



**Agenda for a meeting of the Bradford and Airedale Health and Wellbeing Board to be held on Tuesday, 13 November 2018 at 10.00 am in Ernest Saville Room - City Hall, Bradford**

Dear Member

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

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

Yours sincerely

P Akhtar

City Solicitor

**Notes:**

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

**From:**

Parveen Akhtar

City Solicitor

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**To:**

<b>MEMBER</b>	<b>REPRESENTING</b>
Councillor Susan Hinchcliffe	Leader of Bradford Metropolitan District Council (Chair)
Councillor Jackie Whiteley	Bradford Metropolitan District Council
Councillor Sarah Ferriby	Healthy People and Places Portfolio
Kersten England	Chief Executive of Bradford Metropolitan District Council
Helen Hirst	Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups
Louise Auger	Head of Operations and Delivery for West Yorkshire (NHS England)
Sarah Muckle	Director of Public Health
Bev Maybury	Strategic Director Health and Wellbeing
Michael Jameson	Strategic Director of Children's Services
Steve Hartley	Strategic Director, Place
Clive Kay	Chief Executive of Bradford Teaching Hospitals NHS Foundation Trust
Brendan Brown	Chief Executive of Airedale NHS Foundation Trust
Dr Richard Haddad	Member from the GP Community
Scott Bisset	Chief Superintendent Bradford District, West Yorkshire Police
Geraldine Howley	Group Chief Executive, InCommunities Group Ltd
Dr Andy Withers	Bradford Districts Clinical Commissioning Group
Dr James Thomas	Airedale, Wharfedale and Craven Clinical Commissioning Group
Dr Akram Khan	Bradford City Clinical Commissioning Group (Deputy Chair)
Brent Kilmurray	Chief Executive of Bradford District Care NHS Foundation Trust
Neil Bolton-Heaton	HealthWatch Bradford and District
Kim Shutler Jones	Bradford Assembly representing the Voluntary and Community Sector
Ben Bush	District Commander, West Yorkshire Fire and Rescue Service

## **A. PROCEDURAL ITEMS**

### **1. ALTERNATE MEMBERS (Standing Order 34)**

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



## 2. DISCLOSURES OF INTEREST

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

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

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

*Notes:*

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

## 3. MINUTES

**Recommended –**

**That the minutes of the meeting held on 4 September 2018 be signed as a correct record (previously circulated).**

(Fatima Butt – 01274 432227)



#### **4. INSPECTION OF REPORTS AND BACKGROUND PAPERS**

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

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

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

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

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

(Fatima Butt - 01274 432227)

#### **B. BUSINESS ITEMS**

#### **5. HAPPY, HEALTHY AND AT HOME - A HEALTH AND CARE PLAN FOR THE BRADFORD DISTRICT AND CRAVEN**

Previous Reference: Minute 28 (2017/18)

The Board at its meeting held on 13 February 2018 considered a PowerPoint presentation on the financial position of the health and care economy.

The Board resolved:

- (1) That the Health and Wellbeing Board receives assurance via regular updates in the Chair's highlight report on progress with delivery of identified efficiency savings across the health and care system.
- (2) That appropriate programme management arrangements are put in place to ensure necessary clarity, support and challenge for the delivery of system efficiencies.

As requested at the above meeting a presentation will be provided which presents an update and re-assurance on the efficiency plan progress with delivery of identified savings across the health and care system.

(Julie Lawreniuk – 01274 237642)  
(Andrew Crookham – 01274 433656)





**6. FUTURE IN MIND: BRADFORD AND CRAVEN - A REFRESH OF OUR LOCAL TRANSFORMATION PLAN**

Future in Mind was published in 2015 by the Department of Health's Children and Young People's Task Force. Local Systems were to develop and publish a five year system approach to transforming mental health services through collaboration around five areas of promoting prevention, improvement of care and access to good quality of services, development of the workforce and ensuring transparency.

The Strategic Director, Health and Wellbeing will submit **Document "F"** which describes how the local health and care partnerships have reviewed the progress, achievements and refreshed the local transformation plan.

**Recommended-**

**That the Board are invited to:**

- **Reflect on the progress made to date.**
- **Receive and provide feedback on the refreshed transformation plan.**
- **Approve the refreshed transformation plan.**

(Sasha Bhat – 01274 237537)

**7. CARE QUALITY COMMISSION LOCAL SYSTEM REVIEW - ACTION PLAN UPDATE**

Previous Reference: Minute 6 (2018/19)

The Care Quality Commission (CQC) conducted a Local System Review of the Bradford District health and care system between January and June 2018. The findings of the review were positive, and a small number of recommendations were made. The local system, led by the Health and Wellbeing Board, has developed an action plan in response to those findings.

The Programme Director Integration and Change Board will submit **Document "G"** which reports on the progress being made in the completion of the CQC Local System Review action plan. In summary the delivery of the plan is progressing well, with a small number of actions requiring closer attention. Details are set out at Section 3 of Document "G".

**Recommended-**

- (1) That the Health and Wellbeing Board notes the progress with the delivery of the CQC action plan.**



- (2) That the ICB (Integration and Change Board) be requested to support communications, engagement and organisational development colleagues to devise a new plan for the delivery of action 3.3 of Document “G” by December 2018.

(James Drury – 07970 479 491)

**8. BETTER CARE FUND - UPDATE**

The Strategic Director, Health and Wellbeing will inform Members that the Department of Health and Social Care has recently announced that Bradford Council is due to receive an additional grant of £2.3 million for winter funding, an update will be provided on the discussions that have taken place so far with health colleagues across the system and propose how monies will be best spent.

(Bev Maybury – 01274 432900)

**9. CHAIR'S HIGHLIGHT REPORT - HEALTH AND SOCIAL CARE PARTNERSHIP (ONE WORKFORCE UPDATE), JOINT HEALTH AND WELLBEING STRATEGY LOGIC MODELS, DISTRICT PLAN ANNUAL PROGRESS REPORT AND SUB GROUP UPDATES (ECB & ICB)**

The Health and Wellbeing Board Chair's highlight report **Document “H”** summaries business conducted between Board meetings. November's report includes an update on the Health and Social Care Partnership with a focus on the One Workforce programme, a request to sign off the logic models approach, to sign off the District Plan Annual progress report and updates from the Board's sub- groups (ECB – Executive Commissioning Board and ICB – Integration and Change Board).

**Recommended-**

- (1) That in relation to One Workforce, the Board notes the progress to date.
- (2) That in relation to JHWS (Joint Health and Wellbeing Strategy) logic model, the Board approves the logic models and the approach set out to monitor the impact of the JHWS.
- (3) That in relation to the District Plan, the Health and Wellbeing Board are asked to note the content of the District Plan progress report and



- (4) That where Health and Wellbeing Board feel that particular areas of work highlighted in the progress report need greater focus or more cross partnership co-ordination, that officers and relevant BDP Partnerships be tasked to take action as appropriate.**

(Pam Bhupal – 01274 431057)

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



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## **Report of the Director of Health and Wellbeing to the meeting of Bradford and Airedale Health and Wellbeing Board to be held on 13 November 2018**

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**F**

### **Subject:**

**Future in Mind: Bradford District and Craven – A refresh of our local transformation plan.**

### **Summary statement:**

**An update on our children and young people's mental wellbeing work as part of the Future in Mind transformation plan.**

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Ali Jan Haider  
Director for Strategic Partnerships

Report Contact: Sasha Bhat  
Head of commissioning – mental wellbeing  
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### **Portfolio:**

**Health and Wellbeing**

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

**Health and Social Care**

## 1. SUMMARY

1.1 Future in Mind was published in 2015 by the Department of Health's Children and Young People's Task Force. Local systems were to develop and publish a five year system approach to transforming mental health services through collaboration around five areas of promoting prevention, improvement of care and access to good quality of services, development of our workforce and ensuring transparency.

1.2 This paper describes how our local health and care partnerships have reviewed our progress and achievements and refreshed our local transformation plan. Should the Health and Wellbeing Board approve the refreshed plan, it will be published by all partner organisation to the plan and shared with stakeholders.

## 2. BACKGROUND

2.1 The Children and Young People's Mental Health and Wellbeing Taskforce was established by the government in 2014 to consider ways to make it easier for children, young people, parents and carers to access help and support when needed. In March 2015 the taskforce published its report and recommendations: *Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing*.

The five key themes were:

- Promoting resilience, prevention and early intervention
- Improving access to effective support: a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce.

2.2 Our Local Transformation Plan was developed in the context of Bradford and Airedale with reference to the Joint Health Needs Analysis of emotional and psychological wellbeing of children in Bradford (Public Health 2015). In January 2017 we launched the strategy for Mental Wellbeing in Bradford and Craven. This all age strategy has been developed through extensive and detailed working with partners and stakeholders. It addresses three principal areas: *our wellbeing, our mental and physical health*, and *care when we need it*. These areas are aligned with Future in Mind's work streams and our Joint Health and Wellbeing strategy.

2.3 Our aim is that by 2020, we will work together with partners to ensure that children and young people:

1. will be supported to recognise and value the importance of their mental wellbeing and take early action to maintain their mental health through improved prevention, awareness and understanding
2. can enjoy environments at work, home and in other settings which promote good mental health and improved wellbeing
3. will experience seamless care and have their physical and mental health needs met through services that are integrated and easily accessible

4. can reach their maximum potential through services which are recovery focused, high quality and personalised and which promote independence
5. can expect support to be commissioned and delivered in a way that leads to increases in efficiency and enables transformation of care through reinvestment.

2.4 Our Mental Wellbeing Strategy sets out the principles of our work to focus and our Joint Health and Wellbeing Strategy sets out our ambition for a happy and healthy Bradford District, where people have greater control over their wellbeing, living in their own homes and communities for as long as they are able, with the right support when it is needed. Our local health and care partnerships are working towards a district where we achieve the following for our population:

Outcome 1: our children have a great start in life

Outcome 2: children and young people have good mental wellbeing

Outcome 3: children and young people are living well and growing up well

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

### **3. OTHER CONSIDERATIONS**

3.1 The Future in Mind transformation programme is funded and assessed by NHS England on behalf of the Department of Health. As a requirement of our funding, we provide quarterly reports to NHS England and an annual refresh of our plan. This plan is to be signed off by the Health and Wellbeing Board. The November 2018 refreshed plan, attached as Appendix 1, is presented for consideration and approval for publication to the Health and Wellbeing Board.

3.2 Engagement is carried out with children, young people and stakeholders. These are shared in Appendix 2.

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

4.1 The Mental Health and Wellbeing Partnership Board sets the direction and provides a broad framework for decisions about the use of resources for the Future in Mind Programme. This is reviewed by NHS England on a quarterly basis.

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

5.1 The Health and Wellbeing Board owns and provides overall governance of the local transformation plans. Risk and delivery is managed by the Mental Health and Wellbeing Partnership Board through a performance management framework with annual reporting to the Health and Wellbeing Board. NHS England, on behalf of the Department of Health, review our monitoring reports on a quarterly basis and an example report is provided in Appendix 3 with example case studies provided to NHS England attached as Appendix 4.

### **6. LEGAL APPRAISAL**

No legal issues.

## **7. OTHER IMPLICATIONS**

### **7.1 EQUALITY & DIVERSITY**

7.1 The local transformation plan aims to reduce the barriers and issues children and young face in accessing mental health services and address the wider determinants of health inequalities which in some instances can disproportionately affect people with protected characteristics under the Equality Act 2010. As such the Strategy aims to make a positive contribution to children and young people with protected characteristics.

### **7.2 SUSTAINABILITY IMPLICATIONS**

7.2 The transformation plan supports work at the local and West Yorkshire & Harrogate level to ensure that services are sustainable within the available budget.

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

7.3 No direct implications. Implementation of the transformation plan involves increased opportunity and access for young people to community and physical activities in the District which may have some impact on greenhouse gas emissions if the number of car journeys were to decrease as a result.

### **7.4 COMMUNITY SAFETY IMPLICATIONS**

7.4 No direct implications, however community safety is a key enabling factor allowing children, young people and families to engage in civic and community activities. Reduced social isolation will enhance wellbeing.

### **7.5 HUMAN RIGHTS ACT**

No direct implications.

### **7.6 TRADE UNION**

No direct implications.

### **7.7 WARD IMPLICATIONS**

7.7 In areas with poor health and wellbeing and higher levels of health inequalities, different approaches are needed to improve access, deliver effective services, improve mental health and wellbeing and reduce health inequalities.

### **7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS**

Not applicable.

### **7.9 IMPLICATIONS FOR CORPORATE PARENTING**

No direct implications.



## **7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESSMENT**

Not applicable.

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

None.

## **9. OPTIONS**

No options are provided.

## **10. RECOMMENDATIONS**

**The Health and Wellbeing Board are invited to:**

- a. Reflect on the progress made to date.**
- b. Receive and provide feedback on the refreshed transformation plan.**
- c. Approve the refreshed Local Transformation Plan.**

## **11. APPENDICES**

Appendix 1; Future in Mind Local Transformation Plan November 2018.

Appendix 2: Engagement and feedback from stakeholders on our current plan.

Appendix 3: Example reporting requirements to NHS England

Appendix 4: Example case studies supporting Appendix 3 reporting requirements.

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Future in mind: Bradford and Craven

**Promoting, protecting and improving our children  
and young people's mental health and wellbeing**

Future in mind: Bradford and Craven

## **Promoting, protecting and improving our children and young people's mental health and wellbeing**

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## Introduction

This publication is a refresh of our local transformation plan and describes the progress made and the next steps for improving the mental health and wellbeing of children and young people in Bradford and Craven across our local health and care partnership<sup>1</sup>.

Bradford is the youngest city in Europe, with 29% of our population under 20. Our children and young people are the future and we want them to grow up safe and well and to realise their full potential, have high aspirations for themselves and their neighbourhoods and to become adults who help to drive the prosperity of our District.

The Future in Mind document published by the Department of Health in 2015 highlighted that many mental health conditions in adulthood show their first signs in childhood and, if left untreated, can develop into conditions that need regular care. Future in Mind set out clear ambitions to promote, protect and improve the mental health and wellbeing of children and young people and, in 2016, our local health and care partnership published our first transformation plan to implement the Future in Mind objectives.

Our greatest asset as a District is our children and young people and it is their voice and involvement that is shaping and improving our services. Through their shared experiences, expertise and ideas they have ensured that we focus our plans for improving mental wellbeing services on what matters to them.

We welcome the way our local health and care partnership, spanning NHS, Local Authority, Police, Community and independent sector have listened, learned and committed to working to address the mental wellbeing of children and young people and this commitment is strengthened through priorities in key district strategies.

We face challenges across our District and in this refreshed plan we set out the priorities for children, young people and families' mental wellbeing, how we plan to achieve these, who is responsible, and what success will look like. Our approach to achieving the best for children, young people and families is driven by our aspirations for our citizens, but we are very clear that the solutions will be a partnership between the people of Bradford and Craven and the organisations that deliver services.

We are proud to be able to set out such an ambitious plan that seeks to tackle the determinants of poor mental health in such a comprehensive manner. We look forward to being able to demonstrate the impact of our work and take this opportunity to thank all those involved in delivering our plans.

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<sup>1</sup> There are two local health and care partnerships across Bradford and Craven which involve the clinical commissioning groups, the District and County councils, the hospital foundation trusts, primary and community care providers, and the independent and community sector.

## Mental wellbeing in Bradford and Craven.

Bradford is the youngest city in Europe, with 29% of our population under 20 and nearly a quarter under 16. Our children and young people are the future and we want them to grow up in a Family Friendly place where every child, young person and family is safe and well. We want them to realise their full potential, have high aspirations for themselves and their neighbourhoods and to become adults who help to drive the prosperity of our District. Our plans to achieve this are set out in our [Children, Young People and Families Plan](#).

Childhood has a profound effect on adult lives. Many mental health conditions in adulthood show their first signs in childhood and, if left untreated, can develop into conditions that need regular care. We now know that half of all mental illnesses start before the age of 14 years, over two thirds start by the age of 18 years and that one in ten young people under the age of 16 will have a diagnosable mental health disorder<sup>2,3</sup>. The Future in Mind government paper published in 2015 set out clear ambitions to promote, protect and improve the mental health and wellbeing of children and young people.

Our greatest asset as a District is our children and young people and it is their voice and involvement that is shaping and improving our services. Through their shared experiences, expertise and ideas they have ensured we focus our plans for improving mental wellbeing services on what matters to them, namely good quality information and resources for self-care, addressing inequalities and tackling stigma, building emotional strength and resilience, working with parents, schools and communities in a joined-up way and to ensure that access to evidence based mental health support is timely and responsive. Our engagement and involvement of children, young people and families has been varied and continuous and we regularly review and reflect on our learning and understanding to inform our progress. We also share our learning with other programmes of work to influence system wide responses to improve mental wellbeing.

In January 2017 we launched the strategy for [Mental Wellbeing in Bradford and Craven](#). This all age strategy has been developed through extensive and detailed working with partners and stakeholders across our local health and care partnership including the involvement of families, children and young people.

Our aim for Bradford and Craven is to create environments and communities that will keep people well across their lifetime; where they are open to speak about emotions without fear of stigma and discrimination. We want to make it acceptable to acknowledge difficulties and ask for help and where those with more serious problems are quickly supported by people with skills and understanding to support their needs.

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<sup>2</sup> [Young Minds Mental Health Statistics. ONS.](#)

<sup>3</sup> [Future in Mind, Department of Health 2015.](#)

Mental wellbeing is much more than simply not being mentally ill. It is about having positive self-esteem, good coping mechanisms and feeling in control. These are all important elements of the ambition of our strategy. We want to actively promote mental wellbeing through addressing the broader determinants and providing early interventions.

Our strategy sets out three high level strategic priorities for the next five years:

**Our wellbeing:** building resilience, promoting mental wellbeing and delivering early intervention.

**Our mental and physical health:** developing and delivering care through the integration of mental and physical health and care.

**Care when we need it:** ensuring that when people experience mental ill health they can access high quality, evidence-based care.

The Mental Wellbeing strategy provided the framework to our [Future in Mind Local Transformation Plan](#) to achieve better mental wellbeing outcomes for children, young people, their family and carers. The transformation plan sits in the context of our Joint Health and Wellbeing Strategy for Bradford and Airedale 2018-23: [Connecting people and place for better health and wellbeing](#), and the [West Yorkshire and Harrogate Health and Care Partnership Plan](#).

We face challenges across our District and in September 2018, we took the opportunity to bring our partnership together and reflect on our progress, learning and feedback over the past three years. This has informed our refreshed plans in which we set out the priorities for children, young people and families' mental wellbeing, how we plan to achieve these, who is responsible, and what success will look like. Our approach to achieving the best for children, young people and families is driven by our aspirations for our citizens, but we are very clear that the solutions will be a partnership between the people of Bradford and Craven and the organisations that deliver services.

The Future in Mind implementation plan is driven by a shared vision:

***To promote, protect and improve the mental health and wellbeing of children and young people living in Bradford and Craven.***

Our partnership have adopted the five core principles of Future in Mind that are considered fundamental to creating a system that effectively supports emotional wellbeing of children and young people. These principles are provided under the following themes:

1. Promoting resilience, prevention and early intervention
2. Improving access to effective support: a system without tiers
3. Care for the most vulnerable
4. Accountability and transparency
5. Developing the workforce.

Our plans are organised to keep us focussed on achieving these aims, while also reflecting the context in which we work in Bradford and Craven and the views and needs of children and young people.

## Our Context

In 2015 we published a comprehensive health needs assessment (HNA) into [children's mental health, emotional and social wellbeing](#). As a partnership, we recognise the need to update the HNA and while this will be one of the first actions of our refreshed plan, it is important to reflect on the information presented in the findings of the HNA.

The City of Bradford Metropolitan District Council has one of the largest populations of children and young people of any local authority in the country, coupled with high levels of risk factors which are known to increase the likelihood of poor wellbeing and mental health in children and young people. This includes the high number of children living in poverty. 22% of children in the District live in poverty; children from the most disadvantaged 20% of households are three times as likely to have a mental health difficulty as the most advantaged 20%.

In every child's history there will be factors which help to build emotional resilience and protect a child from mental ill health, and other factors which have the opposite effect, contributing to poor mental health and wellbeing. Understanding the role of these factors helps us to identify population groups who may be at higher risk of having poor mental wellbeing, or experiencing mental, social or emotional difficulties.

Children in the most deprived wards of the District also show poor levels of social and emotional development when they start school, which is associated with poorer social, emotional and mental health outcomes later in childhood. Children and young people with better health and wellbeing are likely to achieve better academically. Effective social and emotional competencies are associated with greater health and wellbeing, and better achievement. A positive association exists between academic attainment and physical activity levels of children. While all children and young people can experience mental ill-health, there is an association between inequality and mental illness. Some groups of children and young people including care givers, those from poor and disadvantaged backgrounds, and from refugee and asylum-seeking families, and disabled, LGBT and looked-after children, are more vulnerable to mental health problems. This can be because of individual attributes such as low self-esteem, difficulties communicating and physical illness and/or because of their social circumstances and the environment in which they live including poverty, poor housing, parental substance use, and family and neighbourhood violence. The table below describes these vulnerable groups in the context of the Bradford District population.



Having one or more adverse childhood experiences such as having a parent with mental illness, or experiencing neglect, abuse, conflict or bereavement can also affect mental health and wellbeing, and predispose children to mental ill-health for many years, or even decades. This is an inequalities issue whereby disadvantaged and vulnerable children and young people are at greater risk of exposure to adverse childhood experiences.

**Table: Groups at higher risk of experiencing mental, emotional or social difficulties**

<b>Population Group</b>	<b>Bradford District Context</b>
Children with learning difficulties & disabilities	A HNA identified 19,219 children and young people with a special educational need or disability. For 9,940 children this need related to a disability. Our local Children & Young People's Health and Lifestyle Survey (2013) found that children with special educational needs were more likely to have low self-esteem.
Refugees & asylum seekers	Published Home Office figures show that as of July 2014 around 400 asylum seekers were being supported while awaiting a decision on their claim. Sharing Voices, a BME advocacy support organisation, report working with significant numbers of refugee and asylum-seeking families, many of whom have experienced severe trauma.
Children with chronic physical health problems	The District has one of the highest prevalence's in the region of children with complex medical conditions considered to be life limiting. In 2011 it was estimated that there were 595 such children in the District. As of 2015, 335 children were receiving support through the Children with Complex Health and Disabilities Team.
LGBT young people	Survey estimates suggest that between 5 and 7% of the adult population are LGBT. This would equate to 1,750 young people aged 15-19 in the District.
Looked after children	927 children were looked after at March 31 <sup>st</sup> , 2017. In 2016, 73% of looked-after children in Bradford completed a strengths and difficulties questionnaire. Of these children, the emotional and behavioural health of 60% was assessed as "normal", 10% as "borderline" and 30% as of "concern". This is better than the results for both England and the region
Children and young people from BME communities	For most ethnic minority groups, twice as many people anticipate or fear harassment and this has profound effects on their wellbeing and ability to participate in civic society. There is a substantial association of ethnic and racial harassment with worse mental health and also fear of accessing of services.
Children & young people in the justice system	In 2017 there were 270 first time entrants to the youth justice system in Bradford.

Promoting children's emotional and social wellbeing, as well as helping children to develop resilience and the coping skills to deal with adverse experiences, is essential for children to grow into healthy and happy adults, and to protect them from a range of poor outcomes.

Figure 2 identifies a number of ways to promote mental wellbeing throughout childhood and our aim is to ensure that the services we develop and deliver are able to provide and signpost to support that achieves these outcomes for our children and young people.



**Figure 2: Factors which promote good wellbeing and resilience in children and young people (source: Mental Health Foundation)**

### Listening and involving children, young people and key stakeholders

Our work, from design to delivery, is informed and led by children and young people.

Listening to their voices is why we have taken a full overview of our progress to date and refreshed our priorities going forward. We have a shared commitment to continually listen and build a dialogue to ensure our programme of work is continually informed and shaped by the lived experiences of children, young people, their families and carer givers across Bradford and Craven

The work of the Future in Mind programme is carried out by the Future in Mind Delivery Group, which has members from multi sector providers, commissioners and stakeholders, and we engage and involve young people through various methods ranging from direct involvement in service development, stakeholder events to. Key themes from our engagement and involvement of children, young people, families, carers, care givers and providers have highlighted consistent themes. These include:

- Good quality information so that children, young people and families can make informed choices about the services they access and can be involved and active in decisions about their care.
- Opportunity and diverse range of activities, resources and spaces for children, young people and families to access within their communities. Focussing on building emotional strength and resilience.
- Address stigma and inequalities through collaborative approaches which are designed and led by children and young people.
- Access and responsiveness of services that are joined up, collaborative and provide flexibility.
- Waiting times to access support and services need to be reduced.
- Young people find it really useful when professionals work in a more joined up way; particularly linking services up with schools.
- Increasing the range of services and approaches available as children grow up to reflect cultural, digital and community-based needs.
- Social and economic opportunities including apprenticeships, workforce development and training that is youth led.

We regularly produce engagement reports which the Delivery Group reflect and implement into our work plans and we are committed to continuing to do so.

### [Progress to date](#)

We started our Future in Mind transformation plans in 2016. Since then, we have published quarterly reports which document our journey, the achievements and progress we have made against the original plans. A summary of our key successes includes:

- Strong engagement of children and young people in the programme
- Established formal alignment with key programmes across the Councils and NHS
- Over 150 mental health champions in schools (including Senior Leadership Team leads) with almost 100% positive evaluations for the impact of support provided
- Implemented a new self-harm policy across health, care and education settings
- A total of 77 schools have accessed Living Life to the Full training and 53 schools have been provided with a licence to deliver the intervention in schools.

- Mental Health Champions (MHC) project has connected with nationally recognised initiatives for a coordinated approach, including Mental Health First Aid England and Anna Freud Schools Link Project
- Over 1200 staff across the universal workforce in Bradford District have been trained in mental health awareness.
- Our Youth in Mind partners have supported more than 500 children and young people, we revised our offer to extend this to a target of 800 young people
- The average waiting time for quarter one from referral to treatment was 108.2 days from the baseline average of 121.3, for CAMHS services
- We are delivering schemes that provide trauma informed psychological and social support to refugee and asylum-seeking children.
- We have supported youth-led campaigns to tackle bullying, young men's health, body confidence and self-care.
- Greater working with the voluntary and community sector to build support when needed, this has included developments with the First Response Service, Emergency Duty team and Safer Spaces.
- Our safer spaces have provided a total of 187 young people sanctuary. 60% of young people reported that if they had not come to the Safer Spaces they would have hurt themselves or made an attempt on their life.
- Showcase of positive practice on BBC4 received national recognition.
- 12 Young people completed a Leadership course and delivered workshops to over 170 senior managers across health and social care. We are committed to offering a further leadership course to a new cohort of young people and in the meantime, we have connected with other regional wide leadership programmes to provide children and young people with opportunities to influence policy and practice.
- Delivery of a new 3-part CAMHS face-to-face training programme which features innovative whole systems 'ENGAGE Together' tools for protecting well-being, promoting relationships and supporting targeted approaches
- Data collection systems are now in place, 23 schools provided data at first collection point indicating that MHCs had supported 896 students across these 23 schools through a combination of individual and group-based activities. Most common issues included self-harm, low mood and anxiety. A pre and post measure has been provided to schools to measure the impact of the interventions.
- Specialist Team for Perinatal Mental Health is operational and taking referrals
- Youth in Mind have established a 'Children and Young People's Mental Health in Hospitals' Working Group with parent/carer involvement.
- Work with NHS England led by young people has brought in extra investment to develop youth led self-care initiatives.
- We have established a community-based eating disorder service.
- Recruitment and establishment of a specialist peri-natal service.

- Developed new models of care to establish an intensive home treatment team for children and young people to avoid admission and reduce length of stay in hospital and away from home.
- Eleven apprentices recruited to Bradford Youth Service.

## What we will do?

Reflecting on our achievements and the engagement with children, young people and families and providers, our Delivery Group have identified eleven key priorities that help to focus our intentions going forward. We present these under the themes of Future in Mind and each priority has a set of key deliverables which we will hold ourselves accountable to delivering:

### **Promoting resilience, prevention and early intervention**

Priority 1: Information, awareness and tackling stigma and misconceptions about mental health and wellbeing

1. Develop a district wide campaign to address the level of information, signposting and access to mental wellbeing services.
2. Support the youth led campaign to address bullying and harassment and develop the City of Youth

Priority 2: Working with schools and communities to build skills, resilience and promote good mental wellbeing and self-care

3. Expand our program in schools including the development of a 'Schools Pack' which outlines a coherent range of support available to schools and communities.
4. To work with parents, care givers, carers and families to support their own wellbeing and support self-care as well as developing a better understanding about the needs of the person they care for.
5. To build on the good work already started through the universal integrated care pathway for 0-5-year-olds to promote attachment and bonding.
6. Extend access to WRAP and other digital tools, which have been successfully implemented with children and young people to help manage mental health problems through a solution-based focus.
7. Establish young people friendly zones, including drop in centres which provide a community-based alternative to statutory services and are clearly identified by the Living Well brand.

## **Improving access to effective support: a system without tiers**

Priority 3: To deliver a single front door for children and young people to access joined up services in a timely way

8. Deliver a district wide multi-agency single point of access for children, young people and families to access support and advice for mental health at the earliest and most convenient opportunity.
9. Transform the model of CAMHS to a service without tiers with smooth transition for children and young people.

Priority 4: To work across health, social care, education and community services to deliver support for children and young people with social and emotional mental health (SEMH) needs who require additional support

10. Strengthen the links and working between children's mental health and learning disabilities services and services for children and young people with special educational needs and disabilities (SEND).
11. Develop and implement evidence based early interventions with clear pathways from schools, communities and universal services into Youth in Mind, My Wellbeing College and CAMHS so that children and young people are supported with their mental health needs as they grow up.

Priority 5: To ensure that families, children and young people who experience a mental health crisis can receive responsive and appropriate support in the least disruptive way.

12. Complete the recruitment of our dedicated crisis and intensive home treatment team for children and young people and ensure we continue to avoid or reduce the time children and young people spend on inpatient wards.
13. To continue the development of our safer space provision including a wider geographical spread and digital offer.

Priority 6: To deliver specialist service provision across our District.

14. Develop perinatal/parental mental health services.
15. Continue to build on the development of our Eating disorders service by acting on feedback from young people with lived experience.
16. Support our Early intervention in psychosis service to have a dedicated individual placement service for children and young people and engage with young men who have at risk mental states.

## **Care for the Vulnerable**

Priority 7: To ensure our services and workforce have clear understanding of the needs of children and young people who are vulnerable

17. Update and share the joint mental health needs assessment for children and young people so there is a district wide understanding of the barriers and factors that can make children, young people and families more vulnerable and at risk.
18. Ensure all our services develop from a trauma informed approach to addressing adverse childhood experiences and understand approaches that build protective factors and address barriers.

Priority 8: To ensure vulnerable children, young people and their families receive the multi-agency support and services they need

19. Complete a service and gap analysis of the specialist looked after and adopted children service and establish a clear framework of support.
20. We will continue to develop family and trauma-based support for Refugee and asylum-seeking children and children and young people at risk of sexual exploitation and abuse
21. Pathways for children and young people on the autistic spectrum

Priority 9: To improve the care and support for children and young people who are most excluded from society.

22. To ensure the children and young people of Craven have access to support and services that help to reduce isolation.
23. BME engagement and development of access to services for South Asian, East Asian and Black young women, Pakistani and Black and African young men.
24. To ensure we have a multi-agency response to working with the youth justice system and mental health liaison and diversion.

## **Accountability and transparency**

Priority 10: To ensure the voice and involvement of children, young people, families and services informs our collaborative approach.

25. Invest in the involvement and engagement of children, young people and their families to shape and improve our services and build services that are informed by lived experience of children and young people.
26. Engagement and joined up information from Young People's inquiry, Health Foundation and Learning and Innovation event to continue to inform our plans.

Priority 11: To have a collaborative approach to commissioning in order to deliver quality services, make best use of our resources and reduce variation.

- 27. To ensure good governance and accountability across our system partnership to deliver on the outcomes for children and young people's mental health.
- 28. To establish a shared commissioning and investment model for children's mental health services.
- 29. To ensure we have the relevant information, dashboards and data across our system to understand performance and delivery including inclusive data sharing systems in response to the widening of the minimum Mental Health Services Data Set (MHSDS).

### **Developing the workforce.**

Priority 12: To grow a skilled workforce across our partnership to provide high quality and diverse range of services.

- 30. Extend training and leadership opportunities for the whole workforce and incorporate more people into the psychological therapies training programme (CYPIAPT).
- 31. Use of digital resources to deliver training, upskill the workforce using a whole system approach including a blended training programme for CAMHS.
- 32. To increase the number of young people (16-25) working in the sector including apprenticeships and internships.
- 33. To build on our peer support models so that our service offer includes provision by people with lived experience.

Priority 13: To develop a culture across our wider health and care system that recognises the importance of mental wellbeing.

- 34. To celebrate, reflect and share good practice across our system partners
- 35. Continue to support shared working, training and networking amongst all key stakeholders who support children and young people's wellbeing.
- 36. To work from a strengths-based approach that works with children, young people, families and carers.
- 37. To influence other district wide strategies so we have a whole health and care system approach to the improvement of children and young people' mental and physical wellbeing.

Our Future in Mind Local transformation plan will outline a detailed implementation plan of actions, responsibilities, outcomes and measures with timescales of delivery.



## How will we know we have made a difference?

As described in Section 2, our Mental Wellbeing Strategy sets out the principles of our work to focus and our Joint Health and Wellbeing Strategy sets out our ambition for a happy and healthy Bradford District, where people have greater control over their wellbeing, living in their own homes and communities for as long as they are able, with the right support when it is needed. Our local health and care partnerships are working towards a district where we achieve the following for our population:

Outcome 1: our children have a great start in life

Outcome 2: children and young people have good mental wellbeing

Outcome 3: children and young people are living well and growing up well

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

Our transformation plan has indicators that will measure our achievement on each of these outcomes and our priorities. Our Mental Health and Wellbeing Partnership will oversee the delivery of our action plan and measure the success of our work. Our youth commissioners and ambassadors will hold us to account and keep our focus and ultimately, the voices and experiences of children and young people will measure the extent of our success.

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## HWB APPENDIX 2 (Report Ref. 3.2)

### ENGAGEMENT AND FEEDBACK FROM STAKEHOLDERS (Embedded documents have been removed)

#### Children and young people – engagement (mental wellbeing)

The following are key areas where we have engaged and involved young people in mental wellbeing services (2017/18)

	Key points that came out	Recommendations	Impact
1. Stakeholder events and meetings with children, young people, families and providers	<ol style="list-style-type: none"><li>1. Good quality information and resources for self-care, addressing inequalities and tackling stigma.</li><li>2. Building emotional strength and resilience</li><li>3. Working with parents, schools and communities in a joined-up way and to ensure that access to evidence based mental health support is timely and responsive</li></ol>	<ol style="list-style-type: none"><li>4. Good quality information so that children, young people and families can make informed choices about the services they access and can be involved and active in decisions about their care.</li><li>5. Opportunity and diverse range of activities, resources and spaces for children, young people and families to access within their communities. Focussing on building emotional strength and resilience.</li><li>6. Address stigma and inequalities through collaborative approaches which are designed and led by children and young people.</li><li>7. Access and responsiveness of services that are joined up, collaborative and provide flexibility.</li><li>8. Waiting times to access support and services need to be reduced.</li><li>9. Young people find it really useful when professionals work in a more joined up way; particularly linking services up with schools.</li><li>10. Increasing the range of services and approaches available as children grow up to reflect cultural, digital and community-based needs.</li><li>11. Social and economic opportunities including apprenticeships, workforce development and training that is youth led.</li></ol>	Refresh of our local transformation plans

## HWB APPENDIX 2 (Report Ref. 3.2)

### ENGAGEMENT AND FEEDBACK FROM STAKEHOLDERS (Embedded documents have been removed)

12. Learning and innovation	<ol style="list-style-type: none"> <li>1. Importance of involving young people in shaping, designing and commissioning services to meet needs.</li> <li>2. Understanding the changing needs of young people.</li> <li>3. The need for safer community spaces</li> <li>4. Improvements to CAMHS and access for mental health</li> <li>5. Importance of peer networks and support</li> <li>6. Addressing the stigma and barriers in services that young people face</li> <li>7. Workforce representation and opportunities to improve across the system</li> <li>8. Importance of mentors and staff supporting informal opportunities for young people.</li> <li>9. Support for a system wide approach to building Bradford as a City of Youth</li> </ol>	<ol style="list-style-type: none"> <li>1. Involvement structures in the council, VCS and NHS to improve</li> <li>2. Listen to young people and involve them.</li> <li>3. Improve and increase the offer of community spaces</li> <li>4. Improve and open access to mental wellbeing services.</li> <li>5. Develop more peer networks through current services</li> <li>6. Address the stigma and barriers young people face to access services in a timely way</li> <li>7. Services across the system to improve their workforce representation to reflect our communities.</li> <li>8. Services should all have opportunities for young people to shadow, learn and be involved.</li> <li>9. The City of Youth campaign to be supported to reflect the growing youth population and needs.</li> </ol>	<p>City of Youth campaign provided with support to develop</p> <p>Wider involvement of young people in mental wellbeing service development</p> <p>Peer network established</p> <p>Still needs system wide adaption of the recommendations.</p>
13. Leadership Catalyst Course	<ol style="list-style-type: none"> <li>1. Bullying – impact on young people and moving beyond policy to support and system wide campaigns</li> <li>2. Workforce development – opportunities for young people in entering work, gaining experience and challenging the stigma and barriers that they face.</li> <li>3. Representation of current workforce (age, gender, ethnicity, ability)</li> <li>4. Healthy eating and creating healthy, sustainable eating habits for young people</li> <li>5. Understanding the pressures and challenges young people face with regards to identity, body confidence, sexuality, racial harassment, sexual</li> </ol>	<ol style="list-style-type: none"> <li>1. See attached presentation on bullying presented to Children's Trust Board.</li> <li>2. Workshop at learning and innovation event to explore some of the barriers and perceptions and stigma that young people face and to repeat across workforce.</li> <li>3. Needs to be addresses across the system wide workforce in council, NHS and VCS.</li> <li>4. Schools and youth services to have a focus on supporting young people to make healthy food choices, learn how to cook, grow and understand food content. Links to eating disorders and malnutrition.</li> <li>5. To understand community needs and experiences</li> </ol>	<p>Bullying campaign presented to Children's Trust Board and all recommendations adopted</p> <p>Workshop at learning and innovation event took place – still needs system wide discussion about their report.</p> <p>Young people articulating their barriers and issues</p>

## HWB APPENDIX 2 (Report Ref. 3.2)

### ENGAGEMENT AND FEEDBACK FROM STAKEHOLDERS (Embedded documents have been removed)

	harassment and abuse, islamophobia, discrimination, sexism and ageism.	around these barriers and discrimination and work together to address them as they undermine participation and involvement in society.	and using this to influence mental wellbeing work  Influencing the council integration agenda
14. Self-care everywhere	Event focussed on health as led by young people – on 5 health areas as defined by young people – over 200 young people attended and took part.	See report attached	Self-care everywhere initiatives that are youth led taking place every month  Young people's television programme  3 campaigns launched  Work on school play and links with school
15. Health foundation	Involvement of over 170 young people – focus on: 1. Skills a. Life skills b. Lack of funding c. Learning from older friends and peers d. Youth organisations play an important role in teaching skills, providing safe spaces e. Employment and lack of jobs/opportunities  2. Connectivity – community and personal a. Formal networks important b. Individual choices to be supported c. Work experience is too short	1. Skills a. Schools to use life skills approach and teach them b. Every young person to be involved in a youth organisation c. All young people taught how to build their confidence, resilience, job seeking skills, CV etc. d. More funding needed for schools so that students can learn practically e. Stop poor recruitment practices f. Provide opportunities for local young people to be part of our workforce  2. Personal Connectivity a. Organisations (council/vcs) should be	Emotional support recommendations embedded into the Future in Mind action plan.

	<ul style="list-style-type: none"> <li>d. Inspiration, motivation and progression are all important</li> <li>e. Poor perception of Bradford hinders</li> </ul> <p>3. Practical Support</p> <ul style="list-style-type: none"> <li>a. Issues around poverty</li> <li>b. Transport costs</li> <li>c. Cost of living</li> <li>d. Crime</li> <li>e. Financial knowledge</li> </ul> <p>4. Emotional support</p> <ul style="list-style-type: none"> <li>a. Being part of a group/network is important</li> <li>b. Friends and family support</li> <li>c. There is a gap between young people's support, needs and the reality of mental health</li> </ul> <p>5. Security</p> <ul style="list-style-type: none"> <li>a. Focus on housing, safety and employment</li> </ul>	<p>involved with schools</p> <ul style="list-style-type: none"> <li>b. Increase work experience opportunities</li> <li>c. By 2020 every young person should be attached to a club outside of school, e.g. Cadets, drama, etc.</li> <li>d. Bradford university and colleges becoming more open to the community and providing better opportunities</li> </ul> <p>3. Practical support</p> <ul style="list-style-type: none"> <li>a. Free transport</li> <li>b. Teach applicable financial knowledge</li> <li>c. Job opportunities</li> <li>d. Advertise and outreach more to people</li> <li>e. Safer spaces for young people</li> </ul> <p>4. Emotional support</p> <ul style="list-style-type: none"> <li>a. Bring people together through community and school activities</li> <li>b. Mental health support in and outside of schools to be accessible</li> <li>c. Encourage young people to talk openly – better campaigns</li> <li>d. Opportunities for arts, creativity and activity to be more wide spread</li> <li>e. Advertise the help available</li> <li>f. No one should have no one by 2020 – aspiration</li> <li>g. Emotional resilience classes</li> <li>h. Social and safe spaces for young people</li> </ul> <p>5. Security</p> <ul style="list-style-type: none"> <li>a. Improve social housing in Bradford</li> <li>b. Safer communities and support</li> <li>c. Employment opportunities</li> </ul>	
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## HWB APPENDIX 2 (Report Ref. 3.2)

### ENGAGEMENT AND FEEDBACK FROM STAKEHOLDERS (Embedded documents have been removed)

16.City of youth	City of Youth is a young people's led initiative that recognises the potential of young people and the importance of involving them in shaping our city. Bradford will be the youngest city in Europe by 2020 and City of Youth aims to provide a platform for young people to have a voice, shape the city and create positive change.	See attached / below	Draft work to build campaign
17.Happy healthy at home	Happy, Healthy at home strategy is focussed on adults and older adults. Children also use hospital services and are carers for people in hospital so a real need for the strategy to reflect needs of young people Importance of safe and secure homes and communities for young people Access to opportunities to be healthy, active need to be improved for young people Stigma of "unhealthy" to be addresses – aim to be positive rather than deficit approach Focus on making easier to be healthy than criticising people Understand the health and societal barriers young people face such as islamophobia, racism, sexism, harassment, abuse, housing, poverty and class issues and the impact these have on health.	Develop easy accessible information  Influence other programmes of work to understand the importance of mental wellbeing and their role in improving and promoting positive mental wellbeing.  Address stigma across the system  Address barriers for vulnerable groups	Future in Mind refresh  Connecting people strategy strengthened
18.Drivers for change	Skills learning for young people that enable them to make the most of their community assets	Supporting opportunities for young people Building the City of Youth campaign for Bradford Developing youth led initiatives /Community development projects	Mentor, apprenticeship opportunities for young people
19.Green Paper	<ul style="list-style-type: none"> <li><b>A mental health lead in every school/college who can:</b> <ul style="list-style-type: none"> <li>Support the school to be proactive about bullying and issues that affect mental health</li> </ul> </li> </ul>	See national green paper consultation submission.	New Models of Care for inpatient crisis based on young people's feedback and influenced the care

## HWB APPENDIX 2 (Report Ref. 3.2)

### ENGAGEMENT AND FEEDBACK FROM STAKEHOLDERS (Embedded documents have been removed)

	<ul style="list-style-type: none"> <li>- oversee the help the school gives to children and young people with mental health problems</li> <li>- help staff to spot people who show signs of mental health problems</li> <li>- offer advice to staff about mental health</li> <li>- refer children to specialist services if they need to</li> <li>• Mental health support teams linked to groups of schools and colleges and offer individual and group help to young people with mild to moderate mental health issues including anxiety, low mood and behavioural difficulties.</li> <li>• This will mean that schools and colleges will find it much easier to contact and work with mental health services.</li> <li>• Mental health support teams to be the link between the NHS and schools. They will work alongside other people who provide mental health support including: <ul style="list-style-type: none"> <li>- school nurses</li> <li>- educational psychologists</li> <li>- school counsellors</li> <li>- voluntary and community organisations</li> <li>- social workers</li> <li>- youth workers</li> <li>- employment opportunities</li> </ul> </li> <li>• Shorter waiting times and easier access</li> <li>• Better information about mental wellbeing services</li> <li>• Understand how social media affects the health of children and young people.</li> <li>• Support parents and carers to bond better with</li> </ul>		<p>pathway from Tier 3 to Tier 4.</p> <p>School links project undergoing changes to incorporate the young people's views and young people led.</p> <p>Views of young people fed in to the 0-19 consultation by council on their new service design</p> <p>Social media campaigns launched</p> <p>Used feedback to refocus our trauma based services and pathways</p> <p>Safer spaces development working in line with feedback – young people's conference to be held in Sept.</p>
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**HWB APPENDIX 2 (Report Ref. 3.2)**  
**ENGAGEMENT AND FEEDBACK FROM STAKEHOLDERS (Embedded documents have been removed)**

	<p>their children, which helps their mental health</p> <ul style="list-style-type: none"><li>• Do more to support children and young people to be mentally well, improve their wellbeing and prevent mental ill health</li><li>• More safer spaces, home treatment teams and crisis places to keep children and young people out of care homes and hospital and focussed on supporting young people and families to be at home, together and well.</li></ul>		
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## **Future in Mind**

### **Local Transformation Plan**

**NHS Bradford City, Bradford Districts and Airedale, Wharfedale & Craven CCGs with  
Bradford Metropolitan District Council and North Yorkshire County Council**

#### **SUMMARY**

Future in Mind was published in 2015 by the government's Children and Young People's Task Force. It describes how children's mental health services need to be transformed through collaboration around five areas of promoting prevention, improvement of care and access to good quality of services, development of our workforce and ensuring transparency.

