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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 7 September 2017 at 4.30 pm in Committee Room 1 - City Hall, Bradford

Members of the Committee – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT AND INDEPENDENT
Gibbons **Rickard**	**Greenwood** **A Ahmed** **Akhtar** **Johnson** **Shabbir**	**N Pollard**

Alternates:

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT AND INDEPENDENT
Barker **Poulsen**	**Berry** **S Hussain** **T Hussain** **H Khan**	**Griffiths**

NON VOTING CO-OPTED MEMBERS

Susan Crowe	Strategic Disability Partnership
Trevor Ramsay	Strategic Disability Partnership
G Sam Samociuk	Former Mental Health Nursing Lecturer
Jenny Scott	Older People's Partnership

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: **To:**

Parveen Akhtar
City Solicitor
Agenda Contact: Palbinder Sandhu/Claire Tomenson
Phone: 01274 432269/432457
E-Mail:

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

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

2. DISCLOSURES OF INTEREST

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

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

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

Notes:

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

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

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

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

3. MINUTES

Recommended –

That the minutes of the meeting held on 23 March 2017 be signed as a correct record (previously circulated).

(Palbinder Sandhu – 01274 432269)

4. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

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

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

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

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

(Palbinder Sandhu - 01274 432269)

5. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

Any referrals that have been made to this Committee up to and including the date of publication of this agenda will be reported at the meeting.

B. OVERVIEW AND SCRUTINY ACTIVITIES

6. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2017/18 — 1 - 18

The City Solicitor will present a report (**Document "B"**) which details the draft work programme 2017/18 for adoption by the Committee.

Recommended -

(1) That the Committee notes the information in Appendices 1, 2 and 3 and that Appendices 1 and 2, along with any amendments or additions are adopted as the Committee's Work Programme 2017/18.

(2) That the Work Programme 2017/18 continues to be regularly reviewed during the year.

(Caroline Coombes – 01274 432313)

7. JOINT HEALTH AND WELLBEING STRATEGY 2017 - 2022 — 19 - 36

The Strategic Director, Health and Wellbeing will present **Document "C"** which describes the background to the development of a Joint Health and Wellbeing Strategy 2017-2022 and provides a draft strategy for review and comment.

It is requested:

(**1) That Members provide verbal feedback on the draft Joint Health and Wellbeing Strategy; and**
(2) That a timescale for written feedback is agreed at the meeting, if Members so wish.

(Sarah Muckle – 01274 432805)

8. PUBLIC HEALTH OUTCOMES FRAMEWORK 37 - 134

Previous reference: Minute 72 (2014/2015) and Minute 19 (2016/17)

The Strategic Director, Health and Wellbeing will submit a report (**Document "D"**) that provides an overview of local performance based on the Public Health Outcomes Framework, giving particular emphasis to:

a) indicators which show Bradford compares unfavourably, or has had a recent history of comparing unfavourably, with the Yorkshire and Humber region, and/or England as whole; and
b) indicators which have been the subject of other Public Health reports presented to the Health and Social Care Overview and Scrutiny Committee.

The report is a follow up to the document presented at Health and Social Care Overview and Scrutiny Committee on 28 July 2016.

Recommended -

That the Committee acknowledges the content of the report and seeks a further performance report on Public Health Outcomes Framework indicators in 2018.

(Jonnie Dance – 01274 432333)

9. INDEPENDENT ADVOCACY SERVICE PROCUREMENT 135 - 140

In line with Council Standing Order 4.7.1 all contracts with an estimated value of over £2m must be reported to the relevant Overview and Scrutiny Committee before inviting tenders. This report details the above requirement.

The report (**Document "E"**) of the Strategic Director, Health and Wellbeing sets out the Independent Advocacy Service commissioning project being undertaken. This activity is in line with the Department's procurement plan and the Department's Transformation Programme work. This is a collaborative project with the Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG), Bradford City CCG and

Bradford Districts CCG.

Recommended –

That the report be noted.

(Alex Lorrison/ Kerry James – 01274 435064/ 01274 432576)

10. SAFEGUARDING ADULTS AT RISK OF ABUSE 141 - 148

The Strategic Director, Health and Wellbeing will present **Document "F"** which provides Committee Members with details of Bradford Council's Health and Well Being Department's performance in relation to the Protection of Adults at Risk from abuse for the year 2016/17. In addition, the report provides a current summary of activity and ongoing development.

That the Committee consider the report and any resolutions it may wish to make.

(Rob Mitchell – 01274 435124)

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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the City Solicitor to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 7 September 2017

B

Subject: Health and Social Care Overview and Scrutiny Committee Draft Work Programme 2017/18

Summary statement:
This report presents a draft work programme 2017/18 for adoption by the Committee

Parveen Akhtar
City Solicitor

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

Portfolio:

Health and Wellbeing

1. Summary

1.1 This report presents a draft work programme 2017/18 for adoption by the Committee.

2. Background

2.1 Each Overview and Scrutiny Committee is required by the Constitution of the Council to prepare a work programme (Part 3E – Overview and Scrutiny Procedure Rules, Para 1.1).

3. Report issues

3.1 **Appendices 1 and 2** of this report present a draft work programme 2017/18. They list issues and topics that have been identified for inclusion in the work programme and have been scheduled for consideration over coming year.

3.2. Best practice published by the Centre for Public Scrutiny suggests that 'work programming should be a continuous process'[1]. It is important to regularly review work programmes so that important or urgent issues that come up during the year are able to be scrutinised. In addition, at a time of limited resources, it should also be possible to remove projects which have become less relevant or timely. For this reason, it is proposed that the Committee's work programme be regularly reviewed by Members throughout the municipal year.

3.3 **Appendix 3** of this report tracks the outcomes of the Committee's recommendations for 2016/17.

4. Options

4.1 Members may wish to amend and / or comment on the draft work programme at **Appendices 1 and 2**. Members may also wish to comment on the outcomes of the Committee's recommendations for 2016/17 at **Appendix 3**.

5. Contribution to corporate priorities

5.1 The Health and Social Care Overview and Scrutiny Committee Work Programme 2017/18 reflects the ambition of the District Plan for 'all of our population to be healthy, well and able to live independently for a long as possible' (District Plan: Better health, better lives).

6. Recommendations

6.1 That the Committee notes the information in **Appendices 1, 2 and 3** and that **Appendices 1 and 2**, along with any amendments or additions is adopted as the Committee's Work Programme 2017/18.

[1] Hammond, E. (2011) *A cunning plan?* p. 8, London: Centre for Public Scrutiny

6.2 That the Work Programme 2017/18 continues to be regularly reviewed during the year.

7. **Background documents**

None

8. **Not for publication documents**

None

9. **Appendices**

9.1 **Appendix 1** – Draft Health and Social Care Overview and Scrutiny Committee work programme 2017/18
9.2 **Appendix 2** – Unscheduled items for inclusion in Committee's work programme 2017/18
9.3 **Appendix 3** - Outcomes of the Health and Social Care Overview and Scrutiny Committee's recommendations - 2016/17

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Democratic Services - Overview and Scrutiny Appendix 1

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda	Description	Report	Comments
Thursday, 5th October 2017 at City Hall, Bradford			
Chair's briefing 19/09/2017. Report deadline 22/09/2017			
1) Clinical Commissioning Groups' Annual Update	Annual performance update	CCGs	resolution of 6 October 2016
2) Adult and Community Services Annual Performance Report 2016/17	Annual performance report	Bev Maybury	resolution of 6 October 2016
3) NHS Quality, Innovation, Productivity and Prevention (QIPP)	Update report	Bradford City / Bradford Districts CCGs	resolution of 14 July 2017
Thursday, 26th October 2017 at City Hall, Bradford			
Chair's briefing 11/10/2017. Report deadline 13/10/2017			
1) Annual Complaints Report	Annual Report	Irina Arcas	
2) Draft 'Daytime Strategy'	Details TBC	Bev Maybury	resolution of 27 October 2016 (joint meeting with Children's Services OSC)
3) Update on the progress made by Airedale and partners enhanced health in care homes Vanguard	Update	Helen Bourner	resolution of 23 March 2016
4) Dementia	Post diagnosis pathway and update on Dementia Friendly Communities programme	Bev Maybury - Simon Baker	resolution of 26 January 2017
Thursday, 16th November 2017 at City Hall, Bradford			
Chair's briefing 31/10/2017. Report deadline 03/11/2017			
1) Obesity in Bradford	Update from the Healthy Weight Board setting out its identified priorities and information on what is currently known to be working effectively	Alison Moore	resolution of 17 November 2016
2) Domiciliary Care	Look back at issues raised by the Committee as part of its Scrutiny investigation (Jan 2015) and the report of Healthwatch Bradford and District (July 2015)	Bev Maybury	resolution of 21 January 2016

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme 2017/18

Agenda	Description	Report	Comments
Thursday, 16th November 2017 at City Hall, Bradford.			
Chair's briefing 31/10/2017. Report deadline 03/11/2017			
3) Diabetes	Report to cover all areas of the District and involve patients and voluntary sector	CCGs	
4) Integrated Transitions Service for Young People with Disabilities in Bradford	Update to include benchmarking information and appropriate indicators to demonstrate progress	Bev Maybury	resolution of 27 October 2016 (joint meeting with Children's Services OSC)
Tuesday, 28th November 2017 at City Hall, Bradford – JOINT MEETING WITH CHILDREN'S SERVICES OSC			
Chair's briefing 13/11/2017. Report deadline 16/11/2017			
1) Children's Mental Health	Update	Sasha Bhat	Resolution of Joint meeting with Children's Services OSC 27 Oct 16
2) Autism	TBC	TBC	
3) Young Carers access to health services		Jenny Cryer	
Thursday, 7th December 2017 at City Hall, Bradford			
Chair's briefing 21/11/2017. Report deadline 24/11/2017			
1) NHS Screening and Immunisation Programmes	24 month update	West Yorkshire Screening and Immunisation Team	resolution of 10 December 2015
2) Workforce issues	Committee to consider a report on workforce issues across the health and care sector	Council / NHS	ref Committee minutes 9 June 2016
Thursday, 25th January 2018 at City Hall, Bradford.			
Chair's briefing 10/01/2018. Report deadline 12/01/2018			
1) Department of Health and Wellbeing Budget and financial outlook	Annual report	Bev Maybury	
2) Smoking cessation	Report on smoking cessation activity in the District (to include update on lung cancer)	Public Health / NHS	resolution of 6 April 2017

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda	Description	Report	Comments
Thursday, 8th February 2018 at City Hall, Bradford.			
Chair's briefing 24/01/2018. Report deadline 26/01/2018			
1) Access to primary medical (GP) services in Bradford	Update	Vicki Wallace	resolution of 9 February 2017
2) Access to primary medical (GP) services in Airedale Wharfedale and Craven	Update	Lynne Scrutton	resolution of 9 February 2017
3) Enhanced primary care	To include details of the consultation undertaken with service users	Vicki Wallace	resolution of 9 February 2017
Thursday, 1st March 2018 at City Hall, Bradford.			
Chair's briefing 14/02/2018. Report deadline 16/02/2018			
1) Mental health services in Bradford District	Item to include people with a lived experience of mental health services and voluntary sector representatives	CCGs / BDCFT / Council	resolution of 2 March 2017
Thursday, 22nd March 2018 at City Hall, Bradford.			
Chair's briefing 07/03/2018. Report deadline 09/03/2018			
1) Care Quality Commission	Annual update on inspection activity in Bradford District	Sarah Drew	resolution of 23 March 2017
Thursday, 12th April 2018 at City Hall, Bradford.			
Chair's briefing 26/03/2018. Report deadline 30/03/2018			
1) Respiratory health in Bradford District	Update - clinical lead and services users to be invited	Toni Williams	resolution of 5 April 2017
2) Infant mortality	Update on progress report	Shirley Brierley	last considered by Committee April 2016

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Democratic Services - Overview and Scrutiny
Scrutiny Committees Forward Plan
Unscheduled Items

Health and Social Care O&S Committee

	Agenda item	Item description	Author	Management comments
0	Outcome of Consultation on the Proposed Change to Bradford Council's Contributions Policy for nonresidential Services	resolution of 8 September 2016 - update report	Bev Maybury	
0	Update on CQC inspections Hospitals in Bradford District	ref meeting of the Committee 23 March 2017	NHS Hospital Trusts in Bradford District	
0	Primary Care Services in Keighley		Lynne Scrutton	
0	Stroke Services update		CCGs / BTHFT	
0	Consideration of ways to improve consultation with vulnerable groups	resolution of 8 September 2016 - update report	TBC	
0	Health and Wellbeing Board Annual Report 2017-18 and draft MoU with HSCOSC	Update to include information on progress towards delivery of a whole systems approach to health, social care and wellbeing	Contact: Angela Hutton	

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Democratic Services - Overview and Scrutiny

Report of All Outcomes for Health and Social Care OS Committee - 2016/17

	Agenda item		Resolution	Outcome
Meeting date: Thursday, 9th June 2016 in City Hall, Bradford				
1	Co-option of members to the Health and Social Care Overview and Scrutiny Committee	1	Recommended to Council that non-voting co-opted representatives for 2016 17 be confirmed	Confirmed by Council 12 July 2016
2	Health and Social Care Overview and Scrutiny Committee Work programme 2016/17	1	That a draft work programme be presented to the next meeting of the Committee for adoption	Work programme adopted on 14 July 2016
Meeting date: Thursday, 14th July 2016 in City Hall, Bradford				
1	Health & Social Care Overview and Scrutiny Committee Work Programme 2016/17	1	Work programme adopted	N/A
2	NHS Quality, Innovation, Productivity and Prevention (QIPP)	1	That the Committee notes the report and acknowledges the comments made in relation to the progress of the Quality, Innovation and Prevention (QIPP) programme	N/A
		2	That a further report on the QIPP programme be submitted in 12 months.	To be added to 2017 18 work programme
		3	That the issues raised in respect of pharmacies and self-care be added to the Committee's Work Programme 2016/17	Information on pharmacies included on 9 Feb 2017 agenda - GP access reports. See 9 Feb 2017 resolutions
Meeting date: Thursday, 28th July 2016 in City Hall, Bradford				
1	Referral: Petitions in support of the use of 'A' boards in Saltaire and Ilkley	1	That consideration of the issues raised by the petitions be added to the Committee's work programme.	The issues were considered at the Committee's meeting of 8 December 2016
2	Chaplaincy services	1	That the Chair meet with officers from Bradford District Care Foundation Trust by the end of September 2016	The Chair met informally with officers and interested parties on 2 December 2016. It was reported at the meeting that a service level agreement (SLA) had been entered into with Airedale Foundation Trust Hospital. It was agreed that any party could contact the Chair with any concerns in the future at which time consideration would be given to requesting further information or a report.
		2	That the Chair determines, in consultation with the Committee, whether a further report is required	The Chair determined in consultation with the Committee that no further report was currently required (8 December 2016).
3	Public Health Outcomes Framework (PHOF) Performance Report	1	That a further performance report on Public Health Outcomes Framework indicators be submitted in 12 months' time	Added to draft 2017/18 work programme
4	Health and Wellbeing Board Annual Report 2015-16	1	That the Committee notes that the Bradford and Airedale Health and Wellbeing Board is the statutory partnership with leadership responsibility for health and wellbeing across the local health and care economy	N/A

Report of All Outcomes for Health and Social Care OS Committee - 2016/17 (continued)

	Agenda item		Resolution	Outcome
4	Health and Wellbeing Board Annual Report 2015-16	2	That the Committee continues to receive annual reports of the Bradford and Airedale Health and Wellbeing Board in June or July of each municipal year	Added to draft 2017/18 work programme
		3	That future annual reports include updates on progress towards the delivery of a whole system approach to health, social care and wellbeing for the District as set out in paragraph 3.2 of the report	TBC
Meeting date: Thursday, 1st September 2016 in City Hall, Bradford				
1	Petitions in support of 'A' boards in Saltaire and Ilkley	1	That the petitioners and other members of the public who have given their views be thanked for attending the meeting.	N/A
		2	That the points raised by the petitioners and other members of the public be noted and be taken into account during the preparation of the report on the trial that will be considered by the Committee at its meeting of 8 December 2016.	See Document "U" presented to the Committee on 8 December 2016
Meeting date: Thursday, 8th September 2016 in City Hall, Bradford				
1	Report from Healthwatch re. Consultation on changes to adult social care contributions policy	1	That the concerns and case studies highlighted in Document "G" be noted.	N/A
2	Outcome Of Consultation On The Proposed Change To Bradford Council's Contributions Policy For nonresidential Services	1	That consideration be given by the Executive to a more incremental approach to the introduction of the Standard Assessment process.	Referred to 20 September 16 Executive where it was resolved: 'That Option 2 detailed in Document "S" be approved which will include an Appeals process where consideration will be given to transitional arrangements for those most adversely affected'
		2	That, on the assumption that the changes to the Contributions Policy be approved by the Executive, an update report be submitted to the Committee in six months and to include consideration of ways to improve consultation with vulnerable groups	Added to Committee's work programme and scheduled for 6 April 2017 agenda. Postponed
3	0-5 Health Visiting and Family Nurse Partnership (FNP) Service Review	1	That the reports (Document "I" and "J") be commended and officers thanked.	N/A
		2	That the development of the proposed Health Visiting and Family Nurse Partnership and the School Nursing service models be supported.	N/A
		3	That the issue of children's health services be added to the Committee's 2017/18 work programme	Added to 2017/18 draft work programme
4	Joint School Nursing Service Review	1	That the reports (Document "I" and "J") be commended and officers thanked.	N/A

Report of All Outcomes for Health and Social Care OS Committee - 2016/17 (continued)

	Agenda item		Resolution	Outcome
4	Joint School Nursing Service Review	2	That the development of the proposed Health Visiting and Family Nurse Partnership and the School Nursing service models be supported.	N/A
		3	That the issue of children's health services be added to the Committee's 2017/18 work programme	Added to the Committee's draft 2017/18 work programme
5	West Yorkshire Joint Health Overview And Scrutiny Committee	1	That Councillor Greenwood and Councillor Gibbons be nominated to sit on the West Yorkshire Joint Health Overview and Scrutiny Committee	N/A
Meeting date: Thursday, 6th October 2016 in City Hall, Bradford				
1	Access to NHS Dentistry in Bradford District	1	That the problem of lack of access to NHS dentists in the District, as highlighted by Healthwatch's survey, be noted.	N/A
		2	That Healthwatch Bradford and District be thanked for the information provided in their report	N/A
2	NHS England Dental Commissioning Update 2016/17	1	That the Committee expresses its disappointment that no action has been taken by NHS England on progressing the pilot scheme in Bradford as put forward by the NHS Task and Finish Group	N/A
		2	That the Committee's Members of the West Yorkshire Joint Health Overview and Scrutiny Committee raise the issue of access to NHS Dentistry to be considered on a sub-regional level	A terms of reference for this scrutiny was agreed by the West Yorkshire Joint HOSC on 23 January 2017. The sub-regional scrutiny will take place on 24 March 2017
3	NHS Bradford City CCG And NHS Bradford Districts CCG Draft Primary Medical Care Commissioning Strategy	1	That the report be noted	N/A
4	Clinical Commissioning Groups' Annual Update	1	That the report be noted and a further update be provided in 12 months	Item added to draft 2017/18 work programme
5	Adult and Community Services Annual Performance Report 2015/16	1	That the report be noted and a further update be provided in 12 months	Item added to draft 2017/18 work programme
Meeting date: Thursday, 27th October 2016 in City Hall, Bradford				
1	Children's Mental Health	1	That the young people be thanked for their attendance and the contribution that they made to the meeting	N/A
		2	That the development of services in line with the Future in Mind Local Implementation Plan aligned with priorities within the Journey to Excellence, Integrated Early Years Strategy and the Early Help approach for children 0 -19 years be supported	N/A

Report of All Outcomes for Health and Social Care OS Committee - 2016/17 (continued)

	Agenda item		Resolution	Outcome
1	Children's Mental Health	3	That a sub-committee, which maintains the Council's political proportionality, be convened from Members of the Health and Social Care and Children's Services Overview and Scrutiny Committees in order to receive a response to the young people's 'Help Today's Youth to Help Tomorrows Bradford' document for discussion at a meeting within four months	Sub-group has been formed and will meet on 27 March 2017
		4	That the 'Future in Mind' document be produced in an easy read format	
2	Development Of An Integrated Transitions Service For Young People With Disabilities In Bradford	1	That the progress made, and moves towards cultural change as part of the development of an integrated transition service for young people, be welcomed.	N/A
		2	That a report on the draft Daytime Strategy be presented to the Health and Social Care Overview and Scrutiny Committee by the end of the 2016/17 Municipal year	Report to be scheduled
		3	That a further report on the integrated transition service for young people be presented to the Health and Social Care Overview and Scrutiny Committee in 12 months, to include benchmarking information and appropriate indicators to demonstrate progress	Item added to the draft 2017/18 work programme
Meeting date: Thursday, 17th November 2016 in City Hall, Bradford				
1	Obesity in Bradford	1	That efforts to impact on this issue on a wider scale be supported.	N/A
		2	That a further report be submitted during the 2017/18 municipal year from the Healthy Weight Board setting out its identified priorities and information on what is currently known to be working effectively	Issue to be added to the draft 2017/18 work programme
2	Learning Disabilities Transforming Care Plan	1	That members support the proposals within the Bradford, Airedale, Wharfedale and Craven Learning Disabilities Transforming Care Plan	N/A
3	Airedale NHS Foundation Trust Response To Care Quality Commission Inspection	1	That the Improvement Plan and the on-going monitoring to achieve improved compliance, which has been achieved within a short timescale, be noted and commended	N/A

Report of All Outcomes for Health and Social Care OS Committee - 2016/17 (continued)

	Agenda item		Resolution	Outcome
Meeting date: Thursday, 8th December 2016 in City Hall, Bradford				
1	Review Of The 12 Month Trial Ban Of Pavement Obstructions	1	That the Committee recommend to Executive that: a) Following completion of the trial ban of advertising boards Executive approve the formalisation of the ban across all clearly defined urban centres of the district. b) That opportunities for additional signposting in the District, including, for example the Instaplanta scheme, and possible measures to deal with other pavement obstructions be investigated by officers in conjunction with local businesses including those affected by the loss of advertising boards. c) A further approach is made to all businesses within the trial zones to seek information in relation to the impact of the ban on trading levels prior to Executive's consideration of the ultimate approach.	Executive decision on forward plan 7 March 2017
		2	That the Strategic Director, Regeneration contact the lead petitioners for the three petitions related to the trial ban to advise them of this Committee's recommendation to Executive	
Meeting date: Thursday, 26th January 2017 in City Hall, Bradford				
1	Referral to the Committee: Risk Management Update 2016	1	That the referral be noted	TBC
2	HIV	1	That service providers and service users be thanked for attending the meeting	N/A
		2	That further updates be provided through the Chair	Information on diagnosis also included in PHOF annual performance reports
3	Post Diagnosis Support For People With Dementia	1	That a further update report be provided in October 2017 which includes details of the post diagnosis pathway and an update on progress with the Dementia Friendly Communities programme	Added to draft 2017/18 work programme
4	Budget and financial outlook	1	That the Vision for the Department of Health and Wellbeing be presented to this Committee prior to its submission to the Executive.	Presented at Committee's meeting of 2 March 17
Meeting date: Thursday, 9th February 2017 in City Hall, Bradford				
1	Daisy Hill Intensive Therapy Centre (DHITC)	1	That the report be noted	N/A
4	Access to primary medical (GP) services in Bradford	1	That a further report be submitted to the Committee in 12 months	Added to draft 2017/18 work programme

Report of All Outcomes for Health and Social Care OS Committee - 2016/17 (continued)

	Agenda item		Resolution	Outcome
2	Hillside Bridge Health Centre	1	That a report on the delivery of 'enhanced primary care' that includes details of the consultation process undertaken with service users be submitted to the Committee in 12 months	Added to draft 2017/18 work programme
3	Access to primary medical (GP) services in Airedale, Wharfedale and Craven	1	That a further report be submitted to the Committee in 12 months, with the proviso that any major issues that arise prior to then be reported as and when necessary	Added to draft 2017/18 work programme
Meeting date: Thursday, 2nd March 2017 in City Hall, Bradford				
1	Implementation Plan For The Mental Wellbeing In Bradford District And Craven: A Strategy 2016 - 2021	1	That the information on waiting times, as requested by Members, be provided through the Chair	Still awaiting information
		2	That a session be arranged for Members on the further development of the delivery plan	TBC
		3	That an item on mental health be added to the Committee's 2017-18 work programme and people with a lived experience of mental health services and voluntary sector representatives be invited to attend.	Added to 2017-18 draft work programme
2	Community mental health services	1	That the reported position for Community Mental Health Services including the developments outlined in Document "AE" be noted	N/A
3	Home First - Vision For Wellbeing	1	That the progress made towards the development of the new Home First Vision and the new operating model for the Department of Health and Wellbeing be welcomed	N/A
4	Accessible Information Standard	1	That details of the corporate lead be confirmed to the Chair as soon as possible	Still awaiting information
		2	That progress be monitored as part of the Adult Services annual performance report	Adult Services permformance report due Sept / Oct 2017
Meeting date: Thursday, 23rd March 2017 in City Hall, Bradford				
1	Care Quality Commission	1	That a further update report be presented to the Committee in 12 months	Added to 2017/18 work programme
2	Call-in: Pavement Obstructions	1	That the decision of the Executive be referred to full Council for consideration.	Considered at full Council meeting of 18 July 2017. Council resolved to implement a full ban and report on implementation to HSCOSC in 12 months. To be added to 2018/19 work programme

Report of All Outcomes for Health and Social Care OS Committee - 2016/17 (continued)

	Agenda item		Resolution	Outcome
Meeting date: Thursday, 6th April 2017 in City Hall, Bradford				
1	Respiratory Health in Bradford and Airedale	1	That an update report be submitted in 12 months and the recently appointed clinical lead and service users be invited to the meeting.	
		2	That a report on smoking cessation be presented to a future meeting.	
2	Bradford District Suicide Prevention Plan 2017 - 2021	1	That further work on data collection to identify suicide attempts seen in Accident and Emergency Departments and by psychiatric liaison be undertaken	
		2	That the risk of suicide in relation to prison leavers be raised with partners at a Regional level	

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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Director of Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 7 September 2017

C

Subject:

Joint Health and Wellbeing Strategy 2017-2022

Summary statement:

This paper describes the background to the development of a Joint Health and Wellbeing Strategy 2017-2022 and provides a draft strategy for review and comment.

