



Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 7 December 2017 at 4.30 pm in Ernest Saville Room - 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 I Hussain S Hussain Iqbal 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.
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- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

From:

Parveen Akhtar
City Solicitor
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Phone: 01274 432269
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To:

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

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

2. DISCLOSURES OF INTEREST

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

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

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

Notes:

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

3. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

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

Any request to remove the restriction on a report or background paper

should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

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

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

(Palbinder Sandhu - 01274 432269)

4. 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

5. BRADFORD DISTRICT HEALTH AND SOCIAL CARE INDUSTRIAL CENTRE OF EXCELLENCE (ICE)

The ICE Programme is a strategic partnership between industry and education. It has come out of a need to improve the skills levels of our young people across the Bradford District. The ICE addresses the skills shortage in the health and social care sector by providing young people with the skills, behaviours and attributes to support Bradford capability to secure more jobs and inward investment in the future.

The ICE:

- Improves the opportunities for 14-19 year olds to benefit from specialist skills influenced by Industry, developing progression routes in further higher learning and skilled employment
- Engages with business to identify their priority skills in order to redesign, shape, create fit for purpose education and training programmes that address market failure and transformational change.
- Provides young people with a set of in-demand and marketable qualifications weaved in with employability skills to help them secure employment

The Director will attend the meeting to give an update on the establishment and activity of the Bradford District Health and Social Care ICE to date.

(Stacey Jobson – 07880 380426)

6. HEALTH AND WELLBEING SECTOR WORKFORCE

1 - 18

NHS Airedale Wharfedale & Craven, Bradford City and Bradford Districts Clinical Commissioning Groups will submit **Document “S”** which provides both a strategic overview of the national, regional and

local priorities and associated workforce challenges and enablers for the health, social care and wellbeing sector, and a progress update on the development and delivery of the Bradford District and Craven Integrated Workforce Programme's workforce strategy.

A presentation will be given at the meeting which will include an overview of how Bradford District and Craven is addressing the workforce issues and challenges.

Recommended –

- (1) That the Committee is assured that the Integrated Workforce Programme (IWP) strategy and work programmes are taking the right approach and actions to support achievement of the vision and objectives for health and social care in the District.**
- (2) That Members of the Committee provide support in communicating the ambitions and actions of the IWP at regional and district forums; providing any links or connections that the Board thinks may strengthen the approach of the IWP.**
- (3) That Members advise the IWP on the nature and frequency of further reports to the Committee.**

(Michelle Turner - 01274 237290)

7. SCREENING AND IMMUNISATION PROGRAMMES

19 - 50

The report (**Document “T”**) of the West Yorkshire Screening and Immunisation Team provides an update on the progress with regard to the uptake and coverage of screening and immunisation programmes in the Bradford locality through partnership working.

Recommended –

That the Committee note:

- (1) The report and the on-going work to support and promote the NHS England commissioned screening and immunisation programmes within the Bradford area.**
- (2) That Bradford MDC continues to engage and assurances are given to the Director of Public Health in relation to commissioned screening and immunisation programmes which are sought through local operational groups, programme boards and West Yorkshire Screening & Immunisation Oversight Group.**

(Kate Horsfall – 01132 8252703)

8. REIMAGINING DAYS

51 - 78

In line with Council Standing Order 4.6.1 all contracts with an estimated value of over £2m must be reported to the relevant Overview and Scrutiny Committee before inviting tenders.

The Strategic Director of Health and Wellbeing will submit **Document “U”** in line with the above requirement. The report gives an overview of the Reimagining Days project, which is part of the Department’s Transformation Programme work and seeks to assist people to participate in ordinary community activities and is based on the philosophy that everyone has contributions to make to their community.

Recommended –

Members may wish to comment on the contents of the report and appendix.

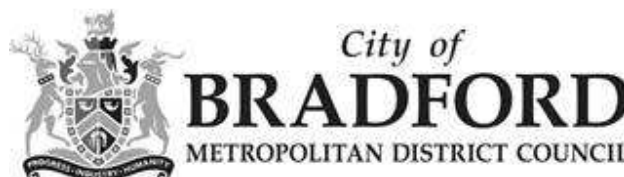
(Julie Robinson-Joyce/Kerry James – 01274 43 5064/ 2576)

9. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2017/18

A work planning discussion will take place on the Committee’s work programme for the remainder of the 2017/18 municipal year.

(Caroline Coombes – 01274 432313)

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Report of the Bradford District Craven Integrated Workforce Programme to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on December 7th 2017

Subject:

S

Health and Wellbeing Sector Workforce

Summary statement:

The paper provides both a strategic overview of the national, regional and local priorities and associated workforce challenges and enablers for the health, social care and wellbeing sector, and a progress update on the development and delivery of the Bradford District and Craven Integrated Workforce Programme's workforce strategy.

The paper will be supported by a presentation which will include an overview of how Bradford District and Craven is addressing the workforce issues and challenges.

Michelle Turner

Director of Quality and Nursing
NHS Airedale, Wharfedale and Craven CCG
NHS Bradford Districts CCG
NHS Bradford City CCG

Jill Ashbury

Chief Nurse
Airedale NHS Foundation Trust

Report Contact: Michelle Turner

Director of Quality and Nursing
Phone: (01274) 237290
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1. SUMMARY

The paper provides both a strategic overview of the national, regional and local issues for the health, social care and wellbeing sector workforce, and a progress update on the development and delivery of the Bradford District and Craven Integrated Workforce Programme's (IWP) workforce strategy. This includes:

- An overview of the context in which the Integrated Workforce Programme (IWP) is operating nationally, regionally and locally. The local strategic context includes the development of the two Accountable Care Systems across Bradford and Airedale, the District's Joint Health and Wellbeing Strategy (in development), the Home First strategy for adult social care in the District and the Children, Young People and Families Plan.
- The key workforce priorities, challenges, and enablers, regionally and locally.
- Progress across the four key IWP work programmes and alignment with other workforce initiatives and work streams.

A caveat in the report is that the workforce data is presented at an aggregated West Yorkshire and Harrogate (WY & H) level and therefore does not necessarily accurately reflect the local workforce picture for the Bradford District and Craven health and care system. In October 2017 the Integrated Workforce Programme met with Health Education England and local partners to review the availability of local workforce data and intelligence and to agree how best to identify the gaps. This information will be available early in 2018.

This report was discussed at the Health and Wellbeing Board in September 2017.

2. BACKGROUND

On 20th June 2017 the Bradford and Airedale Health and Wellbeing Board held a development meeting, facilitated by the Local Government Association, and focused on whole system working across the health, care and wellbeing sector. Workforce issues were identified as a key area for the Board's work programme in 2017-18.

The Integrated Workforce Programme (IWP) is an enabling programme which reports to the Integration and Change Board (ICB). It aims to work collaboratively to address the commonly identified system wide workforce challenges and to support achievement of the shared vision for the health and well-being of the local population. The programme geographically covers the Bradford District and Craven; working across and in collaboration with health, social care, voluntary services, the independent sector and with education and training providers. The programme is chaired by Karl Mainprize, Medical Director of Airedale Hospital Foundation Trust.

Its intention is to build on the good work and activity already taking place across the health and care system in relation to workforce rather than duplicating effort. The aim is to address any gaps, ensure delivery of the key priority areas and to maximise efficiencies by bringing people and expertise together; creating synergies where they do not currently exist in order to support the development of an integrated workforce that is fit for the future and increases the supply of talent where it is most needed.

The IWP's workforce strategy, approved in August 2016, was co-created and co-designed by partners within and across the health and care system (See appendix A). It brings together the workforce challenges, key priorities, good practice and potential workforce solutions from a wide range of health and care sectors and pathways. It provides an overarching and system wide strategy that has been shaped, tested and refined over time by a wide range of people. The strategy is not intended to replace organisational or pathway specific workforce strategies/plans but rather to enable these by addressing system wide issues and providing solutions in the medium to long term.

The IWP is mindful of the wider environment and context that health and care operates in and aims to work on a wider footprint wherever it is more appropriate, effective and/or efficient to do so. The delivery plan underpinning the strategy (see Appendix B) reflects this wider context and the good practice taking place both regionally and locally.

3. Report issues

3.1 National, Regional, Local Service Priorities

The Five year Forward View and the Five Year Forward View Next Steps for Sustainability and Transformation Partnerships (STPs) identify the need for health and care services to work together in a collaborative and integrated way to:

- Prioritise prevention and enable self-care at scale
- Support frail and older people stay healthy and independent
- Take the strain off A&E and hospital services
- Provide greater access to general practice and community based services
- Improve diagnostic, stroke and cancer services
- Place a greater emphasis on mental health (particularly children and young people)
- Leverage the potential of technology and innovation

Health population and service priorities at a local level are identified in the Bradford District and Craven Plan which highlights the need for:

- Prevention and early intervention at the first point of contact with a specific focus on children, obesity, type 2 diabetes, CVD, cancer, respiratory and mental wellbeing
- The creation of sustainable, high impact primary care through our primary medical care commissioning strategies and commissioning social prescribing interventions
- Supported self-care and prevention by maximising our community assets to support individuals and train our workforce to empower and facilitate independence
- Provision of high quality specialist mental health services for all ages and early intervention mental wellbeing support services
- Delivery of population health outcomes and person centred care through new contracting, payment and incentives in line with accountable care models elsewhere. This includes specific interventions that transform services to

address the physical, psychological and social needs of our population, reducing inequalities and addressing the wider determinants of health

- A sustainable model for 24/7 urgent and emergency care services and planned care.

Addressing these priorities in the wider context of achieving the triple aims of improving the health and wellbeing of the local population and improving the quality of care whilst addressing the system wide financial gap is challenging. It requires system wide integration and removal or a 'blurring' of the boundaries between primary and specialist services, health and social care and mental and physical health. The development of two Accountable Care Systems across the Bradford District and Craven, with an aim for total population coverage by 2021, will enable the achievement of these triple aims in many ways.

The need for a shift from hospital based to primary and community services requires proactive collaboration and effective integration on a number of levels. An example of supporting this shift is the Integration and Better Care Fund Narrative Plan 2017-19 for Bradford District which includes the initial stages of developing an operating model for out of hospital services which support people to be happy, healthy, and will bring care closer to people in their own home. This work has included a baseline analysis of current financial spend, activity and outcomes from the current home care market with an opportunity to invest 50% of the Improved Better Care Fund against new models of CQC registered domiciliary care closer to home, diversifying the offer to local people and the income streams which sustain the local market. This includes:

- Developing a new approach towards supporting people with dementia and their carers during the later stages of the disease progression;
- Developing a model of home care in hospital whereby the care and support follows the person and enables timely and effective early discharge;
- Expanding out of hours home care to enable people with complex support needs to remain at home; and
- Expanding the capacity of rapid response services to enable people to be cared and supported at home during times of crisis so that the situation can be stabilised and made safe without the need for a care home or hospital admission.

3.2 Workforce Priorities

In order to ensure effective delivery of these service priorities within the context of a challenging financial environment there is a need to ensure a system wide approach is taken to strategic workforce planning and development by:

- Developing employment models which enable cross boundary and cross sector working (supporting the triple aims of integration)
- Enabling workforce re-design, role re-design/role substitution and extended role scope to facilitate future models of care
- Engaging staff in new ways of working; working across boundaries ('blurred boundary working') and in an integrated way whilst maximising the opportunities for digitalisation

- Creating a cultural and mind set shift from one of 'caring for' to enabling self-care wherever possible
- Effectively planning for the supply of health and care roles (including new roles)
- Attracting, recruiting and retaining staff in the right numbers, with the right skills and in the right place
- Widening access routes into employment and, in particular, career pathways into the health and care sector that support diversity and inclusion, address skills gaps and promote economic well-being
- Investing in the upskilling of existing staff
- Ensuring good career structures/pathways and ease of movement of staff are in place within and across occupational groups, organisations and the wider system
- Releasing staff for training

3.3 Workforce Issues and Challenges

The data underpinning the challenges noted in this section is based on aggregated data and therefore does not accurately identify the particular health prevalence, population or workforce differences experienced in the Bradford District and Craven. Whilst some organisations have good data for their own workforce there is significant value in the District having a system wide view of the health and care workforce as a whole. The Integrated Workforce Programme is currently working with Health Education England and local partners to produce this local picture. It is important that the workforce is planned on the basis of new models of care and the anticipated demand and supply for new roles as well as addressing projected deficits in required traditional roles if service transformation is to be realised.

Regional data shows there are a number of challenges that need to be addressed in order to realise the workforce as a key enabler to system wide transformation and change:

- A lack of comprehensive and robust workforce data across the system. There is a particular gap on current workforce data within the voluntary and independent care sectors and also a lack of clear and robust data on the future skill mix and number and type of new roles required to implement new models of care
- Overall turnover rate in NHS Trusts across the region ranging from 12-18% in 2016
- Turnover of care workers within domiciliary care at 38% in last 12 months
- Vacancy rate for social care managers at 10% with 20% leaving their role in previous 12 months
- National shortage of professionally qualified staff
- The 'Brexit effect' (8,000 EEA health and care workers currently in WY & H and an apparent reduction in the number of applications to work in the UK since Brexit)
- High levels of older workforce/staff retirement
- High sickness absence rates
- Growth rates in demand in services (e.g. 4.5% in general practice)
- Lack of capacity & skills shortage in mentoring for clinical placements

- Resourcing and capacity to fund and release staff for training
- Over reliance on agency staffing in some sectors which has both a financial and quality impact on service delivery and care provision
- Ensuring the necessary cultural shift for working differently

The recruitment and retention challenges highlighted above have led to high to severe workforce supply issues (deficits of more than 10-15%) in the following areas across WY & H:

- Learning disability nurses
- District nursing
- Adult nursing
- Social care workers
- Social care – nurses

It is acknowledged that the implementation of new models of care locally will impact on the demand for these traditional roles in the future (e.g., learning disability nursing).

3.4 **Service Drivers, Supportive Strategies and Collaboratives**

There are a number of national, regional and local drivers and associated service strategies and plans that set out the health and care transformation agenda, including:

- 5 Year Forward View (and sub strategies e.g. GP Forward View, Mental Health Forward View etc.)
- West Yorkshire and Harrogate (WY & H) STP
- Better Health Better Lives (part of Bradford Council's plan)
- Bradford District and Craven Health and Wellbeing Plan (our place based plan) which includes key objectives from the Bradford district Joint Health and Wellbeing Strategy (in development) and North Yorkshire County Council's Health and Wellbeing Plan
- Home First strategy for adult social care in the District
- Integration and Better Care Fund Narrative Plan 2017-19
- Children, Young People and Families Plan.
- CCG Primary Care Strategies

A number of collaboratives have been created or are in development in order to support the delivery of the transformation agenda including groups specifically focused on workforce to ensure it is an enabler and not a barrier to delivery, for example:

- Local Workforce Action Board (LWAB, WY & H)
- West Yorkshire Association of Acute Trusts (WYAAT)
- WY&H Mental Health Partnership
- 'Team Bradford' - Employers Conference
- Bradford Health and Care Education, Employment and Skills Partnership (BEESP) – In development

The establishment of these enabling partnerships is aimed at ensuring joint ownership, accountability and collective problem solving so that the actions of each constituent organisation do not destabilise but support the resilience and robustness of the whole system. An example of this is the work being progressed through WYAAT to agree common pay frameworks and also establish a medical bank so that organisations are collaborating rather than competing in solving recruitment challenges and reducing the reliance on agency and locums. The IWP will ensure alignment with these enablers and will work on the footprint deemed most appropriate in facilitating realisation of the strategy and plan.

3.5 Workforce Enablers

There are a number of high level workforce enablers that Bradford District and Craven can capitalise on to address some of its workforce challenges in a system wide way. These are embodied in or aligned with the IWP delivery plan workstreams:

- The apprenticeship levy = potential for 1,200 apprenticeships across WY & H per year
- Establishment of a West Yorkshire National Skills Academy Centre of Excellence for Support Staff Development
- 25% increase in medical student places in England – Bradford is applying to establish a second medical school in WY
- An additional 10,000 health professional training places
- Bradford and Leeds Universities are providing a 2 year Physician Associate training programme (first 25 graduating 2017)
- Pilot programme of new role of nurse associate and working in partnership with Bradford College and the University of Bradford to create career pathways that encourage progression of healthcare workers to Nursing Associates.
- Investment of 50% of the Improved Better Care Fund against new models of CQC registered domiciliary care closer to home, diversifying the offer to local people and the income streams which sustain the local market
- Investing in a sustainable workforce that ensures the sector remains competitive which includes working with providers to develop a local understanding of the living wage with an aim of working towards a level of equalisation with health care level 2 & 3 workers in social care.