Key achievements:

- Strong engagement of children and young people in the programme
- Established formal alignment with key programmes in Council and CCGs
- Over 150 mental health champions in schools (including SLT leads) with almost 100% positive evaluations for the impact of support provided
- Implemented a new self-harm policy across health and education settings
- 49 schools have accessed Living Life to the Full training and 46 schools have been provided with a licence to deliver the intervention in schools. An impact analysis to measure the outcomes achieved following the training will be undertaken in 2018/19.
- Mental Health Champions (MHC) project has connected with nationally recognised initiatives for a coordinated approach, including Mental Health First Aid England and Anna Freud Schools Link Project
- A conference to relaunch the MHC project is planned for September 2018 with the aim of doubling the number of schools engaged in the project. Eighteen new schools have already signed up to attend the event.
- Data collection systems are now in place, 23 schools provided data at first collection point indicating that MHCs had supported 896 students across these 23 schools through a combination of individual and group based activities. Most common issues included self-harm, low mood and anxiety. A pre and post measure has been provided to schools to measure the impact of the interventions. The next data collection point is due at the end of July and will be reported in quarter two.
- Over 1000 staff across the universal workforce in Bradford District have been trained in mental health awareness
- Our Youth in Mind partners have supported almost 500 children and young people, we are in the process of revising our offer to extend this to a target of 800 young people
- The average waiting time for quarter one from referral to treatment was 108.2 days from the baseline average of 121.3, for CAMHS services

### **HWB APPENDIX 3 (Report Ref 3.1)**

#### **Example quarterly reporting to NHS England**

- We are delivering schemes to provide refugee and asylum seeking children with psychological and social support
- Greater working with the voluntary and community sector to build support when needed, this has included developments with the First Response Service and Safer Spaces
- First Response are working with Youth on Health to create a toolkit for tele coaches to help them work with young people that ring in crisis as more young people use the service
- As a result of the Youth on Health Network's recent audit of the Safer Space a colourful mural, co-designed with young people, is being painted in the activity room
- Showcase of positive practice on BBC4 received national recognition
- 12 Young people completing Leadership course and delivering workshops to over 170 senior managers across health and social care. We are committed to offering a further leadership course to a new cohort of young people
- Delivery of a new 3 part CAMHS face-to-face training programme which features innovative whole systems 'ENGAGE Together' tools for protecting well-being, promoting relationships and supporting targeted approaches
- Resilience Passport pilot taking place within one primary school, further pilot planned
- Specialist Team for Perinatal Mental Health is operational and taking referrals
- Youth in Mind have established a 'Children and Young People's Mental Health in Hospitals' Working Group with parent/carer involvement
- Eleven apprentices recruited to Bradford Youth Service

Priorities for the next year include:

- Developing a coherent website and directory so that CYP, families and professionals can be very clear about the services on offer and information available for mental wellbeing.
- Integration of the transformation programme sustainably across other programmes
- Expansion of digital engagement and wellbeing tools
- Key focus of work in schools, both with young people and with staff
- Development of peer community led initiatives
- Work to increase representation of children and young people from BME backgrounds accessing Youth in Mind provision
- Implement further work to support access for children and young people in the Craven area
- Roll out of the Youth in Mind model to wider services, including referral pathways, and
- Overall alignment of children's and young people mental health services with our Districts' strategic aims.

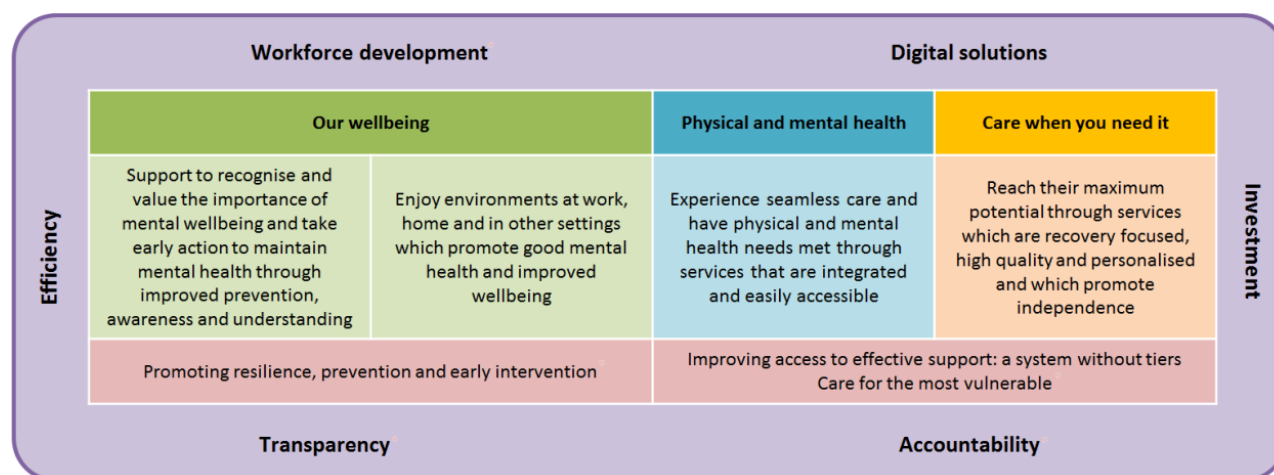
## CONTEXT AND BACKGROUND

The Children and Young People's Mental Health and Wellbeing Taskforce was established by the government in 2014 to consider ways to make it easier for children, young people, parents and carers to access help and support when needed. In March 2015 the taskforce published its report and recommendations: *Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing*.

The five key themes were:

- Promoting resilience, prevention and early intervention
- Improving access to effective support: a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce.

Our Local Transformation Plan was developed in the context of Bradford and Airedale with reference to the Joint Health Needs Analysis of emotional and psychological wellbeing of children in Bradford (Public Health 2015). In January 2017 we launched the strategy for Mental Wellbeing in Bradford and Craven. This all age strategy has been developed through extensive and detailed working with partners and stakeholders. It addresses three principal areas: *our wellbeing*, *our mental and physical health*, and *care when we need it*. These areas are aligned with Future in Mind's work streams and together will help to achieve the five strategic objectives set:



**Figure showing the alignment of Future in Mind with our District wide Mental Wellbeing Strategy**

Our aim is that by 2020, we will work together with partners to ensure that children and young people:

1. will be supported to recognise and value the importance of their mental wellbeing and take early action to maintain their mental health through improved prevention, awareness and understanding

### **HWB APPENDIX 3 (Report Ref 3.1)**

#### **Example quarterly reporting to NHS England**

2. can enjoy environments at work, home and in other settings which promote good mental health and improved wellbeing
3. will experience seamless care and have their physical and mental health needs met through services that are integrated and easily accessible
4. can reach their maximum potential through services which are recovery focused, high quality and personalised and which promote independence
5. can expect support to be commissioned and delivered in a way that leads to increases in efficiency and enables transformation of care through reinvestment.

## **PROGRESS ON OUR PLAN**

The progress on Future in Mind, described below supports our delivery of these commitments.

### **Promoting Resilience, Prevention and Early Intervention**

#### **Expansion of Wellness Recovery Action Plan (WRAP) Services:**

Bradford was one of the first areas in the country to roll out WRAP (Wellness Recovery Action Planning) for Children and Young People. WRAP is a peer support 10 week course promoting self-care, resilience building and peer support. We commissioned Barnardo's to develop a Children and Young People WRAP Toolkit informed by user and facilitator evaluation from over 20 WRAP groups delivered. We are now supporting further organisations to carry out WRAP for young people including Girdlington Community Association, Bradford District Care Foundation Trust, Sharing Voices and Roshni Ghar. The WRAP courses support young people transitioning to be resilient, manage well and provide an ongoing pathway of support following discharge from structured statutory services.

In the first quarter of 2018-19 Barnardo's commenced two new WRAP groups; 29 young people started these two groups, which are due to finish in quarter 2. Each group is being facilitated by one member of Barnardo's staff, one Youth Worker/Buddy and one young person/peer facilitator. Data regarding the outcome of these groups will be presented in the quarter 2 report.

In quarter 1 Barnardo's received 58 referrals for young people to complete a WRAP. The majority were allocated to a WRAP group scheduled to commence later in the year, a small number are awaiting the scheduling of a WRAP later in the year and 3 were declined. School Nurses and Youth in Mind Buddies continue to be the main referral source for WRAP, with smaller numbers of referrals coming from Youth in Mind's mentors, Barnardo's Young Carers Service and Children's Social Care.

Barnardo's are providing WRAP 1 training to one professional and one peer facilitator this quarter.

Barnardo's have received a range of positive feedback from the first two groups of the year, from parents and young people. One young person has expressed an interest in becoming a volunteer. Additionally, the reputation of WRAP as a model of excellence for addressing young people's emotional wellbeing is spreading across the district, with organisations and schools requesting to commission WRAP for their young people.

#### **Mental Health Champions in School**

The Mental Health Champions have increased capacity to meet low level mental health needs within school, improving joint working and bringing service providers together with schools to develop an understanding of pathways and where necessary providing opportunities to develop and feed into more efficient pathways.

Throughout 2018/19 we will be working to significantly increase the number of schools signed up to the mental health champions initiative. We have set an ambitious target of engaging 200 schools in the project. The project leads are currently revising their project plan to map out their approach to increasing participation and trajectories for the year. The following provides an update of achievements relevant to quarter one:

### HWB APPENDIX 3 (Report Ref 3.1)

#### Example quarterly reporting to NHS England

- Eighty six schools attended Mental Health Champions Conference in December 2017
- 74 schools have signed up for the Mental Health Champions initiative, with regular attendance at the Mental Health Champions' Network Meetings
- We were successful in gaining funding from the Anna Freud Centre to provide all Mental Health Champions with further training and development, this took place in Q1 2018-19. Across the workshops held in Bradford and Keighley, 32 schools and 40 mental wellbeing professionals were in attendance.
- Psycho-educational tools and evidence based interventions provided as part of the initiative (Living Life to the Full). Forty nine schools have accessed Living Life to the Full training and 46 schools have received licences to deliver this intervention. A pre and post measure of well-being has been provided to schools to measure impact, analysis is due to be completed during quarter 3 2018/19
- We have received over 99% positive feedback from attendees at network meetings relating to the impact of the initiative on vulnerable young people, the content of the network meetings and the supervision provided
- Network meetings have now been extended from 12 to 24 meetings a year with a view to supporting an increase in the number of schools involved
- Assemblies and awareness promotion material for pupils and parents produced and evaluation systems are in place. All resources are now uploaded to the website and school feedback has been positive regarding accessibility for sharing resources and information
- New resources developed around themes identified by schools including transition and social media, delivery is planned in the summer term
- Regional competency framework is being used to audit the skills of Mental Health Champions and plan for training needs
- Feedback on the website [www.mentalhealthmattersinschools.org](http://www.mentalhealthmattersinschools.org) which was launched by the Mental Health Champions project has been positive. Parents can gain advice and key information and professionals can access resources, share information and connect.

The project leads are undertaking work to establish formal commitment from schools who have signed up to the Mental Health Champions initiative to support staff undertaking the role and to ensure data collection is completed so the outcomes can be measured.

Please see **Appendix I** for pupils' feedback on a programme delivered in a Mental Health Champion school.

#### Primary Mental Health Workers in Schools

The Primary Mental Health Worker (PMHW) workforce consists of 12 WTE plus a Team Manager 0.8 WTE are employed by BDCFT. They span across the whole district providing a link into schools, offering consultation and support to the universal workforce to include School Nurses and Social Workers. They hold family support clinics and act as a conduit to referrals into Specialist CAMHS ensuring that families' children and young people receive



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support at the most appropriate level and in the right place. Each PMHW is linked and mapped to a school nurse cluster and work closely with school nursing colleagues and GPs.

The PMHW workforce is skilled in providing expert advice and guidance, upskilling and empowering the workforce in being able to support the emotional wellbeing of young people and their families. They are also skilled in delivering brief interventions alongside the wider workforce and the Specialist CAMHS service. The Primary Mental Health Worker role is key in the delivery of the Mental Health Champions in schools project and also in the delivery of the training and supervisory sessions to the Mental Health Champions. PMHWs are also mapped to each Early Help Panel ensuring that CAMHS representation is present at each panel where referrals for families are discussed and a shared understanding and formulation of what the family needs can be reached.

The service outreaches from within Specialist CAMHS as a means to ensure they remain up to date and relevant with training, supervision and direct work, maintaining quality of service to primary care colleagues as well as clients.

As part of their role within Specialist CAMHS they filter all written referrals into the CAMHS service, assessing levels of risk and appropriate pathway, initial assessments, planning care packages, delivering specific therapeutic interventions and running specialist groups.

The PMHWs are aligned to the 5 community clusters. This ensures the PMHW maintains their knowledge of current local services. They build and maintain strong working relationships with individual School Nurses within their teams, working jointly when appropriate to the benefit of the children, young people and their families. They also offer direct work in the community via Family Support Clinics, in schools or in the client's home.

Through links with School Nurses the team have developed strong links with key personnel in schools, this partnership working can reduce the need for children and young people to have repeated assessments and long waits. CAMHS are working with the PMHW Team and ensuring that additional resources are available to support the Mental Health Champions, around 50 MHC are supported by PMHWs, we are considering how this can be extended as we increase the number of schools engaged in the Mental Health Champions initiative.

Following public consultation, Bradford Local Authority are continuing to refine their transformation plans for their 0 – 19 prevention and early help model, and the PMHWs are working to understand how the service can align to the proposed family hub model.

Public Health 0-19 Children Services, including school nursing and health visiting, is due to go out to tender in August 2018, with the aim of having a new service in place by mid-year 2019. The procured Public Health 0-19 Children's Service will be integrated and co-located as part of the wider Prevention and Early Help model, across the four locality footprint. This is likely to have implications on how the model of PMHW and CAMHS works in the future.

#### **Craven: North Yorkshire School Mental Health Project (Compass Buzz)**

Across North Yorkshire, 5 CCGs placed their transformation money together to fund a School Mental Health and Wellbeing Project called Compass Buzz. The project aims to improve and strengthen the support for children and young people's emotional and mental health issues across all schools in North Yorkshire. The Craven area is included within this footprint.

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By the end of June 2018 the total number of schools in North Yorkshire who received the 'Level 1' Prevention and Promotion training was 314, this equates to 80% of the 394 schools in North Yorkshire with 6,520 school staff having been trained.

The total number of schools who have received the training (314) combined with those who have booked the training (52) is 366 which equates to 93% of all schools in North Yorkshire. There are currently only 10 schools that have declined training (across North Yorkshire).

During quarter one 117 schools received their Level 1 training and the total number of staff who attended these sessions was 1987. Within the evaluation, 92% of those who responded stated that their confidence in working with mental health in their professional role had increased following training.

Of the 45 schools in Craven, 35 have completed the Level 1 Prevention and Promotion training. Currently 9 schools have booked onto the Level 1 training; 11 schools have booked onto the Level 2 Early Identification of Need training and 6 schools have booked onto Level 3 (Early Help and Intervention) training. No Craven schools have declined training.

Key activity completed by Compass this quarter:

- **One to One Sessions** - In Q1 the Compass BUZZ Wellbeing Workers co-facilitated a total of 54 one-to-one sessions with 37 individual young people alongside school staff. All 54 young people who attended co-facilitated one-to-one sessions completed a pupil questionnaire at the end of their session. Out of these, 91% reported increased wellbeing; 74% reported increased resilience and 94% reported satisfaction with the service. During quarter 1, only 5 requests for support came from Craven schools. We will be working to understand the reasons for the low uptake from within the Craven area.
- **GP Requests for Support** - All GP surgeries in North Yorkshire have been made aware of the Compass BUZZ project and have been encouraged to make contact should they have any questions or queries.
- **Head teacher's Conference** - Compass Buzz ran a stall at the North Yorkshire Head teacher's conference. The conference was open to Head teachers and representatives from approximately 370 North Yorkshire schools and provided the opportunity for leaders of local education to network and browse for new ideas, innovations, resources and suppliers under one roof. Compass Buzz spoke with many representatives and were able to discuss the requests for support process in detail with over 24 schools.
- **Network Meeting for School Governors** - Wellbeing Workers attended network meetings for school governors within their local areas. A PowerPoint presentation was created and each Wellbeing Worker had 15 minutes to inform the school Governors about the project. The feedback from their project was extremely positive and can be seen below:

*"I am a Primary School governor and I would like you to pass on my appreciation to your officer for his excellent presentation to our meeting this evening. He was sincere and engaging and represented your badly needed initiative with energy and professionalism. He is a real credit to your project".*

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**Inclusive Education Service:** Compass Buzz were invited to deliver Level 1 training at the Sensory, Physical and Medical (SPM) team's service day. The service day was specifically for teachers of children and young people who are deaf, visually impaired and have physical/medical conditions. Support Practitioners who work for the service were also in attendance. A Compass BUZZ Wellbeing Worker, delivered the training to the team and received great feedback.

Please see **Appendix II** for a Compass Buzz case study.

**BUZZ US (aka ChatHealth)**

Compass BUZZ has launched a confidential text messaging service for young people aged 11 – 18 called BUZZ US.

Young People can text a Wellbeing Worker at their standard rate to ask for help, advice or signposting around Mental Health and Wellbeing. This continues to be exceptionally well used by young people across North Yorkshire. Figures below show a consistent rise in messages over 6 months, however there was significant spike in messages during May 2018:

**Compass BUZZ**

Month/Year	Messages Received	Messages Sent	Conversations Opened	Conversations Closed
January 2018	131	144	6	2
February 2018	367	557	34	36
March 2018	458	663	34	34
April 2018	553	648	21	14
May 2018	1135	1340	41	37
June 2018	591	769	35	36
<b>Totals</b>	<b>3235</b>	<b>4121</b>	<b>171</b>	<b>159</b>

**Raising Awareness, Skills and Training**

The above work with schools is designed to support awareness raising and access to skills. In addition, we continue to work with our voluntary sector providers, local authorities and NHS England to host events, roadshows and festivals aimed at promoting awareness about mental wellbeing. These have included:

- Youth in Mind workshop days and Safeguarding Week activities
- “Grand Round Up” – CYP Mental Health presentation to hospital staff to be held in July
- De-stigma workshops in schools and community
- Anna Freud Mental Health Services School Links Programme workshops in Bradford and Keighley

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- Headteachers Conference and Network Meeting for School Governors – Compass Buzz
- Yorkshire & Humber Clinical Network – Specialist Team for Perinatal Mental Health presentation

### **Information and directory of services**

We review the feedback from CYP, their families and professionals regularly. One key area the CYP have identified from the feedback is how the information and the good services we have on offer are not very clear to the general public. We have a group of young people taking the lead on this work now and they have been tasked and resourced to review our current information, websites and directory and to propose a better way forward. We hope for this work to be complete by quarter 3 and to use quarter 4 to redesign and launch a new directory.

### **Improving Access to Effective Support**

#### **Waiting Lists and Youth in Mind**

The Youth in Mind model was designed by young people who felt that young people should get support for their mental health and wellbeing when they need it. Health, Youth Service and voluntary partners working together to create an integrated model that helps young people to build resilience and be less isolated, more connected, safer and in control. The Youth in Mind model provides young people with the same worker/named worker to support them through their mental health journey. Youth in Mind uses a range of ways to engage young people including drop-ins, one to one and peer support work through Buddies, WRAP group work led by Barnardo's, MYMUP's digital self-help tool, evidenced based peer support groups and longer term volunteer mentoring. Additionally support in a crisis is provided through our Safer Space at Towerhurst.

Youth in Mind was tasked with supporting young people from specialist CAMHS' waiting lists in 2017-18. However, in 2018-19 the partnership is reducing referrals from CAMHS and establishing new referral pathways for young people who do not meet the threshold for specialist services, thereby strengthening the early intervention and prevention approach. In keeping with this move, the Youth in Mind offer has been slightly amended to meet the needs of a larger cohort of young people (up to 800 per year) with lower level needs; the one to one Buddy offer is being reduced, while the peer support offer is being significantly increased.

New referral pathways are being established with School Nurses and across the VCS, with plans in place for all schools across the district to have a referral pathway into Youth in Mind by September 2018. Additionally, referral pathways from specialist CAMHS remain strong and with a specific focus young people who have been admitted to hospital following deliberate self-harm or an attempt on life.

Youth in Mind have established a 'Children and Young People's Mental Health in Hospitals' Working Group to improve the inpatient experience for children, young people and their families and to upskill paediatric and adult ward staff who support under 18s with mental

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health problems within Bradford Royal Infirmary and Airedale General Hospital. The group has representatives from Youth in Mind, Safer Space, CAMHS, both hospitals, Creative Support, Bradford Youth Service, Sharing Voices Bradford, BRI's Head of Nursing (Children's Services), BRI & AGH's Paediatric Matrons, BRI's Safeguarding Lead and BRI's AED Matron. The group has started to expand the VCS organisations involved to ensure young people from diverse backgrounds are able to access the services and work together, hence we have seen Naye Subah, Roshni Ghar and Family Action work much closer together with the model. Additionally, the most recent member of the group is the mother of a young person who has been an inpatient at BRI and Lynfield Mount Mental Health inpatient provision. Her recommendations based on her son's experiences will guide the group's work moving forward, as will input from AGH's young people's forum. The group's mains are to:

- Build relationships between hospital staff and community workers (VCS, youth workers)
- Establish clear pathways between the ward and community-based CYP provision
- Design and deliver a programme of training to upskill and increase the confidence of ward staff to effectively and safely work with young people who have mental health problems
- Explore an "in-reach pilot" whereby Bradford Youth Service provide CYP and their families with on-ward advice, guidance and social prescribing
- ensure CYP and family involvement is kept at the core of our mission.

Figure 1.1 below, demonstrates the updated Youth in Mind offer.

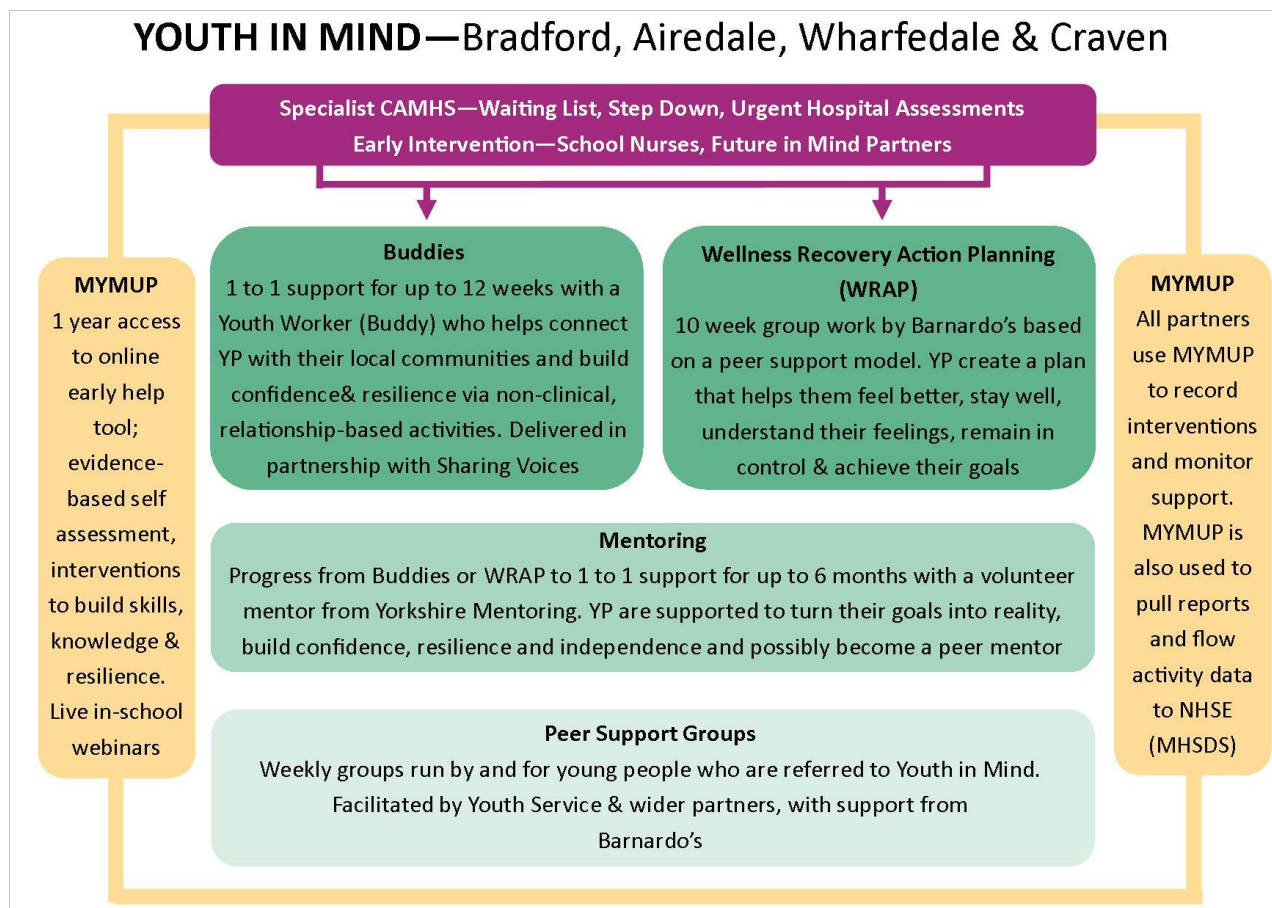
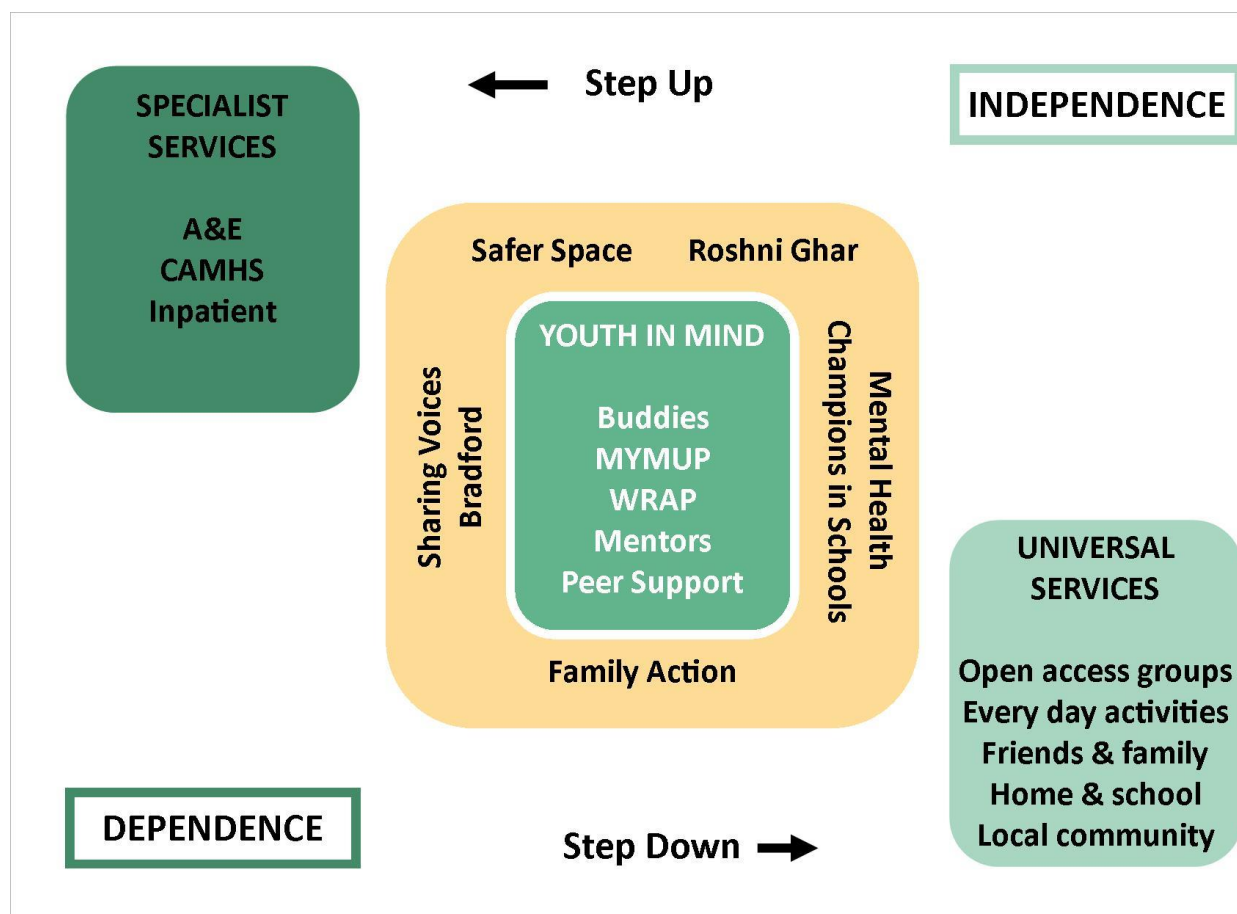


Figure 1.2 below demonstrates how the model fits between specialist and universal services, including wider Future in Mind partners.



### Youth in Mind partners

#### Buddies

Buddies received 107 referrals in quarter 1, they continue to refer on to WRAP, peer support and wider provision. Onward referrals to Yorkshire Mentoring was temporarily suspended due to the waiting list for a mentor. This waiting list has now been significantly reduced and onward referrals will commence in quarter 2.

Please see **Appendix III** for Buddies case studies.

Bradford Youth Service has successfully recruited 11 apprentices who are gaining work experience with the Youth Service, Youth in Mind and the wider partnership, whilst completing a Youth Worker qualification. One of the apprentices is a young person who received support from Youth in Mind in 2017-18. Her experience helped her to turn her life around and inspired her to pursue a career in which she can help others.

#### Mentoring

In quarter 1 Yorkshire Mentoring service received 5 new referrals, delivered 77 one to one sessions, 4 group sessions and recruited 6 new mentors. They have achieved a range of positive outcomes with their mentees, relating to wellbeing, transition from school to college, return to school/educational provision and improving relationships.



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Yorkshire Mentoring have arranged two peer mentor programmes, the first of which will commence in Summer 2018.

Please see **Appendix IV** for Yorkshire Mentoring case studies.

#### **Peer Support**

Youth in Mind's peer support offer has achieved a range of successes in quarter 1. The range of peer support has grown significantly in response to demand from young people who receive support through the partnership. Peer support groups in Wyke, Woodside & Holme Wood have seen an increase in the number of young people who offer each other support, which has led to an increase in individual and group confidence to try new experiences. For example, the "R-Power - Build a Bike" project has seen young people build their own bikes and encourage each other to cycle, independently of the group. Additionally, members of the R-Space Youth in Mind Peer Support Group have started to link up with other young people to help share their experiences of living in Bradford and seek to influence decision making in the city. The development of peer support groups across the district as well as the range of group-specific successes is evidence of the popularity and effectiveness of the approach.

#### **MYMUP**

Making Your Mind Up is a dynamic digital health and wellbeing resource that inspires communities to self-care, socially interact and promote transformational and lasting change in their lives through a combination of assessment, specialist support and personalisation. MYMUP has been adopted district wide across the Youth in Mind model, which offers wellbeing support to young people aged 11-19 years old, whilst they are on the CAMHS waiting list or now we have moved into Wave 3, are identified as in need to prevent mental health difficulties from worsening. MYMUP is utilised by all partners (Buddies, WRAP, Mentors, Youth in Mind Peer Support Groups) as a self-help tool for young people, an assessment tool informing practice and a recording and monitoring platform for professionals to track impact and progress of the project.

During quarter one 1,269 interventions have been completed with young people being supported by the Youth in Mind partnership: 1,060 one to one interventions, 72 group interventions and 137 online interventions.

MYMUP has held 3 young ambassadors meetings and provided 270 hours of support to Youth in Mind partners.

MYMUP's demographic monitoring of referrals to Youth in Mind in quarter 1 shows that 33% of referrals were aged 15 to 18, 47% were 11 to 14, 20% did not state their age. Sixty percent were White British, 13% were White Other, 7% were British Pakistani and 20% did not state their ethnicity, 47% were recorded as male, 19% did not state their gender, only 13% were recorded as female, with smaller percentages recorded as Gender Fluid, Transgender Male and other. We plan to undertake some further work to understand these demographics.

MYMUP online assessment scores in quarter 1 demonstrate that 64% of young people have improved their physical wellbeing, 71% have improved their emotional wellbeing, 61% have increased confidence and are feeling more supported, 57% feel more connected to their local community, 70% feel less isolated, 51% report being more independent, 66% feel more

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able to function, 37% are happier with their medication, and 30% have seen improvement in their financial situation. MYMUP has had a range of successes in quarter 1:

- Youth in Mind “Schools LIVE Webinar” programme is progressing well, a steering group has been established with key contacts from Youth in Mind and School Nurses. The group is currently developing its first live webinar as a pilot, which will be focused on energy drinks. Content is currently being created between School Nurses and MYMUP. To ensure quality assurance regarding content MYMUP will stagger access to the technology, before all partners are able to use it. MYMUP are closely monitoring, pacing and testing the technology properly with guidance from the steering group. After September a webinar calendar will be in place for monitored webinars to run as a pilot phase.
- Identifying potential evidence-based assessments that will enable Youth in Mind data to be robust, accepted by health and feed into National Mental Health Data Sets. Final decisions regarding assessments will be made in quarter 2 and consequently built into the MYMUP platform.
- The innovation of the Youth in Mind approach and MYMUP’s contribution towards digitalising WRAP and creating joined up communication and MHSDS compliant platforms is activity to be celebrated for Bradford Districts and Craven.

#### **Single Point of Access**

Primary Mental Health Workers are now based with Local Authority led Early Help Hubs and Panels which identify the most appropriate pathway for families identified as requiring support. This ensures mental health input into decision making on all referrals into the hubs and through the Emergency Duty Team is ensuring young people can access the Safer Space when needed.

The First Response Service also provides a single point of access 24 hours a day for referrals including self-referrals for urgent and emergency mental health needs for children and young people. We have also undertaken some an evaluation to understand how young people wish to access crisis care.

Some of the learning from this has supported a Beyond Safer Spaces bid for digital care, which has been successful, this will enable young people greater access to support and also have the ability to reach the rural areas of our district.

#### **Safer Spaces and Crisis Care**

Since its opening, the children and young people’s Safer Space has had 247 referrals, 191 of which were accepted. Admissions to the Safer Space continue to increase quarter on quarter, and inappropriate referrals are continuing to gradually reduce.

Our Safer Space Towerhurst offers a one night stay in a homely, non-clinical place for children and young people under 18 who are in or at risk of mental health crisis or emotional distress. The Safe Space is staffed 10.00pm to 10.00am Monday to Sunday with referrals made through the First Response service, which was then expanded for children and young people via the Emergency Duty Team. The Safer Space model was designed in partnership with CAMHS service users via Barnardo’s Youth on Health Participation Network through consultations and visits to the space.



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During quarter 1 the Safer Space had 81 referrals: 74 admissions and 7 declined. Of the 74 admissions the feedback has been overwhelmingly positive, young people report that they valued being able to make their own choices, found the staff friendly, supportive and welcoming, enjoyed the range of activities, refreshments and the physical environment.

Furthermore, 60% of young people reported that if they had not come to the Safer Space they would have hurt themselves or made an attempt on their life.

Young people are asked to complete a distress scale in which they rate from 1-10 how they felt when they arrived at the space, and how they felt when they left, to measure impact of the service. In quarter 1 there was an average improvement of 6.5.

We are working to develop a 5.00pm to 10.00pm provision to support children and young people who are experiencing crisis prior to the Safer Space opening at 10.00pm. We will update on progress in our quarter two report.

Please see **Appendix V** for a Safer Spaces case study.

#### CAMHS Service Review and Developments

The CAMHS service review is still in process and is looking at the presentation/diagnostic pathways to enable better data which will result in more informed staffing of the pathways, training plans and evidence based therapies. The Head of Commissioning for Mental Health continues to be engaged with the review.

CAMHS has seen an increase in waiting times for young people due to increased referrals and reduced capacity. They are also working within the locality on a project for children and young people waiting for an autism diagnosis to try and reduce the waiting times. Revisions are being made to the referral template to ensure appropriate referrals are coming into specialist CAMHS to reduce time spent on signposting at this stage.

A focus of work within CAMHS is currently the development of a crisis/home treatment model, it is hoped that this can become operational during quarter two, with the aim of releasing additional capacity and improving waiting times for routine appointments. CAMHS have recently moved onto a new clinical system which may temporarily see a reduction in activity, this is being closely monitored.

#### CAMHS Waiting List

The waiting times are still significantly lower than baseline measures, however there continues to be a slight increase in this quarter, which we need to understand further with the service.

Number of CYP under 18 on waiting list	Baseline 30/09/17	31/03/2018	Latest position known as at 30/06/2018
Total number of CYP waiting for treatment	781	676	725
Average waiting time from referral to treatment (days)	121.3	107.3	108.2
Total number of CYP referred in last quarter	616	626	614

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<b>Mental Health Services Data Set</b>	<b>Q1 2017/18</b>	<b>Q2 2017/18</b>	<b>Q3 2017/18</b>	<b>Q4 2017/18</b>	<b>Q1 2018/19</b>
Average waiting time from referral to treatment (days)	105.8	106.8	105.3	107.3	108.2
Number of CYP waiting for treatment for 4 – 6 weeks	47	30	62	68	56
% waiting for 4 – 6 weeks	2.1%	1.4%	2.8%	3.0%	2.4%
Number of CYP waiting for treatment for 6 – 8 weeks	54	39	46	50	53
% waiting for 6 – 8 weeks	2.4%	1.8%	2.1%	2.2%	2.3%
Number of CYP waiting for treatment for 8 – 10 weeks	38	33	35	58	56
% waiting for 8 – 10 weeks	1.7%	1.6%	1.6%	2.5%	2.4%
Number of CYP waiting for treatment for more than 12 weeks	245	332	317	341	379
% waiting more than 12 weeks	11.1%	15.7%	14.5%	14.8%	16.5%

### **CYP Access standard**

MYMUP are making significant progress on the build and development of 'version 2', a system that will allow all NHS-funded voluntary and community sector services providing mental health support to children and young people to flow data into the NHS Mental Health Services Data Set. We are working closely with NHS Digital, and The Digital Innovation Fund to ensure the system is fit for purpose and enables the valuable work being delivered across Future in Mind, including Youth in Mind partners, Safer Spaces, Bevan House to be captured within the NHS MHSDS.

### **Eating Disorders**

Building on the established service of Specialist Eating Disorder and Intensive Home Treatment based with CAMHS, the Child and Adolescent Eating Disorder Service will become a stand-alone team through Future in Mind investment. Reporting systems are being implemented and outcome measures developed. Waiting times are being monitored and the service is delivered in line with the NICE guidelines.

The whole service has attended the whole team trainings provided via HEE. The current active caseload for eating disorders of over 100 children and young people, this is based on referrals with a reason 'suspected eating disorder' and where the referral is still open (i.e. not discharged). All referrals have been seen within the Better Access and Waiting time standard. The service is currently baselining the number of admissions to eating disorder beds with a view to agreeing a reduction in 18/19 with CCGs. Work is ongoing in developing a body of young people with lived experience to help inform ongoing service development and collaboration.

### **Early Intervention in Psychosis**

During quarter one 2018/19 we are meeting the Better Access waiting time standard for people experiencing a first episode of psychosis. The age range has been extended and the team has been fully recruited to meet the NICE requirements.

### **New Models of Care update**

We have submitted a business case to increase our intensive home treatment staff offer for children and young people. The additional staff will provide a robust intensive outreach offer to Children & Young People across the 3 CCGs in Bradford and Craven. The model will work and be embedded within the current CAMHS offer but be a ringfenced and protected resource ensuring it can be responsive to crisis and flex its resource to meet the needs of CYP and families.

The service will provide intensive interventions to CYP & families during periods of Crisis, support leave from hospital and promote earlier and safer discharges from hospital utilising the whole pathway to include Safer Spaces. The team will offer a range of evidence based interventions, occupational activity and social prescribing principles. The added band 6, band 4 and band 3 roles will facilitate greater capacity to provide these layers of intervention and ensure that skills are utilised in the right place at the right time. The staffing model will dovetail our 24/7 First Response service so a crisis response and assessment is available 24 hours per day 7 days per week and flex to offer an 8-8 Monday – Friday service and a 9am-5pm service at weekends. The additional NCM staff will complement existing CAMHS capacity offering the 7 day service. Adding in the band 3 roles enables the service to broaden its offer during the week providing scope for IHBT visit before 9 and after 5pm. The Assistant Psychologist will support data and intelligence gathering to identify peak and core hours of service delivery. The Service will review the efficacy and efficiency of the operating hours to ensure that this is best use of resource and useful for CYP and families. We hope the business case is approved and if so, we will mobilise some non-recurrent resource to implement immediately so that when the monies from NHSE are made available, we will have a staff team ready. Sustainability of the service will be through dialogue and review of outcomes through the NMoC group, Future in Mind delivery board & the Mental Wellbeing Partnership Board.

### **Care for the Most Vulnerable**

#### **Looked After and Adopted Children**

From the Future in Mind funding we developed an enhanced model of therapeutic intervention with children/adopted/foster carers and Social Workers offering therapeutic consultations to professions and carers in addition to providing therapy and assessments for the young people. The team consisted of 3 wte Local Authority staff alongside psychology, art therapy, assistant psychology and play therapy. All staff within this pathway were trained in Dyadic Developmental Practice (DDP) evidence based for working with young people and families on attachment. During early 2018, a Local Authority decision was made for co-located staff to move to the 'through care' team within the Local Authority. Due to this

reduction in staffing, a reduced level of provision has been proposed for the short term until new arrangements can be put in place.

Due to the reduction of the social work team within specialist CAMHS, a gap analysis has been produced to understand the impact on provision for looked after and adopted children. Findings will be used to support future decision making.

### **Refugee and Asylum Seeking Children**

Bevan Healthcare are delivering a number of schemes to engage with the mental health and psychological support needs of refugee and asylum seeking children in Bradford. The one-to-one counselling sessions continue to be extremely successful, with 25 new patients accessing counselling provision in quarter one.

Bevan also work to enable young refugees and asylum seekers to become active and valued members of the community, through a range of interventions to ease their integration into their new environments. There has been a strong engagement of children and young people in the projects below:

- Easter Fun Day 25 attendees; 7 volunteers
- Family Fun Day in Spring Bank Holiday 25 attendees; 6 volunteers
- Eid Party 21 attendees; 7 volunteers

To ensure sustainability and measure impact, partnerships have been formed between Bradford Youth Development Partnership, Oasis Academy (Secondary School), the Bevan Outreach Nurse and Wren House which provides accommodation for unaccompanied asylum seeking children aged 16 and 17 years old.

See below for a summary of the projects:

**Football** – following on from the weekly football sessions organised by Oasis Academy and the Kashif Siddiqi Foundation for 10 boys from Wren House and joining other boys to form the Bradford Bolts team. A number of boys play football at the local sports centre on a regular basis, with some attending the Leeds United Football Academy scheme in June 2018.

**Family Days** – The Family Fun days are made up of interactive activities that have been created especially to appeal to children and young people and their families. Three family sessions have been held in the last quarter. A summer family outing is currently being planned as well as a further three summer family sessions at the Wellbeing Centre.

**Family Cook and Eat** – The regular cooking sessions are very well attended as the young people of Wren House prepare, cook and eat together. The young people are involved as much as possible in planning and preparation of what to cook and organising future sessions. The sessions give an opportunity to make positive connections to our own cultural groups through similar foods, often using food as a means of retaining cultural identity as well as celebrating our parallels. This continues on a weekly basis. Additionally supporting new arrivals and young people living in independent accommodation, with some core skills.

**Confident Conversation** – At the request of some young people, informal conversational classes are held on a weekly basis where residents come together to practise their English language skills. More young people have now expressed an interest and there are plans in place to make this into a formal arrangement and hold at Bevan House.

**Experiences** - To encourage building broader social relationships and skills, interaction with other young people within the Bradford community have been fostered through Bowling, Go Karting, Laser Quest and eating out at restaurants. Additional activities such as pool and snooker have been introduced as this is much more financially accessible.

**Social Action Project** - As a community partner with the National Citizenship Service (NCS) the service and its young people have started to develop friendships with other young people living in the Bradford area; who are not refugees or asylum seekers. The two groups are now working on a 'social action project' the aim is to work on a project together for the good of others and not for profit. The project is yet to be decided. The programme will give the participants a deeper understanding of the cultural and social issues that affect different communities around the world. Part of the work will be to identify and engage networks that will help achieve their combined goals.

**Volunteering** – One of the challenges these young people face is securing paid work as most employees ask for 'experience'. The project introduced the idea of volunteering in order to give its young people an opportunity to develop new skills and build on existing knowledge. Five young people expressed an interest and signed up to the training programme which includes a DBS check. Their first volunteering experience has been to help deliver an arts and crafts session at a Syrian family event, which was a great success. The community funding arm of the Co-op have asked this group to look at funding applications received and be part of the decision making process in allocating community funds. A result of the sessions has been that the young people feel more connected to others, and have become less absorbed in the normal stresses of their daily life.

**Manchester United** – Young people derive considerable benefit from taking part in educational / social visits. In particular, when they have opportunities to participate in activities and gain from experiences not available in their normal setting. Visits such as these help to develop a wide range of valuable personal and social skills. The young people have requested a trip to Manchester United Stadium. With the funding secured they have been encouraged to help in the planning and organising of the event, in order to improve their English skills, 14 young people have signed up for the event in August.

**Green Fingers** – Following many conversations of growing fruit and vegetables at 'home' and the pleasure this gave, the project purchased a greenhouse. Before erecting the greenhouse the boys had to consider a number of factors, including whether the site is accessible, is there a nearby water source and does the space get enough exposure to sunlight. Once these had all been considered the boys built the greenhouse. Seeds were quickly sown, to take advantage of the summer sun. There are now plants and seedlings for lettuce, beetroot, carrots, chillies, cucumber and strawberries. The greenhouse area is a great place for the boys to come together, to share and learn new skills, whilst growing fresh produce, as well as providing a multitude of therapeutic and wellbeing benefits.

**Bumps and Babies Group** - The group aims to increase parental confidence with their new baby, provide opportunity to share common experience, increase parents networks and increase knowledge of health, social and emotional development issues for both their babies and themselves:

- 66 mothers and babies have registered for and attended the Bumps and Babies group
- The average attendance is 13.

## HWB APPENDIX 3 (Report Ref 3.1)

### Example quarterly reporting to NHS England

- Service users represent 16 countries of birth. 20% of attendees are from Sudan and 15 % come from the Democratic Republic of Congo.
- 44% of service users are asylum seekers
- 44% are refugees
- 12% are migrants or have not provided data.

**Homework Help Club** - This is an after-school club for young refugee and asylum-seekers that would benefit from a safe and friendly space to be supported with their schoolwork in core subjects such as Maths, English and Science. The club is be run by a Bevan volunteer who is a qualified Primary School teacher:

- 42 children have registered for and attended the homework help club
- The average attendance is: 10
- 29% are asylum seekers
- 71% are refugees
- Service users represent 9 countries of birth. 30% come from Sudan, 19% come from Syria.

Please see **Appendix VI** for refugee and asylum seeking children case studies.

### Perinatal Mental Health

The Specialist Team for Perinatal Mental Health was launched to internal and external services in quarter one. Referral pathways are now fully operational, as is a professional's advice line. The Team have delivered training and consultation sessions across statutory and voluntary mental health services, health visiting teams and forums. Regular clinics have been established within hospital midwifery units and perinatal mental health awareness training has been embedded into midwifery mandatory training day. The team have delivered parent-infant relationship training and valproate protocol and information sessions.