Bev Maybury
Strategic Director – Health and Wellbeing

Report Contact: Sarah Muckle
Phone: (01274) 432805
E-mail: sarah.muckle@bradford.gov.uk

Portfolio:

Health and Wellbeing

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

This paper describes the background to the development of a draft Joint Health and Wellbeing Strategy 2017-2022. The draft Strategy is provided as an appendix for the Committee to review and to provide feedback to be taken into consideration in development of a final draft.

2. BACKGROUND

The purpose of a Joint Health and Wellbeing Strategy is to improve health and wellbeing, reduce health inequalities between people and to provide a shared, public agreement about the focus and direction of the Health and Wellbeing Board. Through the Board members this shared agreement extends across the key organisations of the health and wellbeing sector.

A number of Health and Wellbeing Board development meetings in late 2016 and early 2017 were used to discuss and shape a new draft Strategy for 2017-2022.

The development of a West Yorkshire and Harrogate Sustainability and Transformation Plan (STP) throughout 2016 meant that health and wellbeing data from the Joint Strategic Needs Assessment and other sources such as the Public Health Outcomes data had recently been re-examined in detail, to identify the main health and wellbeing needs, and main drivers of health inequality in the District.

These were identified as the major causes of poor health and wellbeing, preventable disease and early death in the District (cancer, respiratory disease, cardiovascular disease, poor mental wellbeing, Type 2 Diabetes and obesity) and some of the key ways to address them – through a strong focus on maternal and child health, a drive to help people to live and age well and addressing wider social, economic and environmental factors.

At the same time the Better health, Better lives priority of the District Plan was being shaped through extensive engagement with stakeholders, followed by public consultation.

Given this recent work the Board agreed that the major health and wellbeing needs and priorities were well-understood and the work to develop the new joint strategy should focus on identifying the priority outcomes that would address the health and wellbeing priorities of both the STP and the District Plan.

3. REPORT ISSUES

The draft strategy proposes four priority outcomes:

- our children have the best possible start in life
- the people of Bradford have good mental wellbeing
- people are living their lives well and are ageing well
- Bradford District is a healthy place to live, learn and work

Each has a short statement of current needs and some suggestions for what success will

look like. The indicators to track success are in development.

Three high-level delivery actions are suggested:

- A health-promoting place to live
- Promoting wellbeing, preventing ill-health
- Getting help earlier and self-care

The proposed delivery actions challenge us all to think in a broader way about health and wellbeing. Rather than focusing on the services that treat us once we are already ill, they ask us to recognise and build on the assets and capabilities of communities and to take greater personal responsibility for our health and wellbeing. They start by harnessing the potential for the place where we live to support and improve health and wellbeing.

These delivery actions will require different ways of thinking and acting, will require a wider commitment to improving health and wellbeing and will need us to consider how best to direct resources in future.

This draft strategy links with and contributes to other key strategies including those that will deliver the other priorities of the District Plan, for example the Children, Young People and Families Plan. These other high-level strategies and plans will in turn contribute to health and wellbeing outcomes. Healthier children will do better in school, and children growing up in secure, well-supported families are likely to have better health and wellbeing. The strategies that address our physical environment can support health and wellbeing through new, better quality homes, better energy efficiency and cleaner, green forms of transport.

The scale of the improvement needed to the District's health and wellbeing is such that the strategy will need the support of many different partnerships and sectors which can also impact on health and wellbeing. The last section of the strategy is a short toolkit to support this approach, it asks people to think through eight guiding principles when planning activities, prioritising resources or when redesigning a service, commissioning a new service, writing or reviewing policy in order to identify opportunities to maximise their contribution to health and wellbeing.

To date the draft has been received at Health and Wellbeing Board with members asked to take the draft to key people in their own organisations, partnerships and governance arrangements, and taken to the Joint Clinical Board of the Bradford Clinical Commissioning Groups and to the Voluntary and Community Sector Health and Wellbeing Forum.

The draft Strategy is provided as an appendix for the Committee to review and to provide feedback and advice which will be taken into consideration in development of a final draft. Please see Appendix 1.

4. FINANCIAL & RESOURCE APPRAISAL

There are no direct financial issues arising from this report. However, the draft Strategy has been developed in the context of current financial plans which address ongoing budget reductions for the Local Authority and other delivery partners and rising demand in the health and wellbeing sector.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The Health and Wellbeing Board has governance of the Joint Health and Wellbeing Strategy, and is responsible for the effective delivery of the Strategy and its impact on health and wellbeing outcomes for the people of the District. In turn the Board is governed by and reports to the Bradford District Partnership as the Strategic delivery partnership responsible for the Better health, Better Lives of the District Plan 2016-2020.

The Board will work to implement the strategy through the responsibilities and influence of its Board members who are senior executives and officers in the council and local NHS organisations, through its influence and work with other sectors and partnerships and through the Board's working groups.

The working groups are:

- the Executive Commissioning Board, comprising the senior officers from the local authority, the Clinical Commissioning Groups (CCGs), NHS England and Public Health England responsible for commissioning to improve health and wellbeing outcomes;
- the Integration and Change Board - chief officers from the local authority, CCGs and local NHS Trusts,
- the Healthy Weight Board which is developing recommendations for promoting healthy lifestyles at a population level to improve wellbeing and reduce preventable illness.

6. LEGAL APPRAISAL

The strategy has a strong focus on improving health and wellbeing outcomes and reducing health inequalities, and will be supported by a delivery plan that will address these aims at a broad, population level. This directly addresses the statutory duties of the Health and Wellbeing Board under the Health and Social Care Act 2012.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

The draft strategy aims to reduce health inequalities which in some instances can disproportionately affect people with protected characteristics under the Equality Act 2010. As such the Strategy aims to make a positive contribution to people with protected characteristics.

7.2 SUSTAINABILITY IMPLICATIONS

The draft strategy will support and build on the work at local and West Yorkshire-Harrogate level to ensure that services become sustainable within the available budget for health and wellbeing by 2020.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

No direct implications.

7.4 COMMUNITY SAFETY IMPLICATIONS

No direct implications.

7.5 HUMAN RIGHTS ACT

No direct implications.

7.6 TRADE UNION

There are no direct Trade Union implications as a result of the Strategy.

7.7 WARD IMPLICATIONS

The proposed approach may have implications for wards. In areas with poorer health and wellbeing and higher levels of health inequalities different approaches may need to be developed to accelerate improvement in health and wellbeing and to reduce health inequalities.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

9.1 That the Members provide verbal feedback on the draft Joint Health and Wellbeing Strategy at the meeting.
9.2 That a timescale for written feedback is agreed at the meeting if Members so wish.

10. RECOMMENDATIONS

That Members' give consideration to option 1 and 2.

11. APPENDICES

Appendix 1 – Draft Joint Health and Wellbeing Strategy 2017-2022

12. BACKGROUND DOCUMENTS

None

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Connecting people and place for better health and wellbeing

A Joint Health and Wellbeing Strategy for Bradford and Airedale 2017-2022

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Foreword

To be added

Context

Bradford District has many strengths – including a proud population that is strongly committed to the District and a varied mix of city, town and village environments to live and work in. We have nationally-celebrated cultural sites and attractions, many parks and beautiful countryside where people can meet up or get out and about. **People who live and work here feel passionate about the place** – believing in it and wanting to see it thrive.

Whilst our District has much to celebrate, we also face a higher than average level of risk factors that damage health and wellbeing:

Bradford District is ranked 11th for overall deprivation in England.

By age 11, 37% of children are overweight or obese.

8% of the adult population are registered as having diabetes, the 10th highest in England

21% of adults smoke

These risks contribute to male and female life expectancy at birth being 2 years below the national average, largely due to preventable illness.

Despite this we know that **the people of Bradford care about their health**. At public meetings in 2016 local people helped to shape the Bradford District Plan, developing five priorities that mattered to them, including 'Better Health, Better Lives'. This Strategy will deliver that priority.

Much of the ill health in the district is due to health conditions such as respiratory disease, heart disease and type 2 diabetes, which are largely preventable. Inspiring a population to make lifestyle changes that will improve health and wellbeing on a large scale can be complex, but it is achievable and together we will get there.

Our health is determined by a wide range of factors from how old we are, the genes we've inherited from our parents and grandparents and how we live our day to day lives, whether we're active, able to access healthy food or have a good network of friends and family that care for us. It is also determined by our housing, our work, our environment, our education or skill level, unemployment and other socio-economic conditions. In fact, availability and access to health services are only a small proportion of what contributes to our health and wellbeing. Before we come to use health services we are often already unwell. All these factors combined are referred to as the wider determinants of health.

Source: Dahlgren, G. and Whitehead, M. (1993) Tackling inequalities in health: what can we learn from what has been tried? Image courtesy of the Kings Fund

In areas where unemployment and low income, social isolation and poor housing quality are worse, we find more people living with ill-health and dying earlier than they should. In Bradford District these wider factors and inequalities contribute to **significant levels of inequality in health and wellbeing.** These wider factors can make it harder at times, for people to look after their health, for example if they are isolated or struggling to meet their basic needs for housing and income. At the heart of this Strategy is to **see health improve fastest in areas where it is poorest,** and we understand that sometimes people need more support to improve their health and wellbeing.

Our Purpose

This joint strategy is designed to shape how the Health and Wellbeing Board, the people of the District and partners work together, and what we focus on between 2017 and 2022. It will:

- Bring us together as partners and public with a shared vision and focus on how we can improve health and wellbeing of local people.
- Identify shared priorities and clear outcomes we can work on together to; improve local wellbeing; reduce inequalities and provide sustainable, quality services.
- Support effective partnership working that delivers improvements in health.
- Provide a framework that will enable us to keep the health of local people at the centre of our decision-making.

The strategy:

- Describes our shared vision for the District
- Sets out the Outcomes that we want to achieve, and will tell us how we are achieving our vision
- Describes how we will deliver the change, through our Priority Actions
- Provides eight Guiding Principles by which we will work
- Provides a toolkit to help us adhere to our Guiding Principles in all that we do

Our Vision and Outcomes

As a place and as a health and wellbeing sector we have come together to establish our shared vision for a healthier Bradford District:

- our children have the best possible start in life
- the people of Bradford have good mental wellbeing
- people are living their lives well and are ageing well
- Bradford District is a healthy place to live, learn and work

Outcome 1: Our children have the best possible start in life

The nature of the place and environment a child grows up in has a significant impact on their wellbeing throughout their childhood, but also significantly, their adult life. Children and young people deserve to have healthy childhoods and the best possible start so that they can fulfil their potential and go into their adult lives in a good state of health and wellbeing. They need stable, loving homes lives, access to healthy and nutritious food, safe places for active play and high-quality education.

What are our needs?

Some aspects of child health are good and improving. Rates of most childhood vaccinations and immunisations are very good. Many more children now start school with good social and emotional skills and ready to learn. The high child injury rate has started to reduce and fewer babies are dying in the first year of life. However there are significant challenges remaining:

- 28% of children and young people live in households that are below the poverty line.
- Children in poorer parts of the District have worse health and wellbeing on average: poorer dental health by age five, more likely to be overweight by age 11.
- Children in more deprived areas are more likely to be injured, to have long-term conditions such as asthma and to be admitted to hospital.

What will success look like:

Children have good health and are ready to learn

Children eat healthily and are active every day

Children have good mental wellbeing

Families thrive and can cope if things go wrong

Child health improves

Child health inequalities reduce

Outcome 2: People have good mental wellbeing

Mental health has historically been under-valued compared to physical health and yet we know, and the evidence tells us, that they are often not separate issues.

- Nearly half of people with a diagnosed mental illness have one or more long-term conditions.
- When people with mental illness have long-term conditions the outcomes of healthcare can be worse, quality of life suffers and life expectancy can be lower as a result of poorly managed health.
- Risk factors for poor mental wellbeing also relate to the place and environment in which we live and work.

There is still a long way to go before mental health is valued equally, but we can reduce the stigma that has prevented people from talking about mental health, asking for support or seeking professional help.

What are our needs?

Our local mental health crisis services are nationally recognised as examples of good practice. However, more people are vulnerable to poor mental wellbeing in the District because we have high risk factors such as low income, child poverty, low quality housing, unemployment and insecure employment. Mental health can suffer when people are isolated and have little support and when poor physical health prevents people from working or enjoying life. In 2013/14, 5,520 of people living in Bradford District and Craven were diagnosed with depression, higher than the national rate.

What will success look like?

- People have good relationships and stronger connections in their community
- People are resilient with good mental wellbeing
- Rates of depression and anxiety are reduced
- People with mental health needs have good quality of life and can access employment
- People with mental health needs are supported at home and in their communities as far as possible

Outcome 3: People live well and age well

Most people want to live independently in their own home, with their families and communities for as long as possible. This is much more likely to be achievable if people remain in good health into old age. A healthy old age will usually follow a healthy life. Our vision for the District will support people to stay as well as they can throughout their lives and to enjoy life into old age: healthy, happy and at home.

What are our needs? More people in the District receive an early diagnosis of cancer than across England on average, giving people a better chance of recovery. However,

- Many people are living with one or more long-term health conditions from a relatively young age.
- Smoking, being overweight and/or physically inactive are still damaging the health and wellbeing of too many local people.
- Shockingly, half the population dies before the age of 75 in the Bradford City health area, mostly from preventable disease.

What will success look like?

- Fewer people die early from preventable illness
- Healthy life expectancy increases
- Inequalities in life expectancy and healthy life expectancy reduce
- Long-term conditions are well-managed
- People age well - staying happy, healthy and living at home for as long as possible

Outcome 4: Bradford District is a healthy place to live, learn and work

The place where we live, go to school and work plays a central role in our health and wellbeing. Our wellbeing is influenced by the condition of our housing, the air we breathe, our local environment, how safe we feel in our streets and how connected we are to people in our local neighbourhood.

- Growing our local economy with better, higher skilled jobs will lift more people, families and children out of debt and poverty.
- Ensuring access to good quality, affordable housing will provide more people with healthy, secure homes.
- Reducing traffic, improving air quality and creating walkable, connected neighbourhoods will help to improve health and wellbeing.

A healthier population leads to a healthier school population meaning children are able to reach their potential; and a healthier workforce is better able to take part in our growing local economy.

What are our needs? There are many good things about the place where we live, the economy has turned a corner and new, better, affordable housing is being built. There are also key risk factors that negatively affect wellbeing:

- 26% of private sector homes have a Grade 1 hazard (the highest grade), mostly risk of cold or risk of falls.
- 14% of households live in fuel poverty and too many people die in winter as a result.
- Unemployment is higher and wages for people in work are still lower than average.

What will success look like?

- Our schools, workplaces and neighbourhoods are healthy places to be
- Our homes are safe and energy-efficient
- We live in safe, connected walkable places
- People have access to green space especially in urban areas
- Children in urban areas can play safely
- The District has a healthy workforce
- People with additional needs are supported into work

Priority Actions

This section sets out three priority actions for delivering on our vision and outcomes. These are:

- create a place to live that promotes health
- make it easier for people to improve their health and wellbeing and prevent ill health, and
- support people to better care for themselves and their health conditions and to get help earlier

Asking everyone to focus their efforts on increasing wellbeing and preventing ill health means we can support people to maintain their health and reduce preventable illness, and it will also help to keep our local services sustainable and working well for when we need them the most.

1. A health promoting place to live

What are we doing well? Many local communities and organisations are working to make a difference in their own neighbourhood, bringing people together to look after their street or their park, looking out for neighbours – having a chat, keeping loneliness at bay, taking bins out, clearing snow in the winter.

- The People Can campaign supports people to be neighbourly, to volunteer, to raise money and bring people together on local improvement projects.
- A City and town centre renewal programme is bringing new businesses and better public spaces to the District.
- New homes are being built.

There is a new confidence in the District, the University is expanding, new businesses and start-ups are moving into the digital health zone, more affordable homes are being built.

What else can we do? Empowering local areas to identify their own priorities and plan community action will improve health and wellbeing in locally supported, sustainable ways.

The District's Core Strategy provides the framework for local development and guidance on many issues that can improve health and wellbeing: development and regeneration of city centre, towns and neighbourhoods; high-quality housing supply, design and standards; energy efficiency; green space and active transport. Using all opportunities in our policies, strategies and interventions to improve health and wellbeing would really increase the scale and pace of change. Implementing the Low Emissions Strategy will encourage new, green forms of transport, improve air quality - supporting good respiratory health and healthy child development.

A new Economic Strategy and an Anti-Poverty Strategy in 2017 are two of the first opportunities to harness the opportunities of economic growth so everyone can benefit from:

- Decent, well-paid jobs that provide security and good working conditions.
- Even more affordable and energy efficient homes that reduce fuel poverty and debt.
- Accessible and easily adaptable housing that enables people to stay longer in their homes and communities, reducing the need for expensive adaptations. This, together with a 'Home First' approach supporting people in their own homes will mean fewer people need residential care.

Health and Wellbeing Board members will work in their organisations, with communities, businesses and other partnerships, and to build health and wellbeing improvement into every possible aspect of the place where we live.

2. Promoting Wellbeing, Preventing ill-health

What are we doing well? Many people are already trying hard to change their lifestyle: eating better, stopping smoking, making physical activity an

everyday part of their lives. We need to scale this up – supporting many more people to make a change and feel the benefit.

What else can we do? More local schools are walking a Daily Mile with their pupils. Walking groups are helping people to walk themselves happy and healthy and are connecting people at the same time. More people could take up this approach with friends, family or colleagues. We can support this through 'conversations for change' a self-care approach.

A new Healthy Bradford Charter will bring together all the good work going on to inform, support and inspire local people, families and organisations to improve their own wellbeing, and that of their families, customers, pupils and staff to become a well-being focused organisation.

Local health mentors and professionals will be able to refer people to lifestyle programmes and activities, helping them to get well, stay active and be sociable in ways that they enjoy. We will see and feel the benefit over the next few years.

Improving mental wellbeing on a large scale would really improve the general health of people in the District. People are better able to take care of their physical health when they have good mental wellbeing. Delivering the aims of our Mental Wellbeing Strategy will shift our thinking from managing illness to supporting improvement and recovery – a message of hope.

Focusing more of our existing resource on training and supporting local people as wellbeing volunteers or 'buddies' could extend this 'hopeful', recovery-focused approach to improve both mental and physical health and wellbeing in local communities.

3. Getting help earlier and self-care

What are we doing well?

Successful campaigns to identify tens of thousands of people at risk or in the early stages of heart disease and diabetes, are tackling the most significant local causes of early death and disability. This earlier help offers support to make lifestyle changes and medication to control risk factors. Thousands more people now have better controlled blood pressure, cholesterol and blood sugar levels

We will continue to invest in this approach to benefit people who could be in very poor health by late middle-age. A similar approach is being developed to help people manage and improve their long-term lung conditions.

To self-care means using the evidence-based guidance that is available online, using the expertise in our local pharmacies, using over-the-counter medicines, looking after ourselves and looking out for others when we have everyday illnesses. It also means following health advice, learning how to look after ourselves if we do develop a long-term condition. Developing the understanding and resilience to self-care for life helps to prevent or slow down the progress of long-term conditions so we can enjoy the best possible state of health and wellbeing, for as long as possible - staying healthy, happy and at home.

What else can we do?

Programmes to identify and treat people at high risk of preventable diseases are making a difference already, but primary care professionals can only spot risk factors and intervene early with people who use their services. People who don't use primary care services can be too late for effective, early help. We will work together with local organisations, schools, the community, voluntary and faith sector to encourage people to register with their local health services to benefit from these new approaches.

Self-care support will be offered to more people with long-term health conditions. We will make more extensive use of technology to make it easier to access advice and support when we need it to stay well. Once more people are enabled to stay well, we can use more of our resources for earlier interventions, helping to keep local health and care services sustainable and working well for us when we need them.

Delivering our Priority Actions

Our priorities will require that we work together as a whole health and wellbeing system and with communities and other sectors and partnerships to shift our ways of thinking and working together, away from waiting for people to become ill and towards a positive, proactive focus on prevention.

We will need to use the opportunities provided by existing strategic action plans to improve health and wellbeing, and also look for new opportunities. We will work alongside communities, partners and organisations as transformations are taking place, to embed the commitment to improving health and wellbeing in new ways of working and new approaches as they emerge.

This strategy will need to be delivered through the actions of individuals, communities, partners and partnerships. Its future success is grounded in all of us shaping and changing the way we behave and work, being determined to resolve problems and prepared to think and behave differently as we make decisions together for the wellbeing of the District.

Our Guiding Principles

To enable delivery of this joint strategy eight Guiding Principles will ensure we deliver our priority actions.

1. Put prevention first and address the wider causes of poor health and wellbeing
2. Place individuals and communities at the centre of health and wellbeing improvement.
3. Secure the support of other partnerships and sectors to help us improve health and wellbeing, and help them to improve their outcomes in return.
4. Place equal value on mental wellbeing to physical wellbeing.
5. Reduce health inequalities between different people and different parts of the District.
6. Focus on outcomes and evaluate impact.
7. Seek out value and ensure sustainability.
8. Enable, support and encourage people to improve their own wellbeing, to plan their own care, prompt them to seek help earlier and provide quality joined up services that work around them

Our Accountability to the District

It is for everyone to own this strategy and make a contribution to improving health and wellbeing. The Health and Wellbeing Board will lead this strategy, overseeing the work that will deliver its vision and outcomes. As a partnership we will hold our members to account for changing how they and their organisations work with our communities, and for taking decisions back to their individual organisations for further discussion and approval. The Board will work with other strategic partnerships, using the potential of health and wellbeing improvement to contribute to their priorities, and ensuring that their strategies and plans contribute to improving health and wellbeing.

The Board will ensure it is held to account for progress and improvement by reporting to the wider Bradford District Partnership, enlisting its help to remove barriers to progress. We will report progress to Overview and Scrutiny each year. We will work across West Yorkshire and the region to secure the best outcomes and access to services for local people.

Strategic Planning Toolkit

Applying the Guiding Principles when planning activities, prioritising resources, redesigning a service, commissioning a new service, writing or reviewing policy. Each Principle has prompts for discussion.
Put prevention first and address the wider causes of poor health and wellbeing
- Have you established the root causes of the issue you are seeking to address? - Is there a recurrent theme in the population who are experiencing the issue? - How could you work with partners to reduce the number of people facing these issues?
Place individuals and communities at the centre of health and wellbeing improvement
- What are the needs of the people your decisions will affect, what barriers are preventing them improving their wellbeing? - How will you support and build on the assets of the community with which you're working? - Can you evidence and share how you have engaged with people and how this has shaped your actions?
Secure the support of other partnerships and sectors to help us improve health and wellbeing, help them improve their outcomes in return
- Could your objective be better delivered if you worked collectively with other organisations? - How could you work with these partners to increase awareness of actions they could take to influence health and wellbeing? - Could you identify a way to work together to tackle the issue you are addressing?
Place equal value on mental wellbeing to physical wellbeing
- How does the issue you are addressing impact on mental wellbeing? - How can you ensure it has a positive impact, how can you prevent negative impacts on mental wellbeing? - Does what you are offering or seeking to change consider mental wellbeing at every step?
Reduce health inequalities between different people and different parts of the District
- Do you know where in the District your issue has the most impact and who is most affected? - Have you identified and sought to address the wider barriers that would help overcome these factors? - Are you targeting your resource at people and areas with the highest level of need? - Is your offer appropriate and accessible for those most in need? - Are those with greatest need accessing the offer the most and can you evidence this?
Focus on outcomes and evaluate impact
- Have you defined the specific outcomes of your activity and identified a way to measure them? - Have you identified the causal pathway, the steps and processes, that need to take place to achiever your outcomes? Weakness in any steps of your pathway to changing an outcome will not deliver the best impact, can you measure each step and be assured it is happening?
Seek out value and ensure sustainability

- Have you considered the three domains of value? - Allocative Value: Are you allocating resources to different groups equitably in a way that maximise value for the whole population? - Technical Value: Is the quality and safety of your offer such that it will maximise the value of the resources allocated to it? - Personalised Value- are your decisions and plans based on the current evidence, do they align with the values of your organisation and your partnerships and the personal values of the individuals you will impact upon? - Does your work promote social, economic and environmental sustainability? Will you get the most you can for the Bradford £ ?
Enable, support and encourage people to improve their own wellbeing, to plan their own care, prompt them to seek help earlier and provide quality joined up services that work around them
- Have you identified every opportunity your offer can use to promote wellbeing, support people to improve their own wellbeing, and that of employees working to deliver a service too? - Do your actions support people to have more control, independence and increased resilience? - Does your offer consider a holistic view of the individual, their family, carers, and their life? - Does your work provide people with the right information in an accessible way to help them care for them selves and navigate services? - Does your service work together and coordinate with other services your customers may also be using?