3.6 Integrated Workforce Programme Delivery Plan Overview

The IWP delivery plan (see Appendix B for summary) is underpinned by the principles of system wide work programme leadership, not duplicating effort, sharing learning, expertise and resources and maximising efficiencies.

There are four key work programmes, each with a number of associated workstreams:

Work Programme 1	Growing Our Own (Attracting, promoting and recruiting the future workforce)
Work Stream 1a	<ul style="list-style-type: none"> • Inspiring and attracting young people (11-18yrs)
Work Stream 1b	<ul style="list-style-type: none"> • Developing a shared approach to delivering a wide range of apprenticeships
Work Stream 1c	<ul style="list-style-type: none"> • Encouraging entrants and re-entrants of all ages

Work Stream 1d	<ul style="list-style-type: none"> Developing and providing a wide range of volunteering opportunities
Work Programme 2	Developing Our Workforce Together
Work Stream 2a	<ul style="list-style-type: none"> Delivering joint leadership programmes
Work Stream 2b	<ul style="list-style-type: none"> Creating and delivering system wide learning and development opportunities
Work Stream 2c	<ul style="list-style-type: none"> Developing system wide career pathways
Work Programme 3	Creating the conditions to retain talent in the system
Work Stream 3a	<ul style="list-style-type: none"> Engaging, listening and involving staff across the system
Work Stream 3b	<ul style="list-style-type: none"> Providing common benefits and rewards
Work Stream 3c	<ul style="list-style-type: none"> Promoting mental and physical health and well-being and supporting healthier lifestyles
Work Programme 4	Developing a shared culture of integration and system wide working
Work Stream 4a	<ul style="list-style-type: none"> Promoting a shared understanding of integration and seamless care
Work Stream 4b	<ul style="list-style-type: none"> Developing a common set of values/behaviours for the system
Work Stream 4c	<ul style="list-style-type: none"> Applying these from recruitment through to day to day working

3.7 Integrated Workforce Programme Delivery Plan Progress

Whilst there is progress in all four of the IWP work programmes the decision was taken to fast track some work streams and to slow down others. This decision was based on the nature of workforce challenge and maximising impact, the maturity of the system in some areas, the breadth and depth of current partnership working, the availability of resources (capacity and funding) and the energy and enthusiasm to drive the work forward.

Further details of progress and how the various work streams align will be provided in the IWP presentation to the Committee. Key highlights include:

- a) Development of a Health and Care Industrial Centre of Excellence(ICE) - reaching out to schools to attract and develop the next generation of health and social care workers
 - ✓ ICE Board established
 - ✓ 3 Partner Schools identified (Bradford Academy, Bradford Girls Grammar and Parkside Keighley)
 - ✓ 2 Pathways developed (early years development linked to Better Start Bradford and adult - direct care) for start in October 2017
- b) Developing a shared approach to delivering a wide range of apprenticeships
 - ✓ Scoping the options for working in partnership with the private sector and Further/Higher Education in providing business level apprenticeships
 - ✓ Exploring the opportunities for creating apprenticeships across a number of health and care organisations to encourage integration
 - ✓ Identifying pathways through from ICE through to apprenticeships and higher level apprenticeships
- c) Joint Leadership Development

- ✓ 'Engaging leaders' and 'Moving Forward' programmes both now delivered as system wide leadership development provision
 - ✓ Opportunities being explored to set up coaching as an E system in order to develop a system wide coaching offer
 - ✓ Some progress made in mapping/sharing resources
- d) Creating and delivering system wide learning and development opportunities
- ✓ Sector wide representation identified and principles of joint working agreed
 - ✓ Initial scoping of potential areas to work together identified with the focus agreed as mandatory training (moving and handling and fire safety) to provide training passports and commonly agreed quality standards
 - ✓ Mapping of available training resources (venues) by postcode being undertaken to maximise system wide usage and convenience for staff
- e) Developing a common set of values/behaviours for integrated working
- ✓ Mapping of current organisational level values
 - ✓ Multi agency workshop held and six draft shared values for integrated working identified; currently being tested across the system
- f) Development of a Bradford Medical School
- ✓ Supports the 25% increase in medical student places in England
 - ✓ Supports the 'growing our own' work programme
- g) Promoting health and wellbeing in our workforce
- ✓ Open space session held at the Learn and Innovate Event in May; key priorities and potential areas for joint working identified
 - ✓ System wide resources and offerings being mapped to identify opportunities for improved effectiveness, greater choice and efficiencies

3.8 FINANCIAL & RESOURCE APPRAISAL

The general principle underlying the IWP is to share and use existing resources wherever possible. Additional resources have been used for development of the strategy and delivery plan and management of the programme and also to fund the development of the ICE.

3.9 RISK MANAGEMENT AND GOVERNANCE ISSUES

The IWP Board membership includes representation from all statutory health and social care organisations, the VCS Assembly, Carers Resource and Bradford University. The programme regularly identifies reviews and mitigates risks associated with the delivery of its plan through its own work stream highlight reports and in its quarterly highlight reporting to Integration Change Board.

The IWP work streams all report into one of the four system wide programme leads, who are all core members of the IWPB.

4. Options

Not applicable

5. Contribution to corporate priorities

6. Recommendations

- a) That the Committee is assured that the IWP strategy and work programmes are taking the right approach and actions to support achievement of the vision and objectives for health and social care in the District.
- b) That Members of the Committee provide support in communicating the ambitions and actions of the IWP at regional and district forums; providing any links or connections that the Board thinks may strengthen the approach of the IWP.
- c) That Members advise the IWP on the nature and frequency of further reports to the Committee.

7. Background documents

None

8. Not for publication documents

Not Applicable

9. Appendices

Appendix A – Integrated Workforce Programme Workforce Strategy

Appendix A

Bradford District and Craven Workforce Strategy 2016-2020



Introduction and Background

The Integrated Workforce Programme (IWP) is an overarching and enabling programme which aims to work collaboratively to identify and work towards developing a system wide integrated workforce that is fit for the future. It has at its very heart the principle of putting the service user at the centre of everything we do and creating and developing a workforce that works in a system wide way to deliver seamless care. The challenges of facilitating the required cultural shift within the context of the quadruple aims of: improving population health, enhancing the quality of care whilst reducing cost/achieving financial sustainability as well as improving the health and well-being of the workforce should not be underestimated - it also provides an opportunity.

The IWP has worked collaboratively to build a workforce strategy that is co-created and co designed by partners within and across the health and care system. It brings together the challenges, key priorities, good practice and potential workforce solutions from a wide range of health and care sectors and patient pathways. It provides an overarching, system wide strategy that has been shaped, tested and refined over time by a wide range of people.

The strategy's success will be measured on its ability to promote health and care as the sector of choice to work for; to attract and recruit people to the Bradford District and Craven and to engage, develop and retain people within the wider health and care system in order to maximise workforce resilience and sustainability. The underlying principles will be, as far as possible, to grow and develop our own both across the system and the district as well as influencing the wider determinants of health by supporting routes into work.

The way people and organisations will need to work together seamlessly, in an integrated and system wide way, will be clearly defined, communicated and jointly owned. There will be an expected cultural and mind set shift to working for the system, with a shared commitment to the development and ownership of a common set of values that promote well-being, prevention, self care/self management, new models of care and the empowerment of others wherever possible.

It is recognised there is already good work and activity taking place across the health and care system in relation to workforce and it is not the intention of the IWP to duplicate effort. The aim is to address any gaps, ensure delivery of the key priority areas and to maximise efficiencies by bringing people and expertise together; creating synergies where they do not currently exist.

The IWP is mindful of the wider environment and context that health and care operates in, including the West Yorkshire Sustainability and Transformation Plan (STP) and partnerships with stakeholders outside of the Bradford District and Craven area and it will work on a wider footprint wherever it is more appropriate and effective to do so.

Our



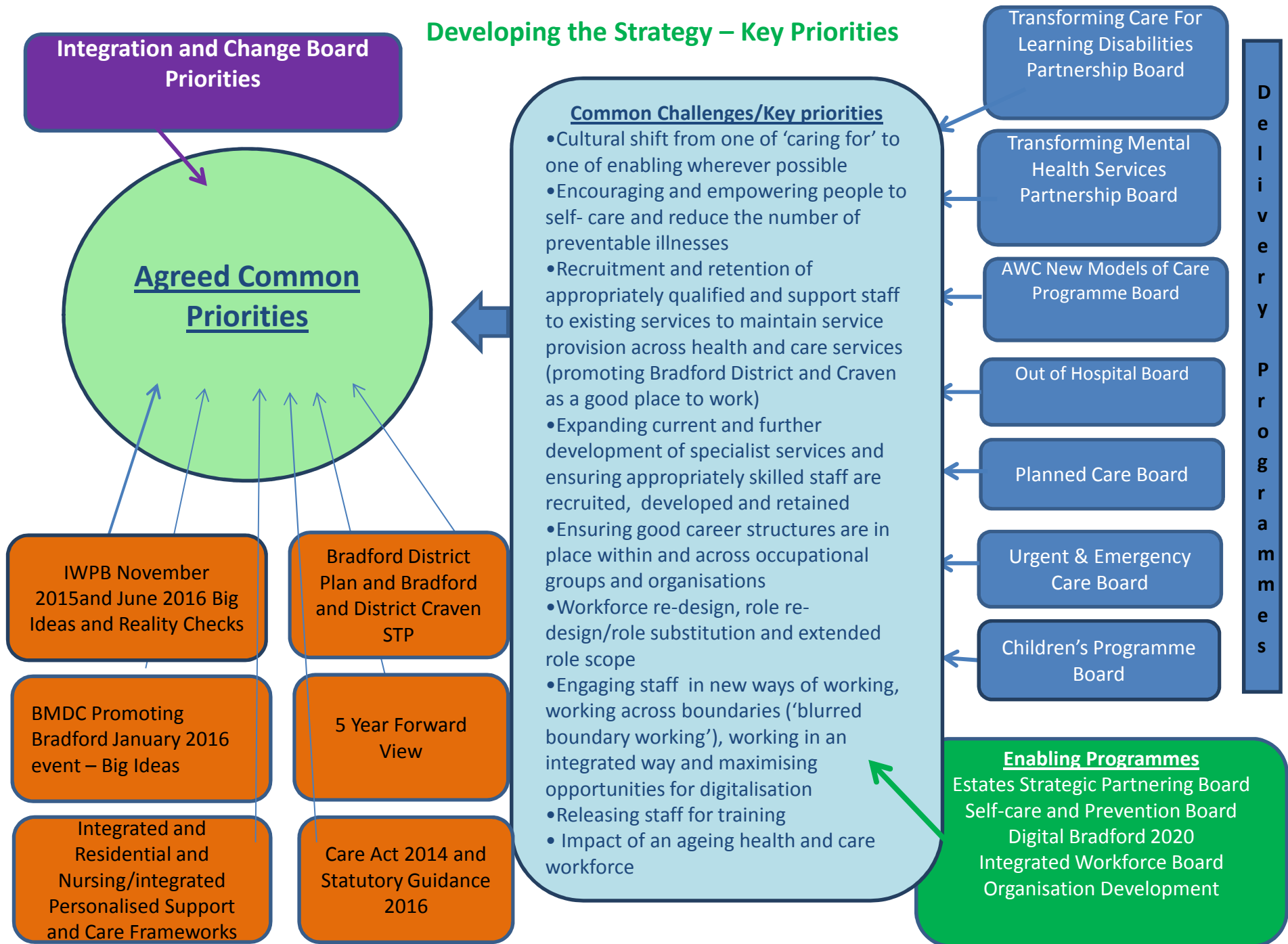
- Leaders operating as system leaders; inspiring collaborative working, engaging staff and encouraging innovation
- People working flexibly and supporting new ways of working to meet the holistic needs of service users within a common set of values and behaviours, and training and learning alongside each other

Consistently meeting the personalised and individual needs of service users and their carers in a holistic and integrated way; reducing variation, inequalities and duplication. Encouraging and enabling people to take greater responsibility for their health and well being and to be partners in their care

“The best people, providing seamless care – the Bradford District and Craven way”

Achieving a home grown/locally developed workforce by working in partnership to engage and inspire young people, new entrants and existing staff to choose to work and continue to work in health and care within the district

Developing the Strategy – Key Priorities



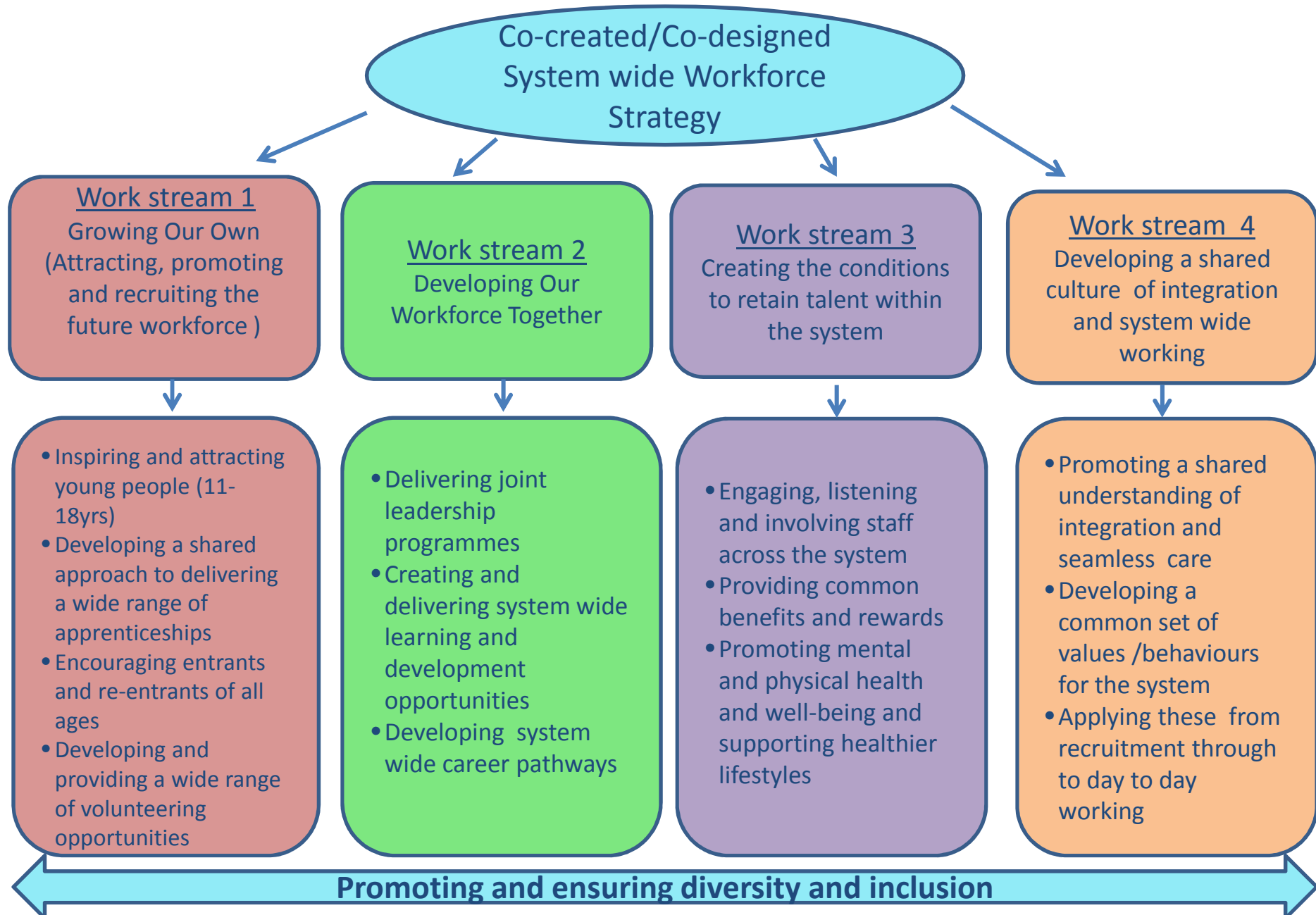
System Wide Common Workforce Priorities

- Co-creating/co-designing a district/system wide workforce strategy for health and care
- Promoting and ensuring diversity and inclusion is a common thread throughout
- Inspiring and attracting young people to work in health and social care (11-18yrs old)
- Promoting and encouraging new entrants and re-entrants to work to work in health and social and in the Bradford District and Craven
- Working with education partners to develop shared apprenticeship schemes
- Developing a wide range of volunteering opportunities
- Developing system wide joint leadership programmes
- Creating and delivering system wide learning and development opportunities; based on the identified competences required to deliver seamless care across a system
- Creating/delivering opportunities for system wide career pathways/succession planning
- Creating a cultural /mind set shift through a shared understanding of integration and system wide working
- Developing a common set of values and core competencies/ behaviours applied from recruitment stages through to day to day working and continuous development
- Creating and providing the conditions to retain staff across a system, including through organisational change



Delivery Work Streams

Delivery of the Strategy



Delivery of the Strategy and Governance

The strategy will require strong system wide leadership and robust, committed and sustainable partnership working in order to deliver its intended outcomes. Leadership will be provided through both the Integrated Workforce Programme Board (IWPB) and through nominated system wide leaders for each of the four work streams. All partners organisations/agencies will be represented at the IWPB.