Within quarter one, 236 contacts have been received via the professionals advice line which operates for 4 hours on 4 days per week. Of these contacts, 30 were accepted into service for specialist perinatal assessments, the majority of contacts were for advice only and others were referred on to appropriate alternative services, such as IAPT, CMHT and voluntary services.

The team are represented within the local Perinatal Mental Health Task & Finish Group and are engaged within the work of the Yorkshire and Humber Clinical Network for Perinatal Mental Health.

### Accountability and Transparency

Governance and reporting structures for the Future in Mind Programme have been revised to include a Future in Mind Delivery Group and Youth in Mind Steering Group. These are now operational and working well. Formalising how Future in Mind feeds into the wider Mental Health and children and young people's governance structures is underway.

Maintaining transparency and accountability through joint working with the People's Board and the delivery group partners will ensure shared understanding and learning. Progress to date includes an ongoing review of finances, metrics and the work streams which have now

### HWB APPENDIX 3 (Report Ref 3.1)

#### Example quarterly reporting to NHS England

all been aligned to work within the Sustainability and Transformation Plan (CCG), all-age Mental Wellbeing Strategy (CCG) and B Positive Pathways (Local Authority).

We are developing a way for young people to be involved in our commissioning decisions and have undertaken work with the Health Foundation who are currently consulting on the national Young People's Enquiry. Young people have worked with over 128 young people across the district to identify key areas of priority for young people. Our next steps will be to work further with the young people to use their information to update our refresh of plans, build more involvement structures and continue to build on the ones we have.

**Governance:** We have started to update our governance chart by sharing our current arrangements to promote discussion as to whether we have the right channels in place to progress work at pace and ensure accountability – attachment 3. We hope this to be in place by the refresh and will include the new arrangements for CYP involvement. Our risk register and finance sheet are also regularly updated and shared with partners and providers so there is clarity and ownership across our system (see Attachments 3 and 4)

**MHSDS update:** We have an action plan in place and are working with providers. MYMUP, our digital provider, is leading this work and are liaising with NHS Digital. They are currently in process of building the mainframe and working with providers to ensure they have their digital/information governance toolkits in place. We will commence training and further information workshops in Q3.

#### Developing the Workforce

A key area for workforce development has been the continuation of the new CAMHS Face-to-Face training programme which falls within the strategic context of the CAMHS Comprehensive Training Service Model (CCTSM). The comprehensive CAMHS Training Service Model (CCTSM) is a strategic model for the assessment, planning, implementation and evaluation of a universal child and adult workforce development training programme. The model has been circulated to FiM delivery partners to promote awareness of opportunities for collaboration with other FiM workstream activity.

The blended learning programme includes E-learning and face to face sessions split into three parts. Part 1 - practical skills for emotional engagement with children and young people; part 2 - helping parents to emotionally engage with their children and part 3 - staff well-being when working with complex cases. The 3 part rolling programme consists of ½ day face to face skills based courses as a follow on from e-learning (see below for a breakdown on numbers trained).

Sessions	No. trained
Part 1	38
Part 2	32
Part 3	28

This offer was promoted at the Anna Freud Mental Health Services and Schools Links Programme workshops. Further information on the programme is available if required.



### **HWB APPENDIX 3 (Report Ref 3.1)**

#### **Example quarterly reporting to NHS England**

The model features innovative whole systems ENGAGE Together tools for protecting well-being, promoting resilient relationships and supporting targeted approaches. Those taking part in the programme come from a range of settings/roles including youth workers, community nursery nurses, health visitors, health facilitation and staff nurses, Year 6 teachers, Mental Health Champions and community engagement workers. The feedback continues to be positive including recognition of the value of doing all three parts.

Work is underway to design a 'Training for Trainers' programme and develop Skills and Tools ENGAGE Together workbooks. This will be done via the Bradford District Care and Foundation Trust Trainers Network Forum in partnership with Library & Health Promotion Resources.

Multi-agency topic specific training courses (Eating disorders, ADHD, self-harm and depression) are also being delivered under the blended learning offer. The process for commissioning bereavement training has also commenced. Additionally, Barnardo's have been commissioned to deliver autism training. Topic based courses will be promoted via multi-agency networks.

A 12 Month evaluation of the CAMHS universal training programme in December 2018, will include reports on CAMHS referral behaviour.

#### **Resilience passport**

The resilience passport is an early mental help tool for use within the primary PHSCE curriculum and uses an innovative resilience and action framework with a focus on helpful communication, self-care and prosocial behaviour. The passport has been piloted in one school and data collection will be complete in October 2018. Resilience Passport presentations and showcasing has resulted in registration of interest ahead of marketing in October following a final evaluation. A full evaluation report will be produced in May 2019.

Workforce development achievements:

- Promotion of universal blended learning programme (based in CYP IAPT approaches) to multi-agency partners resulted in increased bookings
- Following face-to-face training, practitioners are reporting using ENGAGE Together (ET) tools within their practice to support early mental help work with children, young people, families and in their own personal lives
- 120 practitioners completed the CAMHS e-learning on core knowledge and understanding from a wide variety of organisations/roles
- Contribution of ENGAGE Together approach to Bradford District Care Foundation Trust (BDCFT) values
- Professional supervision of CAMHS Trainer/Facilitator led to key programme developments e.g. Trilogy of universal early mental help workbooks
- Completion of Mental Health Champions (MHCs) universal taster sessions and plans commenced for Training for Trainers programme for MHCs
- Successful update of Eating Disorders training including incorporation of ET approach
- Evidence of year 10 pupils engaging with the ET following evaluation of Health and Wellbeing workshops delivered at South Craven School.



**Mental Health Champions: Primary School Pupils' Feedback**

The We Eat Elephants Programme

*"Helps us a lot to be a kind to each other*

*Helps us to understand feelings of others and ourselves*

*Help us to learn new things.*

*Review our feelings*

*Actions to other people*

*Positive and kind to ourselves and others*

*Think about negative things we have done in the past and that we shouldn't do again"*

## Youth in Mind: Buddies Case Studies

### Case Study 1

#### *Presenting Issues, Goals & Aims (building of work of Buddy/WRAP?)*

Youth worker one to one support for young person under CAMHS for autism assessment, anxiety and behavioural issues.

Young person struggles attending school due to issues interacting with peers and triggers for autistic crisis, high anxiety around exams and change to any structure in day. Will not leave the home at all without parents. Has no peer support system or interaction outside of school setting. Isolation, low confidence and low self-esteem:

- Confidence and resilience
- Lack of social interactions with peers
- Anxiety
- Struggles with independent travel
- Barriers to independence
- Behavioural issues in school
- Anxiety around exams
- Anxiety about attending college
- Community engagement
- Emotional wellbeing
- College life
- Interpersonal skills
- Life skills

#### *Summary of Work Completed; for example, relationship-building, signposting, work with family & friends, partnership work with other professionals, engagement with MYMUP, partner agencies and CAMHS*

Young person struggled with anxiety and situations that have social interactions with non family members, particularly peers. Parents were concerned about his lack of a friend and independent living skills – he would not even leave the home to go to the corner shop without parents and his only socialising was film night with his Grandad. He found his autism made it challenging for him to make friends and felt most other young people don't like him and he gets things wrong when he tries to make friend.

Encouraged that our one to one sessions happen in youth provisions to enable him to develop the confidence to be comfortable with the space and in later sessions to enable him to see other young people on ADS socialising with each other and view what a youth club is like and the opportunities available.

He began to open up really well – shared many of his interests which enabled the youth worker to sign post him to opportunities to interact with peers whilst doing something he enjoys such as he likes walking so told him about our three peaks challenge and he loves films so got him information on Shipley College's film club.

He was struggling with anxiety during his exams. During one to one, discussed resilience strategies for his exams and provided extra support and encouragement via text messages – this enabled the youth worker and his parents to help him to cope with the change to

#### HWB APPENDIX 4 (Report Ref 3.1)

##### Example case studies supporting Appendix 3 reporting requirements.

structure at school due to the exams and minimise his anxiety of failing.

During our one to ones we discussed long term outcomes of his “dream job” to help him focus on rewards for going through something he finds challenging right now i.e school and exams. Discussed college life – how the structure is different to school and how he will find it a more positive experience than his school experience due to this. Provided IAG on colleges and supported him in making his choice of college – advised parents of his choice to ensure support in making applications.

I provided him with the opportunities to attend Buddies bike rides sessions, buddies cook and eat and buddies drop in as well as providing membership form for Inclusion youth club to ensure he has opportunities to meet peers and develop interpersonal skills.

He was very proud to attain a place at his chosen college but getting distressed and anxious about the taster day the college runs for new students in July so I arranged for me to take him on a college visit when it was quiet to enable him to get familiar with the space and view where his course lessons will run. I also arranged for him to meet some staff and introduced him to student support staff so he knows there is extra assistance if he needs it to increase his confidence about attending.

I showed him both food halls as this can be a trigger for his autism crisis, as well as ensured he knew where quiet areas around the College are. I took him to where I run the youth sessions at the College so he was aware of where there is additional support and opportunities to make friends. During the College tour I introduced him to five youth club members as we went around the College, three of whom do the same subject area as him.

With parents support we used the College visit as an opportunity to encourage him to attempt the train journey home from College independently to enable him to feel more confident about traveling to College in September and build independent living skills. I supported him getting the ticket and reading the time table and he felt brave enough to board the train alone. He achieved completing the full journey without crisis and was very proud when he got home.

He attends his taster session at college this week, will be attending three buddies activities with me over summer and we have arranged for him to come see me at Shipley College's Fresher's Fair where I will have a stall. He advised me he shall be joining the Shipley College youth club sessions on Wednesdays from September.

#### *Achievements & Outcomes; what has changed, how have things improved*

- Walked independently to BYC for a one to one.
- Took first independent journey on public transport.
- Learned new resilience tools to reduce anxiety during exams.
- Understand benefits of college.
- Successful application to college.
- Completed all his GCSE exams.
- Demonstrated independent living skills.
- Attained understanding of trigger points around autism.
- Attained understanding of trigger points for anxiety.
- Visited somewhere new.
- Knows of other informal learning opportunities and community activities.

#### HWB APPENDIX 4 (Report Ref 3.1)

##### Example case studies supporting Appendix 3 reporting requirements.

###### *Next steps*

- Attending three “buddies” trips over summer to enhance confidence on public transport and allow him the opportunity to interact with peers.
- Attending college in September
- Attending Shipley Collage Youth group on Wednesday’s lunch times in September which will provide him with the opportunity to make new friends and socialise with peers by participating in the activities we plan and deliver.
- Is joining Bradford Youth Service Shipley team on the Three Peaks Challenge next year.
- Is joining D of E run by Shipley College with Bradford Youth Service support in September.

## Case Study 2

<i>Presenting Issues, Goals &amp; Aims (building of work of Buddy/WRAP?)</i>
<p>Girl B was referred to the Buddy project whilst in her last year at school. The referral came through CAMHS after girl B was brought to hospital by her mother who was concerned that she was expressing suicidal thoughts. The referral requested a Buddy to help girl B to become less isolated, support her low moods and build up herself esteem and confidence.</p> <p>When we began our initial discussion it became apparent that girl B was feeling very down due to not fitting in with friendship groups, she did not stick up for herself and was a target for bullying within her peer group, she was hating her life and could not see a positive future.</p>
<i>Summary of Work Completed; for example, relationship-building, signposting, work with family &amp; friends, partnership work with other professionals, engagement with MYMUP, partner agencies and CAMHS</i>
<p>We talked and shared ideas about how we would spend time together and what we would like to explore over the next few weeks. The first session built on positives in her life which were; a very supportive family life, a healthy relationship with her boyfriend, and highly achieving at school. The help girl B really needed and wanted was to improve confidence, become more assertive, make good decisions and choices, and to recognise and become proud of her achievements, she wanted to be able to look forward to her future.</p> <p>The next few weeks I worked with girl B in her own home where she felt comfortable and safe, and explored situations and scenarios around confidence, self esteem and setting targets to put situations into practice. Over the weeks girl B seemed happier, and slowly began to become more socially involved in the community. Mum began regularly reporting to me over the weeks how much she was coming out of her shell and seemed much more confident and happier in herself.</p>
<i>Achievements &amp; Outcomes; what has changed, how have things improved</i>
<p>I began to offer the young person opportunities within her community and outside, and by the end of the 12 week she had applied and taken part in a two week NCS programme where she attended on her own and made new friends. She applied for a place at Shipley College to study health and social care and pending exams results has been accepted. She attended her prom, her leaving school event, and is regularly travelling to another city on her own to see her boyfriend, these are achievements girl B struggled with when I met her.</p> <p>On the last session I worked with her she showed me new clothes she had bought, a new hairstyle and had make up and said she had never felt as good about herself as she does now, and was looking forward to the summer months and a new start at College in September - meeting new people and learning new things. She felt very confident that she had achieved in her GCSEs.</p>
<i>Next steps</i>
<p>Completing the NCS programme over the summer.</p> <p>Starting Shipley College to study health and social care in September 2018.</p>
<i>Young People / Families Feedback on Experience</i>
<p>Mum also contacted me to say; 'thank you so much for what the buddies scheme has done for my daughter.'</p>

### Case Study 3

<i>Presenting Issues, Goals &amp; Aims (building of work of Buddy/WRAP?)</i>
I first met Boy C in February after he was referred through CAMHS for the Buddy Project, Boy C is 15 years of age, my first meeting with him involved doing an initial assessment, this involved Boy C, mum and sister, the issues discussed involved Boy C being socially isolated and not being involved in any personal and social activities away from school. Boy C and his family originate from Iraq and relocated to Syria to escape conflict in his country, Boy C moved to England in 2013 to claim refugee status, Boy C is a wheelchair user who suffers from cerebral palsy, Boy C also has post traumatic stress due to his experiences and this has impacted on his mental health, Boy C speaks fantastic English.
<i>Summary of Work Completed; for example, relationship-building, signposting, work with family &amp; friends, partnership work with other professionals, engagement with MYMUP, partner agencies and CAMHS</i>
Boy C has many interests which include table tennis, basketball, watching films and gaming. Boy C in my experience is very easy to communicate with, he is very talkative and likes to laugh, Boy C is a well mannered, polite young person who is respectful of others.
<i>Achievements &amp; Outcomes; what has changed, how have things improved</i>
<p>Boy C throughout the Buddy project has participated in a variety different activities, Boy C was introduced to the Star club based at Culture Fusion, these sessions cater for young people with disabilities, this gave Boy C the opportunity to meet other young people, Boy C instantly made a good impression on his peers,</p> <p>Boy C socialises well with others and loves to have banter with other young people, especially when he was beating his peers at FIFA 18.</p> <p>Boy C has been attending the Star Club sessions on a weekly basis from which he has made new friends, Boy C has also been supporting in being signposted for additional Maths sessions which were run on a Saturday morning at the local community centre.</p>
<i>Next steps</i>
The buddy project has worked really well for Boy C in regards to meeting other young people, Boy C will continue enjoying and attending the Thursday night youth club sessions at Star club due to his older brother being a driver, Boy C has been a pleasure to work with and has always taken on new challenges with a smile on his face. Boy C was referred to the Bradford South WRAP group.

#### Case Study 4

<i>Presenting Issues, Goals &amp; Aims (building of work of Buddy/WRAP?)</i>
<p>D was diagnosed with autism while at primary school. He started to develop a tremor in his left hand in 2013. This tremor has been persistent and now affects all the left side of his body. It has not organic cause and he now has a marked deterioration affecting his speech and mobility. It appears that D is experiencing Catatonia, a neurological complication that can occur in autistic spectrum disorder. Stress and anxiety are the main causes.</p> <p>On the first visit, the buddy met with mum and D and talked about how best he could be supported. Mum had heard about the buddy programme from another mother and had heard lots of good things. An action plan was devised that looked at getting D to attend youth provision. He is very isolated and mum is very concerned that he is not interacting with others. D was also keen on making new friends and going to new youth centres.</p>
<i>Summary of Work Completed; for example, relationship-building, signposting, work with family &amp; friends, partnership work with other professionals, engagement with MYMUP, partner agencies and CAMHS</i>
<p>Due to D's mobility issues, one to ones where done at home. The worker built up a relationship with D by finding out his interest and talking to him about school and other things that was concerning him. Mum was also very concerned about her son attending sessions and the buddy also had to build a trusting relationship with mum. The buddy arranged for transport to and from provision and supported him to attend the sessions. The buddy had also worked with other buddies that where friends of D so they also arranged for the friends to come along to the sessions with D. D attended the R space Youth projects but after speaking to his buddy he felt that this was not the place for him, as he had a cousin that attend. The buddy discussed this with mum and looked at supporting him into the Inclusion group that runs from Culture Fusion. The buddy supported him to attend and engaged him in activities. He really enjoyed the sessions and was able to meet new friends.</p>
<i>Achievements &amp; Outcomes; what has changed, how have things improved</i>
<p>D is now a regular member at the Inclusion group and took part in a cycling project with the group. His mum attended the session also and he had lot of fun riding the adapted bikes, something he hasn't done due to his condition. He will continue to attend and continue to meet with his friends at the group.</p>
<i>Young People / Families Feedback on Experience</i>
<p>Mum was really pleased that D had found a place he could regularly attend. Mum was introduced to staff and arrangement where agreed for his future involvement without support from the buddy. Mum was upset that the buddying was due to end and had wished for it to continue. Mum was very positive about the experience and asked if the buddy would like to continue doing paid one to one work with the young person, the worker kindly declined but signposted to Bradnet to help provide more support for D.</p>

## Case Study 5

<i>Presenting Issues, Goals &amp; Aims (building of work of Buddy/WRAP?)</i>
<p>YP was referred through the Bradford Royal Infirmary route following various attempts on taking own life following family bereavement and trauma. YP is not currently in education and is waiting for home schooling due to mental health. Family didn't feel that YP was ready to attend groups due to unstable mental health. YP takes medication to manage panic attacks and low mood. Parent's felt that we need to take it slow with YP. One parent is suffering emotionally from the family bereavement and is also managing profound mental health problems. The other parent is caring for both. YP has some friends and sometimes socialises with them locally but is lonely and feels conscious about weight management. YP did not want to attend any groups but was happy to work with me, the buddy on a one to one basis.</p>
<i>Summary of Work Completed; for example, relationship-building, signposting, work with family &amp; friends, partnership work with other professionals, engagement with MYMUP, partner agencies and CAMHS</i>
<p>In the first stages I met with the parent to discuss the issues and then with the YP. We had various one to one sessions over a few weeks. In the meantime I had heard from the CAMHS worker who also mentioned YPs self-confidence linking to weight management. YP opened up well to me and seemed very comfortable to talk about relationships and the history of the family trauma how this led to it impacting on their mental health.</p> <p>I took YP to my office to look online at IAG around nutrition and health. We did some work around calories and the YP identified some areas where she can make improvements from now on in her diet such as swapping pop for water and eating more proteins and vegetables. We also found information on how the right foods can make a difference to the mood of a person and how this can affect mental health.</p> <p>We also looked at some gyms that would meet the needs of the YP and then we visited one that is affordable and is near enough for parent to take them regularly.</p> <p>Parent was very pleased that YP has made this kind of progress and has paid for the membership and committed to taking the YP as and when. I did offer to attend alongside however YP has gone ahead without me. YP feels happy and confidence is growing. CAMHS worker seems pleased about the progress.</p> <p>I have contacted the education team for updates about progress with home schooling and am waiting for a response. YP has been introduced to MYMUP and seems interested in the interventions. Doesn't have much accessibility at home so doesn't often use it.</p> <p>Advised parent to get advice from Citizens Advice Bureau or the Benefits Service regarding benefits for caring for the YP as one parent can't work due to looking after other parent and young person.</p>
<i>Achievements &amp; Outcomes; what has changed, how have things improved</i>
<p>YP is attending a gym with parental support on a regular basis several times per week. YP is starting to feel confident showing an interest in nutrition and health. YP has started to express an interest in the possibility of attending a small group setting to help build self-confidence and has agreed to visit a provision next week. Parent's confidence in YPs mental health has also grown.</p>



**HWB APPENDIX 4 (Report Ref 3.1)****Example case studies supporting Appendix 3 reporting requirements.**

<i>Next steps</i>
<ul style="list-style-type: none"><li>✓ Bus training for the gym sessions, working with parents to allow this to happen.</li><li>✓ Build a girl</li><li>✓ WRAP</li></ul>
<i>Young People / Families Feedback on Experience</i>
Dad expressed to me that he is very pleased that the YP has got a buddy and her progress has improved since the intervention started. They like having me around, the YP is happier at home and starting to show interest in life outside of the house. YP's parents say that they trust me and are grateful for the service.



## **Youth in Mind: Yorkshire Mentoring Case Studies**

### **Case Study 6**

An only child with supportive parents Amanda has just turned 16 and completed her GCSEs at a reputable girls' school. Amanda has suffered from anxiety and a lack of confidence for some time, the pressure of teenage friendships and exams making it more difficult for her to cope. It seemed school life was a big driver in her unhappiness.

Amanda was allocated to Mentor, Lisa; they took the relationship slowly, meeting weekly to fortnightly in a local coffee shop and starting with some icebreaker activities like "what's your favourite..." These activities were mutual, which allowed Amanda to feel more comfortable getting to know Lisa. Lisa and Amanda identified two key areas to work on together:

1. Coping with anxiety
2. Researching colleges and other post-GCSE options

The mentoring sessions contained a lot of relationship-building and relationship-based activities; this helped to build Amanda's confidence around making conversation and opening up – something she'd mentioned her friends were good at and that she wished she could be good at too.

With the college-related goal, they did some practical research together; looking online at course options, journey times to colleges etc. and calling colleges to get answers to some of Amanda's questions.

For the anxiety goal Lisa encouraged Amanda to write down some more "SMART" goals that may help her to achieve the overarching goal, for example, to practice mindfulness, write down feelings, and to have some fun and activity in their sessions. Amanda and Lisa did a range of activities, such as taking walks in the sun, going bowling and getting their nails done.

The sessions have been really effective for Amanda, who has gained confidence. Amanda and Lisa still have 3 sessions left, the focus of which is to plan to keep busy and positive over the holidays and to review the goals and get feedback.

## **Case Study 7**

Ben, a young boy, aged 13, was referred to Yorkshire Mentoring Service shortly following his exclusion from school, he was allocated to Mentor, Dave. Ben's relationship with his mother had collapsed and he had hit out at her physically. Consequently, he had moved in with his Gran and her husband. Ben's father has a separate family and lives over 100 miles away.

Ben's family struggled to cope with his ADHD, Tourette's and Conduct Disorder; the main strategies for dealing with his behaviour were denial and punishment.

Ben had already completed a range of interventions, including a Buddy and a WRAP but required ongoing support to address ongoing issues with behaviour and bullying.

Ben had developed a computer-based game, which he discussed with Dave; they discussed how he could develop these skills and Dave arranged a meeting with the Managing Director of a well-known local games company. The meeting was a thoroughly life-affirming moment for Ben; he had the opportunity to showcase his skills and receive some high-praise and constructive feedback regarding next steps.

Over time while working with Ben, Dave noticed that Ben's Tourette's-related ticks and noises began to reduce. While Ben was quite "cheeky", he allowed himself to analyse his behaviour and accept differing views; he got to a point where he was able to explore what terms he could accept in a future meeting with his mother.

In December 2017 Dave and Ben attended an evening at the Youth in Mind Christmas Party; a number of young people were waiting downstairs and then walked together up 4 flights of stairs to the party. Ben was walking alongside a girl and they seemed to really hit it off; by the time they reached the top floor, they were finishing each other's sentences. They had a wonderful time talking to each other all evening; sparked a real friendship.

Ben and Dave often met in a local café for their sessions, they also made several trips, such as doing photography in the park, going on walks together, going to see a professional football match and attending a session provided by an expert in mindfulness.

Ben and Dave evolved their own methodologies; for example, "MTA" (Mother, Triggers, Anger), an acronym they came up with together to help Ben understand his anger. Ben and Dave ascribed a scale from 1 to 5 to help Ben articulate how he felt about his mother, and to help Dave highlight when there were small shifts up and down the scale and open discussions around why the rating had moved up or down and helping Ben to understand the situation and his reactions better. Ben attributed language and labels to the scale that he could relate to which helped him to articulate his feelings.

Dave spent the first 3 months of support building a trusting working relationship with Ben, and helping him to develop self awareness and skills around emotional literacy. Following this, they spent the latter 3 months of the mentor-mentee relationship identifying and working towards three goals that Ben wanted to achieve by the time he turned 18 years old:

1. Have enough money and training to be an IT teacher
2. Have a girlfriend.
3. Live independently, away from his guardians

Identifying these goals was itself an achievement. Following the setting of these goals Dave and Ben began taking small, manageable steps towards achieving them, for example, going

#### **HWB APPENDIX 4 (Report Ref 3.1)**

##### **Example case studies supporting Appendix 3 reporting requirements.**

to a careers night at a local college. Ben recognised that an education is essential to giving him opportunities in life and helping him to achieve his goals; a lot of work was done around helping Ben to get back to school, and by the end of the Mentoring relationship he was back at school full time.

Ben gave the following feedback regarding his experience with Yorkshire Mentoring:

**1. Was mentoring what you expected?**

No, thought we'd be sat in the living room talking, not going to an RSPB sanctuary, seeing a games company, doing photography and having cakes in a café.

**2. Would you recommend it?**

Yes. We shook hands at the last meeting, rare for us. We'd laugh a lot. I got back to school full time & have a clearer idea of what I want

## Safer Spaces

### Case Study 8

BACKGROUND
<p>Nazia (name changed to protect identity) is a 15yr old female of Pakistani and White British dual heritage.</p> <p>Nazia is diagnosed with Autism, has a history of deliberate self-harm and overdose and has experienced ongoing bullying in school which resulted in low mood and low self-esteem and suicidal ideation. Nazia has very poor sleep both in terms of sleep initiation and maintenance.</p> <p>Nazia lives with her father and twin brother; they are being offered family therapy as to address a difficult family relationship, including some aggression from brother towards dad.</p> <p>Having attended an urgent mental health assessment following a trigger at school related to historic sexual abuse, Nazia was referred by CAMHS to the Safer Space. Nazia had informed the CAMHS worker that she did not want to return home that evening as she was unable to cope with her stress alone or with help from her father. CAMHS contacted the Safer Space manager during the afternoon and a planned admission for 22:00 that night was arranged.</p>
SAFER SPACE STAY
<p>Nazia arrived at the Safer Space just after 22:00 with her father. After her father left Nazia sat with staff at the kitchen table and had a cold drink; she was very quiet and gave little eye contact, retiring to her bedroom shortly after. At midnight Nazia came down stairs to join staff in the kitchen, on entering the kitchen she walked over to the fridge where she helped herself to some yogurt, and she then sat and had a chat with staff. Nazia spoke about her favourite subjects at school, issues around food and dieting and her mental health, she also spoke about her Autism diagnosis, explaining why she gives little eye contact and informing staff that she was not being rude nor was it done intentionally. As the evening went on Nazia became more relaxed and she stated that she would like to use the service again in the future. She informed staff that she is addicted to her studies and would be doing some work for her mock exams before going to bed. Nazia retired to her bedroom at 02:00, she was checked on in the night and found to be asleep and settled under the duvet.</p> <p>Nazia was awake and dressed at 08.30 lying on the bed, she completed a feedback form and waited for the Wellbeing Manager from her school to pick her up at 09:50am.</p>
OUTCOMES
<p>Nazia benefited from her overnight stay at the Safer Space; once settled and relaxed she was able to approach staff and talk comfortably about issues. Nazia was also able to focus on her studying in the bedroom away from the issues she is currently experiencing in her home environment. The Safer Space provided Nazia with a safe calm environment.</p> <p>In her feedback form Nazia stated that she really liked feeling independent and having her own space, and informed staff that she was eternally grateful when she left.</p>

## **Refugee and Asylum Seeking Children: Bevan Healthcare**

### **Case Study 9**

#### **Child A**

- Female, 15 years, Syrian
- Referred to children's counsellor with PTSD with somatization post verbal harassment and historical sexual advances documented in pre-departure report
- Referred for psychiatric evaluation in 2016 in Syria
- Particularly struggling with OCD-type behaviours, stress and stomach ache, school reported difficulties managing her
- Techniques engaged by counsellor included keeping a diary and structuring her time, empowering herself to be in control of things she felt were controlling her
- Highly successful intervention, discharged when mutually agreed between counsellor and child

### **Case Study 10**

#### **Child B**

- Male, 16 years, Vietnamese
- Resident at Palm Cove Society and then placed in Foster Care, victim of human trafficking along with his mother and referred by Modern Slavery Police Team
- Poor physical health, cigarette burns noted by GP
- Referred to counsellor for depression, anxiety, and nightmares due to torture in Vietnam and in UK
- Agencies attempting to reunite child with mother who remains missing
- Nervous around people, using techniques to build trust with people
- Talking therapy techniques engaged
- Continues to see counsellor weekly

### **Case Study 11**

#### **Child C**

- Male, 3 years, Pakistani
- Mother fled domestic violence, father also violently abusive to child
- Referred to counselling by GP with behaviour problems and poor appetite
- Child had shown violent behaviours to mother
- Counsellor engaged both mother and child in a family therapy approach, helping mother to relax and be calm to child
- Successfully discharged

## **Compass Buzz**

### **Case Study 12**

A Teaching Assistant (TA) submitted a Request for Support to Compass BUZZ on 8th May 2018. The duty Wellbeing Worker contacted them and discussed the Request for Support in more detail, as a result of this case discussion it was agreed that Compass BUZZ would provide some support.

#### Background

\*Laura is an 11 year old pupil. The TA reported that she was finding it hard to control her emotions on a day-to-day basis and said that she became easily upset or angry, which in turn caused her distress. This worsened when friends tried to help as she did not want them to ask her about it.

#### Support Delivered

The TA who works closely with Laura on a daily basis was identified as the most appropriate member of staff to co-deliver the session. The Wellbeing Worker explored if the TA felt confident enough to deliver the first session with her support or whether she wanted the Wellbeing Worker to lead the whole session; following discussion it was agreed it would be beneficial for the Wellbeing Worker to lead the first session and the TA to observe.

The Wellbeing Worker explained that they would complete the 'Three houses' worksheet as a means of identifying what Laura was worried about; what she felt was going well and what she thought needed to change. Laura thought she got angry a lot and was unable to find any ways of keeping calm.

Several things were identified that might help; it was agreed that a 'distraction box' would be created for Laura, techniques and strategies were discussed with the TA that might help Laura to calm down – these mainly revolved around ensuring that there was an open communication channel between Laura and her TA in order to build up trust so that Laura would feel comfortable talking to the TA about her worries. The Wellbeing Worker showed Laura the 'high-five breathing technique' and suggested she practice this before getting to the point of feeling 'angry'.

At the start of the second session the TA said how proud she was that Laura was trying so hard to make some positive changes - Laura agreed that she was feeling a lot happier. We completed the 'my self-esteem turtle' exercise and discussed using a scaling technique; one being calm and five being angry so that both Laura and the TA could recognise when her emotions were building.

#### Outcome

The Wellbeing Worker met Laura and the TA for a third and final session. Laura stated she was happy because *"I am more confident to go up to the teacher and tell them my feelings"*. The TA mentioned that only once within the previous week had Laura reached 'five' (angry) on the five point scale and Laura had gone out into the playground and thrown her ball against the wall as an outlet. Laura said that *"now I have my five point scale I know what to do and how to act"*.

\*Name changed to ensure anonymity of the child.





## **Report of the Programme Director Integration and Change Board to the meeting of The Health and Wellbeing Board to be held on 13<sup>th</sup> November 2018**

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**G**

### **Subject:**

**CQC Local System Review – Action Plan Update**

### **Summary statement:**

The Care Quality Commission conducted a Local System Review of the Bradford District health and care system between January and June 2018. The findings of the review were positive, and a small number of recommendations were made. The local system, led by the Health and Wellbeing Board, has developed an action plan in response to those findings. This report provides an update on progress.

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James Drury  
Programme Director ICB

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### **Portfolio:**

**Healthy People and Places**

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

**Health and Social Care**

## 1. SUMMARY





The purpose of this report is to provide the Health and Wellbeing Board with a status report on the progress which is being made in the completion of the CQC Local System Review action plan. In summary the delivery of the plan is progressing well, with a small number of actions requiring closer attention. Details are set out at Section 3.

## 2. BACKGROUND





- 2.1 The Care Quality Commission (CQC) undertook a Local System Review into the Bradford District health and care system between January and June 2018.
- 2.2 The findings of the review are set out in the CQC's report which is available at <https://www.cqc.org.uk/files/local-system-review-bradford>. It is a positive report that notes the strengths of our local system.
- 2.3 The report identified a small number of recommendations, and our local system worked together to develop an action plan that addresses those recommendations.
- 2.4 The plan is owned by the Health and Wellbeing Board and was approved at the meeting of the Board on 24<sup>th</sup> July 2018
- 2.5 Responsibility for monitoring of the delivery of the plan was delegated to the Integration and Change Board by the Health and Wellbeing Board on 24<sup>th</sup> July (Item 6 resolution 1)
- 2.6 The Health and Wellbeing Board asked that a progress report should be brought to the Board by December 2018 (24<sup>th</sup> July, Item 6, resolution 3)

## 3. UPDATE ON CQC ACTION PLAN

- 3.1 The action plan contains 26 actions grouped under 9 recommendations made by the CQC. Of those 26 actions 5 are due for completion by the 31<sup>st</sup> October 2018.
- 3.2 Overall progress to date is positive as indicated in the table below;

	= completed	2
	= on track	14
	= progressing with slippage/ deviation from plan	7
	= not on track	3

- 3.3 in relation to those actions which are due by 31<sup>st</sup> October 2018 the position is mixed with progress being made but timescales slipping against plan;

	= completed	0
	= on track	2
	= progressing with slippage/ deviation from plan	3
	= not on track	0

- 3.4 The three actions which are rated 'red' (off track) include one which is rated this way because of incomplete reporting due to recent IT issues. An update will be provided once the status of this action has been verified.
- 3.5 The remaining 'red' rated actions relate to 3.3 and 6.2. Action 3.3 is to *“develop a system-wide programme of staff engagement, using personal narrative to reflect person centred approaches in various care settings, to ensure that Happy, Healthy at Home is owned by staff at all levels in all parts of the system. Make sure benefits of the vision for each stakeholder group are clearly articulated.”*
- 3.6 This action is significant and will require concerted effort and prioritisation. To date too much expectation has been placed on in-house communications and engagement teams across partner organisations to deliver this work alongside existing commitments. Additional resources are likely to be required on a temporary basis to support the system to address action 3.3. This has been discussed with ICB and a proposal to address resource requirements has been requested.
- 3.7 Action 6.2 is also rated 'red' *“Safeguarding Adults Board to seek assurance from all local partner organisations on the compliance and effectiveness of their Mental Capacity Act training arrangements”*. Although this has not been progressed to date, there is a plan to address it at the November SAB meeting.
- 3.8 The timeliness of delivery of actions is an issue in roughly 1/3 of all actions. In some cases this has been addressed by agreeing revised delivery timescales (a change log detailing those actions is available if helpful). In other cases delivery is progressing but it is considered that additional focus and prioritisation will be required. Monthly exception reports to ICB will help to address this.
- 3.9 It should however be noted that 14 out of 26 actions are rated 'green' (on track) with a further two actions having been completed ahead of schedule. The work of colleagues to achieve this is to be commended.

#### **4. OTHER CONSIDERATIONS**

- 4.1 At the meeting of the Health and Wellbeing Board on 24<sup>th</sup> July 2018 a report was received on the Prevention and Early Help programme. Indirectly this work is connected to the CQC action plan. Both pieces of work emphasise the development of thirteen Community Partnerships across Bradford District and Craven, and note the importance of widening participation in these Partnerships.
- 4.2 Similarly at the 4<sup>th</sup> September meeting of the Health and Wellbeing Board a report was received on the One Workforce programme. This is also indirectly connected to the CQC action plan. Both are mutually reinforcing and emphasise the importance of partnership with providers in the care sector specifically.

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

There are no financial issues arising.

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

There are no significant risks arising out of the implementation of the proposed recommendations.

## **6. LEGAL APPRAISAL**

There are no legal issues arising.

## **7. OTHER IMPLICATIONS**

### **7.1 EQUALITY & DIVERSITY**

This report does not recommend any change to a policy, practice, strategy, service or function of the Council. It simply updates on progress against a previously agreed plan of action. Therefore there is no equality assessment.

The CQC action plan relates to the functioning of the health and care system for people aged 65 years and over. Therefore the completion of actions which improve the health and care system for this group will have a positive impact on age related equality objectives.

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

None

## **9. RECOMMENDATIONS**

- (1) That the Health and Wellbeing Board notes the progress with the delivery of the CQC action plan.**
- (2) That ICB be requested to support communications, engagement and organisational development colleagues to devise a new plan for the delivery of action 3.3 of by December 2018.**

## **11. APPENDICES**

Appendix A is the CQC action plan, with progress notes and RAG ratings against each action.

## **12. BACKGROUND DOCUMENTS**

The CQC's report of their Local System Review of Bradford District can be found on their web site at [Local system review: Bradford | Care Quality Commission](#).

Ref.	Theme	Action	Owner	Status	Due		
<b>1. System leaders need to address issues around quality in the independent social care market with a more proactive approach to contract management and oversight</b>							
1.1	3	Establish Service Improvement Boards for home care and care homes, and an over-arching quality forum to coproduce a single market position statement which shifts from reactive annual activity towards a population focus defining the size and desired constitution of the future market shape.	ECB	open	31/12/18	UPDATE 28/09/2018 – 40% complete – on track • Both service improvement boards established. • MPS work yet to start. New AD in post from early October who will be prioritising the work	
1.2	3	Undertake fair cost of care modelling exercise with providers drawing on CIPFA (Chartered Institute of Public Finance and Accountancy) Guidance and use to inform re-commissioning of the frameworks for regulated services - enabling a shift from annual fee setting processes to a long term settlement.	ECB	open	31/12/18	UPDATE 28/09/2018 –on track • Modelling work underway • Working group now established • New AD for HWB dept will be joining the working group from October	
1.3	3	Examine potential to embed principles and meet the cost of implementing the living wage and Unison Ethical Care Charter within reviews of frameworks for care homes, home care and supported living.	ECB	open	31/12/18	UPDATE 28/09/2018 –on track • Ethical care charter and living wage embedded as part of the recommissioning of the new home care contract. • AD within HWB Dept will be progressing the other framework areas.	
1.4	3	Explore opportunities to introduce a common framework of competences (skills) and competencies (attributes) for integrated working across health and social care across all provider settings.	IWPB/Health and Social Care Academy Leadership Group	open	31/12/18	Positive progress with inclusion of BCA alongside Skills for Care in the relevant IWPB programme. Expected outputs are.... BCA also involved in Out of Hospital Programme which oversees development of Community Partnerships (formerly Primary Care Homes) - enabling alignment and integration at a practical local service delivery level. This will support strategic aims to develop career paths and team/ 1:1 support for better safety, care, and efficient use of resources. Consider deliverables by 03/19 - this is an ongoing action	
<b>2. Building on good relationships that exist between stakeholders such as VCSE organisations and GP alliances, this needs to be extended to the independent care sector</b>							
2.1	3	Work with independent care sector to review participation in local partnership, governance and programme delivery arrangements. To include (but not limited to): ICB, Health and Care Partnership Boards, Provider Alliances, Out of Hospital programme board	ICB (to coordinate)	open	31/12/18	The Integration and Change Board, and the Out of Hospital Programme Board have all considered their membership and as a result representatives of the Bradford Care Alliance (providers of home care and care homes) are now active participants in these system governance and partnership arrangements. We expect participation to continue to evolve, and suggest that the action can now be closed as complete	
2.2	3	Programme Management Offices/ support for local partnership arrangements to consider how to operate with greater flexibility to enable participation by wider range of stakeholders without relying on meeting attendance	ICB (to coordinate)	open	31/12/18	A collaboration between communications teams has started work. One expected output of this will be to ensure regular two way communication with those working in all parts of the health and care system. Anticipate detailed proposals in Winter 2018.	
2.3	3	Work with the independent care sector to be actively involved in shaping how as a system we attract, recruit, develop and retain a high quality workforce across the wider health and care system	IWPB/Health and Social Care Academy Leadership Group	open	31/03/19	Positive progress with inclusion of BCA alongside Skills for Care in the relevant IWPB programme. Expected outputs are.... BCA also involved in Out of Hospital Programme which oversees development of Community Partnerships (formerly Primary Care Homes) - enabling alignment and integration at a practical local service delivery level. This will support strategic aims to develop career paths and team/ 1:1 support for better safety, care, and efficient use of resources. Consider deliverables by 03/19 - this is an ongoing action	
<b>3. Leaders need to ensure that outcomes are person centred and caring in line with the vision and strategy</b>							
3.1	1	Develop an agreed approach to system development to support delivery of strategy and vision	OD Network	open	31/10/18	A system wide OD network has been established on a voluntary basis and accepted by the Integration and Change Board as the 'system development enabler'. A diagnostic analysis has been undertaken using a recognised OD framework (Burke Litwin). ICB has agreed to resource the development of the network, validation of the diagnostic, and creation of a system development plan which responds to identified priorities and supports achievement of our strategy. The system development strategy is anticipated to be wrtten and agreed by Winter 18/19, with implementation thereafter.	
3.2	1	Roll out the agreed common set of values/principles for integrated working across all organisations, to help foster a culture of being part of one system with a common purpose	IWPB	open	31/03/19	Progress with establishment of 'system development' enabler and start of 'comms and engagement' network. A concerted plan of action, with appropriate resource now needed to move this forward. IWPB annual review will help clarify actions, owners, resources etc required - needs a push and support	
3.3	1	Develop a system-wide programme of staff engagement, using personal narrative to reflect person centred approaches in various care settings, to ensure that Happy, Healthy at Home is owned by staff at all levels in all parts of the system. Make sure benefits of the vision for each stakeholder group are clearly articulated	Comms and Engagement Network	open	30/06/19	Progress with this action is slower than planned and is expected to remain so, without changes in the level of resource and/or the priority accorded. Comms and engagement teams are tremendously busy, and have been asked to focus on other priorities. Additionally the assumption that this action could be completed within existing comms resource is potentially wrong. It is suggested that next steps are; revise the delivery date, and find more capacity (by freeing up existing resources and/ or bringing in additional)	
3.4	1	In recognition of the challenges posed by differing national requirements placed on organisations that are trying to work together; develop a common framework for the next level of collaboration, addressing shared decision making and integrated commissioning and delivery.	Health and Care Partnership Boards	open	31/12/18	Working parties established by both HCPBs including legal support, and joint workshops planned between the two partnerships to refine content of 'Partnership Operating Framework'. On track to agree principles and ways of working by December 2018, and to have signed MoU/ Agreements by March 2019.	
3.5	3	Establish learning and improvement processes through which the system will support providers with common themes and systemic issues emerging from CQC (and other quality) inspections.	ICB (to coordinate)	open	31/10/18	CCG Quality Team has undertaken an audit of local provider CQC reports to identify common themes. Next step to test with provider quality leads to agree approach to mutual support	
3.6	4	CQC consider best practice is the ethos of not moving frail people between wards in the hospital where possible – however they observed occasions where this didn't happen in practice during the review. The system to stress test how embedded this approach is in practice, and develop a method of assurance through which partners hold each other into account to hold true to the principles during periods of stress within the system such as winter peak flow.	Trusts	open	30/09/18	ANHSFT is implementing a Flow Matron within the hospital and within this role is the requirement to determine a baseline position and develop the requirements to reduce this to the lowest possible place, including the monitoring and provision of assurance. BTHFT is aware that this is still a concern which it is actively addressing. Although safeguards have been put in place in relation to the assessment of the appropriateness of a ward move for individual patients, a process of monitoring and assuring their outcome and experience is not fully in place (apart from a daily review of any reported harm). It is expected that the implementation of the command centre will support the focus on reducing the movement of patients	
<b>4. NICE guidance recommends that, apart from some exceptions, domiciliary care visits should not be shorter than half an hour. The commissioning of 15 minute domiciliary care visits needs to be reconsidered as concerns had been raised about the provision of care being task focused rather than person centred and leading to an increased risk of medicines errors.</b>							
4.1	3	review current commissioning policies and move towards outcome based contracting arrangements <b>for personalised support at home</b> , rather than time/ task focused commissioning	CBMDC	open	31/10/19	approach to outcome based commissioning co-produced with independent care sector providers, and market shaping and contracting exercises that align home care with community partnerships actively progressed	
<b>5. There needs to be clearer signposting systems to help people find the support they need, particularly for people who fund their own care.</b>							
5.1	4	Review current arrangements with the aim of implementing an integrated/ aligned single point of access, which allows for easy access, smoother customer journey, and enhanced communication between services	Out of Hospital Programme Board	open	30/06/19	Goal of simplifying access arrangements have been explored at out of Hospital Programme Board and at both HCPBs. Now being taken forward via 'care coordination' project, and development of ICS approach to out of hours and urgent care responses. Timescales to be kept under review as projects develop	
5.2	3	Review <b>the current information advice and guidance offer</b> available to people and their families to help them make informed decisions on care options (particularly re long term care options) <b>and enhance the front door offer through strengths based conversations and digitally enabled options to connect people to support</b>	CBMDC	open	31/03/19	Reviewing the current documentation is part of the Impower actions. The Fast Forward Phase will be complete January 2019	
<b>6. Although good work was in place with the local authority MCA and best interest assessment team, system leaders need to ensure that staff in health services and independent social care provider services have a better understanding of peoples rights and are able to understand the lifestyle choices that people make. System leaders need to address the fact that some peoples experience is not consistently good and person-centred.</b>							
6.1	4	Continue roll out of Mental Capacity in Practice training to strengthen understanding of how to capture and uphold people's wishes, feelings and beliefs within care and support planning and delivery and refresh the offer in keeping with the new Multi-Agency Safeguarding Adults Procedures implementation programme.	Safeguarding Adults Board	open	31/03/19	We have continued with this roll out across services. Take up of the MCA training offer is sporadic. More training is planned.	
6.2	4	Safeguarding Adults Board to seek assurance from all local partner organisations on the compliance and effectiveness of their MCA training arrangements	Safeguarding Adults Board	open	31/03/19	Not yet complete. Will go to SAB in November.	
<b>7. There is potential to build primary care capacity and to maximise the impact of the primary care home model; the commissioning approach to primary care needs to maximise the outcomes from the two at-scale GP models emerging in Bradford.</b>							
7.1	2	Develop plans to align approaches to locality working (primary care homes, ward teams etc)	Health and Care Partnership Boards	open	31/12/18	Issues of geographical alignment and mutual participation in ward forums/ community partnerships explored at HWB (July 2018). Progress beign made on mutual understanding and participation - e.g. elected members connected to their local Community Partnerships and in receipt of local JSNA information. Ideal of coterminosity of wards and community partnerships considered to be a long term goal that should not stop progress being made.	
7.2	2	Keep looking outwards and bringing more people together. Test how effectively current partnerships are fully inclusive of diverse and differentiated viewpoints and agendas. (e.g. community pharmacy, dentistry, optometry, VCS organisations large and small, faith organisations, housing organisations, tenants and residents associations)	Health and Care Partnership Boards	open	31/03/19	Community partnerships are growing and reaching a wider range of participants including community pharmacy, local councillors and council staff, a wider range of VCS organisations, as well as becoming closer to community groups themselves. The direction of travel and progress made is positive. In order to complete this action (which will require repetition at regular intervals) our system should now embed a 'back stop' process to ensure that all partnerships consider participation and inclusion at least annually.	
7.3	2	Build on strength of community anchor involvement in communities/ locality working, to maximise VCS engagement	Health and Care Partnership Boards	open	31/03/19	As above - through a network of established community anchor organisations, progress is being made to engage the VCS widely	
<b>8. Although information sharing and governance was well-developed, system leaders need to consider how to streamline processes when people are discharged from hospital with less reliance on paper based systems.</b>							
8.1	4	Investigate and eliminate the use of fax machines, with all partners committing to support a consistent approach	Digital 2020	open	31/10/18	All local Trusts have committed to achieve this goal and plans for the elimination of the use of faxes have been verified for some but not all organisation. Where they exist, plans are owned by CCIos and coordinated and overseen by Digital 2020 on behalf of the wider system. The planned delivery date will not be met - a new planned delivery date will be agreed once all individual organisational plans are in place.	
8.2	4	Subject to feedback from the pilot, roll out the new SystmOne EDSM (Enhanced Data Sharing Module) across the District.	Digital 2020	open	31/12/18	the Systm One EDSM module has been rolled out throughout the Bradford District to all general practices. CCG continues to support its use and implementation as 'business as usual' - but project to roll out has been successfully completed.	
8.3	4	Review current data sharing and information governance procedures across the health and care system with a view to developing an approach that addresses barriers and supports integration.	Digital 2020	open	31/03/19	Digital 2020 has developed a blueprint for the future data architecture required to ensure data sharing and population health management is enabled and IG compliance maintained. This has been endorsed by ICB and investment into system wide resources has been made. Recruitment to roles has been slower than planned which means that the target date for completion is likely to slip. A revised plan will be provided.	
<b>9. Medicines management when people have left hospital needs to be improved to reduce the time people have to wait for their medicines and to ensure that social care providers and people returning to their own homes have a clear understanding of the medicines they have been prescribed</b>							
9.1	4	CQC observed low levels of self administration on wards – noted that this helps people to retain/ regain independence and should be promoted. Consider how to strengthen this	Trusts	open	31/10/18	ANHSFT has implemented self-administration of medicines within one ward and plans are in place for a second ward. In addition a plan is being developed to roll this out to the rest of the wards where it is considered appropriate. BTHFT maintains that self administration of medicine should be managed in a planned way and as part of a rehabilitation programme, in a rehabilitation setting. This provides the focus of the reviews and actions being taken.	
9.2	4	Review medicines supply and usage along pathways including home, hospital and residential/ nursing care settings, applying best practice - including Red Bag scheme; ensuring people and their carers have a clear understanding	A&E Delivery Board	open	31/03/19	no update provided yet due to CCG IT issues - will be updated in w/c 22nd Oct	

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## **Report of the Strategic Director of Health and Wellbeing to the meeting of Bradford and Airedale Health and Wellbeing Board to be held on Tuesday 13<sup>th</sup> November**

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**H**

### **Subject:**

#### **Chair's Highlight report:**

Health and social care partnership update – One Workforce  
Joint Health Wellbeing Strategy (JHWS) logic models  
Bradford District Plan annual progress report  
Sub group updates – ECB and ICB

### **Summary statement:**

The Health and Wellbeing Board Chair's highlight report summaries business conducted between Board meetings. November's report includes an update on the Health and Social Care Partnership with a focus on the One Workforce programme, a request to sign off the logic models approach, to sign off the District Plan Annual progress report and updates from the Board's sub- groups.