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Director of Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on Thursday 7 September 2017

D

Subject:

Public Health Outcomes Framework (PHOF) Performance Report

Summary statement:

This report provides an overview of local performance based on the Public Health Outcomes Framework, giving particular emphasis to

a) indicators which show Bradford compares unfavourably - or has had a recent history of comparing unfavourably - with the Yorkshire and Humber region, and/or England as whole, and
b) indicators which have been the subject of other Public Health reports presented to the Health and Social Care Overview and Scrutiny Committee.

The report is a follow up to the report presented at Health and Social Care Overview and Scrutiny Committee on 28 July 2016. At that meeting, the Committee resolved: "That a further performance report on [the] Public Health Outcomes Framework indicators be submitted in 12 months' time."

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Portfolio:
Health & Wellbeing

Overview and Scrutiny Area:
Health and Social Care

1. SUMMARY

This report provides an overview of the health and wellbeing of the population of Bradford and District, based on the indicators within the Public Health Outcomes Framework (PHOF).

The report focuses on two groups of indicators.

Firstly, it considers indicators where Bradford compares unfavourably - or has had a recent history of comparing unfavourably - with the region and/or England as whole.

Secondly, it considers a number of specific areas where the Scrutiny Committee has asked for more detail on available PHOF indicators. These topics are: Infant Mortality, Tuberculosis; HIV diagnosis; and Screening and Vaccination rates.

In its annexes, the report contains

- a detailed section which examines on all of these indicators in turn, and
- a list of the services that the Public Health department commissions to a) influence these indicators, and b) reduce health inequalities in the District
- a briefing about Infant Mortality figures in Bradford, made available for the chair of the Health and Social Care Overview and Scrutiny Committee in May 2017.

2. BACKGROUND

2.1 The PHOF has been the main topic of two previous reports to the Health and Social Care Overview and Scrutiny Committee. Those reports have contained a brief introduction to the Public Health Outcomes Framework. For the benefit of elected members who have not seen those reports, the introduction is repeated in points 2.2 to 2.8 of this report. From 2.9 onwards, the points are either newly-written or have been updated to reflect changes to the PHOF which have occurred since the report in July 2016.

2.2 The PHOF was introduced by the Department of Health (DH) in April 2013 as part of health and social care reforms which gave local authorities statutory responsibilities for the health of their population. The PHOF sets out the desired outcomes for Public Health and how these will be measured.

2.3 The PHOF is published under section 73B of the NHS Act 2006. Legislation states that local authorities must "have regard to" the PHOF[1]. See also 6.2, "Legal Appraisal".

2.4 The PHOF is designed "to set out the Government's goals for improving and protecting the nation's health and for narrowing health inequalities through improving the health of the poorest, fastest." [2]

[1] http://www.legislation.gov.uk/ukpga/2012/7/notes/division/5/1/4/3
[2] As footnote[1]

2.5 The purpose of the PHOF is to provide transparency and accountability across the Public Health system, setting out opportunities for local partnerships to improve and protect health and improve services.

This is focussed on two high level outcomes:

(1) Increased healthy life expectancy (which takes account of quality and length of life).
(2) Reduced inequalities in life expectancy and healthy life expectancy between communities (through greater improvement in the more disadvantaged).

Further indicators are grouped into four domains:

(1) Improving the wider determinants of health
(2) Health improvement
(3) Health protection
(4) Healthcare Public Health and preventing premature mortality

2.6 Together, the PHOF, the Adult Social Care Outcomes Framework, and the NHS Outcomes Framework provide the structure for measuring improvement across the health and social care system.

2.7 The first set of baseline data for a subset of the PHOF indicators was published in November 2013. This release contained comparative data for England and all upper tier local authorities. This allowed comparison between Bradford and its regional neighbours; between Bradford and the England average; and over time.

2.8 Some indicators within the PHOF, covered within this report, are more understandable than others. Some indicators contain within them a collection of 'sub-indicators'. Certain indicators are very precisely defined and require extensive knowledge to be understood fully.

2.9 In general, no specialist knowledge is required in assessing the performance of all indicators in relation to the regional and/or national average. However, a number of points need to be kept in mind:

i. Because the report deals with the concept of 'statistical significance', apparent anomalies can occur which require greater explanation.
ii. The scope of this report is the indicators within the PHOF. Other information may be available from elsewhere – for example, from other data sources, or from local knowledge and intelligence. Sometimes, those other sources may appear to contradict the most recent information presented in the PHOF.
iii. Because the report compares data available in August 2017 with a report produced in July 2016, some of the commentary (especially in the Appendix) relates to changes over a short period of time.
iv. Bearing in mind the three preceding points, readers are advised to contact the Public Health Analysis team for further advice on the interpretation of the data within the report.

2.10 In August 2016, Public Health England (PHE) revised the list of indicators in the PHOF for the first time.

2.11 The indicators in the PHOF are updated quarterly by PHE in February, May, August and November. Indicators are only updated when new data is available. This means

that in any given quarter, most of the indicators are NOT updated – but over the course of the year, the majority are.

2.12 From time-to-time, independently of the considerations in 2.10 and 2.11, PHE changes the calculation methods of individual indicators. When this happens, PHE tends to revise calculations of historical figures. Where this has occurred, a note appears in the appendix of this report.

2.13 PHE makes available an "Area Profile" for each local Authority. The profile describes each respective local Authority in terms of the indicators which are included in the PHOF. The information in this report is predominantly based on an Area Profile which was last updated by PHE on 1 August 2017.

2.14 In February 2015 and July 2016, the Director of Public Health presented reports to the Health and Social Care Overview and Scrutiny Committee. The reports focused on indicators where Bradford compared unfavourably with the region and/or England as whole. As such, neither report included all of the indicators from the PHOF. This report takes the same approach.

2.15 At the July 2016 meeting, the Committee resolved "That a further performance report on Public Health Outcomes Framework indicators be submitted in 12 months' time."

2.16 This report fulfils the brief set out in 2.15. It does so, by:

in section 3, summarising

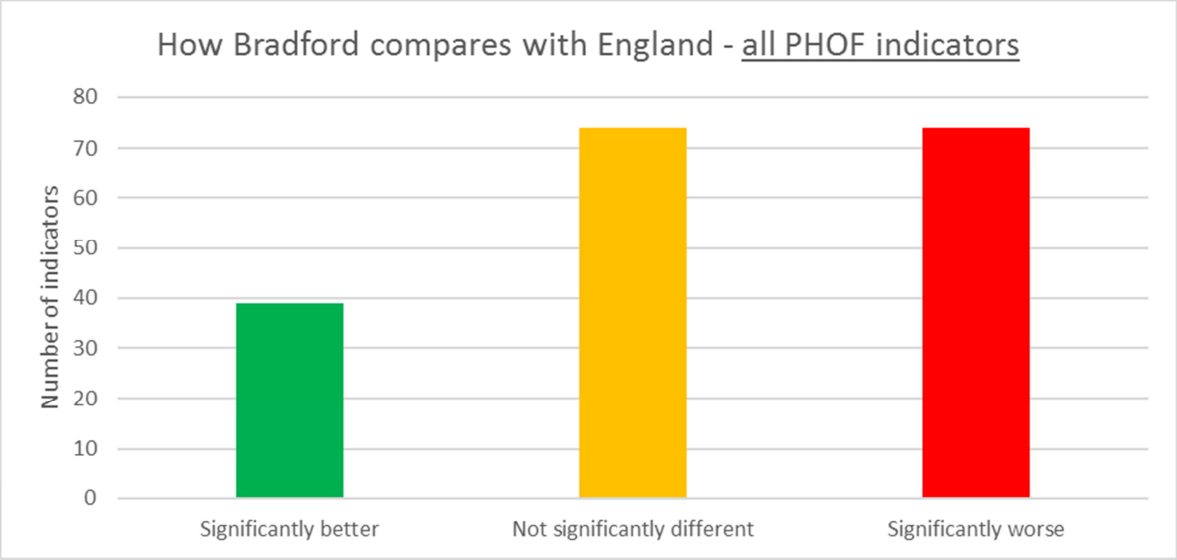
- what has happened to the indicators in last year's report
- the reasons why there are other indicators where Bradford compares unfavourably with England

in its appendices, providing:

- a full update on each of the indicators which featured in the 2016 report, and commentary on them
- a report on the indicators NOT in the original report which have subsequently shown that Bradford compares unfavourably with the region and/or England as whole

<u>Status report, August 2017</u>

2.17 For 39 of the indicators or sub-indicators presented in the PHE PHOF "area profile" for Bradford on 1 August 2017, overall performance across the Bradford District is significantly better than the England average. For 74 indicators or sub-indicators, performance was not significantly different from the England average. Performance is significantly worse for 74 indicators or sub-indicators.



3. REPORT ISSUES

Overarching Indicators

3.1 The PHOF "Area Profile" (mentioned in 2.13) begins by describing a number of 'overarching indicators', which relate to life expectancy. In some respects, these indicators are the most important of all as they are very closely related to the two outcomes mentioned in 2.5 of this report. However, they are considered to be beyond the direct control of any Public Health department – in the long term they are determined by performance in many different areas.

3.2 There are 8 such indicators. 7 of the 8 are significantly worse in Bradford than England and / or Yorkshire and the Humber.

Wider determinants of health

3.3 The original DH introduction to the PHOF noted "The local authority and its partners, including the police and criminal justice system, schools, employers, and the business and voluntary sectors, have a significant role to play in improving performance against these indicators or sub-indicators".

3.4 Last year there were 17 "Wider Determinants" indicators in the report.

Of those 17:

5	Are not statistically significantly different from England[i]
12	Are statistically significantly worse than England

3.5 3 "Wider Determinants" indicators have been included in this report for the first time. All three have been introduced to the PHOF and the "Area Profile" since July 2016 – and would not have been within the scope of an earlier report.

Health Improvement

3.6 The original DH introduction to the PHOF noted "Improvements in these indicators will, in the main, be led locally through…programmes commissioned by local authorities. However, for some, the core role for the delivery of related services might lie with the NHS."

3.7 Last year there were 29 "Health Improvement" indicators in the report.

Of those**:**

4	are not statistically significantly different from England[ii]
22	are statistically significantly worse than England
2	are no longer included in the PHOF or the area report
1	has been replaced with a measure upon which Bradford is statistically significantly better than England

3.8 4 "Health Improvement" indicators have been included in this report for the first time.

Of those 4:

2	have been introduced to the PHOF and the "Area Profile" since July 2016 – and would not have been within the scope of an earlier report
2	have been calculated using a new methodology, and previous years' data have been amended accordingly

Health Protection

3.9 The original DH introduction to the PHOF noted "While Public Health England has a core role to play in delivering improvements in these indicators, this will be in support of the NHS's and local authorities' responsibility in health protection locally."

3.10 Last year there were 6 "Health Protection" indicators in the report.

Of those 6:

3	are not statistically significantly different from England[iii]
3	are statistically significantly worse than England

3.11 One (1) new "Health Protection" indicator has been added to this report. Bradford's performance against this indicator was not previously statistically significantly different from England.

Healthcare and premature mortality

3.12 The original DH introduction to the PHOF noted "Improvements in indicators in this domain are being delivered by the whole public health system. Under 75 mortality indicators are shared with the NHS Outcomes Framework, where contributions focus on avoiding early deaths through healthcare interventions. Public health contributions are led by local authorities, supported by Public Health England, to prevent early

death as a result of health improvement actions – such as those reflected in indicators in preceding domains."

3.13 Last year there were 33 "Healthcare and Premature Mortality" indicators in the report.

Of those 33:

13	are not statistically significantly different from England[iv]
20	are statistically significantly worse than England

3.14 4 "Healthcare and Premature Mortality" indicators have been included in this report for the first time. Of those 4:

3	have been introduced to the PHOF and the "Area Profile" since July 2016 – and would not have been within the scope of an earlier report
1	was previously not statistically significantly different from England

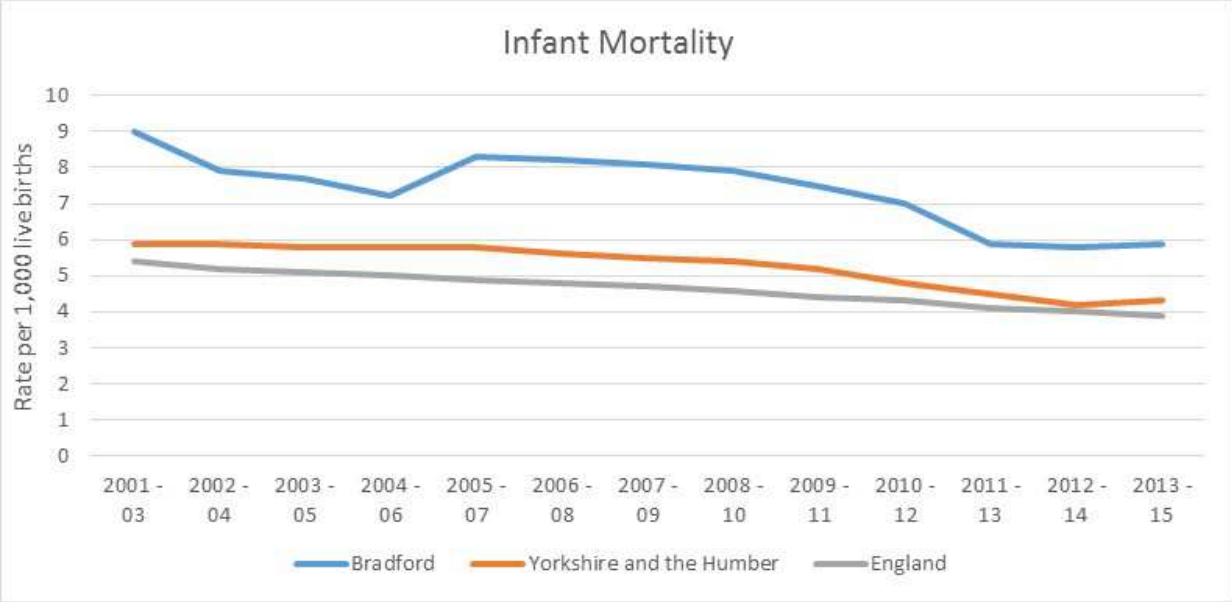
3.15 Infant Mortality: See also APPENDIX C.

There is one single indicator in the PHOF which relates to Infant Mortality (4.01 "Infant Mortality").

Since the last PHOF Performance report, there has been a change to the basis upon which this indicator is calculated. This will mean that readers are unable to align this report's figures with those used in previous reports.

Nevertheless, a long-term time-series is available having been recalculated based on the new methodology. The following table shows that over 13 years, Bradford's rate has improved considerably. The accompanying chart illustrates that 'inequalities' gaps between Bradford and regional rates, and between Bradford and national rates, have narrowed considerably.

	Bradford	Yorkshire and the Humber	England
2001 - 03	9.0	5.9	5.4
2002 - 04	7.9	5.9	5.2
2003 - 05	7.7	5.8	5.1
2004 - 06	7.2	5.8	5.0
2005 - 07	8.3	5.8	4.9
2006 - 08	8.2	5.6	4.8
2007 - 09	8.1	5.5	4.7
2008 - 10	7.9	5.4	4.6
2009 - 11	7.5	5.2	4.4
2010 - 12	7.0	4.8	4.3
2011 - 13	5.9	4.5	4.1
2012 - 14	5.8	4.2	4.0
2013 - 15	5.9	4.3	3.9



The chart and the table show that the rate in Bradford has, however, increased for the first time since 2005-07. Local information suggests that this rate will fall again in the three-year period 2014-16. It must be noted, however, that the rate of Infant Mortality in Bradford remains statistically significantly higher than regional and national rates.

3.16 Tuberculosis

There are two indicators in the PHOF which relate directly to Tuberculosis (3.05i "Treatment of TB" and 3.05ii Incidence of TB).

Since the last PHOF Performance report, there has been a change to the basis upon which these indicators are calculated. This will mean that readers are unable to align this report's figures with those used in previous reports.

Nevertheless, long-term time-series are available for both indicators having been recalculated based on the new methodology. The following tables show that since 2000 the incidence of TB has decreased and that successful treatment has increased (both of which are positive changes). The accompanying charts show that in the longer-term (i.e. the whole of the period under consideration) the 'inequalities' gaps between Bradford and regional rates, and between Bradford and national rates have changed relatively little.

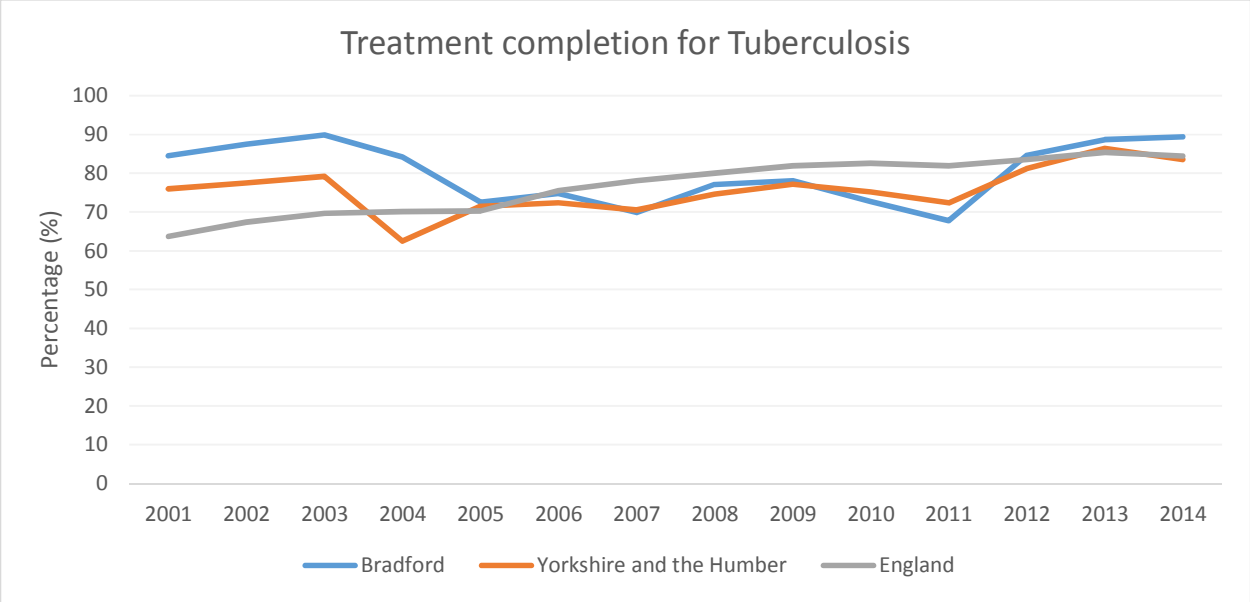
In January 2015, PHE and NHS England jointly launched the Collaborative Tuberculosis Strategy for England 2015-2020. The strategy aimed to achieve a year-on-year decrease in TB incidence, a reduction in health inequalities, and ultimately the elimination of TB as a public health problem in England. Since that time and following a number of actions both local and national TB incidence has declined both locally and nationally. The reduction in numbers of TB cases in Yorkshire and Humber in the past year has occurred in both the non-UK born population and the UK born population, although the incidence rates of TB were nearly 23 times higher in those born outside the UK compared to the UK born population and 69% of all TB cases notified in the local population in 2015 were born abroad.

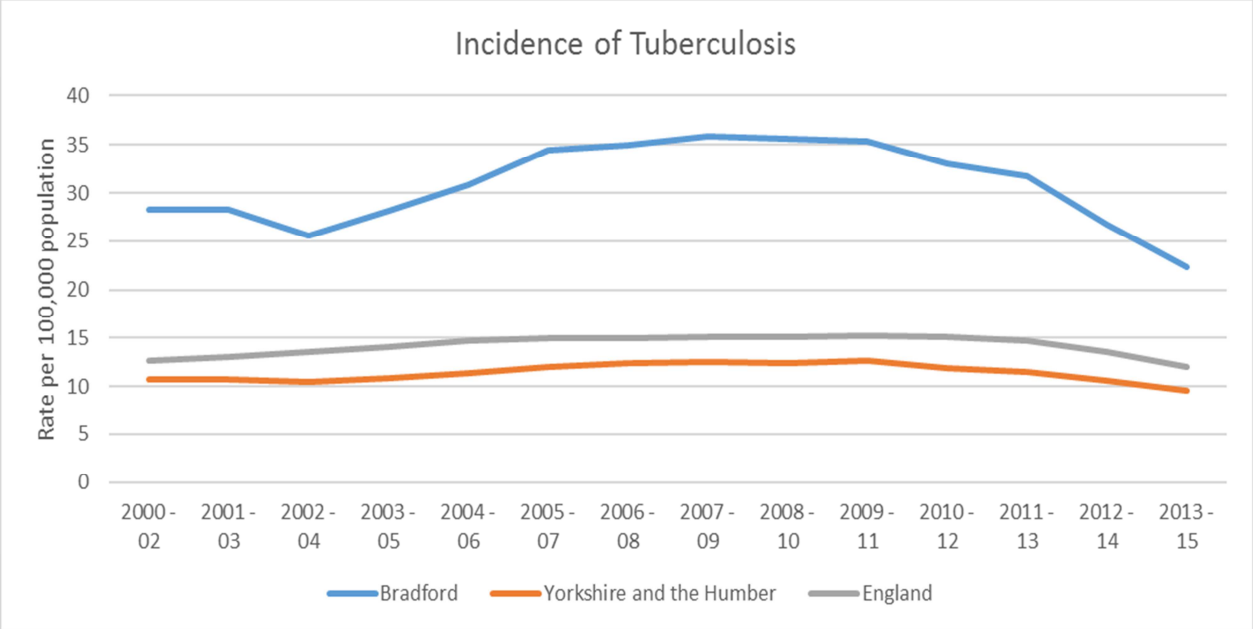
Treatment

	Bradford	Yorkshire and the Humber	England
2001	84.5	76.0	63.7
2002	87.5	77.5	67.4
2003	89.9	79.2	69.6
2004	84.2	62.5	70.1
2005	72.5	71.5	70.3
2006	74.8	72.4	75.5
2007	69.9	70.5	78.1
2008	77.1	74.6	80.0
2009	78.1	77.2	81.9
2010	72.7	75.2	82.6
2011	67.8	72.4	81.9
2012	84.6	81.2	83.5
2013	88.7	86.4	85.4
2014	89.4	83.5	84.4

Incidence

	Bradford	Yorkshire and the Humber	England
2000 - 02	28.2	10.7	12.7
2001 - 03	28.3	10.7	13.1
2002 - 04	25.6	10.5	13.5
2003 - 05	28.1	10.8	14.1
2004 - 06	30.8	11.4	14.7
2005 - 07	34.5	12.0	15.0
2006 - 08	35.0	12.4	15.0
2007 - 09	35.9	12.5	15.1
2008 - 10	35.6	12.4	15.1
2009 - 11	35.4	12.6	15.2
2010 - 12	33.0	11.9	15.1
2011 - 13	31.7	11.5	14.7
2012 - 14	26.7	10.6	13.5
2013 - 15	22.3	9.6	12.0





3.17 HIV diagnosis

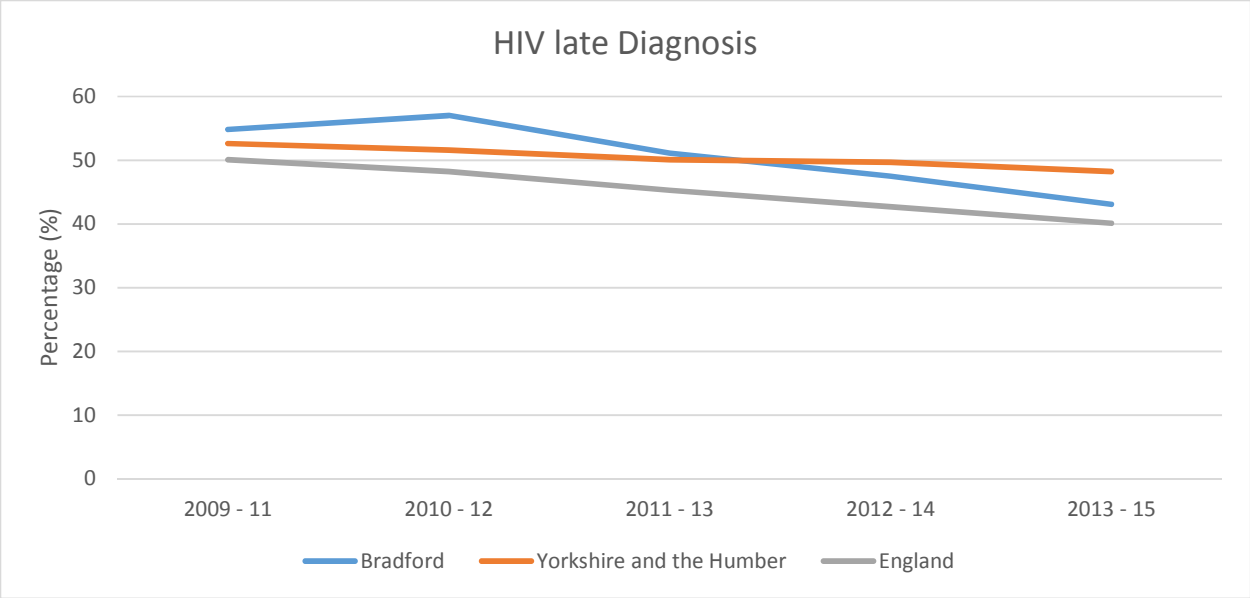
There is one single indicator in the PHOF which relates to HIV diagnosis; (3.17 “HIV late diagnosis”).

