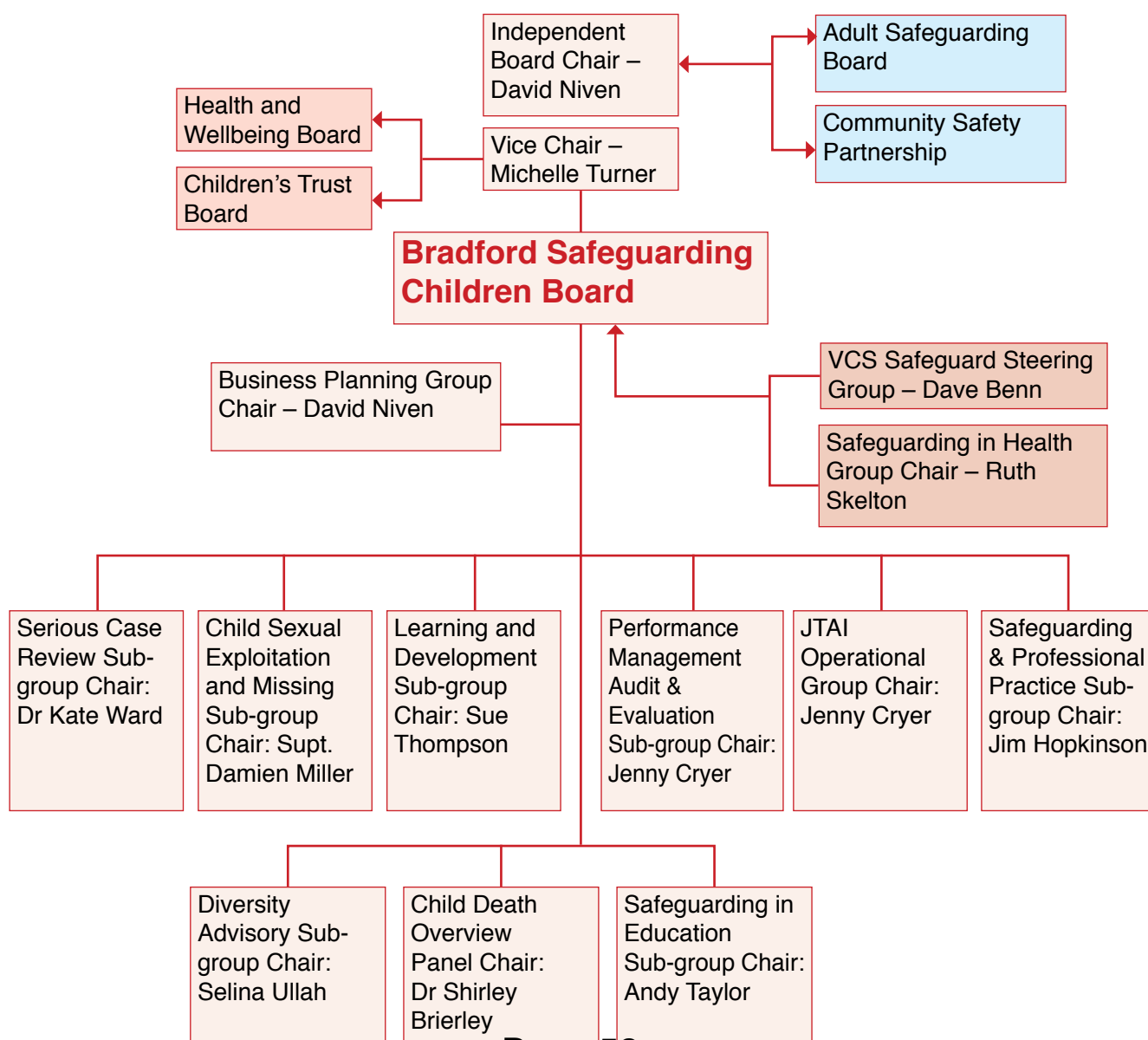
Year	Academy	Free School	LA Maintained	Total
2016/17	45,814	3,667	51,255	100,736

## Chapter 2 - Governance, Accountability and Budget

The Bradford Safeguarding Children Board (BSCB) continues to provide the procedural framework for all partnership work to keep children safe within Bradford and fulfils its statutory responsibility around quality assurance and training. The role of the Board:

- sets the procedural framework for all partnership work to keep children safe within Bradford
- fulfils its statutory responsibility for ensuring that staff receive multi-agency training to support them in their work
- ensures that agencies are held to account for their work and that there is a learning and improvement framework in place to ensure that serious case reviews and other challenge and learning processes are effective.
- conducts a multi-agency review of every child death in the District, carried out by the Child Death Overview Panel.
- In addition, BSCB plays a role in supporting and planning innovative partnership responses to safeguarding children challenges, such as the establishment of the multi-agency CSE Hub.

### Structure of the Board



## Budget

The BSCB staffing and operational funding is provided by a pooled budget totalling £337,400, which is reduction of £51,440. A small income is generated by charging commercial organisations for safeguarding training.

The contributors to this pooled budget are:

Bradford Council Children's Services	£166,260
Health	£148,350
Police	£17,550
National Probation	£2,345
Community Rehabilitation Company	£2,345
Cafcass	£550
Total Income Received	£337,400

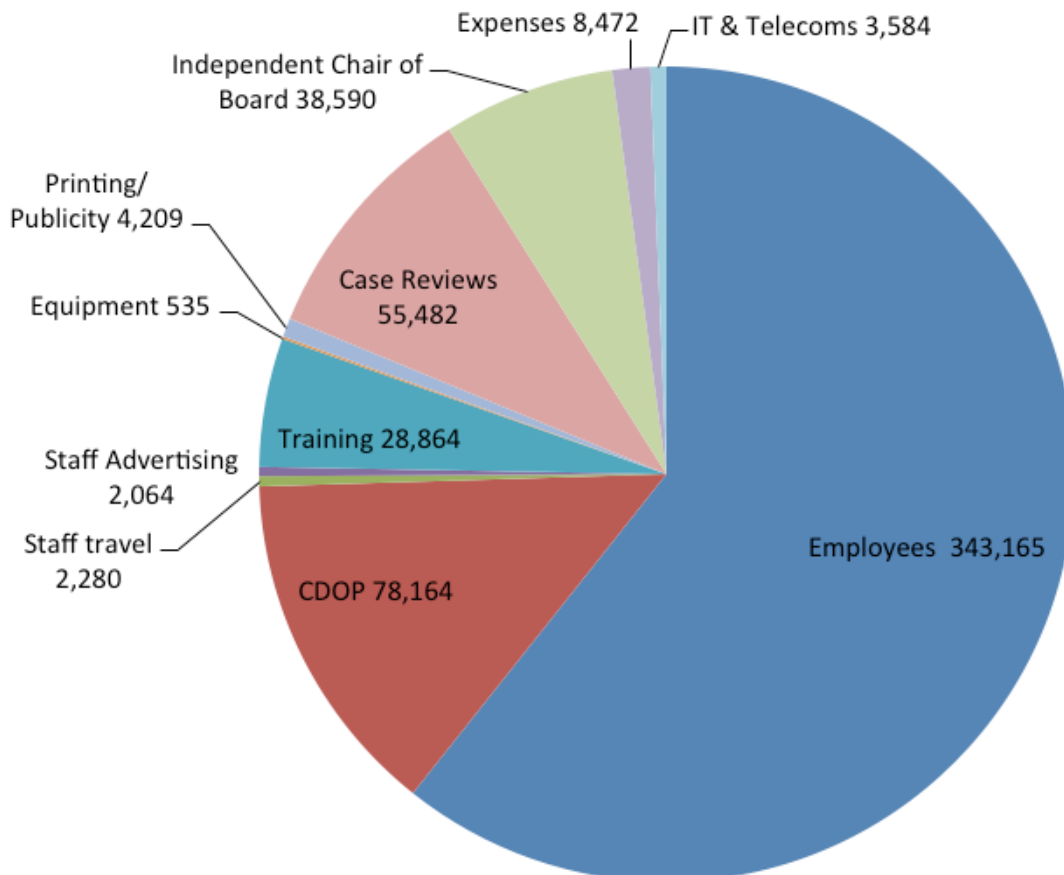
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**Total expenditure £565,409**

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The BSCB has recognised and responded to the financial challenges moving into the following year. Financial planning and staff restructuring has enabled savings to be achieved in line with new budgets.

This has been achieved through rationalising of administration posts, a decision not to progress the proposed deputy Board managers post and withdrawal of the Safeguarding advisor for faith settings, which is now overseen by the Local Authority.



## Chapter 3 - Priorities for 2016/2018

The BSCB is committed to improving the welfare and protection of all children and young people in the Bradford District and has agreed to deliver these priorities through its Business Plan. The plan reflects the complexity of safeguarding in Bradford.

The plan focuses on the three key areas of responsibility that drive the 'core business' of the partnership. The plan acknowledges that while a substantial number of children are safeguarded by the core activity of partners, some children have an elevated vulnerability to harm through a range of high risk issues.

The aim of the plan is to provide strong and effective safeguarding arrangements to ensure that all children receive the highest quality service at the right time and at the right level thereby promoting their welfare and reducing harm.

### Priorities of the Bradford Safeguarding Children Board 2016-2018

#### Strong and Effective Safeguarding Arrangements

**Ensure that the care and protection of all children in the Bradford District remains the highest priority while delivering the improvement programme:**

- Scrutinise, challenge and evaluate the use and impact of the Threshold Document on decision making in Bradford.
- Evaluate and challenge multi-agency safeguarding performance on neglect.
- Ensure that safeguarding practice meets the needs of children living in homes where there is domestic abuse.
- Ensure that the therapeutic needs of children who have suffered abuse or neglect are met through a range of services.

**By ensuring we have strong and effective safeguarding arrangements and a collective accountability across the system the Board will improve outcomes and reduce the harm to children in the district:**

- Demonstrate that decisions are informed by the wishes and feelings of the children of Bradford.
- Develop a communications strategy.
- Develop a culture of constructive challenge and openness within the accountability framework.
- Ensure that learning from challenge, audit and case reviews is disseminated effectively across the partnership.
- Work with communities and children to raise awareness of safeguarding risks and seek their engagement in identifying effective responses.

**The high level risks experienced by marginalised and/or highly vulnerable children are understood and targeted through intelligence led problem solving, and receive a proportionate multi-agency response:**

- Online safety - grooming, sexting and cyber bullying.
- Grooming and exploitation of children through gangs, radicalisation, sexual abuse and trafficking.
- Prevention and disruption strategies to address the perpetration of abuse and exploitation.
- Motivation of children who go missing.
- Misuse of substances
- Female genital mutilation
- Forced marriage
- Disabled children

# Chapter 4 - Safeguarding Snapshot

**141,000** young people under 18

**26%** of total population

**29%** of children living in poverty

**304** children & young people at risk of CSE were open cases to the CSE Hub (end March 2017). **11%** were considered to be at High Risk, **29%** were considered Medium Risk and **60%** were Low Risk

**791** children missing from home / **1409** episodes of children going missing from home

**141** children missing from care / **1312** episodes of children going missing from care

**44,336** contacts to Bradford Children's Social Care Front Door

**6,474** referrals (**17%** higher than last year)

**97.0%** of referrals went on to further action (**96.3%** last year)

**15.49%** re-referrals (**14.68%** last year)

**10,221** assessments completed by Bradford Children's Social Care (**27%** rise on last year)

**94.8%** of assessments were authorised within 45 working days of their referral days

**20.7%** of assessments identified Domestic Violence towards the parent as the most common factor followed by Mental Health of parent (**15.8%**) and Emotional Abuse (**15.4%**)

**3,202** child protection investigations (**37%** higher than last year)

**20.3%** of child protection investigations went to an Initial Child Protection Case Conference (lower than **23.0%** last year)



## Bradford Safeguarding Snapshot 2016 – 2017

**649** Initial Child Protection Case Conferences

**559** children on a Child Protection Plan as of March 2017 (**511** as of 31 March 2016)

**3,975** open Children in Need cases as of March 2017

**9.6%** of children in need with a disability

**927** children & young people looked after as of March 2017

**210** allegations against staff working with children and young people

Bradford Children, Young People and Families Plan

2017 - 2020



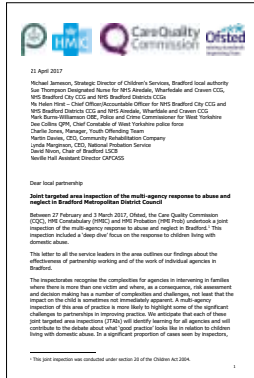
Children's Trust Board



# Chapter 5 - Achievements and Progress

In February 2017 Bradford received a JTAI inspection and the work of this group was critical to assuring the inspectors that Bradford's partnership was sighted on domestic abuse.

**“There are very effective multi-agency arrangements within the MASH, particularly between the police and children’s social care, with a dedicated domestic violence hub.”**



## *Joint targeted area inspection of the multi-agency response to abuse and neglect in Bradford*

Bradford Police officer Matt Catlow has been highlighted as national best practice and has led to two National Awards being received, The Lord Ferrers and the National Working Group Unsung Hero Awards. This work will continue in order to help safeguard the vulnerable working with key partners around CSE activity.

The successful delivery of the educative drama “Someone’s Sister, Someone’s Daughter” has continued throughout the District. More than 4500 students saw this play which was aimed at year 10 students.

“Mr Shapeshifter” is currently being delivered across the Bradford district with an aim of reaching 45 Bradford primary schools. Some of these schools will host other primary schools at their performances, which is intended to increase the reach to over 60 schools. Over 4500 Year 6 pupils will potentially be reached over the life time of this project.

The Barnardo’s NightWatch initiative, raised awareness of child sexual exploitation by offering advice, guidance, support and training to businesses, services and the general public. The programme has been delivered across Bradford and included those working in fast-food outlets, hotels and bed and breakfast accommodation, accident and emergency services, and security service roles (such as door staff). The implementation of Nightwatch, has resulted in increased confidence and awareness amongst NTE workers around the issue of CSE and how to identify it as well as through examples of children and young people having been safeguarded from exploitation and abuse.

Bradford Council and Collingwood Learning have developed innovative training and awareness events called Real Safeguarding Stories. These were nationally recognised through Local Government Body as “Effective partnership working” good for Bradford MDC and BSCB. Further details can be found at <http://realsafeguardingstories.com/index.php/child-safeguarding/>

Bradford was the first District to undertake a Safeguarding Week, and each year has grown the programme, widening topics to all Safeguarding matters. In 2016 there were over 2000 attendees at 60 events

## Training and Development

The BCSB continues to provide a comprehensive multi-agency training programme, working closely with colleagues from the Safeguarding Adult Board and Safer and Stronger Communities Partnership Board (CSP).

The multi - agency annual training programme included a total of **1687** people attending:

**1143** participants attended the annual training plan courses;

**316** participants attended other learning and development events; including practice forum, local and regional events. This included a successful West Yorkshire master class was on – “Disguised Compliance” with inputs from an academic from Huddersfield University – a researcher in lie detection, a professional Magician and a children services manager

## Course Developments

The BSCB Introduced a new CSE course, “Child Sexual Exploitation - A Resilience Approach for Families”, reintroduced a course on “Understanding the effects of Sexual Abuse” and reviewed the neglect training –“Neglect Can you recognise it, what should you do?” The team also delivered sessions - “Young Carers Recognition and support” in partnership with Barnardo’s Young carers project which had been identified as a training need.

**E learning** proved as ever to be a popular method of learning.

A total of 5062 learners registered for e-learning courses. Some of the most popular ones were:

*Basic level training –*

- An Introduction to Safeguarding Children **1154**
- Awareness of Child Abuse and Neglect **1686**
- Awareness of Domestic Violence and Abuse including the Impact on Children, Young People and Adults at Risk **345**

*Specialist / topics*

- Safeguarding Children from Abuse by Sexual Exploitation in Bradford **618**
- Safeguarding Children Refresher Training **453**, this is a new course for this year
- The Connected Baby Series **302**

## Safeguarding Week

In 2016 for the first time all five West Yorkshire LSCB’s held a Safeguarding Week at the same time. Bradford significantly contributed with over 2000 attendees at 60 events.

A total 228 participants attended BSCB hosted events covering the following :-

- Looked after Children,
- Relationship between poverty and child protection ,
- Born in Bradford – Magical power of play / Magical power of nature

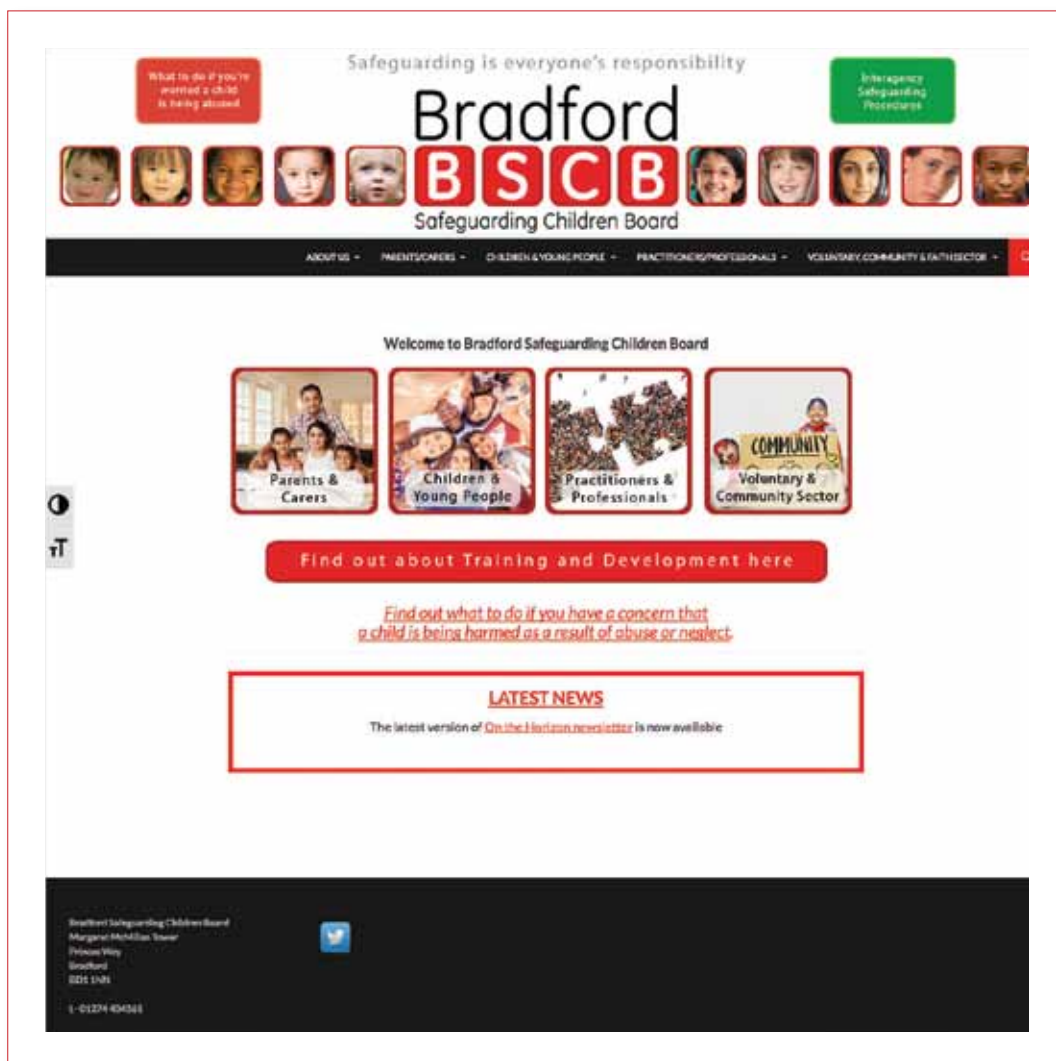


This year was a celebration of the fifth anniversary of Safeguarding Week in Bradford. Partners had a celebration event “Reflections and Going Forward” hosted by Bradford College, with performances by students and a keynote presentation from Nazir Afzal– Chief Executive, Police & Crime Commissioners for England & Wales who spoke on “Leadership in Safeguarding”.

### **Other activity**

Working in partnership with the local authority and Virtual College the BCSB continues to develop a Young Persons App to be launched in 2017.

Finally, the BSCB website has been refreshed and the course directory given a new look. <http://bradfordscb.org.uk/>





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## Chapter 6 - Effectiveness of local services

### ***a. Children's Social Care (CSC)***

**Bradford Children's Social Care dealt with 59,432 enquiries relating to children in 2016/17 resulting in 3,202 section 47 assessments and 10,221 child and family or early help assessments. (Figures will include some children being referred on multiple occasions).**

The volume of work undertaken through the Multi Agency Safeguarding Hub has increased and it was reassuring that through the JTAI, OFSTED complimented the clarity of thresholds and robustness of most decision making. Over the year CSC have experienced a significant increase in the number of children who have become looked after and an increase in child protection plans.

Substantial developments have occurred in the development of Early Help across 2016/17 including the establishment of Targeted Early Help teams across the entire district through reorganising family centre, families first, and others including some YOT staff. CSC has worked with partners to revise referral systems and improve a response time which has included revisions to Early Help Gateway. Early Help referral paperwork has been revised and an early help module is now in test mode on the LCS database (CSC IT system). Early Help has contributed to a reduction in the overall numbers of children assessed as Child In Need and a reduction in the duration of child in need episodes.

More than 2,000 staff across the district has been trained in Signs of Safety with an additional 50 undertaking advance practice training. This has been a key focus of our staff development, alongside embedding learning from Serious Case Reviews (SCRs) and lessons learned activities.

Child Protection conferences are now run on a Signs of Safety basis and this has received positive feedback from parents and other professionals

Efforts to recruit social workers have been rewarded by a substantial reduction in the use of agency social workers and CSC are doing more to retain experienced social workers by reframing their workforce development offer.

Bradford Children's services maintain a commitment to quality assurance through multi-agency challenge panels and regular audits. These include generic audits, and themed audits which have included domestic abuse, child sexual exploitation and neglect. The internal audit tool has been reworked to reflect our Signs of Safety framework

### **Local Authority Designated Officer (L.A.D.O.)**

The designated manager for allegations management is a requirement under Working Together 2015, (para4, p54). The function of the Local Authority Designated Officer (L.A.D.O.) has been based in the Children's Safeguarding and Reviewing Unit since 2006. The work is shared between the Service Manager and the Child Protection Coordinators. In the financial year 2016/17 the LADO service dealt with 210 referrals which represent a modest fall in comparison to the 239 in the previous year. The pattern for the development of this work has been for overall growth in numbers over the past 5 years. Education Department has continued to be the largest referring agency which is to be expected the size of the organisation and the numbers of children and staff coming into contact.

The most prevalent category for referral is physical abuse with 145 referrals in the past year 145 which is 69% of the total. The next highest category is sexual abuse with 36 referrals or 17.1% of the total. There have been falls across most categories of abuse barring emotional abuse which has risen to 14 referrals 6.7% of the total.

Bradford LADO has engaged with regional and national bodies to ensure consistency of practice. Bradford LADO is assisting with the organisation of the national conference in March 2018 where national standards for LADO work will be discussed.

### ***b. Bradford Teaching Hospital NHS Foundation Trust (BTHFT)***

**“Our mission is to provide safe healthcare, of the highest quality, at all times.”**

There has been an increase (37%) in the number of referrals to the children’s safeguarding team.