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### **Portfolio:**

**Healthy people and places**

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

**Health and Social Care**

## **1. SUMMARY**

The Health and Wellbeing Board Chair's highlight report summaries business conducted between Board meetings. November's report includes an update on the Health and Social Care Partnership with a focus on the One Workforce programme, a request to sign off the logic models approach, to sign off the District Plan Annual progress report and updates from the Board's sub-groups.

## **2. BACKGROUND**

As the report covers multiple items, the background to each item appears together with the update in Section 3 below.

## **3. OTHER CONSIDERATIONS**

### **3.1 Health and social care partnership – One Workforce update**

3.1.1 An Invitation to Tender/specification will be advertised the beginning of November for a consulting group to:

1. Establish a formal Health and Social Care Economic Partnership Board with agreed scope, structural and governance arrangements as well as the identification of plans and deliverables in the broader region in order that Bradford's uniqueness in this sector can be recognised and celebrated
2. Develop the One Workforce Academy involving key stakeholders and partners to set out the case for change, identifying critical success factors as well as constraints to the successful development of the Academy.

3.1.2 Summary and Timeline:

- The successful consulting group will be identified in December
- In the New Year their work will commence and will cover an 18 month period of time
- Also in the New Year, Skills House will be beginning to establish their professional presence on the Health and Social Care landscape through training and recruitment working across the District with Partners, Stakeholders, other employers and unemployed people/candidates
- Recruitment of staff to support the One Workforce Programme Director (currently interim) will begin in December so people are in post by the spring.
- Consultancy work will produce communication and engagement plan(s) with the expectation that we will have a One Workforce Launch in 2019.
- Given the amount of work to establish a fit for purpose Academy (scope, negotiation, curriculum design, partner resource implications and demand on the Academy), it is expected to be mid 2020 before the One Workforce Academy is formally open for business.

### **3.2 Joint Health Wellbeing Strategic logic models**

3.2.1 Our Joint Health and Wellbeing Strategy sets out our ambition for a happy and healthy Bradford District. We will make the progress we are making towards that



ambition by people living longer, more people living more years in good health, and a reduction in the gap in life expectancy between our most and least deprived areas. It, however, takes time to see changes in such overarching measures of our health and wellbeing, and so we need different measures in the short term.

- 3.2.2 A logic model has been developed taking us from our strategies and plans, and the actions that we will take as part of these, to the output measures that tell us whether we did what we said we would, and the outcomes measures that tell us if what we did has made a difference. The logic model approach was supported by the Health and Wellbeing Board (HWB) in September 2018.
- 3.2.3 There were some asks from the HWBB at this time. Firstly assurance that the measures in the logic model are aligned with other high level plans and strategies; this has been done through consultation with partners over the last 2 months. Secondly, there was a request that where available, data on inequalities is presented for relevant outcome measures; this has been incorporated into the annual outcome report. Thirdly, given the breadth of the strategy and the corresponding large number of indicators outlined in the logic model, there was an ask that the indicators be refined to focus on those that matter the most; again this has been done in partnership with the relevant people.
- 3.2.4 The final logic model is attached (See Appendix 1). An annual outcomes report is in development – this will provide an update on the outcomes that we said we wanted to achieve in our strategy, and will be prepared on an annual basis for the HWBB. A performance framework is also in development; this will be available to the HWBB on a quarterly basis, and will report on a number of process measures, giving the HWBB assurance that actions and plans are being implemented successfully. (See Appendix 2)

### **3.3 Bradford District Plan annual progress report**

- 3.3.1 The Bradford District Partnership (BDP) brings representatives of the public, private, voluntary and community sectors together to work to improve the quality of life for all who live in, work in and visit Bradford District. The BDP acts as the strategic body (family of partnerships) which enables partners to come together to focus on current issues and future challenges, and to coordinate, facilitate and challenge delivery.
- 3.3.2 The BDP's main purpose is to harness the collective resources of the district to drive delivery of the outcomes outlined within the District Plan 2016-20. The District Plan sets out the district's vision and priorities for action. It also provides a performance framework for accountability, while at the same time highlighting the coordinated effort needed across organisations to deliver our shared outcomes.
- 3.3.3 Individual BDP partnerships have taken lead responsibility for each of the outcomes and report back to each relevant Overview and Scrutiny Committee on a regular basis. The BDP outcomes covered by each of the Partnerships are as follows:

<b>District Plan Outcome</b>	<b>Responsible BDP Partnership</b>
Better skills, more good jobs and a growing economy	Bradford Economic Partnership

A great start and good schools for all our children	Children's Trust
Better health, better lives	Health and Wellbeing Board
Safe, clean and active communities	Shared between the Community Safety Partnership, and the Integration/Safer Communities Partnership
Decent homes that people can afford to live in	Bradford Economic Partnership

3.3.4 The annual report presented in this report (See appendix 3) focuses on the overall achievements from 2017/18 and future challenges for district partners, presented outcome by outcome.

3.3.5 Performance is monitored on a regular basis throughout the year through the District Plan performance management framework, details of which are updated on a regular basis on the [BDP web site](#).

3.3.6 Following updated BDP governance arrangements at the beginning of 2018, the Health and Wellbeing Board is now the lead Partnership within the BDP family, and therefore as well as having responsibility for delivery of the Better Health Better Lives outcome, has overall responsibility for overseeing the delivery of the District Plan.

3.3.7 The annual report reflects on progress for the 12 months up to the end of March 2018, with a narrative providing full analysis of progress and any on going challenges. The annual report gives some insight into the drivers behind poor and positive performance against the District Plan success measures. However live performance data and intelligence, on the District Plan measures amongst others, is available by clicking through the links on the District Dashboard (available on the Bradford District Partnership web site). At any time this will provide the most recent data and information available to the Council.

#### 3.3.8 Progress report 2017/18 – key highlights

The full progress report for 2017/18 is presented at appendix 3. For each outcome this presents:

- A reminder of the ambition from the District Plan
- Progress on success measures with status and trajectory to the 2020 target
- Analysis and commentary on the progress
- More detailed case study of successful projects

3.3.9 Some highlights from the report are presented below, outlining progress made for each outcome.

3.3.10 Better skills, more good jobs and a growing economy

- a) Productivity in Bradford was the highest of any city in the north as measured by GVA per worker.
- b) Bradford has been chosen to be a lead city in developing an innovative approach in using drones to help address challenges around such issues as environmental management, disaster response, and helping to position the district as a test-bed for further innovation.
- c) The Economic Strategy was launched to both a Bradford and a London audience.
- d) The Economic Partnerships has successfully lobbied along with other organisations for Bradford to have a rail stop on the new direct Northern Powerhouse route between Manchester and Leeds.
- e) The City Centre Growth Scheme continues to support new business to move into the City Centre and existing businesses to grow. The last 12 months saw 11 businesses being awarded Business Rate Rebates in recognition of their job creation.
- f) Bradford was named by Barclays as the best place to start a business in the UK.
- g) Get Bradford Working (GBW) supported its 3,000<sup>th</sup> person into work, and is featured on the Local Government Association website as a case study of local employment and skills programmes.
- h) Bingley Music Live was a resounding success in it's 11<sup>th</sup> Year.

#### 3.3.11 Great start and good schools for all our children

- a) Bradford was awarded Opportunity Area (OA) funding receiving £11 million over 3 years to promote social mobility through a partnership approach to education. Teacher recruitment and retention is identified as a priority in the OA. Since then the Council has run a series of bus tours taking trainees into schools leading to more than 200 talented teachers choosing to start their career in Bradford over the last two years.
- b) The Innovation Bid has been implemented for B Positive Pathways; this focuses on keeping teenagers out of care.
- c) Bradford has created more than 9000 additional primary school places since 2010 after successfully securing Government funding
- d) The Advance Manufacturing and Engineering ICE (a partnership with employers) was a finalist for the prestigious national TES Employer Engagement Award. They have recruited 2,974 young people to date, exceeding its target of 1500.
- e) The Education Covenant grew significantly with 20 Community Champions signed up

#### 3.3.12 Better health, better lives

- a) Bradford Beating Diabetes (BBD): This programme has focussed its attention on supporting people who are at high risk of developing Type 2 diabetes to delay or prevent the onset of the disease and is supported by Bradford becoming a demonstrator site for the National Diabetes Prevention Programme.
- b) The district continues to have one of the lowest rates of delayed transfers of care (DTOC) nationally and continues to minimise the use of hospital beds following emergency admission.

- c) Although our care population is rising, we continue to out-perform our statistical neighbours.
- d) Bradford Social work: Bradford has been awarded over £600,000 to become a Teaching Partnership (with Bradford University, Bradford College and Bradford Council), the only standalone Teaching Partnership in the country.
- e) National capital investment was secured into specialist children's mental health services that will enable more young people to receive care closer to home.
- f) Bradford has been held up by West Yorkshire Police as an exemplar of good practice for our Missing Policies and Procedures.
- g) Cleaner engine technology has been retrofitted to 25 service buses and 165 school buses in the city.

### 3.3.13 Safe, clean, active communities

- a) Since the implementation of the Public Spaces Protection Order (PSPO) in May 2017 alcohol has been confiscated 466 times. There were 555 alcohol incidents recorded by the Police for the period 1st April 17 – 31st Dec 17. This is a 25% reduction on the same period the previous year. The reduction for the city centre at 35% is greater than the district as a whole.
- b) The Neighbourhood Hub has brought together the existing hub with the police partnerships team including the new stronger communities' engagement officers.
- c) Bradford has been selected by MHCLG to be part of the integrated communities area-based programme.
- d) Due to the success of the mini grants to support Big Lunches and Great Get Together events, this is being repeated and has also been featured on the Eden Project website and with the LGA as a good practise case study.
- e) The number of volunteers and volunteer placements increased significantly throughout the year.

### 3.3.14 Decent homes that people can afford to live in

- a) We have delivered 188 new affordable homes, mainly as part of the 2015/18 Affordable Homes Programme which has been agreed between Homes England, the Council, and other Registered Social Landlords (RSL's) in the district.
- b) We have improved conditions in 1,012 private sector properties through a combination of financial assistance to homeowners, and enforcement activity, to ensure that private rented accommodation meets basic health and safety standards.
- c) We have delivered around 330 adaptation schemes for people with disabilities to support them living in their own home.
- d) Through the No Second Night Out (NSNO) service we have assisted 739 people who are rough sleeping or at risk of rough sleeping.
- e) A multi-agency response was provided via Bradford Cares, to address the issues of rough sleeping and begging within the city centre. During the year, partners approached rough sleepers and beggars in the centre and assisted them in engaging with the services on offer.
- f) We have resettled 110 vulnerable refugees in the district on a fully-funded basis through a Home Office scheme.

3.3.15 Once approved by the Health and Wellbeing Board the annual report will be published on the Bradford District Partnership web site. The next annual report will be prepared in April/May 2019 providing a view from 2018/19.

**3.3.16 Next step - District Plan performance framework alignments**

As part of the review of the BDP governance arrangements, it was agreed that Partnerships should become more closely aligned. As such work is currently taking place to ensure that reporting is consistent between partnerships to encourage a coherent story of place and brand for Bradford. This work includes bringing together performance management through aligned Logic Models – a tool used to help evaluate the effectiveness of programmes. This step has been supported by the chairs and deputy chairs of each of the BDP Partnerships.

3.3.17 This is also an opportunity to capture the new emerging performance indicators/success measures being set by the Partnerships to align with their new strategies – for example the new Bradford Economic Strategy. The detail of this along with the updated performance management framework will be presented to this Committee at a future date, as a means of supporting the Committee in its role overseeing the delivery of the District Plan

**3.4 Sub group updates – ECB and ICB**

**3.4.1 Executive Commissioning Board**

3.4.1.1 ECB met on 26<sup>th</sup> October 2018 and discussed a number of key integrated commissioning projects. An update of the progress of recommissioning of the Carers Service was presented to the Board. The process has involved significant consultation exercises with carers and their families in order to ensure that a broad range views were considered through the process. The work stream continues to be monitored by ECB. An item was also brought to the Board for discussion of a new piece of joint commissioning work around services for young carers bringing together the currently separate contractual and monitoring arrangements.

3.4.1.2 A progress update on the Transforming Care Partnership for people with Learning Disabilities and Autism was brought for discussion, detailing the progress made within the Bradford district and Airedale, Wharfedale and Craven. In addition, discussions were held around the fair cost of care and the CQC action plan progress.

3.4.1.3 The next meeting will take place in November.

**3.4.2 Integration and Change Board**

3.4.2.1 The Integration and Change Board met on 26<sup>th</sup> October. The main focus of the meeting was on financial and business planning for the year ahead. ICB agreed that as a health and care system we would use the current planning round to refocus investment in accordance with our Happy Healthy at Home plan. We will make differential investments to support the 'left shift' emphasising our focus on prevention, rather than investing equally in all portfolios. ICB noted that clarity of plans will be critical and a shared approach to the engagement of regulatory bodies will be required, along with clear shared management of system risks.

3.4.2.2 ICB also reviewed progress against ambitions for coherent communication and marketing of our place. While noting the level of hard work undertaken by teams, it was agreed that a new proposal will be brought forward to accelerate progress in relation to system wide communications. This theme was also reflected in the review by ICB of the CQC action plan, where positive progress was noted.

3.4.2.3 ICB endorsed a sector-led approach to quality improvement and sustainability in care homes and home care services. Subsequently commissioning organisations agreed to provide financial support for the implementation of this plan.

3.4.2.4 The meeting also reflected on the recent system development events (21<sup>st</sup> September and 5<sup>th</sup> October). The importance in supporting a sense of collective action and identity was noted. A specific proposal arising from the Voluntary and Community sector was agreed. This proposal will strengthen leadership and governance, enhance cross sector understanding and support leadership development.

3.4.2.5 ICB also welcomed the development of logic models related to the joint health and wellbeing strategy and agreed to support the further development of logic models related to the happy Healthy at Home plan, which would in time replace the current dashboard arrangements in use at ICB.

3.4.2.6 ICB noted a positive highlight report from the Self Care and Prevention programme, and agreed to support the forthcoming Self Care Week 2018.

3.4.2.7 On 21<sup>st</sup> Sept, ICB hosted the Health and Care development day and opportunity to:

- Enable NEDs and similar to engage in debate about the future from a system (rather than organisational) perspective
- Enable key system partners to meet each other and make cross system connections – relationship building
- Recognise the great stuff that is going on here, and raise awareness of current collaborations, and future plans

3.4.2.8 Review of outputs - During the event participants shared their views on the opportunities and challenges ahead (post-it note exercise). There was a good degree of commonality between the points made and they were grouped into ten themes (described below).

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

If there are no financial issues arising this should be stated, but only on advice from the Assistant Director Finance and Procurement.

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

There are no significant risk management or governance issues arising out of the

recommendations of this report.

## 6. LEGAL APPRAISAL

The Health and Social Care Act 2012 amends the Local Government and Public Involvement Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).

The purpose of a local Health and Wellbeing Board as established under the Health and Social Care Act 2012 is to act as a forum in which key leaders from the Health and Care system work jointly to improve health and wellbeing of their local population.

The Health and Wellbeing Board is responsible for promoting greater integration and partnership between bodies from the NHS, Public Health. The Statutory duty is to produce a strategic needs assessment and a joint Health and Wellbeing strategy for the local population of Bradford.

The Health and Wellbeing Board has limited formal powers and are constituted as a partnership forum rather than an executive decision making body.

Health and Wellbeing boards do not have the powers to take on full range of commissioning, although some can be achieved by the Health and Wellbeing Board being designated as a joint committee of the local authority cabinet and Clinical Commissioning Group governing body or delegating specific functions to the Board.

The specific purpose of the Chair's highlight report is to provide an update as to business conducted in the period of time between Health and Wellbeing Board meetings.

Statutory Guidance on Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) has been published by the Department of Health. In preparing JSNAs and JHWSs Health and Wellbeing Boards **must** have regard to the statutory guidance issued by the Secretary of State.

JSNAs are assessments of the current and predicted future health and social care needs of the local population, produced by Health and Wellbeing Boards.

JHWSs are strategies for meeting the needs identified in JSNAs. Local Authorities and Clinical Commissioning Groups (CCGs) have equal and joint duties to prepare JSNAs and JHWSs, through the Health and Wellbeing Board.

The purpose of JSNAs and JHWSs is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are the basis of continuing strategic assessment and planning. Plans for commissioning services, to improve the public's health and reduce inequalities are informed by relevant JSNAs and JHWSs.

With regard to issues of transparency and accountability JSNA and JHWS outputs must be published (s.192 and s.193 of the Health and Social Care Act 2012). Making them public will inform the local population of the Board's assessment of local needs and how it proposes to address them. It assists in transparency of decision-making and the possibility that the Board can be held to account by the public.

The Logic Model approach has been suggested as a local measure which would evidence progress against the JHWS and, therefore, meeting the requirement to demonstrate progress in improving local health and care outcomes.

The statutory guidance published by the Department of Health stipulates that it is mandatory for Health and Wellbeing Board to meet the Public Sector Equality Duty under the Equality Act 2010, consideration should be given to this throughout the JSNA and JHSW process.

## **7. OTHER IMPLICATIONS**

### **7.1 EQUALITY & DIVERSITY**

The work of the partnerships around the delivery of the District Plan outcomes will include promoting equality for all communities and individuals. A strategic view of equalities is undertaken by the Equalities and Community Relations Strategic Group which reports directly to the Integration/Stronger Communities Partnership. This group focusses on addressing any disproportionate impacts for the people of the district alongside its community relations work. It also enables cross organisation discussions and action planning and ensures equality is embedded in the work of all the partnerships.

This report does not specifically respond to any of the Council's own equality objectives.

### **7.2 SUSTAINABILITY IMPLICATIONS**

There are no sustainability issues arising from this report.

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

Bradford District Plan - Air quality and emissions are included as areas which the BDP needs to focus on in reaching its better health, better lives outcome.

### **7.4 COMMUNITY SAFETY IMPLICATIONS**

Bradford District Plan - The Community Safety Partnership has oversight of district wide activity on community safety, and this report provides an update on their progress. Along with the BDP's new governance arrangements, the Health and Wellbeing Board meetings will include a quarterly focus on each of the outcomes of the District Plan – this will include a contribution from the Community Safety Partnership.

### **7.5 HUMAN RIGHTS ACT**

The Human Rights Act 1998 makes it unlawful for any public body to act in a way which is incompatible with an individual's human rights. Where an individual's human rights are endangered, Local Authorities have a duty to balance those rights with the wider public interest and act lawfully and proportionately. For this highlight



report there are no human rights issues arising, no executive decision making process is being carried out.

## **7.6 TRADE UNION**

There are no trade union issues arising from this report.

## **7.7 WARD IMPLICATIONS**

The work of the Bradford District Partnership has a strong localities focus. The implementation work for the outcomes will have implications for all wards in Bradford District.

## **7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS**

N/A

## **7.9 IMPLICATIONS FOR CORPORATE PARENTING**

N/A

## **7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

N/A

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

None

## **9. OPTIONS**

None

## **10. RECOMMENDATIONS**

1. **One workforce** – the Board notes the progress to date.
2. **JHWS logic model:** The Board approves the logic models and the approach set out to monitor the impact of the JHWS
3. **BDP Plan:** The Health and Wellbeing Board are asked to note the content of the District Plan progress report and
4. **BDP Plan:** Where Health and Wellbeing Board feel that particular areas of work highlighted in the progress report need greater focus or more cross partnership co-ordination, that officers and relevant BDP Partnerships be tasked to take action as appropriate.

## **11. APPENDICES**

Appendix 1: Joint health and wellbeing board logic models

Appendix 2: Annual Outcome Report

Appendix 3: Bradford District Plan Annual Progress Report 2017/2018

## **12. BACKGROUND DOCUMENTS**

Report to Bradford Council's Executive – BDP Governance Changes (6 March 2018)

<https://bradford.moderngov.co.uk/documents/s19393/Doc%20BE.pdf>

Report to the Health and Wellbeing Board – Terms of Reference (17 April 2018)

<https://bradford.moderngov.co.uk/documents/s20004/Document%20O-%20revised.pdf>



# Connecting People and Place for Better Health and Wellbeing

How will we know that we have made a difference? A logic model approach

# Background/purpose (1)

- Our Joint Health and Wellbeing Strategy sets out our ambition for a happy and healthy Bradford District, where people have greater control over their wellbeing, living in their own homes and communities for as long as they are able, with the right support when it is needed.
- We will know that we are making progress towards that ambition by people living longer, (measured by life expectancy), as well as people living more years in good health (measured by healthy life expectancy). Furthermore, a reduction in the gap between the most deprived and least deprived parts of the District will demonstrate a reduction in health inequalities.
- We know however that it takes time to see changes in life expectancy as a result of the action that we take today. In the first few years of this century when life expectancy was improving rapidly, men gained on average 1 additional year of life every 3.5 years, whilst women gained on average 1 additional year of life every 5 years.

# Background/purpose (2)

- Accordingly, we need to consider a range of other measures that can be monitored on a regular basis to provide assurance to the Health and Wellbeing Board that progress is being made against the Strategy. A logic model approach is one way of doing this.
- A logic model takes us from our strategies and plans, and the actions that we undertake as part of these plans, to the output measures that tell us how well we implemented these actions, and the outcomes that result from these actions.
- This paper sets out the overarching measures – linked to life expectancy – that should be monitored on an annual basis as part of the JHWBS.
- It also proposes a logic model – one for each outcome – which describes the way in which we will deliver the JHWBS, and how we will measure the impact of the strategy in the short, medium and long term.
- The logic models contain a number of medium and long term measures (*see ‘how will we know that we have made a difference and how will we know that we have improved peoples’ health and wellbeing?’*)

# Background/purpose (3)

- All of these measures are routinely measured as part of existing outcomes frameworks, and are usually updated on an annual basis. These measures may change year to year, but the changes are likely to be small, with long term trend data needed to judge how much of a difference we are making. These measures are outcome focused.
- Understanding what impact we are having in the short term is more difficult. The logic model, however, proposes a number of indicators that can be measured more frequently and can provide the Health and Wellbeing Board with more regularly available information to support the monitoring of the JHWBS. These measures may also be referred to as outputs and mostly involve counting the activities that we think will accumulate and result in improved outcomes, as specified in the logic model, for people in Bradford District.
- The logic model is a way of knowing whether or not what we have done has made a difference to the health and wellbeing of our population; it does not replace the need for evaluation, which tells us whether or not specific interventions are effective.
- Measures highlighted in red will be routinely reported.

# Overarching outcomes

- **Life expectancy at birth (males & females).**
- **Gap in life expectancy between most and least deprived areas.**
- **Healthy life expectancy (males & females)**
- **Gap between healthy life expectancy and life expectancy.**

**Life expectancy at birth– males** The average number of years a person can expect to live based on contemporary mortality rates

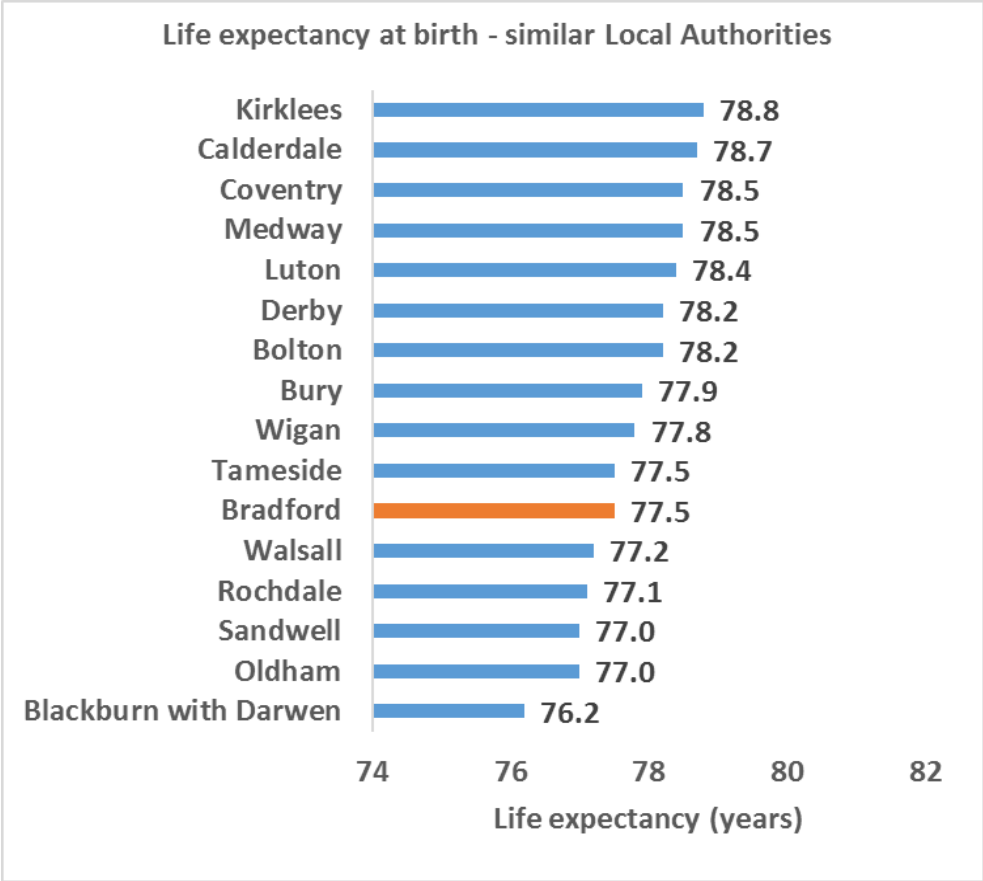
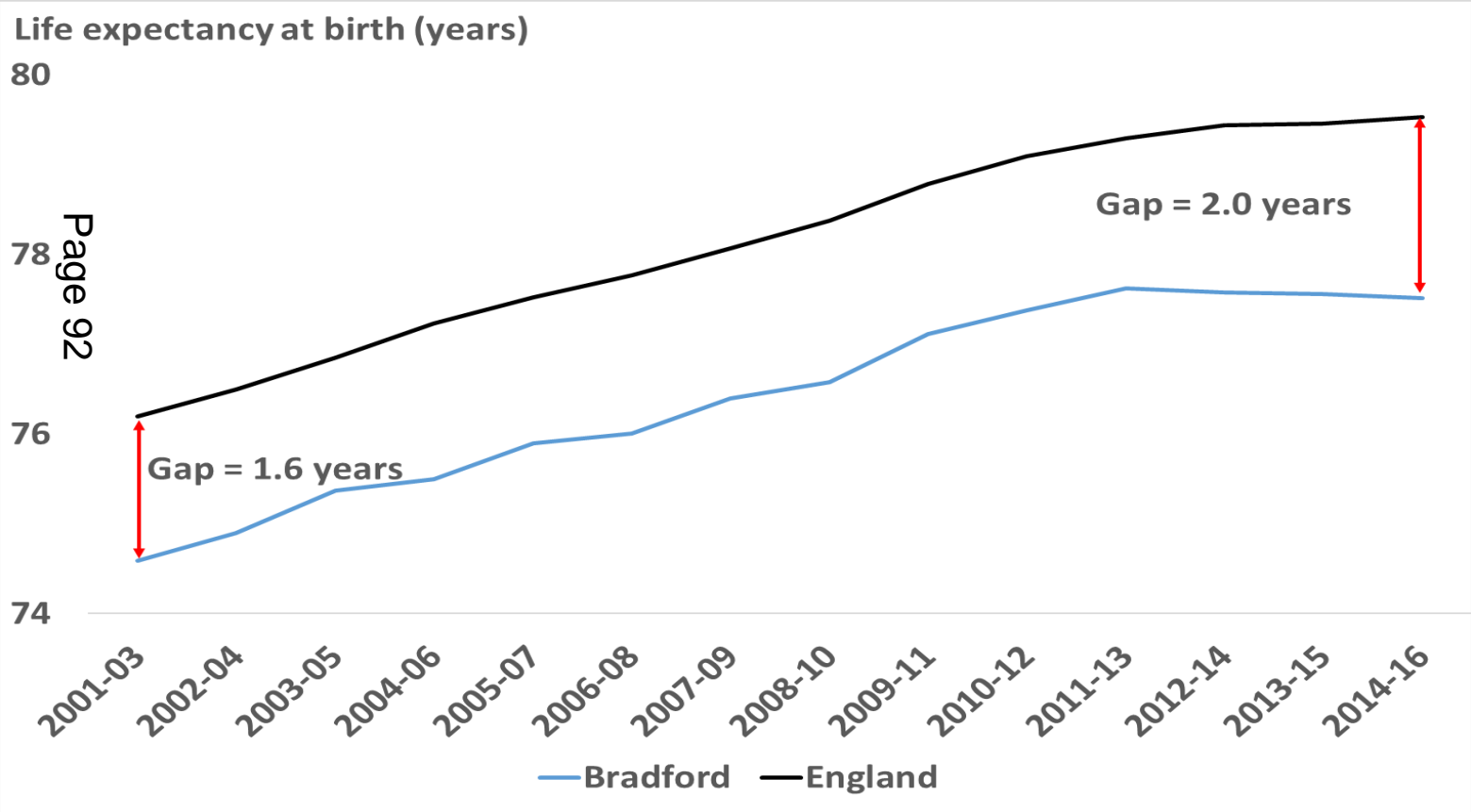
**Latest value**  
**77.5 years**

**Most deprived quintile in Bradford**  
**73.6 years**



**Least deprived quintile in Bradford**  
**80.7 years**

Year	National rank (ranked out of 150)
2001-03	113
2014-16	126



Life expectancy at birth for males in Bradford District has followed an upward trend; however since 2012-14 life expectancy has shown signs of levelling out and the gap between Bradford District and the average for England has widened. Bradford District has the second lowest life expectancy in the region and has seen its national rank fall. A male living in the most deprived area can expect to live 7.1 years less than a male from the least deprived area.



# Life expectancy at birth– females

The average number of years a person can expect to live based on contemporary mortality rates

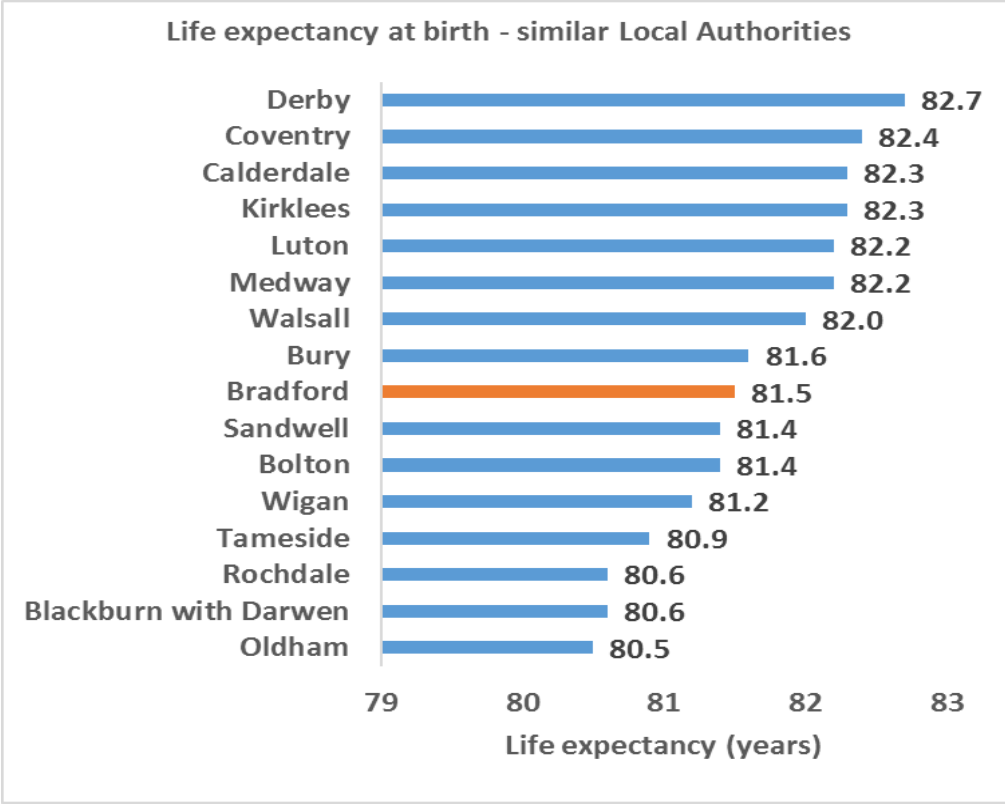
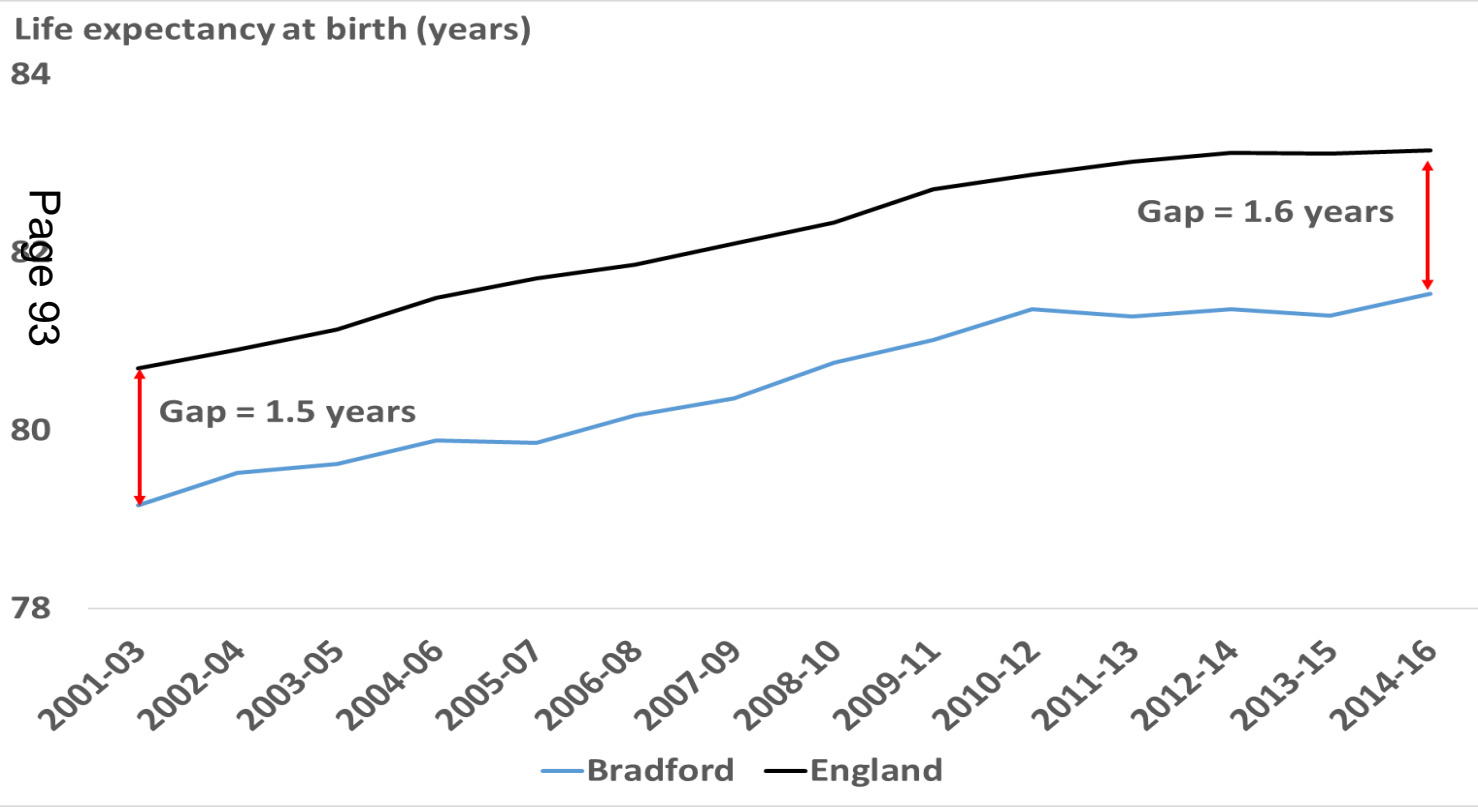
**Latest value**  
81.5 years

**Most deprived quintile in Bradford**  
78.5 years



**Least deprived quintile in Bradford**  
84.9 years

Year	National rank (ranked out of 150 )
2001-03	128
2014-16	125



After a period of levelling off between 2012-12 and 2013-15, life expectancy at birth for females in Bradford District has risen slightly in recent years. However the gap between Bradford District and the average for England shows signs of starting to widen. Bradford District has the second lowest life expectancy in the region but has seen its national rank rise slightly. A female living in the most deprived part of the District can expect to live 6.4 years less than a female from the least deprived.

# Healthy life expectancy at birth – males

The average number of years a person can expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.