Since the last report, there has been a change to the basis upon which these indicators are calculated. This will mean that readers are unable to align this report’s figures with those used in previous reports.

Nevertheless, a reasonable time-series is available for the indicator – having been recalculated based on the new methodology. The following table shows that since 2009 the rate of late diagnosis has reduced, and that Bradford’s rate is no longer statistically significantly different from the national rate. As the accompanying chart

illustrates, this means that the 'inequalities' gaps between Bradford and national rates have improved over time.

	Bradford	Yorkshire and the Humber	England
2009 - 11	54.8	52.6	50.1
2010 - 12	57.0	51.6	48.2
2011 - 13	51.1	50.1	45.3
2012 - 14	47.5	49.7	42.7
2013 - 15	43.1	48.2	40.1



3.18 Screening and Vaccination rates

There are **6** PHOF indicators which relate specifically to the coverage of screening programmes, and **20** which relate to vaccinations.

These are:

Screening: 2.20i breast cancer (females); 2.20ii cervical cancer (females); 2.20iii bowel cancer; 2.20iv Abdominal Aortic Aneurysm (males); 2.20xi Newborn Blood Spot Screening; 2.20xii Newborn Hearing Screening.

Vaccinations: 3.03i Hepatitis B (1 year old); 3.03i Hepatitis B (2 years old); 3.03ii BCG - areas offering universal BCG only; 3.03iii Dtap / IPV / Hib (1 year old); 3.03iii Dtap / IPV / Hib (2 years old); 3.03iv MenC; 3.03ix MMR for one dose (5 years old); 3.03v PCV; 3.03vi Hib / Men C booster (5 years old); 3.03vi Hib / MenC booster (2 years old); 3.03vii PCV booster; 3.03viii MMR for one dose (2 years old); 3.03x MMR for two doses (5 years old); 3.03xii HPV vaccination coverage for one dose (females 12-13 years old); 3.03xiii PPV; 3.03xiv Flu (aged 65+); 3.03xv Flu (at risk individuals); 3.03xvi HPV vaccination coverage for two doses (females 13-14 years old); 3.03xvii Shingles vaccination coverage (70 years old); 3.03xviii Flu (2-4 years old).

3.19 Screening

Of the **6** Screening indicators, **4** are considered in Appendix A, because Bradford's rates have been consistently, statistically significantly, worse than national rates. These are the indicators for Breast cancer, Cervical cancer, Bowel Cancer and Newborn Blood Spot Screening.

Coverage rates for the remaining **2** indicators (Abdominal Aortic Aneurysm and Newborn Hearing) are currently better than the national average.

3.20 Vaccinations

Of the **20** Vaccination indicators, **3** are considered in Appendix A, because Bradford's rates are statistically significantly worse than national rates. These 3 indicators all relate to Flu vaccinations for different population groups: At risk individuals, 2-4 year olds and over 65s.

13 of the **20** are not shown on the PHE England "Area Profile" as being statistically significantly different from England.

4 are shown on the PHE England "Area Profile" as being statistically significantly better than England as a whole. These are: 3.03iii Dtap / IPV / Hib (2 years old); 3.03vi Hib / MenC booster (2 years old); 3.03viii MMR for one dose (2 years old); and 3.03xii HPV vaccination coverage for one dose (females 12-13 years old).

Introduction to Appendices

3.21 In Appendix 1, the 'overarching indicators' and each of the four domains are considered in turn.

3.22 For the overarching indicators and for each domain there are two separate sections. The two sections contain tables which use the same format as the 2016 report, with the addition of a supplementary question which has been added to each section

3.23 The first of these sections considers each indicator which featured in the 2016 report, and summarises it as set out in the table below.

What time period was under consideration in the 2016 report to HASCOSC?
Is new data available?
How does the data compare? A brief table of updated data is provided, e.g.:

	Bradford	Yorkshire and the Humber	England
2012-14			
2013-15			

Does this represent an improvement in Bradford in absolute terms?
Does this represent an improvement when comparing Bradford with regional and national figures (i.e. are inequalities narrowing)?
Is it possible to say how many people are included in this calculation?

3.24 The second section within each domain provides a similar summary for any indicators NOT in the 2016 report. The table uses the format shown on the following page:

What time period was under consideration last year (when the indicator did not feature in this report)?
Is new data available?
How does the data compare? e.g.

	Bradford	Yorkshire and the Humber	England
2012-14			
2013-15			

Does this represent an improvement in Bradford in absolute terms?
Does this represent an improvement when comparing Bradford with regional and national figures (i.e. are inequalities narrowing)?
Is it possible to say how many people are included in this calculation?

3.25 Appendix 2 is a comprehensive list of the services commissioned by Public Health, with reference to the indicators within PHOF which are expected to improve – directly or indirectly – as a result.

3.26 Appendix 3 is a briefing about Infant Mortality figures in Bradford, which was prepared in May 2017 for the chair of the Health and Social Care Overview and Scrutiny Committee.

4. FINANCIAL & RESOURCE APPRAISAL

Tackling public health issues requires long term commitment and investment. Much of this already exists and is directed towards activity which will positively influence the indicators in the PHOF. This includes internal Council investment as well as external funding from central government departments such as the Department of Health and Public Health England.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The PHOF has been recognised as the most widely-understood and readily-available means of assessing the Health and Wellbeing of the population of Bradford and District. It is acknowledged that Health and Wellbeing depends upon joint work between the Council and its key partners in a variety of different multi-agency settings. The responsibility for delivering change and the actions designed to improve health and wellbeing, whilst reducing inequalities, has been interwoven into the Bradford District Partnership and its main strategic partnership groups. This ensures accountability across all agencies.

6. LEGAL APPRAISAL

6.1 Part 1 of the Health and Social Care Act 2012 (the Act) places legal responsibility for Public Health within Bradford Council. Specifically, Section 12 of the Act created a new duty requiring Local Authorities to take such steps as they consider appropriate to improve the health of the people in its area. The Public Health department in the Local Authority supports the performance of this duty.

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

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

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

a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it; including due regard to tackling prejudice and promoting understanding.

Relevant protected characteristics include age, disability, gender, sexual orientation, race, religion or belief. Health inequalities are defined as the differences in the health of different parts of the population, and this brings into consideration a wider range of factors than those identified as 'protected characteristics' within the Equality Act 2010. There is, therefore, an important difference between the duty set out by the Equality Act 2010 and

the responsibility to tackle Health Inequalities. However, there are matters where the concepts of ‘equality’ and ‘inequality’ are very closely linked - issues related to Public Health can affect ‘protected characteristic’ groups more than others.

The Public Health Outcomes Framework is designed to focus Public Health activity on improving health outcomes AND reducing health inequalities. It is therefore reasonable to infer that better performance in each of the areas covered by this report will also lead to a reduction in inequality, and therefore greater equality.

7.2 SUSTAINABILITY IMPLICATIONS

The PHOF has been recognised as the most widely-understood and readily-available means of assessing the Health and Wellbeing of the population of Bradford and District. As such, it is used to guide all Public Health programmes and services.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

Some of the indicators in the PHOF have a direct impact on reducing the impacts of climate change. For example, actions taken to reduce fuel poverty aim to improve housing and heat/light and power systems for vulnerable householders. These make a direct difference for the occupants, creating warm and safer environments and in the process reduce carbon emissions from poor housing.

Actions to improve indicators in the PHOF may reduce greenhouse gas emissions. If people exercise outside more, it may reduce car ownership/use, and heating / lighting of premises that would be used for indoor activity. In turn, reduced car ownership/use may lead to reduced air pollution.

It is, however, important to recognise that energy and emissions can be linked with better standards of living - such as car ownership, domestic energy, good diet and flights abroad. Work needs to take place to ensure that improvements in wellbeing do not therefore automatically lead to increased carbon emissions.

7.4 COMMUNITY SAFETY IMPLICATIONS

In broad terms, the health and wellbeing of communities includes perception of safety and security within the household and wider society. Specifically, the PHOF includes indicators which may give some indication of Communities’ Safety – including complaints about noise and domestic violence indicators. Many of the indicators mentioned in the report could potentially have some impact upon individuals’ perceptions of their own community.

7.5 HUMAN RIGHTS ACT

None.

7.6 TRADE UNION

None.

7.7 WARD IMPLICATIONS

PHOF indicators are complex and are influenced by differences in economic, cultural and social factors across populations and communities. Across the 30 wards of Bradford, achievement against each of the indicators will vary substantially. Upon request, the Public Health Information Analytical team is able to advise on whether more detailed information is available at ward level, and whether any further analysis of this is valuable.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

This being an update on a previous report, that members examine and comment on the report content.

10. RECOMMENDATIONS

That the Committee acknowledges the content of the report and seeks a further performance report on PHOF indicators in 2018.

11. APPENDICES

Appendix 1: A report on each PHOF indicator which featured in the 2016 report, and on each PHOF indicator where it has subsequently been indicated that Bradford compares unfavourably with the region and/or England as whole.

Appendix 2: A comprehensive list of the services commissioned by Public Health, with reference to the indicators within PHOF which are expected to improve – directly or indirectly – as a result.

Appendix 3: A briefing note, about Infant Mortality figures in Bradford, made available for the chair of the Health and Social Care Overview and Scrutiny Committee in May 2017

12. BACKGROUND DOCUMENTS

Background paper 1: Report of the Director of Public Health to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 28 July 2016. Available at:

https://bradford.moderngov.co.uk/documents/g6431/Public%20reports%20pack%2028th-Jul-2016%2016.30%20Health%20and%20Social%20Care%20Overview%20and%20Scrutiny%20Committee.pdf?T=10

Background paper 2: Minutes of a meeting of the Health and Social Care Overview & Scrutiny Committee held on Thursday 28 July 2016 at City Hall, Bradford. Available at:

https://bradford.moderngov.co.uk/documents/g6431/Decisions%2028th-Jul-2016%2016.30%20Health%20and%20Social%20Care%20Overview%20and%20Scrutiny%20Committee.pdf?T=2

[i] or the statistical significance of the difference is not reported
[ii] ditto
[iii] ditto
[iv] ditto

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Appendix 1

Table of Contents

Appendix A

1. Introductory Notes

1.1 At the meeting of Health and Social Care Overview and Scrutiny Committee on 28 July 2016, it was requested that future reports include numbers of people, as well as the percentages and rates that form the basis of Public Health Outcomes Framework indicators. Wherever practical, this request has been accommodated by the response to a question set out in almost all of the following tables "Is it possible to say how many people are included in this calculation?"

1.2 Where indicators have been calculated based on numbers of admissions to hospital, these numbers have not been reported as there would be the possibility of the numbers misleading the reader, because it is not possible to deduce the number of individuals from a number of admissions.

2. Overarching indicators

Indicators from the 2016 report

2.1 In the 2016 report, there were **8** indicators where Bradford was - or had recently been - significantly worse than England and Yorkshire and the Humber. These are listed on the pages that follow.

2.2 As these indicators relate to Life Expectancy, they are not calculated around numbers of individuals. As such, the supplementary question relating to 'numbers of people' has been omitted from the tables.

0.1i – Healthy life expectancy at birth (Male)

What time period was under consideration in the 2016 report to HASCOSC?

Three, overlapping, aggregated periods : 2010–2012 to 2012-14

Is new data available?

Yes – for 2013-15. Crucially, the method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2010-12	61.59	60.92	63.16
2011-13	62.23	60.98	63.19
2012-14	61.78	61.31	63.39
2013-15	62.89	61.41	63.39

Does this represent an improvement in Bradford in absolute terms?

Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?

Yes.

0.1i – Healthy life expectancy at birth (Female)

What time period was under consideration in the 2016 report to HASCOSC?
Three, overlapping, aggregated periods : 2010–2012 to 2012-14

Is new data available?
Yes – for 2013-15. Crucially, the method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2010-12	60.25	61.82	64.08
2011-13	59.36	61.67	63.89
2012-14	60.99	61.89	63.91
2013-15	60.49	61.99	64.11

Does this represent an improvement in Bradford in absolute terms?
No. The latest calculation shows the figure Bradford has worsened slightly.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. As the figure Bradford has worsened, regional and national rates have improved.

0.1ii – Life expectancy at birth (Male)

What time period was under consideration in the 2016 report to HASCOSC?
Three, overlapping, aggregated periods : 2010–2012 to 2012-14

Is new data available?
Yes – for 2013-15. Crucially, the method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2010-12	77.38	78.24	79.09
2011-13	77.62	78.43	79.29
2012-14	77.58	78.62	79.44
2013-15	77.56	78.63	79.46

Does this represent an improvement in Bradford in absolute terms?
No. The latest calculation shows the figure Bradford has worsened slightly.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. As the figure Bradford has worsened, regional and national figures have improved.

0.1ii – Life expectancy at birth (Female)

What time period was under consideration in the 2016 report to HASCOSC?
Three, overlapping, aggregated periods : 2010–2012 to 2012-14

Is new data available?
Yes – for 2013-15. Crucially, the method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2010-12	81.36	82.08	82.88
2011-13	81.28	82.17	83.02
2012-14	81.36	82.33	83.11
2013-15	81.29	82.32	83.11

Does this represent an improvement in Bradford in absolute terms?
No. The latest calculation shows the figure Bradford has worsened slightly.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. Although, neither regional nor national figures have improved, Bradford's figure has fallen by more.

0.1ii – Life expectancy at 65 (Male)

What time period was under consideration in the 2016 report to HASCOSC?
Three, overlapping, aggregated periods : 2010–2012 to 2012-14

Is new data available?
Yes – for 2013-15. Crucially, the method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2010-12	17.52	17.85	18.42
2011-13	17.56	17.94	18.54
2012-14	17.56	18.09	18.65
2013-15	17.53	18.14	18.68

Does this represent an improvement in Bradford in absolute terms?
No. The latest calculation shows the figure Bradford has worsened slightly.*

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. As the figure Bradford has worsened, regional and national figures have improved.

0.1ii – Life expectancy at 65 (Female)

What time period was under consideration in the 2016 report to HASCOSC?
Three, overlapping, aggregated periods : 2010–2012 to 2012-14

Is new data available?
Yes – for 2013-15. Crucially, the method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2010-12	20.04	20.38	20.95
2011-13	19.95	20.43	21.02
2012-14	19.97	20.51	21.10
2013-15	19.96	20.53	21.08

Does this represent an improvement in Bradford in absolute terms?
No. The latest calculation shows the figure Bradford has worsened slightly.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. As the figure Bradford has worsened, the regional has improved. The national rate has, however, fallen by more than Bradford's rate.

0.2iv – Gap in life expectancy at birth between each local authority and England as a whole (Male)

What time period was under consideration in the 2016 report to HASCOSC?
Three, overlapping, aggregated periods : 2010–2012 to 2012-14

Is new data available?
Yes – for 2013-15. Crucially, the method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber
2010-12	-1.71	-0.85
2011-13	-1.67	-0.87
2012-14	-1.86	-0.82
2013-15	-1.90	-0.83

Does this represent an improvement in Bradford in absolute terms?
No. This measure does not recognise 'absolute' improvement. It is in itself a relative measure, comparing life expectancy in Bradford with national levels and determining whether Bradford is keeping pace with national improvements. It draws upon the figures in 0.1ii of the PHOF and reaches the same conclusion – that national levels have increased more consistently than Bradford.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. See above.

0.2iv – Gap in life expectancy at birth between each local authority and England as a whole (Female)

What time period was under consideration in the 2016 report to HASCOSC?
Three, overlapping, aggregated periods : 2010–2012 to 2012-14

Is new data available?
Yes – for 2013-15. Crucially, the method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber
2010-12	-1.52	-0.79
2011-13	-1.74	-0.85
2012-14	-1.75	-0.79
2013-15	-1.82	-0.79

Does this represent an improvement in Bradford in absolute terms?
No. This measure does not recognise 'absolute' improvement. It is in itself a relative measure, comparing life expectancy in Bradford with national levels and determining whether Bradford is keeping pace with national improvements. It draws upon the figures in 0.1ii of the PHOF and reaches the same conclusion – that national levels have increased more consistently than Bradford.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. See above.

3. Wider determinants of health

Indicators from the 2016 report

3.1 In the 2016 report, there were 17 'Wider determinants' indicators where Bradford was – or had recently been - significantly worse than England and Yorkshire and the Humber. These are listed in the pages that follow:

1.01i – Children in low income families (all dependent children under 20)

What time period was under consideration in the 2016 report to HASCOSC?
2011, 2012 and 2013

Is new data available?
Yes – for 2014

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011	25.78%	21.13%	20.10%
2012	23.63%	19.98%	18.58%
2013	23.60%	19.80%	18.00%
2014	28.60%	22.20%	19.90%

Does this represent an improvement in Bradford in absolute terms?
No. The rate shows that the proportion of children who live in poverty is increasing.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. The worsening in Bradford's rate is considerably greater than the worsening in regional and national rates.

Is it possible to say how many people are included in this calculation?
Yes. In 2014, there were 41,110 children under 20 living in low income families in Bradford and District.

1.01ii – Children in low income families (under 16s)

What time period was under consideration in the 2016 report to HASCOSC?
2011, 2012 and 2013

Is new data available?
Yes – for 2014

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011	25.50%	21.69%	20.56%
2012	23.93%	20.78%	19.25%
2013	24.00%	20.60%	18.60%
2014	28.10%	22.50%	20.10%

Does this represent an improvement in Bradford in absolute terms?
No. The rate shows that the proportion of children who live in poverty is increasing.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. The worsening in Bradford's rate is considerably greater than the worsening in regional and national rates.

Is it possible to say how many people are included in this calculation?
Yes. In 2014, there were 35,045 children under 16 living in low income families in Bradford and District.

1.02i – School Readiness: The percentage of children achieving a good level of development at the end of reception (all)

What time period was under consideration in the 2016 report to HASCOSC?
2012/13, 2013/14 and 2014/15

Is new data available?
Yes – for 2015/16

How does the data compare?

All Children	Bradford	Yorkshire and the Humber	England
2012/13	48.76%	50.12%	51.68%
2013/14	55.51%	58.69%	60.36%
2014/15	62.15%	64.61%	66.26%
2015/16	66.18%	67.38%	69.29%

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many children are included in this calculation?
Yes**.** 5278 of the 7975 children considered in 2015/16 reached a good level of development.

1.02i – School Readiness: The percentage of children achieving a good level of development at the end of reception (males)

What time period was under consideration in the 2016 report to HASCOSC?
2012/13, 2013/14 and 2014/15

Is new data available?
Yes – for 2015/16

How does the data compare?

All Children	Bradford	Yorkshire and the Humber	England
2012/13	41.50%	41.98%	43.87%
2013/14	47.42%	50.65%	52.38%
2014/15	53.42%	56.49%	58.63%
2015/16	58.96%	59.98%	62.15%

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many children are included in this calculation?
Yes**.** 2414 of the 4094 boys considered in 2015/16 reached a good level of development.

1.02i – School Readiness: The percentage of children achieving a good level of development at the end of reception (females)

What time period was under consideration in the 2016 report to HASCOSC?
2012/13, 2013/14 and 2014/15

Is new data available?
Yes – for 2015/16

How does the data compare?

All Children	Bradford	Yorkshire and the Humber	England
2012/13	56.46%	58.66%	59.86%
2013/14	64.17%	67.16%	68.72%
2014/15	71.32%	73.14%	74.28%
2015/16	73.80%	75.19%	76.81%

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No – over the period as a whole the gap has widened.

Is it possible to say how many children are included in this calculation?
Yes**.** 2864 of the 3881 girls considered in 2015/16 reached a good level of development.

1.02i - School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception (Males)

What time period was under consideration in the 2016 report to HASCOSC?
2012/13, 2013/14 and 2014/15

Is new data available?
Yes – for 2015/16

How does the data compare?

Males	Bradford	Yorkshire and the Humber	England
2012/13	28.37%	26.41%	28.70%
2013/14	35.13%	34.94%	36.42%
2014/15	38.84%	40.22%	42.62%
2015/16	46.84%	42.99%	45.84%

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes. Bradford's figure for the single year 2015/16 was, for the first time, better than both the regional and national figures.

Is it possible to say how many people are included in this calculation?
Yes**.** 319 of the 681 boys considered in 2015/16 reached a good level of development.

1.02ii – School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening check (all)

What time period was under consideration in the 2016 report to HASCOSC?
2012/13, 2013/14 and 2014/15

Is new data available?
Yes – for 2015/16

How does the data compare?

All Children	Bradford	Yorkshire and the Humber	England
2012/13	65.74%	67.24%	69.09%
2013/14	70.68%	72.35%	74.17%
2014/15	74.50%	74.08%	76.78%
2015/16	78.96%	78.44%	80.51%

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
Yes**.** 6400 of the 8105 children considered in 2015/16 reached the expected level.

1.02ii – School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening check (males)

What time period was under consideration in the 2016 report to HASCOSC?
2012/13, 2013/14 and 2014/15

Is new data available?
Yes – for 2015/16

How does the data compare?

All Children	Bradford	Yorkshire and the Humber	England
2012/13	62.00%	63.26%	65.24%
2013/14	66.85%	68.46%	70.43%
2014/15	69.58%	69.81%	72.98%
2015/16	74.14%	74.49%	76.91%

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
Yes**.** 3076 of the 4149 boys considered in 2015/16 reached the expected level.

1.02ii - School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check (Males)

What time period was under consideration in the 2016 report to HASCOSC?
2012/13, 2013/14 and 2014/15

Is new data available?
Yes – for 2015/16

How does the data compare?

All Children	Bradford	Yorkshire and the Humber	England
2012/13	51.85%	48.64%	51.05%
2013/14	55.35%	54.11%	56.45%
2014/15	56.08%	55.69%	59.51%
2015/16	64.81%	60.94%	63.61%

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes. In 2015/16, Bradford's figures are better than the regional and national figures (which also occurred in 2012/13).

Is it possible to say how many children are included in this calculation?
Yes**.** 499 of the 770 boys considered in 2015/16 reached the expected level.

1.03 – Pupil absence

What time period was under consideration in the 2016 report to HASCOSC?
2012/13 and 2013/14

Is new data available?
Yes – for 2014/15 and 2015/16

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012/13	5.67%	5.45%	5.26%
2013/14	4.94%	4.62%	4.51%
2014/15	5.11%	4.79%	4.62%
2015/16	4.95%	4.72%	4.57%

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many pupils are included in this calculation?
No. The calculation is based on "number of sessions missed", not numbers of pupils who missed sessions.

1.04 - First time entrants to the youth justice system

What time period was under consideration in the 2016 report to HASCOSC?
2013 and 2014

Is new data available?
Yes – for 2015 and 2016

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2013	464.45	465.26	447.81
2014	487.22	473.02	409.06
2015	433.56	425.80	368.65
2016	384.77	347.15	327.07

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Bradford's rate has improved more markedly than the national rate, but not as notably as the regional rate.

Is it possible to say how many people are included in this calculation?
Yes. In 2016 in Bradford, 225 juveniles (10 to 17 year olds) received their first conviction or youth caution.

1.05 - 16-18 year olds not in education employment or training

What time period was under consideration in the 2016 report to HASCOSC?
2013 and 2014

Is new data available?
Yes – for 2015

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2013	5.40%	5.70%	5.30%
2014	5.40%	5.10%	4.67%
2015	3.54%	4.77%	4.18%

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes. Bradford's rate has improved such that it is now better (lower) than the Yorkshire and the Humber and England rates.

Is it possible to say how many people are included in this calculation?
Yes – although it should be noted that the figure is an estimate. In 2016 in Bradford, there were 690 people between the ages of 16 and 18 not in education, employment or training.