Sex	2016-17	Percentage Split	2015-16	Percentage Split
Female	721	52.98%	473	54.49%
Male	640	47.02%	394	45.39%
Unborn	0	0%	1	0.12%
Total	1361		868	

This includes a sharp increase (by 63%) of cases relating to adult parents or carers with safeguarding concerns; identifying “hidden” children behind adults who present to the organisation with safeguarding worries themselves (drug and alcohol, mental health and domestic abuse concerns).

### **Key areas of achievement**

#### ***Education and Training***

- Update of the training strategy in line with national requirements (Intercollegiate document 2014) and all staff levelled according to their roles and responsibilities within the Trust (including Midwifery).
- New E-Learning level 2 safeguarding children package written and produced.
- Safeguarding team has worked with the Yorkshire and Humber Deanery to develop region wide level 2 training package for all trainee doctors (Live May 2017).

BTHFT have updates policies for Safeguarding Children’s and Safeguarding Supervision and created new policies for

- Bruises, Burns and Scalds policy
- Contribution to domestic abuse policy: “ask the question” on return to work interviews.
- Expansion of the safeguarding children’s website to hold all policy and procedure together.

Supervision remain a key focus for the BTHFT with

- New monthly Emergency Department Team safeguarding supervision provided.
- Roll out of safeguarding supervision throughout the Trust to all staff continued.
- Peer review for all paediatric consultants as recommended by the Royal College of Paediatrics and Child Health (2016).

Management oversight also remains a priority with

- Audit strategy and work plan written/implemented for 2017.
- Improvement of online incident report form (Datix) from a safeguarding children and risk perspective.
- Design of EPR (electronic patient records) to ensure it meets safeguarding requirements.
- Implemented “signs of safety” model

### **c. The National Probation Service (NPS) & West Yorkshire Community Rehabilitation Company (WY CRC)**

The National Probation Service (NPS) is a relatively new organisation, formed in 2014 when probation trusts were reorganised into the National Probation Service (NPS) and Community Rehabilitation Companies (CRCs). The NPS provides pre-sentence assessments to Courts and manages offenders who are assessed as posing a high risk of serious harm.

As an agency who works with the highest risk adult offenders, the NPS has worked hard to sustain a focus on statutory safeguarding responsibilities, while introducing a new NPS operating model. The NPS has embedded a safeguarding approach throughout its work and ensured all staff are clear about their roles and responsibilities. Probation Offender Managers make safeguarding checks at their first point of contact with offenders, usually at Court; they make appropriate referrals and follow them through.

The NPS are committed to working effectively with partner organisations and have made sure staff access Signs of Safety training, recognising that the model provides a framework and common language for sharing information, understanding risk assessments across the NPS and Children’s Social Care and working collaboratively to safeguard children.

The NPS is still in a period of adjustment to its new national operating model, with on-going recruitment and training. The organisation will maintain its focus on safeguarding and continue to prioritise a contribution to multi-agency working.

The NPS continues to develop its effectiveness in working with individuals and their families. Within Bradford the NPS has established strong partnerships and lines of communication, allowing opportunities to continuously improve into the next financial year.

West Yorkshire Community Rehabilitation Company continues to be a key statutory partner of BSCB. WY CRC has implemented an action and development plan resulting from the February 2017 Joint Targeted Area Inspection. This plan gives greater clarity to front line CRC staff regarding referrals and multi-agency working.

The WY CRC presence at Central Hall, Keighley is a positive and on-going development, demonstrating a commitment to community outreach. WY CRC has staff at Central Hall on a weekly basis.

On-going quality assurance of operational practice and the further involvement of Probation Officers highlights WY CRC’s commitment to continuing professional development; key learning from such work will be shared with BSCB and partners.



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#### ***d. Bradford District Care NHS Foundation Trust (BDCFT)***

**“Safeguarding vulnerable Adults and Children is a key priority for Bradford District Care Foundation NHS Trust, with people who use services remaining at the heart of what we do. Safeguarding means protecting people’s health, well-being and human rights, and enabling them to live free from harm, abuse and neglect. We believe it’s fundamental in providing high quality health and social care.”**

The Bradford District Care NHS Foundation Trust (BDCFT) Safeguarding Team has continued to provide a high, quality evidence based service supporting, supervising and training staff from across the organisation. The team works closely with the local authority, police, education and our other health partners in order to improve outcomes and life chances for the most vulnerable.

The Journey to Excellence is a work project being led by the Local Authority that includes a number of different work streams including Signs of Safety

BDCFT has now established its own Signs of Safety steering group and an implementation plan has been devised to ensure BDCFT adopts and implements this model in practice

Key Strengths identified in the recent JTAI inspection.

- Good access to health services especially health visitors and school nursing.
- Health leaders make a significant contribution to partnership working across Bradford to identify, support and protect children living with domestic abuse.
- Training increasingly includes domestic abuse components such as BDCFT’s recently delivered “Coercive Control “training.
- Good awareness of cultural diversity within the city population
- Operational managers in the BDCFT, including those in adult services, understand the cohorts of children in need and child protection cases and the prevalence of domestic abuse within caseloads.
- Health visitors are linked to specific to community projects in order to ‘bring health’ to the community to promote the healthy child programme and raise awareness of how to access support including the promoting the domestic abuse ‘freedom programme’.
- Good use is made of local interpreters to ensure that health professionals can communicate properly, including with very vulnerable parents.
- Health visitor’s records show good observation of children in homes including consideration of the impact on non-verbal children or those who may not be able to vocalise their feelings.

#### ***e. Clinical Commissioning Groups (CCGs)***

The Clinical Commissioning Groups (CCGs) are responsible for commissioning safe and effective health care for the population of Bradford, Airedale, Wharfedale and Craven. This includes ensuring that the principles and duties of safeguarding children are consistently and conscientiously applied by all service providers. This is achieved by

- Seeking assurance from providers against commissioning safeguarding standards
- Providing leadership and support for health organisations via the cross-health safeguarding children group
- Designing and delivering training for CCG staff which specifically highlights the safeguarding aspects of commissioning, contract management and service development.
- Designing and delivering safeguarding children training and support for GPs across the district

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The recent Joint Targeted Area Inspection gave very positive feedback about the CCGs' role in leading and quality assuring safeguarding children practice within the district's health organisations.

During 2016-17, the CCGs safeguarding children team expanded to include a Specialist Health Practitioner (Child Sexual Exploitation) who works as part of the co-located multi-agency team within the CSE Hub. Feedback received from partner agencies as part of a review of the role was overwhelmingly positive, citing improved information-sharing and contextualising of the health contribution to assessment of risk. Plans are now in place to recruit a Specialist Health Practitioner to work in the Multi-Agency Safeguarding Hub, at the 'front door' of children's specialist services.

#### **f. Public Health**

The Public Health department is now part of the Health and Wellbeing department in the Council as of Sept 2016. Public Health has a responsibility to significantly improve health and wellbeing of local populations and reduce health inequalities, carry out health protection and health improvement, some delegated functions and provision of population healthcare advice. It has to provide specific mandatory services which include these prescribed services; sexual health services, health protection, provide advice to NHS commissioners, National Child Measurement Programme, NHS Health Checks and 5 health checks conducted by Health Visiting services for 0-5 year olds .

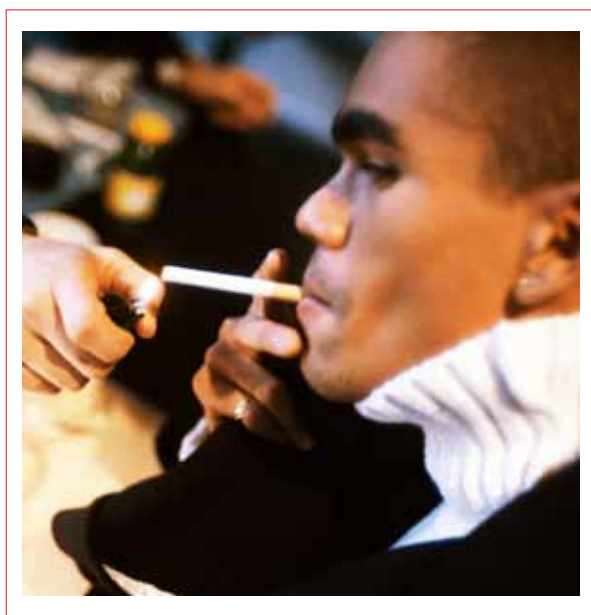
In addition, there are Public Health functions which include 0-19 years public health programmes for children, reducing obesity and increasing physical activity, public mental health, sexual health services promotion and prevention, smoking and tobacco and prevention and treatment of substance misuse (alcohol and drug misuse).

A senior lead in Public Health is the identified safeguarding lead and a member of BSCB and ensures staff is fully aware of current safeguarding training required and key updates. Public Health chair and provide analytical support for the Child Death Overview Panel. In addition, safeguarding is embedded within all our commissioned contracts and is included in performance reporting.

Public Health commission a wide range of services including health visiting, school nursing and oral health improvement services for children 0-19 years, sexual health services, substance misuse and alcohol services, smoking cessation services and a range of other health improvement services from a variety of providers .

They also ensure expertise and leadership is provided for evidence reviews, needs assessments and a range of Public Health analytical work which informs commissioning and planning to ensure services for children and families are developed to meet local need and are based on what works. An example of this is the Family Needs assessment which informed the key Prevention and Early Intervention transformation work for children 0-19 across the district which is being led by Children's services.

As for the whole Council and our partners, there will be significant budget reductions over the next few years and they are working hard to ensure that commissioning and the delivery services for children and families meet their needs , demonstrate value for money, are effective and improve outcomes and reduce inequalities for children. Public Health's overall priority continues to be to ensure improvement in the health and wellbeing of the whole population, and especially for those most at risk of poor outcomes and inequalities.



## ***g. Education***

Michael Jameson, Strategic Director of Children’s Services, said:

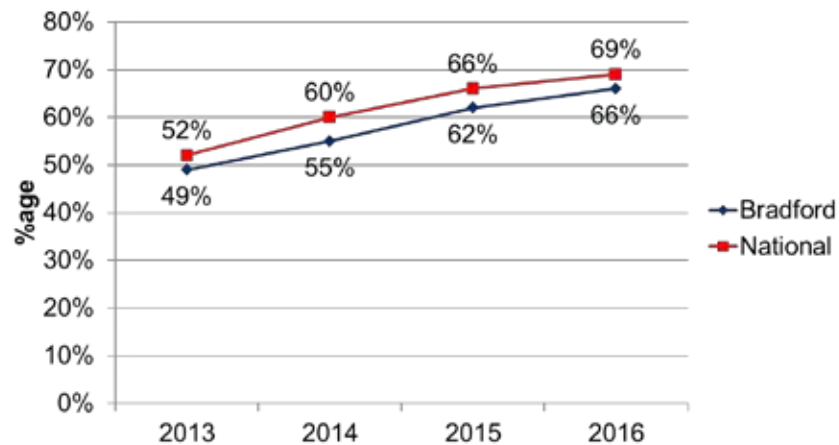
“We want all young people in our district to be able to access the best possible education at every stage of their development and the latest provisional results for key stage four and five show we are heading in the right direction.

“In addition to the improving results we have attracted some very high quality academy sponsors into the district to run a number of our schools and have one of the highest performing home grown Multi Academy Trusts in the country. This all builds upon our existing great schools across the district.”

### ***Early Years Foundation Stage Profile***

Outcomes in Early Years have improved over recent years and at a faster rate than national.

**Chart: EYFSP % pupils achieving the Good Level of Development (GLD)**

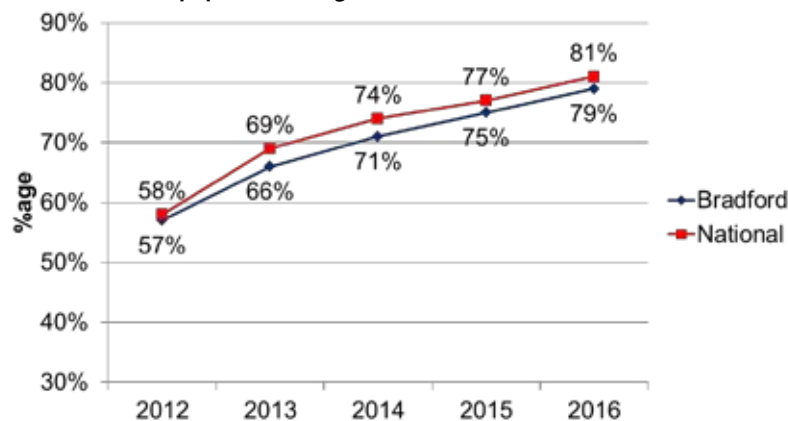


<b>% Good Level of Development</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Bradford	55	62	66
National	60	66	69
Gap:	-5	-4	-3

### ***Phonics***

The percentage of Year 1 pupils achieving the required standard in phonics continued to improve in 2016.

**Chart: % of Year 1 pupils achieving Phonics standard**

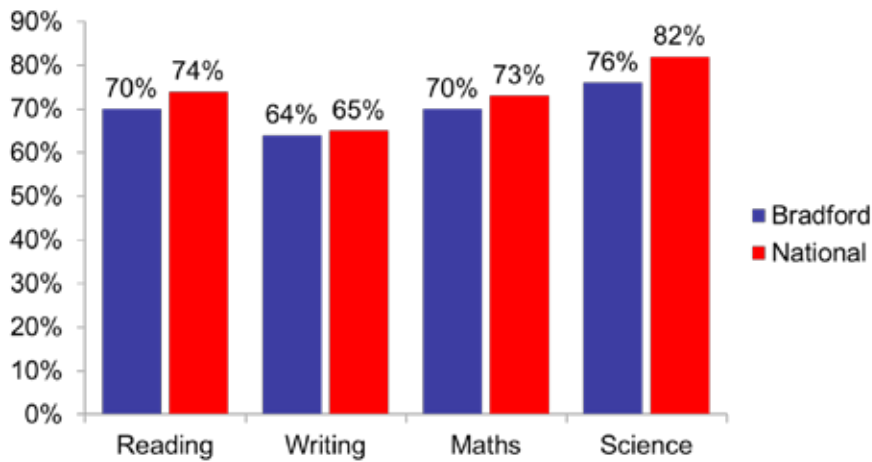


Phonics		2014	2015	2016
Achieving Phonics Standard by the end of Year 1	Bradford	71	75	79
	National	74	77	81
Achieving Phonics Standard by the end of Year 2	Bradford	86	87	90
	National	88	90	91

### Key Stage 1

In 2016, Bradford’s Key Stage 1 (KS1) pupils have performed slightly below national in reading, writing and mathematics on the new expected standard performance measures.

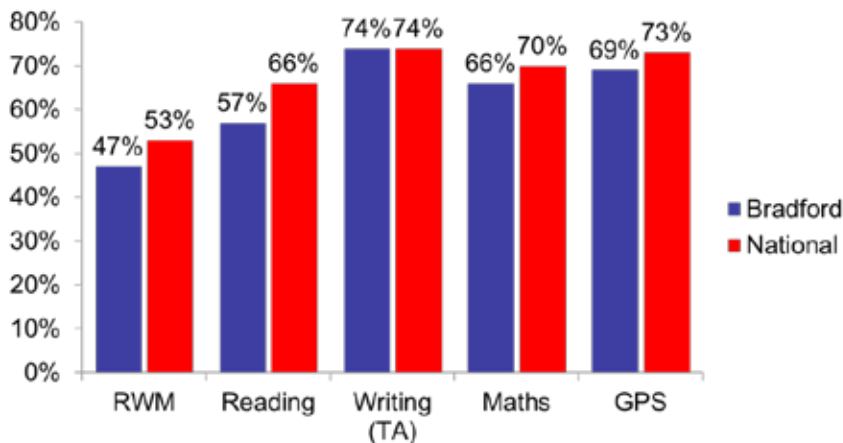
Chart: % of KS1 pupils achieving the Expected Standard in all subjects



### Key Stage 2

At the end of Key Stage 2 (KS2) in Bradford, pupils’ results are below the national averages on the new expected standard for reading, writing and mathematics (RWM) combined and separately.

Chart: % of KS2 pupils achieving the Expected Standard in all subjects



Bradford's KS2 pupils made above average progress in writing and maths in 2016 but were below average in reading.

### Value Added Progress

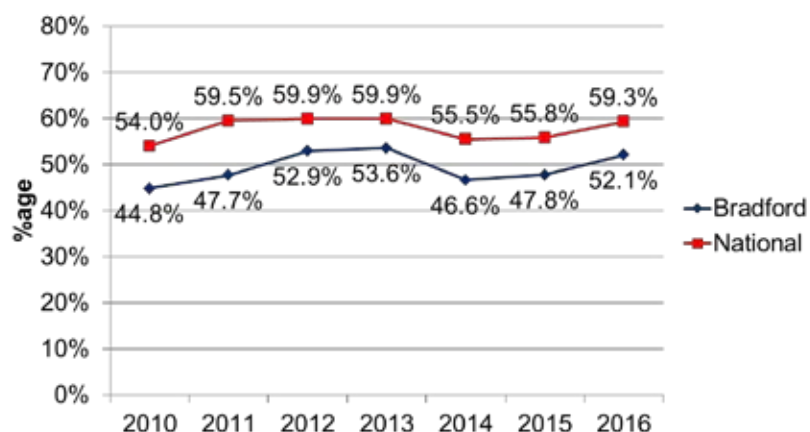
	Reading	Writing	Mathematics
Bradford	-0.7	+1.0	+0.3
National Average	0	0	0
National Floor Standard Threshold	-5	-7	-5

### Key Stage 4

Bradford's 2016 performance on the new measures is as follows: Attainment 8 (average grade attained by students) score is 45.7, compared with 48.5 nationally. Bradford's Progress 8 is below average, at -0.15.

In 2016 Bradford's percentage of students achieving A\*-C in English and maths (Basics) is 52.1%. This represents an improvement of 4.3 percentage points on Bradford's 2015 validated result of 47.8%.

Chart: KS4 "Basics" (% attaining A\*-C in English and mathematics)

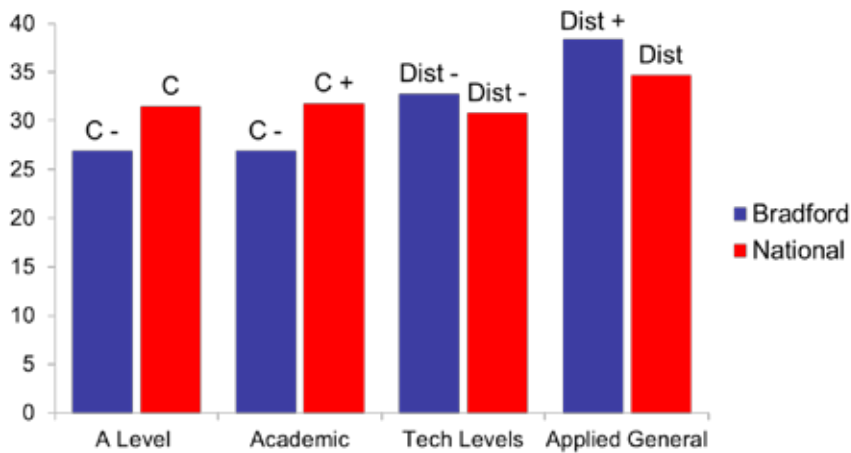


### Key Stage 5

Outcomes at Key Stage 5 in Bradford schools in 2016 have been maintained in line with 2015.

Chart: KS5 all measures





### ***h. West Yorkshire Police (WYP)***

Bradford District Police continues to be a committed partner within the Multi-Agency response to preventing and investigating incidents of Child Sexual Exploitation (CSE) as well as reducing the numbers of missing people within the District. During this period they have committed further investment of resources into the Hub, embedding within this a CSE Investigations Team. This team is made up of from specialist trained Detectives, who work closely with Children Social Care, to ensure that investigations are conducted expeditiously, but working in partnership to help support the victim through the Court process.

They have continued with targeting the 'Night Time Economy' enabling for the partnership to raise the profile of CSE and encouraging people to report suspicious behaviour. This has seen Bradford District Police working closely with Barnardo's, who have provided joint training for hotels in the District, to make these a hostile environment for CSE perpetrators.

Through the work undertaken by PC Matt Catlow, proactive operations have been conducted to target premises who have failed to engage with preventative work and have led to them being closed down under Anti-Social Behaviour legislation. This approach has been well received by the community and has encouraged other establishments to engage with the Police.



### ***i. Voluntary and Community Sector Organisations (VCS)***

The voluntary sector in Bradford comprising of over 300 organisations that work with children and young people continues to be active in supporting safeguarding in a wide variety of scenarios:



- Ensuring safe provision of recreational, social and educational activities
- Specialist provision to address specific safeguarding issues: CSE, mental health, domestic violence,
- Tailored support to individuals in crisis or in need of support
- Delivery of Families First
- Signposting to other sources of support

Each individual agency has its own organisational priorities but all will look to keep children and young people safe and support young people to have their voices heard

Challenges will also vary between organisations, but increasing demand against diminishing resources is a challenge for many organisations.

### ***j. Airedale NHS Foundation Trust***

In July 2016 Airedale NHS Foundation Trust received the report from the Care Quality Commission's inspection of hospitals. Both safeguarding children and safeguarding adults received positive feedback.

In February 2017, Airedale NHS Foundation Trust underwent inspection as part of both the North Yorkshire Care Quality Commission Safeguarding Children and Looked After Services (CLAS) Inspection and the Bradford Joint Targeted Area Inspection (JTAI). Focusing on services to children these inspectors visited the Children's Unit as well as the Emergency Department and Maternity Services. These inspections demonstrated areas of strength, particular in the emergency department regarding recognition of the impact of an adult's ill-health on the child, as well as highlighting areas for development which included embedding a think family approach in maternity services and increasing uptake for safeguarding children supervision.

Airedale NHS Foundation Trust participated in Section 11 Audit peer challenge process

Signs of Safety continues to be rolled out in line with wider partnership commitment to this assessment and planning framework.

Airedale NHS Foundation Trust established a Youth Forum with a group of young people who have been able to actively review areas of the hospital and services provided.

# Chapter 7 - Effectiveness of BCSB Sub-groups

## **a. Business Planning Group**

The Business Planning Group brings together the chairs of each of the BSCB sub-groups to form the core membership of the Group, together with the Chair and Manager of the BSCB. This allows a detailed knowledge of each group and ensures that the contributions of the sub groups and the Board core functions are integrated and coordinated.



The group oversees the Annual Report and Business Planning cycle, including monitoring progress of the Business Plan. Meetings are held between the main Board meetings, allowing opportunities to recognise time critical demands and allocate accordingly.

The group coordinated the completion of 2 serious case reviews (Jack and Autumn), including the publications and subsequent communications and media challenges.

## **b. Case Review**

The Sub Group has been proactive in reviewing the terms of reference of the Group and to reflect the wide remit of the Group in conducting Learning Lessons Reviews and themed reviews in addition to Serious Case Reviews (SCRs).

This resulted in the re-naming of the Sub Group to reflect that role. A local model for learning lessons has been developed and the relationship between the Case Review Sub Group and other sub-groups such as the Learning and Development and CDOP has been strengthened.

During the year, two Serious Case Reviews have been completed involving the cases "Autumn" and "Jack". Awareness of these cases has been communicated amongst professionals and also to the general public. These cases produced recommendations and subsequent action plans. The Case Review sub-group retains oversight of these actions plans and good progress has been made in undertaking necessary improvements. A Challenge Panel on non-accidental head injury followed a themed review on relevant cases. A single agency review was presented to the Sub Group by Airedale NHF Foundation Trust regarding a case of non-accidental head injury.