It is acknowledged that the impact and long term benefits of the strategy may not be seen for some years but it is important that progress is made in the right direction and there are clear outcomes identified. The strategy, therefore, will be underpinned by a detailed delivery plan with short, medium and long term objectives. To support this plan a programme of work and year on year milestones for each of the four work streams will also be developed. Robust evaluation will be built in at each level of delivery. The delivery plan and programmes of work will all be agreed and approved by the IWPB.

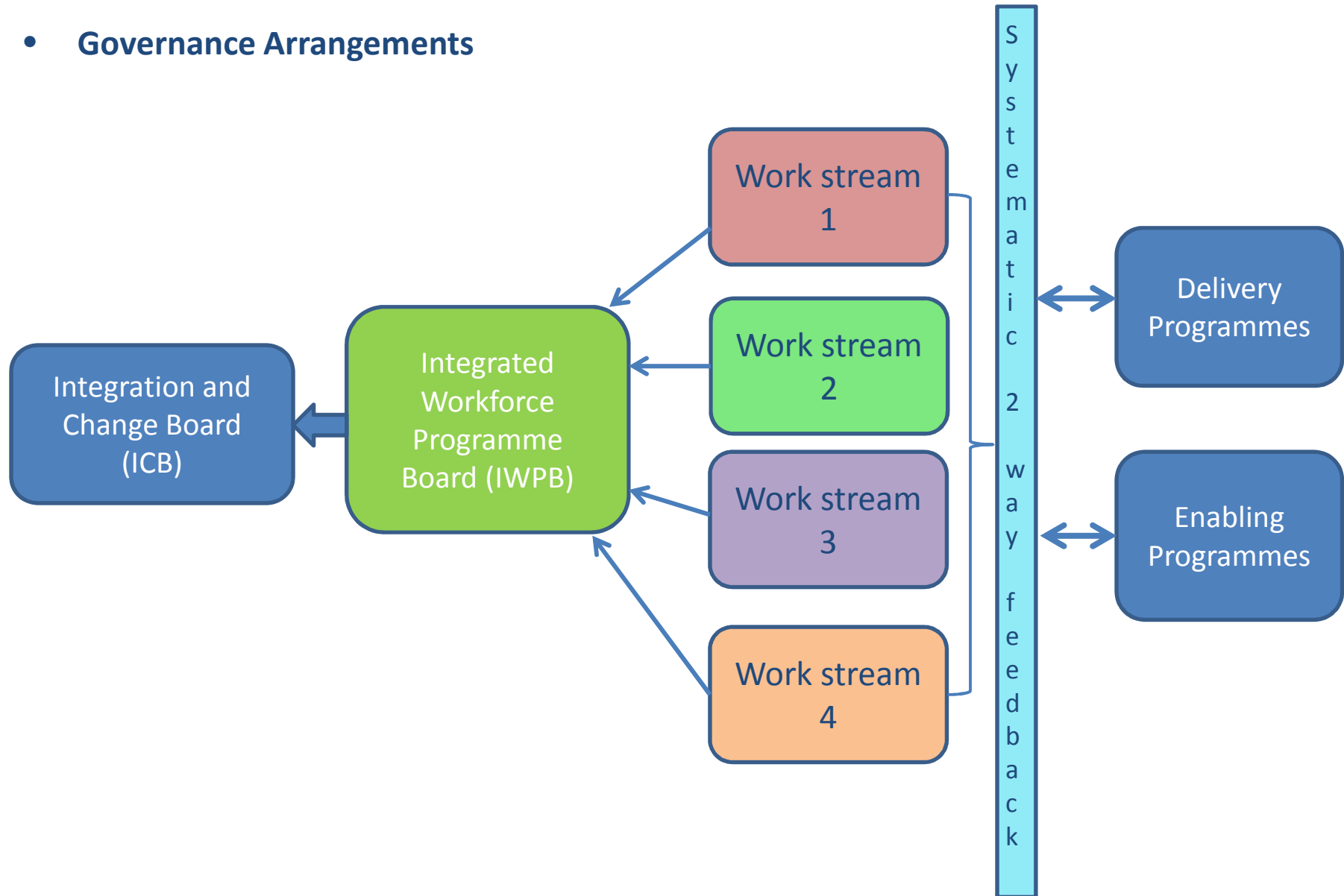


There will be a need to systematically engage with each of the delivery programmes and be aware of their emerging workforce needs to ensure there is effective 2- way communication and feedback of any new and changing priorities and workforce solutions being implemented.

In order to ensure it remains current and addresses any changing/emerging priorities the strategy will be reviewed annually by the IWPB.

Delivery of the Strategy and Governance

- Governance Arrangements





Report of the West Yorkshire Screening and Immunisation Team to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 7 December 2017

Subject: NHS Screening and Immunisation Programmes

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Summary statement: This report is a further update to the Health and Social Care Overview & Scrutiny Committee (HSCOSC) from the West Yorkshire Screening and Immunisation Team regarding the progress with regard to the uptake and coverage of screening and immunisation programmes in the Bradford locality through partnership working. This follows attendance to the committee in 2014 and 2015.

Portfolio:

Health and Wellbeing

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1. **Summary**

The West Yorkshire Screening and Immunisation Team (SIT) were asked to attend HSCOSC in 2014 and 2015 to provide information regarding the uptake and coverage of the screening and immunisation programmes in the Bradford locality. The SIT is a team of Public Health professionals employed by Public Health England and embedded in NHS England who work alongside the commissioners within NHS England Yorkshire and Humber - West Yorkshire. This report provides an update since the last 2015 report and provides an overview of the quality assurance arrangements and partnership working between Bradford Council, Bradford CCGs and third sector organisations to ensure a co-ordinated approach to improve uptake, coverage and address local inequalities in relation to the commissioned screening and immunisation programmes. High level local data for cancer uptake and coverage in relation to bowel, breast and cervical is described for a 2 year period 2014-2016. Some examples of local initiatives are summarised to evidence the partnership work being led by the team to tackle local inequalities.

2. **Background**

2.1 NHS Screening and Immunisation programmes reduce illness and death from vaccine preventable and screen detectable conditions.

2.2 NHS England Yorkshire and Humber - West Yorkshire is responsible for commissioning all the NHS Screening and Immunisation programmes under a Section 7a agreement between Public Health England and NHS England and are delivered in a variety of settings, acute, community settings and Primary Care

2.3 The relevant programmes are;

Immunisation programmes

Neonatal Hepatitis B immunisation programme
Neonatal BCG immunisation programme
Maternal Pertussis
Immunisation against diphtheria, tetanus, poliomyelitis, pertussis and Haemophilus Influenza B (Hib)
Rotavirus immunisation programme
Meningitis C (MenC) immunisation programme
Haemophilus Influenza B and Meningitis C (Hib/MenC) immunisation programme
Pneumococcal immunisation programme
DTaP/IPV and dTaP/IPV (Diphtheria, tetanus and polio) immunisation programme
Measles, mumps and rubella (MMR) immunisation programme
Human papillomavirus (HPV) immunisation programme
Tetanus, diphtheria and polio (Td/IPV) teenage booster immunisation programme
Seasonal influenza immunisation programme
Seasonal influenza immunisation programme for children
Shingles immunisation programme

Screening programmes

NHS Infectious Diseases in Pregnancy Screening Programme
NHS Down's Syndrome Screening Programme

NHS Fetal Anomaly Screening Programme
NHS Sickle Cell and Thalassaemia Screening Programme
NHS Newborn Blood Spot Screening Programme
NHS Newborn Hearing Screening Programme
NHS Newborn and Infant Physical Examination Screening Programme
NHS Diabetic Eye Screening Programme
NHS Abdominal Aortic Aneurysm Screening Programme
NHS Breast Screening Programme
NHS Cervical Screening Programme
NHS Bowel Cancer Screening Programme
NHS Bowel Scope Screening Programme

2.4 The West Yorkshire Screening and Immunisation team have adopted a place based approach to their work and two Screening and Immunisation Co-ordinators (SICs) lead on all aspects of improving access, uptake and coverage of the programmes in the Bradford locality with a view to tackling local health inequalities

2.5 Since the last 2015 HSCOSC report, The SICs have had a key role in developing a local health improvement plan for Bradford. This was developed in partnership with Bradford Council, the CCG, programme providers and third sector. The updated Health Improvement Plan is included as part of section 8 and examples of agreed local initiatives as part of the action plan are detailed in 3 “Report Issues”. The SICs have worked hard to build strengthened relationships with and between all Bradford stakeholders involved in the care pathways. This approach has resulted in the development of initiatives and demonstrated some actions in progressing tackling inequalities.

2.6 Governance of the screening and immunisation programmes is the responsibility of NHS England and is managed through programme specific boards. Membership includes providers, commissioners, SIT representatives, Quality Assurance. The programme boards provide a forum to provide quality assurance, programme management and facilitate discussions to address inequalities and improve the access, uptake, and coverage to programmes. All programmes and local place based working initiatives are shared with Directors of Public Health including the Bradford DPH via the West Yorkshire Screening and Immunisation Oversight Group (WYSIOG). The purpose of the oversight group is to provide an assurance to the Directors of Public Health. This is where scrutiny takes place and in most cases the performance of the programmes is not unusual compared to the rest of the country. Any particular issues are addressed through contracting mechanisms with the providers.

2.7 Whilst members of the HSCOSC have previously been particularly interested in the cancer screening programmes, it is important to acknowledge that the SIT is constantly monitoring all programmes as described in 2.3 and has agreed priorities within the local health improvement plan that are specific to Bradford for example the annual flu campaign.

2.8 Data is shared with the SITs from a National source and takes time to be processed, cleansed and validated nationally. This is of particular interest as the SIT does not receive this data until this has happened and may in the case of annual data be almost a year later. The SIT shares the data with local authorities, CCGs and uses this data to target the work being carried out. The data below is an example of the data received for the cancer

screening programmes on an annual basis. Nationally there is a decline in uptake in breast screening in the first time round of being invited for screening and in the younger age group for cervical screening. Table 2.9 describes uptake, coverage rates for the three cancer screening programmes in WY respectively; bowel, breast and cervical cancer. Bowel screening uptake has decreased slightly in two CCGs but an increase in Bradford City CCG shows a promising picture given the targeted work over the last 2 years e.g. bus shelter advertising and helper kits to enable people to participate more easily in the programme. A new kit to take part in the programme will be progressing nationally from April 2018.

Breast screening is showing at an acceptable level in relation to the target. The local programme has a health promotion specialist employed who work closely with the SICs. Cervical screening has been declining over many years particularly in the younger age group. An example of actual figures would be that in Bradford 135,000 women are eligible for cervical screening. 95,850 women access cervical screening currently and in order to even gain a 1% increase approximately 1,350 women would need to attend. This is the work that the SICs are progressing with General Practices and all stakeholders with an interest.

In appendix 9.1 (screening data) and 9.2 (immunisation data) further data is shown for screening and immunisation key performance indicators for coverage and uptake, these are working examples and documents used by the SIT. They can be found with brief commentary where the standards are not meeting the National target or a comment is given if there is something of interest. It is this data that contributes to the health improvement plan locally and the actions that the stakeholders all take to address these.

2.9 Annual Bowel Screening Uptake 60-74 years

Financial Year	Period	Airedale, Wharfedale and Craven CCG	Bradford Districts CCG	Calderdale CCG	Leeds North CCG	Bradford City CCG	Greater Huddersfield CCG	Leeds West CCG	Leeds South & East CCG	North Kirklees CCG	Wakefield CCG
2014/15	Annual	63.48%	54.14%	59.55%	56.54%	31.89%	61.98%	54.57%	54.03%	53.54%	56.76%
2015/16	Annual	62.17%	54.13%	57.38%	58.80%	33.71%	60.99%	58.37%	53.90%	52.80%	56.45%
2016/17	Annual										
Target	60%										

Annual Breast Screening Coverage 53-70 years

Financial Year	Period	Bradford LA	Calderdale LA	Kirklees LA	Leeds LA	Wakefield LA	England
2014/15	Annual	69.93%	71.89%	73.60%	72.27%	73.45%	75.40%
2015/16	Annual	70.81%	71.86%	74.12%	72.20%	73.95%	75.50%
2016/17	Annual						
Threshold							
Acceptable	70%						
Achievable	80%						

Annual Cervical Screening Coverage 25-64 years

Financial Year	Period	Calderdale Service	Kirklees Service	Bradford and Airedale Service	Leeds Service	Wakefield District Service	England
2014/15	Annual	77.80%	76.80%	71.90%	74.50%	75.40%	73.5%
2015/16	Annual	77.70%	76.50%	71.00%	74.10%	75.10%	72.8%
2016/17	Annual						
Target	80%						

3. Report issues

3.1 The Screening and Immunisation Co-ordinators have lead pieces of work in line with the priorities within the locally agreed health improvement plan. Prioritisation is based on supporting data and work is targeted on this basis. These have included but are not limited to, the establishment of the following local operational groups in which are based on need of the area:

- Screening group
- Immunisation group
- Flu group
- BME group

The SICs completed mapping of all stakeholders for the locality and invited all the providers and community and voluntary sector to meet up, engage and influence a common agenda through the operational groups. These meetings are very successful for both providers and SICs as this supports the long-term professional relationships, supports, resources and attains the common agenda which was to increase uptake. The positive relationships between providers, community and voluntary sector and SICs are demonstrated through attendance together at meetings, minutes, actions and the flow of communication between all. The communication is very strong from operational groups to programme boards, and then to WYSIOG and national team, this then filters back to operational groups. Also all stakeholders feel very comfortable and safe to express any concerns outside of these meetings via email, phone call or one off meetings.

3.2 The SICs chair the groups and members include the providers of the local programmes, CCG representation and LA representation. Third sector organisations have joined the screening and BME groups with great success in that the SICs have been able to support local initiatives such as a roadshow with Jo's Trust and a pilot project run by Yorkshire Cancer Research (YCR). Each group meet quarterly with the flu group convening more frequently in the run up to and during flu season.

Examples of the actions from these groups include:

- Third sector organisations have joined the screening and BME groups with great success in that the SICs have been able to support local initiatives such as a roadshow with Jo's Trust and a pilot project run by Yorkshire Cancer Research (YCR). The YCR pilot aims to increase the prevention and early diagnosis of cancer in BME women in Bradford.

The BME group is an excellent model that the SICs have found effective in furthering a focus on an area of need. This group is a model that is looked up to across Yorkshire and Humber. At the present moment this group is focusing on the 3 cancer screening programmes. The group has linked in with national campaigns for example a breast screening story in the Telegraph & Argus to support breast cancer awareness. See appendix 9.3. The group has linked in with local mosques to enable the SICs to provide training.

- Raising Awareness Training. These sessions have been delivered in City Hall, GP venues in inner city Bradford, Douglas Mill and a session is planned in Keighley in December. 4 more sessions are being planned for the 2018/19. Each session has approximately 30 people attend from the Bradford locality. These can be voluntary sector people who are doing work in the community, GP practice staff (non-clinical – such as reception staff) and those with a general interest in screening and

immunisation.

The SICs have delivered many Raising Awareness Training sessions; one model was in Bradford Teaching Hospitals Trust with providers having stalls with resources and promotional objects. Another model was at a large GP practice with reception staff, practice manager and GP lead. There were staff from three practices present. Even though these practices work hard to achieve targets they want to do more for their population. They have selected staff to support their patients with appropriate language for example a member of staff who speaks Punjabi, putvari, urdu will support particular patients. Another member of staff who speaks Pushto would help another group of patients. A member of staff who speaks eastern European languages will support another group of patients. The SICs were very impressed with these inner city practices but the staff were determined to achieve higher targets and wanted to do more. The SICs have supported them with data and expertise. They have been asked to go back next year to look at data and see how the practices have progressed. The SICs are proud to see how hard some of these practices are working to achieve targets.