1.09i – Sickness absence – The percentage of employees who had at least one day off in the previous week

What time period was under consideration in the 2016 report to HASCOSC?
2010 – 2012 and 2011 - 13

Is new data available?
Yes, for 2012 – 2014 and 2013 - 2015

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2010-12	2.93%	2.54%	2.50%
2011-13	2.84%	2.60%	2.44%
2012-14	2.91%	2.61%	2.40%
2013-15	2.40%	2.40%	2.20%

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes. Bradford's rate is now the same as the regional rate and is closer than before to the national rate.

Is it possible to say how many people are included in this calculation?
No – the figures are not made available through the PHOF.

1.09ii – Sickness absence – The percent of working days lost due to sickness absence

What time period was under consideration in the 2016 report to HASCOSC?
2010 – 2012 and 2011 - 13

Is new data available?
Yes, for 2012 – 2014 and 2013 - 2015

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2010-12	2.47%	1.71%	1.56%
2011-13	1.97%	1.77%	1.52%
2012-14	2.06%	1.75%	1.46%
2013-15	1.60%	1.40%	1.30%

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
No – the figures are not made available through the PHOF.

1.12i – Violent crime (including sexual violence) hospital admissions for violence

What time period was under consideration in the 2016 report to HASCOSC?
Three aggregations of three administrative years, 2010-11 to 2012-13; 2011-12 to 2013-14; and 2012-13 to 2014-15.

Is new data available?
Yes, for 2013-14 to 2015-16

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2010-11 to 2012-13	82.89	73.09	57.59
2011-12 to 2013-14	82.15	68.04	52.36
2012-13 to 2014-15	74.57	60.86	47.49
2013-14 to 2015-16	70.11	57.28	44.76

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
No. The figures relate to numbers of admissions, not people. An individual can be admitted more than once during the period in question.

1.16 Utilisation of outdoor space for exercise/health reasons

What time period was under consideration in the 2016 report to HASCOSC?
Mar 2013 - Feb 2014 and Mar 2014 – Feb 2015

Is new data available?
Yes, for Mar 2015 – Feb 2016

How does the data compare?

	Bradford	Yorkshire and the Humber	England
Mar 2013 – Feb 2014	7.28%	18.25%	17.13%
Mar 2014 – Feb 2015	8.38%	19.40%	17.91%
Mar 2015 – Feb 2016	12.40%	17.55%	17.92%

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
No. The survey was carried out on a sample of individuals and then the responses are weighted.

1.17 – Fuel poverty

What time period was under consideration in the 2016 report to HASCOSC?
2012 and 2013

Is new data available?
Yes, for 2014

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012	14.19%	10.77%	10.41%
2013	14.12%	10.55%	10.39%
2014	13.19%	11.80%	10.55%

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes – Bradford's rate has improved as regional and national rates have worsened.

Is it possible to say how many people are included in this calculation?
No – the calculations relate to numbers of households, not individuals. In 2014, there were 26,621 of 201,806 households "defined as being fuel poor using the Low Income High Cost Methodology."

Indicators which did not appear in the 2016 report:

3.2 The following 'Wider Determinants' indicators did not feature in the 2016 report to the Committee. However, PHE's "Area Profile" states that Bradford's performance on these indicators is significantly worse than that for England as a whole.

1.08iv - Percentage of people aged 16-64 in employment (Persons)

What time period was under consideration last year (when the indicator did not feature in this report)?

This figure was not considered last year. Although the figure has been calculated by ONS for some time, it was only added to the PHOF in 2016, "to help interpretation of [other] sub- indicators".

Is new data available?

Yes.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011/12	62.2%	67.5%	70.2%
2012/13	64.9%	69.6%	71.0%
2013/14	65.9%	69.9%	71.7%
2014/15	64.3%	71.0%	72.9%
2015/16	66.4%	72.2%	73.9%

Does this represent an improvement in Bradford in absolute terms?

Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?

Yes.

Is it possible to say how many people are included in this calculation?

Yes. The figures say that in 2015/16, 218,200 people of working age (16-64) were in employment, from a population of 328,800.

1.08iv - Percentage of people aged 16-64 in employment (Males)

What time period was under consideration last year (when the indicator did not feature in this report)?

This figure was not considered last year. Although the figure has been calculated by ONS for some time, it was only added to the PHOF in 2016, "to help interpretation of [other] sub- indicators".

Is new data available?

Yes

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011/12	67.7%	71.7%	75.4%
2012/13	72.2%	74.5%	76.3%
2013/14	74.1%	74.6%	76.9%
2014/15	70.3%	75.6%	78.2%
2015/16	72.6%	76.8%	79.2%

Does this represent an improvement in Bradford in absolute terms?

Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?

Yes.

Is it possible to say how many men are included in this calculation?

Yes. The figures say that in 2015/16, 118,900 men of working age (16-64) were in employment, from a population of 163,700.

1.08iv - Percentage of people aged 16-64 in employment (Females)

What time period was under consideration last year (when the indicator did not feature in this report)?

This figure was not considered last year. Although the figure has been calculated by ONS for some time, it was only added to the PHOF in 2016, "to help interpretation of [other] sub- indicators".

Is new data available?

Yes

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011/12	56.8%	63.4%	65.0%
2012/13	57.8%	64.8%	65.7%
2013/14	57.7%	65.3%	66.5%
2014/15	58.3%	66.3%	67.6%
2015/16	60.2%	67.7%	68.8%

Does this represent an improvement in Bradford in absolute terms?

Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?

Yes.

Is it possible to say how many women are included in this calculation?

Yes. The figures say that in 2015/16, 99,400 women of working age (16-64) were in employment, from a population of 165,100.

4. Health Improvement

Indicators from the 2016 report

4.1 In the 2016 report, there were 29 'Health Improvement' indicators where Bradford was - or had recently been - significantly worse than England and Yorkshire and the Humber. These are listed below:

2.01 – Low Birth weight of term babies

What time period was under consideration in the 2016 report to HASCOSC?
2012, 2013 and 2014

Is new data available?
Yes, for 2015

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012	4.50%	2.93%	2.80%
2013	3.70%	3.04%	2.82%
2014	3.74%	3.06%	2.86%
2015	4.10%	3.00%	2.77%

Does this represent an improvement in Bradford in absolute terms?
No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No.

Is it possible to say how many babies are included in this calculation?
Yes – in 2015 there were 301 low birthweight babies.

2.02i – Breastfeeding – Breastfeeding initiation

What time period was under consideration in the 2016 report to HASCOSC?
2013/14 and 2014/15

Is new data available?
No.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2013/14	69.79%	70.53%	73.95%
2014/15	70.72%	69.86%	74.33%

Does this represent an improvement in Bradford in absolute terms?
It is not possible to provide new comment as no update is available.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
It is not possible to provide new comment as no update is available.

Is it possible to say how many babies are included in this calculation?
Yes – breastfeeding was initiated for 5481 out of 7750 babies in 2014/15.

2.02ii - Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth (historical method of calculation)

What time period was under consideration in the 2016 report to HASCOSC?
2013/14 and 2014/15

Is new data available?
No.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2013/14	40.26%	-	45.82%
2014/15	41.64%	42.23%	43.82%

Does this represent an improvement in Bradford in absolute terms?
It is not possible to provide new comment as no update is available.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
It is not possible to provide new comment as no update is available.

Is it possible to say how many babies are included in this calculation?
Yes. In 2014/15, 3226 out of 7748 babies were breastfeeding 6-8 weeks after birth.

2.03 – Smoking status at time of delivery

What time period was under consideration in the 2016 report to HASCOSC?
2013/14 and 2014/15

Is new data available?
Yes, for 2015/16

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2013/14	15.84%	16.22%	11.99%
2014/15	15.13%	15.56%	11.38%
2015/16	15.05%	14.53%	10.65%

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. Bradford's rate has not improved as notably as regional or national rates.

Is it possible to say how many women are included in this calculation?
No, because calculations contain adjustments where the boundaries of the Local Authority differ from those of CCGs.

2.04 - Under 18 conceptions

What time period was under consideration last year (when the indicator did not feature in this report)?
2012, 2013 and 2014.

Is new data available?
Yes, for 2015.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012	30.23	31.72	27.75
2013	27.93	28.53	24.35
2014	27.23	26.35	22.80
2015	22.33	24.31	20.78

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many young women are included in this calculation?
Yes. This means that in 2015, there were 241 pregnancies in Bradford and District that occur[red] to women aged under 18, that result[ed] in either one or more live or still births or a legal abortion under the Abortion Act 1967." This is the lowest number since records began in 1998.

2.06ii – Excess weight in 4-5 and 10-11 year olds – 10-11 year olds

What time period was under consideration in the 2016 report to HASCOSC?
2012 / 13, 2013 /14 and 2014 /15

Is new data available?
Yes, for 2015 / 16

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012/13	35.46%	33.23%	33.32%
2013/14	36.30%	33.41%	33.52%
2014/15	35.65%	33.25%	33.24%
2015/16	36.35%	34.63%	34.17%

Does this represent an improvement in Bradford in absolute terms?
No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes. Although Bradford's rate has increased, regional and national rates have increased even more sharply.

Is it possible to say how many young people are included in this calculation?
Yes. In 2015/16, of those who were measured, 2454 children in Year 6 were classified as overweight or obese in the academic year

2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)

What time period was under consideration in the 2016 report to HASCOSC?
2012 / 13, 2013 /14 and 2014 /15

Is new data available?
Yes, for 2015/16

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012/13	132.47	135.83	134.70
2013/14	147.63	145.95	140.80
2014/15	151.40	135.29	137.47
2015/16	133.94	127.11	129.63

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
No. The figures relate to numbers of admissions, not people. An individual can be admitted more than once during the period in question.

2.07i – Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)

What time period was under consideration in the 2016 report to HASCOSC?
2012 / 13, 2013 /14 and 2014 /15

Is new data available?
Yes, for 2015/16

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012/13	110.65	109.57	103.83
2013/14	133.18	120.97	112.16
2014/15	135.92	115.96	109.59
2015/16	118.50	108.12	104.20

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
No. The figures relate to numbers of admissions, not people. An individual can be admitted more than once during the period in question.

2.07ii – Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)

What time period was under consideration in the 2016 report to HASCOSC?
2012 / 13, 2013 /14 and 2014 /15

Is new data available?
Yes, for 2015/16

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012/13	169.73	145.20	130.65
2013/14	189.64	150.73	136.74
2014/15	179.44	138.07	131.71
2015/16	156.18	139.58	134.06

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
No. The figures relate to numbers of admissions, not people. An individual can be admitted more than once during the period in question.

2.11i - Proportion of the population meeting the recommended '5-a-day'

What time period was under consideration in the 2016 report to HASCOSC?
2014 and 2015

Is new data available?
No.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2014	51.08%	52.32%	53.49%
2015	49.39%	50.99%	52.30%

Does this represent an improvement in Bradford in absolute terms?
It is not possible to provide new comment as no update is available.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
It is not possible to provide new comment as no update is available.

Is it possible to say how many people are included in this calculation?
No. The survey was carried out on a sample of individuals and numbers of responses are not made available.

2.11iii - Average number of portions of vegetables consumed daily

What time period was under consideration in the 2016 report to HASCOSC?
2014 and 2015

Is new data available?
No.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2014	2.15	2.24	2.27
2015	1.97	2.23	2.27

Does this represent an improvement in Bradford in absolute terms?
It is not possible to provide new comment as no update is available.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
It is not possible to provide new comment as no update is available.

Is it possible to say how many people are included in this calculation?
No. The survey was carried out on a sample of individuals and numbers of responses are not made available.

2.12 - Excess weight in Adults

What time period was under consideration in the 2016 report to HASCOSC?
2012 - 14

Is new data available?
Yes, for 2013 - 15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012-14	69.71%	67.09%	64.59%
2013-15	67.90%	67.35%	64.80%

Does this represent an improvement in Bradford in absolute terms?
Yes – although the nature of the calculation means it would be inappropriate to read to much into the change between the two periods in question.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes – although see above.

Is it possible to say how many people are included in this calculation?
No. The survey was carried out on a sample of individuals and numbers of precise figures are not made available.

2.13i - Percentage of physically active and inactive adults - active adults

What time period was under consideration last year (when the indicator did not feature in this report)?
2013 and 2014

Is new data available?
Yes, for 2015

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2013	53.55%	55.28%	56.03%
2014	50.60%	56.08%	57.04%
2015	55.89%	56.34%	57.05%

Does this represent an improvement in Bradford in absolute terms?
Yes – although the improvement has not been stable.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes – although the improvement has not been stable.

Is it possible to say how many people are included in this calculation?
No. The survey was carried out on a sample of individuals and numbers of precise figures are not made available.

2.13ii - Percentage of physically active and inactive adults - inactive adults

What time period was under consideration last year (when the indicator did not feature in this report)?
2013 and 2014

Is new data available?
Yes, for 2015

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2013	32.23%	28.73%	28.34%
2014	34.19%	29.21%	27.73%
2015	30.82%	29.12%	28.65%

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
No. The survey was carried out on a sample of individuals and numbers of precise figures are not made available.

2.14 – Smoking Prevalence

What time period was under consideration in the 2016 report to HASCOSC?
2013 and 2014

Is new data available?
Yes, for both 2015 and 2016. The data source has also changed, meaning the figures presented are different from last year's.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2013	22.8%	20.5%	18.4%
2014	20.3%	19.9%	17.8%
2015	20.9%	18.6%	16.9%
2016	22.2%	17.7%	15.5%

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No.

Is it possible to say how many people are included in this calculation?
No. The survey was carried out on a sample of individuals and numbers of precise figures are not made available.

2.15i – Successful completion of drug treatment – opiate users

What time period was under consideration in the 2016 report to HASCOSC?
2013 and 2014

Is new data available?
Yes for 2015. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2013	6.1%	6.9%	7.8%
2014	6.4%	6.2%	7.4%
2015	4.3%	5.8%	6.7%

Does this represent an improvement in Bradford in absolute terms?
No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. Bradford's rate has worsened at a faster rate than regional and national rates.

Is it possible to say how many people are included in this calculation?
Yes. In 2015, 108 of the 2492 adult opiate users in treatment successfully completed treatment and did not re-present to treatment within 6 months

2.18 – Alcohol related admissions to hospital (Persons)

What time period was under consideration in the 2016 report to HASCOSC?
2012 / 13, 2013 / 14 and 2014 / 15

Is new data available?
Yes, for 2015 / 16. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012/13	762.28	687.86	629.79
2013/14	787.33	697.17	639.58
2014/15	796.39	686.54	634.72
2015/16	769.13	701.19	646.63

Does this represent an improvement in Bradford in absolute terms?
Yes, between 2014/15 and 2015/16, but not in the longer term.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
No. The figures relate to numbers of admissions, not people. An individual can be admitted more than once during the period in question.

2.18 – Alcohol related admissions to hospital (Males)

What time period was under consideration in the 2016 report to HASCOSC?
2012 / 13, 2013 / 14 and 2014 / 15

Is new data available?
Yes, for 2015 / 16. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012/13	983.56	878.81	819.85
2013/14	993.36	886.19	826.53
2014/15	1003.61	871.96	817.65
2015/16	982.59	879.84	829.53

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
No. The figures relate to numbers of admissions, not people. An individual can be admitted more than once during the period in question.

2.18 – Alcohol related admissions to hospital (Females)

What time period was under consideration in the 2016 report to HASCOSC?
2012 / 13, 2013 / 14 and 2014 / 15

Is new data available?
Yes, for 2015 / 16. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012/13	565.47	516.95	460.05
2013/14	603.75	527.64	472.12
2014/15	610.62	520.64	471.06
2015/16	579.42	541.44	482.74

Does this represent an improvement in Bradford in absolute terms?
Yes, between 2014/15 and 2015/16, but not in the longer term.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
No. The figures relate to numbers of admissions, not people. An individual can be admitted more than once during the period in question.

2.20i – Cancer screening coverage – breast cancer

What time period was under consideration in the 2016 report to HASCOSC?
2013, 2014 and 2015

Is new data available?
Yes, for 2016

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2013	71.10%	76.69%	76.32%
2014	70.12%	76.13%	75.90%
2015	69.90%	75.60%	75.40%
2016	70.81%	75.70%	75.47%

Does this represent an improvement in Bradford in absolute terms?
Yes, between 2015 and 2016 but not in the longer term.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
Yes. Of the 50,226 "women aged 53–70 resident in the area (determined by postcode of residence) who are eligible for breast screening at a given point in time", 14,660 do not have a screening test result recorded in the previous three years.

2.20ii – Cancer screening coverage – cervical cancer

What time period was under consideration in the 2016 report to HASCOSC?
2013, 2014 and 2015

Is new data available?
Yes, for 2016

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2013	72.32%	76.05%	73.93%
2014	72.32%	76.16%	74.16%
2015	71.92%	75.85%	73.45%
2016	71.00%	75.41%	72.71%

Does this represent an improvement in Bradford in absolute terms?
No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No.

Is it possible to say how many people are included in this calculation?
Yes. Of the 134,991 women "aged 25–64 resident in the area (determined by postcode of residence) … eligible for cervical screening at a given point in time", 39,153 do not have an "adequate screening test" within a set time frame (which is in turn determined by the woman's age).

2.20iii - Cancer screening coverage - bowel cancer

What time period was under consideration in the 2016 report to HASCOSC?
2015.

Is new data available?
Yes, for 2016.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2015	54.60%	57.45%	57.09%
2016	55.15%	58.55%	57.89%

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
Yes. Of the 65,033 people "aged 60–74 resident in the area (determined by postcode of residence) who are eligible for bowel screening at a given point in time.", 29,165 have not had a screening test result recorded in the previous 2½ years

2.20xi - Newborn bloodspot screening – coverage (previously listed as 2.21iv)

What time period was under consideration in the 2016 report to HASCOSC?
2013/14 and 2014/15

Is new data available?
Yes, for 2015/16

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2013/14	90.35%	89.08%	93.50%
2014/15	91.30%	91.92%	95.83%
2015/16	90.98%	94.01%	95.59%

Does this represent an improvement in Bradford in absolute terms?
No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. Bradford's rate has worsened, whilst regional and national rates are improving.

Is it possible to say how many babies are included in this calculation?
No, because calculations contain adjustments where the boundaries of the Local Authority differ from those of CCGs.

2.22iii – Cumulative % of the eligible population ages 40/74 offered an NHS Health Check

What time period was under consideration in the 2016 report to HASCOSC?
The aggregate of two financial years – 2013 / 14 and 2014 / 15

Is new data available?
Yes. The aggregate figure now covers four financial years 2013 / 14 to 2016 / 17.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2013/14 - 2016/17	50.52%	64.93%	74.11%

Does this represent an improvement in Bradford in absolute terms?
Yes. As the programme is a rolling programme, each year more of the population will have been offered an NHS Health Check.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. Since the last figures were reported, a larger proportion of the regional and national populations have been offered Health Checks.

Is it possible to say how many people are included in this calculation?
Yes. 69,894 people aged 40-74 eligible for an NHS Health Check were offered an NHS Health Check in the period under question.

2.22v – Cumulative % of the eligible population ages 40/74 who received an NHS Health Check

What time period was under consideration in the 2016 report to HASCOSC?
The aggregate of two financial years – 2013 / 14 and 2014 / 15

Is new data available?
Yes. The aggregate figure now covers four financial years 2013 / 14 to 2016 / 17.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2013/14 - 2014/15	27.08%	32.03%	36.23%

Does this represent an improvement in Bradford in absolute terms?
Yes. As the programme is a rolling programme, each year more of the population will have been offered an NHS Health Check.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. Since the last figures were reported, a larger proportion of the national population has received a Health Check.

Is it possible to say how many people are included in this calculation?
Yes. 37,463 people aged 40-74 eligible for an NHS Health Check received an NHS Health Check in the period under question.

2.24i - Injuries due to falls in people aged 65 and over

What time period was under consideration in the 2016 report to HASCOSC?
2012 / 13, 2013 / 14 and 2014 / 15

Is new data available?
Yes, for 2015 / 16. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012/13	1,920	2,005	2,097
2013/14	2,275	2,095	2,154
2014/15	2,337	2,111	2,199
2015/16	2,041	2,086	2,169

Does this represent an improvement in Bradford in absolute terms?
Yes, in more recent years – and this also needs to be considered in the context of relative improvement.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes. In 2012/13, Bradford's rate was statistically significantly better than the regional and national rates – before becoming worse. In 2015/16, Bradford's rate was better once more.

Is it possible to say how many people are included in this calculation?
No. The figures relate to numbers of admissions, not people. An individual can be admitted more than once during the period in question.

2.24ii - Injuries due to falls in people aged 65 and over - aged 65-79

What time period was under consideration in the 2016 report to HASCOSC?
2012 / 13, 2013 / 14 and 2014 / 15

Is new data available?
Yes, for 2015 / 16. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012/13	922	949	989
2013/14	1,085	995	1,007
2014/15	1,168	1,000	1,024
2015/16	1,017	968	1,012

Does this represent an improvement in Bradford in absolute terms?
Between 2014/15 and 2015/16, yes. In the longer term, no.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. In 2012/13, Bradford's rate was better (although not statistically significantly) than the regional and national rates. In 2014/15, the rate worse (but not statistically significantly).

Is it possible to say how many people are included in this calculation?
No. The figures relate to numbers of admissions, not people. An individual can be admitted more than once during the period in question.

2.24ii - Injuries due to falls in people aged 65 and over - aged 65-79 (Males)

What time period was under consideration in the 2016 report to HASCOSC?
2012 / 13, 2013 / 14 and 2014 / 15

Is new data available?
Yes, for 2015 / 16. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012/13	746	736	782
2013/14	927	791	804
2014/15	988	792	827
2015/16	944	764	825

Does this represent an improvement in Bradford in absolute terms?
Yes, between 2015 and 2016 but not in the longer term.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes, between 2015 and 2016 but not in the longer term.

Is it possible to say how many people are included in this calculation?
No. The figures relate to numbers of admissions, not people. An individual can be admitted more than once during the period in question.

Indicators which did not appear in the 2016 report

4.2 The following 'Health Improvement' indicators did not feature in the 2016 report to the Committee. However, PHE's "Area Profile" states that Bradford's performance on these indicators is significantly worse than that for England as a whole.

2.02ii – Breastfeeding – breastfeeding prevalence at 6-8 weeks after birth (current method of calculation)

What time period was under consideration last year (when the indicator did not feature in this report)?

None – this is a new indicator.

Is new data available?

Yes.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2015/16	40.13%	Value suppressed due to incompleteness of source data	43.15%

Does this represent an improvement in Bradford in absolute terms?

It is not possible to identify a trend.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?

It is not possible to identify a trend – but Bradford's rate is statistically significantly worse than the national rate.

Is it possible to say how many babies are included in this calculation?

Yes. Out of 7789 babies considered in the 2015/16 calculation, 3126 were breastfeeding 6-8 weeks after their birth.

2.10ii Emergency Hospital Admissions for Self-Harm

What time period was under consideration last year (when the indicator did not feature in this report)?
To 2014/15.

Is new data available?
Yes, for 2015/16. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2010/11	239.49	216.22	197.63
2011/12	249.68	227.52	197.24
2012/13	213.50	202.16	189.57
2013/14	260.98	214.39	205.93
2014/15	255.79	197.36	193.24
2015/16	233.75	190.29	196.55

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes – in the most recent years, Bradford has been improving more rapidly than regional and national figures.

Is it possible to say how many people are included in this calculation?
No. The figures relate to numbers of admissions, not people. An individual can be admitted more than once during the period in question.

2.11vi Average number of portions of vegetables consumed daily at age 15 (WAY survey)

What time period was under consideration last year (when the indicator did not feature in this report)?
This is a new indicator.

Is new data available?
Yes, for 2014/15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2014/15	2.25	2.27	2.40

Does this represent an improvement in Bradford in absolute terms?
It is not possible to identify a trend.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
It is not possible to identify a trend.

Is it possible to say how many people are included in this calculation?
No. The measure does not relate to a number of people.

5. Health Protection

Indicators from the 2016 report

5.1 In the 2016 report, there were 6 'Health Protection' indicators where Bradford was - or had recently been - significantly worse than England and Yorkshire and the Humber. These are listed below:

3.02 – Chlamydia detection rate (15-24 year olds) – CTAD (Persons)

What time period was under consideration in the 2016 report to HASCOSC?
2013 and 2014.

Is new data available?
Yes, for 2015 and 2016. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2013	1,545	2,178	2,088
2014	1,576	2,240	2,035
2015	1,393	2,047	1,914
2016	1,584	2,072	1,882

Does this represent an improvement in Bradford in absolute terms?
No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No.

Is it possible to say how many people are included in this calculation?
No. An individual may be diagnosed on more than one occasion.

3.02 – Chlamydia detection rate (15-24 year olds) – CTAD (Male)

What time period was under consideration in the 2016 report to HASCOSC?
2013 and 2014

Is new data available?
Yes, for 2015 and 2016. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2013	990	1,498	1,436
2014	928	1,523	1,368
2015	855	1,388	1,294
2016	1,147	1,387	1,269

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many men are included in this calculation?
No. An individual may be diagnosed on more than one occasion.