A working group has been established around Pre-Birth Assessment and the Threshold Guidance Documents are relevant in addressing issues identified in themed reviews of cases subject to pre-birth assessment or child protection plans.

A local learning event took place in relation to two cases reviewed by independent experts Kim Holt and Sue Woolmore.

Work has taken place to produce a database of all action plans from SCRs / LLIs and themed reviews to facilitate and improve monitoring and overview of cases.

The Sub Group will continue to work with other sub groups and agencies to improve and disseminate learning from reviews.

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### ***c. Child Sexual Exploitation and Missing***

Over the last twelve months the CSE and Missing Sub-group has continued to work in partnership to improve its responses to CSE & missing referrals, adopting national best practice. Referrals continue to increase, as awareness is raised in line with local and national CSE & Missing Campaigns, therefore the partnerships response needs to adapt to ensure it meets the changing demand.

This work has been greatly assisted through the CSE Specialist Data Analyst, who has worked on a Bradford CSE Local Problem profile, which has helped the Sub-group to concentrate on certain key areas of CSE & Missing. This has led to key pieces of work around the night time economy, to raise awareness and reduce opportunities for people to become victims of CSE. This work has been conducted in conjunction with Barnardo's and West Yorkshire Police.

The Sub-group has been involved in the publication of two Serious Case Reviews; these being Autumn & Jack and a number of recommendations have been made. These have been incorporated into the CSE Hub Action plan and are being addressed across the partnership, to ensure that the learning helps to shape the future response of the sub-group.

The Sub-group welcomed the findings of the Joint Targeted Area Inspection and the review work which was undertaken in the Multi-Agency Safeguarding Hub. This highlighted the journey which all partners have been on and more importantly the current position. This showed the structures, processes and investment of resources which have been successfully embedded within the Hub.

The sub-group has progressed a number of work streams

- Partnership review of missing structure for children in care. Better reporting processes and accountability to help reduce incidents of missing from care homes
- Further investment of West Yorkshire Police resources into the Hub, creating a CSE Investigations Team
- CSE Audit Challenge Panel. Multi-agency review of 74 cases to identify best practice and learning
- Contribution towards the JTAI inspection
- Mapping of national & Local Therapeutic services mapped out for use by partners
- Research & creation of CSE Local Problem Profile
- Work around the night-time economy with Barnardo's and WYP

The sub-group will continue to work towards

- CSE & Learning Disabilities task & finish group, following report of Unprotected, Overprotected
- Autumn & Jack SCR and action plans
- Missing LAC circulated weekly, tightening up processes and management of risk

### ***d. Learning and Development***

The group has responsibility for the development and coordination of a multi-agency training programme in safeguarding children. This is based on training needs analysis and aims to complement the training delivered within each partner agency of BSCB, with the emphasis on how agencies work together and share responsibility for safeguarding children. Quality and consistency of single-agency training is monitored via the Section 11 audit, against a set of training standards.

Key areas of work during 2016/17 included

- Review of evaluation of training, and embedding of the Paper Data system.
- On-going review of and further work on embedding the Learning and Improvement Framework for the district. This has included the design of templates for dissemination of diverse learning materials.
- Design and initiation of a district-wide training needs analysis, which will inform the multi-agency training programme for 2018-19.
- On-going discussion of evaluation reports from multi-agency training courses presented by the Learning and Development Coordinator, which will inform future commissioning of training.
- Design of a principles-based framework for local 'learning lessons' reviews.

Impact - An embedded and practice-linked evaluation of learning opportunities. This, along with the training needs analysis will enable local evidence-based design and commissioning of training and learning events for 2018/19.

The use of templates, along with the revised website, allows for timely dissemination of learning material from diverse sources.



Priorities for 2017/18

- Completion of training needs analysis
- Presentation of proposed Local Learning Lessons framework to BSCB
- Increased liaison with other sub-groups to ensure a fully embedded learning and improvement cycle is in place and effective Performance Management Audit and Evaluation (PMAE)

During 2016/17 the Performance Management Audit and Evaluation (PMAE) Sub Group appointed a new Chair, Jenny Cryer Assistant Director Performance, Partnership and Commissioning at Bradford Council, with Jill Asbury as Vice Chair.

The group developed and agreed a BSCB multi agency data set, and set down a forward plan for looking at specific areas at each meeting for challenge and assurance. The data set was agreed by the BSCB on the recommendation of the PMAE group. The Sub Group reissued the Section 11 audit to key agencies for a refresh, and also agreed the shorter tool for small VCS organisations. This audit requires that all organisations who work with children and young people should ensure that they have effective arrangements in place to safeguard and promote their welfare. A peer challenge event was led by the group to seek assurance around the completed Section 11 audits from agencies.

The PMAE Group has also commissioned a Section 175 Audit to be undertaken with schools in early September 2017 to provide the Board with reassurance about safeguarding arrangements within schools.

The PMAE Group looked in detail at the data relating to Domestic Abuse as part of the JTAI deep dive preparation, and have started an exercise to look at neglect data as part of the current improvement work of the JTAI sub group. The PMAE Group also agreed the dates and format for the multi agency challenge panels including the one on neglect and discussed the feedback from the panels at meetings, ensuring that the learning is fed back to the appropriate sub groups.

### ***e. Joint Targeted Area Inspection (JTAI)***



*JTAI Report*

The BSCB has now formed an additional sub-group to deal with JTAI work. This group evolved from preparatory work for the possible CSE inspection in 2016. The group undertook a self assessment exercise, and developed and oversaw an action plan. This methodology enabled the Board to seek assurance, and to drive partnership improvement in a specific theme. This methodology is now applied to further themes, in lines with JTAI criteria to allow continuous improvement. In February 2017 Bradford received a JTAI inspection and the work of this group was critical to assuring the inspection team that Bradford's partnership was sighted on domestic abuse.

The CSE JTAI action plan was moved to the CSE Sub Group and the JTAI group moved on to look at the next theme of Domestic Abuse. This started with a multi agency event to undertake a self assessment, which resulted in a seven area action plan which the group took forward. This identified training; threshold review; Domestic Homicide Reviews; mapping the gaps; schools notification and voice of the child as key areas for development. These areas were owned by the JTAI group.

In February 2017 Bradford received a JTAI inspection and the work of this group was critical to assuring the inspectors that Bradford's partnership was sighted on domestic abuse.

**“The partnership in Bradford is well established and committed to driving improvement across services in responses to domestic abuse. There are many clear examples where joint working at a strategic and operational level is resulting in timely and effective responses to tackle domestic abuse. This provision of timely and good quality support to children and their families is reducing the risk of harm to many children.”**

### ***f. Safeguarding in Professional Practice***

The Safeguarding and Professional Practice Subgroup (previously Pro-active and Responsive Sub-group) has continued to meet bi-monthly and is now chaired by Jim Hopkinson, Deputy Director, and Children's Social Care.

This group reviews policies and procedures which are scheduled for a refresh or as required. This has included work on the Neglect Strategy, Multi-Agency Bruising Protocol for Children not Independently Mobile Policy the Resolving Professional Disagreement and Escalation Policy.

Following a lessons learned review a task and finish group has been set up to refresh multi-agency Pre-Birth Assessment procedures. The restructuring of the Targeted Early Help offer in Bradford has been shared with the sub-group, including the revised signs of safety styled Common Referral Form and revisions of points of entry to Targeted Early Help through the restructured Early Help Gateway.

Attendance amongst sub-group members has been strong and the membership of the sub-group is kept continually under review with a need to establish education and voluntary sector representation following retirements are currently being addressed.

This group links to the West Yorkshire Consortium Policy and Procedures to allow the opportunity for sharing learning and developing best practice and consistency of approach across West Yorkshire.

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## ***g. Safeguarding in Education***

The education sub group welcomed a new chair and the group has 're-focussed' this year on its priorities around:

### ***Early Help***

- Look at potential collaborative community work
- Continue to push the Signs of Safety continuous personal development for education staff
- The group to inform Early years of named person 'contact' within their school to improve service

### ***Safeguarding;***

- An induction pack to be developed with regard to issues of agency staff / temp staff employed in education. This will link to training for agencies and potentially universities with regard to addressing safeguarding.
- This is to include the 'Agency Checklist'

### ***Voice of the child;***

- 2 Priority topics agreed following 'mini audit' – Bullying (including Cyber Bullying) and Friendships / Loneliness and similar issues
- Survey / Questionnaire to be developed with a view to a wider survey in education establishments being undertaken
- Plan potential 'outreach' work with community regarding online safety/ safeguarding/keeping students safe within education settings
- Development of a 'student' Education Sub Group

### ***Bullying;***

- The planning of anti-bullying conference in the new academic year

### ***Mental Health Concerns;***

- Recognising and responding to mental health concerns, linking with projects undertaken by the new steering group

The group will also look into concerns around students educated at home and potential 'gaps' in their support

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## ***h. Child Death Overview Panel (CDOP)***

CDOP undertakes a comprehensive and multidisciplinary review of every child death under 18 years in the District.

Its aim is to better understand how and why children die across the Bradford district and use the findings to take action to prevent other deaths and improve the health, wellbeing and safety of children in the area. The CDOP meets its function as set out in Chapter 5 of Working Together to Safeguard Children (2015). It identifies potentially modifiable cause of death and seeks assurance from partners and agencies that appropriate actions have been taken to reduce the risk of similar deaths in the future.

CDOP held 8 meetings over 2016/17 and reviewed 63 deaths during this time. An away day was held in May 2016 to look at all the key data and understanding from these reviews and informed the published CDOP report for 2015/16. The away day held in May 2017 will inform the CDOP annual report for 2016/17 due to be published in September 2017. This annual report highlights key recommendations from all deaths including modifiable deaths and also key themes since 2008 when CDOP began. CDOP has a detailed Modifiable Action Plan and Issues Log which are updated and monitored each meeting. This ensures effective learning from CDOP is disseminated to all key partners and key actions to reduce the risk of child deaths are taken in a timely manner. The group takes an active part in training events and safeguarding week.

The group undertook a detailed suicide audit of child deaths and fed the findings directly into the Suicide Prevention Action Plan for the district. Also, CDOP has continued to raise awareness around the risk factors associated with Sudden Infant Death Syndrome (SIDS) and co-sleeping deaths. In addition, CDOP continues to monitor the over representation of South Asian children in overall number of child deaths especially in category 7 (genetic conditions) and the work undertaken across the district to raise awareness in this area. CDOP is also currently undertaking further analysis around causes of death in White British children.

Overall infant and child mortality rates are reducing but remain above national and regional rates. Key areas of focus for recommendations arising from modifiable deaths are the following risk factors; smoking in pregnancy (most common risk factor), obesity in pregnancy and consanguinity which all increase the risk of child death. In addition deaths due to SIDS and co-sleeping, with risk factors present such as smoking, continue to occur. Hence, CDOP continues to seek assurance from organisations regarding their actions around these key areas and to raise awareness. In addition, for SCRs and specific clinical incidents CDOP seeks assurance that all key actions have been undertaken and also for road traffic collisions that all road safety recommended actions have taken place to reduce the risk of similar deaths in the future. CDOP continues to monitor reported and review child deaths closely to identify any new issues at an early stage.

The CDOP Annual Report 2016-17 can be accessed at the following page: [http://bradfordscb.org.uk/?page\\_id=104](http://bradfordscb.org.uk/?page_id=104)





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### ***i. Diversity and Inclusion Advisory***

The Diversity and Inclusion Advisory Group ensures that the organisation and work of BSCB takes proper account of the specific safeguarding needs of minority and disadvantaged groups. Its remit is to advise the BSCB on issues concerning diversity and inclusion matters. This group is the youngest of the sub-groups and is in the process of undertaking pieces of work to understand specific issues which impact on communities of interest or specific issues of concern identified by either the sub-group or BSCB. The group has identified the following areas as its focus for the coming year.

1. Membership and governance, Bradford is a diverse place with high levels of need; the group will work to establish an effective process for engagement with specific priority groups.
2. Training and development of community workers, is an area identified by the group as a critical area and a means for engaging diverse communities through people they trust.
3. Understanding Eastern European communities and safeguarding. Group members have identified this area as a priority through their experience of community work, working with schools and faith communities who have expressed the challenges in working with the new communities with different cultural and social expectations of children and safeguarding.
4. Support the work on consanguinity and genetically inherited disorders.

The sub-group aims to take a pragmatic approach which is inclusive of communities through engagement and listening is a positive step forward and will in time create a critical mass of ambassadors who can challenge poor practice and facilitate positive change.

### ***j. Voluntary and Community Sector Safeguarding Steering Group***

The VCS safeguarding steering group acts as an advisory body to the Voluntary and Community Sector (VCS) and to share information and promote good Safeguarding practice for children and young people within the sector. In 2016/17 the group:

- Cascaded information and learning on key safeguarding issues including Early Help, Signs of Safety, CSE, bullying,
- Began developing improved resources for VCS organisations
- Promoted BSCB training to the sector and ensured that VCS specific training was available through Bradford CVS' training team.
- Cascaded learning and safeguarding developments to the sector
- Contributed voluntary and community sector experience, views and knowledge to Safeguarding Board and sub groups
- Ensured that organisations that work intensively with families accessed Signs of Safety training and raised basic awareness of Signs of Safety with the wider sector
- Disseminated and promoted the safeguarding audit tool

Information reaches 300 organisations and safeguarding news features amongst the most read items within the voluntary and community sector.

In 2017/18 the focus will be on reaching out to organisations that are less experienced with implementing safeguarding and helping them to develop appropriate good practice and procedures.

Sixty individuals attended training and briefings on safeguarding and over eighty on Signs of Safety.

Feedback was very positive

**“I now feel up to date and able to play my role more effectively”.**

**“I have taken a lot from the safeguarding officer training – what’s working well and what we are worried about.”**

### ***k. Safeguarding in Health Group***

This group brings together lead professionals for safeguarding children from all areas of health. This includes the core NHS agencies; CCGs and the three provider Trusts and other smaller / independent organisations such as Local Care Direct, Locala and Mountain Healthcare.

The terms of reference for the group were reviewed. The group’s aim is to play a key role in supporting and overseeing the Bradford and Airedale health services’ statutory responsibility for safeguarding children and young people, through promoting, coordinating and monitoring the effectiveness of safeguarding practice delivered across the health economy.

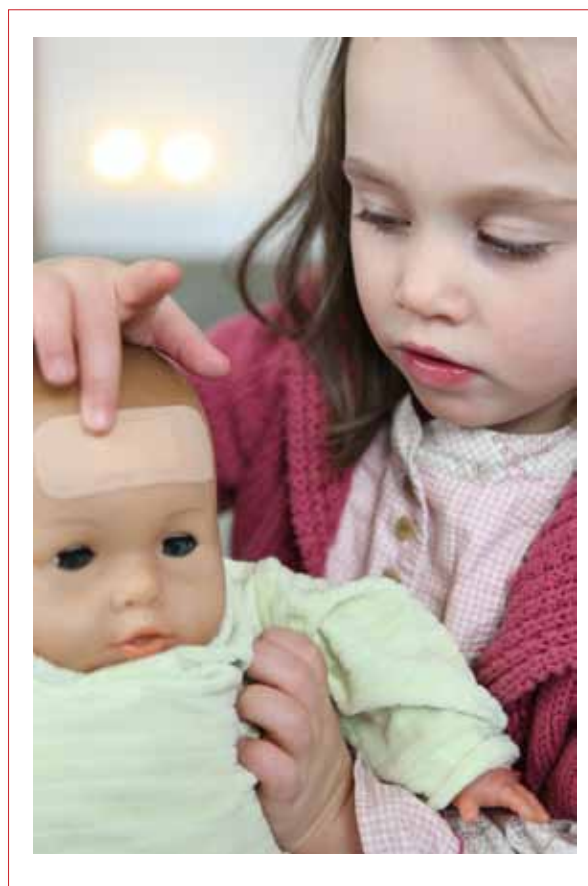
A summary of the minutes with a list of practitioners and organisations is sent to the BSCB, to inform Board members of current activity. The group has promoted its role in coordinating interactions of health with other agencies.

Representation at the BSCB and subgroups has been discussed leading to further understanding of roles / representation. Many documents were reviewed, including dental neglect guidance, the multi-agency threshold document and domestic and sexual assault pathways.

Other areas of work have been discussions regarding the health worker in the MASH, preparation for JTAI, CPIS , introduction of Signs of safety , FGM policies and working practice, obesity, Ashura ceremony, and the Burns Scalds and Bruising protocol, linking procedures with West Yorkshire procedures. Other agencies gave presentations including early help and Signs of Safety.

Sharing current audits has demonstrated the large number and breadth of work.

Cases reviews (Serious Case Reviews, Domestic Homicide reviews etc.) are discussed at each meeting, checking progress of action plans. Examples of good practice are shared and dissemination of information, training and support continued during the year.



## Chapter 8 – The View of children and Young People

Local authorities in England have a statutory duty to safeguard and promote the welfare of children. In order to improve the outcomes for children, professionals have often stressed the need for the voice of the child to be heard in the child protection process. Bradford is committed to listening to children to voice of the child to inform planning and designing of services from a strategic perspective. Throughout the year there have been a number of examples of capturing the voice of children:

### “Diversity is our strength but also our struggle”

In March 2016 Bradford welcomed the Children’s Commissioner visit to explore the experience of growing up in Bradford. A number of children were spoken to and provided informative feedback



“He’s like the dad I never had but all the staff are good”



“The relationships and support from adults is very important and one of the best things about Bradford”



“It feels safer in the summer in Bradford”



“Community can sometimes feel limited and you felt that they sometimes divided and excluded people”



“If we all mixed up more in all different places doing things together, would be better”

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All the young people involved over 16 wanted more opportunities and jobs so that they could feel proud and stay in Bradford.

The views of these children from this visit were shared with strategic leaders as an opportunity to inform future thinking.

The National Probation Service has released national guidance on working with 18-24 year olds. Locally, they are working with our colleagues in the Youth Offending Team to improve the experience of young people transitioning from their service to the NPS (Youths in Transition – YIT process.)



The BDCFT works towards capturing the voice and participation of the child through:

- Family Nurse Partnership work with families and children up to the age of two and professionals consider the question “If the child could tell you, what would s/he say about how life is for her/him in this family?”
- Health Assessment for Looked after children checklist tool asks LAC nurses to offer:
  - Evidence that the child or young person was offered the opportunity to be seen alone.
  - Evidence that the child or young person’s concerns/comments have been sought and recorded
- Feedback reports from young people (BDCFT service users) with the sole aim of talking to young people about CSE to ascertain their views.
- Family & Friends Test - monthly reports and feedback from children & young people to the service managers.
- Your future Your Health event held at Bradford City Football Ground captured feedback from young people about health services in the area.
- A short record review was undertaken from MARAC cases determining if the voice of the child was recorded and been considered.

**‘I now know it’s not me who is to blame for what happened to me’**

Year 7 student, following a series of sessions held in schools on girls empowerment by the e5 Project.

## Chapter 9 – Future Challenges

Bradford remains a unique city and the BSCB continues to recognise the emerging threats and challenges that impact upon the safety of children and the delivery of services. These challenges range from financial to demographic and to an increasingly complex world for children to live and learn.



Continuing austerity challenges and budget reductions across the partnership and the impact upon the delivery of services on families and children remains a challenge for Bradford, along with many other cities.

The population in Bradford continues to bring a unique demand as it has emerged as one of the “youngest” cities in the country with an unusually high number of under 25-year-olds, who make up 35% of the population. Up to 6,000 new long-term immigrants arrived in Bradford in 2015 with

many children unable to use the English language and less aware of ‘cultural and behavioural norms’ in Bradford. Within the District just under 27% of the district’s population live in some of England’s 10% most deprived areas. Here residents are more likely to experience multiple deprivations such as in terms of poorer health, lower educational attainment, lower income and reduced employment prospects, poverty and debt when compared to more neighbourhoods across the district, region and UK.

Child Sexual Exploitation (CSE) has been recognised as a national threat and can manifest in many different ways and has clear links to other forms of abuse and exploitation. Within Bradford, CSE is an issue which Bradford Council and its partners take very seriously. There have been two recent Serious Case Reviews in Bradford which have involved CSE and the scale of the threat is continually reported in the media. Internet safety is significant factor and remains a key challenge for all agencies in understanding and protecting how young people are using the internet, the dangers they face, and the gaps that exist in keeping them safe. The BSCB also recognises emerging linked threats such as Organised Crime and Modern Day Slavery.

Some of the agencies have recognised specific challenges throughout the year. The WY CRC will be ensuring the necessary liaison occurs with Children’s Social Care regarding returning prisoners to Bradford where there are safeguarding children concerns and that CRC staff make referrals to Early Help, so that interventions provided tie in to offender rehabilitation. The CRC are also keen to develop stronger links with health, including mental health services. The VCS have recognised future challenges in ensuring all agencies have a consistent approach to safeguarding and all organisations respond to the voice of the child.

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## Chapter 10 – Conclusion

The BSCB continues to benefit from an experienced and mature partnership, working collectively in protecting children and young people in Bradford. The Board recognises that society's perspective on safeguarding is developing: from the traditional understanding of interfamilial abuse to a more complex spectrum which involves radicalisation, internet safety and public health. The Board has evolved and adapted to reflect the challenges and complexity of Safeguarding in the modern world and will continue to do so in the forthcoming year.

The voice of children is one area that will inform the future delivery of services in Bradford. With 141,200 children between the ages of 0-17, it is one of the youngest cities in the country and this presents an opportunity to use these many voices. The BCSB recognises how important children and young people are in shaping future thinking. The Board will continue to thread their voice through its day to day work around quality assurance, review and audits.

The Board is acutely aware of the value of learning from the past. The two serious case reviews have been considered and the recommendations acted upon and there is a growing confidence that safeguarding arrangements have improved as a result of these tragic events. Training and raising awareness is a key function of the Board and the effective working relationships between the sub-groups enables reviews to be transferred into learning and development and where necessary policy or procedural changes.

Bradford continues to be a vibrant and diverse city with a varied culture. With a £9.2 billion economy, it has a powerful culture of enterprise with 35,500 people self employed. The recent JTAI inspection highlighted many positive aspects from well informed and aspirational leadership to effective multi agency arrangements and Bradford remains proud of its achievements. The Government's Annual Population Survey names Bradford as one of the happiest cities in the United Kingdom and the BSCB remains dedicated to keep children smiling.