- General Practice visits by SICs to build local relationships and support the practices in understanding screening and immunisation, and how they may be able to increase the people that attend their practice for appointments for these programmes. Nearly half of the practices in Bradford Airedale, Wharfedale and Craven have been offered an appointment but it is often difficult to agree a visit as the practices have many other priorities. The SICs discuss initiatives such as alerts for their systems, text messages and general communications with the relevant groups.

The visits are well received and the SICs report back into the operational groups any updates from the practice visits.

- Specific training for inner city medical practices with low uptake as above for General Practice visits with a focus on their own data for the programmes
- Practice health champions have been supported by the SICs to increase their knowledge when delivering messages as part as every contact counts.
- In partnership with Community Pharmacy West Yorkshire a public health campaign for the cancer screening programmes was run in 2016 across all pharmacies in West Yorkshire with evening training provided for all pharmacy staff to access in Bradford.
- Support to Jo's Trust for the 'Be Cervix Savvy' raising awareness roadshow in Bradford (photograph attached appendix 9.4).
- Supportive work with communication teams in both local authority and CCGs, particularly in relation to promoting flu and supporting initiatives such as Jo's Trust during cervical cancer awareness week flu.

3.3 Future Plans:

To continue to work with partners across Bradford to promote the screening programmes and support the people of Bradford to access these programmes in a timely way. Activity and results are being addressed over a longer 5-10 year period with all partners working together to address the issues and gaps that are identified.

The SICs share information on future activities and support each other and stakeholders through the operational groups.

The Health Improvement Plan (HIP) works really well to coordinate activities. Each provider has their own HIP which is shared in operational groups and programme boards.

CRUK are very supportive in all the groups and practice visits including resources
The Women's Network in Bradford is an excellent group to find information and resources and disseminate information to the heart of the community.
The health trainer team is also an excellent resource and support to the SICs and they will continue to build on this relationship.

4. Options

4.1 Members may wish to comment on the contents of the report.

5. Contribution to corporate priorities

5.1 NHS screening and immunisation services reduce mortality and morbidity related to screen detected and vaccine preventable conditions and so contribute to the delivering on the NHS and PH outcome frameworks specifically; reducing deaths in babies and young children, reducing deaths from cancer and cardiovascular disease, reducing preventable sight loss and reducing preventable hospital admissions.

6. Recommendations

6.1 That the Committee note this report and the ongoing work to support and promote The NHS England commissioned screening and immunisation programmes within the Bradford area.

6.2 That the Committee also note that Bradford MDC continues to engage and assurances are given to the Director of Public Health in relation to commissioned screening and immunisation programmes which are sought through local operational groups, programme boards and West Yorkshire Screening & Immunisation Oversight Group.

7. Background documents

7.1 None

8. Not for publication documents

8.1 None

9. Appendices

9.1 Screening data

9.2 Immunisation data

9.3 Telegraph and Argus Article

9.4 Photograph – supporting Jo's Trust

West Yorkshire Screening and Immunisation Section 7a
Performance Report 2017 / 18

Screening

Diabetic Eye Screening

KPI	DE1	Uptake of routine digital screening				
Financial Year	Period	Bradford and Airedale	Calderdale and South Kirklees	Leeds	Wakefield District and North Kirklees	Mid Yorkshire Hospital
2016/17	Q1	83.60%	80.90%	83.60%	88.40%	
	Q2	83.20%	80.60%	83.90%	88.90%	
	Q3	84.00%	80.00%	83.30%	88.30%	
	Q4	84.70%	80.00%	82.50%	83.50%	88.00%
Financial Year	Period	West Riding and Craven				Leeds and Mid Yorkshire
2017/18	Q1	82.30%				91.00%
	Q2					
	Q3					
	Q4					
Trend						
Acceptable	70%					
Achievable	2017 /18 - 85%					
	2016 / 17 - 80%					
Commentary	Table updated with West Riding & Craven programme and Leeds and Mid Yorkshire programme following procurement.					

AAA Screening

KPI		AA2		Coverage Initial Screen	
Financial Year	Period			Central Yorkshire Programme (Leeds, Wakefield)	West Yorkshire Programme (Bradford, Calderdale, Kirklees)
2016/17	Q1			21.29%	27.97%
	Q2			41.28%	43.24%
	Q3			62.60%	58.50%
	Q4			82.40%	83.10%
2017/18	Q1			21.20%	11.80%
	Q2				
	Q3				
	Q4				
Trend					
Acceptable			75%		
Achievable			85%		
Commentary		This is accumulative data and final year figure is assessed against target.			

AAA Screening Annual Report –
Coverage by CCG

Financial Year	Period	Airedale, Wharfedale and Craven CCG	Bradford Districts CCG	Calderdale CCG	Leeds North CCG	Bradford City CCG	Greater Huddersfield CCG	Leeds West CCG	Leeds South and East CCG	North Kirklees CCG	Wakefield CCG
2014/15	Annual coverage	86.30%	81.60%	82.00%	78.70%	68.10%	85.00%	81.30%	79.20%	82.90%	82.30%
2015/16	Annual coverage	86.90%	82.80%	82.60%	81.70%	71.60%	88.10%	81.50%	79.60%	84.10%	84.50%
2016/17											
Trend											
Lower threshold	75%										
Standard	85%										
Commentary	Promotion by the service in the Bradford area and managed through the local screening operational group.										

**ANTENATAL
SCREENING**

KPI	ID1	HIV Screening Coverage				
Financial Year	Period	Airedale NHS Foundation Trust	Bradford Teaching Hospitals NHS Foundation Trust	Calderdale and Huddersfield NHS Foundation Trust	Leeds Teaching Hospitals NHS Trust	Mid Yorkshire Hospitals NHS Trust
2016/17	Q1	97.80%	99.20%	No return	99.90%	No return
	Q2	98.10%	96.80%	99.40%	99.90%	98.60%
	Q3	98.10%	98.80%	99.10%	99.90%	99.40%
	Q4	97.50%	98.80%	99.60%	99.90%	99.80%
2017/18	Q1	95.90%	99.70%	99.80%	99.90%	99.20%
	Q2					
	Q3					
	Q4					
Trend						
Acceptable	90%					
Achievable	95%					

KPI		ID3					Hep B Screening Coverage				
Financial Year	Period		Airedale NHS Foundation Trust	Bradford Teaching Hospitals NHS Foundation Trust	Calderdale and Huddersfield NHS Foundation Trust	Leeds Teaching Hospitals NHS Trust	Mid Yorkshire Hospitals NHS Trust				
2017/18	Q1		95.90%	99.60%	99.80%	99.90%	99.30%				
	Q2										
	Q3										
	Q4										
Trend											
Acceptable		95%									
Achievable		99%									
Commentary	New KPI 2017/18										

KPI	ID4	Syphilis Screening Coverage				
Financial Year	Period	Airedale NHS Foundation Trust	Bradford Teaching Hospitals NHS Foundation Trust	Calderdale and Huddersfield NHS Foundation Trust	Leeds Teaching Hospitals NHS Trust	Mid Yorkshire Hospitals NHS Trust
2017/18	Q1	95.90%	99.70%	99.80%	100.00%	99.30%
	Q2					
	Q3					
	Q4					
Trend						
Acceptable	95%					
Achievable	99%					

KPI	ST1	Sickle Cell and Thalassaemia Screening - Coverage				
Financial Year	Period	Airedale NHS Foundation Trust	Bradford Teaching Hospitals NHS Foundation Trust	Calderdale and Huddersfield NHS Foundation Trust	Leeds Teaching Hospitals NHS Trust	Mid Yorkshire Hospitals NHS Trust
2016/17	Q1	96.80%	99.00%	99.60%	100.00%	
	Q2	97.60%	97.80%	99.40%	99.20%	99.90%
	Q3	96.70%		99.10%	99.80%	99.60%
	Q4	97.50%	98.40%	99.30%	100.00%	99.90%
2017/18	Q1	95.90%	99.60%	99.90%	100.00%	99.80%
	Q2					
	Q3					
	Q4					
Trend						
Acceptable	95%					
Achievable	99%					

**NEWBORN
SCREENING**

KPI	Newborn and Infant physical examination - coverage (breakdown)					
	NP1					
Financial Year	Period	Airedale NHS Foundation Trust	Bradford Teaching Hospitals NHS Foundation Trust	Calderdale and Huddersfield NHS Foundation Trust	Leeds Teaching Hospitals NHS Trust	Mid Yorkshire Hospitals NHS Trust
2016/17	Q1	98.20%	96.70%	98.10%	96.00%	98.00%
	Q2	98.40%	97.00%	99.00%	92.00%	95.80%
	Q3	98.40%	96.40%	98.10%	98.00%	94.00%
	Q4	99.00%	96.40%	98.20%	94.20%	95.70%
2017/18	Q1	98.50%	98.20%	99.60%	96.60%	95.80%
	Q2					
	Q3					
	Q4					
Trend						
Acceptable	95%					
Achievable	99.50%					

Newborn blood spot screening - coverage (CCG responsibility at birth):											
KPI	NB1										
Financial Year	Period	Airedale, Wharfedale and Craven CCG	Bradford Districts CCG	Calderdale CCG	Leeds North CCG	Bradford City CCG	Greater Huddersfield CCG	Leeds West CCG	Leeds South & East CCG	North Kirklees CCG	Wakefield CCG
2016/17	Q1	94.70%	93.60%	96.40%	99.64%	92.57%	96.10%	99.88%	100.00%	96.70%	93.50%
	Q2	96.20%	93.90%	96.50%	100.00%	93.74%	95.90%	99.90%	99.90%	95.80%	91.90%
	Q3	92.50%	90.50%	95.60%	99.60%	91.20%	96.30%	100.00%	99.90%	92.60%	91.90%
	Q4	95.00%	94.60%	90.90%	93.90%	93.70%	96.10%	93.40%	92.90%	92.70%	94.50%
2017/18	Q1	95.50%	91.90%	95.90%	93.60%	92.70%	95.40%	91.70%	92.80%	93.20%	92.90%
	Q2										
	Q3										
	Q4										
Trend											
Acceptable	95%										
Achievable	99.90%										
Commentary	All babies are offered a blood spot, in some cases there is a refusal from parents. Re bleeds affect this number and actions are in place to address re bleeds (avoidable repeats).										

KPI	NH1	Newborn hearing screening - coverage				
Financial Year	Period	Airedale Site	Bradford Site	Calderdale and Huddersfield Site	Leeds Site	Mid Yorkshire Hospitals Site
2016/17	Q1	98.76%	99.89%	99.66%	93.22%	97.36%
	Q2	98.62%	99.44%	99.55%	95.33%	97.88%
	Q3	98.10%	97.43%	98.44%	92.40%	96.01%
	Q4	99.02%	98.04%	96.77%	92.10%	94.91%
2017/18	Q1	99.20%	99.90%	99.70%	98.60%	98.40%
	Q2					
	Q3					
	Q4					
Trend						
Acceptable	95%					
Achievable	99.50%					

BREAST SCREENING

Annual Breast Screening Coverage 53-70 years

Financial Year	Period	Bradford LA	Calderdale LA	Kirklees LA	Leeds LA	Wakefield LA	England
2014/15	Annual	69.93%	71.89%	73.60%	72.27%	73.45%	75.40%
2015/16	Annual	70.81%	71.86%	74.12%	72.20%	73.95%	75.50%
2016/17	Annual						
Threshold							
Acceptable	70%						
Achievable	80%						

KPI	BS1	Quarterly Uptake	
Financial Year	Period	Leeds	Pennine
2016/17	Q1	65.61%	71.34%
	Q2	70.08%	70.50%
	Q3	66.73%	58.79%
	Q4	69.86%	62.62%
2017/18	Q1	69.20%	59.50%
	Q2		
	Q3		
	Q4		
Trend			
Acceptable	70%		
Achievable	80%		
Commentary	A national decline in uptake and particularly in first time attenders is widely noted.		

CERVICAL CANCER SCREENING

Annual Cervical Screening Coverage 25-64 years

Financial Year	Period	Calderdale Service	Kirklees Service	Bradford and Airedale Service	Leeds Service	Wakefield District Service	England
2014/15	Annual	77.80%	76.80%	71.90%	74.50%	75.40%	73.5%
2015/16	Annual	77.70%	76.50%	71.00%	74.10%	75.10%	72.8%
2016/17	Annual						
Target	80%						

KPI	CS1	3yr uptake by quarter 25-29yrs				
Financial Year	Period	Bradford and Airedale Upper LA	Calderdale Upper LA	Kirklees Upper LA	Leeds Upper LA	Wakefield District Upper LA
2016/17	Q1	62.80%	71.10%	68.60%	67.10%	68.40%
	Q2	62.70%	70.90%	68.20%	66.80%	68.00%
	Q3	62.40%	70.80%	68.00%	66.70%	67.70%
	Q4	62.60%	70.90%	68.10%	67.20%	67.80%
2017/18	Q1	62.20%	70.30%	67.70%	67.00%	67.70%
	Q2					
	Q3					
	Q4					
Trend						
Acceptable	80%					
Commentary	Actions to improve these targets are detailed in the report. Small percentage increases reflect large numbers of eligible population being screened.					

KPI	CS2	5yr Uptake by Quarter 50 - 64yrs				
Financial Year	Period	Bradford and Airedale Upper LA	Calderdale Upper LA	Kirklees Upper LA	Leeds Upper LA	Wakefield District Upper LA
2016/17	Q1	75.70%	78.20%	79.00%	76.60%	75.10%
	Q2	75.20%	78.10%	78.70%	76.30%	74.70%
	Q3	75.10%	77.70%	78.50%	76.10%	74.40%
	Q4	75.00%	77.60%	78.60%	75.80%	74.50%
2017/18	Q1	74.80%	77.10%	78.30%	75.50%	74.40%
	Q2					
	Q3					
	Q4					
Trend						
Acceptable	80%					
Commentary	Actions to improve these targets are detailed in the report. Small percentage increases reflect large numbers of eligible population being screened.					

Annual Bowel Screening Uptake 60-74 years

Financial Year	Period	Airedale, Wharfedale and Craven CCG	Bradford Districts CCG	Calderdale CCG	Leeds North CCG	Bradford City CCG	Greater Huddersfield CCG	Leeds West CCG	Leeds South & East CCG	North Kirklees CCG	Wakefield CCG
2014/15	Annual	63.48%	54.14%	59.55%	56.54%	31.89%	61.98%	54.57%	54.03%	53.54%	56.76%
2015/16	Annual	62.17%	54.13%	57.38%	58.80%	33.71%	60.99%	58.37%	53.90%	52.80%	56.45%
2016/17	Annual										
Target	60%										

KPI BCS1 Bowel Quarterly Uptake

Financial Year	Period	Airedale, Wharfedale and Craven CCG	Bradford Districts CCG	Calderdale CCG	Leeds North CCG	Bradford City CCG	Greater Huddersfield CCG	Leeds West CCG	Leeds South & East CCG	North Kirklees	Wakefield CCG
2016/17	Q1	62.47%	55.35%	61.81%	60.32%	35.88%	63.11%	58.55%	55.42%	54.95%	57.40%
	Q2	62.73%	55.13%	60.09%	57.46%	35.12%	62.17%	57.89%	53.97%	54.56%	57.84%
	Q3	61.71%	53.01%	60.13%	59.42%	31.77%	61.14%	56.92%	52.82%	53.46%	56.90%
	Q4	66.86%	56.88%	60.36%	61.23%	37.31%	63.87%	58.64%	56.47%	56.26%	58.48%
2017/18	Q1										
	Q2										
	Q3										
	Q4										
Trend											
Acceptable	52%										
Achievable	60.00%										
Commentary	As detailed in the report actions to address uptake include campaigns, targeted work with practices and work with CRUK.										