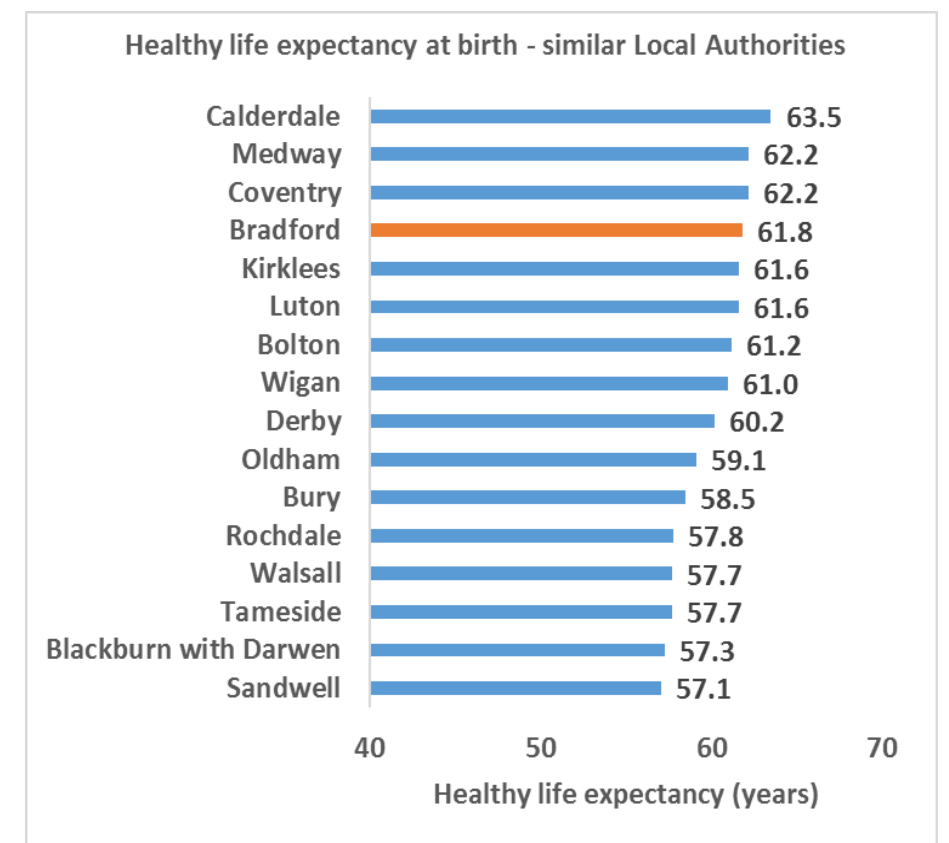
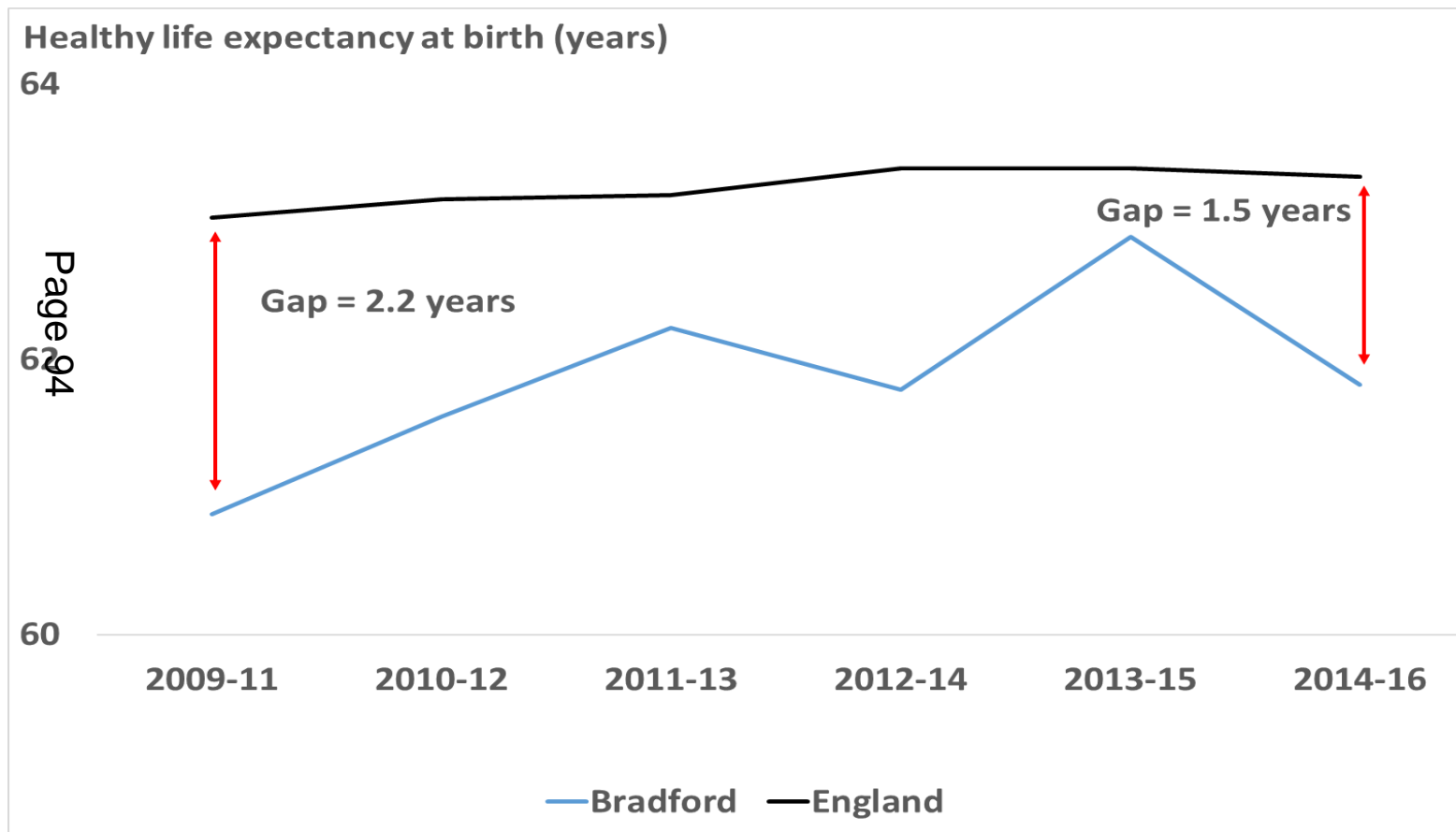
**Latest value**  
61.8 years

**Healthy life expectancy at birth**  
61.8 years

**Years of 'poor' health**  
15.7 years

**Life expectancy at birth**  
77.5 years

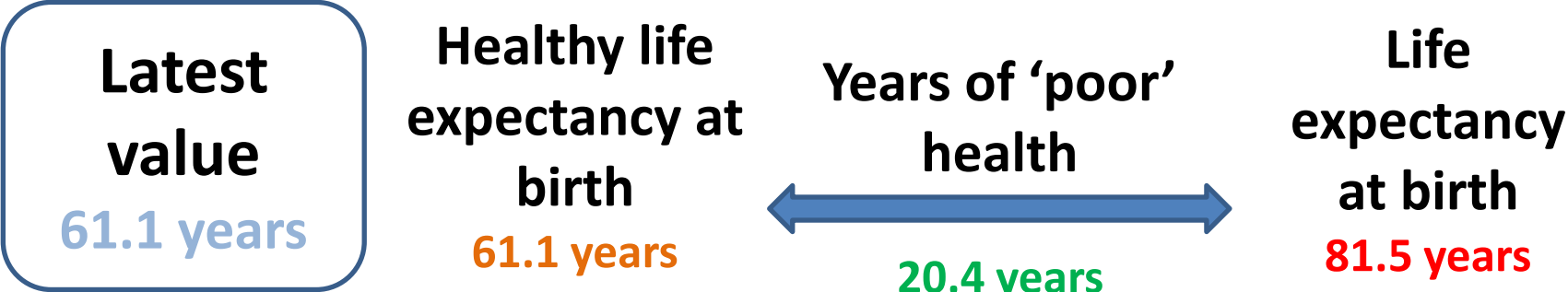
Year	National rank (ranked out of 150)
2009-11	99
2014-16	88



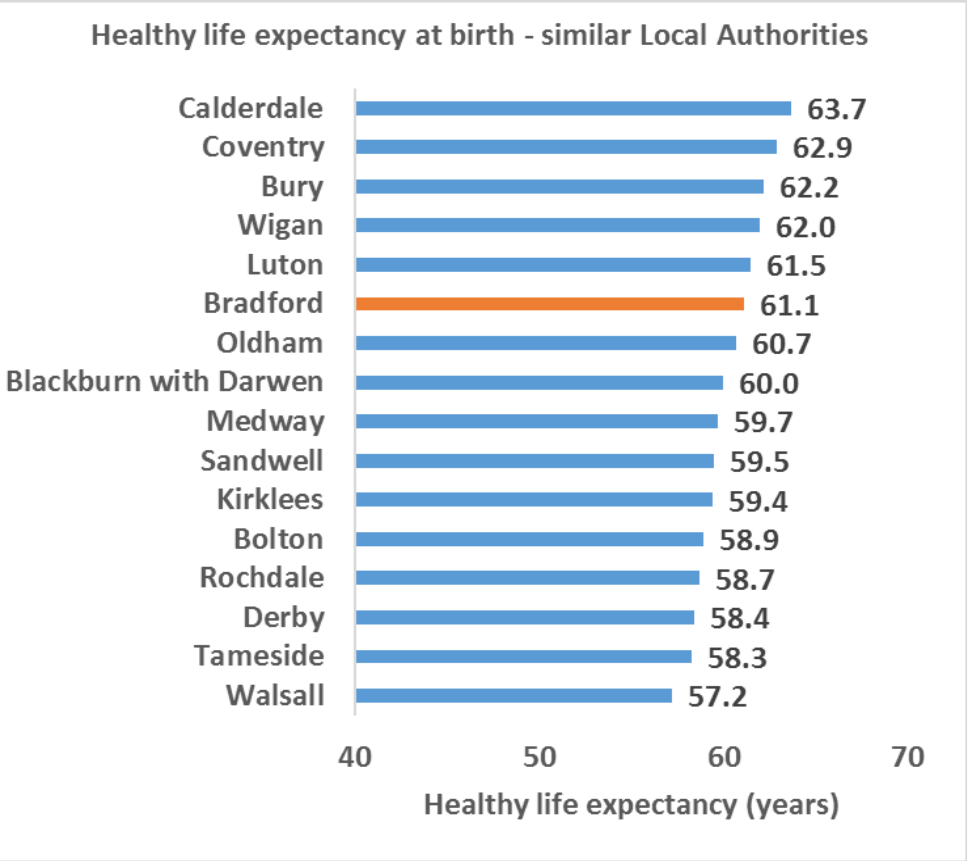
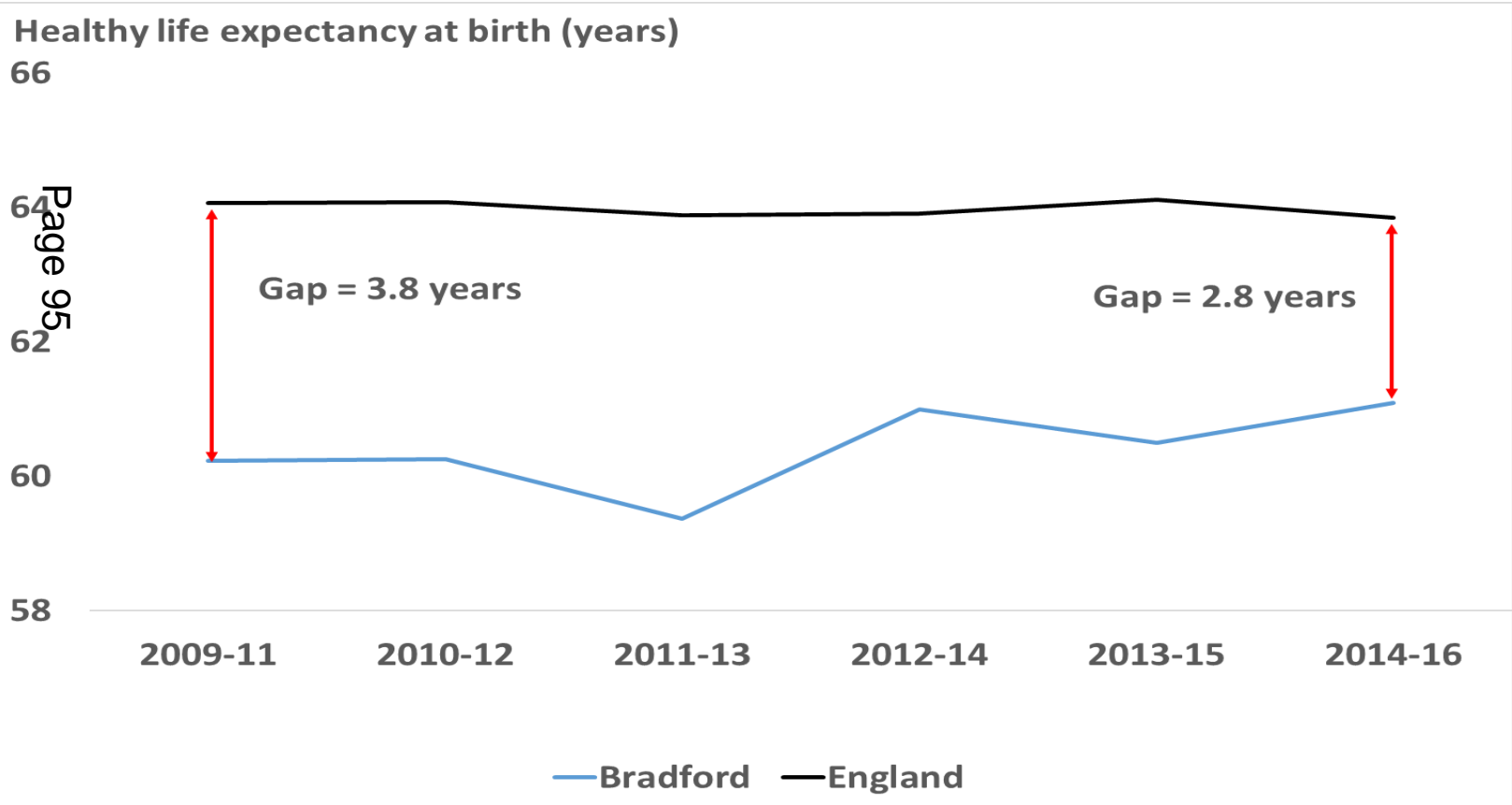
Although healthy life expectancy at birth for males in Bradford District has risen over the last 5 years and is below the average for England, the gap between Bradford District and the average for England has narrowed. When compared to similar local authorities, Bradford District has the fourth highest healthy life expectancy of these Local Authorities and has seen its national rank rise. A male living in Bradford District can on average expect to live 15.7 years in 'poor' health.

# Healthy life expectancy at birth – females

The average number of years a person can expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.

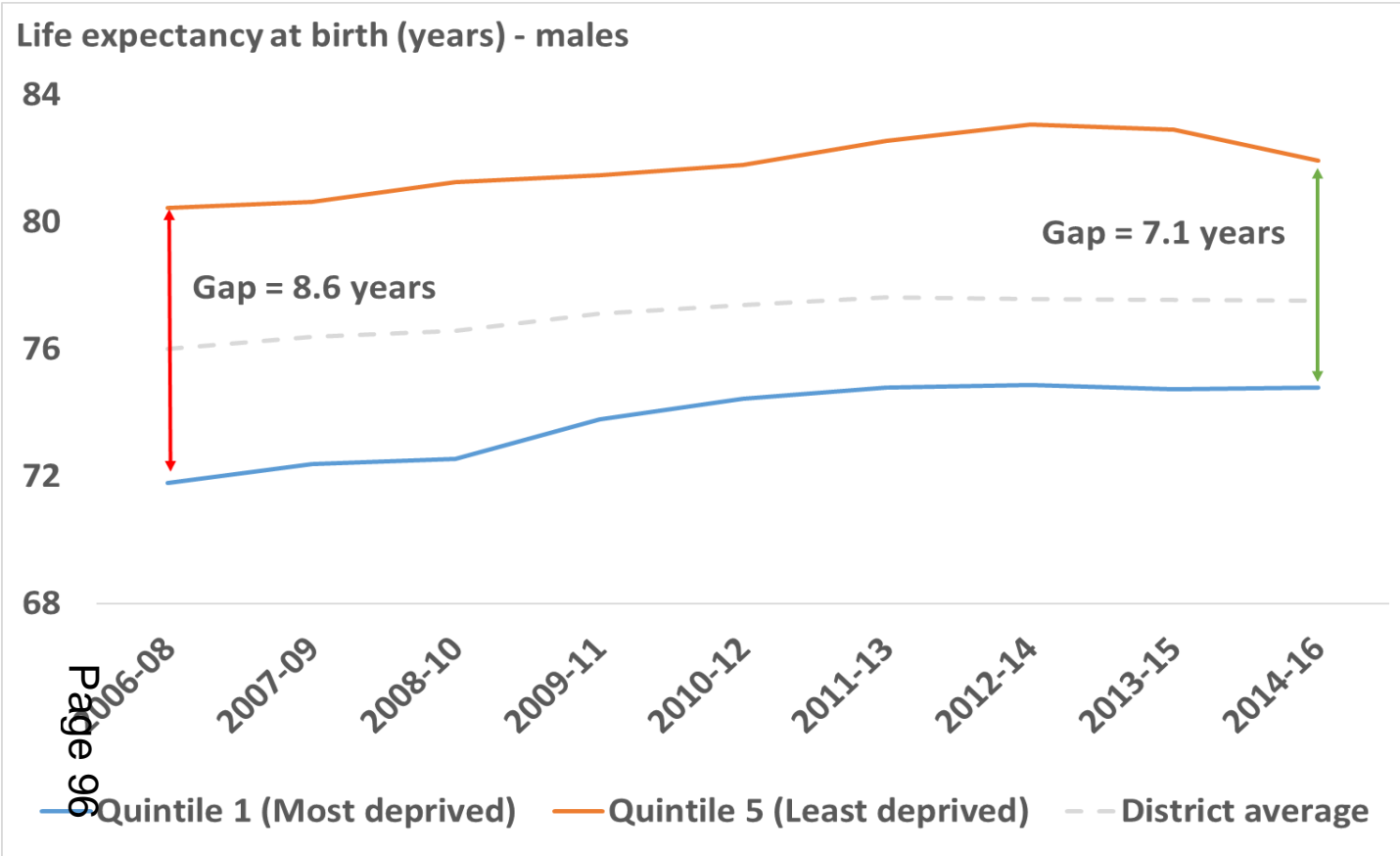


Year	National rank (ranked out of 150)
2009-11	110
2014-16	102

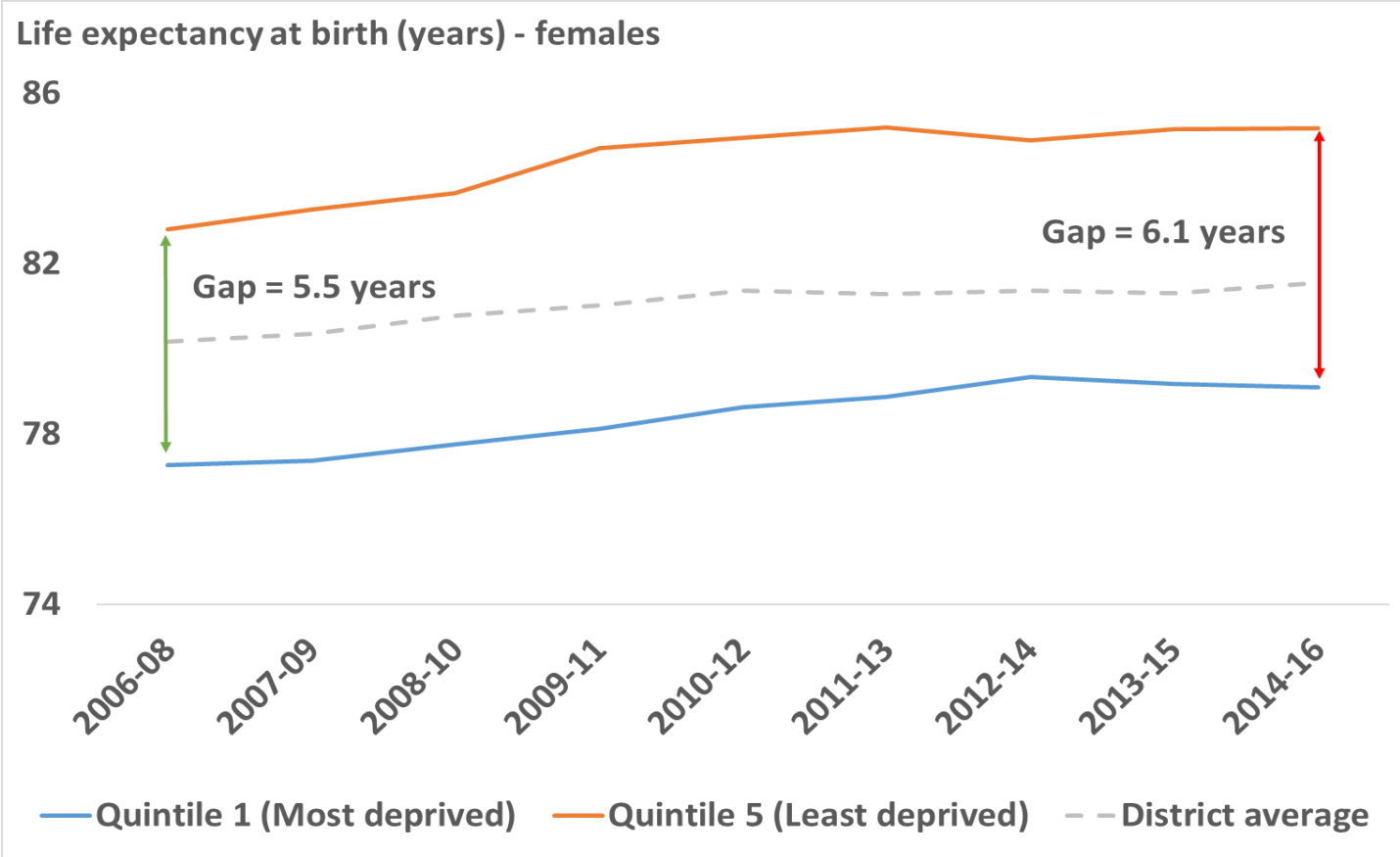


After a dip in 2011-13, healthy life expectancy has generally shown a rising trend for females in Bradford District, and the gap between the District and the average for England has narrowed. When compared to its statistical neighbours, Bradford District has the sixth highest healthy life expectancy of these Local Authorities and has seen its national rank rise slightly. A female living in Bradford can on average expect to live 20.4 years in 'poor' health.

# Health inequalities – Life expectancy at birth (time trends)

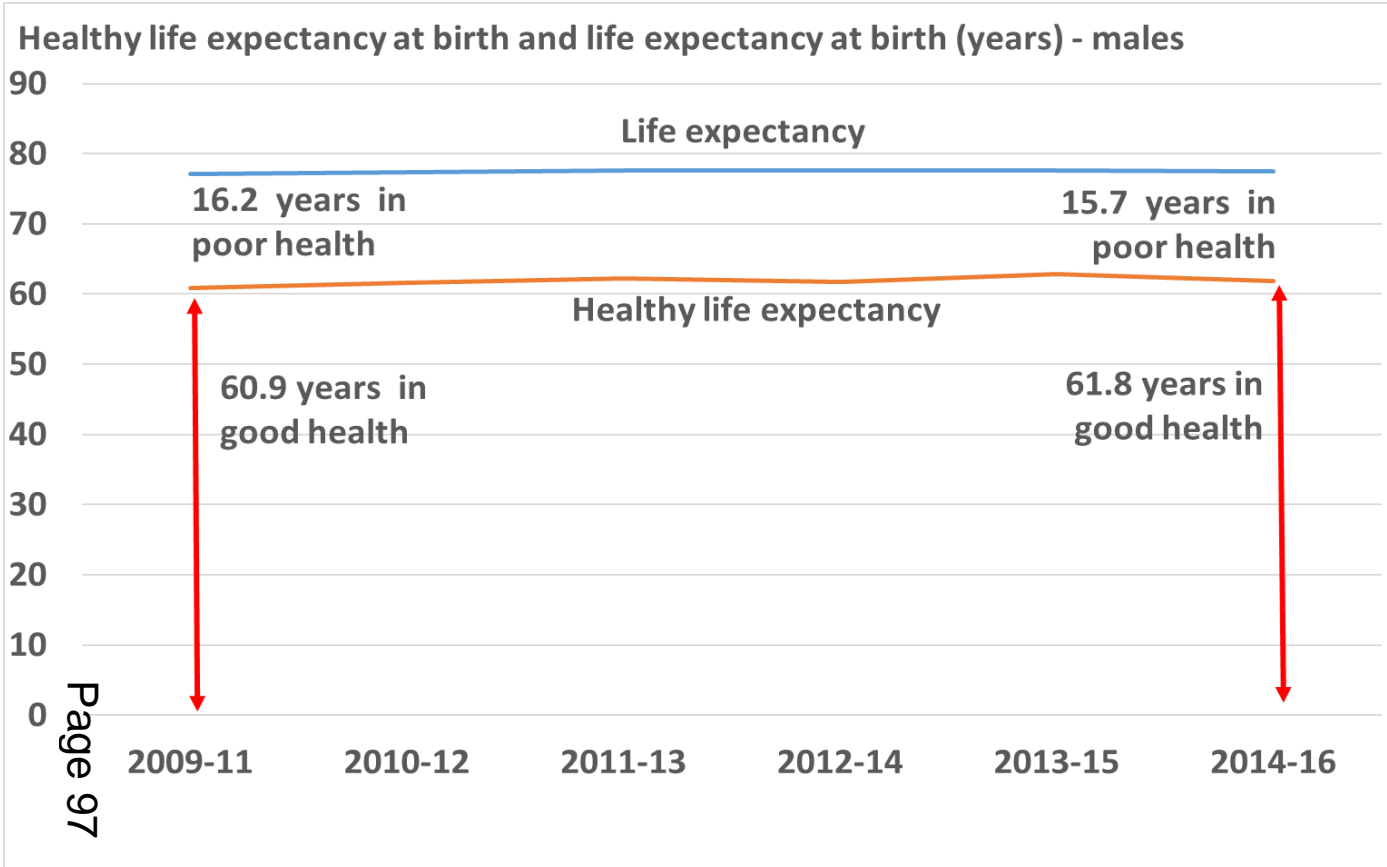


The gap between how much longer a male born in the least deprived areas of Bradford District and a male born in the most deprived areas has narrowed over the last 10 years from 8.6 years to 7.1 years. This reduction, however, was mainly seen between 2009 and 2011, with life expectancy levelling off in the most deprived areas from 2012 onwards. A fall in life expectancy in the least deprived areas from 2013-15 has also contributed to this narrowing of the gap.

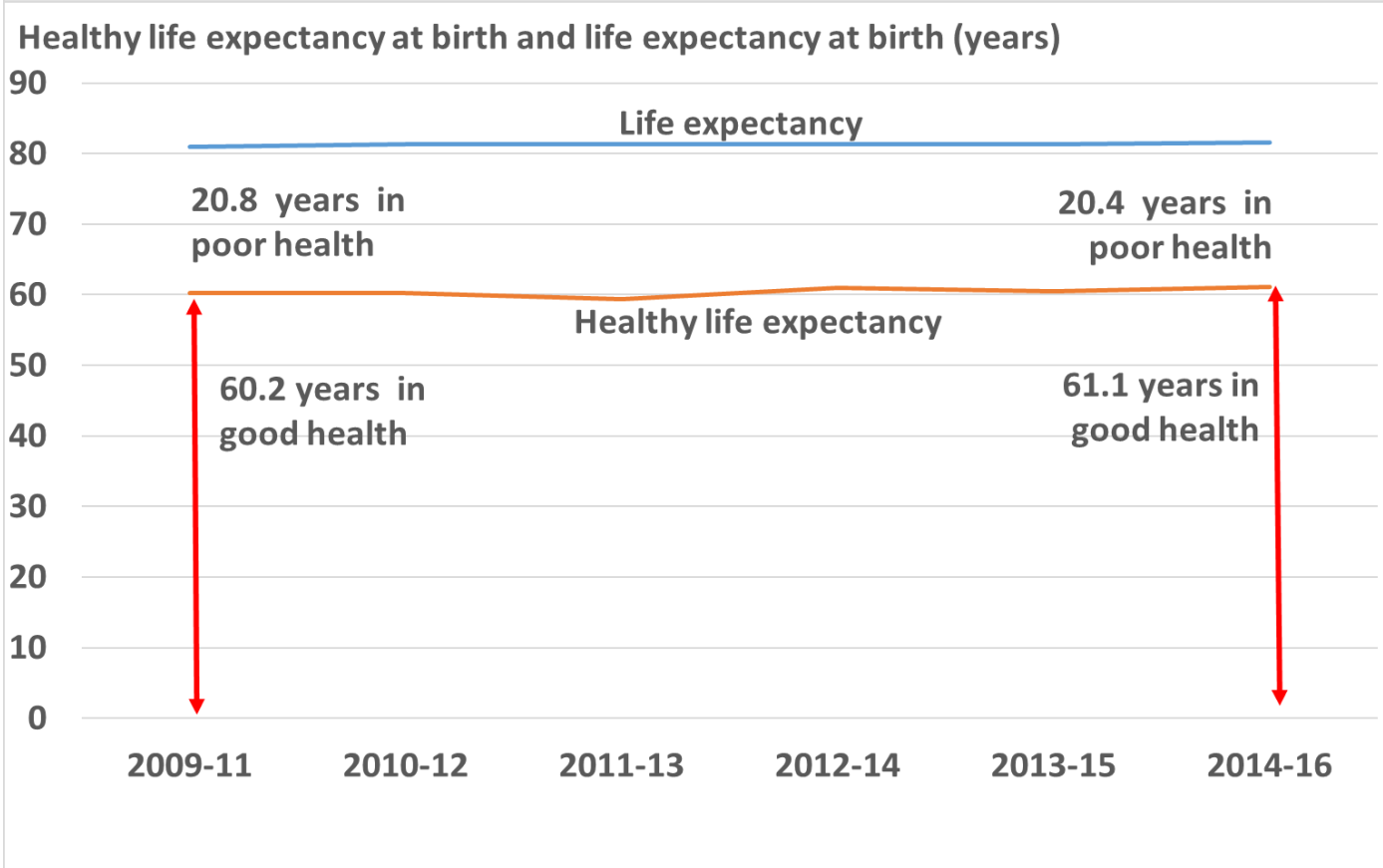


Across Bradford District, females born across all areas of Bradford District can expect to live longer. However, the gap between how much longer a female born in the least deprived areas of Bradford District and a female born in the most deprived areas has widened from 5.5 years to 6.4 years. This is mainly due to life expectancy improving more in the least deprived areas of the District than in the most deprived.

# Health inequalities – Healthy life expectancy and life expectancy (time trends)



Since 2009-11 the average years of life a male in Bradford District spends in good health has increased, whilst the average years of life a male spends in poor health has decreased. This change has been gradual, with larger changes seen in healthy life expectancy (+0.9 years) than life expectancy at birth (+0.4 years).



Since 2009-11 the average years of life a female in Bradford District spends in good health has increased, whilst the average years of life a female spends in poor health has decreased. This change has been gradual, with larger changes seen in healthy life expectancy (+0.9 years) than life expectancy at birth (+0.5 years).



# Outcome 1: Our children have a great start in life

KEY OBJECTIVES	WHAT WE WILL DO	HOW WE WILL DO IT	HOW WE WILL KNOW WE HAVE DONE IT	HOW WE WILL KNOW THAT WE HAVE MADE A DIFFERENCE	HOW WE WILL KNOW THAT WE HAVE IMPROVED PEOPLE'S HEALTH & WELLBEING
CHILDREN ARE SCHOOL READY & ACHIEVE A GOOD LEVEL OF ATTAINMENT	<p>Promoting integrated working across the early years workforce; helping parents to develop their knowledge &amp; skills around parenting; rolling out learning from Better Start; Bradford Education Covenant; development of Education Hub; creation of new secondary school places; working with partners to raise aspirations.</p>	<ul style="list-style-type: none"><li>Children, Families &amp; Young People's Plan<ul style="list-style-type: none"><li>SEND Strategy</li></ul></li><li>Integrated Early Years Strategy<ul style="list-style-type: none"><li>PH 0-19 service (school nursing &amp; health visiting commissioning)</li></ul></li><li>Active Bradford</li><li>Healthy Bradford<ul style="list-style-type: none"><li>Future in Mind</li></ul></li><li>Better Start Bradford<ul style="list-style-type: none"><li>Oral Health Improvement Action Plan</li></ul></li><li>Every Baby Matters</li><li>Sport England LDP</li><li>Maternity, Children and Young People's Partnership Board</li><li>Economic Growth Strategy</li><li>Better Births (STP)</li><li>Saving Babies' Lives Bundle<ul style="list-style-type: none"><li>Future in Mind</li><li>Innovation Plan</li></ul></li><li>Integrated Early Years Strategy</li><li>Journey to Excellence Transformation Plan<ul style="list-style-type: none"><li>Ofsted School Improvement Action Plan</li></ul></li><li>Anti-Poverty Strategy<ul style="list-style-type: none"><li>Bradford Safeguarding Children Board</li></ul></li></ul>	<p><b>Number of unauthorised primary &amp; secondary school absences; number of children missing from education in Bradford;</b> number of looked after children who had a missing or absence incident; % of schools rated good or better</p>	<p><b>% of children achieving a good level of development at the end of reception</b></p> <p><b>Average Attainment 8 score for all pupils</b></p>	<p>Children need to feel loved and safe. Every child and young person needs a loving, responsive relationship with a parent or carer, enabling them to thrive. Improving the health and wellbeing of women of child-bearing age, investing in interventions for pregnant women and their partners so they are well-prepared for pregnancy and parenthood and investing in early education are the best ways to improve health and wellbeing for young children and to reduce health and social inequalities, especially for our more vulnerable young children.</p>
CHILDREN & YOUNG PEOPLE ARE READY FOR LIFE & WORK	<p>Work with businesses to prepare young people for working lives; develop the Bradford Pathways approach to support career progression; deliver a transition service which focuses on the most vulnerable; work with businesses and training providers to increase the number of apprenticeships; encourage participation of young people that enhance core skills.</p>		<p>Number of apprenticeships; % of schools with Bradford Pathways Programme; % of sixth form establishments rated good or outstanding; <b>% of young people participating up to age of 18.</b></p>	<p><b>% of 16-17 year olds NEET</b></p> <p>% first time entrants into youth justice</p> <p>% of working age people educated to NVQ 3 level or equivalent</p>	
SAFEGUARDING MOST VULNERABLE & PROVIDING EARLY SUPPORT	<p>Implementation of Signs of Safety Model, working with social investors, establishment of a joint transitions team; reimagining how we structure and run residential units; supporting young people to access direct payments; development of a local approach to adverse childhood experiences.</p>		<p><b>% of re-referrals to Children's Social Care within 12 months; % of children becoming subject to a further Child Protection Plan within 2 years of previous plan ending</b></p>	<p>Hospital stays caused by injuries; <b>% of children aged 5-16 who have been in care for at least 12 months whose score in the SDQ indicates cause for concern;</b> % of children in care who achieved 5 or more GCSEs at grades A*-C including English &amp; Maths; % reduction in looked after children</p>	<p><b>Infant mortality: rate of deaths in infants aged under 1 years per 1,000 live birth</b></p> <p><b>% of all live births at term with low birth weight</b></p>
REDUCING HEALTH & SOCIAL INEQUALITIES	<p>See OUTCOME 3 – living well Maternity &amp; CYP Partnership: Every Baby Matters, Better Births, Saving babies Lives Care Bundle, 0-19 Wellbeing – Prevention and early help for children and young people and their families.</p>		<p>See Outcome 3 – living well measures; <b>% of antenatal assessments occurring before 13 weeks; % of infants receiving health visitor review at 6-8 weeks</b></p>	<p><b>% of all infants that are breastfed at 6-8 weeks;</b> % of children in Year 6 who are overweight/obese; <b>% of women smoking at time of delivery;</b> % uptake of childhood immunisations</p>	<p><b>% of 5 year olds who are free from obvious dental decay</b></p> <p><b>Teenage pregnancy: rate of conceptions per 1,000 females aged 15-17</b></p>

# Outcome 2: People in Bradford District have good mental wellbeing

KEY OBJECTIVES	WHAT WE WILL DO	HOW WE WILL DO IT	HOW WE WILL KNOW WE HAVE DONE IT	HOW WE WILL KNOW THAT WE HAVE MADE A DIFFERENCE	HOW WE WILL KNOW THAT WE HAVE IMPROVED PEOPLE'S HEALTH & WELLBEING
EARLY ACTION AWARENESS & PREVENTION	Deliver improvement programme to raise awareness, increase capacity for self-management, deliver training, reduce stigma and discrimination, implement Suicide Prevention Strategy, develop community spaces, and support for carers.	<ul style="list-style-type: none"><li>• Mental Wellbeing Strategy</li><li>• Healthy Bradford</li><li>• Active Bradford</li><li>• Suicide Prevention Action Plan</li><li>• Dementia Action Plan</li><li>• Perinatal Mental Health Task &amp; Finish Group</li><li>• Domestic &amp; Sexual Violence Strategy<ul style="list-style-type: none"><li>• Self Care &amp; Prevention Programme</li></ul></li><li>• Primary Medical Care Strategy</li><li>• Core Strategy &amp; Area Action Plans</li><li>• Housing Strategy</li><li>• Housing Design Guide</li><li>• Homelessness Strategy</li><li>• Better Start Bradford<ul style="list-style-type: none"><li>• Early Help and Prevention</li><li>• Planned Care Programme</li></ul></li><li>• Out of Hospital Programme<ul style="list-style-type: none"><li>• Urgent and Emergency Care Workstream</li><li>• Future in Mind</li></ul></li><li>• Maternity &amp; Children and Young People's Board</li><li>• Crisis Care Concordat</li></ul>	Number of carers with a support plan; number of hours of self referral support in community spaces; number of people accessing Mental Health Matters website, <b>number of self referrals to My Wellbeing College.</b>	Wellbeing measures reflected throughout logic model e.g. employment, housing, education, access to green space, physical activity.  <b>% of the population with good mental wellbeing (happiness &amp; satisfaction)</b>  % of service users/carers who have as much social contact as they would like; carer reported quality of life.	People in Bradford District will live, study, work, and spend their leisure time in environments which are supportive of good mental wellbeing. Stigma and discrimination will be reduced, and awareness of mental wellbeing and mental ill health will be raised. This will enable people to seek and access help early, preventing many people from developing more severe illnesses or experiencing a crisis. Where mental illness is more severe, care will be responsive, effective and accessible, delivering good long term outcomes.  <b>Suicide rate per 100,000 population</b>  <b>% of the population with good mental wellbeing</b>  <b>Excess under 75 mortality rate in persons with serious mental illness</b>
BUILD RESILIENCE & PROMOTE WELLBEING	Develop healthy communities and places through community investment, regeneration and housing policy, promote mutual support, develop social and supported housing options, digital tools, work with employers & businesses.		<b>Number of MH champions in schools, organisations &amp; businesses; number of people who have completed MH First Aid (or similar);</b> number of businesses signed up to workplace charter.		
EASY ACCESS TO INTEGRATED CARE	Deliver care that achieves parity of esteem between MH & physical health: awareness raising of the workforce, development of care pathways; physical health checks for people with SMI; targeted approach to people with medically unexplained symptoms; primary mental wellbeing service; integrated approach to MH in secondary care.		<b>% of people with SMI who have had health check;</b> number of people accessing IAPT (inc. LTC); number of people receiving a personal budget/ISF/direct payment; number of people accessing Safer Spaces and First Response, <b>% of IAPT referrals of people with LTC</b>	% of unnecessary attendance of people with MH concerns at A&E; Prescribing costs; <b>IAPT recovery rate; % of people with a LTC who feel supported to manage their condition.</b>	
SERVICES FOCUSED ON RECOVERY	Improve access to & quality of services & outcomes for CYP; develop specialist perinatal MH team; early intervention in psychosis; redesign CMHT offer, design care pathways for PD and eating disorders.		Number of people accessing Safer Spaces and First Response; number of people accessing perinatal MH service, <b>number of out of area placements;</b> number referred to tier 4 specialist eating disorder services; <b>Waiting time for CAHMS [Autism placeholder]</b>	<b>% of people experiencing a first episode of psychosis to a NICE approved care package within two weeks of referral; % of CYP with MH condition receiving treatment;</b> number of people on IHT caseload.	
TRANSFORMING SERVICES	Child & YP MHS transformation, acute care pathway collaboration, liaison & diversion.				

# Outcome 3: People in all parts of the District are living well and ageing well

KEY OBJECTIVES	WHAT WE WILL DO	HOW WE WILL DO IT	HOW WE WILL KNOW WE HAVE DONE IT	HOW WE WILL KNOW THAT WE HAVE MADE A DIFFERENCE	HOW WE WILL KNOW THAT WE HAVE IMPROVED PEOPLE'S HEALTH & WELLBEING
PEOPLE ARE LIVING MORE ACTIVE LIVES	Raise awareness of how to achieve the benefits of physical activity and consuming a healthy balanced diet. Improve provision of sports and leisure facilities including green space and opportunities for play, promote school and community based programmes such as the daily mile, Beat the Street, and other mass participation events. Increase availability and access to free/ low cost opportunities to be physically active and access diet and nutrition advice including schools and workplaces. Offer personalised support and motivational interviewing for those who need extra help to change their lifestyles.	Healthy Bradford Active Bradford Sports and Leisure Strategy Self Care & Prevention Programme Legacy events e.g. TDY Commissioned drug and alcohol treatment services	Number of parents completing HENRY; Number of schools participating in the Daily Mile/15 Minutes More; % of all infants that are breastfed at 6-8 weeks; Number of people accessing BEEP/Living Well; Number of businesses achieving Living Well Charter award; number of new people accessing drug and alcohol treatment services.	% of adults who are physically active  % of adults meeting the '5 a day' recommendation.  % of children in reception/Year 6 who are overweight/obese.  Successful completion of drug treatment – opiate/ non-opiate users	People will be supported throughout the lifecourse to make healthy lifestyle choices. As a result fewer people will develop long term conditions associated with lifestyle factors. If people do develop long term conditions they will be well managed, reducing the likelihood of complications. As a result fewer people will die as a result of CVD, respiratory disease, liver disease, or cancer, before the age of 75.
FEWER PEOPLE ARE SMOKING	Provision of smoking cessation services, BabyClear, CO screening during pregnancy, smokefree homes champions, very brief advice in clinical settings, specialist midwifery services, regional programmes to tackle illicit tobacco with WYCA.	Bradford Breathing Better Smoking Cessation Services BabyClear Breath 2025 CQUIN WY Cancer Alliance	Number of people screened in pregnancy (CO); number of smoking quits; number of adults screened for smoking status in hospital, number of eligible adults who are given very brief advice in hospital.	% of women smoking at time of delivery  % of adults smoking	Under 75 mortality rate from CVD  Under 75 mortality rate from cancer  Under 75 mortality rate from liver disease  Under 75 mortality rate from respiratory disease
PEOPLE ARE SUPPORTED & FEEL CONFIDENT MANAGING THEIR OWN HEALTH	Extended access to primary care, provide people with the information & support that they need to manage their health & wellbeing; train our workforce so that they can facilitate & promote independence, develop new models of care for people with LTCs that shift the focus to prevention and early intervention.	Self Care & Prevention Bradford Breathing Better Diabetes New Models of Care Bradford Healthy Hearts AWC New Models of Care Primary Medical Care Strategy	Number of frontline staff receiving MECC or Conversations for Change training; QOF indicators for managing LTCs; % of cancers diagnosed at an early stage; Number of health checks completed.	% of people with a LTC who report feeling confident in managing their health.  Hospital admissions for chronic LTCs	Health related quality of life for people with LTCs

PEOPLE ARE LIVING MORE ACTIVE LIVES

PEOPLE ARE CHOOSING A HEALTHIER DIET

Page 100

FEWER PEOPLE ARE SMOKING

PEOPLE ARE SUPPORTED & FEEL CONFIDENT MANAGING THEIR OWN HEALTH



# Outcome 4: Bradford District is a healthy place to live, learn and work (1)

KEY OBJECTIVES	WHAT WE WILL DO	HOW WE WILL DO IT	HOW WE WILL KNOW WE HAVE DONE IT	HOW WE WILL KNOW THAT WE HAVE MADE A DIFFERENCE	HOW WE WILL KNOW THAT WE HAVE IMPROVED PEOPLE'S HEALTH & WELLBEING
AIR QUALITY IMPROVES	Specific actions are still to be determined, but will be listed here when agreed.	<ul style="list-style-type: none"><li>West Yorkshire Low Emissions Strategy</li><li>Feasibility Studies</li></ul>	This will be determined based on 'what we will do'	<b>Annual mean concentration of NO<sup>2</sup> in air quality management areas and areas of concern.</b>	The communities we are born, live, work and socialise in have a significant influence on our health and wellbeing. The wider determinants or social determinants of health determine the extent to which people have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances. By creating healthy places to live, learn & work fewer people will develop long term conditions and poor mental wellbeing. As a result people will live longer lives with more years of good health.
PEOPLE HAVE ACCESS TO GREEN SPACE & PLACES TO PLAY	Improvement of existing green spaces and play areas, and the creation of new green spaces and play areas through new developments, the area action plans, and grant funding. Increase access and engagement through awareness raising & social prescriptions and making every contact count.	<ul style="list-style-type: none"><li>Core Strategy</li><li>Area Action Plans</li><li>Planning for a Healthy &amp; Happy Bradford Framework</li><li>Healthy Bradford</li><li>Active Bradford inc. LDP.</li><li>Better Start Bradford</li></ul>	The number of new play areas created; the number of play areas that have been improved; the number of new green spaces created; the number of green spaces that have been improved; <b>the number of street closures for play approved;</b> referrals to outdoors activities.	% of the District meeting the Accessible Green Spaces Standard  <b>% of people using outdoor spaces for exercise or health reasons.</b>	<b>Under 75 mortality rate from CVD, cancer, liver disease &amp; respiratory disease.</b>  Excess winter deaths index.  Excess under 75 mortality rate in persons with serious mental illness
PEOPLE HAVE DECENT JOBS AND FINANCIAL SECURITY	Increase opportunities to support people into paid employment, maximise people's incomes via welfare advice. As set out in the Economic Growth Strategy we will grow our economy by increasing the number of productive businesses and supporting young and enterprising people to innovate, invest and build fulfilling lives in the district. Also see outcome 1 - children and young people are ready for life and work.	<ul style="list-style-type: none"><li>Economic Growth Strategy</li><li>Welfare Advice Services</li><li>REED in Partnership</li><li>Commissioned Services</li><li>Anti-Poverty Strategy</li><li>Children, Families &amp; Young People's Plan</li><li>Opportunity Area Programme</li></ul>	See Economic Growth Strategy Logic Model	% of children living in low income family; <b>% of people aged 16-64 in employment;</b> average weekly earnings; <b>% of working age people qualified to NVQ level 3 or equivalent.</b>	
THE DISTRICT HAS A HEALTHY WORKFORCE	Introduce a charter for employers outlining the steps that they can take to improve the health and wellbeing of their workforce	Healthy Bradford NHS health & wellbeing CQUIN	<b>The number of employers who have signed up to the Living Well Charter;</b> % achievement CQUIN	<b>% of working days lost to sickness absence;</b> % of employees who had at least 1 day off in previous week.	Health related quality of life for people with LTCs

# Outcome 4: Bradford District is a healthy place to live, learn and work (2)

KEY OBJECTIVES	WHAT WE WILL DO	HOW WE WILL DO IT	HOW WE WILL KNOW WE HAVE DONE IT	HOW WE WILL KNOW THAT WE HAVE MADE A DIFFERENCE	HOW WE WILL KNOW THAT WE HAVE IMPROVED PEOPLE'S HEALTH & WELLBEING
HOMES, SCHOOLS & WORKPLACES ARE SAFE & ENERGY EFFICIENT	We will identify and support people most at risk of fuel poverty. We will raise awareness of the actions that people can take to keep their home warm, and refer the most vulnerable people to Green Doctors. Through our Housing Design Guide we will ensure that all new homes are safe & energy efficient.	<ul style="list-style-type: none"><li>Housing Strategy</li><li>Warm Homes Healthy People</li><li>Housing Design Guide</li><li>Welfare Advice Services</li></ul>	<p><b>Number of people receiving advice via warm homes; number of people receiving support from Green Doctors.</b></p> <p>Housing Design Guide produced and meets specification.</p>	<p><b>% of households in fuel poverty.</b></p>	<p>The communities we are born, live, work and socialise in have a significant influence on our health and wellbeing. The wider determinants or social determinants of health determine the extent to which people have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances. By creating healthy places to live, learn &amp; work fewer people will develop long term conditions and poor mental wellbeing. As a result people will live longer lives with more years of good health.</p>
PEOPLE LIVE IN PLACES WHERE IT IS SAFE	Through partnership working we will safeguard the most vulnerable; reduce reoffending rates for both adults and children; increase the proportion of residents who say they feel safe in their local area by tackling anti-social behaviour and the standards of driving across the District.	<ul style="list-style-type: none"><li>Core Strategy</li><li>Ward Plans</li><li>CSP</li><li>Healthy Bradford</li><li>Community Safety Partnership</li><li>DV/SV services</li><li>People Can</li><li>Fire Prevention Strategy</li></ul>	<p>See Safe, Clean and Active Community safety Partnership Plan</p>	<p>Reoffending rates; perceptions of anti-social behaviour, speeding and poor driving; positive perceptions of safety; <b>the number KSI on our roads.</b></p>	
PEOPLE WITH ADDITIONAL NEEDS CAN ACCESS TRAINING, EDUCATION & EMPLOYMENT	Commission specialist support services to help people access training and employment including in work support, job clubs, employment courses and specialist support. Develop pathways to maximise uptake of existing support services. Work with businesses and employers to raise awareness.	<ul style="list-style-type: none"><li>Mental Wellbeing Strategy</li><li>Commissioned Services (MH, Substance misuse, LD)</li><li>Social prescribing (Community Connectors)</li><li>REED in Partnership</li></ul>	<p>Number of people accessing Steps into Employment; Number of people accessing REED in Partnership; <b>number of people accessing employment support via LD and drugs and alcohol recovery services;</b> number of people receiving support via Community Connectors.</p>	<p><b>% of adults with LD in paid employment; the percentage point difference between the rate of employment in the general population of working age (16-64) and the rate of employment amongst adults of working age with a mental illness;</b> The percentage point difference between the rate of employment in the general population of working age (16-64) and the rate of employment amongst adults of working age with a long-term condition.</p>	<p><b>Under 75 mortality rate from CVD, cancer, liver disease &amp; respiratory disease.</b></p> <p>Excess winter deaths index.</p> <p>Excess under 75 mortality rate in persons with serious mental illness</p> <p>Health related quality of life for people with LTCs</p>



# Connecting People and Place for Better Health and Wellbeing

Annual Outcome Report: November 2018

# Introduction

Our Joint Health and Wellbeing Strategy sets out our ambition for a happy and healthy Bradford District, where people have greater control over their wellbeing, living in their own homes and communities for as long as they are able, with the right support when needed.

Our logic model describes the way in which we will deliver the strategy and how we will know whether or not we have made a difference. It identifies a number of outcomes, measured on an annual basis.

This report provides an update on the outcome measures, providing a baseline for the strategy. It includes the overarching outcome measures (adding years to life and life to years for everyone), as well as the measures for each of the four outcomes of the strategy (children, mental wellbeing, living well, and place).