### Hyperlinks

#### Performance

<http://bradfordscb.org.uk/wp-content/uploads/2017/11/Performance-for-Annual-Report-2016-17.pdf>

#### JTAI

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/609891/Joint\\_targeted\\_area\\_inspection\\_of\\_the\\_multi-agency\\_response\\_to\\_abuse\\_and\\_neglect\\_in\\_Bradford.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/609891/Joint_targeted_area_inspection_of_the_multi-agency_response_to_abuse_and_neglect_in_Bradford.pdf)

#### CDOP

[http://bradfordscb.org.uk/?page\\_id=104](http://bradfordscb.org.uk/?page_id=104)

#### BSCB Website

<http://bradfordscb.org.uk/>

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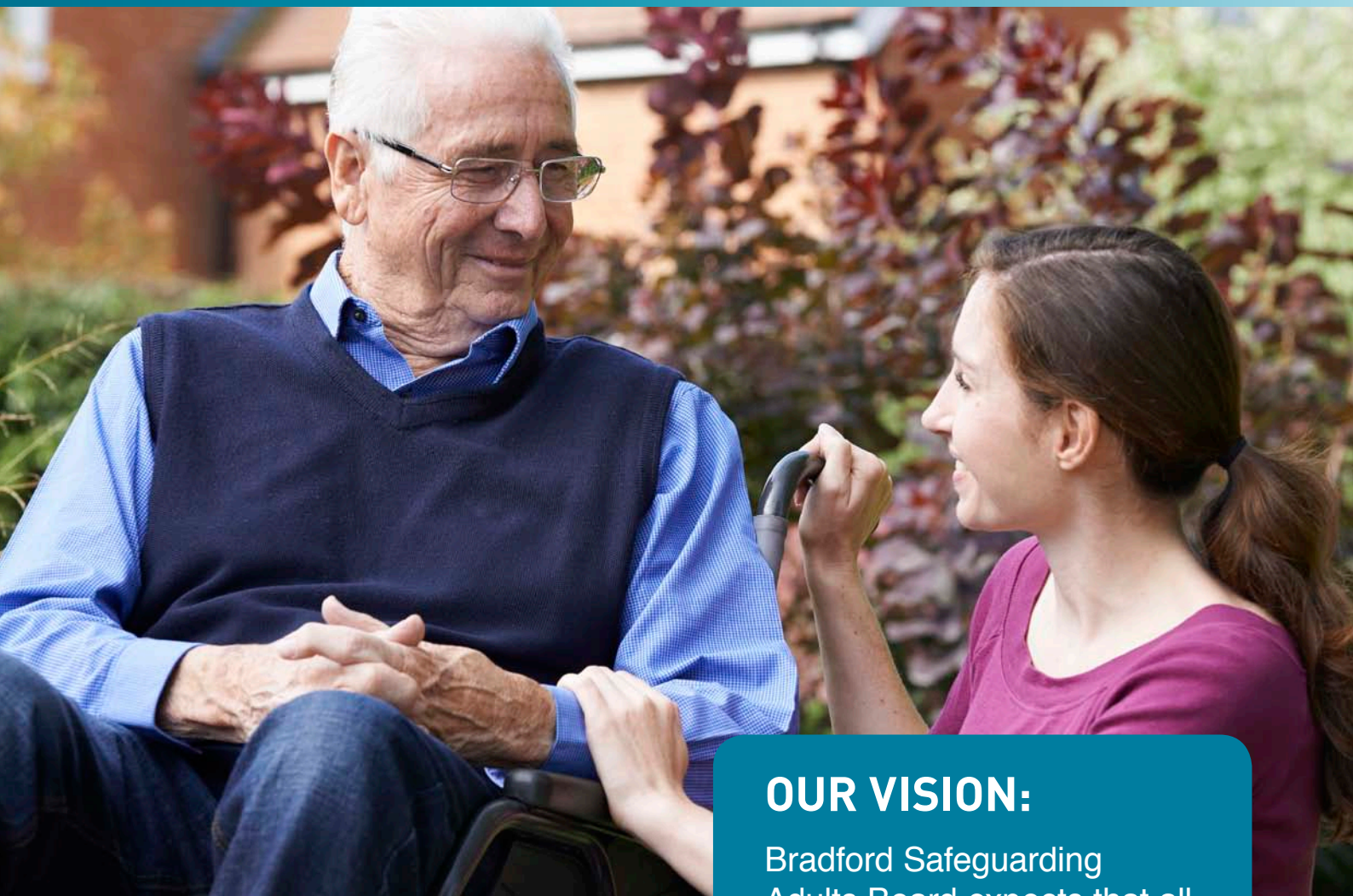
**The wording in this publication can be made available in other formats such as large print and Braille.**

**Please call 01274 434361**



# S A F E G U A R D I N G A D U L T S B O A R D

## REPORT 2016-17



### OUR VISION:

Bradford Safeguarding Adults Board expects that all agencies will work together to make sure that all those with care and support needs can live the best lives they can, without fear, and safe from abuse and neglect.



**SAFEGUARDING  
ADULTS  
BRADFORD**

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The wording in this publication can be made available in other formats such as large print and Braille. Please call 01274 431077.

# Foreword

by the Safeguarding Adults Board Independent Chair



**As an Independent Chair of the Bradford Safeguarding Adults Board I am delighted to commend the 2016/17 annual report to you. The report outlines the progress made in 2016/17 to safeguard and promote the welfare of adults at risk in Bradford.**

The Board exists to hold all agencies to account for the work they do to safeguard adults at risk in Bradford. Safeguarding is a partnership activity which requires staff in all agencies, at all levels, volunteers, members of the public and families to work together to ensure that regardless of their residence, all adults at risk are protected from abuse.

The Care Act 2014 came into force in April 2015 and we have been operating under the auspices of the Care Act for two years. This legislation has placed safeguarding adults boards on a strong statutory footing, better placed both to prevent abuse and to respond to abuse when it occurs. All partners have remained committed to the safeguarding adults agenda and partnership working.

We continue to move forward with the principles of the Care Act and in particular Making Safeguarding Personal (MSP). We are also engaging positively with a diversity of cultures and communities and further work will be undertaken to promote the safeguarding of adults at risk. Going forward we will also engage with faith communities to involve and work alongside people with differing religious beliefs.

The West, North and York City Safeguarding Adults Consortium, consisting of Bradford, Calderdale, Kirklees, Leeds, North Yorkshire, Wakefield and York have begun the process re-writing of the Safeguarding Adults Procedures. The consortium has continued to work on the production of the procedures and are expecting a draft to be consulted upon through June and July 2017.

The Safeguarding Adults Board (SAB) has continued to work closely with a number of key statutory organisations such as the Clinical Commissioning Group (CCG), the Police, NHS England, Healthwatch and the Care Quality Commission (CQC).



This year the safeguarding service received a total of 3,279 safeguarding concerns and of these, 714 concerns progressed to a safeguarding enquiry.

Of the 3,279 concerns processed this year, 1,422 were with respect to male victims and 1,857 were in respect of female victims.

The SAB has continued to monitor the quality of the council's response to the Deprivation of Liberty Safeguards (DoLS). Following certain case law judgements, Bradford has experienced the same increase in work as the rest of the country and DoLS remains high risk and a high priority for the SAB.

Following the Mazars report into the response of Southern Healthcare NHS Trust's care of Connor Sparrowhawk, a young man with learning disabilities, the Safeguarding Adults Board asked Bradford's Health and Wellbeing Board to consider the issue of how we learn from unexpected deaths. I am pleased that this is now being addressed at senior level across Bradford. I hope that we will become more confident that we are learning lessons and putting them into practice when people with care and support needs die.

I would like to thank the Safeguarding Voice group for the excellent work they have done on revamping our safeguarding adults website pages which will go live later in 2017.

I would also like to place on record my thanks to the many staff, volunteers and family carers who work so hard all year round to make sure that people with care and support needs can live safe and happy lives.

**Jonathan Phillips OBE**

Independent Chair, Safeguarding Adults Board

# What is Safeguarding

**Safeguarding is about protecting people from abuse, preventing abuse from happening and making people aware of their rights.**

## Whose responsibility is it?

Safeguarding is everybody's responsibility, for example: members of the public, friends, neighbours, staff and carers.

## What is adult abuse?

Abuse is when someone does or says things to another person to hurt, upset or make them frightened.

Adult abuse is wrong and can happen to anyone who is over 18 years of age. Abuse can happen anywhere and can be committed by anyone. Abuse can happen in many different ways - see Appendix 2 which explains these in more detail.

## Who might be an abuser?

Anyone might be responsible for abuse, for example:

- a partner, relative or family member
- a friend
- an organisation, a paid carer or volunteer
- another service user
- a neighbour
- a stranger.

## Where does abuse happen?

Abuse can happen anywhere, for example:

- in a person's own home
- in the street
- in a care home
- in a day centre or hospital.

## Is abuse a crime?

**Yes**, abuse is a crime, for example:

- physical abuse
- sexual assault
- coercive or controlling behaviour
- harassment and stalking
- fraud and theft
- wilful neglect.

If you think a crime has been committed contact the police.

If you are not sure if it is a crime, contact one of the other organisations that can help – see **Appendix 3** for who to contact.

Read more about reporting adult abuse on our website – [www.bradford.gov.uk/adult-social-care/adult-abuse/report-adult-abuse/](http://www.bradford.gov.uk/adult-social-care/adult-abuse/report-adult-abuse/)

## Who is at risk?

Adult abuse can happen to anyone aged over 18. Some adults find it harder to get help and may be more at risk of harm and exploitation, for example:

- people with a disability
- people with a mental health condition
- people with a temporary or long term illness or
- frail older people.

Other adults at risk could be carers such as partners, relatives or friends who can also get help if they are being abused.

If you are concerned about someone you know you can contact several organisations - see **Appendix 3** on how to report abuse.



## Why do we have a Safeguarding Adults Board

**The Safeguarding Adults Board (SAB) is a multi-agency partnership which has statutory functions under the Care Act 2014.**

The main job of the Safeguarding Adults Board is to ensure that local safeguarding arrangements work effectively to ensure that adults at risk due to health needs, social care needs or disabilities are able to live their lives free of abuse or neglect.

The SAB is chaired by an Independent Chair and members are drawn from a range of different agencies. You can find a list of partners in **Appendix 4**.

Bradford SAB exists to ensure that local safeguarding arrangements and partners act to help and protect adults in the Bradford district who:

- have needs for care and support (whether or not these needs are being met)
- are experiencing, or at risk of, abuse or neglect
- as a result of their care and support needs, are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The Independent Chair is accountable to the Local Authority Chief Executive.

The SAB achieves its aims and objectives through a structured planning process, with the strategic plan informed by the SAB's vision and, in turn, informing the SAB detailed delivery plan.



SAB members have a duty to co-operate and the SAB itself must:

- publish a strategic plan that has been developed with local community involvement and working alongside Healthwatch
- publish an annual report on what it has done over the past year, detailing members' contributions to the strategy and how they have implemented personalisation in safeguarding
- conduct Safeguarding Adults Reviews (SARs)

The first strategic plan, for 2015-18, is intended to meet the first of these duties by drawing on a range of consultation activities, the experiences of the last year, self-assessment of the SAB by its members and the development day held on 6 May 2015.

The SAB strategic plan is supported by a detailed delivery plan which is informed by analysis of safeguarding activity data and performance information alongside the partners' self assessment exercise which is carried out each year. We also consult regularly with people who use our services and carers.

## Empowerment

Adults are encouraged to make their own decisions and are provided with support and information.

**What does this mean for the adult?**

I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.

## Prevention

Strategies are developed to prevent abuse and neglect that promote resilience and self-determination.

**What does this mean for the adult?**

I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.

## Protection

Adults are offered ways to protect themselves and there is a coordinated response to adult safeguarding.

**What does this mean for the adult?**

I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.

The Care Act 2014 introduced six key principles that underpin everything the Safeguarding Adults Board does which are outlined below. They inform the 2015 to 2018 strategic plan which can be found in detail in Appendix 1.

## Partnerships

Local solutions through services working together within their communities.

**What does this mean for the adult?**

I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.

## Accountable

Accountability and transparency in delivering a safeguarding response.

**What does this mean for the adult?**

I am clear about the roles and responsibilities of all those involved in the solution to the problem.

## Proportionate

A proportionate and least intrusive response is made balanced with the level of risk.

**What does this mean for the adult?**

I am confident that the professionals will work in my interest and only get involved as much as needed.

# Safeguarding Adults Reviews

**A Safeguarding Adults Review (SAR) is carried out when an adult at risk dies or has experienced serious neglect or abuse and there is concern that agencies could have worked more effectively to protect the adult.**

A Safeguarding Adults Review is a multi-agency learning process. It aims to:

- identify and promote good practice
- encourage effective learning and
- make recommendations for future practice so that deaths or serious harm can be prevented from happening again.

## Case Study: Castlevue

**Castlevue is a large private care home which offers both residential and nursing care to its elderly residents. Early this year Bradford Safeguarding Adults Team received a number of safeguarding concerns from professionals visiting this home. The concerns raised included lack of attention to personal care and to changing medical conditions, slow responses to call bells and inadequate provision of fluids. The Care Quality Commission inspected Castlevue, finding similar issues and gave the home an 'inadequate' rating.**

As a consequence of the perceived risk to residents, a whole-service safeguarding process was set in motion. This involved key organisations working in partnership with the service provider to ensure improvements to the quality of care. During this time it was agreed that an embargo should be placed on new admissions to enable the home to focus on the care of its existing residents. Enquiries were made into each safeguarding concern with discussions of the findings and learning points taking place at multi-agency safeguarding meetings. The service drew up a comprehensive improvement plan, providing regular updates on progress made, whilst Bradford's health and adult social care bodies carried out independent monitoring visits.

The SAB is awaiting the publication of two SARs from 2015/16, one relating to a domestic homicide and one to a mental health homicide. Both of these cases are on-going and once they are published we will give consideration to the recommendations and publish an update.



Residents and relatives were involved in this process in a number of ways in order to make safeguarding personal. The service itself carried out its own consultations and all residents were reviewed by an external health or adult social care professional, a process which included speaking with relatives. In addition, members of the Safeguarding Adult Team visited the home to speak with residents and observe the approach and practice of care staff.

A number of months later, thanks to the commitment and hard work of the service and the external agencies, the quality of care has significantly improved and risk to residents reduced.

Names and identifying details have been changed to protect the privacy of individuals.



## Case Study: Sameen

**A safeguarding concern was received from a home care company regarding concerns for an older Asian lady whom they provide home care as a short term measures. Information is anonymised and we shall call this lady Sameen.**

Sameen has recently moved to the local area having previously lived with her son. Due to his own ill health he was no longer able to care for her and extended family had arranged to support Sameen at their home. During this time Sameen became ill, which resulted in a hospital admission.

On discharge home care services were arranged as a short term measure. Up until this point care had been minimal and provided by family. This was something very new for Sameen. In addition she was now based upstairs and found the stairs very difficult and home care workers did not speak her language.

Information from them reported that workers had encountered some resistance from family in gaining access and were questioning if Sameen was socially isolated. Concerns were raised as part of the morning home care call in respect of the fluids found in her bed and were questioning if sexual assault had occurred. The main issue was that the service had not made Sameen aware of their concerns or spoken with her about the fact they wanted to report a safeguarding concern. This had been done without consent and without speaking with family members. It appeared from the situation presented that there was an element of strain between the home care service and family as there was issues regarding gaining access to the property at call times.

A contributing factor to the concerns were that information was limited from the workers as they did not speak the language and were making judgements about family from their own experience. From the limited information in the referral and initial information gathered, a joint visit with our access team, interpreting services and safeguarding team was arranged.

Sameen met the criteria for Section 42 enquiries due to her care needs and capacity would be considered as part of a planned



visit. Interpreting services were vital and as part of the initial arrangement to visit the dialect needed to be identified in order for services to be able communicate. Three female workers attended; access social worker, interpreting service worker and a representative from safeguarding.

During the meeting with Sameen and from initial conversations and information gathering it was determined that she had capacity and understood the staff's need to ask very personal and sensitive questions. The interview was conducted over two visits to the family home. The same workers were involved at each visit to provide continuity and to obtain consent from Sameen to continue the meetings.

Following information gathering there was no evidence to support sexual assault. Sameen reported the fluids found were residual creams and she had mentioned this to the district nurses when they had visited. Consent was gained to contact the district nurses. Following discussions with the district nurses it was confirmed that the fluid was the skin cream residue.

Sameen also spoke about her difficulties in communicating with the home care services and that they did not seem to understand. As an outcome from the safeguarding concern it was agreed that Sameen required assistance to increase her independence and this was addressed through the assessment process. In addition, Punjabi speaking home care workers were provided.

Names and identifying details have been changed to protect the privacy of individuals.

# What have our Partners been doing...

## Bradford Metropolitan District Council

During the year we have continued to operate in accordance with the Care Act national guidance and Bradford Safeguarding Adults Board are continuing to ensure partner agencies are implementing the Care Act locally. We have listened to what people want for themselves and made sure they have as much control as they can over and their lives and the decisions that affect them in relation to safeguarding. Making Safeguarding Personal (MSP) is a person centred approach which remains a high priority for Bradford and we continue to work in partnership with local communities and the general public to give them the chance to contribute to our vision and planning.

This year we have seen the arrival of a new Strategic Director, Health and Wellbeing, Bev Maybury and we are pleased to announce the appointment of a Principal Social Worker as recommended by the Care Act 2014, Revised Care and Support Guidance in which it is explained the role of the principal social worker is to ensure that lead practitioners and management decisions on care and safeguarding are challenged.

In December 2016 it was identified that the Adult Protection Unit (APU) had been holding a number of safeguarding adults cases which had not reached an outcome allowing the cases to be closed. It was decided to seek outcomes and subsequent closure of the 'backlogged' cases from April 2016.

After the deployment of additional staff, by April 2017 all cases dated between April 2016 and April 2017 had been cleared or allocated as necessary for ongoing interventions ensuring adults at risk were protected and safeguarded. Incoming cases are now triaged to ensure there are no high level interventions required. If a case requires further involvement then this is addressed immediately.

Safeguarding cases held between April cleared with no further intervention being required or signposted for further support.

Together with the Police and the Clinical Commissioning Group (CCG), the Local Authority have been discussing the possible implementation of a Multi-Agency Safeguarding Hub (MASH) through which all safeguarding concerns are reported to a central resource. It will be staffed with professionals from the three agencies. The idea is that professionals share information to ensure early identification of potential or significant harm and trigger interventions to prevent further harm.

MASH staff decide on the most appropriate intervention to respond to concerns raised. By working together agencies are able to share information and respond to a person's needs quickly and efficiently. Plans to implement a MASH are well under way and it is hoped that the system will become live in October 2017.

## Domestic and sexual violence

Whilst domestic and sexual violence spans multiple disciplines; Adult Services, Children Services, Housing and Public Health, the Bradford Safer and Stronger Community Partnership has statutory responsibility for implementing Domestic Homicide Reviews:

- The Bradford Safer and Stronger Community Partnership agreed for the establishment of a new Strategic Board.
- The new structure places greater emphasis on steering the operational work of the Multi-Agency Risk Assessment Conferences (MARAC); making decisions regarding Domestic Homicide Reviews and overseeing the implementation of actions plans; identifying gaps in service provision and building new initiatives to ensure that work adapts and develops to the changing needs of the district.
- A new five year Strategy: The Bradford Domestic and Sexual Violence Strategy 2015 – 2020: A strategic response to ending 'violence against women and girls (VAWG)' and 'inter-personal violence against men'

- A whole family approach to safeguarding is the ultimate aim of the Domestic and Sexual Violence Strategic Board.
- A desire to look at the cross-overs of responsibility with The Bradford Safeguarding Adults Board and the Bradford Safeguarding Children's Board, with a view to greater cohesive approaches to safeguarding.

## Housing

Housing plays a fundamental role in keeping people safe and free from harm and abuse. The Housing Service within Bradford Council makes an important contribution to safeguarding adults at risk in a number of ways. The Council's Housing Options team is often the first port of call for people fleeing domestic abuse, and under its Domestic Abuse Protocol the team provides specialist housing advice to these households. This protocol, drawn up in collaboration with partner agencies, aims to ensure victims of domestic abuse are given appropriate priority on the Council's Housing Register and are helped to access specialist support in the event they either need to move, or prefer to stay in their own home. During 2016/17, 740 households suffered from domestic abuse and received housing advice, assistance or homelessness support. Housing Options staff regularly attend MARAC to help address any housing issues identified for individual high-risk domestic abuse cases. The Domestic Abuse Protocol will be reviewed in 2017 as part of the full review of the District's Social Housing Allocations Policy.

During 2016-17 the single gateway to Housing-Related Support (HRS) was launched. This gateway streamlines all access routes into HRS into one simple pathway, co-ordinated and administered by Housing Options. HRS is an important early intervention which can help to prevent the care and support needs of vulnerable adults escalating and by stabilising someone's housing situation, reduces the risk of them falling victim to abuse and exploitation. Since its launch in Spring 2016, 319 households have had HRS accommodation placements and 465 households have received HRS floating support services.

The Housing Options service continues to work collaboratively with other partner agencies to strengthen its response to safeguarding vulnerable adults. A specialist mental health social worker has been funded by Housing Options to enable the service to respond better to the housing and homelessness issues

faced by clients presenting with mental health issues, and/or leaving hospital. HRS services for clients with multiple needs (including mental health and substance misuse) have been re-commissioned this year, providing a housing safety net for those who would otherwise struggle to cope with living independently.

Supported housing exists to ensure that those with support needs can lead fulfilling lives in their own homes accessing universal services within the Bradford community. Whilst the services vary widely, they all play a crucial role in providing a safe and secure home for people to live independently.

The Council's Housing Operations Team provide both reactive and proactive services in relation to issues of disrepair and health and safety in people's homes. Environmental Health Officers work closely with many partner agencies, including the Fire Service, social workers and support workers when problems with poor quality or dangerous housing come to light. Housing Operations have an on-going role in supporting safeguarding partners, particularly in relation to self-neglect and hoarding issues, and will be working to refine and disseminate guidance on self-neglect over the coming year.



### Safeguarding Adults

Bradford Policing District currently has two Vulnerable Adult Coordinators (VACs), who work within the Safeguarding Unit. They both manage a workload of ongoing cases whilst providing advice and support to officers and staff in all departments. They are also the conduit for all referrals from the Police to Adult Social Care and are the single point of contact for external agencies reporting to the police on all matters related to vulnerable adults.

The figures below have been compiled by the Coordinators throughout the year:

- 1244 NEW cases were referred to the Vulnerable Adult Coordinators over the year. This does not include ongoing cases they are working on or those for which they have given advice to officers.
- Approx. 80-85% of these resulted in a formal referral being made by Vulnerable Adults Coordinators to Adult Social Care.
- Approx. 120 AP1 (Adult Protection Alerts) were submitted this year. This number has declined since early 2016 when an agreement was made with Safeguarding Adults Team to phone ahead and discuss circumstances prior to submission.
- There has been a significant increase in Mental Health referrals over the last 3 months (approx. 55%).
- Dementia referrals to the older people's social work team have also increased in last 3-6 months. This is due to the "Stay at Home Policy" introduced in 2016. Approx. two dementia concerns are submitted each day, which includes repeat Missing Persons.
- The Vulnerable Adults Coordinators attended approximately 8 case conferences per month, either face to face and over the phone.
- Partner agency contacts, including Housing, GPs and Probation have also increased.

It should be noted that Vulnerable Adult work is not restricted to victims of crime. The Police now make appropriate referrals for suspects, witnesses and any vulnerable adults in the household at Domestic Abuse incidents as a result of recommendations from a Domestic Homicide Review (DHR) in December 2015.

### Domestic Abuse

Since April 2016 Bradford District has responded to 10,385 incidents of Domestic Abuse. This is an increase of 12% since the previous year. We have issued 17 Domestic Violence Protection Notices and worked with partners to investigate and consider 31 Clare's Law disclosures. The aim of this scheme is to give you a formal mechanism to make inquiries about your partner if you are worried that they may have been abusive in the past. You can find out more on the West Yorkshire Police website. ([www.westyorkshire.police.uk/domesticviolence](http://www.westyorkshire.police.uk/domesticviolence)).