(Diabetic Eyes Screening, Abdominal Aortic Aneurysm Screening and Antenatal and Newborn Screening data can be found on the PHE website)

<https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-and-briefings-2016-to-2017>

Performance Report 2017 / 18

Immunisations

Seasonal Flu

Aged 65 and over

Financial Year	Period	Airedale, Wharfedale and Craven CCG	Bradford City CCG	Bradford Districts CCG	Calderdale CCG	Greater Huddersfield CCG	Leeds North CCG	Leeds South & East CCG	Leeds West CCG	North Kirklees CCG	Wakefield CCG
2016/17	October	54.30%	58.60%	56.50%	57.10%	55.40%	59.10%	58.20%	57.90%	57.40%	56.00%
	November	67.00%	68.10%	67.40%	67.50%	66.30%	71.80%	70.10%	71.10%	68.10%	67.50%
	December	71.30%	72.20%	71.50%	70.10%	69.70%	74.40%	73.40%	74.00%	71.70%	70.50%
	January	72.00%	73.70%	72.80%	71.40%	70.60%	75.30%	74.80%		72.80%	71.50%
	Sept 2016 - March 2017	72.00%	73.70%	72.80%	71.40%	70.60%	75.30%	74.80%	72.30%	72.80%	71.50%
2017/18	October										
	November										
	December										
	January										
	Sept 2017 - March 2018										
Trend											
Lower threshold		70%									
Standard		75%									
Commentary		England Average 16/17 -70.5 %. Percentages have increased since last year and denominators are increasing/ more patients being vaccinated 15/16 figures - AWC CCG 72.5%, Bradford City CCG - 74.8%, Bradford Districts CCG 73.2%									

Under 65 (at-risk only)

Financial Year	Period	Airedale, Wharfedale and Craven CCG	Bradford City CCG	Bradford Districts CCG	Calderdale CCG	Greater Huddersfield CCG	Leeds North CCG	Leeds South & East CCG	Leeds West CCG	North Kirklees CCG	Wakefield CCG
2016/17	October	39.60%	37.60%	33.70%	34.00%	32.40%	34.30%	32.30%	31.10%	34.00%	33.00%
	November	41.10%	47.10%	42.70%	45.70%	43.20%	44.70%	43.40%	42.80%	43.40%	43.30%
	December	45.80%	52.10%	47.60%	49.70%	47.80%	49.00%	47.90%	47.30%	48.40%	47.10%
	January	46.80%	54.10%	49.30%	51.60%	49.20%	50.60%	49.60%		50.00%	48.60%
	Sept 2016 - March 2017	45.80%	54.10%	49.30%	51.60%	49.20%	50.60%	49.60%	34.30%	50.00%	48.60%
2017/18	October										
	November										
	December										
	January										
	Sept 2017 - March 2018										
Trend											
Lower threshold		50%									
Standard		55%									
Commentary		England Average 16/17 - 48.6%. Percentages look to have decreased since last year in some areas but denominators are increasing and more patients being vaccinated. 15/16 AWC CCG - 45%, Bradford City CCG - 45%, Bradford City CCG - 51.6%									

All Pregnant Women

Financial Year	Period	Airedale, Wharfedale and Craven CCG	Bradford City CCG	Bradford Districts CCG	Calderdale CCG	Greater Huddersfield CCG	Leeds North CCG	Leeds South & East CCG	Leeds West CCG	North Kirklees CCG	Wakefield CCG
2016/17	October	35.90%	34.80%	31.60%	45.10%	39.20%	23.40%	15.60%	23.80%	31.50%	33.90%
	November	46.30%	45.10%	39.30%	54.80%	48.40%	51.40%	42.20%	49.80%	40.10%	43.00%
	December	50.50%	47.80%	44.30%	54.80%	51.00%	53.40%	45.60%	51.70%	43.80%	45.20%
	January	49.70%	47.60%	44.10%	54.70%	51.40%	54.60%	52.20%	54.60%	44.30%	46.30%
	Sept 2016 - March 2017	49.70%	47.60%	44.10%	54.70%	51.40%	54.60%	52.20%	54.60%	44.30%	46.30%
2017/18	October										
	November										
	December										
	January										
	Sept 2017 - March 2018										
Trend											
Lower threshold		N/A									
Standard		N/A									
Commentary		England average 16/17 44.9%. All areas have increased in uptake in Bradford. 15/16 AWC CCG - 45.7%, Bradford City CCG 41.5%, Bradford Districts CCG - 39.4%									

All Aged 2

Financial Year	Period	Airedale, Wharfedale and Craven CCG	Bradford City CCG	Bradford Districts CCG	Calderdale CCG	Greater Huddersfield CCG	Leeds North CCG	Leeds South & East CCG	Leeds West CCG	North Kirklees CCG	Wakefield CCG
2016/17	October	15.50%	12.10%	15.20%	22.40%	20.70%	25.40%	19.10%	19.20%	12.40%	20.10%
	November	32.30%	18.60%	24.70%	33.60%	32.40%	38.90%	34.70%	35.50%	22.20%	33.70%
	December	38.40%	22.90%	28.10%	37.70%	36.10%	43.50%	39.20%	40.40%	25.30%	38.70%
	January	39.60%	24.90%	29.40%	39.30%	36.80%	44.20%	40.30%	41.90%	26.00%	40.30%
	Sept 2016 - March 2017	39.60%	24.90%	29.40%	39.30%	36.80%	44.20%	40.30%	41.90%	26.00%	40.30%
2017/18	October										
	November										
	December										
	January										
	Sept 2017 - March 2018										
Trend											
Lower threshold		30%									
Standard		40%									
Commentary		Childrens nasal flu has porcine content which affects the uptake in the childrens programme.									

All Aged 3

Financial Year	Period	Airedale, Wharfedale and Craven CCG	Bradford City CCG	Bradford Districts CCG	Calderdale CCG	Greater Huddersfield CCG	Leeds North CCG	Leeds South & East CCG	Leeds West CCG	North Kirklees CCG	Wakefield CCG
2016/17	October	16.50%	15.20%	16.20%	24.00%	23.10%	26.40%	21.00%	22.10%	11.90%	21.40%
	November	33.40%	23.70%	26.00%	35.50%	35.50%	40.50%	37.60%	38.50%	21.70%	36.50%
	December	39.50%	28.40%	31.50%	39.50%	40.40%	44.60%	42.70%	44.90%	25.40%	41.60%
	January	41.20%	29.80%	32.80%	40.20%	41.80%	45.90%	44.60%	46.80%	26.00%	43.50%
	Sept 2016 - March 2017	41.20%	29.80%	32.80%	40.20%	41.80%	45.90%	44.60%	46.80%	26.00%	43.50%
2017/18	October										
	November										
	December										
	January										
	Sept 2017 - March 2018										
Trend											
Lower threshold		30%									
Standard		40%									
Commentary		Childrens nasal flu has porcine content which affects the uptake in the childrens programme.									

All Aged 4

Financial Year	Period	Airedale, Wharfedale and Craven CCG	Bradford City CCG	Bradford Districts CCG	Calderdale CCG	Greater Huddersfield CCG	Leeds North CCG	Leeds South & East CCG	Leeds West CCG	North Kirklees CCG	Wakefield CCG
2016/17	October	10.90%	10.20%	13.40%	17.50%	16.80%	20.80%	15.10%	15.00%	11.40%	15.20%
	November	25.20%	14.90%	20.10%	27.50%	26.20%	32.00%	27.50%	27.80%	18.90%	26.70%
	December	30.90%	18.80%	23.90%	31.00%	29.50%	36.00%	31.70%	32.10%	22.60%	31.20%
	January	32.50%	20.50%	24.80%	32.10%	30.00%	36.90%	32.80%	33.50%	23.10%	32.10%
	Sept 2016 - March 2017	32.50%	20.50%	24.80%	32.10%	30.00%	36.90%	32.80%	33.50%	23.10%	32.10%
2017/18	October										
	November										
	December										
	January										
	Sept 2017 - March 2018										
Trend											
Lower threshold		30%									
Standard		40%									
Commentary		Childrens nasal flu has porcine content which affects the uptake in the childrens programme.									

Y1 5-6yr olds

Financial Year	Period	Bradford LA	Calderdale LA	Kirklees LA	Leeds LA	Wakefield LA
2016/17	October	13.20%	0.00%	26.60%	12.60%	0.00%
	November	38.30%	59.00%	55.80%	43.60%	50.00%
	December	53.80%	63.90%	59.70%	52.40%	61.60%
	January	54.10%	63.90%	59.70%	52.80%	62.60%
	Sept 2016 - March 2017	51.10%	63.90%	59.70%	52.80%	62.60%
2017/18	October					
	November					
	December					
	January					
	Sept 2017 - March 2018					
Trend						
Lower threshold		50%				
Standard		65%				
Commentary		Childrens nasal flu has porcine content which affects the uptake in the childrens programme.				

Y2 6-7yr olds

Financial Year	Period	Bradford LA	Calderdale LA	Kirklees LA	Leeds LA	Wakefield LA
2016/17	October	12.20%	0.00%	26.30%	12.20%	0.00%
	November	36.50%	55.40%	53.30%	43.30%	50.00%
	December	51.10%	63.30%	61.50%	52.50%	61.20%
	January	51.40%	63.30%	61.50%	53.10%	62.10%
	Sept 2016 - March 2017	51.40%	63.30%	61.50%	53.10%	62.10%
2017/18	October					
	November					
	December					
	January					
	Sept 2017 - March 2018					
Trend						
Lower threshold		50%				
Standard		65%				
Commentary		Childrens nasal flu has porcine content which affects the uptake in the childrens programme.				

Y3 7-8yr olds

Financial Year	Period	Bradford LA	Calderdale LA	Kirklees LA	Leeds LA	Wakefield LA
2016/17	October	11.70%		27.30%	12.10%	
	November	34.20%	56.90%	51.00%	40.70%	42.90%
	December	48.50%	60.70%	56.10%	49.80%	58.70%
	January	48.70%	60.70%	56.10%	50.00%	59.60%
	Sept 2016 - March 2017	48.70%	60.70%	56.10%	50.00%	59.60%
2017/18	October					
	November					
	December					
	January					
	Sept 2017 - March 2018					
Trend						
Lower threshold		50%				
Standard		65%				
Commentary		Childrens nasal flu has porcine content which affects the uptake in the childrens programme.				

Y4 8-9yr olds

Financial Year	Period	Bradford LA	Calderdale LA	Kirklees LA	Leeds LA	Wakefield LA
2017/18	October					
	November					
	December					
	January					
	Sept 2016 - March 2017					
Trend						
Lower threshold		50%				
Standard		65%				
Commentary		New age group for 2017/18				

Healthcareworkers

Financial Year	Period	Airedale NHS Foundation Trust	Bradford District Care Trust (Trust based)	Bradford Teaching Hospitals NHS Foundation Trust	Calderdale and Huddersfield NHS Foundation Trust	Leeds Community Healthcare NHS Trust	Leeds Teaching Hospitals NHS Trust	Leeds & York Partnership Foundation Trust	Mid Yorkshire Hospitals NHS Trust	Yorkshire Ambulance NHS Trust	West Yorkshire Area Team Healthcare Workers
2016/17	October	45.40%	52.20%	54.00%	52.20%	53.40%	54.50%	32.30%	62.20%	4.40%	56.20%
	November	66.60%	70.70%	65.80%	59.10%	69.50%	75.50%	45.90%	75.60%	16.70%	59.00%
	December	75.60%	75.90%	75.40%	76.00%	76.80%	79.50%	54.40%	79.30%	18.40%	59.00%
	January	75.70%	80.40%	76.10%	76.60%	76.90%	79.70%	55.00%	79.90%	18.40%	60.90%
	Sept 2016 - March 2017	75.70%	80.70%	76.20%	76.60%	76.90%	79.90%	55.00%	79.90%	18.40%	61.10%
2017/18	October										
	November										
	December										
	January										
	Sept 2017 - March 2018										
Trend											
Standard		75%									

Adult immunisations

Received the Pneumococcal (PPV) vaccine at any time

Financial Year	Period	Airedale, Wharfedale and Craven CCG	Bradford City CCG	Bradford Districts CCG	Calderdale CCG	Greater Huddersfield CCG	North Kirklees CCG	Leeds North CCG	Leeds South & East CCG	Leeds West CCG	Wakefield CCG	West Yorkshire
2013/14	Annual	69.90%	77.30%	73.40%	67.30%	68.50%	65.10%	72.80%	73.50%	70.90%	71.10%	70.80%
2014/15	Annual	71.00%	78.60%	74.70%	69.80%	69.80%	66.90%	74.40%	74.90%	69.10%	71.40%	71.60%
2015/16	Annual	71.00%	79.00%	75.30%	69.90%	70.00%	68.20%	75.30%	75.50%	70.60%	71.90%	72.30%
2016/17	Annual	71.10%	81.10%	74.70%	72.40%	71.30%	71.20%	75.80%	76.00%	71.20%	73.90%	73.30%
2017/18	Annual											
Trend												
Lower threshold	65%											
Standard	75%											
Commentary	within standards											

Shingles

Financial Year	Period	KPI	Airedale, Wharfedale and Craven CCG	Bradford City CCG	Bradford Districts CCG	Calderdale CCG	Greater Huddersfield CCG	North Kirklees CCG	Leeds North CCG	Leeds South & East CCG	Leeds West CCG	Wakefield CCG
2017/18	April	Aged 70	47.90%	40.70%	46.80%	50.10%	49.90%	46.70%	50.60%	46.50%	48.10%	44.40%
		Aged 78	49.50%	44.80%	46.70%	48.80%	50.90%	51.30%	45.80%	47.80%	47.00%	43.20%
	May	Aged 70	46.20%	40.40%	47.20%	50.80%	47.80%	51.80%	47.80%	46.70%	48.70%	45.40%
		Aged 78	51.90%	45.50%	48.20%	45.10%	50.90%	51.70%	46.90%	50.30%	47.80%	44.80%
	June	Aged 70	50.50%	42.60%	47.50%	51.20%	50.10%	48.60%	53.40%	49.20%	49.30%	46.10%
		Aged 78	53.00%	47.10%	48.50%	50.00%	50.80%	52.80%	48.00%	51.00%	48.50%	45.20%
	July	Aged 70	51.40%	44.10%	48.50%	51.60%	51.30%	49.80%	54.00%	51.10%	50.30%	47.10%
		Aged 78	53.50%	47.30%	49.30%	50.90%	52.70%	53.90%	49.50%	52.80%	50.00%	46.80%
	Aug	Aged 70	51.80%	44.60%	49.10%	52.20%	51.70%	50.30%	54.20%	52.50%	51.00%	47.40%
		Aged 78	53.60%	47.60%	50.00%	51.60%	53.50%	54.20%	49.50%	53.50%	50.40%	47.80%
Lower threshold	50%											
Standard	60%											
Commentary	This is an opportunistic vaccination programme. This does not have an official invitation process.											