3.03xv – Population vaccination coverage – Flu (at risk individuals)

What time period was under consideration in the 2016 report to HASCOSC?
2012 / 13, 2013 / 14 and 2014 / 15

Is new data available?
Yes, for both 2015 / 16 and 2016 / 17

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012/13	51.81%	51.40%	51.29%
2013/14	53.36%	51.84%	52.26%
2014/15	51.13%	50.58%	50.27%
2015/16	46.40%	45.60%	45.14%
2016/17	49.62%	48.14%	48.64%

Does this represent an improvement in Bradford in absolute terms?
No – rates fell nationally, locally and regionally in 2015/16, and though rates increased again the following year they did not rise to previous levels.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes – but in this instance, that means regional and national rates have increased by more than they have in Bradford and District.

Is it possible to say how many people are included in this calculation?
Yes. In 2016/17, 35,902 at risk individuals received the flu vaccination. 36,458 did not.

3.04 – People presenting with HIV at a late stage of infection

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 – 14.

Is new data available?
Yes, for 2013 – 15. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	51.1%	50.1%	45.3%
2012-14	47.5%	49.7%	42.7%
2013-15	43.1%	48.2%	40.1%

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
Yes. 31 people presented with HIV at a late stage of infection in the period of 2013-15.

3.05i – Treatment completion for TB

What time period was under consideration in the 2016 report to HASCOSC?
2012 and 2013

Is new data available?
Yes, for 2014. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012	84.6%	81.2%	83.5%
2013	88.7%	86.4%	85.4%
2014	89.4%	83.5%	84.4%

Does this represent an improvement in Bradford in absolute terms?
Yes

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes

Is it possible to say how many people are included in this calculation?
76 annual drug sensitive TB cases in 2014 completed a full course of treatment.

3.05ii – Incidence of TB

What time period was under consideration in the 2016 report to HASCOSC?
Three sets of three aggregated calendar years: 2010 – 12, 2011 – 13 and 2012 – 14.

Is new data available?
Yes, for 2013 – 15. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2010-12	33.0	11.9	15.1
2011-13	31.7	11.5	14.7
2012-14	26.7	10.6	13.5
2013-15	22.3	9.6	12.0

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
353 new TB cases notified over the three year time period of 2013-15.

Indicators which did not appear in the 2016 report:

The following 'Health Protection' indicators did not feature in the 2016 report to the Committee. However, PHE's "Area Profile" states that Bradford's performance on this indicator is significantly worse than that for England as a whole.

3.03xviii – Population vaccination coverage – Flu (aged 2-4 years)

What time period was under consideration in the 2016 report to HASCOSC?
New indicator

Is new data available?
Yes, for 2014/15, 2015/16 and 2016/17

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2014/15	34.8%	39.1%	37.6%
2015/16	28.0%	35.5%	34.4%
2016/17	28.3%	37.9%	38.1%

Does this represent an improvement in Bradford in absolute terms?
No

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No

Is it possible to say how many people are included in this calculation?
Yes. 7122 2-4 year olds received flu vaccination between the influenza season of 1st September 2016- 31st January 2017.

3.03xiv – Population vaccination coverage – Flu (aged 65+)

What time period was under consideration in the 2016 report to HASCOSC?
2012 / 13, 2013 / 14 and 2014 / 15

Is new data available?
Yes, for both 2015 / 16 and 2016 / 17

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012/13	75.52%	74.29%	72.84%
2013/14	75.70%	74.22%	74.02%
2014/15	75.63%	74.06%	73.38%
2015/16	73.16%	72.44%	73.21%
2016/17	72.56%	71.90%	72.74%

Does this represent an improvement in Bradford in absolute terms?
No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes – but in this instance, that means regional and national rates have fallen less markedly than they have in Bradford and District.

Is it possible to say how many people are included in this calculation?
Yes. 59,152 of 81,525 people in the target age range have received Flu vaccination between the influenza season of 1st September 2016 and 31st January 2017.

6. Healthcare and premature mortality

Indicators from the 2016 report

6.1 In the 2016 report, there were 30 'Healthcare and Premature Mortality' indicators where Bradford was - or had recently been - significantly worse than England and Yorkshire and the Humber. These are listed below:

4.01 – Infant mortality

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2010 – 12 and 2011 – 13

Is new data available?
Yes for both 2012-14 and 2013-15. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2010-12	7.01	4.80	4.26
2011-13	5.92	4.51	4.14
2012-14	5.81	4.21	3.97
2013-15	5.90	4.28	3.89

Does this represent an improvement in Bradford in absolute terms?
No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. Between 2012-14 and 2013-15, the rate in Bradford worsened by more than the regional rate, and the national rate improved.

Is it possible to say how many people are included in this calculation?
Yes, 142 babies died in a three year period in Bradford and District.

4.02 – Proportion of five year old children free from dental decay (previously 'Tooth decay in children aged 5')

What time period was under consideration in the 2016 report to HASCOSC?
2011 / 12

Is new data available?
Yes, for 2014/15. The indicator has been revised by Public Health England to reflect five year old children free from dental decay. Previous calculations reflected mean number of decayed, missing or filled teeth (dmft).

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2007/08	48.2%	61.2%	69.0%
2011/12	54.1%	66.5%	72.2%
2014/15	62.5%	71.5%	75.4%

Does this represent an improvement in Bradford in absolute terms?
Yes

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes

Is it possible to say how many people are included in this calculation? No. The survey was carried out on a sample of 5 year old children and population weighting was used to calculate percentages free from obvious dental decay.

4.03 – Mortality rate from causes considered preventable (Persons)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 – 14

Is new data available?
Yes for 2013-15. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	219.17	203.89	187.45
2012-14	217.98	200.23	185.08
2013-15	219.58	200.18	184.46

Does this represent an improvement in Bradford in absolute terms?
No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. Bradford's rate has worsened as regional and national rates have improved.

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.03 – Mortality rate from causes considered preventable (Male)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?
Yes for 2013-15. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	271.72	256.98	235.89
2012-14	275.71	252.65	232.96
2013-15	279.54	251.73	232.46

Does this represent an improvement in Bradford in absolute terms?
No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. Bradford's rate has worsened as regional and national rates have improved.

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.03 – Mortality rate from causes considered preventable (Female)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?
Yes for 2013-15. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	169.95	154.17	142.17
2012-14	163.92	150.82	140.32
2013-15	163.28	151.57	139.64

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes. Over the period in question, Bradford's rate has improved more than national and regional rates.

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.04i – Under 75 mortality rate from all cardiovascular diseases (Persons)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?
Yes for 2013-15. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	105.87	86.90	77.83
2012-14	103.73	84.68	75.72
2013-15	102.57	83.54	74.65

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes – although the narrowing of the gap is marginal between Bradford and regional rates is negligible, and marginal between Bradford and national rates.

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.04i – Under 75 mortality rate from all cardiovascular diseases (Male)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?
Yes for 2013-15. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	152.54	122.93	109.55
2012-14	146.49	119.56	106.21
2013-15	142.71	117.59	104.71

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.04i – Under 75 mortality rate from all cardiovascular diseases (Female)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?
Yes for 2013-15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	62.31	52.82	47.87
2012-14	63.51	51.60	46.89
2013-15	64.72	51.17	46.20

Does this represent an improvement in Bradford in absolute terms?
No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. Bradford's rate has worsened as regional and national rates have improved.

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.04ii – Under 75 mortality rate from all cardiovascular diseases considered preventable (Persons)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?
Yes for 2013-15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	66.25	57.85	50.89
2012-14	66.22	56.36	49.19
2013-15	64.14	55.29	48.09

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.04ii – Under 75 mortality rate from all cardiovascular diseases considered preventable (Male)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?
Yes for 2013-15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	102.00	87.61	76.74
2012-14	99.40	85.79	74.14
2013-15	96.06	83.84	72.45

Does this represent an improvement in Bradford in absolute terms?
Yes

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.04ii – Under 75 mortality rate from all cardiovascular diseases considered preventable (Female)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?
Yes for 2013-15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	32.84	29.67	26.47
2012-14	34.95	28.42	25.62
2013-15	34.10	28.18	25.04

Does this represent an improvement in Bradford in absolute terms?
No - although the rate improved between 2012-14 and 2013-15

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. Bradford's rate has worsened as regional and national rates have improved.

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.05i - Under 75 mortality rate from cancer (Persons)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?
Yes for 2013-15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	151.06	155.02	144.36
2012-14	149.16	151.69	141.51
2013-15	153.78	148.40	138.78

Does this represent an improvement in Bradford in absolute terms?
No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. Bradford's rate has worsened, whilst regional and national rates have fallen.

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.05i – Under 75 mortality rate from cancer (Female)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?
Yes for 2013-15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	140.97	137.96	129.16
2012-14	132.88	134.92	126.60
2013-15	133.65	131.28	123.93

Does this represent an improvement in Bradford in absolute terms?
Yes (over the period as a whole).

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes – over the period as a whole, Bradford's rate has improved more sharply than regional and national rates.

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.05ii – Under 75 mortality rate from cancer considered preventable (Female)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?
Yes for 2013-15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	85.74	84.63	77.69
2012-14	80.07	82.17	76.08
2013-15	82.05	80.78	74.48

Does this represent an improvement in Bradford in absolute terms?
Yes (over the period as a whole).

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes – over the period as a whole, Bradford's rate has improved more sharply than the national rate (although by marginally less than the improvement in regional rates).

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.06i – Under 75 mortality rate from liver disease (Persons)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?
Yes for 2013-15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	22.55	18.85	17.91
2012-14	20.31	18.13	17.78
2013-15	19.81	17.94	17.98

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.06i – Under 75 mortality rate from liver disease (Female)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?
Yes for 2013-15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	18.81	13.91	12.47
2012-14	14.98	12.73	12.39
2013-15	12.77	12.59	12.49

Does this represent an improvement in Bradford in absolute terms?
Yes

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.06ii – Under 75 mortality rate from liver disease considered preventable (Persons)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?
Yes for 2013-15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	20.20	16.35	15.70
2012-14	17.95	15.81	15.67
2013-15	17.89	15.79	15.89

Does this represent an improvement in Bradford in absolute terms?
Yes

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.06ii – Under 75 mortality rate from liver disease considered preventable (Female)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?
Yes for 2013-15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	15.95	11.50	10.52
2012-14	12.65	10.66	10.55
2013-15	11.09	10.63	10.64

Does this represent an improvement in Bradford in absolute terms?
Yes

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.07i – Under 75 mortality rate from respiratory disease (Persons)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?
Yes for 2013-15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	48.90	39.31	33.17
2012-14	50.11	38.58	32.62
2013-15	50.93	38.41	33.07

Does this represent an improvement in Bradford in absolute terms?
No

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. Over the whole period, Bradford's rate has worsened as regional and national rates have improved.

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.07i – Under 75 mortality rate from respiratory disease (Male)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?
Yes for 2013-15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	54.81	44.90	39.10
2012-14	57.62	43.80	38.25
2013-15	58.82	42.58	38.51

Does this represent an improvement in Bradford in absolute terms?
No

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. Over the whole period, Bradford's rate has worsened as regional and national rates have improved.

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.07i – Under 75 mortality rate from respiratory disease (Female)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?
Yes for 2013-15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	43.31	34.17	27.64
2012-14	43.15	33.76	27.37
2013-15	43.64	34.48	27.98

Does this represent an improvement in Bradford in absolute terms?
No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. Over the whole period, Bradford's rate, the regional rate and the national rate have all worsened by approximately the same degree.

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.07ii – Under 75 mortality rate from respiratory disease considered preventable (Persons)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?
Yes for 2013-15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	28.56	22.18	17.85
2012-14	28.69	22.05	17.83
2013-15	27.92	21.66	18.09

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes, the gap between Bradford and national rates has narrowed, marginally.

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.07ii – Under 75 mortality rate from respiratory disease considered preventable (Male)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?
Yes for 2013-15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	29.80	23.64	20.35
2012-14	31.96	23.20	20.14
2013-15	31.79	22.30	20.26

Does this represent an improvement in Bradford in absolute terms?
No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. Bradford's rate has worsened as regional and national rates have improved.

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.07ii – Under 75 mortality rate from respiratory disease considered preventable (Female)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?
Yes for 2013-15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	27.22	20.86	15.53
2012-14	25.59	21.01	15.69
2013-15	24.39	21.06	16.07

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.08 - Mortality from communicable diseases (Persons)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 – 14

Is new data available?
Yes for 2013-15. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	10.0	11.0	10.7
2012-14	9.2	9.8	10.2
2013-15	9.9	9.9	10.5

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No.

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.09 – Excess under 75 mortality rate in adults with serious mental illness

What time period was under consideration in the 2016 report to HASCOSC?
2011-12, 2012/13 and 2013/14

Is new data available?
Yes, for 2014/15

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-12	411.9	-	337.4
2012-13	395.5	-	347.2
2013-14	448.6	366.6	351.8
2014-15	426.3	376.9	370.0

Does this represent an improvement in Bradford in absolute terms?
No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes. Bradford's rate has increased by less than the national rate. The lack of availability of earlier regional data reduces the value of making any comparison.

Is it possible to say how many people are included in this calculation?
No. Figures are not reported in the PHOF.

4.10 – Suicide rate (Persons)

What time period was under consideration in the 2016 report to HASCOSC?
Two sets of three aggregated calendar years: 2011 – 13 and 2012 – 14.

Is new data available?
Yes, for 2013 – 15. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011-13	12.1	10.4	9.8
2012-14	12.1	10.3	10.0
2013-15	11.4	10.7	10.1

Does this represent an improvement in Bradford in absolute terms?
No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.11 – Emergency readmissions within 30 days of discharge from hospital (Male)

What time period was under consideration in the 2016 report to HASCOSC?
2011/12

Is new data available?
No.

Is it possible to say how many people are included in this calculation?
No. The figures relate to numbers of admissions, not people. An individual can be admitted more than once during the period in question.

4.12i - Preventable sight loss - age related macular degeneration (AMD)

What time period was under consideration last year (when the indicator did not feature in this report)?
2012/13 and 2013/14

Is new data available?
Yes, for both 2014/15 and 2015/16

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012/13	157.1	127.3	123.1
2013/14	153.6	128.8	118.8
2014/15	146.7	148.1	118.1
2015/16	120.9	131.3	114.0

Does this represent an improvement in Bradford in absolute terms?
Yes

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
The 2015/16 calculation relates to 92 New Certifications of Visual Impairment (CVI) due to age related macular degeneration (AMD).

4.12iv - Preventable sight loss - sight loss certifications

What time period was under consideration last year (when the indicator did not feature in this report)?
2012/13 and 2013/14

Is new data available?
Yes, for both 2014/15 and 2015/16

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012/13	47.8	44.9	42.3
2013/14	53.2	48.0	42.5
2014/15	48.7	51.5	42.4
2015/16	46.7	47.5	41.9

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
The 2015/16 calculation relates to 248 new Certifications of Visual Impairment (CVI)

4.13 – Health related quality of life for older people

What time period was under consideration in the 2016 report to HASCOSC?
2012 / 13 and 2013/14

Is new data available?
Yes, for both 2014/15 and 2015/16

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012/13	0.71	0.72	0.73
2013/14	0.72	0.72	0.73
2014/15	0.73	0.73	0.73
2015.16	0.72	0.72	0.73

Does this represent an improvement in Bradford in absolute terms?
No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No – there is no discernible difference between Bradford, Yorkshire and the Humber and England.

Is it possible to say how many people are included in this calculation?
No. The rate is based on a survey of a sample of over 65s, and response rates are not given.

4.14i – Hip fractures in people aged 65 and over

What time period was under consideration in the 2016 report to HASCOSC?
2012/13, 2013/14 and 2014/15

Is new data available?
Yes, for 2015/16. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012/13	657	612	599
2013/14	570	609	614
2014/15	635	612	599
2015/16	540	615	589

Does this represent an improvement in Bradford in absolute terms?
Yes.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes.

Is it possible to say how many people are included in this calculation?
No. The figures relate to numbers of admissions, not people. An individual can be admitted more than once during the period in question.

4.14ii – Hip fractures in people ages 65 and over – aged 65-79

What time period was under consideration in the 2016 report to HASCOSC?
2012/13, 2013/14 and 2014/15

Is new data available?
Yes, for 2015/16. The method of calculating this figure has been revised by Public Health England and previous figures have also been amended to reflect the changes in calculation.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2012/13	287	256	243
2013/14	240	246	247
2014/15	289	255	244
2015/16	213	252	244

Does this represent an improvement in Bradford in absolute terms?
No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
No. Bradford's rate has increased slightly more than the regional and national rates.

Is it possible to say how many people are included in this calculation?
No. The figures relate to numbers of admissions, not people. An individual can be admitted more than once during the period in question.

4.14ii - Hip fractures in people aged 65 and over - aged 65-79 (Male)

What time period was under consideration in the 2016 report to HASCOSC?
2013/14 and 2014/15

Is new data available?
Yes, for 2015/16

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2013/14	157	158	165
2014/15	240	172	167
2015/16	138	167	168

Does this represent an improvement in Bradford in absolute terms?
Yes – over the period as a whole, but the rate has varied from year to year.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes – over the period as a whole, but the rate has varied from year to year.

Is it possible to say how many people are included in this calculation?
No. The figures relate to numbers of admissions, not people. An individual can be admitted more than once during the period in question.

4.15i – Excess Winter Deaths Index (Single year, all ages)

What time period was under consideration in the 2016 report to HASCOSC?
For the period from August to the following July, for each year between 2011/12 and 2013/14.

Is new data available?
Yes, for August 2014 to July 2015

How does the data compare?

	Bradford	Yorkshire and the Humber	England
Aug 2011 - Jul 2012	24.06	15.58	16.12
Aug 2012 - Jul 2013	24.75	19.79	20.15
Aug 2013 - Jul 2014	9.97	12.25	11.63
Aug 2014 - Jul 2015	24.62	25.84	27.67

Does this represent an improvement in Bradford in absolute terms?
No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?
Yes – but it should be noted there is no clear trend.

Is it possible to say how many people are included in this calculation?
No.

Indicators which did not appear in the 2016 report:

The following 'Healthcare and Premature Mortality' indicators did not feature in the 2016 report to the Committee. However, PHE's "Area Profile" states that Bradford's performance on these indicators is significantly worse than that for England as a whole.

4.05i - Under 75 mortality rate from cancer (Males)

What time period was under consideration last year (when the indicator did not feature in this report)?

Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?

Yes for 2013-15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011 – 13	162.42	173.71	160.87
2012 – 14	166.89	169.88	157.67
2013 – 15	175.41	166.88	154.84

Does this represent an improvement in Bradford in absolute terms?

No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?

No. Bradford's rate has worsened, as regional and national rates have improved. As a result, Bradford is now statistically significantly worse than the national rate.

Is it possible to say how many people are included in this calculation?

No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.05ii - Under 75 mortality rate from cancer considered preventable (Persons)

What time period was under consideration last year (when the indicator did not feature in this report)?

Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?

Yes for 2013-15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011 – 13	89.91	92.54	84.85
2012 – 14	86.83	89.91	82.95
2013 – 15	90.90	88.42	81.12

Does this represent an improvement in Bradford in absolute terms?

No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?

No. Bradford's rate has worsened, as regional and national rates have improved. As a result, Bradford is now statistically significantly worse than the national rate.

Is it possible to say how many people are included in this calculation?

No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.05ii - Under 75 mortality rate from cancer considered preventable (Males)

What time period was under consideration last year (when the indicator did not feature in this report)?

Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?

Yes for 2013-15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011 – 13	94.97	101.39	92.62
2012 – 14	94.34	98.44	90.49
2013 – 15	100.48	96.81	88.38

Does this represent an improvement in Bradford in absolute terms?

No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?

No. Bradford's rate has worsened, as regional and national rates have improved. As a result, Bradford is now statistically significantly worse than the national rate.

Is it possible to say how many people are included in this calculation?

No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

4.07i - Under 75 mortality rate from respiratory disease (Males)

What time period was under consideration last year (when the indicator did not feature in this report)?

Two sets of three aggregated calendar years: 2011 – 13 and 2012 - 14

Is new data available?

Yes for 2013-15.

How does the data compare?

	Bradford	Yorkshire and the Humber	England
2011 – 13	54.81	44.90	39.10
2012 – 14	57.62	43.80	38.25
2013 – 15	58.82	42.58	38.51

Does this represent an improvement in Bradford in absolute terms?

No.

Does this represent an improvement when comparing Bradford with regional and national figures (ie are inequalities narrowing)?

No. Bradford's rate has worsened, as regional and national rates have stabilised or improved. As a result, Bradford is now statistically significantly worse than the national rate.

Is it possible to say how many people are included in this calculation?

No. The measure is a sophisticated calculation which takes into account not only the number of deaths but the ages of the people who have died. The simple number of deaths is not made available through the PHOF.

APPENDIX B: Public Health Commissioned Services as at 1 August 2017

Type	Theme	Supplier	Title	Purpose	Contribution to PHOF Indicators	Start Date	Current End Date
Contract	Children's and Young People	Bradford District Care NHS Foundation Trust	Provision of public health services to 0-5 year olds	Provision of public health services to 0-5 year-olds	Several indicators in the following domain(s): Wider determinants of health, Health improvement, Health protection and Healthcare and premature mortality. More details to follow	**01/04/2017**	**31/03/2018**
Contract	Substance Misuse Service	Elisian	MiCase IT System	IT support contract for the MICase IT System	N/A	**01/01/2016**	**31/12/2019**
Contract	Health Improvement	Henry	Delivery of Tier 1 Preventative Early Intervention for 0-5 year olds	Delivery of staff and parents programmes for healthy eating	2.06i - Excess weight in 4-5 year olds	**01/04/2017**	**31/03/2018**
Contract	Multi	Bradford District Care NHS Foundation Trust	Provision of Public Health Services	Delivery of public health services	Several indicators in the following domain(s): Health improvement, Health protection and Healthcare and premature mortality.	**01/04/2013**	**31/03/2018**
Contract	Multi	Bradford Teaching Hospital NHS Foundation Trust	Provision of Public Health Services	Delivery of public health services	2.01 smoking status at time of delivery 2.01 low birth of term babies 4.01 Infant mortality	**01/04/2013**	**31/03/2018**
Contract	Public Health Team	Kier Business Services Limited	SystmOne support for The Bridge Project	Provision of IT management and support	N/A	**01/04/2017**	**31/12/2017**
Contract	Public Health Team	Kier Business Services Limited	Hosting and support of SystmOne database	The provision, hosting and support of databases, websites and data management services	N/A	**01/04/2017**	**31/03/2018**
Contract	Sexual Health	Community Pharmacy West Yorkshire	Community Pharmacy West Yorkshire - Emergency Contraception	Delivery of Sexual Health Services	2.04 - Under 18 conceptions 2.04 - Under 18 conceptions in those aged under 16	**01/04/2017**	**31/03/2018**
Contract	Sexual Health	Locala	Bradford Integrated Sexual and Reproductive Health Service	Delivery of sexual and reproductive health services	2.04 - Under 18 conceptions 2.04 - Under 18 conceptions in those aged under 16 3.02 - Chlamydia Detection rate (15-24 year olds- Male/ Female/ Persons) 3.04 - HIV late diagnosis	**31/07/2015**	**30/07/2020**
Contract	Sexual Health	Locala	Subdermal Implant Removal Service	Removal of deep non – palpable sub dermal implant which have become difficult to locate or a failed attempt at removal	2.04 - Under 18 conceptions 2.04 - Under 18 conceptions in those aged under 16	**01/07/2016**	**30/06/2020**
Contract	Sexual Health	Yorkshire Mesmac	Our Project: HIV Prevention and Support	Delivery of HIV support services	3.04 - HIV late diagnosis	**01/04/2010**	**30/11/2017**
Contract	Sexual Health	Various NHS Organisations	Secondary Care STI testing and treatment	Bradford residents accessing Secondary Care STI testing and treatment in other Local Authorities	3.02 - Chlamydia detection rate (15-24 year olds: Male/female/persons) 3.04 - HIV late diagnosis	**01/04/2013**	**31/03/2018**
Contract	Substance Misuse Service	Arch Initiatives	DIP/DRR Services	Interventions for drug misusing offenders	1.13 - Reduce Reoffending 2.15i Successful completion of drug treatment – opiates 2.15ii Successful completion of drug treatment – non opiates	**01/04/2012**	**30/09/2017**
Contract	Substance Misuse Service	Bevan Healthcare Cic	Bevan House Extended Hours Primary Care	Delivery of primary care services to vulnerable women	1.13 - Reduce Re offending 2.15i Successful completion of drug treatment – opiates 2.15ii Successful completion of drug treatment – non opiates	**01/04/2013**	**31/03/2018**