Alongside investigating the offences, the Police lead on a number of safeguarding and partnership processes across Bradford. These include the Daily Risk Assessment Meeting (DRAM), Multi-Agency Risk Assessment Conference (MARAC), and Offender Management procedures, in which information is shared with key partners and action plans implemented to safeguard victims and families. A staff member from Choices, a Domestic Abuse Perpetrator Programme, is co-located with our Domestic Abuse Unit, offering self-referrals to domestic abuse offenders and providing guidance and support to officers around the Conditional Caution process and directing offenders into their service.

### Working in partnership with the Safeguarding Adults Board

The Police are central partners in both the Safeguarding Adults Board and the Domestic and Sexual Violence Strategic Board, and the various sub-groups reporting to these Boards.

Bradford Policing District has continued to look at enhancing the service it provides to the communities of Bradford as well as the Partners they work with. This has led to a significant investment of resources into Safeguarding in order for us to deal with the increasing demand and change of focus towards dealing with and prioritising vulnerability. It was highlighted in the 2015 – 2016 Safeguarding Adults Report that there was a "need to further improve our understanding of how other agencies work, and we could achieve this by taking best practice from Safeguarding Children". A multi-agency review has taken place between Adult Social Care, Health and the Police to look at how a Multi-Agency Safeguarding Hub

(MASH) can be implemented, in order to better share information, help formulate risk assessments and conduct joint investigations. This work has been signed off by the Safeguarding Board and is due to be implemented later in 2017. This is a positive step forward in the ability of partners to help safeguard adults within Bradford.

Investigations into adult safeguarding are allocated to the Safeguarding Teams, which contain Detectives who have received specialist training in securing and presenting best evidence, as well as interview training. Adult Safeguarding Coordinators provide a link between these specialists and the partner agencies, to ensure information is shared across all agencies.

Further dementia awareness training has been delivered in order to train front line staff.

The Communication, Engagement and Training Sub-Group is chaired by Superintendent Damien Miller. Bradford District Police are committed with the rest of the Safeguarding Adult Board partners to raise the awareness of Adult Safeguarding across the District, as well as ensuring that front line practitioners are receiving the appropriate training. How offences are committed against adults is constantly changing, therefore the training which is being delivered, needs to be up to date and delivered in a timely fashion, which is the purpose of the Sub-Group.

## National Probation Service (NPS) – Safeguarding Adults Board Report

We are working with an increasing number of elderly offenders who have healthcare needs and are vulnerable, but also pose a high risk of serious harm to others through their offending behaviour. Bradford and Calderdale NPS are working closely with a range of partner agencies to manage our dual responsibility to meet these needs but also protect the public. In planning for the release of a vulnerable adult we would work with Housing, Healthcare, Adult Social Care, Community Psychiatric Nurses in order to provide a suitable care package for the highest risk offenders. If supervised accommodation is required as part of a risk management plan, then many of our Approved Premises have designated rooms for those with care needs. Any release plans are agreed via our Multi Agency Public Protection Arrangements (MAPPA)

Adult Safeguarding is part of the Bradford and Calderdale local delivery plan and the lead Senior Probation Officer for this area is responsible for providing regular updates to the management team and practitioners. Work is on going to review the referral process. In the coming months we aim to have a more formalised process in place and a system that enables us to monitor outcomes for those identified as adults at risk.

It is now a mandatory requirement that all staff attend the E-Learning and face to face NPS Adult Safeguarding training. A training log is kept by team managers and the Divisional Hub Business Partner to monitor training completed. In addition to this the majority of staff will have

completed the PREVENT awareness training and plans are in place to refresh and update this training. To enhance awareness of the increasing areas linked to adult safeguarding, Offender Managers also access Human Trafficking training, Domestic Violence Training and Children Safeguarding training which also encompasses child sexual exploitation. Information regarding modern slavery and hate crime has also been cascaded to staff to improve our practice with regards to identifying such issues.

The introduction of the NPS, National Process Management System, Excellence in Quality and Processes (EQUIP), has increased the accessibility of the practice guidance and material. This system allows the NPS to map adult safeguarding processes and all relevant documents such as The National Probation Service (NPS) Safeguarding Adults Policy Statement and supporting practice guidance can now be accessed via this system. All staff are required to access these documents and this is monitored regularly.

The annual Service User Feedback Survey showed that 85.8% of respondents in the Bradford and Calderdale cluster were satisfied with their experience of Probation and engage positively with the offender management process. This exceeds the national target set at 75%. In response to the survey a leaflet was produced for offenders outlining the results and responding to offender feedback.

The general function of NHS England is to promote a comprehensive health service to improve the health outcomes for people in England. NHS England discharges its responsibilities by:

- Allocating funds to, guiding and supporting Clinical Commissioning Groups (CCGs) and holding them to account.
- Directly commissioning primary care, specialised health services, health care services for those in secure and detained settings, and for serving personnel and their families, and public health screening and immunisation programmes.

The mandate from Government also sets out a number of objectives relating to safeguarding which NHS England is legally obliged to pursue.

NHS England's overall roles in terms of safeguarding are direct commissioning and assurance and system leadership as set out in the revised Safeguarding Vulnerable People Accountability and Assurance Framework published by NHS England in July 2015. <https://www.england.nhs.uk/?s=safeguarding+assurance>

NHS England ensures the health commissioning system as a whole is working effectively to safeguard adults at risk of abuse or neglect. NHS England is the policy lead for NHS safeguarding, working across health and social care, including leading and defining improvement in safeguarding practice and outcomes. Key roles are outlined in the Safeguarding Vulnerable People Accountability and Assurance Framework 2015. This role is discharged through the Chief Nursing Officer (CNO) who has a national safeguarding leadership role. The CNO is the Lead Board Director for Safeguarding and has a number of forums through which to gain assurance and oversight, particularly through the NHS England National Safeguarding Steering Group (NSSG).

NHS England Yorkshire and the Humber has an established Safeguarding Network that promotes an expert, collaborative safeguarding system. It meets on a quarterly basis and works in collaboration with colleagues across the north region on the safeguarding agenda ensuring that improvements are made across

the local NHS. During 2016/17 a CCG peer review assurance process was undertaken and themes from this process have influenced the commissioning of leadership training for safeguarding professionals and there are future plans for a national assurance tool for CCG's. Learning has also been shared across GP practices via quarterly Safeguarding Newsletters, a safeguarding newsletter for pharmacists has been in circulation across Yorkshire and the Humber and one for optometrists and dental practices is being scheduled.

During 2016/17 a review of current systems for recording safeguarding incidents and case reviews across the North Region was undertaken to support the identification of themes, trends and shared learning. The Yorkshire and the Humber process to jointly sign off GP IMRs, as CCGs responsibilities for commissioning of primary care services is increasing, has been adopted across the north of England region to ensure consistency.

NHS England North hosted a safeguarding conference on 10 December 2016 which included presentations on forced marriage, honour based abuse, Female Genital Mutilation (FGM) and domestic abuse and adult safeguarding. The conference aimed to provide level 4 training for healthcare safeguarding adults and children professionals and leads in the North region. A conference was held on 11 November in York for named safeguarding GPs in Yorkshire and Humberside attended by Bradford named GPs. It was well evaluated and plans for a north region named GP conference are in place for 2017/18.

NHS England has updated and is due to circulate the Safeguarding Adults pocket book which is very popular amongst health professionals and has launched the NHS Safeguarding Guide App and a North region safeguarding repository for health professionals.

NHS England North developed a Safeguarding Assurance Tool for use with CCGs across the North Region, which was implemented in 2016. Designated Nurses reviewed all action plans to identify key themes and trends across the North Region with a view to identifying common areas requiring support.



## Learning Disability Mortality Review (LeDeR) involves:

- Reviewing the deaths of all people aged 4 to 74 (inclusive)
- Identify the potentially avoidable contributory factors related to deaths of people with learning disabilities
- Identify variation in practice
- Identify best practice
- Develop action plans to make any necessary changes to health and social care service delivery for people with learning disabilities.

A national database has been developed and anonymised reports will be submitted. This will allow, for the first time, a national picture of the care and treatment that people with learning disabilities receive.

The LeDeR Programme is not a formal investigation or a complaints process and will work alongside any statutory review processes that may be required.

The LeDeR Programme recognises it is important to capture the extent of personalised services, including the use of reasonable adjustments, choice and control and the well-being of people with learning disabilities. Good practice examples shared nationally.

Across NHS England North there are a number of priority areas which are designated by the Home Office, who fund two Regional Prevent Coordinator posts. These posts support the implementation of the Prevent Duty and ensure that Health embeds the requirements of the contest strategy and specifically Prevent into normal safeguarding processes. Funding to support this work was secured from the North Region Safeguarding budget which has facilitated a number of projects including supporting partnership working with the North East Counter Terrorism Unit, delivering a conference in October 2016 on 'Exploitation, grooming and Radicalisation' and an Audit of referrals to Prevent /Channel where Mental Health concerns are understood to be a contributing factor.

React to Red was launched on 1st February 2016 at the Pressure Ulcer Summit in Leeds. It is a bespoke training package for pressure ulcer prevention which is competency based and designed specifically for care home staff and care providers. During 2017/18 this work will continue to be a priority across NHS England North and will focus on embedding the programme as a quality improvement initiative using a focused approach co-ordinated by CCGs and robust evaluation by NHS England North. In Bradford this is being rolled out locally in collaboration with commissioners.

## Clinical Commissioning Group (CCG)

There are three CCG's in the District:

- Bradford City CCG;
- Bradford District CCG and Airedale;
- Wharfedale and Craven CCGs.

They all work in close partnership and have a shared safeguarding team covering adults and children. The team includes a Domestic Violence Manager who works across the whole health economy and a named GP for Safeguarding Adults who supports the development of safeguarding practice across primary care.

### Key achievements

The Continuing Health Care Team has provided information and support around personal health budgets to people with complex health needs

- The CCG has engaged with a wide variety of service user groups and patient networks, listening to patient stories and feedback about services in order to inform health needs assessments, local service developments and the wider commissioning process
- The Named GP for Safeguarding Adults has continued to raise awareness about the broad range of safeguarding issues affecting adults across the district, disseminating information and delivering updates for GP Practice Safeguarding Leads. This supports GPs to develop the skills and confidence needed to identify and enquire about signs of potential abuse at the earliest possible time
- The CCG has contributed to a number of multi-agency reviews into deaths of adults across the district. We have incorporated learning from Domestic Homicide Reviews, Mental Health Homicide Reviews and Safeguarding Adults Reviews into staff training and continue to work with practices and Information Technology providers to improve safeguarding record systems CCG has worked as part of the local Prevent and Channel arrangements, supporting partnership working with health services, including GP practices in order to protect adults at risk, particularly people with learning disabilities, autism or mental health problems. The CCG safeguarding team lead on the health section of the Local Prevent Action Plan and are supporting the roll out of Prevent training within GP practices
- The CCGs safeguarding team continues to have oversight of Serious Incidents within NHS funded services in order to identify potential safeguarding issues and advise on proportionate and timely responses to concerns
- Along with the CCG quality team we have worked closely with the Local authority to improve the support and monitoring of care homes
- We have provided training and expert safeguarding advice to organisations and practitioners across the whole health economy. This includes independent health providers such as GPs, dentists and pharmacists
- The CCG have worked as part of the local network to raise awareness and explore Health's contribution to Anti-Trafficking and Modern-Day Slavery agendas
- The Domestic Violence Manager organised tailored training for health staff who attend (Multi-Agency Risk Assessment Conference) (MARAC) to make sure they are up-to-date and able to work efficiently within the MARAC process in order to support risk management for people experiencing domestic abuse
- The Domestic Violence Manager is working with the local authority, NHS Trusts, police and voluntary groups to develop a multi-agency information sharing pathway for Forced Marriage Protection Orders
- The CCGs safeguarding team continue to co-deliver the 2-day Role of the Service Manager Training. This training is focused on practical aspects of safeguarding, leadership and local safeguarding procedures, in the context of making safeguarding personal and strong multiagency working.



During 2016 safeguarding week the BDCFT safeguarding team developed and delivered a multi-agency session focussing on 'making safeguarding personal' and how to work with an adult to facilitate the outcomes they want to achieve.

All safeguarding adult training sessions have been refreshed with the central message of 'making safeguarding personal' alongside an understanding of the issues of consent, mental capacity and the inclusion of advocacy.

During any duty call to the BDCFT safeguarding team where there are safeguarding adult concerns staff are reminded to consider the 'making safeguarding personal' message.

BDCFT aims to ensure that all its staff regard safeguarding as a key responsibility and fully understand their role in preventing abuse as being the primary objective.

The BDCFT safeguarding team have a wide reach within the organisation to all its service areas from attendance at quality and safety meetings to supervision sessions with staff. The aim of this is to promote a safeguarding culture whereby service users remain of primary concern.

Safeguarding training now includes scenario based exercises which explore with staff, proportionate responses. The aim is to ensure that staff can consider their risk assessments to include the nature of the allegation and concern alongside the adult's desired outcomes.

BDCFT staff have access to information via the safeguarding page on the Trust intranet with details of how to raise a safeguarding concern. This includes a direct link to enable the concern to be raised. All new staff and volunteers to the organisation are given this information at induction and additionally staff are reminded about the safeguarding resource available at training sessions. All job descriptions for staff working in the organisation sets out individual responsibility for safeguarding practice.

The BDCFT safeguarding team attend the safeguarding Prevent meetings and the team also act as designated officers at Multi-Agency Risk Assessment Conferences (MARAC).

The safeguarding team facilitated a domestic abuse focus group attended by representatives

of BDCFT staff disciplines. This was to gain an increased awareness of staff experience of services and partnership working when supporting children, families and adults at risk who have, or who are experiencing the impact of domestic abuse. This highlighted impressive knowledge of domestic abuse and the impact of domestic abuse on both children and victims. The focus group model used proved successful and will be a useful model to replicate in the future.

The BDCFT safeguarding team has produced a domestic abuse newsletter which has been cascaded to all staff across the Trust via ecomms. The newsletter contains up to date practice guidance and contact numbers. The domestic abuse section of the BDCFT safeguarding website has been updated accordingly. A new domestic abuse package has been developed and is running throughout 2017 as part of BDCFT safeguarding team training programme. There is renewed emphasis on the impact of domestic abuse and the understanding of controlling behaviours and coercive control.

BDCFT has senior level membership at Safeguarding Adults Board (SAB) and have representation at all SAB Sub-groups. BDCFT safeguarding team are working closely with multi agency partners on implementing the making safeguarding personal agenda.

There are new arrangements for BDCFT and the Local Authority to work in partnership around the management of safeguarding concerns when relating to an adult that is known to our mental health services. BDCFT contribute to the initial enquiries at the request of the local authority and some staff have additional responsibility to undertake a formal enquiry if necessary. This has resulted in closer and positive relationships with the Local Authority.

There is firm commitment to safeguarding within BDCFT under the leadership of the Deputy Director of Nursing, Children's & Specialist Services. Safeguarding policies are current and Care Act compliant. Processes are in place to ensure that there is triangulation of complaints, serious incidents and risk and safeguarding, which contributes to staff learning and practice improvement.

There has been continued commitment to all the agendas of the Safeguarding Adults Board. The Trusts Chief Nurse or Deputy attends the Safeguarding Adults Board and representatives from the Safeguarding Adults team attend Sub-groups of the Board. The Named Nurse attends the Performance and Quality Improvement group and the Making Safeguarding Personal Group and one of the Safeguarding Specialist Practitioners attends the Mental Capacity Act and Deprivation of Liberty Safeguards Group.

The Safeguarding Adults team assist with the delivery of Multi Agency Safeguarding Adults training across the District, specifically the Role of the Service Manager training and the West Yorkshire Procedures training. There is also representation at the District wide Domestic and Sexual Violence Strategy Board and Sub-groups.

The team have established contacts within wider agendas such as Prevent and Human Trafficking and ensure they are up to date with issues relating to the district and that these are reflected in training.

Four members of staff within the Trust are identified as designated Officers for Multi Agency Risk Assessment Conference (MARAC) and ensure consistent research of information and attendance at MARAC meetings. There has been work undertaken to improve identification of patients experiencing domestic abuse and ensure they are aware of the services available within the district to offer assistance and support. This work has been focussed in the accident and emergency department and key lessons will be rolled out throughout the Trust.

Operational responsibility for patients with a Learning Disability now sits within the Safeguarding Adults Team with strategic oversight by the Assistant Chief Nurse for

patient experience. This has meant there is a single point of contact for other agencies who may be involved in the patient's care such as health facilitation teams and Independent Mental Capacity Advocates (IMCAs) and has ensured that if concerns are raised they are dealt with in a timely manner involving all relevant people. This has also meant that it has been identified that there is a need for a resources to engage with patients who have any form of cognitive impairment and an action plan has been devised regarding this and work commenced.

The Safeguarding Adults team have undertaken work within the Trust to ensure that all staff receive an appropriate level of training in relation to their roles and that the training is up to date and reflects the changes within legislation and practice. The Safeguarding Adults Team attended the planning meetings for Safeguarding Week 2016 and delivered training which was open to all professionals. Some of the training delivered during Safeguarding week was carried out in collaboration with the Safeguarding Children's Team and the Transition Nurses. This was specifically aimed at focussing on the differences in safeguarding patients who may be transitioning from children to adults. This was highlighted as an area of specific interest following discussion within the matrons safeguarding supervision meetings which the transition nurses regularly attend.

Our plan is to continue to build on the progress made, to ensure all aspects of Safeguarding are embedded within our staff and organisational culture. We will achieve this by continuing to work with partners to ensure a consistent approach to safeguarding concerns. We have audited some areas and where there is not significant assurance of our processes changes have been made to address these and will be monitored to ensure effectiveness.

## Airedale NHS Foundation Trust

There has been continued commitment to all the agendas of the Safeguarding Adults Board

The Safeguarding Team are highly visible within the Trust and they work closely with clinical and non-clinical teams to ensure that staff support the patient in making decisions.

### Key work areas:

- Bespoke training sessions are undertaken with clinical teams using case studies with a focus on identifying the outcomes that the person at risk wishes. We have built upon lessons learned from investigations and enquiries
- We continue to run training sessions with clinical teams to increase knowledge and awareness related to recognising and responding to abuse, this supplements formal teaching and learning
- Safeguarding Level 1 training is a 3 yearly mandatory requirement for all staff and volunteers who deliver Trust Services. This is delivered either face-to face, or via a workbook. At the end of 2016/17, Trust staff were compliant with: Dementia Awareness (including Privacy & Dignity standards) 91.94%; Mental Capacity Act 89.91%; Safeguarding Adults 91.53%
- We now have a Clinical Supervision framework for Safeguarding Adults
- There is a bi-annual audit related to Deprivation of Liberty Safeguards (DoLS) within clinical settings together with a review of the assessment of Mental Capacity and best interests decision-making tool that is used
- We have now increased the capacity within the safeguarding team to cope with the ever increasing safeguarding agenda. The additional post supports the team and provides further support for colleagues in clinical areas
- We have reviewed the terms of reference for our safeguarding governance structures
- The Strategic Safeguarding Group (Adults and Children) is chaired by the Director of Nursing. The purpose of this group is to oversee and monitor the Trust's statutory responsibilities in relation to the safeguarding agenda. Membership of this group includes the Designated Professional Safeguarding Adults Airedale Wharfedale and Craven CCG
- The Operational Group for Vulnerable Adults is chaired by the Consultant Geriatrician and co-chaired by Senior Nurse Safeguarding Adults and reports to the Strategic Group. The purpose of this group is to oversee and monitor operational safeguarding practice across the trust with senior colleague representation from each clinical group.

## West Yorkshire Fire and Rescue Service (WYFRS)

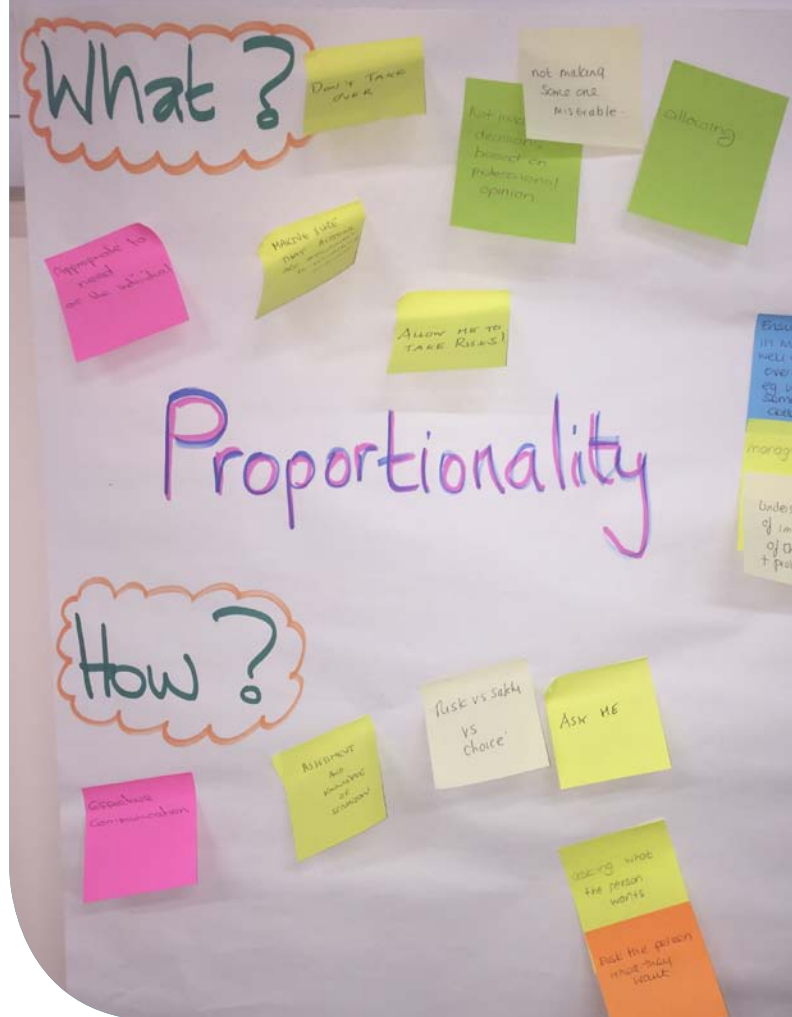
During the 2016/17 period a review of the Safeguarding arrangements has been undertaken. This review has seen a change in the process and reporting requirements within the Organisation. It was prompted as part of our overall change in Prevention Strategy ensuring that the reporting of concerns is made even more robust and accountable without burdening staff with excessive paperwork or process. Part of the review has focussed on training. This will be refreshed over the next year using the updated e-learning package and face-to-face training by the Safeguarding Leads from each District. It will be performance managed through annual reviews of each team within the organisation.

Whilst WYFRS is a reporting organisation within the Safeguarding Framework our employees are encouraged as far as is reasonably practicable to support the individual at risk. Our reporting structure and policy arrangements dictate that the individual is consulted with any referral to partners and as to what future involvement they may wish to have with services.

The review of our Safeguarding procedures and policy is ensuring that we are responding to reports of abuse accordingly. WYFRS has a proactive reporting procedure and has a strong and positive approach to ensure that reports are dealt with as soon as they are raised. Strong relationships with partner agencies and care providers ensure that reporting pathways are followed.

In Bradford District WYFRS engages proactively with 26 partner agencies. These range from voluntary organisations interacting with people relating to a specific need to large statutory organisations such as Bradford District Foundation Care Trust with its many departments and teams. In Keighley over the last twelve months the fire crews have been completing the falls prevention screening tool during fire prevention visits and referring those individuals that are at higher risk of a fall to the appropriate agencies. This is a key piece of work which is being carried and has been a successful pilot to base other projects on.