# Life expectancy at birth– males

The average number of years a male can expect to live based on contemporary mortality rates

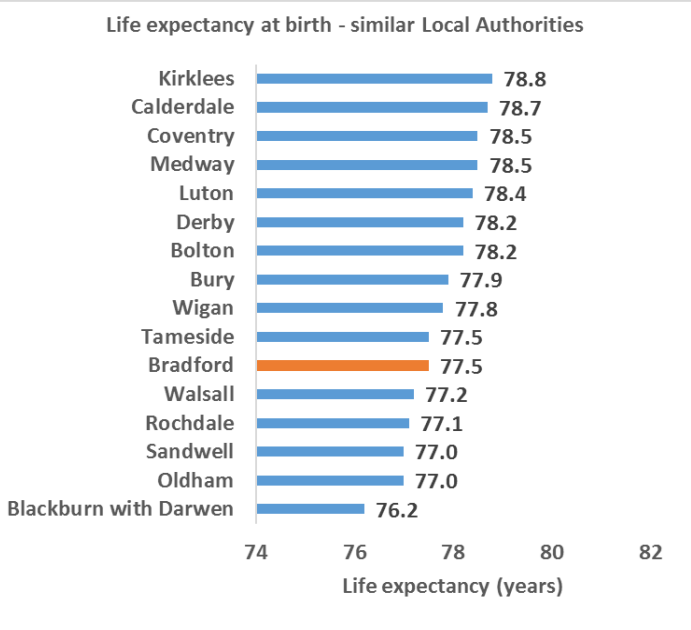
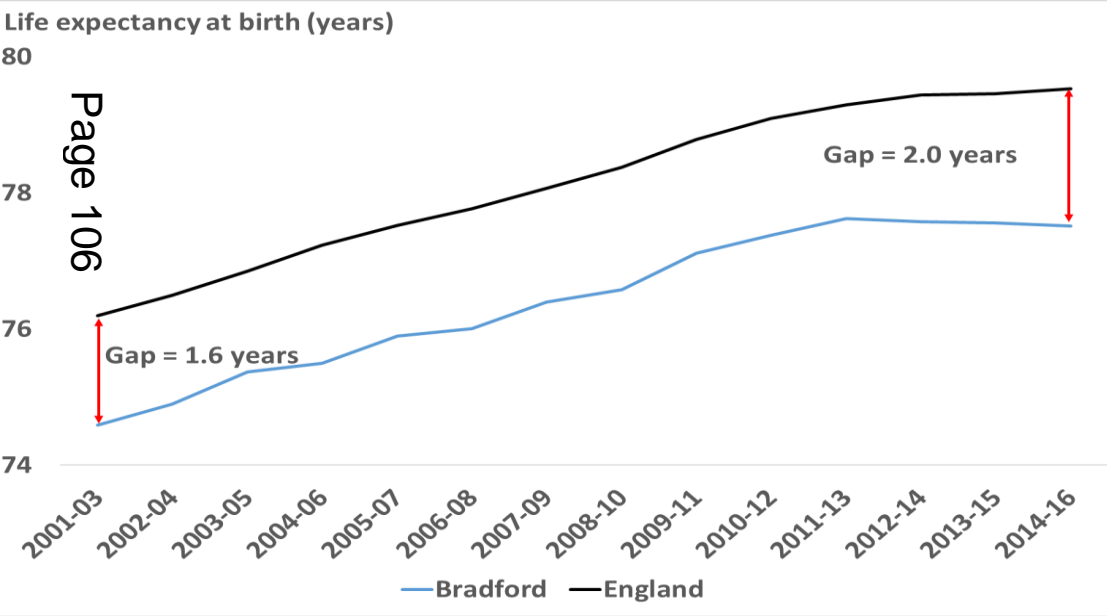
**Latest value**  
**77.5 years**

**Most deprived quintile in Bradford**  
**73.6 years**

**Gap in life expectancy**  
**7.1 years**

**Least deprived quintile in Bradford**  
**80.7 years**

Year	National rank (ranked out of 150)
2001-03	113
2014-16	126



Life expectancy at birth for males in Bradford District has followed an upward trend; however since 2012-14 life expectancy has shown signs of levelling out and the gap between Bradford District and the average for England has widened. Bradford District has the second lowest life expectancy in the region and has seen its national rank fall. A male living in the most deprived part of the District can expect to live 7.1 years less than a male from the least deprived.



# Life expectancy at birth– females

The average number of years a female can expect to live based on contemporary mortality rates

**Latest value**  
81.5 years

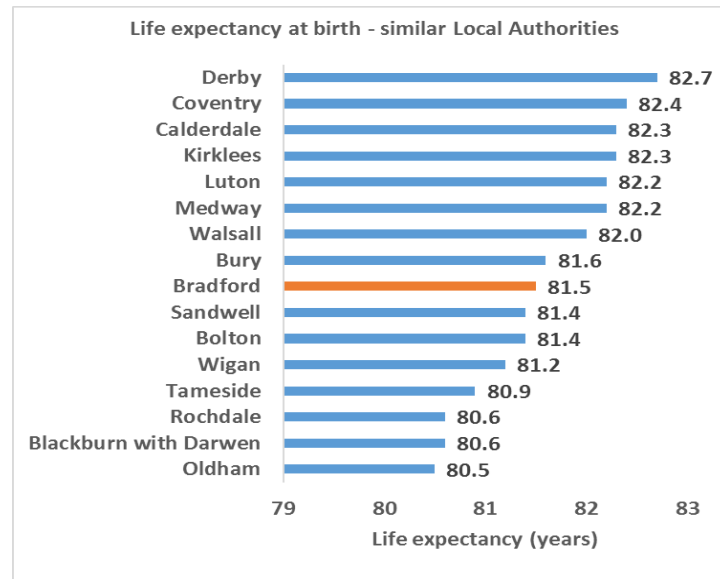
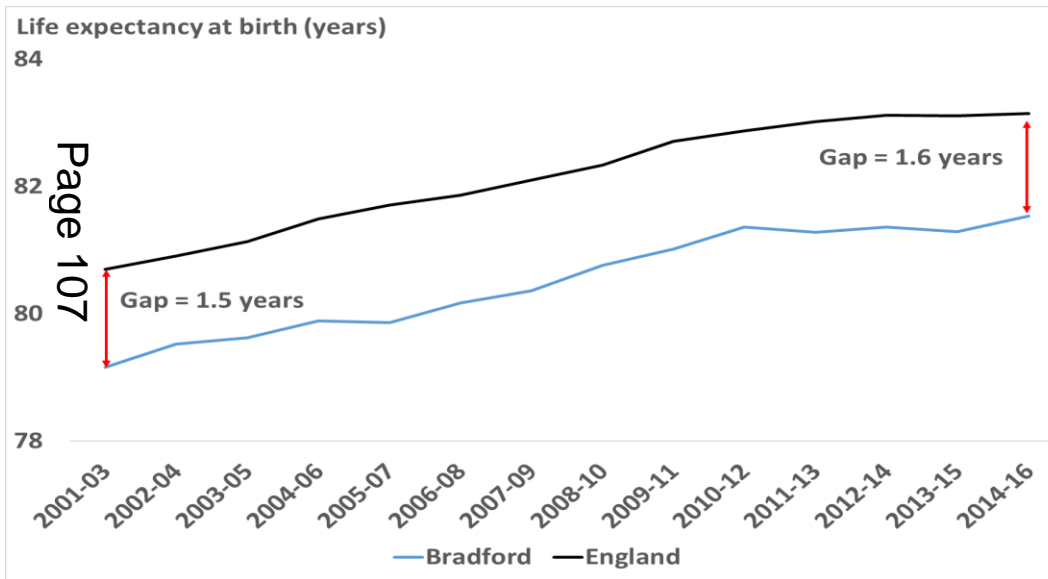
**Most deprived quintile in Bradford**  
78.5 years

**Gap in life expectancy**

6.4 years

**Least deprived quintile in Bradford**  
84.9 years

Year	National rank (ranked out of 150)
2001-03	128
2014-16	125

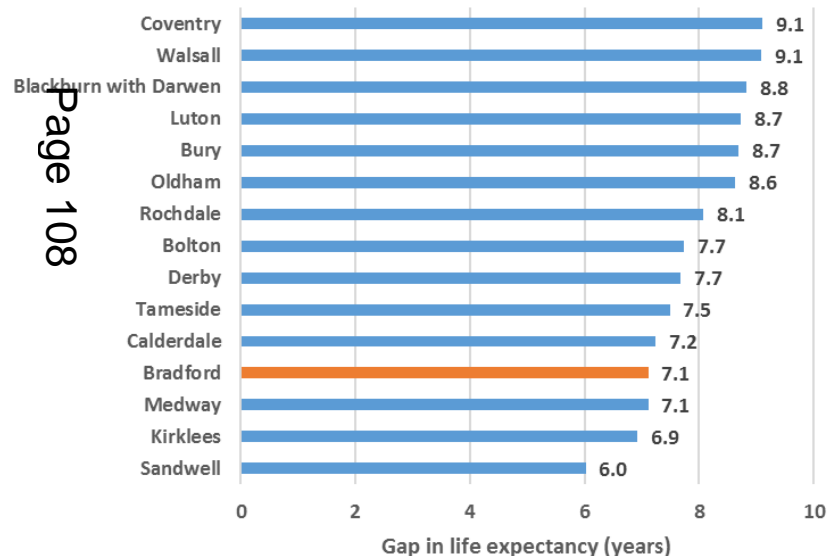


After a period of levelling off between 2012-12 and 2013-15, life expectancy at birth for females in Bradford District has risen slightly in recent years. However, the gap between Bradford District and the average for England shows signs of widening. Bradford District has the second lowest life expectancy in the region but has seen its national rank rise slightly. A female living in the most deprived part of the District can expect to live 6.4 years less than a female from the least deprived.

**Life expectancy gap** — gap between most and least deprived quintiles, comparison with similar local authorities.

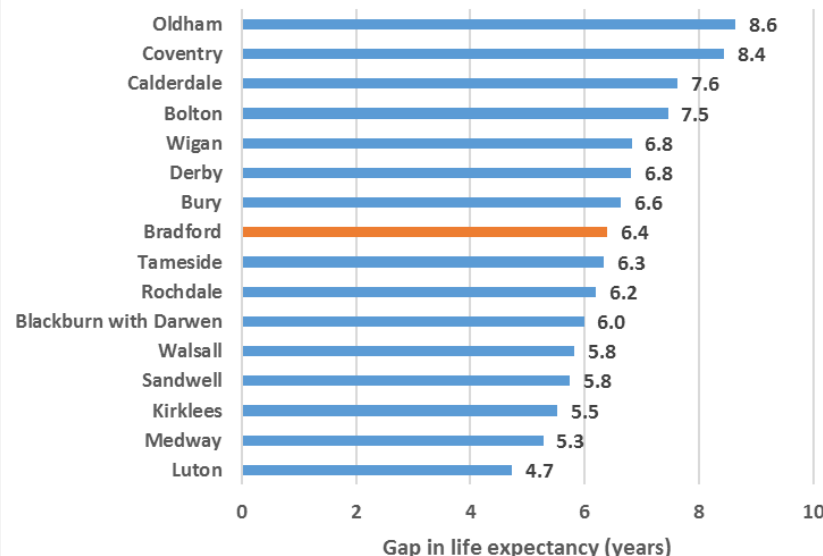
## Males

Gap in life expectancy between the most and least deprived quintile of deprivation (2014-16) - similar Local Authorities



## Females

Gap in life expectancy between the most and least deprived quintile of deprivation (2014-16) - similar Local Authorities



A man in Bradford District living in the most deprived quintile of deprivation can expect to live 7.1 years less than a man from the least deprived area. This gap in life expectancy is lower than many of our comparator local authorities. A woman in Bradford District living in the most deprived quintile of deprivation can expect to live 6.4 years less than a woman living in the least deprived area; this is around the average for our comparator local authorities.



# Healthy life expectancy at birth – males

The average number of years a person can expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.

**Latest value**  
61.8 years

**Healthy life expectancy at birth**

61.8 years

**Years of 'poor' health**

15.7 years

**Life expectancy at birth**

77.5 years

Year	National rank (ranked out of 150)
2009-11	99
2014-16	88



Healthy life expectancy at birth (years)

64

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Gap = 2.2 years

Gap = 1.5 years

62

60

2009-11

2010-12

2011-13

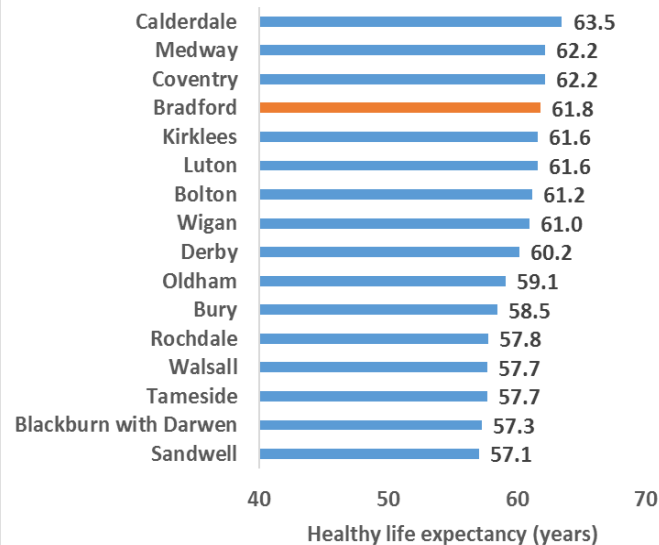
2012-14

2013-15

2014-16

—Bradford —England

Healthy life expectancy at birth - similar Local Authorities



Although healthy life expectancy at birth for males in Bradford District has risen over the last 5 years and is below the average for England, the gap between Bradford District and the average for England has narrowed. When compared to similar local authorities, Bradford District has the fourth highest healthy life expectancy of these Local Authorities and has seen its national rank rise. A male living in Bradford District can on average expect to live 15.7 years in 'poor' health.

# Healthy life expectancy at birth – females

The average number of years a person can expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.

**Latest value**  
61.1 years

**Healthy life expectancy at birth**  
61.1 years

**Years of 'poor' health**

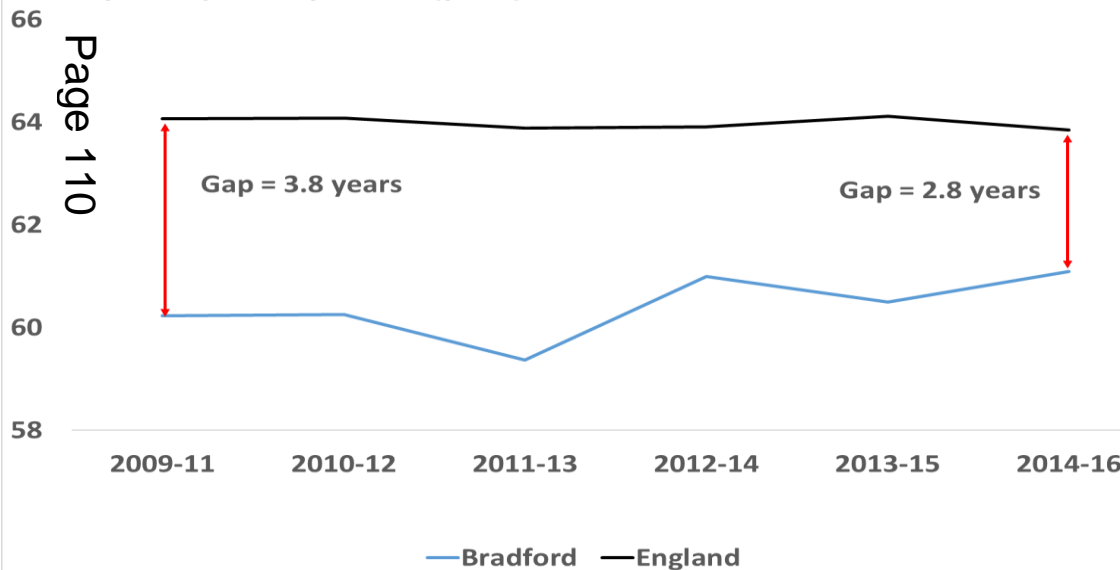
20.4 years

**Life expectancy at birth**  
81.5 years

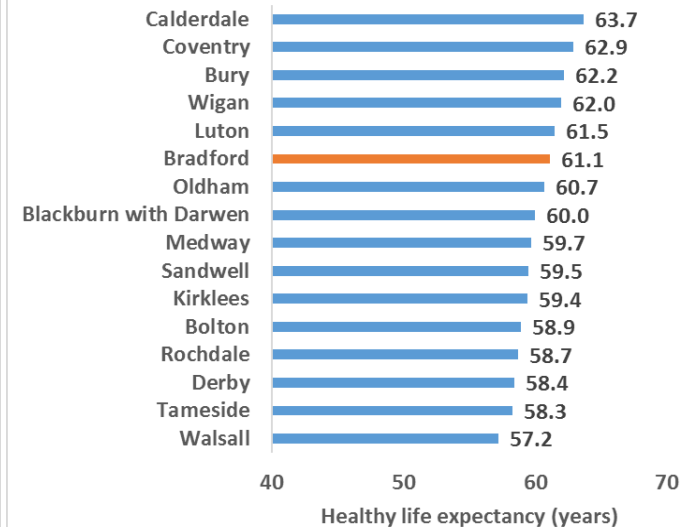
Year	National rank (ranked out of 150)
2009-11	110
2014-16	102



Healthy life expectancy at birth (years)



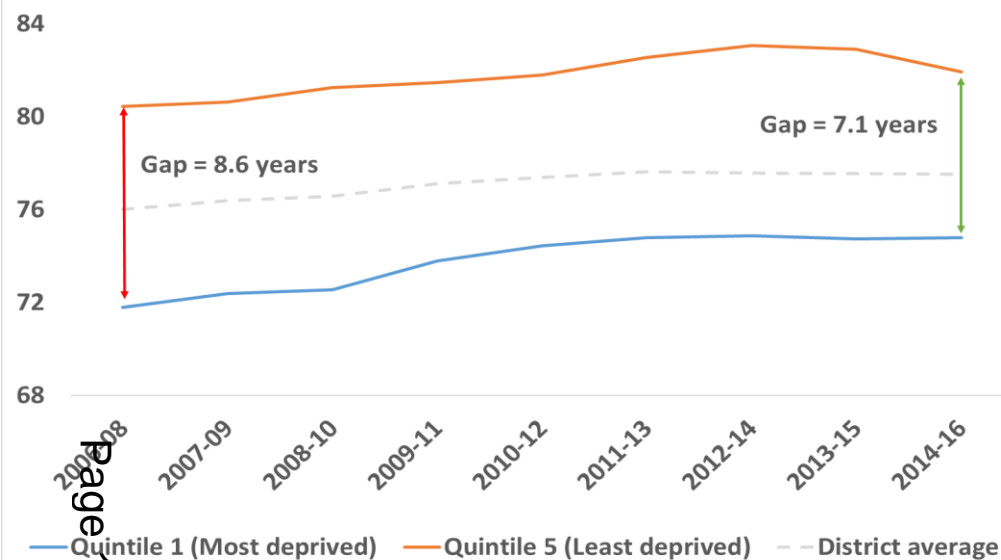
Healthy life expectancy at birth - similar Local Authorities



After a dip in 2011-13, healthy life expectancy has generally shown a rising trend for females in Bradford District, and the gap between Bradford and the average for England has narrowed. When compared to its statistical neighbours, Bradford District has the sixth highest healthy life expectancy of these Local Authorities and has seen its national rank rise slightly. A female living in Bradford can on average expect to live 20.4 years in 'poor' health.

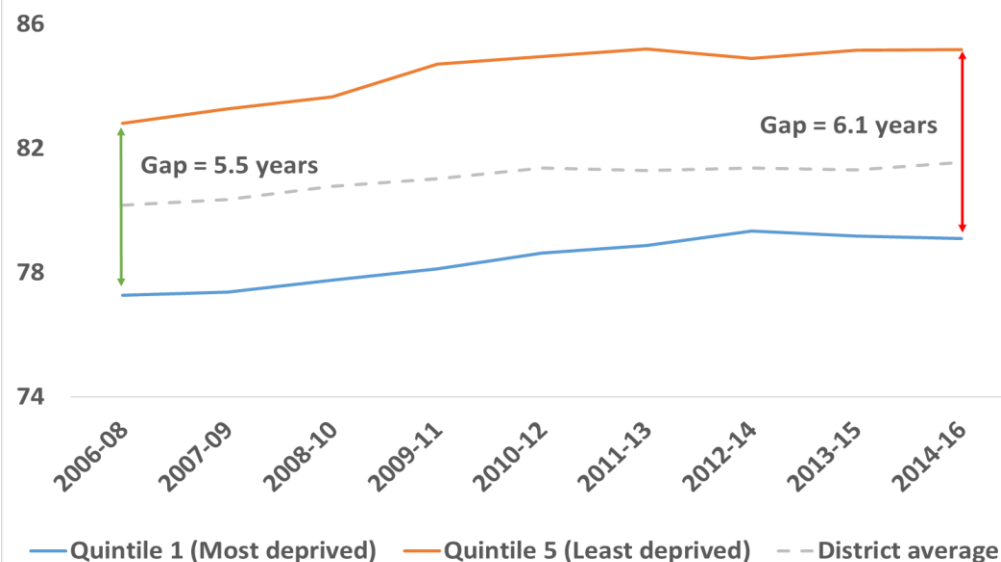
# Health inequalities – Life expectancy at birth (time trends)

Life expectancy at birth (years) - males



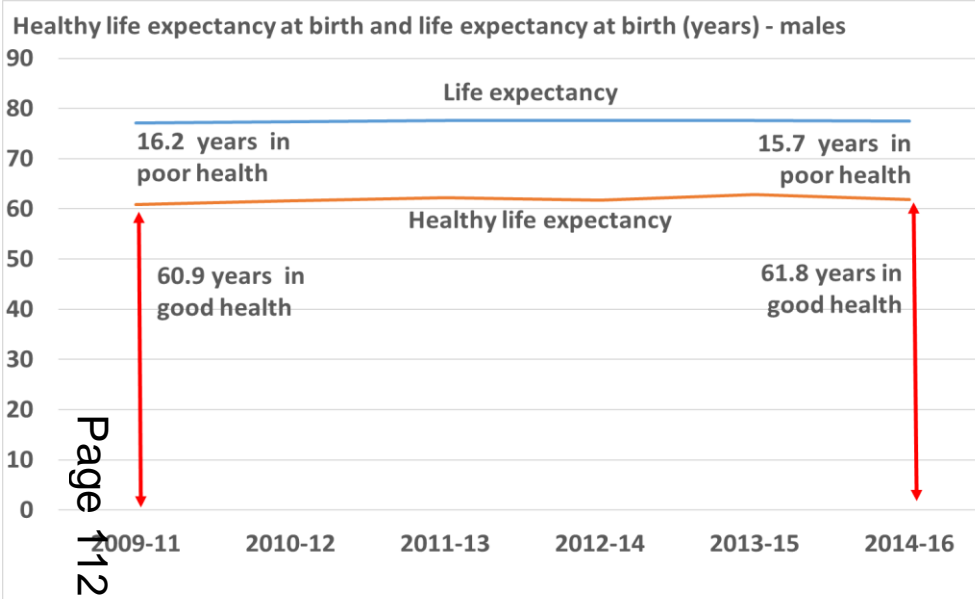
The gap between how much longer a male born in the least deprived areas of Bradford District and a male born in the most deprived areas has narrowed over the last 10 years from 8.6 years to 7.1 years. This reduction, however, was mainly seen between 2009 and 2011, with life expectancy levelling off in the most deprived areas from 2012 onwards. A fall in life expectancy in the least deprived areas from 2013-15 has also contributed to this narrowing of the gap.

Life expectancy at birth (years) - females

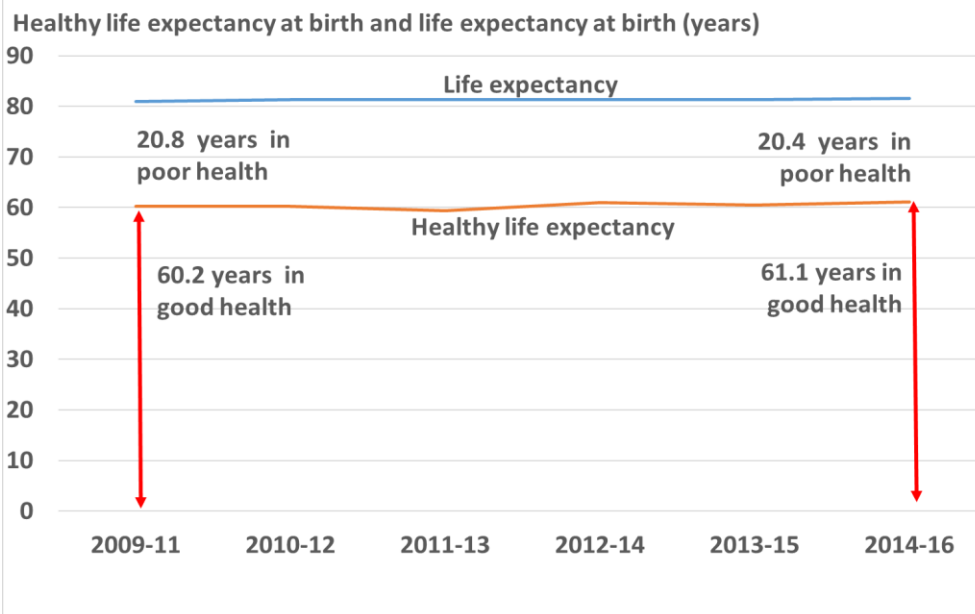


Across Bradford District, females born across all areas of Bradford District can expect to live longer. However, the gap between how much longer a female born in the least deprived areas of Bradford District and a female born in the most deprived areas has widened from 5.5 years to 6.4 years. This is mainly due to life expectancy improving more in the least deprived areas of the District than in the most deprived.

# Health inequalities – healthy life expectancy and life expectancy (time trends)



Since 2009-11 the average years of life a male in Bradford District spends in good health has increased, whilst the average years of life a male spends in poor health has decreased. This change has been gradual, with larger changes seen in healthy life expectancy (+0.9 years) than life expectancy at birth (+0.4 years).



Since 2009-11 the average years of life a female in Bradford District spends in good health has increased, whilst the average years of life a female spends in poor health has decreased. This change has been gradual, with larger changes seen in healthy life expectancy (+0.9 years) than life expectancy at birth (+0.5 years).



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# Outcome 1: our children have a great start in life

# How will we know that we have made a difference?

Children need to feel loved and safe. Every child and young person needs a loving and responsive relationship with a parent or carer, enabling them to thrive. Improving the health and wellbeing of women of child-bearing age, investing in interventions for pregnant women and their partners so that they are well prepared for pregnancy and parenthood, and investing in early education are the best ways to improve the health and wellbeing of children and young people, and to reduce health and social inequalities.

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- % of children achieving a good level of development at the end of reception
- Average attainment 8 score
- % of 16-17 year old NEET (not in education, employment or training)
- % of children aged 5-16 who have been in care for at least 12 months whose score in the SDQ indicates cause for concern.
- % of all infants that are breastfed at 6-8 weeks
- % of women smoking at time of delivery
- % of 5 year olds who are free from obvious dental decay
- Infant mortality rate
- % of live births at term with low birth weight
- Teenage pregnancy rate

# **% of children achieving a good level of development by reception** Children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children

## **Latest values (2016/17)**

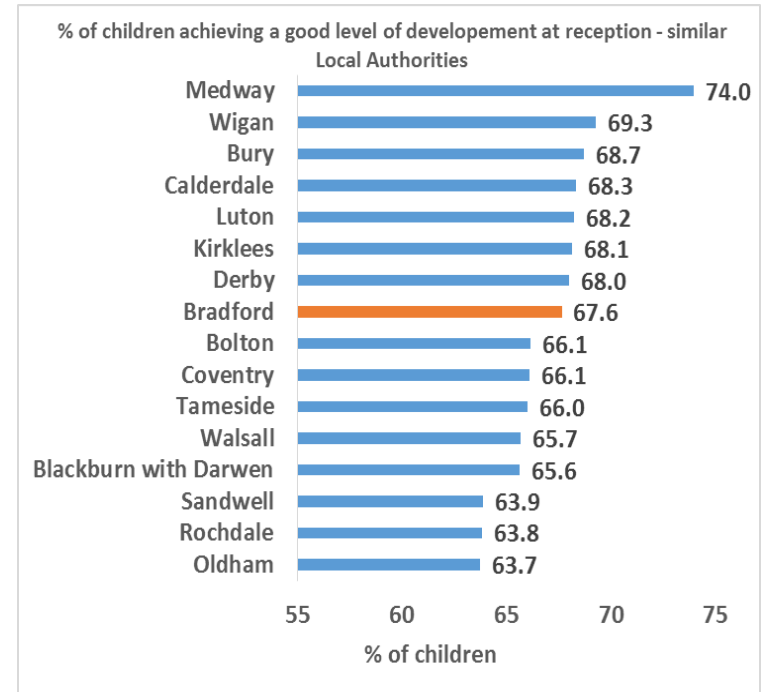
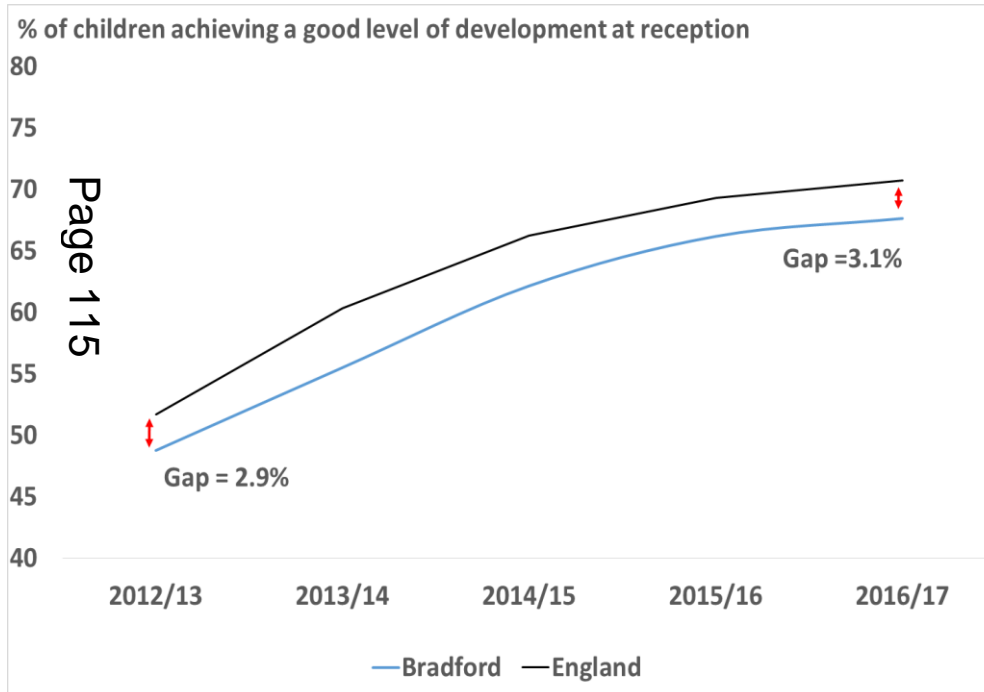
**Bradford District**  
**67.6%**

**Regional average**  
**68.8%**

**England average**  
**70.7%**

Evidence shows that Children from poorer backgrounds are at greater risk of poorer development and evidence shows that differences by social background emerge early in life.

Year	National rank (ranked out of 150 County & Unitary LAs )
2012/13	96
2016/17	123



In Bradford District the % of children achieving a good level of development at reception has increased year on year and in 16/17 was 67.6% . This has followed the national trend and because of this the gap between Bradford District and the national average has remained similar. Compared to similar local authorities Bradford District sits in the middle of the group just below Derby and Kirklees.

# Average Attainment 8 Score — Average attainment 8 score for all pupils in state-funded schools, based on local authority of school location

## Latest values (2016/17)

**Bradford District**

**42.4**

**Regional average**

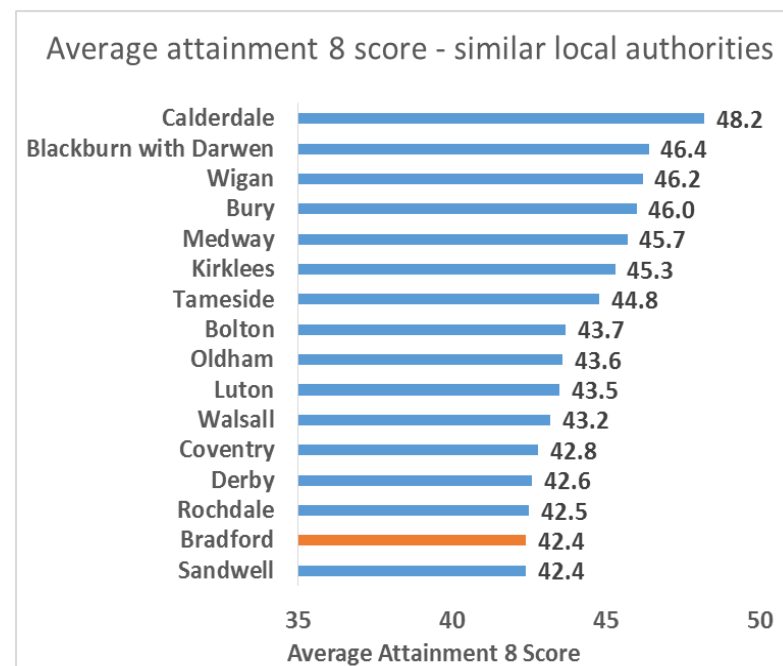
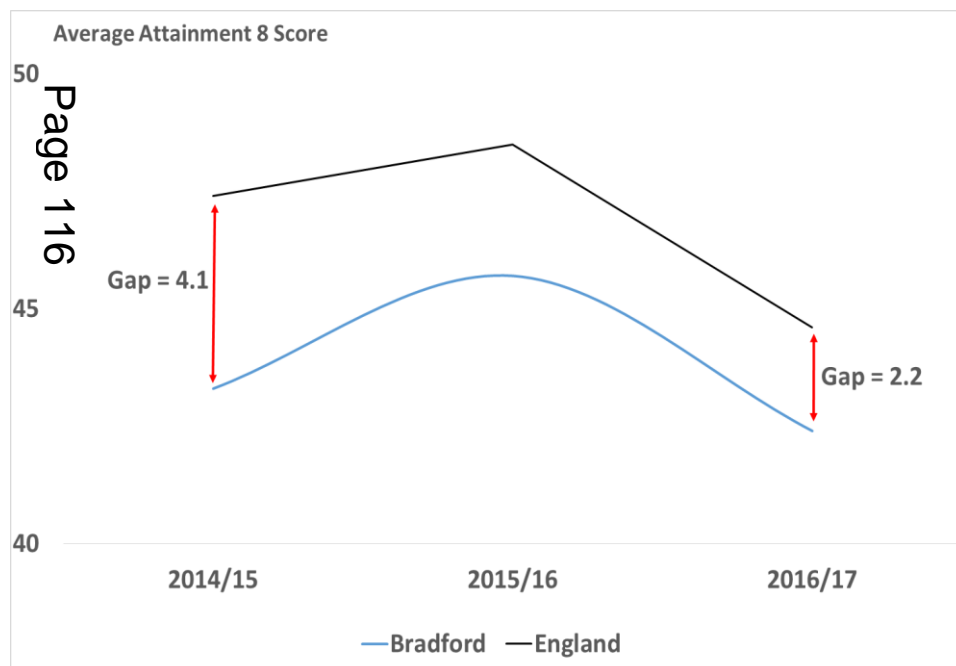
**45.4**

**England average**

**44.6**

Learning ensures that children develop the knowledge and understanding, skills, capabilities and attributes that they need for mental, emotional, social and physical wellbeing now and in the future.

Year	National rank (ranked out of 150 County & Unitary LAs)
2014/15	144
2016/17	143



In Bradford District in 2016/17 the average attainment 8 score was 42.4, a fall from the increase seen in 2015-16. Bradford's score is still below the national average of 44.6 however the gap between the two has decreased. When compared to other similar local authorities, Bradford District has the second lowest average 8 attainment score.



# % of 16-17 year olds NEET - % of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known

## Latest values (2016)

**Bradford District**

**6.0%**

**Regional average**

**5.8%**

**England average**

**6.0%**

Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health and depression.

**Year**

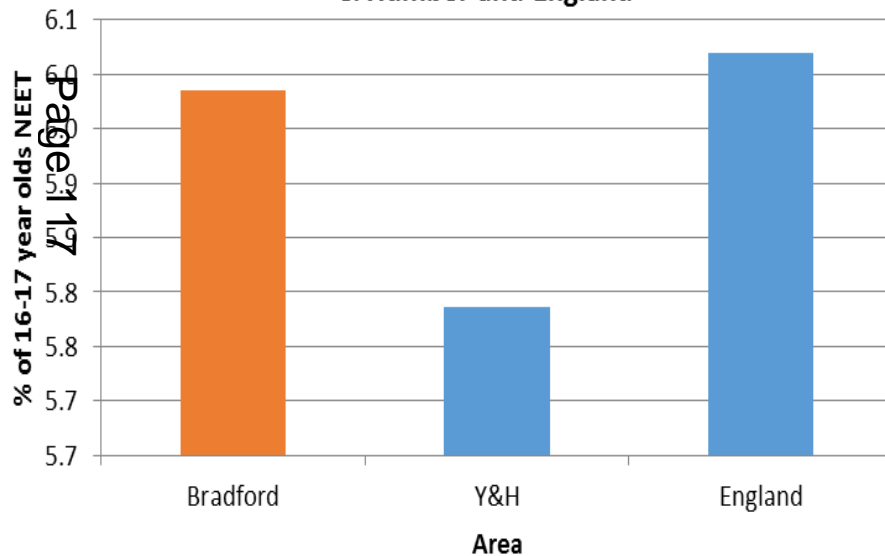
**National rank**

(ranked out of 150))

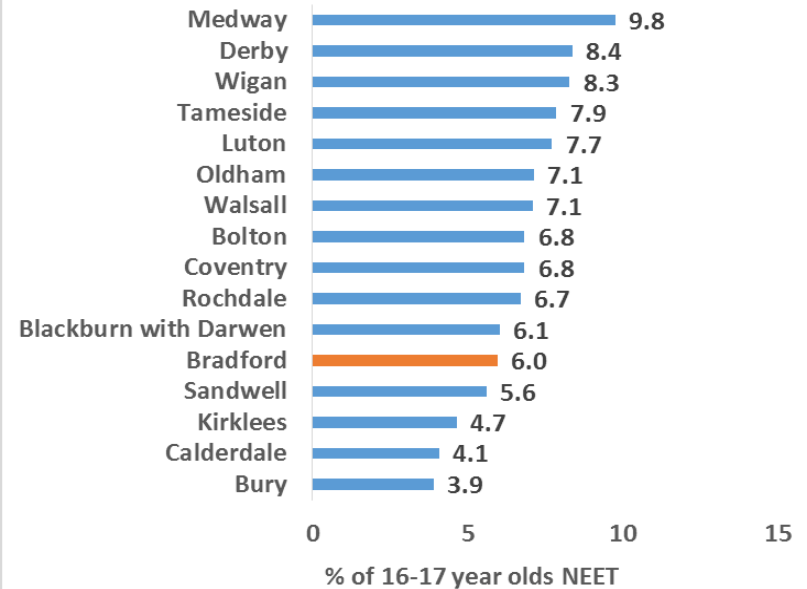
2016

96

% of 16-17 year olds NEET in 2016 in Bradford, Yorkshire & Humber and England



% 16 - 17 year olds NEET- similar Local Authorities



The % of 16-17 year olds NEET in Bradford District for 2016 is 6%, which is the same as the national average but is slightly higher than the average for Yorkshire and Humber. Out of 150 local authorities in England, Bradford ranks 96<sup>th</sup> for this measure. When compared to similar local authorities, Bradford has the 5<sup>th</sup> lowest % of 16-17 year olds NEET. The lowest % in similar local authorities was Bury who had 3.9% of 16-17 year olds NEET in 2016.

# % of children aged 5-16 who have been in care for at least 12 months whose SDQ score is cause for concern — proportion of all looked after children who have been in care for at least 12 months on 31 March whose SDQ score was 17 or over

## Latest values (2016/17)

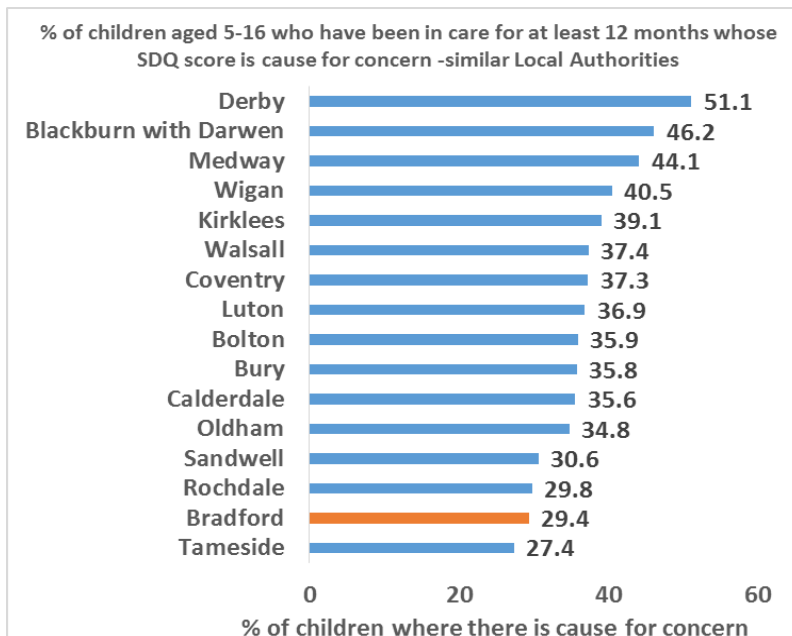
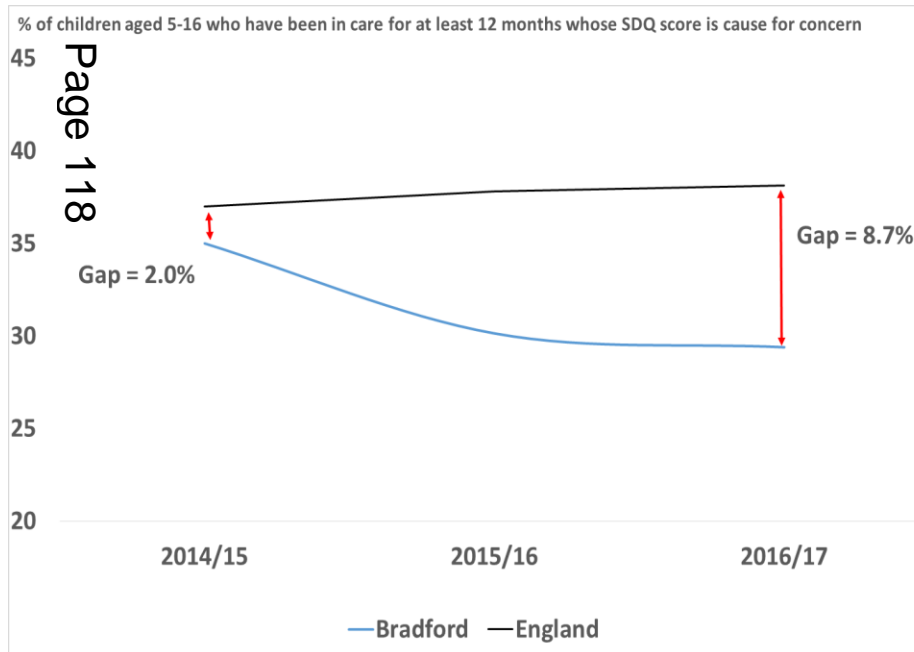
**Bradford District**  
**29.4%**

**Regional average**  
**42.8%**

**England average**  
**38.1%**

This indicates the proportion of looked after children in the area who are affected by poor emotional wellbeing. Data is collected by local authorities through a strengths and difficulties questionnaire (SDQ).

Year	National rank (ranked out of 150)
2014/15	52
2016/17	15



The percentage of children who have been in care for at least 12 months whose SDQ score is cause for concern in Bradford District has decreased to 29.4%. Bradford District remains below the national average for this measure, and the gap between the two has increased from 2.0% to 8.7% since 2014/15. Furthermore, compared to similar local authorities Bradford has the second lowest % only followed by Tameside.

# % of children breastfed at 6-8 weeks - % of all infants due a 6-8 week check that are totally or partially breastfed

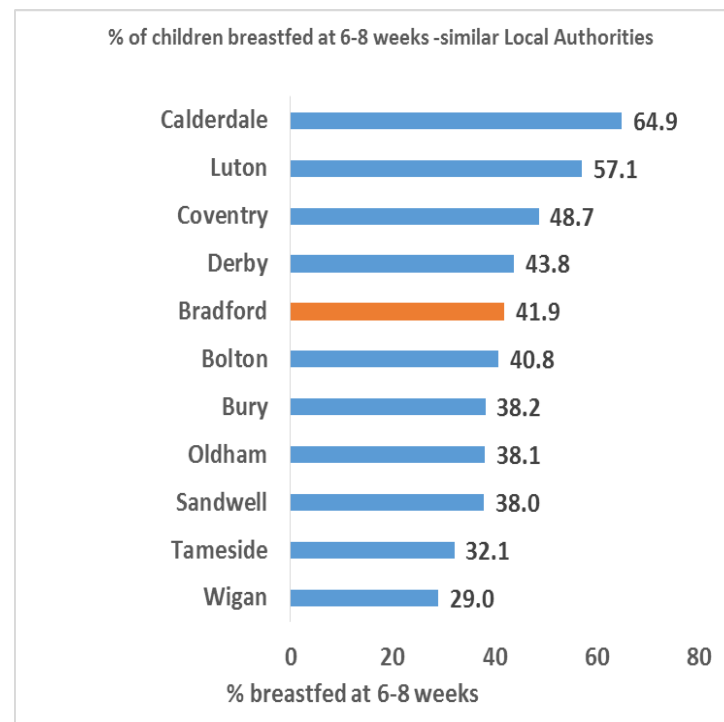
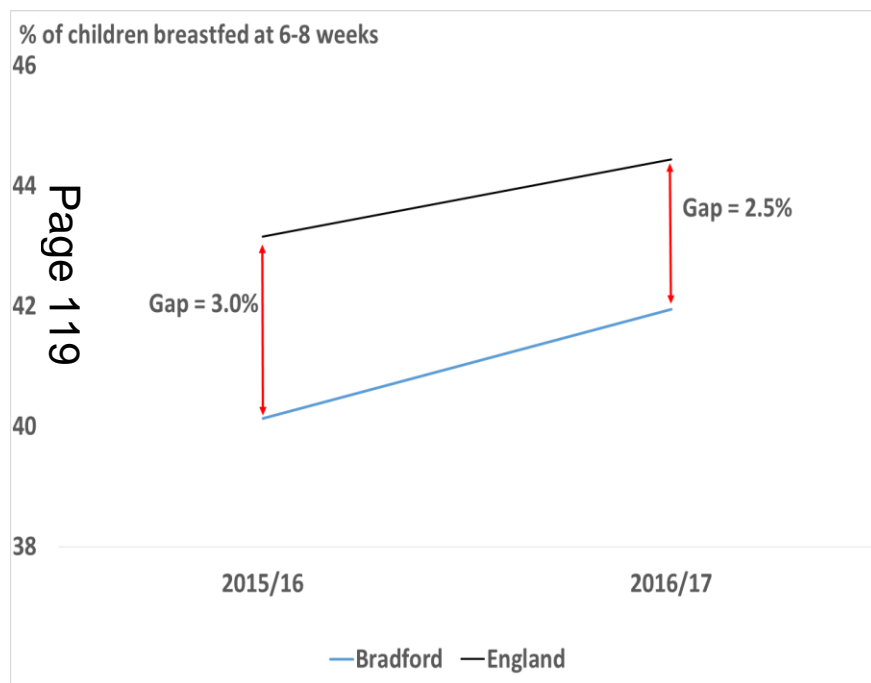
## Latest values (2016/17)

**Bradford District**  
**41.9%**

**England average**  
**44.4%**

Increases in breastfeeding are expected to reduce illness in young children, have health benefits for the infant and the mother and result in cost savings to the NHS

Year	National rank (ranked out of 150)
2015/16	42
2016/17	37



The proportion of infants who are breastfed at 6-8 weeks has increased over the last year and in 2016/17 was 41.9%. Bradford now ranks 37<sup>th</sup> out of 150 local authorities for this measure. Although Bradford's rate has increased, it is still below the national average of 44.4%. The gap between Bradford and England has narrowed to 2.5% in 2016/17. In comparison to similar local authorities, Bradford has the 5<sup>th</sup> highest % of children breastfed at 6-8 weeks.