APPENDIX B: Public Health Commissioned Services as at 1 August 2017

Type	Theme	Supplier	Title	Purpose	Contribution to PHOF Indicators	Start Date	Current End Date
Contract	Substance Misuse Service	Bradford District Care NHS Foundation Trust	Young People's Substance Misuse	Provision of SMS service for Young People	1.04 First Time entrants to Criminal Justice System 2.15i Successful completion of drug treatment – opiates 2.15ii Successful completion of drug treatment – non opiates	**01/04/2011**	**30/09/2018**
Contract	Substance Misuse Service	Bridge Project	Provision of Public Health Services	Delivery of substance misuse services	1.13 - Reduce Re offending 2.15i Successful completion of drug treatment – opiates 2.15ii Successful completion of drug treatment – non opiates	**01/04/2013**	**30/09/2017**
Contract	Substance Misuse Service	Bridge Project	4 Women Service	Support for women engaged in prostitution	1.13 - Reduce Re offending 2.15i Successful completion of drug treatment – opiates 2.15ii Successful completion of drug treatment – non opiates	**01/04/2015**	**31/03/2018**
Contract	Substance Misuse Service	Bridge Project	Young People's Specialist Substance Misuse Provision	SMS provision for young people	1.04 First Time entrants to Criminal Justice System 2.15i Successful completion of drug treatment – opiates 2.15ii Successful completion of drug treatment – non opiates	**01/10/2014**	**31/03/2018**
Contract	Substance Misuse Service	Community Pharmacy West Yorkshire	Supervision of methadone	To ensure medication is dispensed to drug user in treatment	2.15i Successful completion of drug treatment – opiates	**01/07/2013**	**31/03/2018**
Contract	Substance Misuse Service	Farfield Group Practice	Provision of Public Health Services	Primary care substance misuse support	1.13 - Reduce Re offending 2.15i Successful completion of drug treatment – opiates 2.15ii Successful completion of drug treatment – non opiates	**01/04/2013**	**30/09/2017**
Contract	Substance Misuse Service	Holycroft Surgery	Provision of Public Health Services	Primary care substance misuse support	1.13 - Reduce Re offending 2.15i Successful completion of drug treatment – opiates 2.15ii Successful completion of drug treatment – non opiates	**01/04/2013**	**30/09/2017**
Contract	Substance Misuse Service	Horton Housing Support Ltd	Provision of Public Health Services	Delivery of public health services	2.18 Alcohol Admissions	**01/04/2013**	**31/03/2018**
Contract	Substance Misuse Service	Kilmeny Surgery	Primary Care Substance Misuse Service	Delivery of treatment to substance misusers	1.13 - Reduce Re offending 2.15i Successful completion of drug treatment – opiates 2.15ii Successful completion of drug treatment – non opiates	**01/04/2013**	**30/09/2017**
Contract	Substance Misuse Service	Ling House Medical Centre	Primary Care Substance Misuse Service	Primary care substance misuse support	1.13 - Reduce Re offending 2.15i Successful completion of drug treatment – opiates 2.15ii Successful completion of drug treatment – non opiates	**01/04/2013**	**30/09/2017**
Contract	Substance Misuse Service	Change,Grow,Live Services Limited (Formerly Piccadilly Project)	Provision of Public Health Services	Delivery of alcohol misuse services	2.15: Successful completion of drug treatment- non opiates 2.18 Alcohol Admissions	**01/04/2013**	**30/09/2017**

APPENDIX B: Public Health Commissioned Services as at 1 August 2017

Type	Theme	Supplier	Title	Purpose	Contribution to PHOF Indicators	Start Date	Current End Date
Contract	Substance Misuse Service	Project 6	Provision of Public Health Services	Delivery of substance misuse services	1.13 - Reduce Re offending 2.15i Successful completion of drug treatment – opiates 2.15ii Successful completion of drug treatment – non opiates	**01/04/2013**	**30/09/2017**
Contract	Substance Misuse Service	Project 6	Alcohol Primary Care Service	Provision of alcohol identification and brief advice service with primary care	2.15: Successful completion of drug treatment- non opiates 2.18 Alcohol Admissions	**01/04/2014**	**30/09/2017**
Contract	Substance Misuse Service	Kensington Partnership	Provision of Public Health Services	Primary care substance misuse support	1.13 - Reduce Re offending 2.15i Successful completion of drug treatment – opiates	**01/04/2013**	**30/09/2017**
Contract	Substance Misuse Service	Vapour Media	VM TELEPHONE LINES & RENTAL	Provision of telephone lines for Shipley Town Hall	N/A	**01/04/2015**	**31/03/2018**
Contract	Substance Misuse Service	West Yorkshire Police	DIP POLICE TEAM	Interventions for drug misusing offenders	1.13i - Re- offending levels -percentage of offenders who re offend 1.13ii - Re offending levels - average number of re -offences per offender 2.15i Successful completion of drug treatment – opiates 2.15ii Successful completion of drug treatment – non opiates	**01/04/2010**	**31/03/2018**
Contract	Substance Misuse Service	Sicl	IT Support contract	IT support contract for services located at Shipley Town Hall	N/A	**02/03/2015**	**31/03/2018**
Contract	Substance Misuse Service	Orion Medical Products	Provision of Needle Exchange Supplies	Purchase of Needle Exchange Equipment	2.15i Successful completion of drug treatment – opiates	**01/07/2015**	**30/06/2018**
Contract	Substance Misuse Service	NHS Business Services Authority	Prescribing Costs for Substance and Alcohol Misuse services	Recharge for Prescription and Dispensing costs for Public Health drugs and alcohol misuse services.	2.15i Successful completion of drug treatment – opiates	**01/03/2013**	**30/09/2017**
Contract	Substance Misuse Service	Addaction	Substance Misuse Clinical Support Service	Substitute prescribing and health care within community substance misuse host services	1.13i - Re- offending levels -percentage of offenders who re offend 1.13ii - Re offending levels - average number of re -offences per offender 2.15i Successful completion of drug treatment – opiates 2.15ii Successful completion of drug treatment – non opiates	**01/07/2015**	**30/09/2017**
Contract	Tobacco Control	Community Pharmacy West Yorkshire	Community Pharmacy West Yorkshire - Stop Smoking	Delivery of CBMDC Stop Smoking Service	2.14 Smoking Prevalence, Smoking prevalence Routine and Manual Workers 4.3 Mortality from causes considered preventable and sub-indicators 4.4ii,4.5ii, 4.6ii and 4.7ii on preventable mortality 4.4i: Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke) 4.5i: under 75 mortality rate from all cancers 4.7i: Under 75 mortality rate from respiratory diseases	**01/04/2017**	**31/03/2018**
Contract	Tobacco Control	West Yorkshire Trading Standards	Tackling Illicit Tobacco for Better Health	Bradford Council's Contribution to Tackling Illicit Tobacco for Better Health	2.14 Smoking Prevalence, Smoking prevalence Routine and Manual Workers 2.09 Smoking prevalence age 15	**01/04/2014**	**31/03/2018**

APPENDIX B: Public Health Commissioned Services as at 1 August 2017

Type	Theme	Supplier	Title	Purpose	Contribution to PHOF Indicators	Start Date	Current End Date
Contract	Wider Determinants	Equality Together	Community Welfare Advice Services - Lot 1	Provision of Community Welfare Advice Services	2.23 Self-reported well-being 4.09 Excess under 75 mortality rate in adults with serious mental illness* (NHSOF 1.5i) 4.13 Health-related quality of life for older people 4.15 Excess winter deaths	**01/04/2017**	**15/01/2021**
Contract	Wider Determinants	Family Action	Community Welfare Advice Services - Lot 2	Provision of Community Welfare Advice Services	talking	**01/04/2017**	**15/01/2021**
Contract	Wider Determinants	Citizens Advice Bradford & Airedale and Bradford Law Centre	Community Welfare Advice Services - Lot 3	Provision of Community Welfare Advice Services	2.23 Self-reported well-being 4.09 Excess under 75 mortality rate in adults with serious mental illness* (NHSOF 1.5i) 4.13 Health-related quality of life for older people 4.15 Excess winter deaths	**01/04/2017**	**15/01/2021**
Contract	Wider Determinants	St. Vincent de Paul Society (England & Wales)	Community Welfare Advice Services - Lot 4	Provision of Community Welfare Advice Services	2.23 Self-reported well-being 4.09 Excess under 75 mortality rate in adults with serious mental illness* (NHSOF 1.5i) 4.13 Health-related quality of life for older people 4.15 Excess winter deaths	**01/04/2017**	**15/01/2021**
Contract	Wider Determinants	Citizens Advice Bradford & Airedale and Bradford Law Centre	Community Welfare Advice Services - Lot 5	Provision of Community Welfare Advice Services	2.23 Self-reported well-being 4.09 Excess under 75 mortality rate in adults with serious mental illness* (NHSOF 1.5i) 4.13 Health-related quality of life for older people 4.15 Excess winter deaths	**01/04/2017**	**15/01/2021**
Contract	Health Improvement	National Childbirth Trust (NCT)	Peer Support Breastfeeding Grant	Peer Support Breastfeeding Initiative	2.02i - Breastfeeding - Breastfeeding initiation 2.02ii - Breastfeeding - Breastfeeding prevalence at 6-8 weeks	**01/06/2017**	**31/03/2019**
Contract	Health Improvement	Grange Inerlink Limited	Obesity Prevention and Early Intervention Service - Lot 1	Delivery of Obesity Prevention and Early Intervention Service	1.16 Utilisation of outdoor space for exercise/health reasons 2.06 Excess weight in 4-5 and 10-11 year olds 2.11 Diet 2.12 Excess weight in adults 2.13 Proportion of physically active and inactive adults	**01/07/2017**	**30/06/2018**
Contract	Health Improvement	The Thornbury Centre	Obesity Prevention and Early Intervention Service - Lot 2	Delivery of Obesity Prevention and Early Intervention Service	1.16 Utilisation of outdoor space for exercise/health reasons 2.06 Excess weight in 4-5 and 10-11 year olds 2.11 Diet 2.12 Excess weight in adults 2.13 Proportion of physically active and inactive adults	**01/07/2017**	**30/06/2018**

APPENDIX B: Public Health Commissioned Services as at 1 August 2017

Type	Theme	Supplier	Title	Purpose	Contribution to PHOF Indicators	Start Date	Current End Date
Contract	Health Improvement	Keighley Healthy Living Network	Obesity Prevention and Early Intervention Service - Lot 3	Delivery of Obesity Prevention and Early Intervention Service	1.16 Utilisation of outdoor space for exercise/health reasons 2.06 Excess weight in 4-5 and 10-11 year olds 2.11 Diet 2.12 Excess weight in adults 2.13 Proportion of physically active and inactive adults	**01/07/2017**	**30/06/2018**
Contract	Substance Misuse Service	Change,Grow,Live Services Limited (Formerly Piccadilly Project)	Substance Misuse Recovery Service	Delviery of Substance Misuse Recovery Service	TBC	**01/10/2017**	**30/09/2022**
Grant	Children's and Young People	Keighley Worksafe Project	Keighley Worksafe Project	Support for general healthcare projects	2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-15) 2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	**01/01/2015**	**31/03/2018**
Grant	Children's and Young People	Bradford Trident	Big Lottery Fund's Better Start Bradford Programme - Joint Funded Children's Services and Public Health	Improve life chance, social and emotional development, nutrition, language and communication development of babies and childrens in Bradford district.	Several indicators in the following domain(s): Wider determinants of health, Health Improvement, Health Protection and Healthcare and premature mortality More details to follow	**12/05/2015**	**11/05/2025**
Grant	Health Improvement	Bradford Talking Magazines	Bradford Talking Media	Support for Bradford talking media	2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds 2.06ii - Child excess weight in 4-5 and 10-11 year olds - 10-11 year olds 2.23i - Self-reported wellbeing - people with a low satisfaction score	**01/01/2015**	**31/03/2018**
Grant	Health Improvement	West Yorkshire Trading Standards	Good Food Award	Support food businesses and raising awareness of obesity	2.06i - Excess weight in 4-5 year olds 2.06ii - Excess weight in 10-11 year olds 2.11i - Proportion of the population meeting the recommended '5-a-day' 2.11ii - Average number of portions of fruit consumed daily 2.11iii - Average number of portions of vegetables consumed daily 2.12 - Excess weight in Adults	**01/01/2016**	**31/03/2018**
Grant	Sexual Health	Yorkshire Mesmac	Formula Milk Service for HIV Positive Mothers	Delivery of HIV support services	Several indicators in the following domain(s): Health Improvement and Health protection. More details to follow	**01/04/2014**	**30/11/2017**
Grant	Sexual Health	Yorkshire Mesmac	Our Project: HIV Prevention and Support	Delivery of HIV support services	3.04 - HIV late diagnosis	**01/04/2015**	**30/11/2017**
Grant	Sexual Health	Yorkshire Mesmac	MSM project	Delivery of support to MSM	3.04 - HIV late diagnosis	**01/04/2015**	**30/11/2017**

APPENDIX B: Public Health Commissioned Services as at 1 August 2017

Type	Theme	Supplier	Title	Purpose	Contribution to PHOF Indicators	Start Date	Current End Date
Grant	Sexual Health	Bradford LGB Strategic Partnership	Healthcare support for LGB&T Communities	The Project will improve the health and wellbeing of the Lesbian, Gay, Bisexual and Trans community in the Bradford district by delivering information, advice, screening, training and other health and wellbeing focused activities	2.23 - Self-reported wellbeing 3.4 - People presenting with HIV at late stage of infection 4.3 - Mortality rate from causes considered preventable 1.16 Utilisation of outdoor space for exercise/health reasons 1.18 Social Isolation 2.11 Diet 2.12 Excess weight in adults 2.13 Proportion of physically active and inactive adults 2.23 Self-reported wellbeing	**01/04/2015**	**31/03/2018**
Grant	Substance Misuse Service	Airedale NHS Trust	Provision of specialist midwife for Airedale Substance Misuse maternity service	Delivery of substance misuse services	2.15i Successful completion of drug treatment – opiates 2.15ii Successful completion of drug treatment – non opiates	**01/04/2013**	**30/07/2017**
Grant	Substance Misuse Service	Bridge Project	Bridge Benzo Withdrawal Service	Primary care support for benzo withdrawal	2.15ii Successful completion of drug treatment – non opiates	**01/04/2013**	**30/07/2017**
Framework	Public Health and Wellbeing	Framework For GP Practices In Bradford District	GP Health checks (Vascular Risk Assessment and Management Programme)	Health service function as in section 2B of the NHS Act 2006 and the Local Authorities Regulations	4.3 Mortality fromcauses considered preventable and sub-indicators 4.4ii,4.5ii, 4.6ii and 4.7ii on preventable mortality 4.4i: Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke) 4.5i: under 75 mortality rate from all cancers 4.7i: Under 75 mortality rate from respiratory diseases	**01/04/2014**	**31/03/2018**
Framework	Substance Misuse Service	Greater Manchester West Mh NHS Ft	Provision of In-Patient Detoxification	Delivery of in-patient treatment to individuals with substance misuse problems.	2.15: Successful completion of drug treatment- non opiates 2.18 Alcohol Admissions	**01/02/2016**	**31/01/2018**
Framework	Substance Misuse Service	Turning Point	Provision of In-Patient Detoxification	Delivery of in-patient treatment to individuals with substance misuse problems.	2.15: Successful completion of drug treatment- non opiates 2.18 Alcohol Admissions	**01/02/2016**	**31/01/2018**
Framework	Tobacco Control	Framework For GP Practices In Bradford District	GP Service - Stop Smoking	Health service function as in section 2B of the NHS Act 2006 and the Local Authorities Regulations	2.14 Smoking Prevalence, Smoking prevalence Routine and Manual Workers 4.3 Mortality from causes considered preventable and sub-indicators 4.4ii,4.5ii, 4.6ii and 4.7ii on preventable mortality 4.4i: Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke) 4.5i: under 75 mortality rate from all cancers 4.7i: Under 75 mortality rate from respiratory diseases	**01/04/2014**	**31/03/2018**

APPENDIX 3

NB: This briefing note is retained in its original format from May 2107, including corporate branding from the time.

City of Bradford MDC
www.bradford.gov.uk

BRIEFING NOTE

SUBJECT: Infant Mortality Update May 2017	Confidential: No

1. Purpose

To brief the Chair of Health and Social Care Overview and Scrutiny Committee as requested.

2. Decision required

To note content of report and that infant mortality rates have reduced considerably over the last few years but the last 3 year rolling period has increased slightly. The infant mortality rate remains above national and regional rates and is higher in the more deprived parts of the district.

3. Background

In 2004-2006 the Bradford District Infant Mortality Commission reviewed the evidence for, and reasons behind, why Bradford district experienced one of the highest infant mortality rates in England and Wales. The report provided ten recommendations that have provided the foundation for subsequent 'Every Baby Matters' Strategy and Action Plans, commissioning priorities and interventions. Since then further detailed information and understanding has emerged as a result of the work of the Child Death Overview Panel (CDOP). CDOPs were established nationally in 2008 as a statutory requirement for local children's safeguarding boards and the purpose is to review all deaths in children under 18 years and identify potentially modifiable causes. Because two thirds of all deaths in children under 18 years in the district are in children under one year of age, this has enabled a deeper understanding of why infants die, and continues to inform the Every Baby Matters Action Plan to reduce infant deaths.

Updates on progress have been brought before the Health and Social Care Overview and Scrutiny Committee in 2013, 2014, 2015, and 2016. This briefing provides a further update on progress against the 2016/17 Action Plan and further data on infant mortality that has since been published (analysis of Infant mortality rates are attached in Appendix 1).

4. Key issues

The 3-year rolling Infant Mortality rate (IMR) has increased slightly between 2012-14 and 2013-15 from 5.8 per 1,000 live births to 5.9, as published on the Public Health Outcomes Framework. Overall, numbers of infant deaths have reduced from an average of 68 per annum in 2008-10 to 47 per annum in 2013-15.

The Infant Mortality rate similarly increased across Yorkshire and the Humber region between 2012-14 and 2013-15 from 4.2 per 1,000 live births to 4.3. Nationally the rate of infant mortality has been declining steadily since 2001-03 and is now 3.9 per 1000 live births.

The main findings for Bradford district were as follows:

- The 2013-15 IMR remains higher than the rate for England (3.9 deaths per 1,000 live births) and Yorkshire and the Humber (4.3 deaths per 1,000 live births); *see Appendix 1 Figure 1 .*The 2012-14 IMR was the lowest figure since records began, and this most recent increase follows 7 successive years of reductions.
- The *number* of infant deaths in Bradford remained the same between 2012-14 and 2013-15 (meaning the rate has increased as a result of fewer babies having been born).
- Analysis by deprivation quintiles demonstrates that the reduction has been faster in the more deprived areas of the district. This remains unchanged between 2012-14 and 2013-15; *see Appendix 1 Figure 2.*
- Analysis by ward over the last five years demonstrates that IMRs are considerably higher in Clayton and Fairweather Green, Keighley Central, Little Horton, Toller, and Bowling and Barkerend; *see Appendix 1 Figure 3*.

The Every Baby Matters (EBM) Steering Group continues to lead the partnership work in improving maternal and infant health and reducing infant mortality across the Bradford District. The EBM strategy covers the following 10 recommendations of the original Bradford District Infant Mortality Commission (IMC):

1.	To reduce poverty and unemployment in families in Bradford
2.	To improve the availability of good quality and affordable housing for families
3a.	To improve the health and nutrition of pregnant women, babies and women planning pregnancy by promoting a healthy food culture.
3b.	To increase the numbers and percentages of women who initiate and continue to breastfeed for at least six to eight weeks.
4.	To ensure equal access to all aspects of pre-conception, maternal and infant health care
5.	To improve social and emotional support for vulnerable parents, especially those living in areas of social disadvantage.
6a.	To reduce the numbers of men and women smoking in the District with a focus on the needs of women during pregnancy.
6b.	To reduce the numbers of women with high levels of use of alcohol and/or non-prescribed drugs in pregnancy.
7.	To increase community understanding of the role of genetically inherited congenital anomalies as a cause of death.
8.	To ensure these recommendations are shared widely and understood by communities across the Bradford district.
9.	To develop further the data collection and monitoring procedures in Bradford.
10.	Future research to understand causes of death

The EBM steering group co-ordinates detailed action plans relating to each of these recommendations which form the key priority areas of the EBM Infant Mortality Action Plan.

The EBM Infant Mortality Action Plan draws together a number of local activities and programmes that partners are continuing to work on and prioritise across the 10 Recommendation areas. Some key work over the past year has included:

- Ensuring pregnant women and women with young children have priority to access safer and healthier housing where appropriate and standards in the private sector are improved.
- Development of a new Child Poverty Strategy is now planned and continued focus on reducing unemployment rates overall for families including those with young children.
- Systematic work across the district to promote breastfeeding using UNICEF approved evidence based approaches and actively promoting healthy eating and healthy weight for pregnant women, as well as continued promotion of Vitamin D tablets and Vitamin D awareness.

- Early access to high quality antenatal care for all pregnant women with a focus on identifying those who are at risk or vulnerable at an early stage to provide support.
- Robust universal healthy child programme offer for young children and their families with a focus on support and signposting for those who are more vulnerable including access to services in Children's Centres, voluntary and community sector, and primary care.
- Ensure effective delivery of high impact areas within the Integrated Early Years Action plan which impact on infants
- Support for women to stop smoking in pregnancy with specialist midwifery services.
- Training for community workers and staff across all services around genetic inheritance awareness.
- A range of social media campaigns to support safe sleeping, breastfeeding, stopping smoking in pregnancy and other key areas.
- Continued in depth analysis of why infants die in the district as part of the Child Death Overview Panel work with an annual published report.
- Use of national and local research such as the Born in Bradford research and emerging research and evaluation from the Big Lottery funded Better Start Bradford programme.

A full update of the EBM Action plan is expected in June 2017, along with further detailed information and analysis of all infant deaths reviewed in 2016-17 as a result of the Child Death Overview Panel (CDOP) and this work which will be published in August 2017.

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

Whilst there are budget pressures across all services in the Council, CCG and VCS, key services across midwifery, health visiting, children's centres, early years, primary care, and the voluntary and community sector are working closely together to mitigate risks for children and families and continue to focus on improved outcomes and reducing inequalities for young children. Key strategic mechanisms for this work are via the Integrated Early Years Strategy Action Plan for children aged 0-7 years and the key current Prevention and Integration transformation and integration work for children 0-19 years is being led by Children's Services.

6. Options

Not applicable

7. Recommendations

To note content of this briefing and the wide range of work currently underway and being delivered by partners across the district which contributes to improving maternal and child health overall and reducing infant mortality rates via the Every Baby Matters Action Plan.