Safeguarding is a key part of our Service provision. Our Service ambition of 'Making West Yorkshire Safer' supports the principles at the core of Safeguarding. The training and reporting processes within the organisation are mandatory for all those members of staff that come into contact with the public, be it either face-to-face interaction or by telephone or other media. Our policies & procedures set out the responsibilities for key individuals within the organisation that are responsible for Safeguarding and the parts which all individuals have in order to follow the guidance.



## Yorkshire Ambulance Service (YAS)

The profile of safeguarding children and adults at risk continues to grow and change and is a key priority across YAS. Both policy and practice have been reviewed to ensure compliance with legislation and good practice guidance. The Safeguarding Team continues to engage and support staff within all departments including The Emergency Operations Centre, Operations, Patient Transport Service and NHS 111 to identify safeguarding priorities to ensure quality patient care.

The Safeguarding Team continues to work Trust-wide with partner agencies, including commissioners, social care and health partners, to review and improve the quality of the safeguarding service provided by YAS staff. Ensuring YAS employees including, secondees, volunteers, students, trainees, contractors, temporary or bank workers and NHS 111, have the appropriate knowledge and skills to carry out their safeguarding children and adult duties.

Safeguarding processes and practice are being continually reviewed and strengthened; especially with regard to the quality of Safeguarding referrals to Adult and Children Social Care, the education

and training of staff and the safeguarding clinical audit processes. Within the year, safeguarding practice has been enhanced by the introduction of a safeguarding module within Datix. This ensures accurate monitoring of activity, reporting and the availability of trend analysis of current safeguarding processes and work streams.

The Safeguarding Team have contributed to Serious Case Reviews (6), Safeguarding Adult Reviews (4) and Domestic Homicide Reviews (10) across the Yorkshire region. On-going priorities are to review the current Safeguarding Children and Adult Referral Process to ensure concerns are effectively shared with local authorities, and to review and develop the Mandatory Safeguarding Training Plan, for all YAS staff, inclusive of NHS 111, volunteers and Community First Responders (CFRs).

# Safeguarding Adults Board key work areas 2016/17

## Communications and Engagement 2016/17

The Communication, Engagement and Training Sub-group supports the work of the Safeguarding Adults Board by developing, promoting, delivering, reviewing and evaluating Safeguarding Adult communication and engagement strategies and training across Bradford District.

The group met four times in 2016/17 with attendance from Adult Social Services, NHS Trusts, the independent care home sector and the voluntary sector. There have been changes in representation from some organisations and from October 2016 there is a new Chair (Police) and Vice Chair (CCGs) of the group. The terms of reference and membership have been reviewed over the last few months following the merging of the Communication and Engagement group and the Training Task Group.

Having an effective communication and engagement strategy enables both professionals and the public to have an increased awareness of safeguarding issues across the District.

## The Voice Group - What you told us...

The Safeguarding Voice Group, with membership made up of service users, carers and members of the public continues to undertake crucial work to raise awareness and meet the group's aims:

- listen to people's views and experiences of safeguarding adult issues and work
- help the SAB towards improving services and how things are done to safeguard adults better in the district
- help people speak up, have a voice and keep everyone safe.

## Making Safeguarding Personal / Conference

Some of the key areas that the Voice group has been involved in include the Making Safeguarding Personal Conference in May 2016, which the members attended.

The regional Making Safeguarding Personal Conference was held on 19th May 2016 at Margaret McMillan Towers, Bradford, hosted by Bradford Safeguarding Adults Board. The event was contributed to by regional Safeguarding Adults Board partners and ADASS.

## Safeguarding Week 2016

Bradford District was proud to celebrate its fifth annual multi-agency Safeguarding Week in October 2016 that showcased a wide range of learning and development opportunities primarily for practitioners. Safeguarding Week was again a 'real success' with over 80 organised events hosted across the District. This demonstrated great partnership working amongst the Safeguarding Adults, Children and Domestic Abuse Boards. Many other partners, services, young people and service users got involved by organising and delivering events throughout the week.

During Safeguarding week a campervan was commissioned to travel across the District to engage with people, to find out what they already knew about safeguarding and to identify what else the Safeguarding Adults and Children's Boards can do to safeguard people better. A feedback report with key action points is currently being drafted, this is expected in the summer of 2017 to inform the next Safeguarding week.

To celebrate five years of Safeguarding Week, the 'Reflections and Going Forward' event was hosted at Bradford College at the end of the week. We were delighted to welcome Nazir Afzal (Chief Executive, Police & Crime Commissioners for England & Wales) who addressed Leadership in Safeguarding, the Real Safeguarding Stories project was launched, and people got to watch the 'Vox Pop' comments which reflected on the week and made everyone think about what we need to do going forward.



## Real Safeguarding Stories

Real Safeguarding Stories was launched in autumn 2016 [www.realsafeguardingstories.com](http://www.realsafeguardingstories.com). The website encompasses all areas of Safeguarding including adults, children and domestic abuse. Since the launch, over 20 films on the website has had over 3000 visits, 2,500 users and 10,000 page hits within just four months, from across the UK. The online service is free to access for all users. The films can be used to support training and development.

In the Bradford region, Real Safeguarding Stories have been used to:

- Enable Councillors to use them at community events to raise awareness of safeguarding issues
- Training at the Mothers Union in child sexual exploitation
- Training for taxi drivers and operators in CSE and the night-time economy
- Barnardo's training programme with hotels and B&Bs highlighting CSE issues
- Bradford Council staff inductions
- Social Workers training
- Used as part of Bradford's 'Recognising and Responding' Safeguarding course, which is available to all public and private sector organisations in the area
- Part of the induction for West Yorkshire Trading Standards staff
- Used by West Yorkshire Trading Standards community workshops
- Incorporated into West Yorkshire Trading Standards' Partner Training

for frontline professionals in the care industry, West Yorkshire Fire Service, and West Yorkshire Police.

- Bradford College use the videos as part of the student awareness programme including permanent access on their intranet system
- The CSE videos had such an impact at one Children's Residential Home, led by Barnardo's, that there are plans for delivering further training in more Children's Homes for staff
- Community Awareness Event in Keighley in responding to CSE
- The Police, Sexting training and awareness for students in schools across Bradford District.

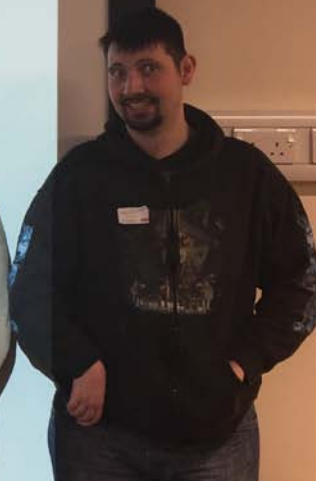
## Working with people in the communities

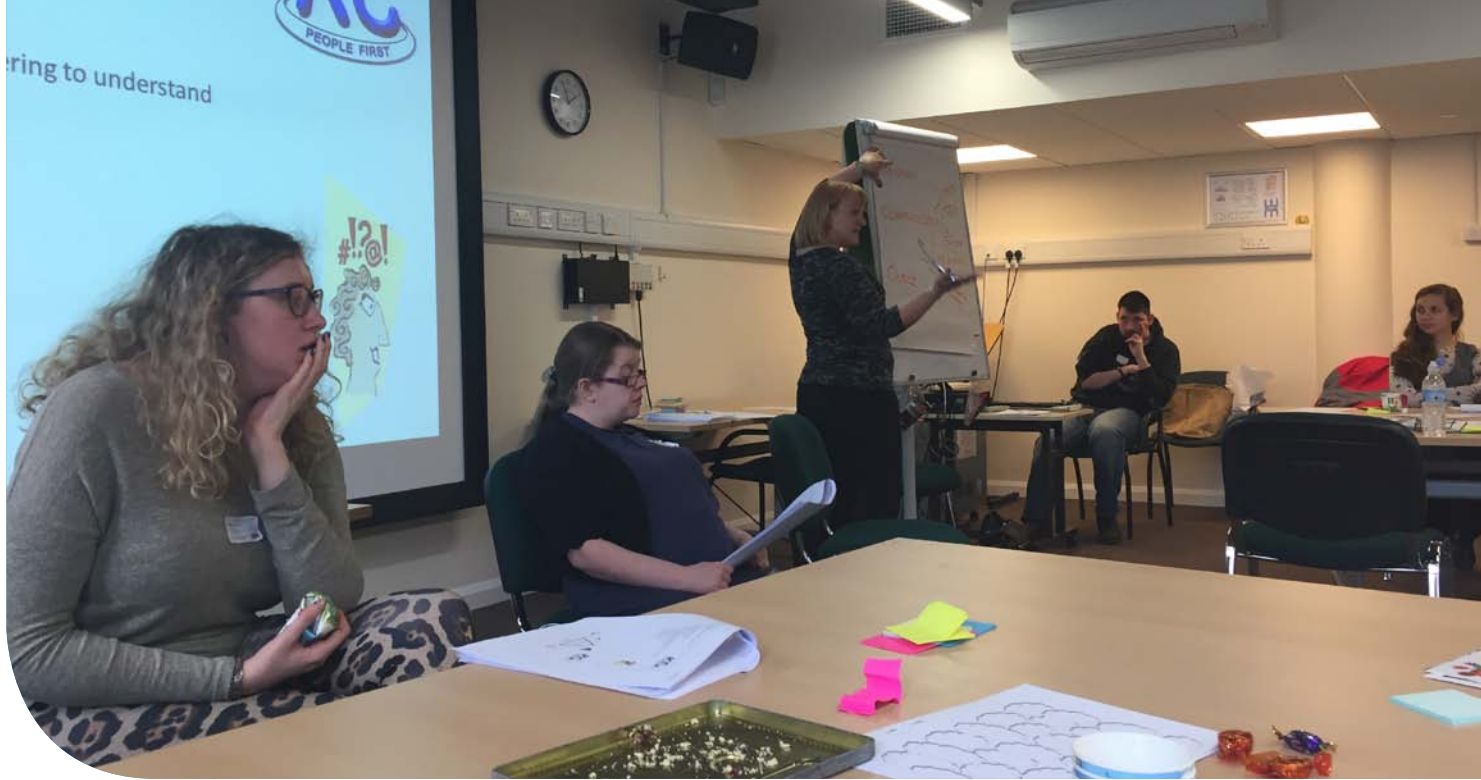
To raise general awareness of adult Safeguarding and to maximise opportunities to engage with both staff and the general public we held information stalls at the following places:

- Newly Elected Members Event at City Hall
- Making Safeguarding Personal Conference at Margaret McMillan Towers
- Nursing celebration event at Cedar Court
- #LoveBradford world record attempt at City Park
- Age UK Bradford & District's Young at Heart event at Bradford Hotel
- Remploy and Barclays Bank Fraud event Howard House, Bradford City Centre
- Interfaith Week 2016: Faith conference at University of Bradford
- Assistive Technology Event at Mercure Bradford Bankfield Hotel
- Disability Access Day at Barclays Bank

### The Jabberwocky Problem

*'Twas brillig, and the slithy toves  
Did gyre and gimble in the wabe;  
All mimsy were the borogroves,  
And the mome raths outgrabe*





## Training

Safeguarding training is one of the crucial ways to raise awareness in the prevention of abuse and neglect. Our training courses target different audiences of practitioners to enable a wide range of multi-agency staff that have varying roles and responsibilities to recognise and know how to respond to abuse and neglect.

In an on-going response to the implementation of the Care Act (2014) multi agency training is updated accordingly to reflect emerging issues such as Human Trafficking and Modern Day Slavery, Making Safeguarding Personal and radicalisation to inform practice.

To support the awareness raising of Human Trafficking and Modern Day Slavery the group continue to support and facilitate the delivery of briefing sessions delivered by the Police. Further partnership working is progressing with the Children's Safeguarding Board and the Human Trafficking Network to enhance current training.

The Bradford District Safeguarding Adults Training Directory 2016/17 was successfully launched in April 2016. The training directory was developed to enable a wider audience of health, social care and related services staff and volunteers to access information about available multi-agency safeguarding training.

The two trainer development days have been well attended, with a variety of issues addressed and updated, including Making

Safeguarding Personal, The Safer Project delivered by Trading Standards, Information Sharing and Coercive Control. Further developmental work is planned in partnership with the Safeguarding Children's Board and the Domestic Violence Board to enhance and streamline the process of trainer recruitment and development and quality assurance processes.

## Training April 2016 -March 2017

The multi-agency training partnership continues to develop and strengthen. The two Trainer Support days (April and December) were both extremely well attended. West Yorkshire Police delivered training on Coercive Control and latterly People First Keighley and Craven delivered a session on Making Safeguarding Personal. These events support trainers to keep current and to get to know other trainers.

West Yorkshire Police are delivering multi-agency briefings to front line staff on Human Trafficking and Modern Day Slavery, 108 people have attended so far.

This remains an unprecedented and challenging time in Safeguarding Adults and the Communication, Engagement and Training Sub-group look forward to working in partnership with the Safeguarding Adult Board to deliver and promote the key safeguarding messages across Bradford District.

# Performance Quality and Improving Practice (PQIP) Sub board in 2016/17

Whilst the primary function of the Performance Quality and Improving practice Sub-group is to provide the Safeguarding Adults Board with informative and meaningful analysis of the safeguarding data, that enables the Board to drive improvements in practice across Bradford, the group also takes lead in other areas of work as follows:

## SAB Self-Assessment 2016

The SAB Self- Assessment process was distributed to partners and collated for analysis September 2016. There were responses from the following partners:

- Bradford Teaching Hospitals Trust
- Airedale Hospitals Trust
- NHS England
- Bradford, Airedale, Wharfedale and Craven Clinical Commissioning Group
- National Probation Service
- Adult Social Care
- Bradford District Care Foundation Trust
- West Yorkshire Police

Work was undertaken to draw together the responses to review strengths and weaknesses to present to the full Safeguarding Board. The next stage of the process was to invite each partner to attend a Panel interview to discuss their self-assessment. Each partner was asked to provide evidence of the areas they had indicated as strength and discuss actions

they were taking to work towards areas of weakness. The final stage will be to present a report to the Safeguarding Adults Board.

## Safeguarding Adults Review's (SAR's) Protocol

The SAR's Protocol has been updated and strengthened in light of the changes in the Care Act and the widening of the procedures to incorporate North Yorkshire and York. It will continue to be reviewed due to expected launch of the new West, North and York Procedures later in 2017.

## Systemone – IT Systems Update

Systemone was introduced into Adult Social Care in August 2016 with the view that the modules for Safeguarding Adults and DoLS would follow. The introduction of Systemone will enable better integrated ways of working with health colleagues, with enhanced possibility of sharing essential information within a single environment. There have been a number of delays due to ensuring the structure of the module captures all the necessary information to respond to National Data requirements as well as for the Safeguarding Board and the Care Act 2014 Making Safeguarding Personal.

## SAB Financial Arrangements 2016/17

Salary costs	158607.87
Travel - Service Users	275.84
MSP Conference	1021.75
Safeguarding Week 2016	576.00
Safeguarding Adults Event – Age UK	50.00
Printing/Proofing/stationary	1470.89
Safeguarding Event (Elected Members and Partners)	424.00
Membership AEA	52.00
<b>Expenditure</b>	<b>162478.35</b>
Local Authority	97,171.35
West Yorkshire Police	11,699.00
Health	53,608.00
<b>Income</b>	<b>162478.35</b>



# Mental Capacity Act (MCA) Local Implementation Network (LIN) Sub-group of SAB Report April 2016 - 2017

The group commenced the year by updating the terms of reference. We have linked with the Local Care Homes Association and a provider representative is now invited to the MCA Sub-group. The Sub-group has representation at the monthly Regional Mental Capacity Act Meetings which in turn has representation at the National Meetings which enables us at our local level to be kept updated with developments, possible legal changes, etc.

In Bradford we have now got 47 trained Best Interest Assessors and 13 in training to use for DoLS purposes. The quality of work carried out by our Mental Health Assessors is of a really good standard and it is now a rare occurrence for us to have any conflict in relation to the Mental Capacity Act and Mental Health Act interface.

Bradford District Foundation Care Trust has done some good work supporting Carers in relation to Mental Capacity issues and this was fed back to the National Mental Capacity Forum as a significant achievement. The local Clinical Commissioning Group have showcased some of their Mental Capacity Act Work at the National Mental Capacity Action Day. The Local Authority has delivered training as part of Safeguarding Week which was well received by a variety of professionals from statutory, voluntary and private sector. As a group we have been pooling together our training materials and resources and reviewing how we deliver training in relation to the Mental Capacity Act and who is receiving the training and identifying any gaps.

Bradford Council takes part in organising the Regional Conferences for Best Interest Assessors and Mental Health Assessors of which there are 4 Conferences a year. We use these to ensure our staff working within the field of Deprivation of Liberty Safeguards are kept updated with legal changes and practice developments. We have kept abreast of relevant case law and continue to evolve, for instance in relation to covert medication – professionals now scrutinise decision making in relation to this whereas previously this was generally left to the GP. Each representative from the sub-group feeds back significant changes and developments to their organisation.



The Local Authority is still struggling to meet the consistently high demand placed on its DoLS Service and unfortunately there is still a significant waiting list. The Association of Directors of Adult Social Services (ADASS) issued a guidance suggesting that Local Authorities may choose to carry out “soft touch” Assessments for DoLS purposes as an interim measure. Bradford decided not to use this suggestion preferring to carry out comprehensive quality Assessments.

The Local Authority has gone out to tender for a Relevant Persons Representative (RPR) Service. This is a significant positive move. The Local Authority has also created some new key positions – Principle Social Worker and MCA Lead which can only benefit the Sub-group and raise the profile of Mental Capacity across the district further.

# Safeguarding Adults Board key work areas – moving forward

## Areas of Focus for 2017 – 2018

- The Bradford Safeguarding Adults Board is to continue with its Strategic Plan and revisit its priorities inclusive of meeting its statutory responsibilities.
- Developing and improving upon our performance reporting to ensure it is fully reflective of multi-agency working and development of thematic audits that are supportive of a preventative agenda.
- The Safeguarding Adults Board to continue its work in listening to the voice of adults and carers to inform its work with a planned Safeguarding Adults week.
- A key safeguarding principle is the empowerment and proportionality of adults to express what they would like to happen and the outcomes they would like to achieve. The Bradford Safeguarding Adults Board will continue to develop an ethos of 'Making Safeguarding Personal' to ensure adults maintain choice and control about how they would like to live their lives.
- The Safeguarding Adults Board will continue to embed the empowering ethos of the Mental Capacity Act and the Deprivation of Liberty Safeguards within safeguarding arrangements.
- The Safeguarding Adults Board will work with all partners and with the full involvement of people using services, to be assured that people are supported to feel safer and be safer, when they are at risk of, or experiencing abuse or neglect.
- The Safeguarding Adults Board will work jointly with communities, agencies and other strategic partnerships, to make sure that everyone meets their obligations and makes the best use of available resources to tackle abuse and neglect of adults at risk.
- The Safeguarding Adults Board will ensure that there are effective arrangements to share good practice and learn from Safeguarding Adults Reviews.
- The Safeguarding Adults Board will continue to strengthen the relationship with the Health and Wellbeing Board, Healthwatch, Children's Safeguarding Board, Domestic Abuse Partnership and other key partners.
- A new strategic plan will be prepared for 2018 to 2021 during the year.



### Introduction

The Care Act 2014 came into force in April 2015 and is underpinned by six principles.

- Empowerment – the presumption of person-led decisions and informed consent
- Prevention – the idea that it is better to take action before harm occurs
- Proportionality – providing the least intrusive response appropriate to the risk presented
- Protection – providing support and representation for those in greatest need
- Partnership – delivering local safeguarding solutions through services working with their communities
- Accountability – being clear about who is responsible for safeguarding interventions and holding them to account.

In order to promote these principles, the Act and its statutory guidance outlined the duties of local authorities, statutory partners and the Safeguarding Adults Board. SAB members now have a duty to co-operate and the SAB itself must:

- Publish a strategic plan each year, developed with local community involvement and working alongside Healthwatch
- Publish an annual report on what it has done over the past year, detailing members' contributions to the strategy and how they have implemented personalisation in safeguarding
- Conduct Safeguarding Adults Reviews under Section 44.

This first strategic plan for 2015-18 is intended to meet the first of these duties; drawing on a range of consultation activities, the experiences of the last year, self-assessment of the SAB by its members and the development day held on 6th May 2015.

### Bradford Safeguarding Adults Board

Bradford Safeguarding Adults Board exists to ensure that local safeguarding arrangements and partners act to help and protect adults in the Bradford district who:

- have needs for care and support (whether or not these needs are being met) and;
- are experiencing, or at risk of, abuse or neglect and;
- as a result of these care and support needs, are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The SAB has an Independent Chair and members drawn from a range of different agencies, including the Police, NHS and voluntary and community sector. The SAB is accountable to its statutory members and the Chair is accountable to the local authority Chief Executive.

The SAB realises its aims and objectives through a structured planning process, with the strategic plan informed by the SAB's vision and, in turn, informing the SAB business plan.

### Our Vision

“Bradford SAB expects that all agencies will work together to make sure that all those with care and support needs can live the best lives they can, without fear, and safe from abuse and neglect.”

In order to achieve its vision, the SAB and its members will be aspirational about empowerment and express values of respect for individuals. The Safeguarding Adults Board will endeavour to have a learning culture and to identify, promote and celebrate good safeguarding practice with other Boards and organisations.

## Moving Forward

The strategic plan will be reviewed annually and progress will be outlined in the SAB Annual Report. As public spending continues to reduce, the demands on the health and social care system increase and integration between the NHS and local authority social care develops, it is important to ensure that the SAB strategic priorities are up to date and relevant. This will help the SAB to continue in its key role to help and safeguard adults with care and support needs.

## Strategic Plan for 2015/18

### 1. Empowerment and Proportionality:

In partnership with communities and local organisations the SAB will work to support people to make their own safeguarding decisions, whilst acting in a proportionate way to protect those who can't make decisions for themselves.

To do this the SAB will work with its partner agencies to:

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

### 2. Prevention and Protection:

The SAB will work with all partners and with the full involvement of people using services, to be assured that people are supported to feel and be safer, when they are at risk of, or experiencing abuse or neglect.

To do this, the SAB will work with its partner agencies to:

- 2.1 Raise the profile of SAB's activities with communities and organisations who are less aware of adult safeguarding
- 2.2 Be assured that support to carers is helping prevent carer stress and abuse or neglect

- 2.3 Help people who have experienced abuse or neglect to be more resilient and to feel and be safer in the future
- 2.4 Identify ways in which individuals may be better protected by working with people who have caused abuse.

### 3. Partnerships and Accountability:

The SAB will work jointly with communities, agencies and other strategic partnerships to make sure that everyone meets their obligations and makes the best use of available resources to tackle abuse and neglect of adults at risk.

To do this the SAB will work with its partner agencies to:

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

# Appendix 2

## Examples of abuse

### Physical abuse:

Physical abuse is causing physical pain, injury or suffering to someone else.

Some examples of physical abuse include:

- hitting
- slapping
- pushing
- kicking
- burning
- not giving someone their medication, or too much medication or the wrong medication
- the use of illegal restraint for example, where someone holds another person by forcing them down
- inappropriate physical sanctions like locking someone up in a room or tying them to furniture

### Sexual abuse:

Sexual abuse is when someone does sexual things to another person who does not want it happening to them or may not understand what's happening.