# Smoking at time of delivery - % of women known to smoke at the time of delivery

## Latest values (2016/17)

**Bradford District**

**13.8%**

**Regional average**

**14.4%**

**England average**

**10.7%**

Smoking during pregnancy can cause serious pregnancy-related health problems.

**Year**

**National rank**  
(ranked out of 150)

2010/11

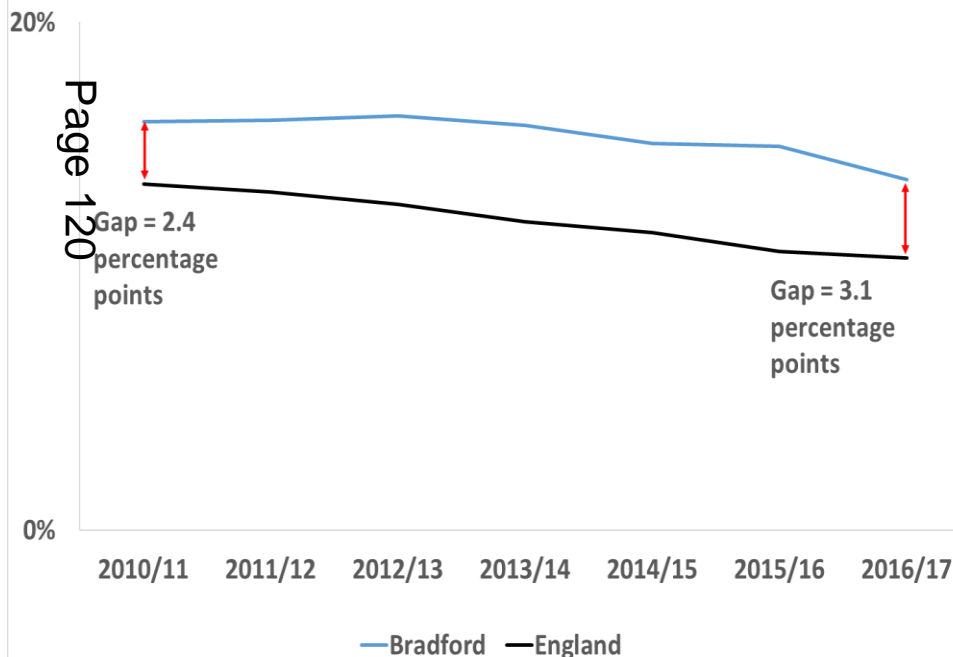
91

2016/17

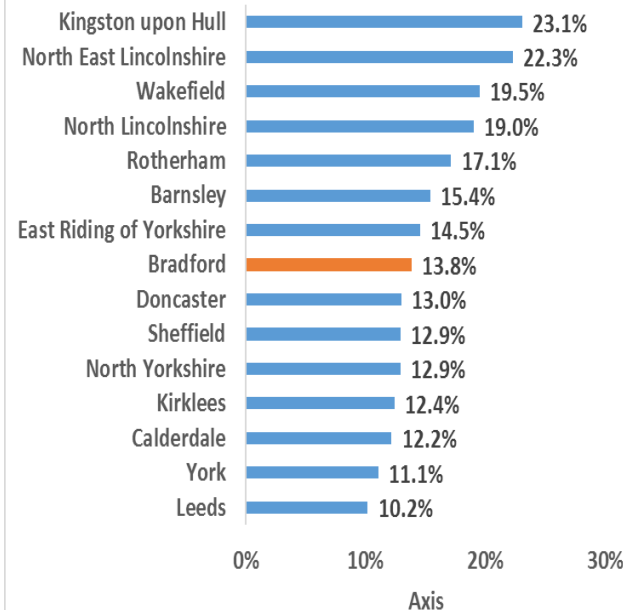
110



% of women who smoke at time of delivery



Smoking at time of delivery in Yorkshire and the Humber, 2016-17



The proportion of women who are recorded as smoking at time of delivery has gradually fallen within Bradford District from 2013-14 onwards. Although the trend is generally a positive one, the gap between Bradford District and the average for England has widened and Bradford has seen its national rank fall.

# % of 5 year olds who are free from obvious dental decay

## Latest values (2016/17)

**Bradford District**  
**60.2%**

**Regional average**  
**69.6%**

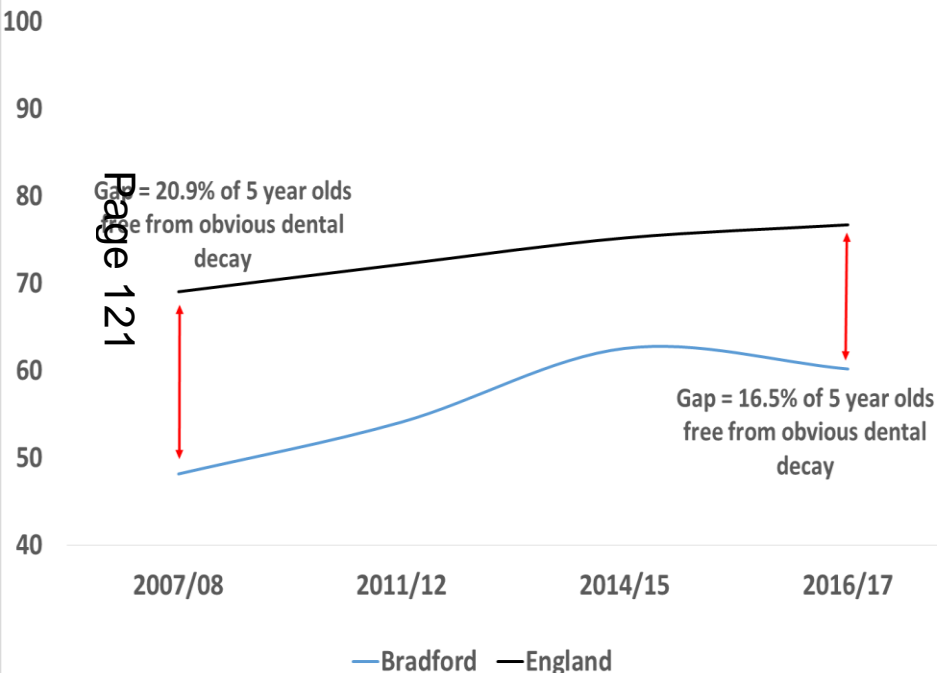
**England average**  
**76.7%**

Evidence suggests that oral health varies with deprivation, with more deprived areas being less free from dental decay, though ward data is currently unavailable to support this

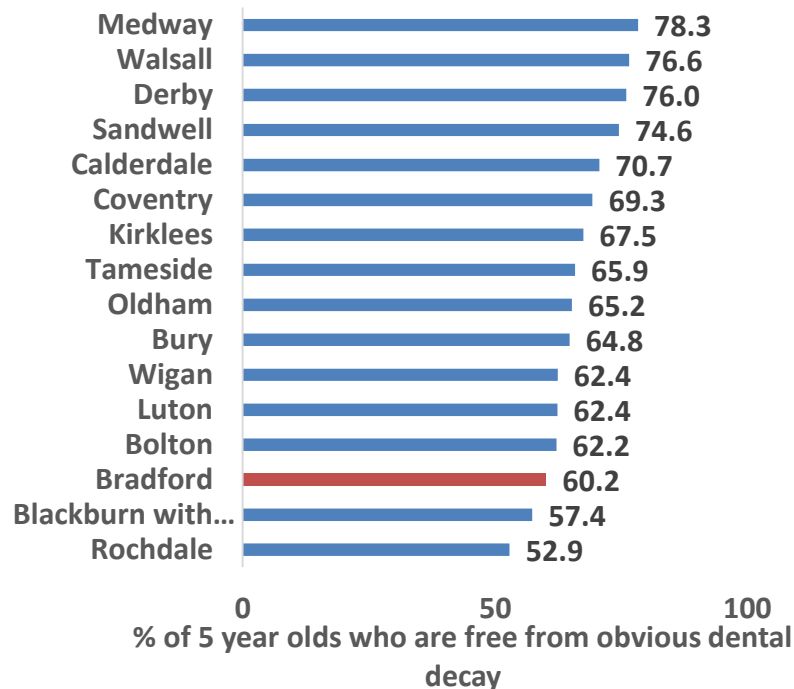
Year	National rank (ranked out of 150 LAs)
2007/08	143
2016/17	130



% of 5 year olds who are free from obvious dental decay



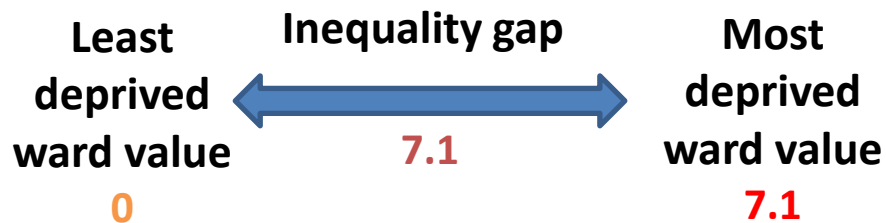
% of 5 year olds who are free from obvious dental decay- similar



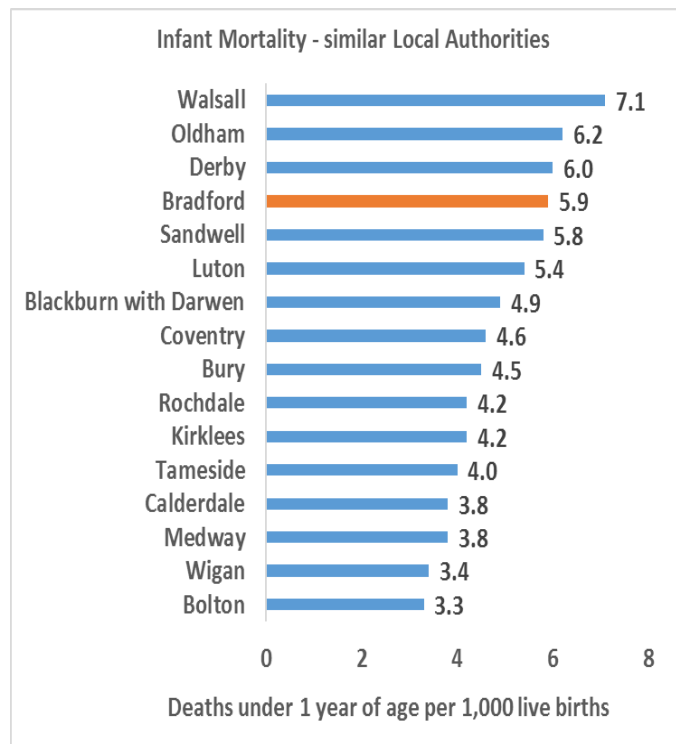
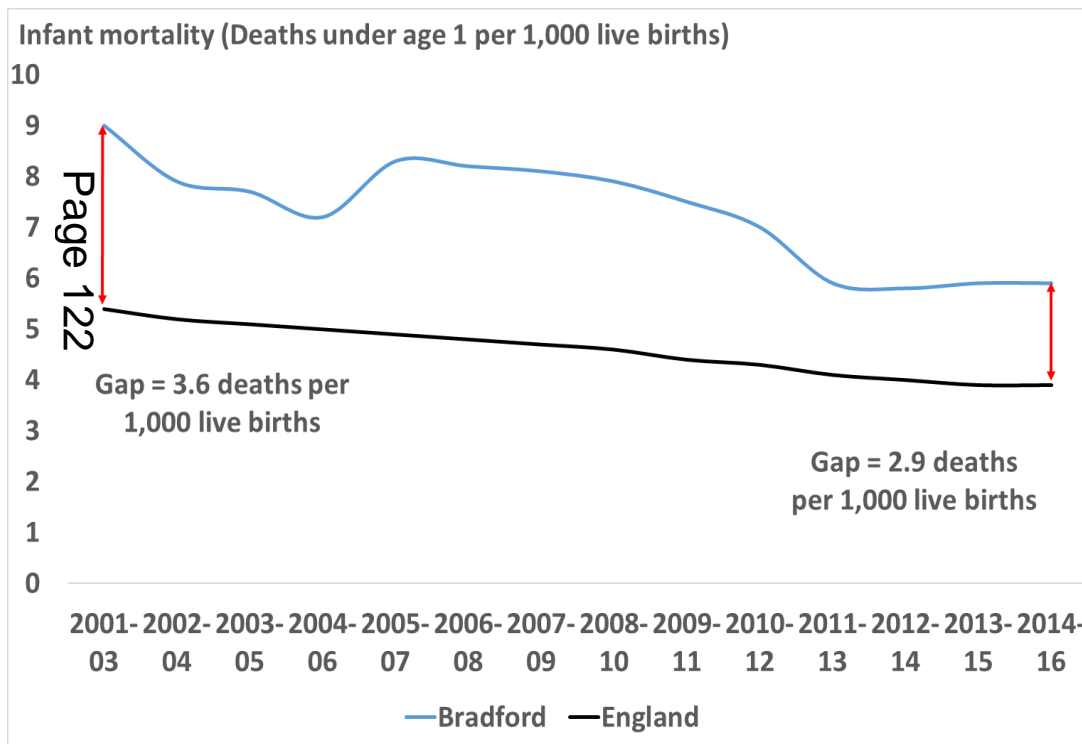
The % of 5 year olds who are free from obvious dental decay in Bradford District has generally increased since 2007/08. Although data for Bradford District is consistently lower than the average for England, the gap between the two has fallen to 16.5% from 20.9% in 2007/08. When compared to similar local authorities Bradford has the third lowest % of 5 year olds who are free from obvious dental decay.

# Infant Mortality (deaths per 1,000 live births)

**Latest value**  
**5.9 per 1,000**  
**live births**



Year	National rank (ranked out of 150)
2001-03	148
2014-16	143



Infant mortality rates for Bradford District have fallen since 2001-03, however, as with the average for England, improvements have stalled in recent years. Although Bradford District has consistently had a higher rate of infant mortality when compared to the England average over the last 15 years, the gap between the Bradford and England average has narrowed over this time. In comparison to similar local authorities, Bradford has 4<sup>th</sup> highest infant mortality rate.

# Low birth weight of term babies. Live births with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks

## Latest values (2016)

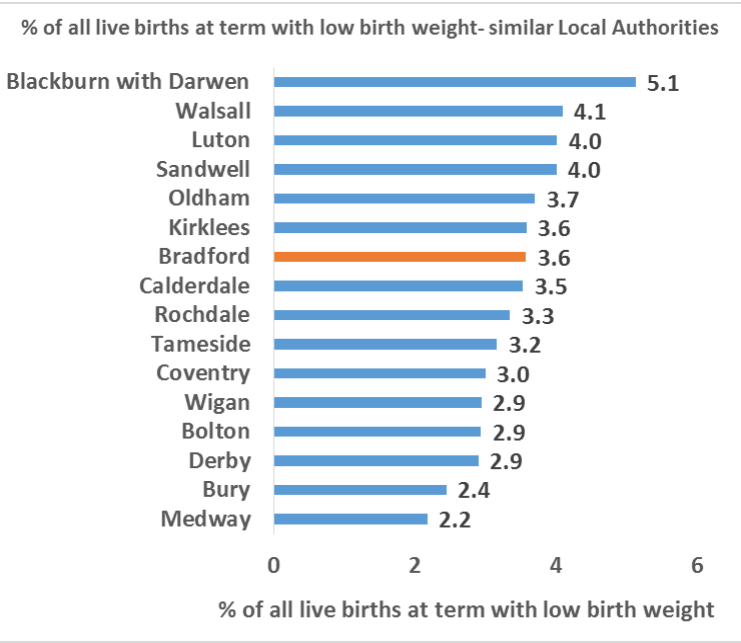
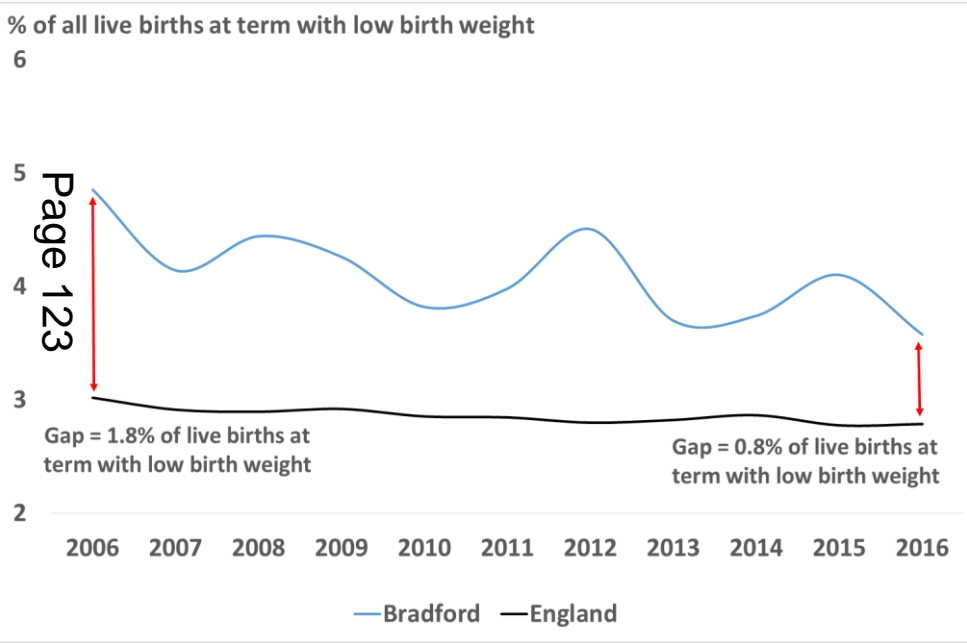
**Bradford District**  
**3.6%**

**Regional average**  
**3.0%**

**England average**  
**2.8%**

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life

Year	National rank (ranked out of 150 LAs)
2006	147
2016	134



During the period 2006 to 2016 the % of live births at term with low birth weight has fallen, although shows year on year variation. The proportion of low birth weight babies for England has consistently been lower than Bradford, however the gap between the two has now fallen from 1.8% to 0.8%, with Bradford recording it's lowest proportion of live births at term with low birth weight on record in the past 10 years.

# Teenage pregnancy - Rate of conceptions per 1,000 females aged 15-17

**Latest value**  
**20.0 births**  
**per 1,000**

**Least deprived ward value** **7.6**

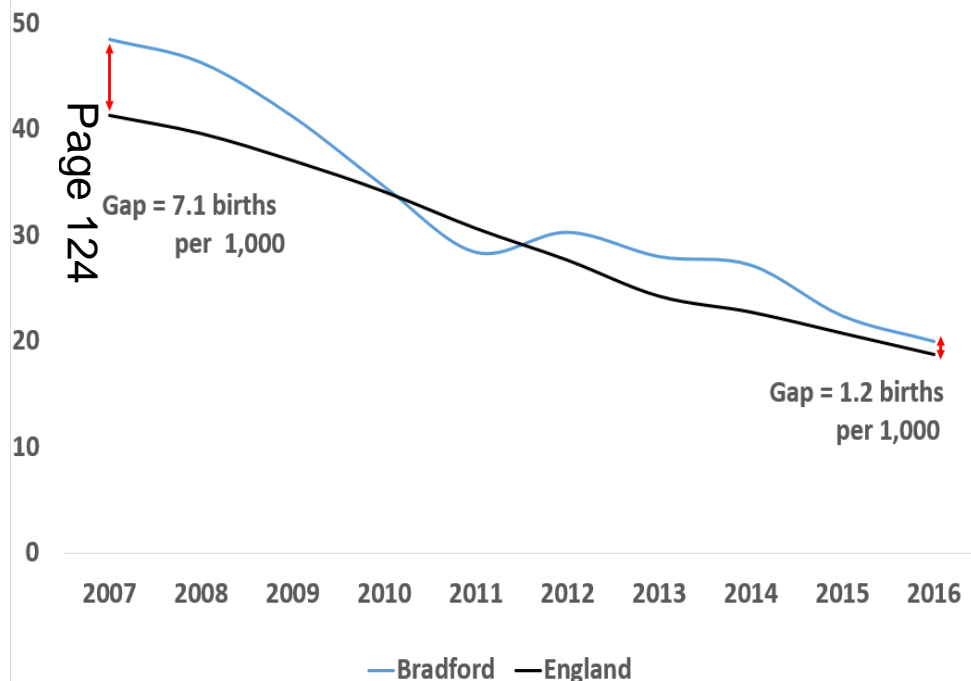
**Inequality gap** **11.4**

**Most deprived ward value** **19.0**

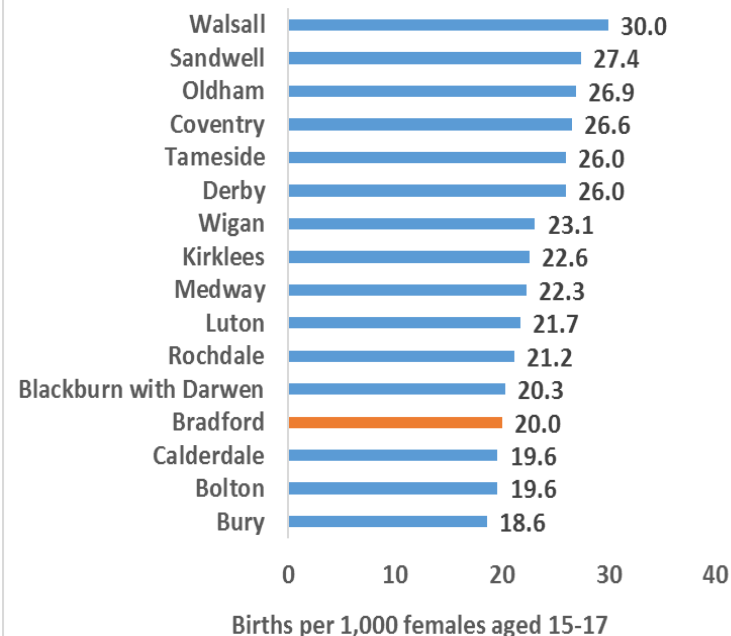
Year	National rank (ranked out of 150 Las)
2007	97
2016	80



Under 18 conceptions (per 1,000 females aged 15-17)



Under 18 conceptions - similar Local Authorities



The under 18 conception rate has been falling year on year in Bradford over the last 10 years and is currently the lowest on record since 1998. Although Bradford District continues to have a higher than average under 18 conception rate, since 2007 the gap between Bradford and the average for England has narrowed by nearly 6 fewer conceptions per 1,000 population per year. Bradford District also has one of the lower under 18 conception rates when compared to its similar Local Authorities.





# How will we know that we have made a difference?

People in Bradford District will live, study, work, and spend their leisure time in environments which are supportive of good mental wellbeing. Stigma and discrimination will be reduced, and awareness of mental wellbeing and mental ill health will be raised. This will enable people to seek and access help early, preventing many people from developing more severe illnesses or experiencing a crisis. Where mental illness is more severe, care will be responsive, effective and accessible, delivering good long term outcomes.

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- % of the population with good mental wellbeing (happiness & satisfaction);
- Suicide rate per 100,000 population;
- IAPT recovery rate;
- % of people with a LTC who feel supported to manage their condition;
- % of people experiencing a first episode of psychosis to a NICE approved care package within two weeks of referral;
- % of CYP with MH condition receiving treatment;
- Excess under 75 mortality rate in persons with serious mental illness

# Mental Wellbeing: High happiness score

## Latest values (2015/16)

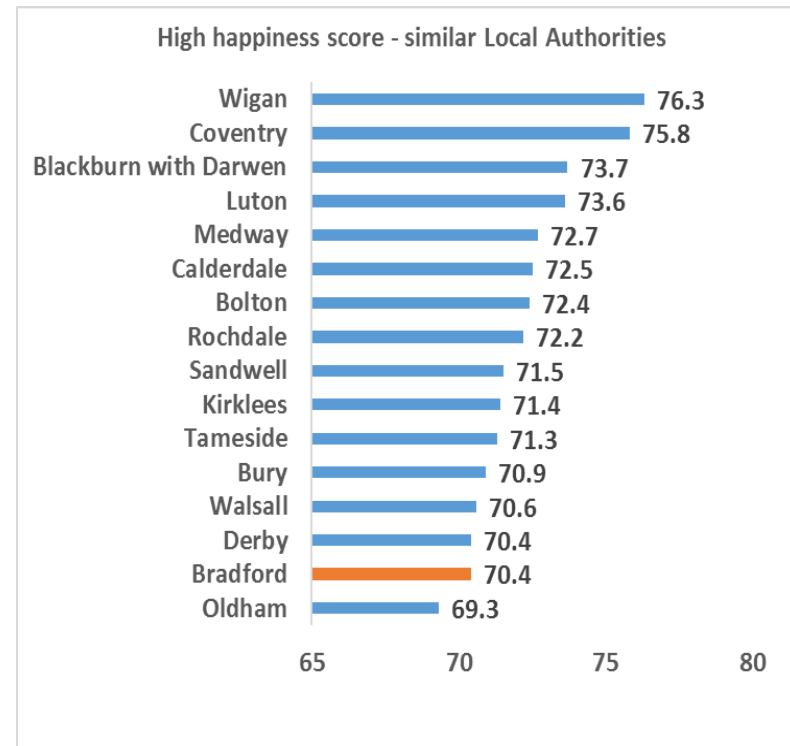
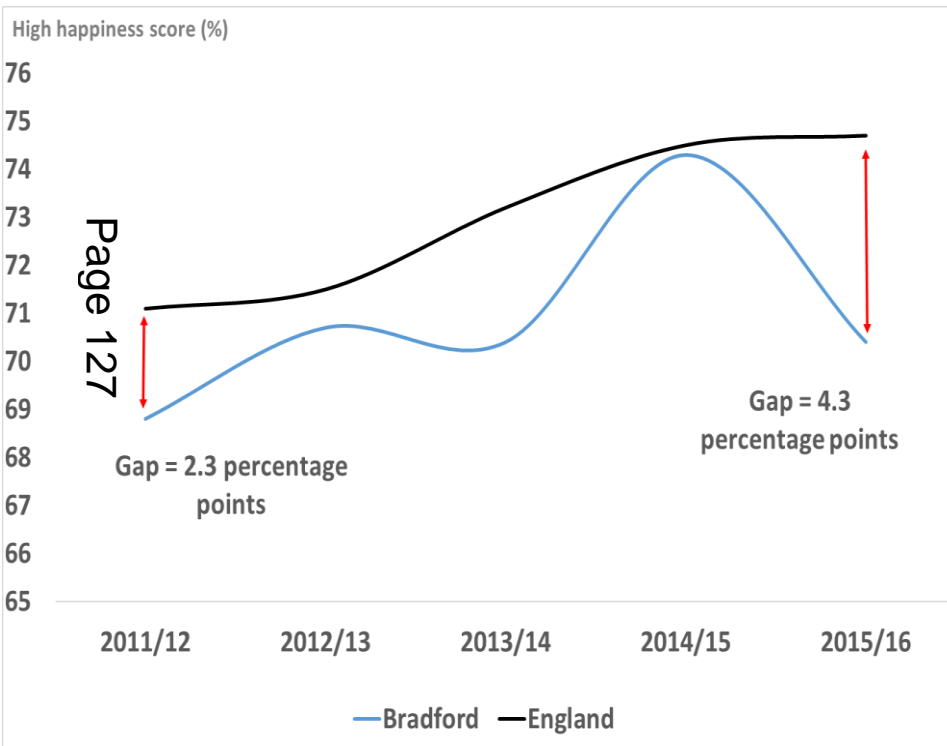
**Bradford District**  
**70.4%**

**Regional average**  
**74.1%**

**England average**  
**74.7%**

ONS measure of wellbeing has five elements including happiness. Definition – % of people scoring 7-10 to the question “Overall, how happy did you feel yesterday?”

Year	National rank (ranked out of 150)
2011-12	108
2015-16	136



Although Bradford District has on average seen it's happiness score improve over recent years, in 2015-16 it fell back to the value seen in 2013-14. Year on year fluctuation isn't surprising because of the way that this information is collected – longer term trends are more significant. Because of the most recent dip in the data the gap between Bradford District and the average for England has widened. The District's has seen it's national rank fall and it performs less well compared to similar LAs.

# Mental Wellbeing: High satisfaction score

## Latest values (2015/16)

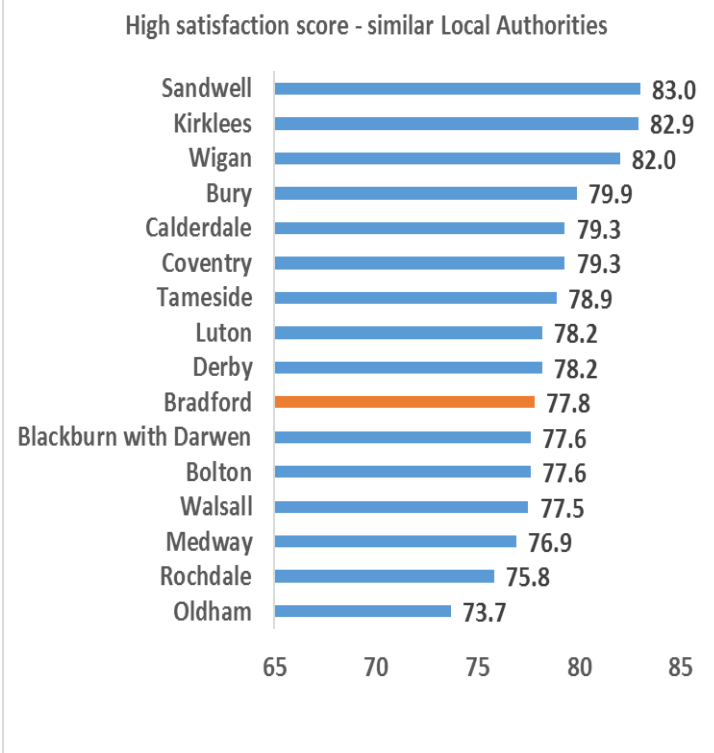
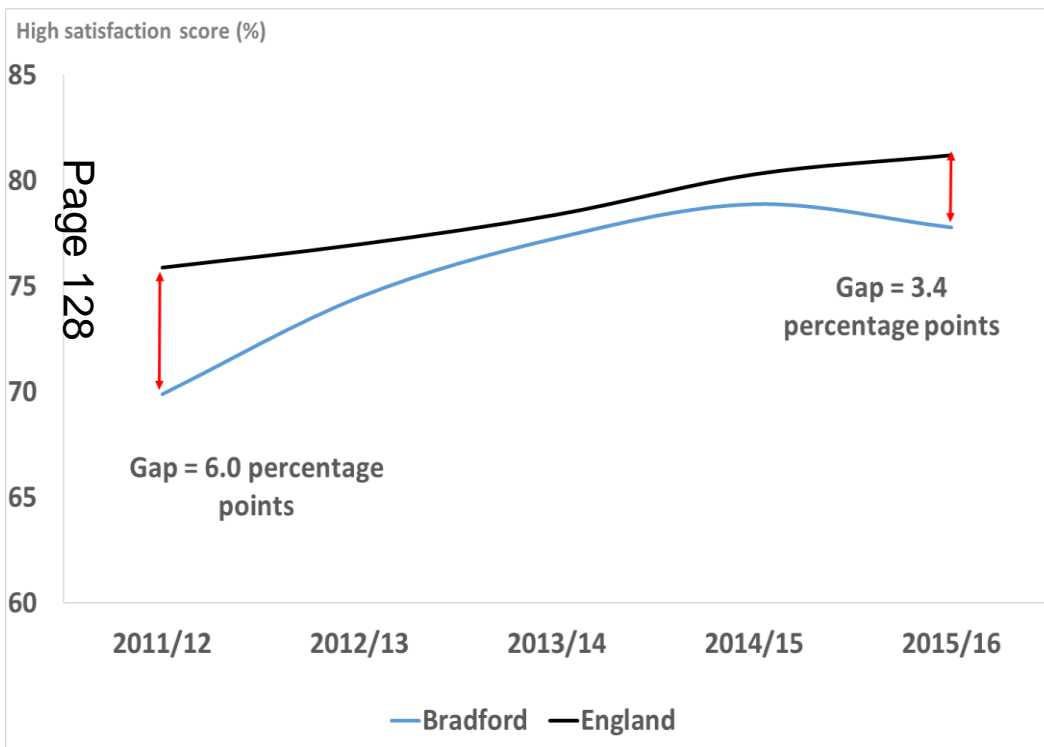
**Bradford District**  
**77.8%**

**Regional average**  
**80.7%**

**England average**  
**81.2%**

ONS measure of wellbeing has five elements including satisfaction. Definition – % of people scoring 7-10 to the question “Overall, how satisfied are you with life?”

Year	National rank (ranked out of 150)
2011-12	137
2015-16	119



Bradford District has seen its satisfaction score improve over recent years, with the gap narrowing between Bradford District and the average for England. Although the District's satisfaction score remains below the average for England, it has seen its national rank improve and has an average score when compared to similar Local Authorities.

# Suicide Rate - Mortality rate from suicide and injury of undetermined intent per 100,000 population

## Latest value

**9.2 per  
100,000  
population**

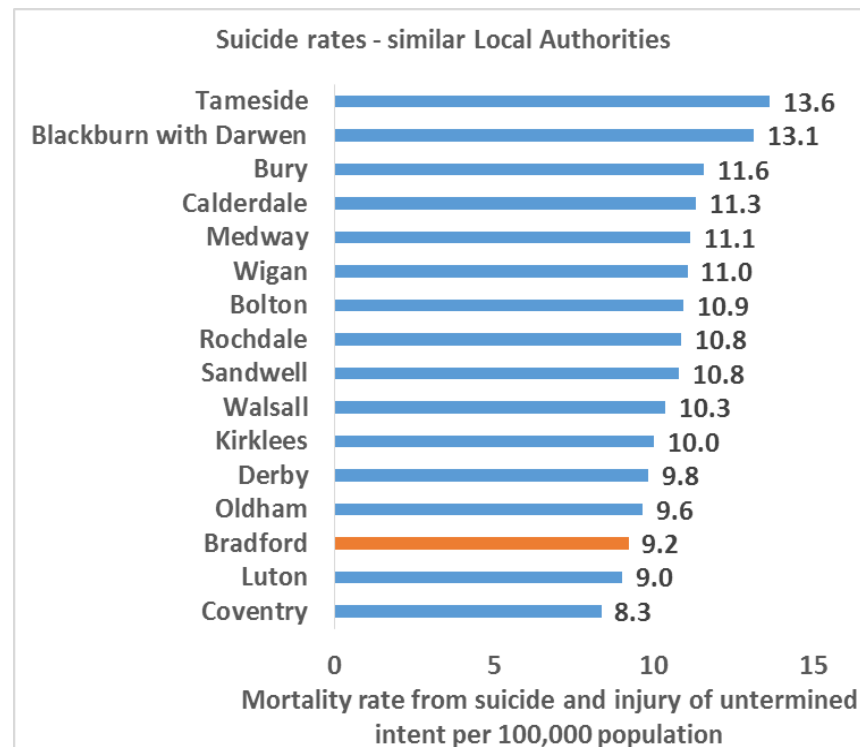
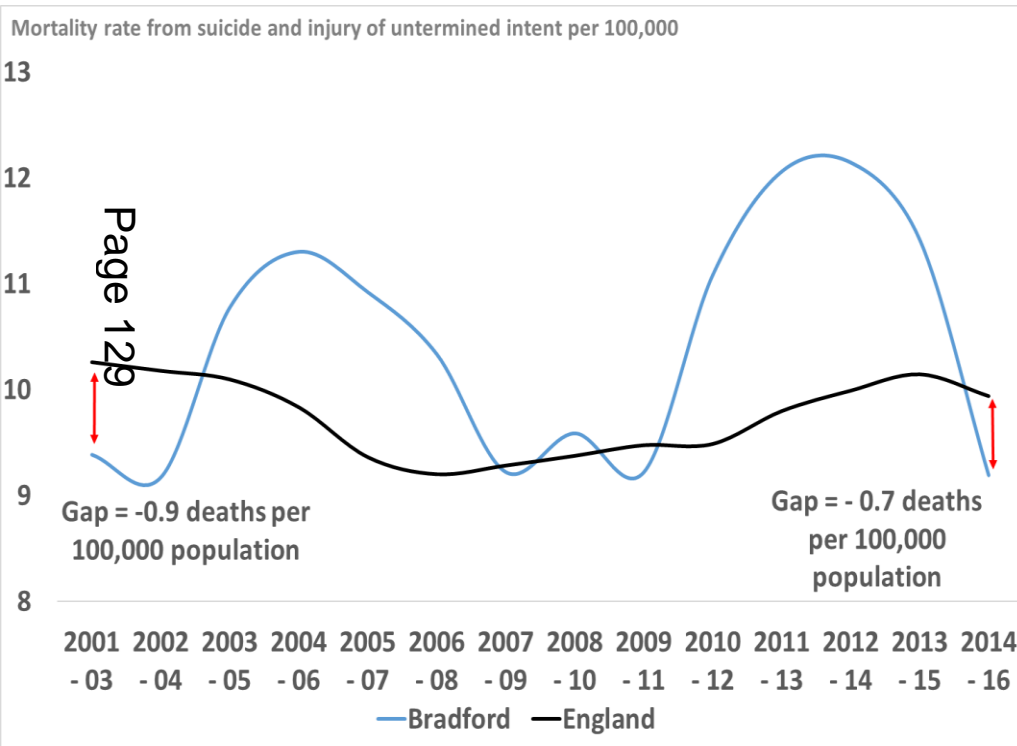
**Most deprived ward**  
**12.9**

**Inequality gap**

**Least deprived ward**  
**14.6**

The inequality gap for suicide is less linked to deprivation but to a variety of different risk factors

Year	National rank (ranked out of 150)
2001-03	52
2014-16	50



Over the last 15 years the suicide rate in Bradford has fluctuated; however for 2014-16 the suicide rate fell to 9.2 deaths per 100,000 population. This matches the lowest suicide rate in the District recorded in 2002-04. Bradford's suicide rate is currently lower than the average for England, which is 10.4 deaths per 100,000. In comparison to similar local authorities, Bradford has the third lowest suicide rate of the group.

# IAPT recovery rate - % (monthly) of people who are "moving to recovery" of those who have completed IAPT (Improving Access to Psychological Therapies) treatment

## Latest values (March 2018)

**Bradford City**

**46%**

**Bradford Districts**

**48%**

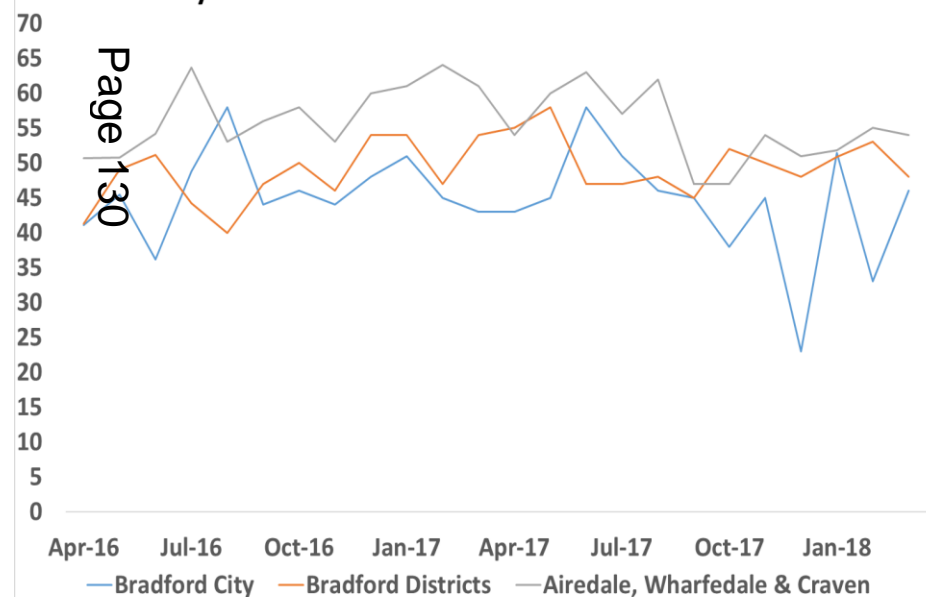
**Airedale, Wharfedale & Craven**

**54%**

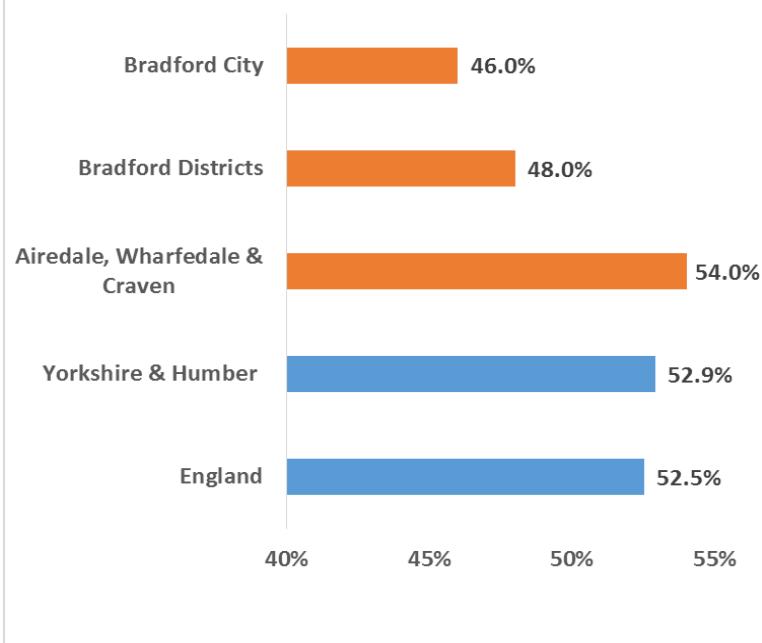
Data is not available at local authority level. Data is presented for each of the three CCGs that span Bradford District.

IAPT Recovery Rate

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IAPT recovery rates compared to regional and national average



Bradford City CCG has the lowest IAPT recovery rate out of the three CCGs – 46%. This is followed by Bradford Districts at 48% and then Airedale, Wharfedale & Craven at 54%. Airedale, Wharfedale & Craven have an IAPT recovery rate above the regional (52.9%) and national average (52.5%). However, Bradford City and Bradford Districts have IAPT recovery rates below the national average by 6.5 and 4.5 percentage points respectively.

# Early intervention in Psychosis waiting times

## Latest values (2016/17)

**AWC CCG**

**70.7%**

**City CCG**

**70.1%**

**Districts CCG**

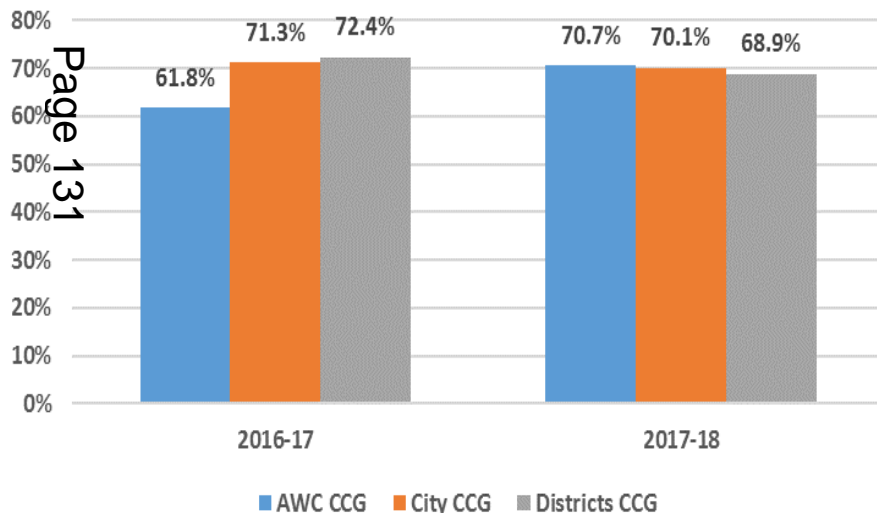
**68.9%**

**England average**

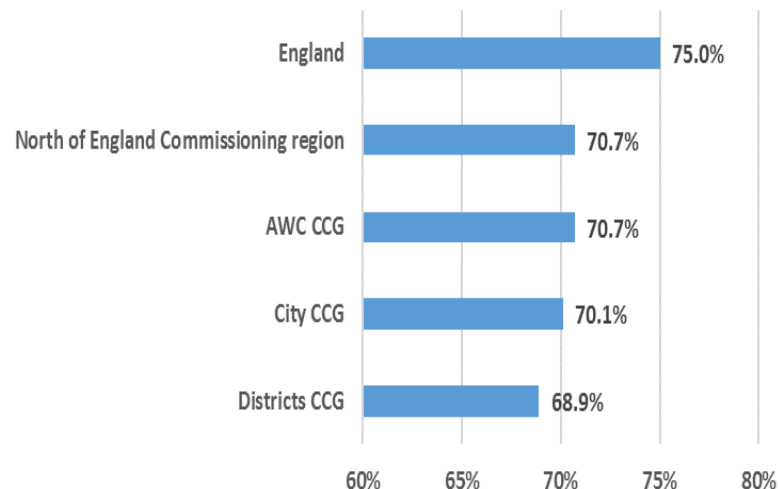
**75.0%**

Definition - % of people experiencing a first episode of psychosis in receipt of a NICE approved care package within 2 weeks of referral. This data is only available for CCGs.

% of people experiencing a first episode of psychosis within 2 weeks of referral



% of people experiencing a first episode of psychosis within 2 weeks of referral - 2017/18



Across the 3 CCGs there are on average 9 people experiencing a first episode of psychosis per month, with approximately 70% receiving a NICE approved care package within 2 weeks of referral. AWC CCG sees on average the fewest number of people experiencing a first episode of psychosis per month (4), City CCG sees on average 8 per month and Districts CCG 14 per month. There is slight variation across the 3 CCGs in referrals within 2 weeks, but all are below the average for England.