Prenatal Pertussis

Financial Year											
Financial Year	Period	Airedale, Wharfedale and Craven CCG	Bradford City CCG	Bradford Districts CCG	Calderdale CCG	Greater Huddersfield CCG	North Kirklees CCG	Leeds North CCG	Leeds South & East CCG	Leeds West CCG	Wakefield CCG
2014/15	Annual	56.60%	52.20%	60.20%	61.90%	60.20%	54.70%	65.60%	70.20%	66.80%	65.80%
2015/16	Annual	53.50%	53.20%	64.60%	61.90%	61.00%	55.60%	65.70%	68.10%	64.60%	68.00%
2016/17	Annual										
2016/17	January	79.40%	70.00%	78.00%	85.00%	73.80%	74.00%	87.60%	81.60%	80.30%	84.30%
	February	83.50%	65.30%	78.10%	82.50%	77.10%	74.50%	77.20%	81.70%	89.90%	83.20%
	March	80.60%	61.70%	77.30%	80.70%	76.50%	76.20%	77.50%	80.20%	84.20%	82.50%
2017/18	April	77.50%	63.60%	74.00%	71.00%	70.40%	64.60%	74.00%	70.30%	70.70%	82.10%
	May	79.20%	65.60%	76.30%	72.00%	67.30%	78.30%	76.20%	77.40%	78.40%	78.50%
	June	78.20%	63.70%	72.20%	69.20%	63.30%	76.70%	72.60%	73.60%	73.60%	78.60%
Trend	July	76.00%	62.50%	76.80%	75.80%	73.20%	67.00%	87.60%	79.60%	86.00%	85.80%
Lower threshold	50%										
	60%										
Standard											
Commentary	within standard										

Childhood and Adolescent Immunisations

Cover data
Immunisations 12 months

Communications 12 months												
Local Authority		2016/17		2016/17		2016/17		2017/18		2017/18		Trend
		Q2	Q3	Q4	Q1	Q2	Q2					
Bradford	No. children	2004	1951	1928	1960							
	DTaP/IPV/Hib	94.20%	93.60%	94.80%	94.00%	94.90%	94.90%					
	Rotavirus	87.50%	90.00%	90.80%	89.70%	93.20%	93.20%					
	PCV	94.00%	93.70%	95.10%	93.90%	95.30%	95.30%					
	Hep B Denominator	10	6	9	6							
	% Hep B (3 doses)	100.00%	100.00%	100.00%	100.00%	93.60%	93.60%					
Calderdale	Men B	605	638	593	624							
	No. children	605	638	593	624							
	DTaP/IPV/Hib	93.90%	97.00%	95.40%	94.10%	94.10%	94.10%					
	Rotavirus	89.30%	93.70%	92.10%	91.20%	94.10%	94.10%					
	PCV	94.20%	96.70%	95.30%	94.20%	95.30%	95.30%					
	Hep B Denominator	0	0	0	0							
Kirklees	% Hep B (3 doses)	93.40%	96.20%	94.60%	92.90%	95.30%	95.30%					
	Men B	1316	1364	1283	1285							
	No. children	1316	1364	1283	1285							
	DTaP/IPV/Hib	96.00%	95.10%	95.00%	95.40%	95.40%	95.40%					
	Rotavirus	90.70%	91.60%	91.00%	93.70%	95.40%	95.40%					
	PCV	96.00%	95.40%	95.20%	95.40%	95.40%	95.40%					
Leeds	Hep B Denominator	9	11	1	4							
	% Hep B (3 doses)	86.78%	100.00%	100.00%	100.00%	95.30%	95.30%					
	Men B	95.30%	94.00%	94.60%	94.80%	96.80%	96.80%					
	No. children	2628	2547	2496	2563							
	DTaP/IPV/Hib	94.90%	94.00%	95.10%	93.70%	96.80%	96.80%					
	Rotavirus	92.60%	92.30%	93.50%	91.50%	96.60%	96.60%					
Wakefield	PCV	94.70%	94.40%	95.20%	94.10%	96.90%	96.90%					
	Hep B Denominator	5	13	10	11							
	% Hep B (3 doses)	100.00%	100.00%	100.00%	100.00%	95.60%	95.60%					
	Men B	93.10%	93.70%	94.70%	93.40%	96.80%	96.80%					
	No. children	1098	1057	982	1068							
	DTaP/IPV/Hib	96.20%	95.60%	96.10%	96.80%	96.80%	96.80%					
Standard	Rotavirus	94.40%	93.60%	94.10%	96.60%	96.60%	96.60%					
	PCV	96.40%	95.70%	95.80%	96.90%	96.90%	96.90%					
	Hep B Denominator	0	2	5	5							
	% Hep B (3 doses)	100.00%	100.00%	100.00%	100.00%	95.60%	95.60%					
	Men B	95.20%	95.60%	95.60%	96.80%	96.80%	96.80%					
	DTaP/IPV/Hib	Rotavirus	PVC Booster	Hep B % (3 doses)	Men B							
Lower threshold	90.00%	90.00%	90.00%	<100	90.00%							
Standard	95.00%	95.00%	95.00%	100.00%	95.00%							

Immunisations 24 months

Immunisations 24 months											
Local Authority	2016/17		2016/17		2016/17		2017/18		2017/18		Trend
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2		
Bradford	No. children	2122	1992	1904	1975						
	DTaP/IPV/Hib	95.80%	96.30%	95.90%	95.90%						
	Hib / Men C	93.70%	94.30%	92.70%	92.80%						
	PCV	93.40%	94.30%	92.70%	92.80%						
	Hep B										
	Denominator	5	9	9	6						
	% Hep B (4 doses)	100.00%	0.00%	100.00%	100.00%						
	Men B	N/A	N/A	N/A	N/A						
	MMR1	93.00%	93.70%	92.40%	92.00%						
Calderdale	No. children	2654	639	583	636						
	DTaP/IPV/Hib	97.80%	96.20%	94.90%	97.00%						
	Hib / Men C	93.40%	96.40%	93.50%	96.10%						
	PCV	93.60%	96.10%	95.40%	96.10%						
	Hep B										
	Denominator	0	0	0	1						
	% Hep B (4 doses)	100.00%	100.00%	100.00%	100.00%						
	Men B	N/A	N/A	N/A	N/A						
	MMR1	92.90%	95.60%	93.30%	96.20%						
Kirklees	No. children	1383	1376	1292	1255						
	DTaP/IPV/Hib	97.80%	98.00%	97.80%	98.00%						
	Hib / Men C	95.00%	96.10%	96.10%	96.10%						
	PCV	95.70%	96.10%	95.90%	96.50%						
	Hep B										
	Denominator	5	3	5	3						
	% Hep B (4 doses)	40.00%	66.70%	100.00%	100.00%						
	Men B	N/A	N/A	N/A	N/A						
	MMR1	95.50%	95.90%	95.50%	95.90%						
Leeds	No. children	2654	2570	2416	2543						
	DTaP/IPV/Hib	96.60%	96.40%	97.20%	95.80%						
	Hib / Men C	93.30%	93.80%	94.50%	92.10%						
	PCV	93.70%	94.80%	94.80%	92.40%						
	Hep B										
	Denominator	0	19	98	12						
	% Hep B (4 doses)	100.00%	100.00%	100.00%	83.30%						
	Men B	N/A	N/A	N/A	N/A						
	MMR1	93.30%	93.80%	94.20%	92.20%						
Wakefield	No. children	1076	1060	1024	998						
	DTaP/IPV/Hib	96.80%	97.70%	97.20%	97.40%						
	Hib / Men C	96.30%	95.80%	95.50%	95.10%						
	PCV	96.30%	95.90%	95.60%	95.30%						
	Hep B										
	Denominator	0	4	1	3						
	% Hep B (4 doses)	0.00%	100.00%	100.00%	100.00%						
	Men B	N/A	N/A	N/A	N/A						
	MMR1	96.20%	95.80%	95.10%	94.70%						
	DTaP/IPV/Hib	Hib/MenC	PVC Booster	Hep B % (4 doses)	Men B	MMR1					
Lower threshold	90.00%	90.00%	90.00%	90.00%	90.00%	N/A					
Standard	95.00%	95.00%	95.00%	100.00%	95.00%	N/A					

Immunisations 5 years

Local Authority		2016/17	2016/17	2016/17	2017/18	2017/18	Trend
		Q2	Q3	Q4	Q1	Q2	
Bradford LA	No Children	2178	2092	2113	2026		
	Hib/MenC Booster	96.20%	95.50%	95.80%	95.50%		
	DTaP/IPV/Booster	92.40%	91.70%	91.90%	90.60%		
	MMR 1 dose	97.20%	96.10%	96.40%	96.20%		
	MMR 2 doses	92.00%	91.00%	91.90%	83.70%		
Calderdale LA	No Children	726	659	678	699		
	Hib/MenC Booster	94.50%	96.50%	94.70%	95.30%		
	DTaP/IPV/Booster	97.40%	90.60%	96.50%	91.60%		
	MMR 1 dose	95.90%	97.60%	97.50%	97.60%		
	MMR 2 doses	92.60%	92.00%	91.90%	93.00%		
Kirklees LA	No Children	1424	1461	1418	1351		
	Hib/MenC Booster	96.80%	95.60%	95.70%	96.30%		
	DTaP/IPV/Booster	94.70%	95.10%	97.70%	94.40%		
	MMR 1 dose	98.30%	97.50%	97.40%	97.60%		
	MMR 2 doses	95.90%	95.10%	94.50%	94.40%		
Leeds LA	No Children	2719	2598	2680	2616		
	Hib/MenC Booster	93.60%	93.50%	95.00%	93.20%		
	DTaP/IPV/Booster	96.80%	96.80%	96.80%	96.60%		
	MMR 1 dose	96.40%	96.50%	95.70%	95.90%		
	MMR 2 doses	88.40%	88.60%	89.00%	87.20%		
Wakefield LA	No Children	1077	1131	1079	1108		
	Hib/MenC Booster	95.20%	96.20%	94.70%	95.90%		
	DTaP/IPV/Booster	97.90%	97.50%	90.60%	91.10%		
	MMR 1 dose	97.40%	97.50%	95.90%	97.90%		
	MMR 2 doses	93.60%	93.50%	92.20%	92.70%		
	DTaP/IPV/Hib	Hib/MenC	DTaP/IPV	MMR 1	MMR 2		
Lower threshold	90.00.00%	90.00%	90.00%	90.00%	90.00%		
Standard	95.00.00%	95.00%	95.00%	95.00%	95.00%		

Financial Year	Vaccine	Bradford LA	Calderdale LA	Kirklees LA	Leeds LA	Wakefield LA
2015/16	Men ACWY Routine Delivered in Y9	71.20%	88.40%	95.30%	92.40%	86.40%
	Men ACWY Y11 Catch Up	63.30%	93.70%	93.80%	82.50%	74.30%
	Td/IPV Routine Delivered in Y9	74.20%	81.20%	86.60%	91.50%	86.50%
	Adolescent immunisations HPV Cohort 13 Dose 1	91.50%	91.60%	90.30%	94.80%	93.30%
2016/17	Adolescent immunisations HPV Cohort 13 Dose 2	90.10%	89.60%	88.00%	90.80%	91.40%
	Men ACWY Routine Delivered in Y9	72.9	90.7	94.9	90.3	No figure
	Men ACWY Y11 Catch Up	81.4	89	93.7	81.5	No figure
	Td/IPV Routine Delivered in Y9	71.5	92.5	94.1	89.5	No figure
	Adolescent immunisations HPV Cohort 14 (12-13 year olds, Y8 in 16/17, DOB 1.9.2003-31.8.2004) Dose 1	90.6	91.3	92	93.4	91.1
	Adolescent immunisations HPV Cohort 14 (12-13 year olds, Y8 in 16/17, DOB 1.9.2003-31.8.2004) Dose 2	89	90.5	87.5	88.6	88.7
	Adolescent immunisations HPV Cohort 13 (13-14 year olds, Year 9 in 16/17, DOB 1.9.2002-31.8.2003) Dose 1	90.1	92.7	90	94.8	87.4
	Adolescent immunisations HPV Cohort 13 (13-14 year olds, Year 9 in 16/17, DOB 1.9.2002-31.8.2003) Dose 2	89.7	90.2	89.2	90.7	85.4
	HPV coverage 1 dose (12-13 years)	HPV coverage 2 dose (13-14years)	Men ACWY coverage (13 - 14years)	TD / IPV		
	Lower threshold	80	60			
	Standard	90	70			

Breast cancer awareness – check yourself and do something about it.

A mother of three from Bradford has urged women to check themselves after being diagnosed with breast cancer having had her 'world turned upside down'.

Fiz Ahmed, a West Yorkshire Police Officer, based in Bradford said she could not believe it when she was told by a doctor of her breast cancer diagnosis in February 2015.

"I work full time, have three children, go to the gym and swim – I just never thought it would happen to me," she said.

October is breast cancer awareness month. One person is diagnosed every 10 minutes and one in eight people will have breast cancer.

Fiz, 49, discovered the lump when she was checking herself in the shower. Ten days later she was sat at St James Hospital in Leeds with her husband being given the news.

She said: "The doctor said to me it is a lottery that no one wants to win and that it can happen to absolutely anybody."

Fiz was told the cancer was treatable and survivable. She then started months of gruelling treatment which involved six rounds of chemotherapy, three weeks apart followed by 20 rounds of radiotherapy every day for four weeks.

Particular difficult aspects of her experience were telling her three children who at the time were, 8, 9 and 19.

"My little girl asked me if I was going to die and I told her mummy was going to put her boxing gloves on."

Disclosing the news to friends and her professional family began another rollercoaster of emotions. The Police and her colleagues were very supportive and kept in regular contact, helping her to stay somewhat connected. "They were fantastic," Fizz added.

Fiz attends annual mammograms and is on medication for the next ten years.

On her return to work many people in the community were shocked she felt the need to share her story with other women and speak openly about cancer. She recently spoke at conference attended by 70 women to highlight her journey and gradual recovery.

"Check yourself and do something about it straight away," she said. "If you have an issue do not leave it and forget about it – it's so important to get it sorted."

“There is a network of people out there to catch you when you fall, ‘Breast Cancer Haven, Yorkshire’ and the amazing NHS are just parts of this incredible network.”

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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 7th December 2017

Subject:

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Briefing Note for Procurement over £2m – Reimagining Days

Summary statement:

In line with Council Standing Order 4.6.1 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 gives an overview of the Reimagining Days project, which is part of the Department's Transformation Programme work and seeks to assist people to participate in ordinary community activities and is based on the philosophy that everyone has contributions to make to their community.

Bev Maybury
Strategic Director of Health &
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Overview & Scrutiny Area:
Health & Social Care

1. SUMMARY

- 1.1 In line with Council Standing Order 4.6.1 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 gives an overview of the Reimagining Days project, which is part of the overall work of Community Led Support and seeks to assist people to participate in ordinary community activities and is based on the philosophy that everyone has contributions to make to their community.

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 including day opportunities.
- 2.2 Oversight and governance for this project is through the Reimagining Days/ Community Led Support Board and the Departmental Transformation Programme Board, which is accountable to the Corporate Priority Delivery Programme Board.
- 2.3 This project is an opportunity to look at daytime services and consider whether the provision we have still meets people's aspirations.
- 2.4 A major focus includes seeing the local community as an integral part of day opportunities and considering how we can support people to be part of their community and take part in activities that are local to them or focus on their particular interests or community.
- 2.5 As part of this work we are planning to host locality events which will be advertised on Eventbrite to bring together social workers, elected members, ward officers and VCS organisations to plan how this can be achieved and for VCS organisations to showcase their services.
- 2.6 We are gathering together mapping of local services that has already taken place and working on filling the gaps so that this information can go on Connect to Support.
- 2.7 We also want to look at how we help create opportunities for people to be part of activities without relying on paid support. We want to consider how we change the focus from formal volunteering to supporting people to develop their own friendship groups and run their own groups.
- 2.8 We want to develop Individual Service Funds as a way of funding services that increase the choice and control of the person using the service but minimise the amount of administration they will need to undertake.
[An ISF is an internal system of accounting within a service provider that makes the personal budget transparent to the individual or family]
- 2.9 The other strand we are developing is to ensure we maximise the support we provide to help people to get into and stay in work – looking at apprenticeships, co-

locating job coaches within teams and ensuring we commission services that reflect best practice.

- 2.10 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 project includes a number of initiatives including:

- Light touch grants process
- Procurement exercise
- Reviews of people attending daycare centres
- Market development

- 3.3 We will run a light touch grants process that will be concluded by 31st March 2018. This will focus upon those organisations that currently run low level preventative activities in localities. These are primarily wellbeing cafes operating with very small amounts of annual funding. These organisations will be required to evidence they are working to the principles underlying the Home First vision. They will also need to show their projects promote independence and mutual support.

- 3.4 This is a closed process and may result in a small number of wards without a wellbeing café. We will commit to ensuring we address this in the next financial year.

- 3.5 In addition we will run a procurement process that we aim to have concluded by the 30th June 2018. This will support the Community Led Support initiative by funding work on community capacity building, volunteering and supported employment across all client groups. As part of this process we will analyse the data we have, work with people who use services to design and plan the detail of how services will be provided.

- 3.6 We have also started undertaking social work led conversations with people attending social daycare centres and those funded via spot contracts to determine whether these are still meeting people's needs and whether there are opportunities for the person to have greater flexibility by transferring to an Individual Support Fund.

- 3.7 A range of market development initiatives have begun to be developed, such as volunteering opportunities for students at Bradford College with young people have a learning disability to enjoy leisure activities together. We are also working closely with the People Can campaign to align this with their initiative.

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1 The budget for this procurement has been agreed in line with the Departmental Transformation Board.

The budget for the light touch grants process is £160,000 p.a.

The budget for the procurement process will be circa £900,000 p.a.

The social daycare budget is £480,000 p.a.

The budget for spot contracts is £2.5m.

- 4.2 Savings have been allocated to this overall area of work of £200,000 in 2018/19, £300,000 in 2019/20, £400,000 in 2020/21 and £400,000 in 2021/2022.
There will be no savings achieved on the light touch grants process.
We envisage savings of circa £3,000 will be achieved on the procurement process.
It is not possible at this point to quantify any savings on the social daycare reviews.
The remaining savings will be delivered through the demand management process recognising that spot contracts need to be brought into the business process.
These will deliver cashable efficiencies through modernising this area of work.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 5.1 An Reimagining Days/Community Led Support board has responsibility for overseeing the risk and issue log for this project. We are in the process of transferring the detail of this onto the Cherwell system to enable easier monitoring.
- 5.2 The 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 Councils Legal Services will provide support for this project as needed 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

We are working with ward officers (initially in Bradford South) to map community activities.

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

We have begun liaising with Area Coordinators to develop this area of work.