Some examples of sexual abuse include:

- forcing someone to have sex against their will, which is known as rape
- sexual assault
- touching
- making sexual remarks
- making someone take part in sexual acts, like made to watch sexual activity or films
- sexual exploitation

### Psychological abuse:

Psychological abuse is also known as emotional abuse. This is when someone says and does bad things to upset and hurt someone else.

Some examples of psychological abuse include:

- humiliating
- blaming
- controlling
- intimidating
- harassing
- verbal abuse
- bullying and cyber bullying

- isolating
- threatening to harm or abandon (leave someone in need)
- coercion
- stopping someone from seeing other people e.g. their friends and family
- stopping someone to have access to services or support

### Financial and material abuse:

Financial and material abuse is when someone takes someone's money or things without asking.

Some examples of financial and material abuse include:

- theft, which is stealing money, benefits or things
- fraud
- misuse of a person's property or things
- internet scamming
- Putting pressure on someone to change their financial arrangements, such as wills, property or inheritance
- misuse of any lasting power of attorney or appointeeship

### Neglect and acts of omission:

Neglect is when someone says they are going to help someone by giving them care and support but they do not.

Acts of omission is when someone ignores situations when someone else is being neglected.

Some examples of neglect include:

- leaving someone alone for a long time
- ignoring medical or physical care needs
- failing to provide access to the right health or social care services
- withholding medication, not giving adequate nutrition or heating

### Organisational abuse:

Organisational abuse is when any form of abuse is caused by an organisation. It can include neglect and poor practice within a specific care setting such as a hospital or care home, or where care is given to someone in their own home.

## Self-neglect:

Self-neglect is when someone does not take care of themselves properly. This can put their safety, health and well-being in danger.

Some examples include when someone:

- does not keep clean
- does not look after their own health
- does not clean where they live
- lives in hoarding conditions by keeping lots of things around them

## Discriminatory abuse:

Discriminatory abuse is when someone says or does bad things to someone else because they are different to them.

People are treated unfairly because of their:

- race or religion
- gender, gender identity or sexual orientation
- age
- disability

Some examples of discrimination include:

- harassment
- verbal abuse
- physical and psychological abuse
- hate incidents or hate crime

## Mate crime:

Mate crime is a form of disability hate crime.

It happens when someone pretends to be a friend and then uses, manipulates or abuses the person.

## Domestic violence and abuse:

Domestic violence and domestic abuse happens between people in relationships or family members. It is a pattern of behaviour which involves violence or other abuse by one person against another.

Some examples of domestic violence include:

- emotional abuse / psychological abuse
- physical abuse
- sexual abuse
- financial abuse
- honour based violence
- forced marriage
- female genital mutilation

## Modern slavery:

Modern Slavery is slavery that happens today. Slavery is when someone is forced to work or do other things they do not want to.

It's a growing problem that can happen to men, women and children. People are treated like slaves; they are forced and tricked into a life of abuse.

It's treating people in an inhumane way. This means when someone is cruel, does not have compassion and they can make people suffer.

Modern Slavery can take many forms some examples include:

- trafficking people where the traffickers are the slave masters
- forcing someone to work, they can be made to work for free in a shop, in a factory or even sell sex
- forcing someone to be a domestic slave and not letting people have their own life

# Appendix 3

## What to do if someone is being abused

### What should I do if I think someone is being abused?

If you have been told or notice abuse or neglect:

- Ensure the immediate safety and welfare of the adult and any other person at risk
- If urgent attention is needed for health or safety dial 999
- If a crime needs to be reported call the police on 101 or you can call Crimestoppers on 0800 555 111
- Preserve any evidence
- Accurately record the incident, any action or decisions. Make sure you sign it and add the date and time.

### If you or someone you know has been abused, contact:

#### The Police

- For emergencies 999
- For non-emergencies and advice 101
- Crimestoppers on 0800 555 111.

The Police and Crimestoppers are both open all day and night.

#### Bradford Council

If you think an adult is at risk of abuse or you are worried that someone might be abused raise your concern at: [www.bradford.gov.uk/makeanalert](http://www.bradford.gov.uk/makeanalert)

If you are unable to complete the online form call the Adult Protection Unit on 01274 431077  
Monday to Thursday: 8.30am to 4.30pm  
Friday: 8.30am to 4pm

#### Out of Hours Emergency Duty Team

Telephone 01274 431010 (outside office hours)  
Monday to Thursday: 5pm to 7.30am  
Friday to Monday: 4.30pm to 7.30am

### What do we do when we receive a concern?

When the concern is received we must first find out if the person is facing such a risk. Sometimes we find that there is no abuse or neglect; sometimes people do not want any help to stop what is happening to them but in most cases health, social care, police and other agencies work together to help the person live a safer life.

If the abuse is within a care setting we work with the care provider, the service commissioners and the regulators CQC to ensure it is stopped.

### Advocacy Services in Bradford District

#### What is advocacy?

Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain the services they need. Advocates and advocacy schemes work in partnership with the people they support.

There are many Advocacy Services that can help. More information can be found from this link: [www.bradford.gov.uk/adult-social-care/living-independently/advocacy](http://www.bradford.gov.uk/adult-social-care/living-independently/advocacy)

### Other organisations

There are many other organisations that can help and offer support.

Find out more from [www.bradford.gov.uk/adult-social-care/adult-abuse/organisations-that-can-help/](http://www.bradford.gov.uk/adult-social-care/adult-abuse/organisations-that-can-help/)

### Safeguarding Adults Board - Partner Organisations 16/17:

- Independent Chair
- City of Bradford Metropolitan District Council – Department of Health and Wellbeing
- City of Bradford Metropolitan District Council – Department of Housing
- City of Bradford Metropolitan District Council – Department of Environment and Sport
- West Yorkshire Police
- Yorkshire Ambulance Service NHS Trust
- Bradford District, Bradford City and Airedale, Wharfedale and Craven CCGs
- Airedale NHS Foundation Trust
- Bradford Teaching Hospitals Foundation Trust
- Bradford District Care Foundation Trust
- National Probation Services
- In-Communities
- Independent Sector
- NHS England
- Alzheimers Society
- Choice Advocacy
- Hanover (Housing)
- Healthwatch
- Strategic Disability Partnership /Arthritis Care Group
- Bradford People First
- Police and Crime Commissioners

### Safeguarding Adults Board - Sub-groups:

- Delivery Group
- Training Sub-group
- Performance, Quality and Improving Practice
- Communications and Engagement Sub-group
- MCA/ DoLS Sub-group
- Stonham Housing



# Appendix 5

## Safeguarding Adults Data Analysis 16/17

This report presents information about adults at risk for whom safeguarding concerns/enquiries were opened during 2016/17. It also contains case outcome details for safeguarding enquiries which concluded during the reporting period. The closed enquiries include those generated within the 2016/17 reporting period and those prior to it. This report is based on the statistical data provided to NHS Digital as part of the yearly Safeguarding Adults Collection (SAC).

In 2016/17 queries to the Safeguarding Adults Team continued to be made, as in previous years, via the online form [www.bradford.gov.uk/makeanalert](http://www.bradford.gov.uk/makeanalert). The number of all queries decreased by 5% (from 4,504 to 4,256) in comparison to 2015/16. The queries that did not directly relate to safeguarding adults cases were closed and passed on to the more appropriate service where necessary.

The queries assessed as safeguarding adults related, became safeguarding adults concerns. There were 3,279 concerns (a decrease of 5% on previous year from 3,457 to 3,279). The concerns were checked against the criteria set out in the West Yorkshire Safeguarding Adults Policy and Procedures. Those that met the criteria, progressed onto the next stage – enquiry. 714 Section 42 enquiries were instigated in 2016/17, a decrease of 22% on the previous year (911).

In line with Section 42 of the Care Act, a safeguarding enquiry is instigated where a local authority has reasonable cause to suspect that an adult in its area:

- has needs for care and support (whether or not the authority is meeting any of those needs) and
- experiencing, or is at risk of, abuse or neglect and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

In such cases, the Local Authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

At the enquiry stage a Safeguarding Adults Risk Co-ordinator gathers and reviews all the available information regarding the alleged abuse. Where appropriate, a safeguarding plan is drawn up involving all the relevant organisations and agencies involved in the case such as health, adult services, police and advocates. If the abuse is within a care setting, work is with the care provider, the commissioners and the regulators to ensure it is stopped. In some cases, service users experiencing abuse do not want any help to stop what is happening to them.

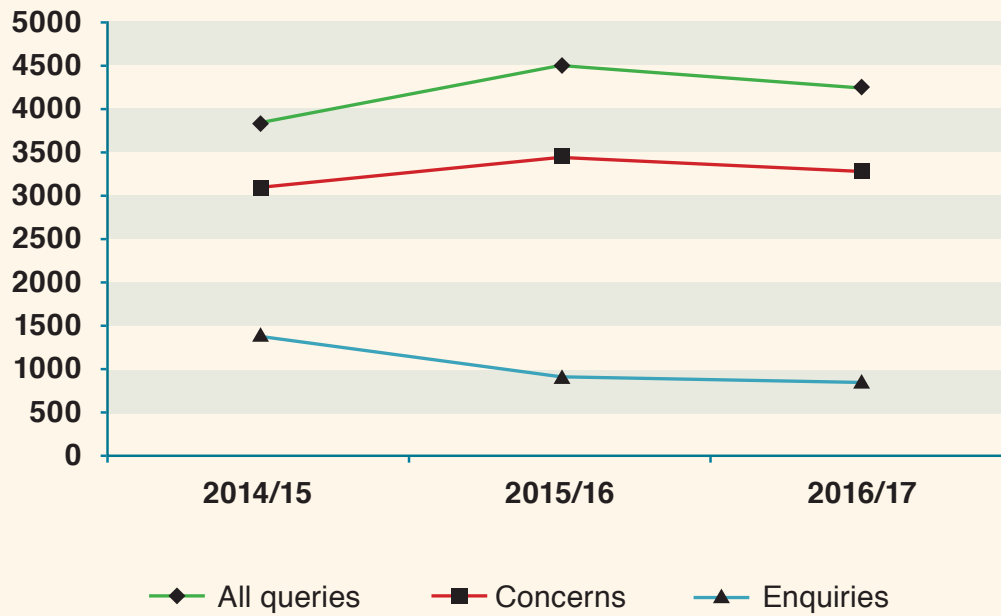
Their wishes are respected as long as their choices do not put other people at risk of abuse.

A safeguarding concern is where a council is notified about a risk of abuse, which instigates an enquiry under the local safeguarding procedures.

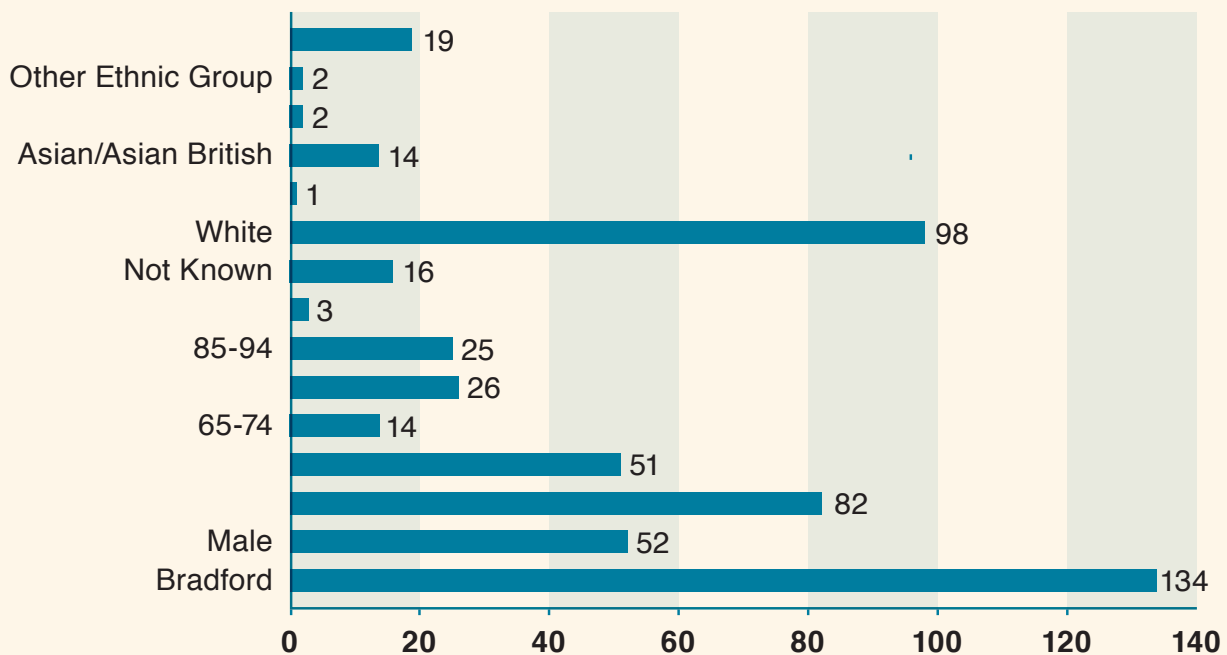
As seen in the following chart, the number of referrals in 2016/17 has dropped in comparison to 2015/16. This is due to the stringent implementation of the West Yorkshire Policy and Procedures introduced in April 2014. Based on the criteria set out in the procedures, we continued to improve our triage system ensuring that low-level safeguarding adults concerns were dealt with quickly and more consistently than in previous years. This enabled us to focus on the more complex cases requiring the use of the safeguarding process.

In 2016/17 the Bradford District averaged 134 Section 42 Enquiries per 100,000 population.

## Levels of queries, concerns, enquiries 2014 - 2017



## Number of individuals with Sec 42 Enquiries per 100,000 population

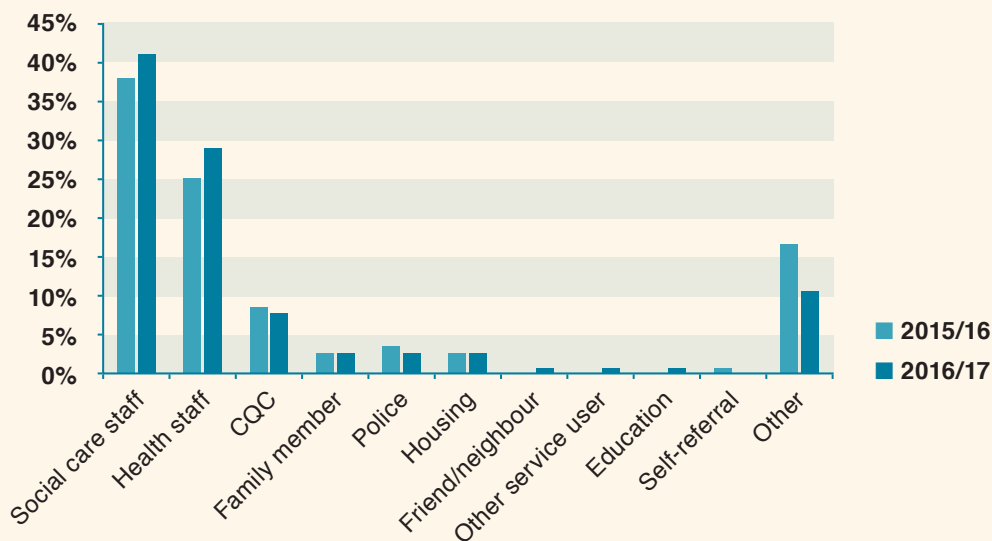


## Source of enquiries

As the table/chart below indicates, safeguarding enquiries come from a variety of sources. As in previous year the highest proportion of enquiries are made by social and health care staff. During 2016/17 we continued to develop links with health care providers. There was a 4% increase in enquiries made by health staff. The number of enquiries made by general practitioners doubled in comparison to 2015/16.

Social care staff	294
Health staff	205
CQC	56
Family member	24
Police	21
Housing	19
Friend/ neighbour	7
Other service user	7
Education	3
Self-referral	2
Other	76
<b>Grand Total</b>	<b>714</b>

Source of Section 42 Enquiries

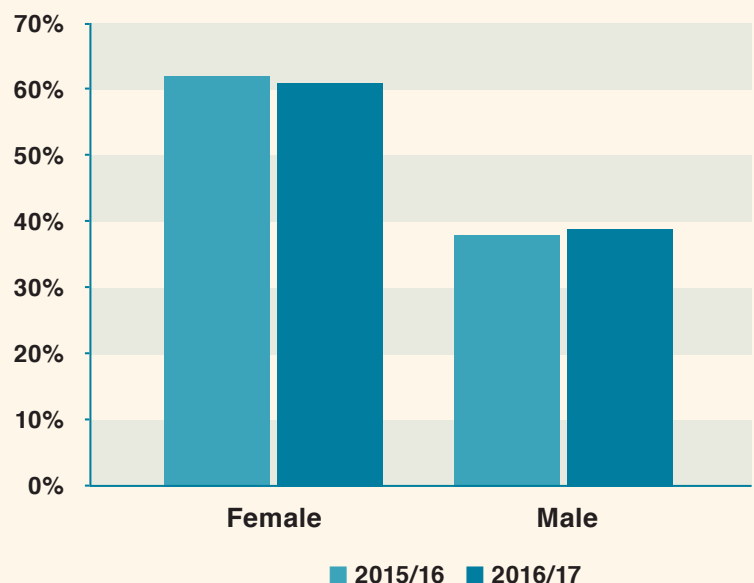


## Adult at Risk – gender

Of the 714 Sec 42 enquiries processed this year, 278 (39%) were with respect to male victims and 436 (61%) were in respect of female victims. Proportionally Bradford District population consists of: 49% males and 51% females.

Gender	Enquiries
Female	436
Male	278
<b>Grand Total</b>	<b>714</b>

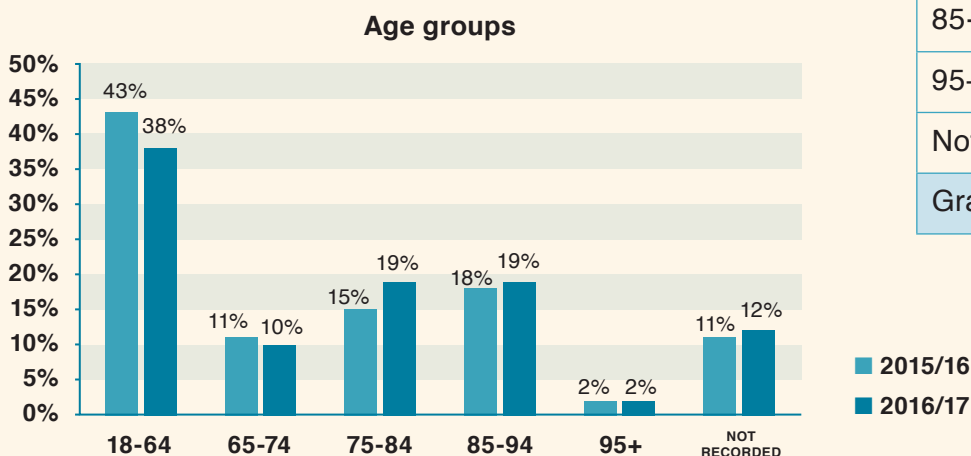
Gender comparison



## Adult at Risk – age group

In 2016/17 there were 5% less adults at risk in the 18-64 age group than in 2015/16. 50% (359) of individuals at risk were aged 65 or over – 4% more than in 2015/16.

Age	Enquiries
18-64	271
65-74	74
75-84	137
85-94	133
95+	15
Not recorded	84
<b>Grand Total</b>	<b>714</b>

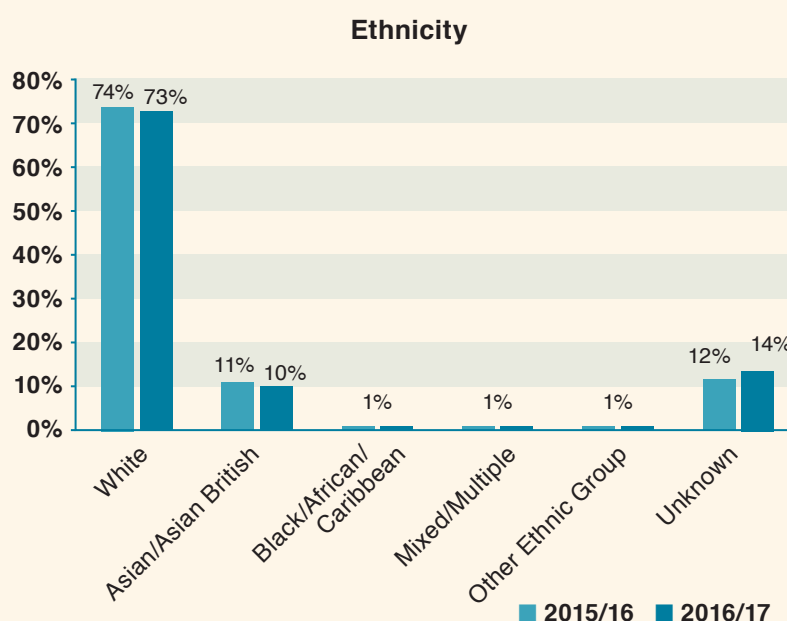


## Adult at Risk – ethnicity

The individuals of White ethnicity made up 73% (519) of the individuals with enquiries. This is 9% more than the percentage of the population in the District who identify themselves as White: 64%. Individuals of the Asian ethnic group made up 10% (74) of Section 42 enquiries, compared with 21% for the whole District.

To ensure that no undue bias was given to any one group, we analysed the number of safeguarding adults concerns and confirmed that these were made up of a similar proportion of ethnic groups. The lower number of enquiries re the Asian population, when compared to the overall population, may be contributed in part to cultural and language differences, which may make the reporting of abuse more challenging. The SAB will look at developing closer ties with community groups in order to identify and remove any barriers preventing people from identifying and reporting abuse.

Ethnicity	Enquiries
White	519
Mixed/multiple	3
Asian/Asian British	74
Black/African/Caribbean/Black British	10
Other Ethnic Group	7
Unknown	101
<b>Grand Total</b>	<b>714</b>



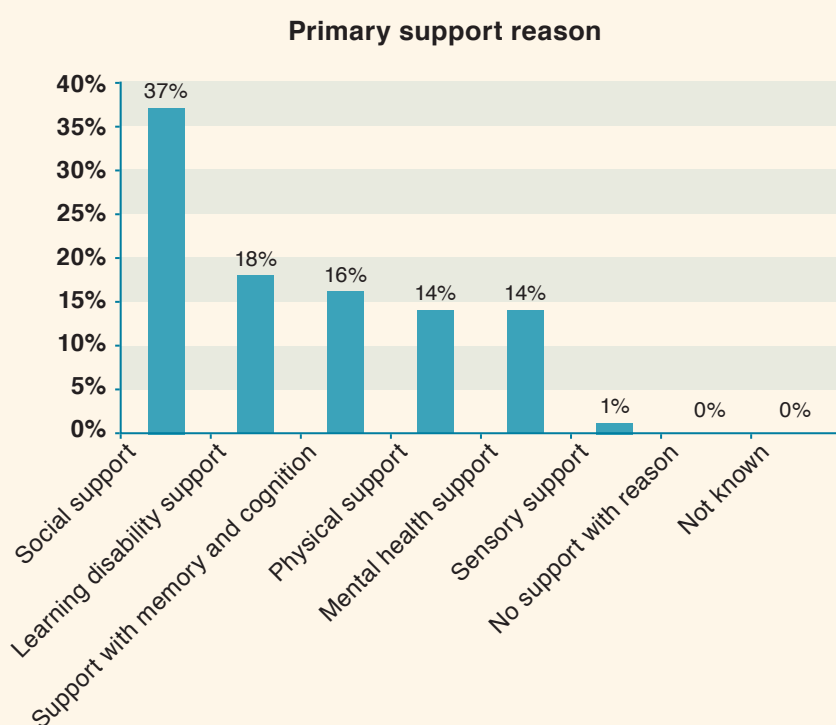


## Adult at risk – primary support reason

The Primary Support Reason (PSR) classification, introduced in 2014-15, focusses on the main reason that a person requires social care services at any particular time. PSR describes the circumstances impacting on the individual’s quality of life and indicates a need for support and assistive care. It may or may not be related to an underlying health condition.