8. Appendix 1 –Analysis of Infant mortality rates

Report Sponsor: Bev Maybury Strategic Director of Health and Wellbeing	Contact Officer: Shirley Brierley Consultant in Public Health Shirley.brierley@bradford.gov.uk

Appendix 1 : Analysis of Infant mortality rates for Bradford district

Infant mortality – Deaths per 1,000 live births *Source: Public Health Outcomes Framework*

Year	Bradford		Yorkshire and the Humber	England
	Number	Rate		
2001-03	199	9.0	5.9	5.4
2002-04	177	7.9	5.9	5.2
2003-05	178	7.7	5.8	5.1
2004-06	172	7.2	5.8	5.0
2005-07	204	8.3	5.8	4.9
2006-08	204	8.2	5.6	4.8
2007-09	207	8.1	5.5	4.7
2008-10	205	7.9	5.4	4.6
2009-11	192	7.5	5.2	4.4
2010-12	177	7.0	4.8	4.3
2011-13	146	5.9	4.5	4.1
2012-14	142	5.8	4.2	4.0
2013-15	142	5.9	4.3	3.9

Figure 1: Infant mortality - Rate of deaths in infants aged under 1 year per 1,000 live births

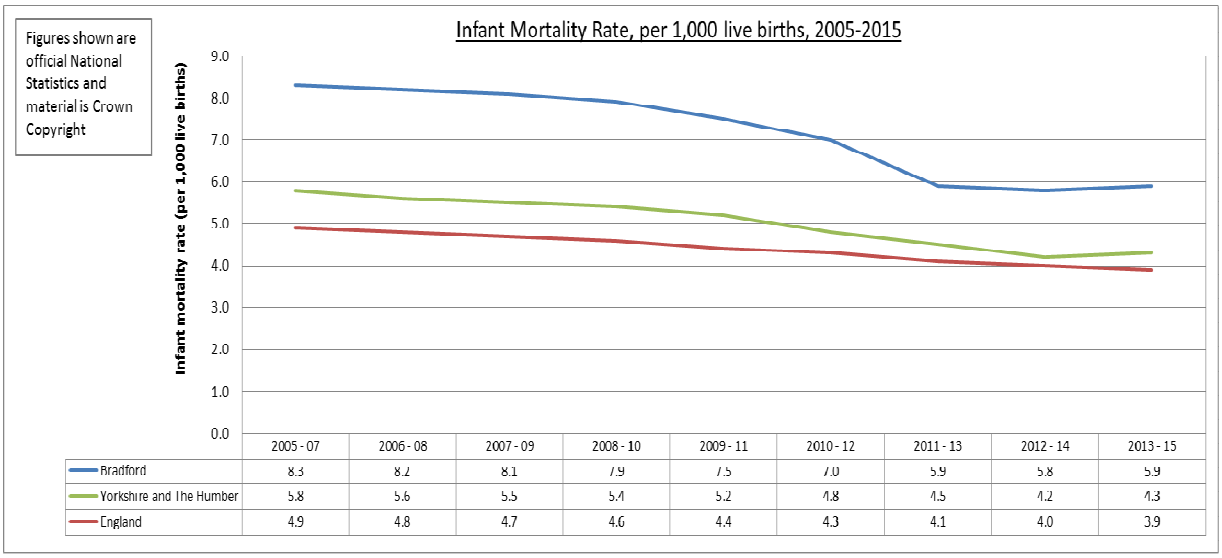
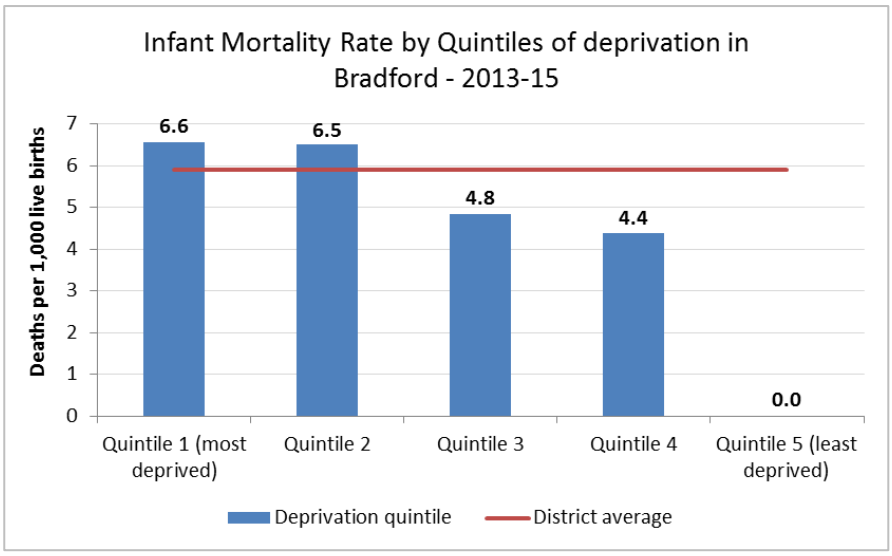


Figure 2: Infant mortality rate - reductions from 2007-09 to 2013-15

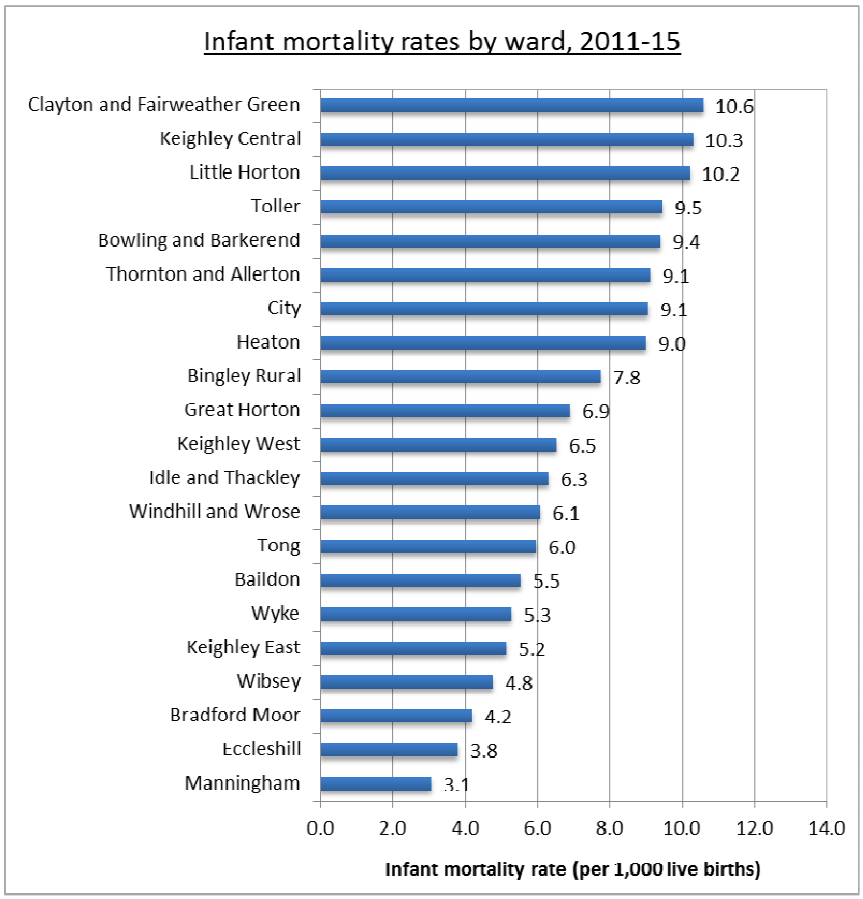
Infant mortality – Local, National, and Regional rates				
Year	Bradford Most Deprived Quintile	Bradford	Yorkshire & Humber	England
2007-09	10.6	7.9	5.3	4.6
2008-10	10.2	7.9	5.4	4.6
2009-11	9.0	7.5	5.2	4.4
2010-12	7.8	7.0	4.8	4.3
2011-13	6.9	5.9	4.5	4.1
2012-14	6.6	5.8	4.2	4.0
2013-15	6.6	5.9	4.3	3.9
IMR change between 2007-09 and 2013-15	**-4.0**	**-2.0**	**-1.0**	**-0.7**

Infant mortality by deprivation quintile – 2013-15



Please note: *Quintiles of deprivation do not have clear geographic boundaries; they are a way of assessing the most- and least-deprived parts of the region and this cannot be interpreted geographically e.g. small pockets of deprivation may exist within areas which are otherwise less-deprived, and vice versa.*

Figure 3: Five year Infant mortality rate by ward – 2011-15



Please note: *Results are not displayed for Bingley, Bolton and Undercliffe, Craven, Ilkley, Queensbury, Royds, Shipley, Wharfedale, Worth Valley as fewer than 3 deaths occurred in these wards. Due to the small numbers involved within these wards, compliance with regards to disclosive situations must be observed.*

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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Strategic Director of Health and Wellbeing to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 7 September 2017

E

Subject:

Briefing Note for Projects over £2m – Independent Advocacy Service Procurement

Summary statement:

In line with Council Standing Order 4.7.1 all contracts with an estimated value of over £2m must be reported to the relevant Overview and Scrutiny Committee before inviting tenders. This report details the above requirement.

This report sets out the Independent Advocacy Service commissioning project being undertaken. This activity is in line with the Department's procurement plan and the Department's Transformation Programme work. This is a collaborative project with the Airedale, Wharfedale and Craven CCG, Bradford City CCG and Bradford Districts CCG. .

Bev Maybury
Strategic Director of Health & Wellbeing

Portfolio:
Health & Wellbeing

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Overview & Scrutiny Area:

Health & Social Care

1. SUMMARY

1.1 In line with Council Standing Order 4.7.1 all contracts with an estimated value of over £2m must be reported to the relevant Overview and Scrutiny Committee before inviting tenders. This report details the above requirement.

1.2 This report sets out the Independent Advocacy Service commissioning project being undertaken. This activity is in line with the Department's procurement plan and the Department's Transformation Programme work. This is a collaborative project with Airedale, Wharfedale and Craven CCG, Bradford City CCG and Bradford Districts CCG.

2. BACKGROUND

2.1 The Department procures and manages a wide range of (predominantly) service contracts that deliver care and support to vulnerable adults in the Bradford district.

2.2 Every contract the Department holds is reviewed through the Departments Procurement Assurance Board and the Departmental Transformation Programme Board, which is accountable to the Corporate Priority Delivery Programme Board.

2.3 The Independent Advocacy Service Contract ('the Contract') set out in this Committee report has been through the business planning process and is part of the transformational and integration programme work being undertaken by the Department.

2.4 The Contract will be the first European Union (EU) procurement exercise to have been undertaken by the Department for contracts for these services. It is envisaged that the new service(s) are likely be procured for a period of around three years therefore the aggregated value of the procurement will exceed £2m.

The current services are provided by 5 Providers under 15 arrangements some of which are joint funding arrangements with the NHS and some of which are in the form of Council grants.

2.5 This procurement is being undertaken in order to ensure that the Council is meeting its statutory duties under the Care Act 2014, Mental Health Act 2007 and the Mental Capacity Act 2005 and to cater for future demand. The change in the way the Department procures services has been agreed by the Department's senior managers.

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

3. REPORT ISSUES

3.1 The current Advocacy provision is provided by 5 Providers under a number of arrangements, some of which are joint funded with the NHS and some of which are in the form of Council grants. All services are grant funded and have been in place for a number of years. This work is divided into 2 categories; Independent Advocacy

and Self and Group Advocacy. In addition, there are 2 further services that we propose to bring in scope of advocacy services; a summary table can be found below.

3.2. Overview of current services:

Advocacy Type	Description	Value
Independent Advocacy – Statutory and Non statutory	This aims to give impartial advocacy support, independent to the Council. It is required to meet our statutory duties under the Mental Health Act 2005, Mental Capacity Act 2007 and the Care Act 2014, for example to ensure that people are appropriately involved when decisions are being made about their care, or that people where people lack capacity to give informed consent. It also provides support to people where there is not a statutory duty but it is recognised that there is a need, for example pensions and benefit issues to Older People.	£392,195.00BMDC £124,671.00CCG
Self and Group Advocacy	This is support to individuals and groups to self-advocate, for example to facilitate feedback on disability issues.	£89,905.00.00BMDC £184,000.00CCG
Peer and Mentoring	This supports peer and mentoring support to Service user Involvement Group as they advocate on Housing Related Support services.	£15,975.00BMDC
Support to BOPA	This provides secretariat support and a degree of peer and mentoring support to the partnership members as they advocate on older people's issues.	£37,200.00BMDC
Total		£535,275.00BMDC £308,671.00CCG Grand total £843,946.00

3.3 Since the initial agreements were set up, the landscape has altered substantially, with changes to the statutory advocacy duties notably introduction of the Care Act 2014 which broadens the scope of duties to be provided, including where the LA considers the person may have substantial difficulty in engaging with the care and support process and where there is no appropriate person who can facilitate their involvement.

In addition, the impact of the Cheshire West ruling in 2014 has seen a large increase in applications for DoLS which often need a paid RPR when there are no other appropriate friends and family to take on this role. The paid RPR is usually an IMCA.

Locally, Bradford has seen an increase in the need for paid RPRs but have not provided additional funding. There is now a backlog in excess of 1,350 cases. There is also an increasing need to make Re X applications to the Court of Protection for people who are deprived of their liberty within the community.

3.4 It is proposed that the Local Authority and Clinical Commissioning Groups adopt a joint approach to commissioning independent advocacy in line with EU Procurement regulations, with a view to establishing contracts through an Open

tender process and reviewing the various funding arrangements. To facilitate this we will run a procurement exercise through the on-line Pro-contract, YORtender web portal.

3.5 As part of this process, forecasts are being developed for the future demand to ensure that we meet our duties around statutory advocacy as well as retaining some provision for non-statutory and self and group advocacy. Good practice in other areas also points to the development of a single gateway which provides a more coherent pathway and this will be considered.

3.6 Engagement has already started with current providers and a Prior Information Notice (PIN) was issued on the 22nd of December 2016 inviting expressions of interest to open the market up to wider competition, to which we received 19responses. The message above was conveyed to all current providers, plus interested potential providers from inside and outside the district at an event on the 12th June 2017. Representatives from 38 organisations attended this event, representatives include frontline staff, Management Committee and service users.

3.7 The current grant arrangements end on 30 September 2017 and have been extended to 31 March 2018 which will align with the CCG funding arrangements and allow us to procure services through a tender.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 The budget for this procurement has been agreed jointly with the CCG and Health & Wellbeing department and has been agreed in line with Departmental Transformation Board.

4.2 The previous financial envelope for all services was £836, 946 (as detailed in 3.2 above). Our current financial forecasting for these services indicates that going forward, we will need a budget of circa £776, 946 to meet demand. It is proposed that the £60,000 projected saving in this budget will be used to support further MCA and BIA assessments within the DoLS budgets which needs additional investment in order for the Council to meet its Statutory requirements.

4.2 Overview of Proposed Services.

Advocacy Type	Description	Value (Circa)
Independent Advocacy – Statutory and Non statutory	The Council intends to commission a single provider to meet all statutory requirements on the Council for the provision of Independent Advocacy under the terms of the Care Act 2014, the Mental Capacity Act 2005 and the Mental Health Act 2007 as described above. This is across all categories of need and access will be through a single gateway.	£606, 946
Self and Group Advocacy, Volunteering and capacity Building.	The Council intends to commission a single provider to deliver all aspects of Peer and Group Support, Volunteering and Capacity Building across the District.	£170,000

Savings	It is proposed that this is reinvested into the MCA budget	£60,000
Total		£836, 946

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 An advocacy project team was set up to manage the work and associated risks. This includes members from H&WB department: commissioning, MCA and DoLS and CCG.

5.2 The advocacy project will report to the Departments Procurement Assurance Board and the Departments Transformation Programme Board to ensure the procurement and resulting contract sits within the Departments vision and priorities.

6. LEGAL APPRAISAL

6.1 The procurement of the advocacy services is to ensure the Council is meeting its statutory duties under the Care Act 2014 and the Mental Capacity Act 2005 and to cater for future demand.

6.2 The Councils Legal Services will form part of the project group for the procurement of this service and will provide advice on both commercial and social care legal aspects.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

7.1.1 As part of the commissioning process equality impact assessments will be carried out at various stages in the commissioning and procurement process to ascertain the impact of changes in service provision.

7.2.1 SUSTAINABILITY IMPLICATIONS

None

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.4 COMMUNITY SAFETY IMPLICATIONS

None

7.5.1 HUMAN RIGHTS ACT

7.5.1 The implementation of the Councils' duties under the Care Act 2014 must be discharged in keeping with the positive obligations incumbent of the Council to uphold and safeguard people's human rights in keeping with the European Convention on Human Rights and the statutory principles of the Mental Capacity Act 2005 Code of Practice.

7.6 TRADE UNION

None

7.7 WARD IMPLICATIONS

None

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

None

8. NOT FOR PUBLICATION DOCUMENTS

8.1 None

9. OPTIONS

9.1 There are no options associated with this report. Its contents are for information only.

10. RECOMMENDATIONS

10.1 The content of the report should be noted.

11. APPENDICES

11.1 None

12. BACKGROUND DOCUMENTS

12.1 None

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Strategic Director of Health and Wellbeing to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 7 September 2017

F

Subject:

Safeguarding Adults at Risk of Abuse

Summary statement:

This report provides Scrutiny Committee Members with details of Bradford Council's Health and Well Being Department's performance in relation to the Protection of Adults at Risk from abuse for the year 2016/17. In addition, the report provides a current summary of activity and ongoing development.

Bev Maybury
Strategic Director, Department of Health and Wellbeing
Report Contact: Rob Mitchell, Principal Social Worker, Department Health and Well Being

Portfolio:
Health and Wellbeing

1. SUMMARY

This report provides Scrutiny Committee Members with details of Bradford Council's Health and Well Being Department's performance in relation to the Protection of Adults at Risk from abuse for the year 2016/17. In addition, the report provides a current summary of activity and ongoing development.

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. Bradford MDC has a number of statutory safeguarding duties arising from the Care Act which the Council has been implementing through changes to the structure and operating process in relation to safeguarding the rights of adults at risk of abuse including provision of advocacy support.

The aim of any future development of the Safeguarding Adults Team is to provide a robust system for dealing with the increasing number of safeguarding adults concerns whilst being capable of delivering the Care Act's requirement to 'Make Safeguarding Personal' (MSP) in keeping with the positive obligations incumbent of the Council to uphold and safeguard people's human rights in keeping with the European Convention on Human Rights and the statutory principles of the Metal Capacity Act 2005 and Code of Practice which are:

- a presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise
- the right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions
- that individuals must retain the right to make what might be seen as eccentric or unwise decisions
- best interests - anything done for or on behalf of people without capacity must be in their best interests
- least restrictive intervention - anything done for or on behalf of people without capacity should be an option that is less restrictive of their basic - as long as it is still in their best interests.

2. BACKGROUND

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. Bradford MDC has a number of statutory safeguarding duties arising from the Care Act which the Council has been implementing through changes to the structure and operating process in relation to safeguarding the rights of adults at risk of abuse including:

- leading a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens
- making enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed

- establishing Safeguarding Adults Boards, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- carrying out Safeguarding Adults Reviews when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them
- arranging for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

During 2017 the Council has begun to apply pace to the process of implementing the Care Act duties and changing business practices and operating protocol in consultation with key partners within the Safeguarding Adults Board, including West Yorkshire Police.

Safeguarding Adults Board (SAB) includes the local authority, the CCG and the police. The SAB is required to publish a strategic safeguarding plan annually on its progress, to ensure that partner agencies' activities are effectively co-ordinated and delivered.

The Safeguarding Adults Board needs to arrange for a Serious Case Review to take place in certain circumstances, where an adult dies or there is concern about how one of the members of the SAB conducted itself in the case. Such reviews will focus on learning from experience and improving services.

3. REPORT ISSUES

The main purpose of this report is to reassure elected members that Bradford will continue to drive forward the development of the Safeguarding Adults Team in order to ensure a high quality service delivery that protects the health and wellbeing of adults at risk and at the same time provides them with the opportunity to remain independent, make their own choices, and remain in control of their lives.

During 2017 the Council has begun to apply pace to the process of implementing the Care Act duties and changing business practices and operating protocol in consultation with key partners within the Safeguarding Adults Board, including West Yorkshire Police. The baseline for this work is the 2016/17 performance reported to NHS Digital which shows that:

- Bradford is below the average for the region in term of the volume of safeguarding concerns reported at 827 concerns per 100,000 population versions a regional average of 927 per 100,000 population.
- Of the concerns received Bradford progressed 20% through to Section 42 enquiries. This was the lowest in the region, with the range being between 20% and 100% of concerns progressing to Section 42 enquiries.
- The proportion of concerns that had an outcome of 'no further action' was the highest in the region with 74% of concerns raised, not progressing to any formal investigation. It is not possible from the data collected to identify what proportion of concerns related to the same individual. However, data reported on the Safeguarding Adults Collection (SAC) suggests that some cases have multiple individuals involved. No indication is given to people who were subject to more than one safeguarding concern during the year as this is not a focus of the return.
- When the data is disaggregated at health condition level, with 58% of all concerns relating to mental health and 28.6% relating to learning disabilities.

- Of those concerns which progressed to a Section 42 enquiry, 7% of people reported that they had a risk remain, 62% saw the risk reduced and 30% saw the risk removed altogether.
- Overall, the Adult Social Care Outcomes Framework report that 72% of people who use services felt safe in 2016/17 which is above the regional average for Yorkshire Humber of 70%. This was an improved position of 2015/16.

This historic level of performance had resulted by September 2016 with Bradford having accumulated a backlog of 1,000 concerns raised about an adult at risk of abuse which included 200 concerns which dated from between 2014 -16. The newly appointed Strategic Director Health and Well Being, who commenced post in October 2016 has taken the following action to improve performance:

- Establishment of the post of Principal Social Worker to lead on professional practice standards for all adult social workers including discharging of their statutory functions under Section 42 of the Care Act – the duty to make enquiries where a concern is raised about an adult who is potentially at risk of abuse.
- Establishment of the role of Mental Capacity Act Lead and recruitment of an Interim Team Manager Safeguarding Adults to lead and manage the implementation of assurance frameworks which ensure that the Council upholds and safeguards people's rights and does so through discharging statutory functions in keeping with the standards laid out in the Care and Support Statutory Guidance to the Care Act.
- Recruitment to a full staff team for a refocused and rebranded Safeguarding Adults Team.
- Commissioning of Quality Projects to undertake a review and closure process for 208 cases dated 2014 to 2016. 41 of these cases have progressed forwards for further enquiries.
- Cooperated with internal audit to develop improvement plans for MCA and the Deprivation of Liberty Safeguards.
- All staff in the Department with responsibility for assessing risk have been trained between April and July 2017 in Mental Capacity, legal literacy and the procedures of the Court of Protection.
- Begun work in partnership with West Yorkshire Police to establish a Multi-Agency Safeguarding Hub for screening and triage of concerns between the Local Authority and the Police as the joint lead agencies for safeguarding adults at risk of abuse. The MASH shall be located within the Access Team at Britannia House and shall be staffed by a joint team of social workers and a detective and coordinator from the police. This is due to go live from October 2017.
- Commenced a commissioning review of the arrangements for statutory advocacy roles including Care Act advocates, Independent Mental Capacity Advocates, Independent Mental Health Advocates, the Relevant Person's Representative and Litigation Friends which are provided by 5 Providers who are funded through 15 separate grant and contractual arrangements some of which are joint funding arrangements with the CCGs grants.

In keeping with the views of the Safeguarding Adults Board there is a compelling business case being prepared to redesign the function of a Safeguarding Adults Team to modernize the function and ensure that the Council is compliant with Sections 40 to 42 of the Care Act – the duty to make enquiries. The Care Act requires that Bradford Council make proportionate enquiries (or to make sure that, as the lead agency, enquiries are carried out by the relevant organisation) where there is a concern about the possible abuse or neglect

of an adult at risk. This may or may not be preceded by an informal information-gathering process, if that is necessary to find out whether abuse has occurred or is occurring and therefore whether the Section 42 duty applies.

It is important that at all points, the five statutory principles of the Mental Capacity Act underpin all approaches to ensure that the person is in control and their capacity to decide how they want their outcome met through a safeguarding adults process is assumed. Consideration needs to also be given how the Council discharges its Section 42 functions in partnership with the police where there is a potential criminal investigation required. This requires that we ensure that all partners are working together, putting the adult at risk at the centre of all activity and fast-tracking safeguarding actions where it is most needed thus addressing the known issues of duplication, delayed information-sharing and unnecessary bureaucracy.

The police have worked in partnership with the Council and the CCG to develop initial proposals in relation to multi-agency information sharing (otherwise known as a MASH). This model reflects the basic role of a multi-agency safeguarding adults team in facilitating information-sharing and risk assessment when a concern about an Adult at Risk is raised and submitted. The proposals envisage an enhanced duty system based in the Council's Access Service and reporting through to the Safeguarding Adults Team Manager, through which all safeguarding concerns are properly risk-assessed using information from the Local Authority and Police as the joint lead agencies for safeguarding adults at risk of abuse. Further the pilot will include a named detective being assigned as the lead liaison officer working with the Team Manager Adult Safeguarding to on a daily basis to coordinate responses where there is a potential criminal investigation required. This approach shall support expedited joint decision making on the priority level of the concern and where a joint risk management plan is the most appropriate response. This is intended to cut down on barriers to reporting adult safeguarding concerns, and make it as simple as possible for members of the public and Adults at Risk themselves to report concerns and receive the right level of support to enable them to remain in control of how their outcomes are met.

4. FINANCIAL & RESOURCE APPRAISAL

The Department has had to significantly in adult social work to rebuild the Safeguarding Adults Team and establish the Mental Capacity Service. This has been an unfunded growth pressure on the Departmental budget.

The annual budget for the service is c £685,000 . The proposed contract length is 5 years plus 1, giving a total contract value of c £4.1million.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The historic response to concerns resulted in a backlog of open cases which was not addressed until the arrival of the Strategic Director Health and Well Being in October 2016 Work which has commenced to review and gather further information prior to a decision being made in relation to these cases potentially exposes the Council to further risk associated with the outcome rom the enquiry. This risk has been placed upon the Corporate Risk Register. The majority of this risk has now been mitigated.

6. LEGAL APPRAISAL

The advocacy contracts are due to terminate on 31 March 2018, and under the proposed procurement timetable, a contract would be awarded in December 2017 allowing for a 3 month handover, with the new service commencing on 1 April 2018.

The contract will be formed of 2 Lots:

1. Statutory and Non Statutory Advocacy
2. Self and Group Advocacy, Capacity Building and Volunteering.

This approach is to ensure that the Council is meeting its statutory duties under the Care Act 2014 and the Mental Capacity Act 2005 and to cater for future demand. Market engagement has been on-going.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

Analysis of safeguarding adults concerns for 2016/17 shows that 57% of activity relates to females and 43% to males. Of the contacts relating to females, slightly more (19%in total) proceed to a Section 42 enquiry, where as for males only 16% proceed to S42 enquiries. 75% of all activity related to people whose ethnic origin is recorded as white and 13% are from BME backgrounds.

7.2 SUSTAINABILITY IMPLICATIONS

None

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.4 COMMUNITY SAFETY IMPLICATIONS

Safeguarding adults at risk of abuse is a core strand of community cohesion and community safety approach.

7.5 HUMAN RIGHTS ACT

Implementation of the Council's duties under the Care Act 2014 to safeguard adults at risk of abuse must be discharged in keeping with the positive obligations incumbent of the Council to uphold and safeguard people's human rights in keeping with the European Convention on Human Rights and the statutory principles of the Metal Capacity Act 2005 and Code of Practice.

7.6 TRADE UNION

None

7.7 WARD IMPLICATIONS

None

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

None

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

There are no options associated with this report.

10. RECOMMENDATIONS

That the Committee consider the report and any resolutions it may wish to make.

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

None

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