8. NOT FOR PUBLICATION DOCUMENTS

8.1 None

9. OPTIONS

9.1 There are no options associated with this report.

10. RECOMMENDATIONS

10.1 Members may wish to comment on the contents of the report and appendix.

11. APPENDICES

11.1 Day Opportunities Strategy, 2017 - 2021

12. BACKGROUND DOCUMENTS

12.1 None

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BRADFORD DAY OPPORTUNITIES STRATEGY, 2017-2021

Introduction

This document aims to give a clear direction of travel on day opportunities for the future. The current environment that we are operating in is challenging. The combined issues of reduced budgets and changing demographics including an ageing population mean we have to look differently at how we provide services and seek out innovative approaches.

We know that the demand for day opportunities is from a wide range of different people with different levels of need for care and support.

We are confident that making a shift away from doing things for people, towards an approach which supports people to remain as independent as possible will bring about the change we need.

However we know this isn't something that any one individual or organisation can do alone. It is important to engage widely. This strategy therefore seeks to shape the range, type and quality of activity needed in order to effectively meet the current and future needs of the local population. It will illustrate the priorities we will work towards and commission against.

Our Vision

Our vision for day opportunities is that people should be able to access their local communities' resources. Only when this is not an option will we look to have venues that are specifically set up for particular groups of people.

Where possible we want short term focussed support that helps people find friendship groups and get involved in activities that will help keep them well.

Within all provision we want people to have choices about what they do, be supported to be as independent as possible and where services are provided, for them to be high quality.

Our Strategic Approach

We will:

- Take a **strength based approach** focussing on an individual's strengths as well the challenges they face and valuing their capacity, skills, knowledge, connections and potential. In this way, people can become co-producers of support, not passive consumers of support
- Encourage **community activism** that means people can access universal services and activities that are run without input or funding from statutory agencies
- Develop **networks** of diverse activities that mirror the communities of Bradford so that people can have **choice and control** about how and where they spend their day. To facilitate this we will move towards paying for provision for people by **Direct Payments** or **Individual Service Funds**
- Take an **enabling approach** that supports people to live as independently as possible. For people of working age **employment including self-employment** with social and micro enterprises will be our first consideration. With other things such as volunteering being considered as options. For older people we will expect people's contributions to be encouraged and valued.
- Develop an approach that looks at the **whole system** together at all levels of need and ensure everyone works together to deliver it, incorporating issues such as town planning, transport, leisure, employment opportunities and the potential for these to be used to prevent, delay or reduce people's requirement for health and social care services
- Illustrate how we can **reduce dependency** and the need for ongoing support by using **short-term interventions** to help people learn skills, re-learn skills and develop confidence
- Support **carers** by looking at ways they can have respite from their role and maintain their own health and wellbeing

- Be creative in our use of processes for the re-commissioning of services that will deliver the **outcomes** we aspire to achieve

In Brief

National and local context

Nationally and locally there is legislation and strategies and policies that we have used to guide our thinking:

The NHS Five Year Forward View

The forward view covers a wide range of areas including:

- Proposing a radical upgrade in prevention and public health
- Patients gaining far greater control of their own care
- Taking decisive steps to break down the barriers in how care is provided
- Developing new models of delivery including multispecialty community provider and integrated hospital and primary care providers

The Care Act 2014

The Care Act describes the expectations in relation to social care including promoting wellbeing. This signifies a shift from existing duties on local authorities to provide particular services, to the concept of ‘meeting needs’ – now a core legal duty. It recognises that everyone’s needs are different and personal to them and assumes that the individual is best placed to judge their own wellbeing, and what wellbeing means to them.”¹

It also outlines Local Authorities responsibilities for prevention.

It says local authorities should encourage providers to be innovative and responsive in developing interventions that contribute to preventing and reducing needs for care and support and in identifying unmet needs. Local authorities should coordinate shared approaches and work with providers who have local insight into changing or emerging needs beyond eligibility for publicly-funded care.

The Care Act enshrines personal budgets into law for the first time, making them the norm for people with care and support needs. Moreover, it makes clear that decisions about personal budget allocations and direct payments should not be made purely on financial grounds, but on outcomes and value for money.

The person will know how much the local authority will pay, and how much they will pay themselves – and how that is calculated. They will be able to manage the money themselves through a direct payment, or can appoint the local authority or a third party, often called an individual service fund (ISF), to manage it for them. Where an ISF type arrangement is not available locally, the local authority should consider developing this service with specified providers.

¹ <http://www.local.gov.uk/documents/10180/6869714/L14-759+Guide+to+the+Care+Act.pdf/d6f0e84c-1a58-4eaf-ac34-a730f743818d>

Bradford District plan: Better Health, Better Lives

This sets the priorities to work with families, community and voluntary groups and others to wrap support around people in their homes, families and communities and work with families and the wider community to safeguard vulnerable people. It aims to do this by bringing different services together – like hospitals, social care and GPs – to work in a more joined up way and will use the Better Care Fund to bring some of our budgets together to design services that work better together, provide value for money and help us improve our health and wellbeing.

Over the next four years partners plan to work together so that:

- Prevention comes first and needs are met earlier
- Demand for urgent and unplanned care is reduced
- People are supported to remain independent for longer, minimising hospital and nursing care
- Resources are focused on mental wellbeing as much as physical wellbeing
- Self-care programmes are developed to help people manage their own health
- All children are registered with a GP and a dentist
- People are supported to stay fit and active and to eat healthily so obesity is reduced

The vision is that we are better together and everyone has a role to play in achieving this vision

People can:

- Take responsibility for staying healthy, active and independent – e.g. reduce alcohol intake, eat healthily and stop smoking
- Stay fit by taking advantage of the wide range of sport and leisure activities in the district
- Set up a support network for a vulnerable person using RallyRound
- Use services appropriately – attending appointments, using A&E and 999 for urgent/emergency only

Businesses can:

- Ensure workplaces are safe and healthy places
- Support employees to improve their health and wellbeing
- Keep in touch with staff who are sick and support them to return to work
- Recognise the benefits of a diverse workforce that includes people with disabilities

Communities and the voluntary sector can:

- Help children and young people to be healthy and active through community-based activities
- Support older people to stay active, healthy and connected within their community

- Encourage volunteering to increase provision of health and wellbeing activities in the community
- Provide activities to support people to maintain physical and mental wellbeing

Active Communities

Neighbourhoods support people to be a part of their own active community, contributing their time, energy and skills to help make them better places to live. Active citizens are people who get involved in the community, look out for their neighbours or volunteer their time. The human value offered by active citizens is priceless.

People Can is an initiative by a range of partners who are concerned about a range of challenges faced by the Bradford District and who want to do something positive about them.

The start point of People Can Make a Difference is a recognition of the fantastic voluntary work already being carried out in the Bradford District. People Can is an open invitation to everyone to take part, help others and make a difference.

People can make the difference in a number of ways:

1. **Be Neighbourly** – carry out small, informal, everyday acts of kindness.
2. **Community action** – create a new group, activity or event with like minded people
3. **Volunteer** – devote some of their time to helping others.
4. **Raise money** – use their skills to raise funds for a community project.

West Yorkshire Transport plan

In Bradford the aim is to achieve the Vision and objectives of the West Yorkshire Transport Plan through:

1. Supporting the delivery of new housing and jobs and helping to regenerate existing local communities
2. Making it easier to access places, services and amenities by sustainable means
3. Creating high quality, distinctive, cohesive and safe environments
4. Reducing congestion and supporting greener fuel technologies
5. Serving the transport needs of the most vulnerable members of the community and reducing the harmful effects of road traffic within neighbourhoods.

Mental Health strategy

Strategic Priorities are:

1. Our wellbeing: we will build resilience, promote mental wellbeing and deliver early intervention to enable our population to increase control over their mental health and wellbeing and improve their quality of life and mental health outcomes.
2. Our mental health and physical health: Mental Health & Wellbeing is of equal importance with physical health. We will develop and deliver care that meets these needs through the integration of mental and physical health and care
3. Care when we need it: When people experience mental ill health we will ensure they can access high quality, evidence based care that meets the needs in a timely manner, provides seamless transitions and care navigation.

Personal Budgets: Direct payments and Individual Service Funds

We want people to have choice and control over their lives and therefore it is a priority for people to be able to access Direct Payments and Individual Service Funds.

Direct payments: A Direct Payment is where the person or a suitable representative holds the budget (from the Council) and organises the support.

Individual Service Funds: An ISF is a managed account, held by a third party (usually a provider organisation) with support provided in line with the person's wishes and organised by the third party.

Combined Personal Budgets

Combining personal budgets is an option to manage personal budgets, whereby two or more people who receive a personal budget opt to take it as a direct payment, and agree to have an account to achieve mutual agreed aims such as employing a personal assistant (PA) to support them to pursue activities in the community.

Concepts, ideas and new ways of thinking

Strength based approach

Strengths-based approaches concentrate on the strengths of individuals, families, groups and organisations, and concentrate on using those personal strengths to aid recovery and improve confidence. In essence, to focus on health and well-being is to embrace an asset-based approach where the goal is to promote the positive. They start from understanding the person and what is unique about them and important to them. They take a can do approach and look at what the person can contribute as well as what they need.

Wellbeing

There is very good evidence indicating that behavioural factors, such as smoking, having a poor diet, high levels of alcohol consumption and little physical activity and poor social conditions are strongly associated with poor health and wellbeing in later life.²

We also know that social isolation and loneliness are issues for older people. Whilst levels of loneliness in the UK have remained relatively consistent with around 10% of those over 65 experiencing chronic loneliness at any given time, the increase in the population of older people means the absolute number of individuals experiencing loneliness often, or all of the time has increased. Research indicates that the effect of loneliness and isolation can be as harmful to health as smoking 15 cigarettes a day, and puts individuals at greater risk of cognitive decline, with one study concluding that lonely people have a 64% increased chance of developing clinical dementia.³

We need to respond differently to the needs of people and take a more preventative approach. Recent research indicates loneliness is a sign from our psychological systems that we need to reconnect with people.⁴

Research from the New Economics Foundation⁵ led to the development of five ways to wellbeing:

1. **Connect** – connect with the people around you: your family, friends, colleagues and neighbours. Spend time developing these relationships.
2. **Be active** – you don't have to go to the gym. Take a walk, go cycling or play a game of football. Find an activity that you enjoy and make it a part of your life.
3. **Keep learning** – learning new skills can give you a sense of achievement and a new confidence. So why not sign up for that cooking course, start learning to play a musical instrument, or figure out how to fix your bike?

² Newcastle University Live Well Research

³ <http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf>

⁴ <https://www.theguardian.com/lifeandstyle/2016/nov/11/how-to-cope-with-loneliness-oliver-burkeman>

⁵ <http://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-yourself/five-ways-to-wellbeing/>

4. **Give to others** – even the smallest act can count whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering at your local community centre, can improve your mental wellbeing and help you build new social networks.
5. **Be mindful** – be more aware of the present moment, including your thoughts and feelings, your body and the world around you. Some people call this awareness "mindfulness". It can positively change the way you feel about life and how you approach challenges.

Mental Health

There are a number of important approaches that form the focus for developments in mental health:

- Diversion & Assertive outreach
- Prevention & the Recovery Model
- Crisis avoidance
- Emotional resilience
- Risk minimisation and positive risk strategies

Diversion & Assertive Outreach: An assertive outreach approach is a way of working with identified individuals with mental health staff attending incidents with the police and fire service or in place of police to develop a diversionary approach.

Prevention & The recovery model: this is about prevention focussed community services. It is a whole system design that seeks to support people in an individualised way to become well and stay well. It incorporates the tools needed for people to regulate their own health. The focus is on people identifying themselves their goals, assets and therefore creating a recovery based plan that include advance plans.

Crisis Avoidance: the Crisis Care Concordat is there to prevent crisis. It does this in a variety of ways including projects where people can be diverted from A&E or police cells into a welcoming and comfortable environment where they can be given practical and emotional support. This is a whole system approach with partners including the Police, the Council, both acute and specialist NHS and key V&CS organisations working together. The First Response team has been the lead organisation with a 24/7 response, with options including intensive support, support from First Response or referral on. This is an important part of the suicide prevention work. A psychiatric nurse has been co-located with the Police and in A&E to deal with social issue such as housings. There are also criminal justice staff working as part of first response to divert people with mental health issues away from the criminal justice system.

Emotional resilience and supporting people to develop emotional resilience is an important area of development work. Part of this response is WRAP but it is important to look at future options for this area.

IAPT is working to increase access to psychological therapies and support people to increase the range of coping mechanisms they have available to them. Peer support is also an area with potential for further development including using experts by experience to improve services.

Risk minimisation & positive risk strategies: An important element of risk minimisation is positive risk taking: avoiding crisis through having an ongoing managed approach

It involves developing a non punitive approach with a risk minimisation programme in particular for those people who access emergency services frequently.

Dementia Friendly Communities

Dementia Friendly Communities are about everyone, from governments and health boards to the local corner shop and hairdresser, sharing part of the responsibility for ensuring that people with dementia feel understood, valued and able to contribute to their community. A great deal of joint work has been done in Bradford in relation to dementia friendly communities.⁶

Bradford has a District Dementia Action Alliance, which encourages a wide range of organisations to make dementia friendly changes that reflect the needs of our diverse local communities.

Navigation

Community navigation, also sometimes called community connectors, is a short term intervention aimed at people with social, emotional or practical needs often resulting from social isolation and loneliness which have occurred after major illness or a significant bereavement. It is a way of linking people up to activities and services in the community that they might benefit from, to maintain independence. It includes supporting the community to engage with older people as well as supporting older people to engage effectively with their local community. It can also involve helping Help people set up their own groups which after initial input will be self-supporting.

Circles of Support

A Circle of Support is a group of people who meet together on a regular basis to help somebody accomplish their personal goals in life. The Circle acts as a community around that person (the 'focus person') who, for one reason or another, is unable to achieve what they want in life on their own and decides to ask others for help. The focus person is in charge, both in deciding who to invite to be in the Circle, and also in the direction that the Circle's energy is employed, although a facilitator is normally chosen from within the Circle to take care of the work required to keep it running.

The members will all have diverse gifts and interests, and there can appear many new opportunities and possibilities which had not even been considered before

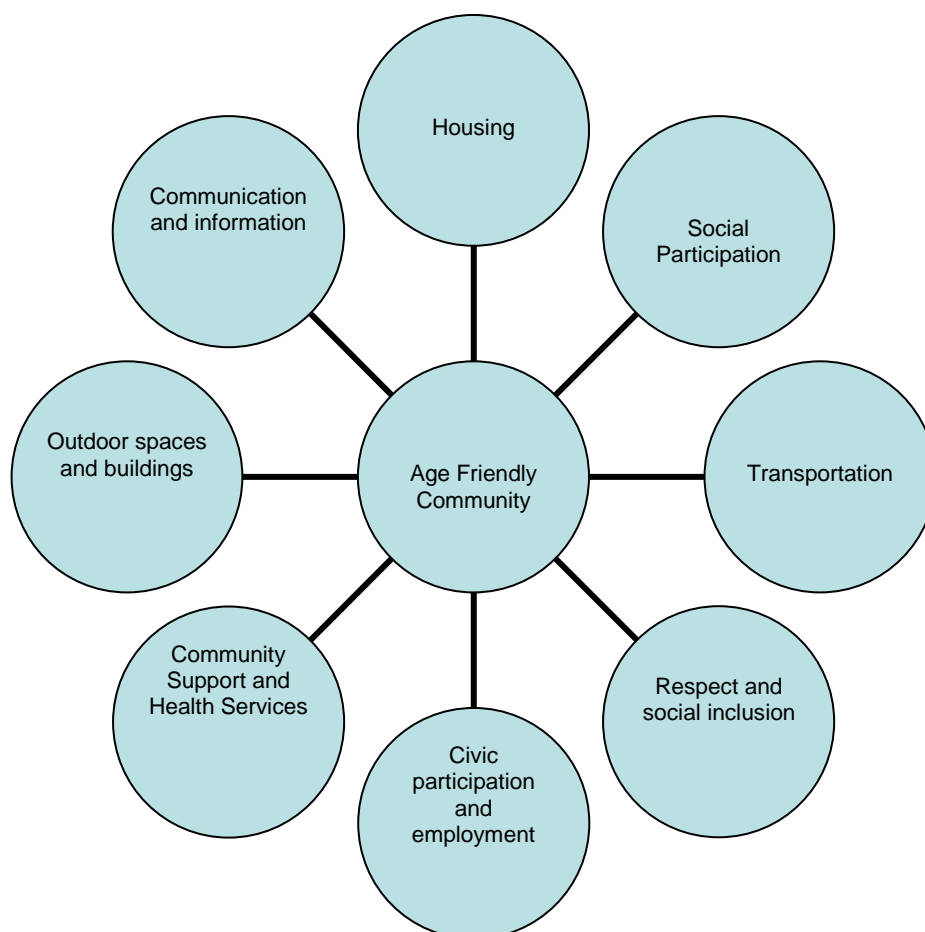
⁶ <http://www.housinglin.org.uk/library/Resources/Housing/OtherOrganisation/dementia-friendly-learning-summary.pdf>

forming the Circle. A Circle is like any group of friends. Everyone joins because they want to be there. No one is paid to be a member of a Circle.