In 2016/17 people with social support needs were most often reported to Safeguarding, at 37% (263). Adult at risk with learning disability support needs were 18% (132), support with memory and cognition counted for 16% (114) of the enquiries.

(Please note: Comparative information cannot be provided for the below chart as last year’s data was categorized differently to this year)



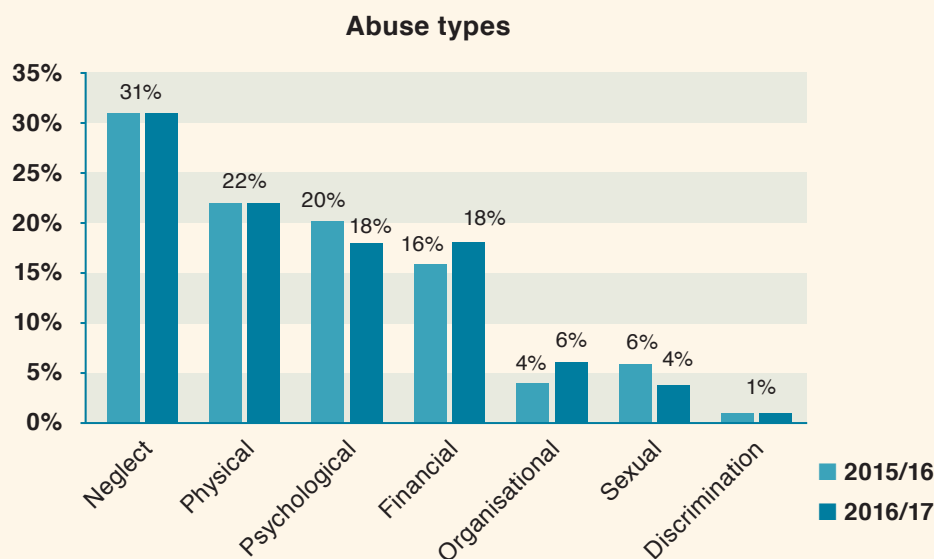
Social support	263
Learning disability support	132
Support with memory and cognition	114
Physical support	101
Mental health support	97
Sensory support	7
<b>Grand Total</b>	<b>714</b>

## Type of abuse

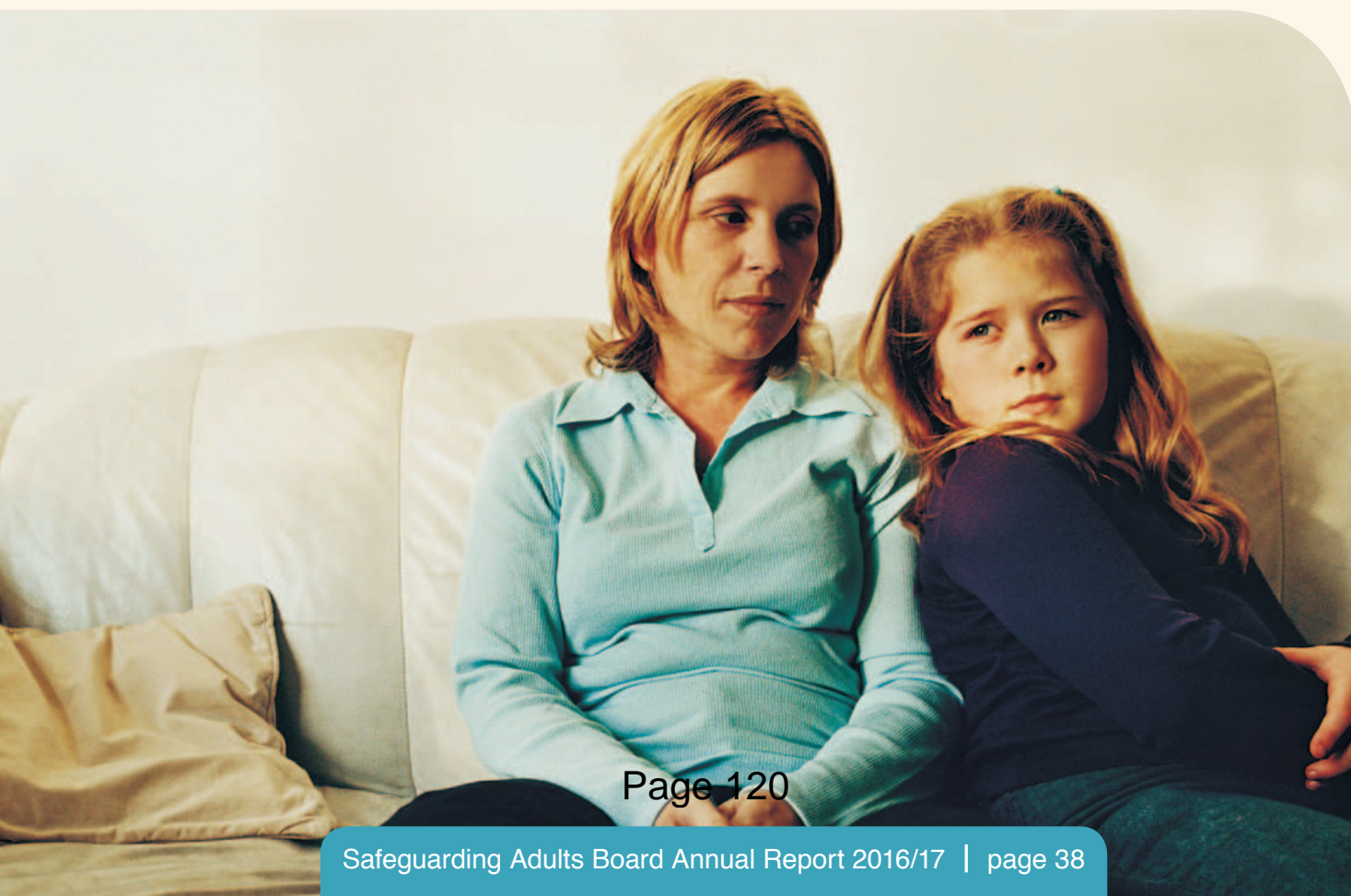
Abuse is a violation of an individual's human or civil rights by any other person or persons. It can take many forms as presented in the chart below and includes behaviour that deliberately or unknowingly causes harm or endangers life or rights. Domestic violence, harassment or hate crime are all forms of abuse.

One enquiry can include multiple types of abuse, location or source of risk.

For 2016/17 enquiries, there were 1,079 types of abuse. Of these, the most common type was neglect and acts of omission, which accounted for 31% (332) of risks, followed by physical abuse with 22% (238). These figures are similar to 2015/16 data.



Neglect	332
Physical	238
Psychological	199
Financial	189
Organisational	60
Sexual	47
Discrimination	14

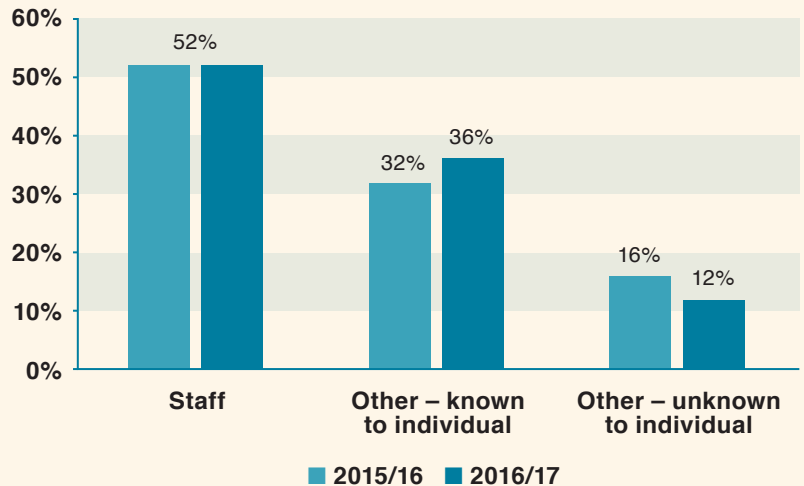


## Source of harm

Source of harm is an individual who is alleged to have caused or knowingly allowed the mistreatment of an adult at risk. For 2016/17 enquiries, the social care support category (staff) accounted for 52% (372) of the enquiries. Those known to the adult at risk, i.e.: family members and friends/neighbours were the source of harm in 36% (259) of enquires.

Nationally, in previous years, the trend was reversed, with more family member/friends being report as the source of harm. In the Bradford District, the focus of safeguarding adults work has been mainly on care providers and staff. In 2017/18 specific plans will be in place to raise awareness of safeguarding adults among general population and service user groups. In time this should lead to an increase of enquiries regarding family/friends source of harm.

Source of risk

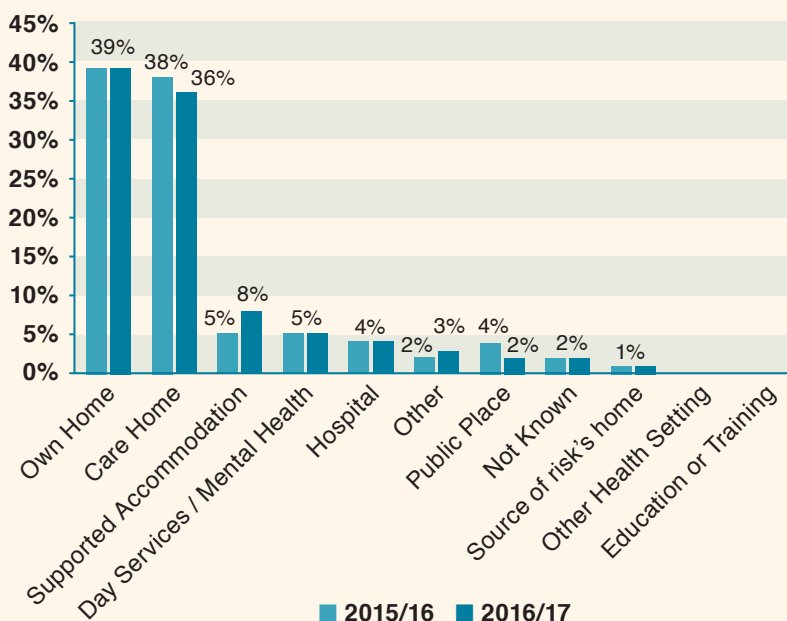


Social Care support	372
Other – known to individual	259
Other unknown to individual	89
<b>Grand Total</b>	<b>720</b>

## Abuse location

The location of alleged abuse was most frequently the home of the adult at risk 39% (276) or in a care home 35% (253). This follows the national trend from previous years.

Location



Own Home	276
Care Home	253
Supported Accommodation	58
Day Services/Mental Health Inpatient Setting	37
Hospital	27
Other	19
Public Place	17
Not Known	11
Source of risk's home	7
Other Health Setting (include Hospice)	3
Education or Training or Workplace Establishment	3
Day Centre or Service	3
<b>Grand Total</b>	<b>714</b>

## Enquiry conclusions

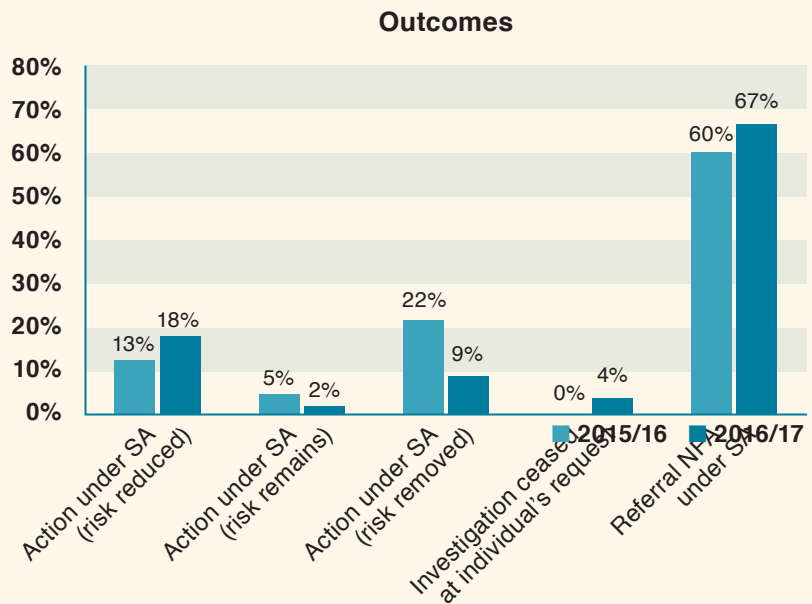
Following a safeguarding enquiry a decision is taken regarding whether actions need to be taken as a result.

In 2016/17 no further action was taken other than the safeguarding enquiry for 67% (361) of enquiries. In those cases all the necessary steps to safeguard an adult at risk had been taken and risk was being managed effectively. As a result processes other than safeguarding were deemed more appropriate as a way forward. Hence, further involvement of the Safeguarding Adults Team was deemed unnecessary following the conclusion of the Strategy stage.

In the remaining 29% (161) specific protection plans were agreed in order to manage, reduce or eliminate the risk. For cases where further action was taken, the risk was reduced for 18% (99) of enquiries. For the remaining cases where further action was taken, the risk was completely removed in 9% (50) of cases. The proportion of enquiries where the risk remained was 2% (12).

4% (21) of enquiries ended at the adult at risk's request.

Outcomes of all (older and current) enquiries closed in 2016/17	
Action Under Safeguarding - Risk Reduced	99
Action Under Safeguarding - Risk Removed	50
Investigation ceased at individual's request	21
Action Under Safeguarding - Risk Remains	12
Referral but No Further Action Under Safeguarding	361
<b>Grand Total</b>	<b>543</b>







The wording in this publication can be made available in other formats such as large print and Braille. Please call 01274 431077.

Built Environment	Root Causes	Proposed Actions			
	Easy to access cheap unhealthy food – supermarkets	Work with shopping centres/supermarkets to provide environmental cues to encourage healthy eating Inform shoppers on the available healthier food and beverage options via displays and/or advertising.	HEALTHY BRADFORD CHARTER		
		Engage shops to offer promotions on healthier products and/or services, and feature these promotions in advertising and publicity materials.	HEALTHY BRADFORD CHARTER		
	Easy to access cheap unhealthy food – takeaways, shops, cafes	Ascertain additional influence to deter A5 planning applications (Takeaways) and local levers which could help limit the number of successful applications	PLACE		
		More drinking fountains and taps for people to fill up water bottles in shopping centres, cafes	CHARTER	PLACE	
	Parenting- 'safer to keep kids indoors'				
	Safety of outdoor play parks/ roads	Closing streets at certain times to allow children to play outside safely	PLACE		
		Ensure parks and green spaces are well lit, clean and safe places to play	PLACE		
	Perception of danger in outdoors play/ active travel				
	Access to places to be active	Access to school playgrounds out of school hours and pre-schoolers in playgrounds at beginning and end of school day	HEALTHY BRADFORD CHARTER	INTERGRATED WELLBEING SERVICE	
	Easier to be inactive (eg lifts, online shopping)	Introduce a congestion charge for a traffic free zone to encourage walking	PLACE		
	Car centric city infrastructure-travel options	School to provide walking buses/ park and walk schemes to encourage parents to park further away	PLACE	HEALTHY BRADFORD CHARTER	
		Park and 'ride' for school drop off- no car allowed- school exclusion zone walk, cycle only at key times.	PLACE		
	Lack of places to play	Positive healthy messages in green spaces instead of 'no ball games' could be suggestion of activities 'why don't you....'	HEALTHY BRADFORD MOVEMENT		
	Byelaws				
	Cleanliness of parks/ outdoors	Staffed/Community mentors to provide activities in parks/green spaces-not necessarily a fee and might be volunteer led	INTERGRATED WELLBEING SERVICE		
	Connectivity of spaces	Assess and improve connectivity of places for enabling active travel	PLACE		
	Lack of investment in infrastructure to be active	Council to provide financial incentives to get businesses to be healthier for their staff and customers	HEALTHY BRADFORD CHARTER		
	Planning decisions- housing/ infrastructure	Assess ability to influence advertising boards in the district to promote only healthy products	PLACE		
	Old/historic built environment	Put medical centres in places that encourage healthy and active lifestyles or vice versa so not viewed as separate.	PLACE		
Social media lifestyles					
Design of housing, gardens, driveways and more flats	Encourage healthy whole building design – eg easier to take stairs than lift, healthy food provision layout in supermarkets	PLACE			
Town planning, land value of green space	Understand local healthy food deserts and incentivise retailers to move into these spaces	FOOD PROGRAMME	CHARTER	PLACE	
	Council to offer up and support clearance of unused spaces for being active or growing food. Diversify use of existing places and buildings for healthier activities	PLACE			
Utilities outdoors e.g. toilets/lighting					
Education and Knowledge	Lack of knowledge on nutrition/health	Recruit Health Champions from different backgrounds to promote healthy lifestyles	INTERGRATED WELLBEING SERVICE		
		More awareness of the eatwell guide have the information displayed in food outlets	FOOD PROGRAMME		
		<b>Work with pharmacies:</b> Deliver MECC training Provide change4life resources Support with campaigns Pharmacy action group to help identify what is their area Pharmacies to have scales so people can manage their weight	HEALTHY BRADFORD MOVEMENT		
	Perceptions on cost of healthy food	Assess ability to influence and add to existing fuel poverty work to enable more money for food and cooking.	Public Health Fuel Poverty Work		
		Create a health zone/hub for showcasing key health promotion messages such as physical activity, nutrition, anti-smoking and mental wellbeing, make it interactive	HEALTHY BRADFORD MOVEMENT	INTERGRATED WELLBEING SERVICE	

	<b>Takeaway/restaurant cooking methods</b>	Provide a list of suppliers of healthy ingredients for takeaways/restaurants	HEALTHY BRADFORD CHARTER
		Facilitate a workshop for local retailers to highlight the benefits of providing healthy food/messages and gaining a healthy Bradford award	HEALTHY BRADFORD CHARTER
	<b>Recipe changes to traditional food</b>	All persons in receipt of benefits to automatically receive simple information/ menu plans/ shopping lists for healthy eating on a budget. Also information on food banks.	HEALTHY BRADFORD MOVEMENT
		Use the BIG screen to provide health messages, promotion of health activities and cooking demonstrations	HEALTHY BRADFORD MOVEMENT
	<b>Lack of PE in schools</b>		
	<b>Lack of cooking skills</b>	Ensure all rental properties funded through housing benefits have minimum standards for cooking facilities to enable healthy eating. Prioritise family homes.	PLACE
Annual Healthy Lifestyle Festival with cooking demonstrations and exercise taster sessions for adults and children		HEALTHY BRADFORD MOVEMENT	
<b>Social and Cultural Norms/Modern Family Life/Population Wellbeing</b>	<b>Normal to be overweight</b>	Provide all Bradford residents access to online weight management with self monitoring via an app and rewards for weight loss	INTERGRATED WELLBEING SERVICE
	<b>Drinking culture</b>		
	<b>Family mealtimes less common</b>		
	<b>Change in tastes, used to unhealthy food</b>		
	<b>Snacking</b>		
	<b>Big portions</b>		
	<b>Unhealthy food is convenient</b>		
	<b>Social eating</b>		
	<b>Cultural religious preferences for food</b>		
	<b>Demand for unhealthy food</b>	Food coops to be set up in areas of high deprivation. Look at stocking from supermarkets Best Before foods that would be thrown out and fruit & veg free from St James market	FOOD PROGRAMME
<b>Food as a 'treat'</b>			

Page 127	<b>Peer pressure/ eating norms</b>	Provide free school meals for all primary school children	TBC Viability	
	<b>Eating disorders</b>			
	<b>Social isolation</b>			
	<b>Stress levels- overeating</b>	Provide FOC venues in the city centre for exercise tutors to deliver lunch time sessions and charge a small fee to cover tutor	HEALTHY BRADFORD MOVEMENT	PLACE
	<b>Less active jobs/ labour work</b>	Health messages promoted on transport (e.g. on buses get off one stop earlier and walk)	HEALTHY BRADFORD MOVEMENT	
	<b>More screen time</b>	Create a 'Bradford Step Challenge' and give rewards (shopping vouchers) to those reaching 10,000 per day for a month	HEALTHY BRADFORD MOVEMENT	
	<b>Social norms/ cultural views on being active</b>	Recruit Health Champions from different backgrounds to promote healthy lifestyles	INTERGRATED WELLBEING SERVICE	
		Shopping Centres to run open exercise sessions at lunch time.	HEALTHY BRADFORD MOVEMENT	PLACE
	<b>Interest in physical activity/ sport</b>	Flexible working hours to allow staff to engage in PA eg walk to work, go to gym	HEALTHY BRADFORD CHARTER	
	<b>Social media lifestyles</b>			
	<b>Faith/ religious obligations</b>			
	<b>Time for parents/ adults to play</b>			
	<b>Working patterns - shifts/ long hours</b>	Companies to allow staff to hold walking meetings and/or provide standing desks	HEALTHY BRADFORD CHARTER	
	<b>Working parents/ less homemakers</b>	Businesses to apply for a Health Award for those who show a proficiency in relation to employee health, the Health Award logo could be used on all company stationary	HEALTHY BRADFORD CHARTER	
<b>Socioeconomic/Market Forces/Media</b>	<b>Food businesses push sales</b>	Restaurants to provide jugs of tap water as standard without being asked	HEALTHY BRADFORD CHARTER	
	<b>Demand for cheap food</b>			
	<b>Media influences on choices/ marketing</b>	Create a Healthy Bradford brand that could be used to 'rubber stamp' any health initiatives	HEALTHY BRADFORD MOVEMENT	
	<b>Choice of food available- shops/ schools</b>	Remove unhealthy vending machines from leisure facilities	HEALTHY BRADFORD CHARTER	INTERGRATED WELLBEING SERVICE
	<b>Fuel poverty</b>			
	<b>Facilities to cook</b>	Ensure all rented properties and B&B provide a minimum of cooker (hob & oven) and fridge	PLACE	
	<b>Demand for unhealthy food</b>	Restaurants/takeaways to provide healthy options in return for promotion of health food availability	HEALTHY BRADFORD CHARTER	HEALTHY BRADFORD MOVEMENT
	<b>Market competition on portion size</b>			
	<b>Takeaway/restaurant cooking methods</b>			
	<b>Roles models healthy diet/cooking</b>			

	Less active jobs/ labour work		
	Cost of exercise	Provide environmental cues to encourage physical activity eg messages on steps	HEALTHY BRADFORD MOVEMENT
		Provide all adults with a passport to leisure card.	HEALTHY BRADFORD MOVEMENT
	Budget cuts/austerity	Use social media to promote healthy eateries and give out health messages	HEALTHY BRADFORD MOVEMENT
	Lack of investment in infrastructure to be active		
	Politics to change things		
Town planning, land value of green space			