- Most people that have a Circle of Support say that from the first meeting of their Circle their lives become so much bigger.
- People suddenly realise that they have a group of friends that have genuine interest in supporting them to reach and fulfil their dreams and aspirations.
- The difference between a Circle of Support to a group of friends is that the Circle is focused on one person.
- A Circle of Support can change a person's life; by providing an individual with the confidence to dream and plan for the future.
- The focus person is the person in control of the Circle and the decision making. This is a key reason why this method of support is so unique.

Age Friendly Communities

The World Health Organisation approach to Age Friendly Communities provides a helpful framework for developing initiatives. Considering the areas below will create a positive environment for all people in the district but considering the needs of older people and others with additional needs will ensure we create environments everyone can access and reduce the need for additional provision for some clients groups.



What we already know

Headline Figures on Bradford district































- Bradford District is the fourth largest metropolitan district (in terms of population) in England, after Birmingham, Sheffield and Leeds although the District's population growth is lower than other major cities. In the last three years Bradford's population has grown at 0.3% which is slower than the regional average of 0.8% and the national average of 1.5%.
- The population of Bradford is ethnically diverse. The largest proportion of the district's population (63.9%) identifies themselves as White British. The district has the largest proportion of people of Pakistani ethnic origin (20.3%) in England.
- The largest religious group in Bradford is Christian (45.9% of the population). Nearly one quarter of the population (24.7%) are Muslim. Just over one fifth of the district's population (20.7%) stated that they had no religion.
- We are a district where people are active in communities and civic life. There are high levels of volunteering when compared to the national average, including regular volunteering and civic participation in the local area. It's estimated that there are over 100,000 active citizens in the Bradford District (around 20% of the total population) and that volunteers contribute over £17 million to the local economy.
- We have experienced a bigger decline economically since the recession than regionally and nationally. However at June 2014 the number of people in employment in the district had increased by 3,500 over the previous year.⁷

Health and social care needs and the demand of people in Bradford

- In addition to the general trend of population increase people are living longer. In men the average life expectancy is 77.5 – this compares to 81.5 in women. However the mortality rates for all causes in Bradford district are higher than the average for both England and Yorkshire and the Humber⁸
- There is a danger that people, especially women, will live a significant proportion of their lives in poor health. There will be an increasing number of older people living on their own and living alone is a significant predictor of hospital admission. Much will depend on the health of the population as they enter old age, highlighting the importance of healthy ageing and supporting people to stay active and involved.
- Supporting people to live well with dementia will remain important. People with learning disabilities are at increased risk of developing dementia, and at an earlier age. The number of people with dementia from BME groups is expected to rise quickly as this section of the population ages and are more likely to develop Early Onset Dementia

⁷ <http://observatory.bradford.gov.uk/>

Performance against national and local targets

ASCOF		2016-17 Out-turns					2015-16 Final						
		Num	Denom	Outcome	DoT	RAG	Outcome	DoT	RAG	Regional Rank	National Rank	Region Ave	National Ave
1A	Social Care Quality Of Life						19.5	↑		5	28	19.1	19.1
1B	Control Over Daily Life						79.2%	↑		6	46	76.2%	76.6%
1C(1a)	Self Directed Support (Cared For)						86.8%	↑		9	99	87.9%	86.9%
1C(1b)	Self Directed Support (Carers)						82.5%	↑		10	113	70.3%	77.7%
1C(2a)	Direct Payments (Cared For)	638	2,719	23.5%	↑		17.5%	↑		13	132	25.8%	28.1%
1C(2b)	Direct Payments (Carers)						81.9%	↑		7	92	59.8%	67.4%
1D	Carers QOL	2,397	299	8.0	↓		-			-	-	8.1	7.9
1E	LD Employment						5.5%	↑		8	77	6.3%	5.8%
1F	MH Employment	210	2,615	8.0%	↑		6.1%	↓		11	78	8.2%	6.7%
1G	LD Independence						86.3%	↑		3	24	78.6%	75.4%
1H	MH Independence	1,915	2,615	73.2%	↑		69.1%	↑		7	65	64.7%	58.6%
1I(i)	Social Contact						51.4%	↓		2	17	46.0%	45.4%
1I(ii)	Social Contact Carers	125	318	39.3%	↓		-			-	-	40.8%	38.5%
2A(i)	Perm Admissions To Care 18-64	42	315,051	13	↑		14.0	↑		9	91	13.9	13.3
2A(ii)	Perm Admissions To Care 65+	392	76,088	515	↓		513	↑		1	35	699.5	628.2
2B(i)	Re-ablement (effectiveness)	197	225	87.6%	↓		88.2%	↓		7	43	82.9%	82.7%
2B(ii)	Re-ablement (offered)						2.8%	↑		4	81	3.1	2.9
2C(i)	Delayed Transfers of Care (ALL)	13.2	391,139	3.4	↑		3.4	↑		2	7	10.2	12.1
2C(ii)	Delayed Transfers of Care (social care)	5.7	391,139	1.46	↓		0.19	↑		1	4	3.4	4.7
2D	Outcomes from Short Term Support						64.8%	↑		12	120	73.1%	75.8%
3A	Satisfaction						63.1%	↑		11	90	63.8%	64.4%
3B	Carers Satisfaction	87	244	35.7%	↓		-			-	-	43.7%	41.2%
3C	Carers Discussion/Consultation	160	217	73.7%	↓		-			-	-	74.7%	72.3%
3D(i)	Information and Advice						70.8%	↓		13	113	75.3%	73.5%
3D(ii)	Carers Info & Advice	140	199	70.4%	↑		-			-	-	68.9%	65.5%
4A	Feeling Safe						73.2%	↑		5	24	69.9%	69.2%
4B	Feeling Safe As A Result of Services						84.8%	↑		12	85	85.9%	85.4%

Our local data tells us that of the people with a learning disability who use day services:

70 % have a white British background, 25% have an Asian ethnic background with a small proportion of users from other backgrounds

More men (56%) than women (44%) use the services and over half live with their families.

The middle age bands 25- 54 account for 66% of day opportunity users.

More people using these services live in BD6 and BD22 and areas neighbouring central Bradford than elsewhere in the district

For people using short term mental health day services – three quarters have a white background with 17% having an Asian background and a small no of people with dual or black heritage

55% of people using the service are male and 45% female.

There is a fairly even distribution of people across the age bands

More people using these services live in Tong and Keighley and areas neighbouring central Bradford than elsewhere in the district

What people have told us

We asked people who use services for their views and they told us the following:

People with learning disabilities said:

The majority of people who responded to our survey who use day services found out about day opportunities from a social worker

The majority of people wanted support to access social and leisure opportunities, education and employment and this provision was wanted during the day Monday to Friday and evenings at the weekend.

Sports and getting out were particularly popular

A lot of people used Facebook and Skype and texts.

People with mental health issues said:

The majority of people found out about this service from social workers but family and friend and health professionals were also important in making people aware of service. People valued the advice of family and friends highest.

No surprisingly many people said a loss of confidence was a reason for not accessing services but a similar number identified mobility issues as a reason. Local Community provision was accessed by people. They identified a desire to do things other than crafts and sport. However being part of social activities was the highest support requested. As well as education and employment, personal care and help with communication needs were noted.

People felt it was important to have staff who were friendly and supportive and who were patient without being patronising.

Monday to Friday was the most popular time for day opportunities with weekend evenings the second choice

Over half of people who answered the survey used Facebook with a number using twitter and skype but telephone and text was the most popular to keep in touch. Over 60 % didn't keep in touch with people they had met via provision if they were not able to attend.

People with a physical disability said:

Family, friends and church were as important in finding out about services as social workers

Where people couldn't attend or could undertake activities they had enjoyed before the main reason was physical disability. Appropriate toilet facilities was most important to people to be able to access service with level access also important

Support to be part of social activities and with getting to health appointment was most important

Day time activities Monday to Friday was most important

Half used skype but telephone most used

People who were over 65 said:

People found out about service from a range of people including family and friends and social worker

Reasons for not being able to access were mainly physical disability or mobility needs but also included mental ill health and loss of confidence. Lack of local knowledge was also mentioned

Level access was most important to people to be able to access services – wanted a range of activities

People used skype and facebook but majority kept in touch via telephone

Support to be part of social activities and with getting to health appointment was most important

People's main requirement was for caring, friendly staff who were well trained and motivated and who provided a high quality of care. They wanted a range of provision of local services partly because transport was a concern for older people.

Older people have told us that becoming isolated often happens after a major bereavement or period off ill health. Also we know that people value opportunities to get out of their homes and socialise with others. We also know anecdotally that some people find the existing range of activities on offer are not suited to their interests.

Social work staff and other stakeholders

For older people Stakeholders have said it is important to:

- Consider how we identify people who are lonely and make them aware of what is available.
- Need to support people to access existing groups that are open to all and capitalise on activities people used to have an interest in, with a focus on finding new ways of enabling people to participate.

- They also confirmed the importance of activities that make people feel valued, and ensuring there are activities for men.
- Need to retain some building based daycare provision as we move towards a more integrated community approach and direct payments
- Need for appropriate provision for service users from BME communities
- Need for provision which can be used flexibly including different types of provision on different days with option of longer days & weekend
- Need for appropriate facilities and trained, skilled staff & volunteers
- Need for support specifically for people who are totally housebound and need for one off support on a non-regular basis for people who need support for hospital visits etc.
- Need to consider issue of transport in relation to access
- Need to have creative, innovative solutions developed by providers
- Address gaps in provision for people who are living with dementia, for people with sensory impairments, including those with newly acquired speech difficulties & for people who have cognitive deficit as well as physical needs

For people with mental health issues Stakeholders have said it is important to have services that are creative and innovative.

Also that good communication with other professionals who are supporting an individual is key.

For people with learning disabilities Stakeholders have said there are insufficient services that take an enablement approach and there is more scope to develop in supporting people to be more independent.

Also that there is a gap in a range of services that work with people on the autism spectrum.

What do we know about the providers that are working in the district

Older people: In-house there are existing daycare services. Holmewood is located in Keighley and Beckfield is located in Bradford providing day services for those with complex needs as well as Woodward Court in Allerton, Bradford. In addition there is COMPASS which is a support service provided as an alternative to daycare where people are cared for in the worker's own home. This was developed for people with a learning disability but is being developed further for other client groups. It is anticipated that these services will continue to offer a service to people with complex needs.

There are two externally commissioned daycentres in extra care settings where providers are national housing organisations in Keighley and Ilkley, which also have self-funders attending. A small number of providers offer daycare in residential or nursing homes on a spot contract basis and a large number of grant funded providers of day opportunities in the Voluntary & Community Sector - mainly small community providers across the District. Some of the Voluntary & Community Sector organisations are BME or gender specific.

Traditionally low level services for older people have focused on the following areas:

- Befriending and outreach
- Community Transport
- Luncheon clubs
- Wellbeing and health activities
- Wellbeing cafes

This market has been static for a number of years. Over the last three years the Local Authority has reduced the number of daycentres they run. There have not been new entrants to this market and recently a small number of providers have exited the market due to a general shrinkage in level of funding of organisations over time.

As many of the providers are small community organisations with a small number of staff, the workforce in this sector is small. There has not been significant workforce development in this sector in recent years and this is an area which would require input to develop new ways of working. However there is a wide range of organisations within the Voluntary & Community Sector in Bradford district who would be able to support preventative work.

Rally Round

We have purchased a licence which will mean any Bradford resident can set up a Rally-Round network. A Rally Round network will enable carers to set up support around individuals by organising friends, relatives and volunteers who are willing and able to help out. Free

Learning Disabilities

We currently have one large block contract with a provider that delivers district wide services across a range of venues. Over the life of the contract there has been movement from large institutional environments towards smaller community venues. There are still some venues which are no longer felt to be appropriate environments.

There are a five grant funded organisations who have been funded for a number of years.

In addition to the above there are a number of spot contracts which vary in performance, cost and volume. We need to work with the market to develop consistency and ensure value for money.

Mental Health

The largest provision for day opportunities for older people is the block contract for the Wellbeing Service. This is based upon a community connectors model and offers time limited support for people experiencing severe and enduring mental health issues to re-connect to social activities, learning, volunteering and employment.

There are also six organisations funded to provide day activities including support with employment for people experiencing mental ill health. Many of these are also funded by the Clinical Commissioning Groups.

Physical Disabilities

Many people with a physical disability have accessed direct payments to support their care and access to activities. There is some in-house provision for people who used the service at Whetley Hill in Bingley and Odsal.

In addition there are grants paid to one provider for a range of services relating to sensory needs and day activities.

The Future of day opportunities in Bradford and district

We will:

- Engage with service users, carers and representative organisations to ensure services meet people's needs and aspirations
- Look at models of good practice and continuously improve quality and develop services beyond the traditional models that currently exist
- Develop innovative and creative services that enable people to continue to live at home
- Ensure there is appropriate provision for service users from all BME communities including more recently settled communities
- Develop ISFs as a method along with direct payments for people to choose activities and venues – their preference – where they go and what they do.
- Allow people to arrange their own personalised support including by registering on Connect to Support: a website for people needing care or support in Bradford District where Providers are able to set up an online store
<https://bradford.connecttosupport.org/>
- Work in Partnership with other Council departments and other stakeholders to:
 - Identify opportunities in Leisure, Planning and Transport to create accessible and accepting environments for people
 - Work with Skills for Work to develop employment opportunities
 - Work with Neighbourhood Services to further develop strength based approaches and community initiatives such as an age friendly environment and community support
- Support carers by acknowledging and supporting them through the provision of daytime support for the people they care for and support for themselves

Mental Health

- Re-commission services using a tender process
- Continue to develop the approach used in the Mental Health Wellbeing Service with short term interventions focussed on supporting people to integrate into their communities
- To further develop the recovery based model
- Review Mental Health grants in line with this strategy and the mental health strategy to re-focus them on prevention and improving wellbeing
- Develop a clear approach for working age adults to incorporate an increased emphasis on navigation to employment, education & training opportunities
- Explore with Skills for Work jointly commissioning employment services

Older People

- Re-commission some low level services using a grant process whilst undertaking a procurement process to develop the market further
- Allow older people with capacity to make their own decisions, have control over what they choose to do and are supported to take on new challenges
- Focus on prevention and short term interventions to support people to access universal services, community activities, develop friendship networks and regain independence.
- Make a shift away from doing things for people, towards a more preventative approach which supports people to remain independent
- Take an enabling approach to give people the opportunity and confidence to learn, relearn and regain some of the skills they may have lost because of an episode of poor health or a hospital admission or bereavement
- Embed and support the vision and priorities of the self-care and prevention programme in supporting people to be healthy, well and independent
- Identify technology to support people remaining or becoming more independent
- Show how their services can become self-sustaining or generate matched funding with clear costings on how much people will be asked to contribute.
- Support older people to develop their own social networks and to meet outside of organized services to socialise or pursue interests

Learning Disability

- Pilot individual service funds with the learning disabilities block contract to trial the processes and resolve and problems that may occur
- Work with all providers to develop and implement personalised budgets through direct payments and individual service funds
- Go on to develop individual service funds as our normal offer for people accessing activities during the day
- Review existing learning disabilities grants to focus on short term, non-recurrent funding with a focus on prevention

Physical Disability

- Retain focus on direct payments as the main route for accessing support
- Review physical disability grants to develop a focus on short term interventions
- Ensure access to supported employment services

How will we know we have made a difference?

We will have:

1. Re-commissioned services with funding in place for a minimum of two years
2. Focussed on communities, accepting each will be different
3. Developed a culture that is based on trust and empowerment
4. Developed a new approach for services that supports people to be as independent as they can be
5. Challenged and supported Voluntary & Community Sector organisations to have developed and improved
6. Changed the focus from Council funded activities to self that have been supported to begin and then have become self-sustaining
7. Kept bureaucracy to a minimum and created a system that is proportionate and delivers good outcomes
8. Put in place effective working partnerships with other Council departments, Health and other partner organisations
9. Evidenced we can make public places more accessible and accommodating for all citizens of Bradford district

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