# Excess under 75 mortality rate in persons with serious mental illness

## Latest values (2014/15)

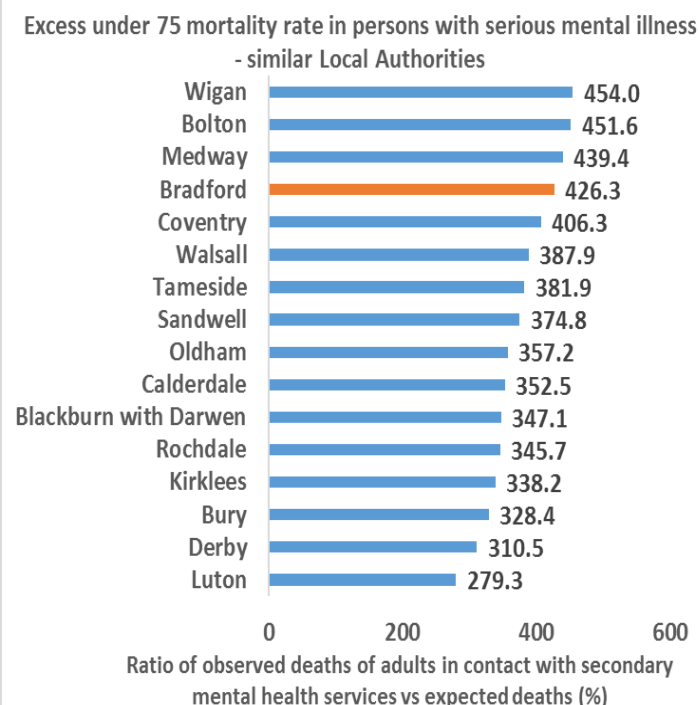
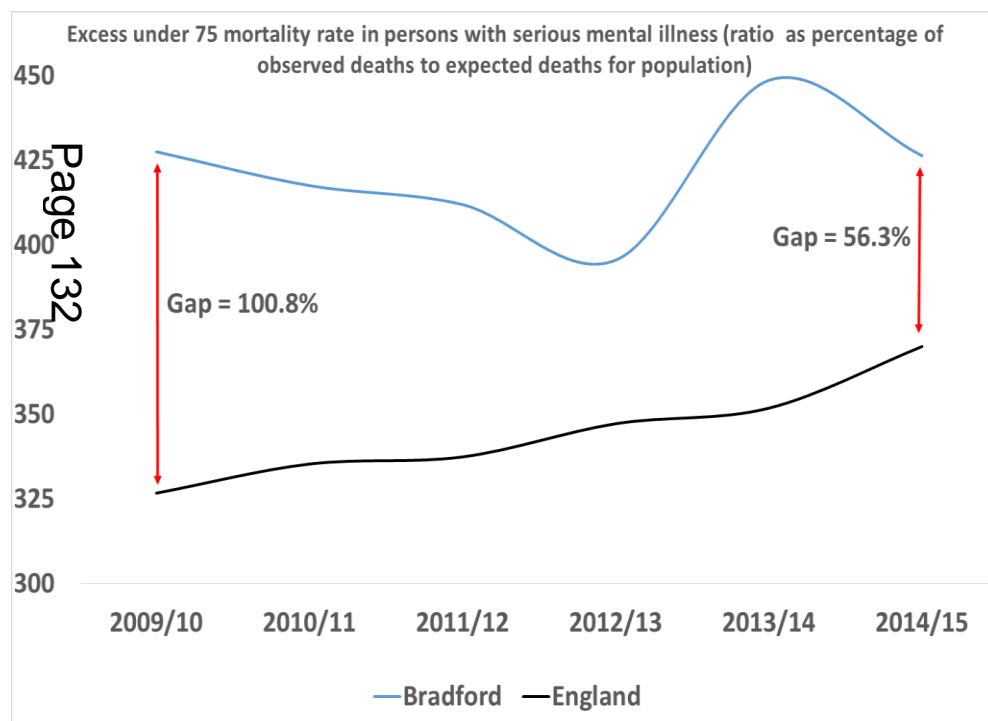
**Bradford District**  
**426.3%**

**Regional average**  
**376.9%**

**England average**  
**370%**

Definition - The ratio of the observed number of deaths in adults in contact with secondary mental health services to the expected number of deaths.

Year	National rank (ranked out of 150)
2009/10	130
2014/15	112



From 2009/10 to 2014/15 Bradford District's excess under 75 mortality rate in persons with SMI has generally remained stable dropping only by 1.2% to 426.3%. Although Bradford's rate still remains greater than the national average, the rate in England has continued to rise since 2009/10. As this trend was not replicated in Bradford, the gap between Bradford District and England's rate has fallen from 100.8% to 56.3%. Comparatively to similar local authorities Bradford has one of the highest rates for this measure.





# How will we know that we have made a difference?

People will be supported throughout the lifecourse to adopt healthy lifestyle behaviours. As a result fewer people will develop long term conditions associated with lifestyle factors. If people do develop long term conditions, they will be well managed, reducing the likelihood of complications. This will lead to fewer people dying as a result of the 'big killers', CVD, respiratory disease, liver disease, or cancer before the age of 75.

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- % of adults who are physically active
- % of adults meeting the '5 a day' recommendation
- Successful completion of drug treatment (opiate and non-opiate)
- % of children in year 6 who are overweight or obese
- % of adults smoking
- % of people with LTC who feel confident in managing their health

# Physical activity in adults - % of adults who are physically active

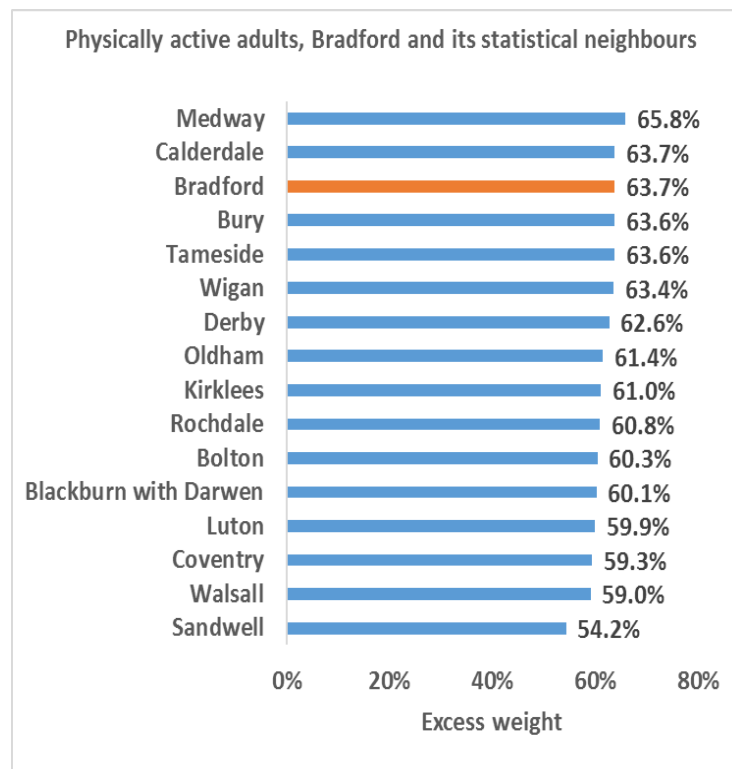
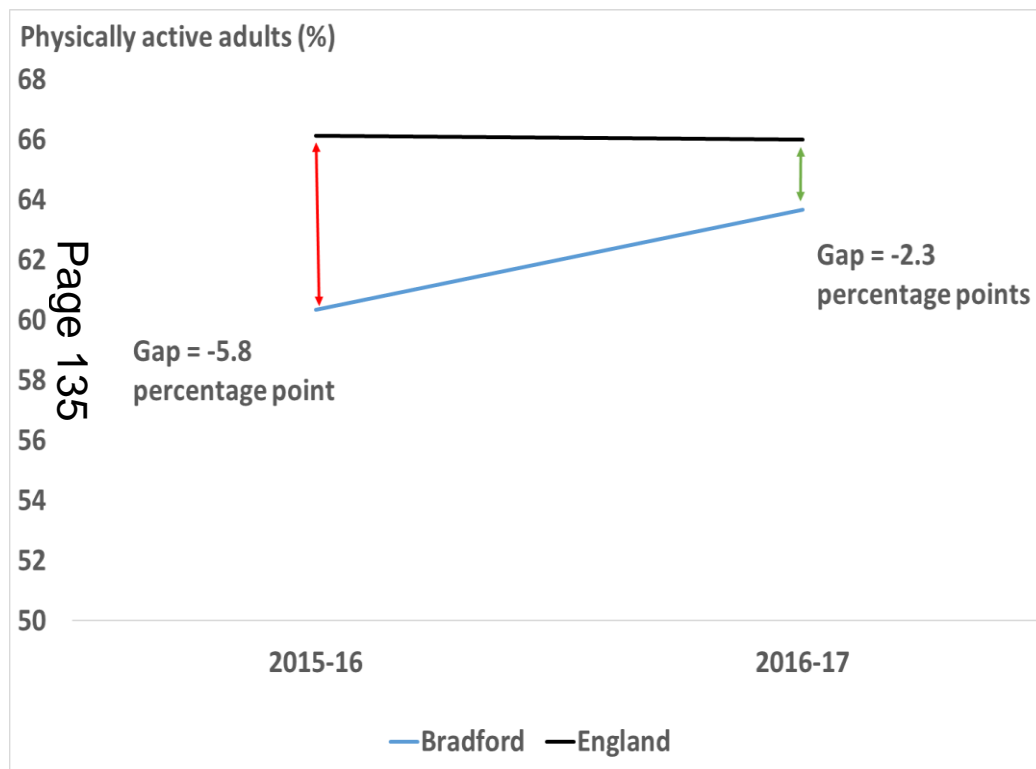
**Bradford District**  
**63.7%**

**Regional average**  
**64.6%**

**England average**  
**66.0%**

People aged 19 years and over doing at least 150 moderate intensity equivalent minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days

Year	National rank (ranked out of 326)
2015-16	132
2016-17	96



Although there are only two years of data available, the percentage of adults who are physically active in Bradford District has increased and the gap between Bradford District and the national average has narrowed. Although Bradford District only has the 8<sup>th</sup> highest value in the region, it has the 3<sup>rd</sup> highest value when compared to its statistical neighbours.

# % of adults meeting the '5 a day' recommendation- Proportion of the population who, when surveyed, reported that they had eaten the recommended 5 portions of fruit and vegetables on a usual day.

## Latest values (2016/17)

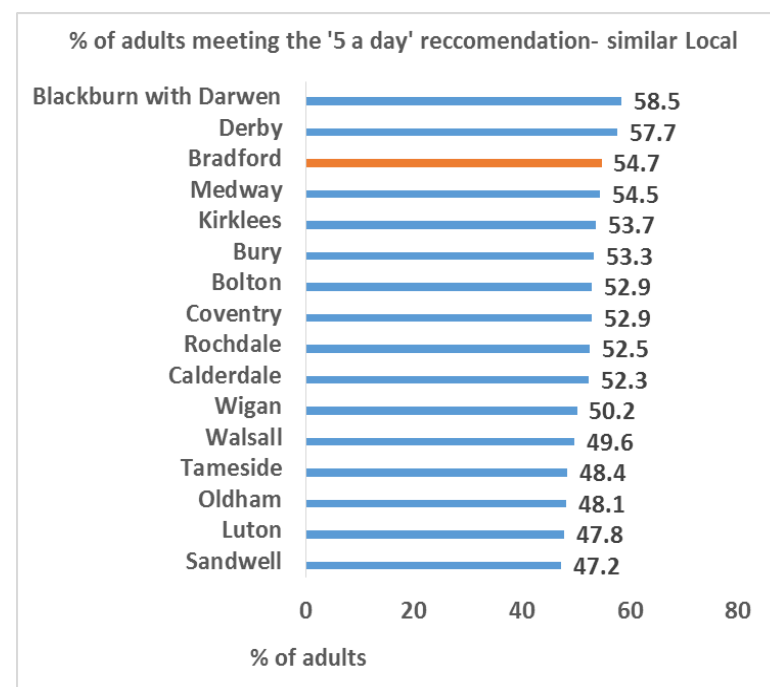
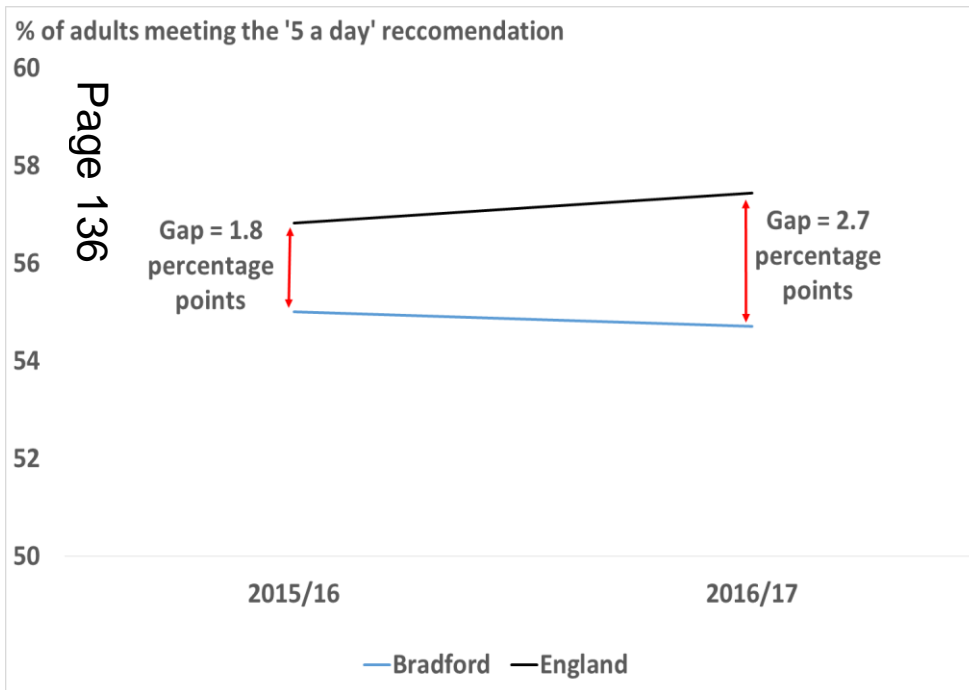
**Bradford District**  
**54.7%**

**Regional average**  
**54.8%**

**England average**  
**57.4%**

In England, two thirds of adults are overweight or obese. Poor diet and obesity are leading causes of premature death and mortality.

Year	National rank (ranked out of 150)
2015/16	92
2016/17	106



In Bradford District 54.7% of adults meet the '5 a day' recommendation, a slight decrease from the previous year. Although this decrease was also seen regionally, nationally an increase was seen. Because of this the gap between Bradford District and England has widened to 2.7% from 1.8%. When compared to similar local authorities, Bradford District has the third highest % of adults meeting the '5 a day' recommendation.

# Successful completion of drug treatment (opiate users) - % of opiate drug users that left drug treatment successfully who do not re-present to treatment services within 6 months

## Latest values (2016)

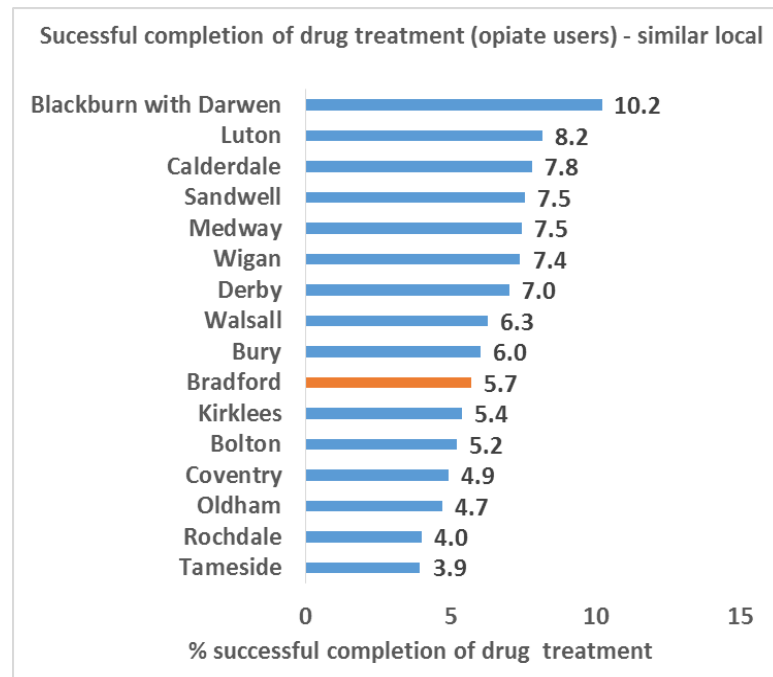
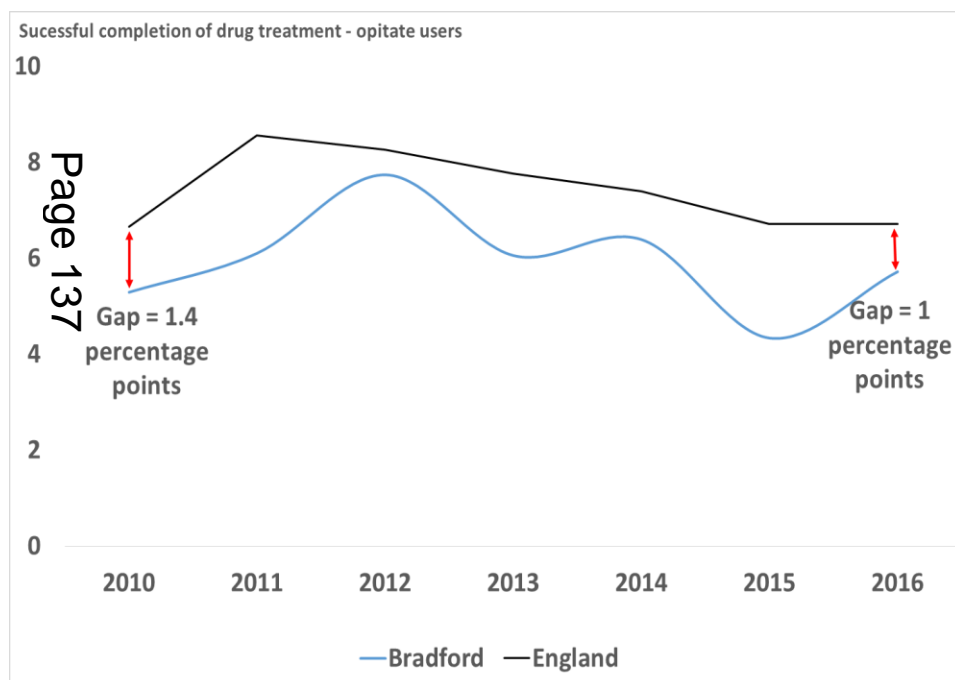
**Bradford District**  
**5.7%**

**Regional average**  
**5.7%**

**England average**  
**6.7%**

Individuals achieving this outcome demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced blood-borne virus transmission, & improved physical and psychological health.

Year	National rank (ranked out of 150)
2010	116
2016	106



In Bradford District the success completion rate of drug treatment for opiate users has fluctuated over the last 6 years, but has increased overall from 5.3% to 5.7% in 2016. Although the success rate is consistently below the national average, the gap has narrowed. Bradford District's rank for this indicator has improved since 2010 to 106<sup>th</sup> place and when compared to similar local authorities Bradford District sits in the middle of the group.

# Successful completion of drug treatment (non opiate users) - % of non-opiate drug users that left treatment successfully who do not re-present to treatment within 6 months

## Latest values (2016)

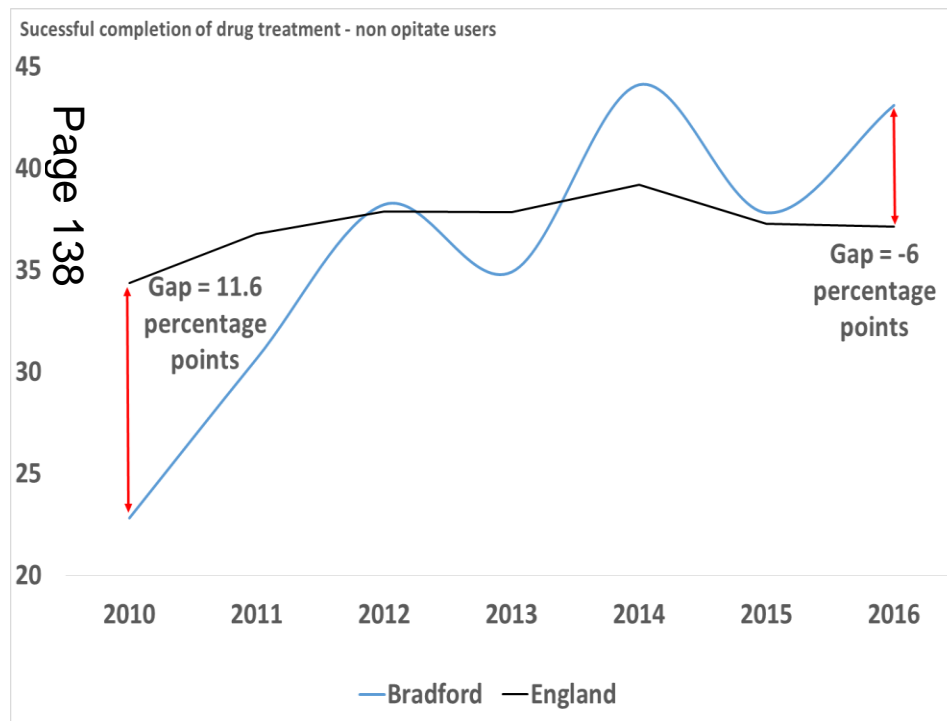
**Bradford District**  
**43.1%**

**Regional average**  
**36%**

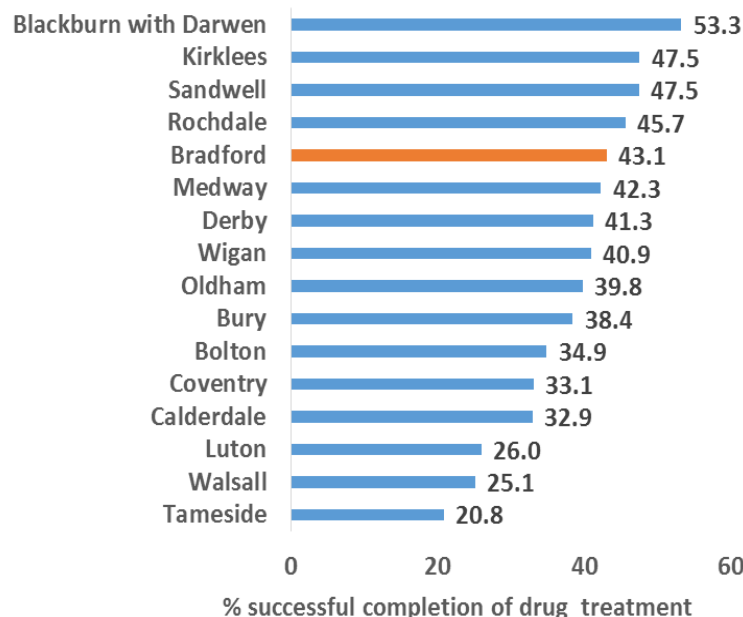
**England average**  
**37.1%**

Individuals achieving this outcome demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced blood-borne virus transmission, & improved physical and psychological health.

Year	National rank (ranked out of 150)
2010	140
2016	35



## Successful completion of drug treatment (non opiate users)- similar



Since 2010 the successful completion of drug treatment for non opiate users has fluctuated but overall has an increased to 43.1% over the last 6 years. Bradford District's success rate is higher than both the national and regional average. When compared to similar local authorities, Bradford has the 5<sup>th</sup> highest successful completion of drug treatment rate.

# Smoking prevalence in adults - % of adults reporting that they smoke

## Latest values (2017)

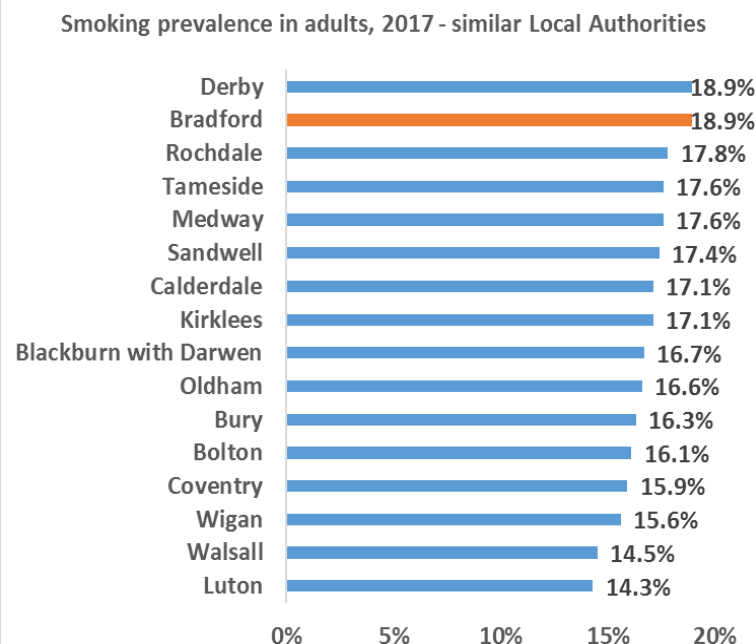
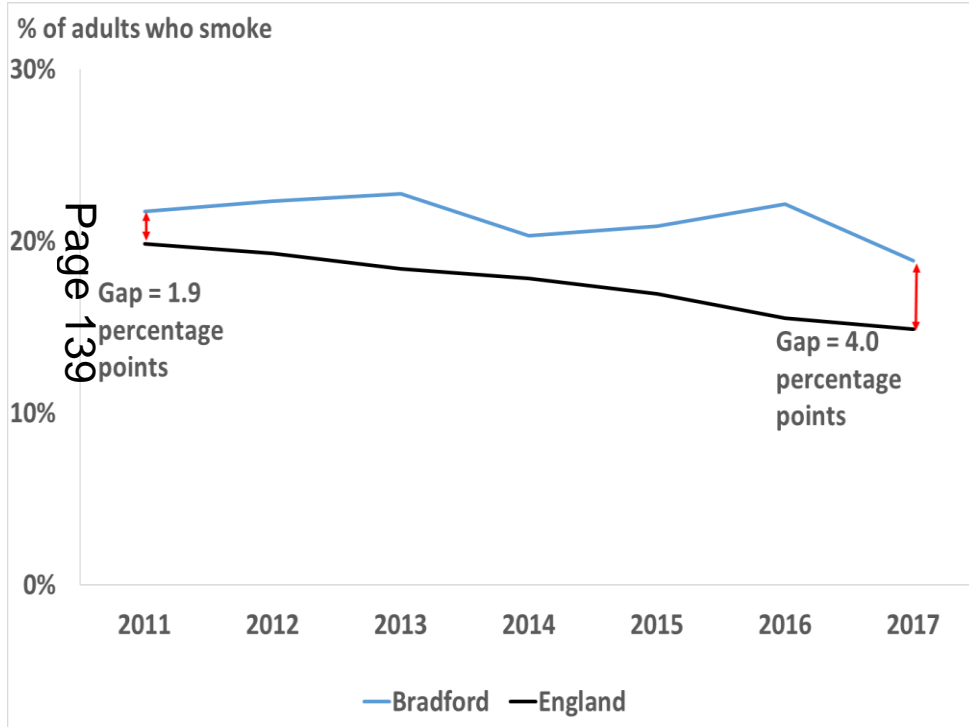
**Bradford District**  
**18.9%**

**Regional average**  
**17.0%**

**England average**  
**14.9%**

It is recognised that smoking rates vary, with people in routine and manual groups having some of the highest self reported smoking rates.

Year	National rank (ranked out of 150)
2011	97
2017	134



Although smoking prevalence reduced to 18.9% in 2017 (the lowest prevalence on record), Bradford District still has one of the highest percentages of adults who smoke in the country, and has seen the gap between Bradford District and the average for England widen over recent years. Bradford District has the joint highest smoking prevalence of similar local authorities.

# % of people with a long term condition who feel supported to manage their condition

## Latest values (2016/17)

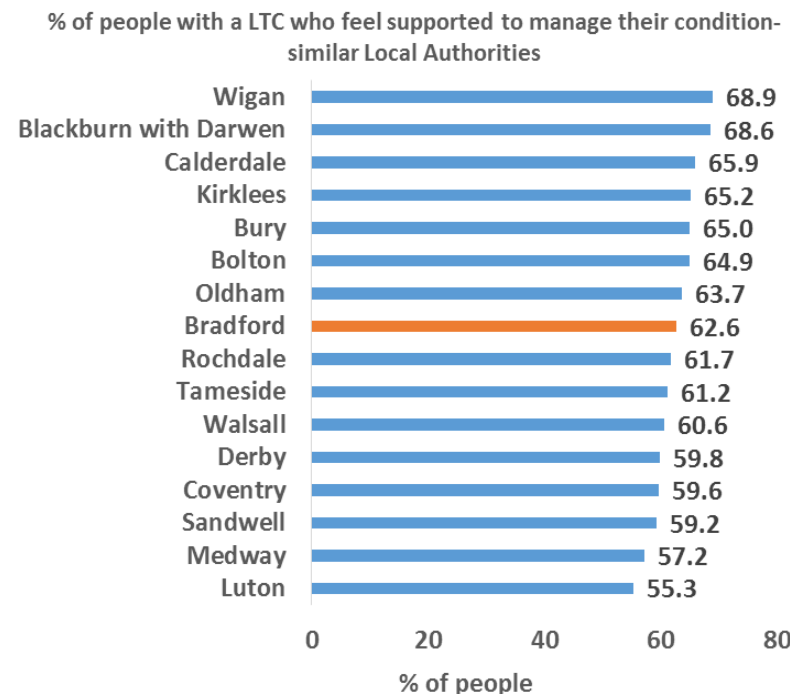
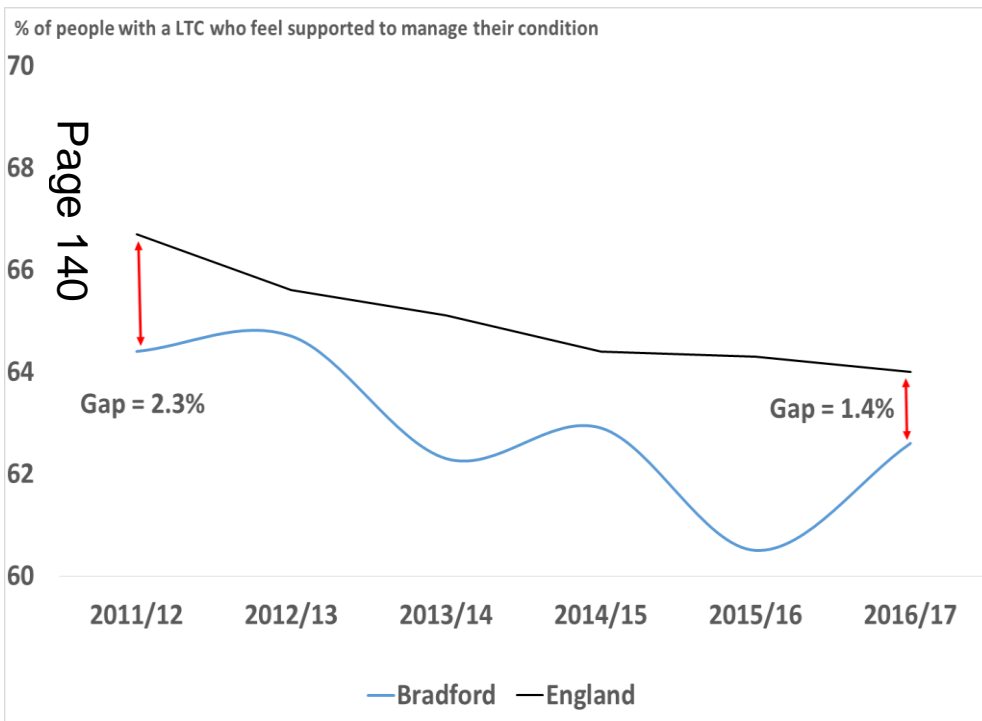
**Bradford District**  
**62.6%**

**Regional average**  
**64.8%**

**England average**  
**64%**

A measure for the degree to which people with health conditions that are expected to last for a significant period of time feel they have had sufficient support from relevant services and organisations to manage their condition.

Year	National rank (ranked out of 150)
2011/12	105
2016/17	97



In 2016/17 62% of people in Bradford District with an LTC felt supported to manage their condition. This is a 1.8 percentage point increase since 2015/16, however it is lower than in 2011/12. Moreover, the District remains lower than both the average for the region (64.8%) and for England (64%). Since 2011/12 the gap between England and Bradford District has decreased from 2.3% to 1.4%. In comparison to similar local authorities, Bradford District is around average.





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

# How will we know that we have made a difference?

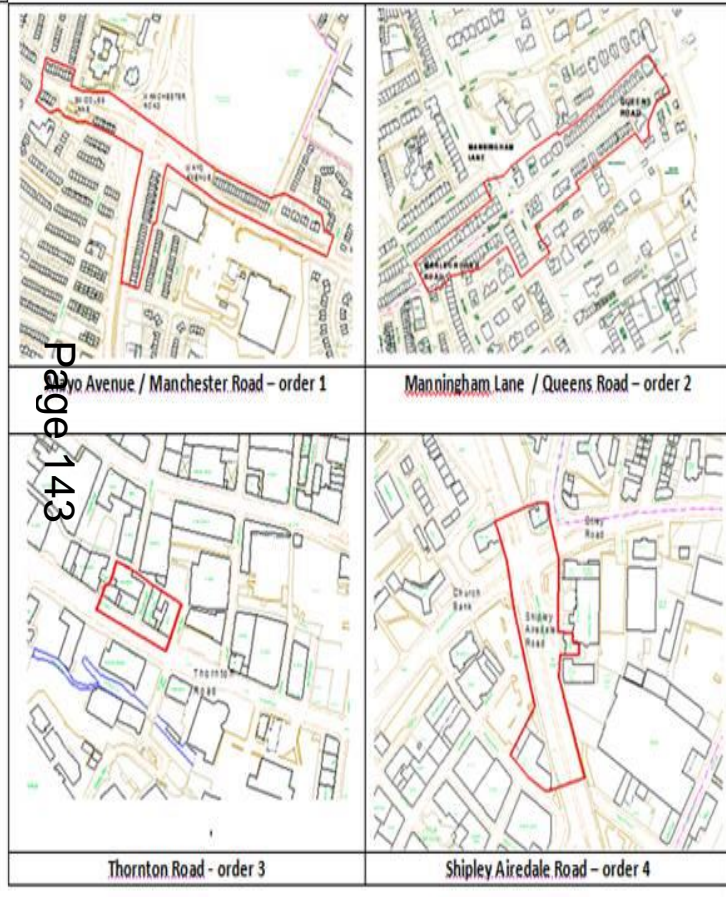
The communities we are born, live, work and socialise in have a significant influence on our health and wellbeing. The wider determinants of health determine the extent to which people have the physical, social, and personal resources to identify and achieve goals, meet their needs, and deal with changes in their circumstances. By creating healthy places, fewer people will develop long term conditions and poor mental wellbeing. As a result, people will live longer lives and spend more years in good health.

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Annual mean concentration of NO<sub>2</sub> in AQMAs & areas of concern

- % of people using outdoor space for exercise or health reasons
- % of people aged 16-64 in employment
- % of working age people qualified to NVQ level 3 or equivalent
- % of working days lost to sickness absence
- % of households in fuel poverty
- Number killed or seriously injured on our roads
- The rate of employment amongst adults of working age with a mental illness.

Bradford AQMAs



There are four AQMAs in the district where NO<sub>2</sub> is routinely monitored

## Shipley Airedale Road

The average concentration of NO<sub>2</sub> measured at Shipley Airedale Road over the last 5 years is 52µg/m<sup>3</sup> indicating that the concentration of nitrogen dioxide in this area has stabilised, but is not showing any sign of significant improvement. This concentration of nitrogen dioxide is still well in excess of the 40ug/m<sup>3</sup> objective level

## Mayno Avenue

The average concentration of NO<sub>2</sub> measured at this site over the last 5 years was 56µg/m<sup>3</sup>. There is some indication that air quality in the Mayno Avenue area has improved in the past 5 years, but it is too early to confirm if this is the start of a sustained downward trend

## Thornton Road

The annual average concentration recorded in 2016 was 31µg/m<sup>3</sup> compared with a five year average of 45.6µg/m<sup>3</sup>. If concentrations of nitrogen dioxide at Thornton Road continue to remain well below the annual average objective level it may be possible to consider revocation of the Thornton Road AQMA.

## Manningham Lane

The annual average concentration recorded in 2016 was 41µg/m<sup>3</sup>. This was very similar to the 2015 value of 42µg/m<sup>3</sup>. Due to historical problems with the analyser at this site there is insufficient reliable long term data to enable any conclusions about the longer term air quality trend at this particular location

# % of people using outdoor spaces for exercise or health reasons- the

proportion of residents self reporting taking a visit to the natural environment for health or exercise purposes

## Latest values (2015/16)

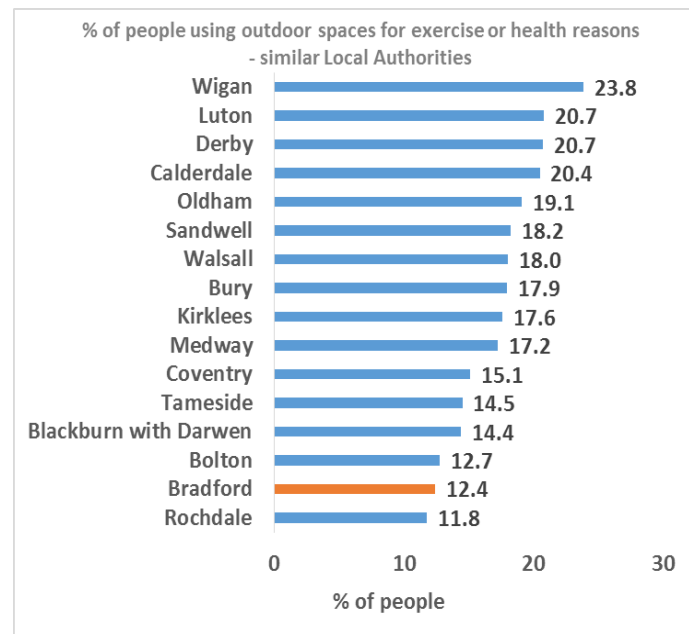
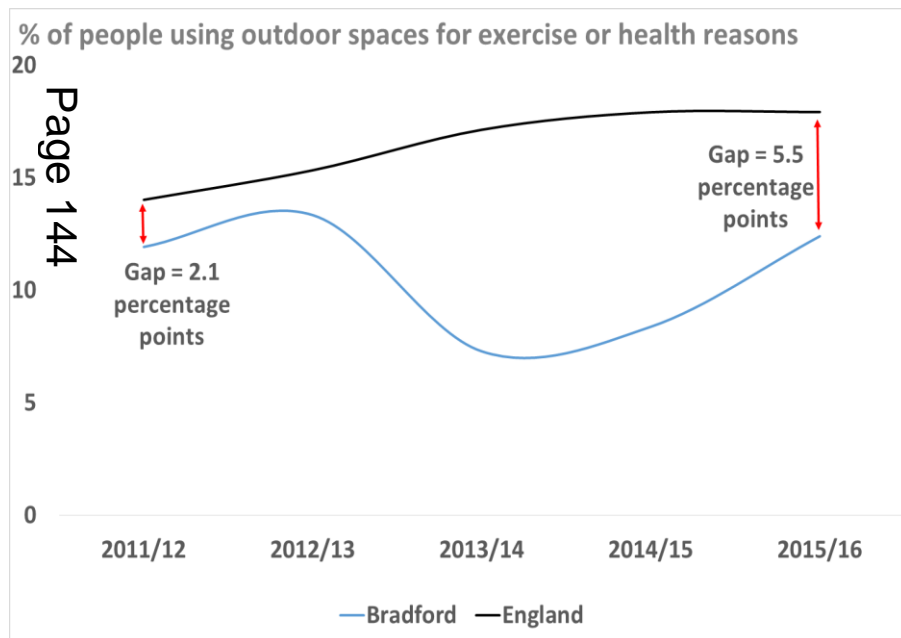
**Bradford District**  
**12.4%**

**Regional average**  
**17.5%**

**England average**  
**17.9%**

There is strong evidence to suggest that green spaces have a beneficial impact on physical and mental wellbeing.

Year	National rank (ranked out of 150)
2011/12	73
2015/16	130



In Bradford District the % of people using outdoor spaces for exercise or health reasons has fluctuated over time. In 2015/16 the % increased to 12.4% from 8.4% the previous year. However, the District is still below the national average and the gap between England and Bradford District has widened to 5.5% from 2.1% in 2011/12. Bradford District has the second lowest % of people using outdoor space for exercise or health reasons when compared to similar local authorities.

# % of people aged 16-64 in employment - the percentage of all respondents in the Labour Force Survey classed as employed (aged 16-64) .

## Latest values (2016/17)

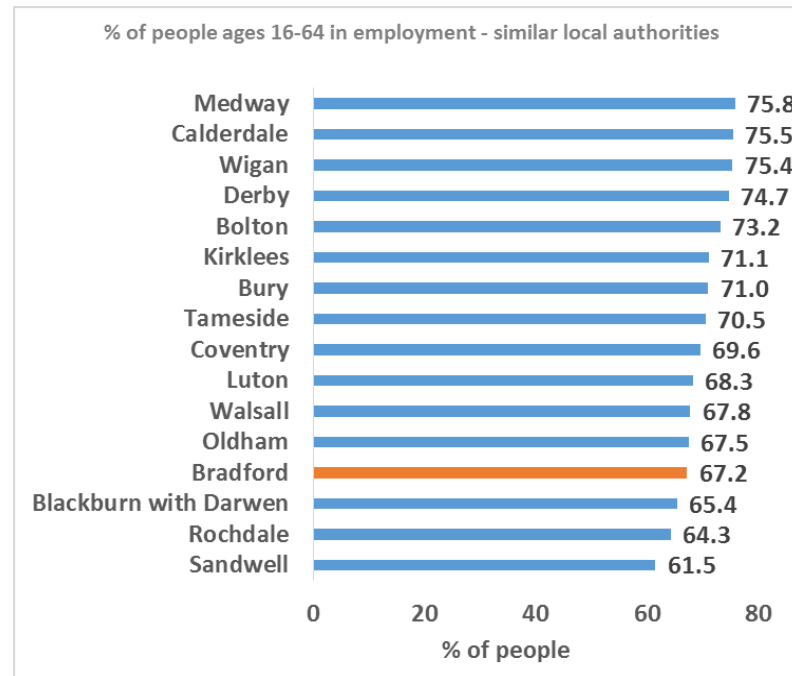
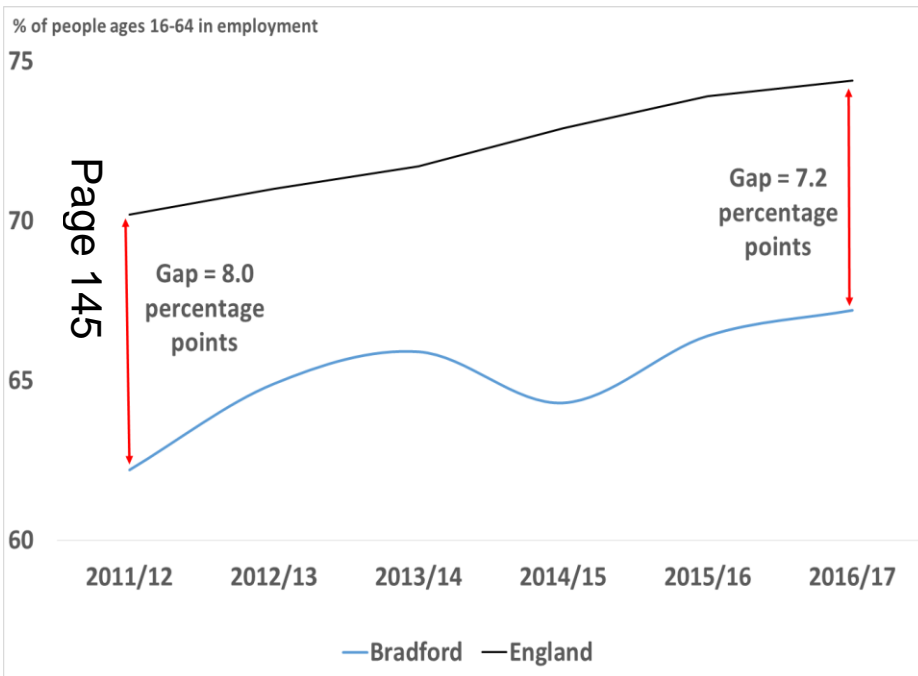
**Bradford District**  
**67.2%**

**Regional average**  
**72.8%**

**England average**  
**74.4%**

The links between employment and health and wellbeing are well established, with decent jobs having a positive impact on health.

Year	National rank (ranked out of 150)
2011/12	136
2016/17	135



The % of people in employment in Bradford District has generally followed an upward trend over recent years, with the % of people in employment currently the highest recorded in recent years. Although Bradford District is still below the national average, the gap between England and Bradford District has narrowed from 8% in 2011/12 to 7.2% in 2016/17. In comparison to similar local authorities, Bradford District has the 4<sup>th</sup> lowest percentage of people in employment.

# Skills - NVQ level 3 – Proportion of the working age population qualified to NVQ level 3 and above

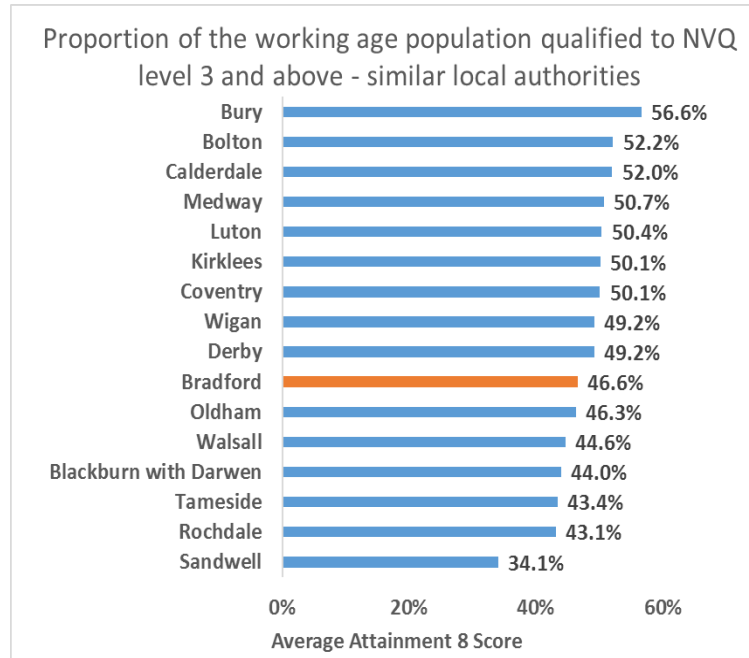
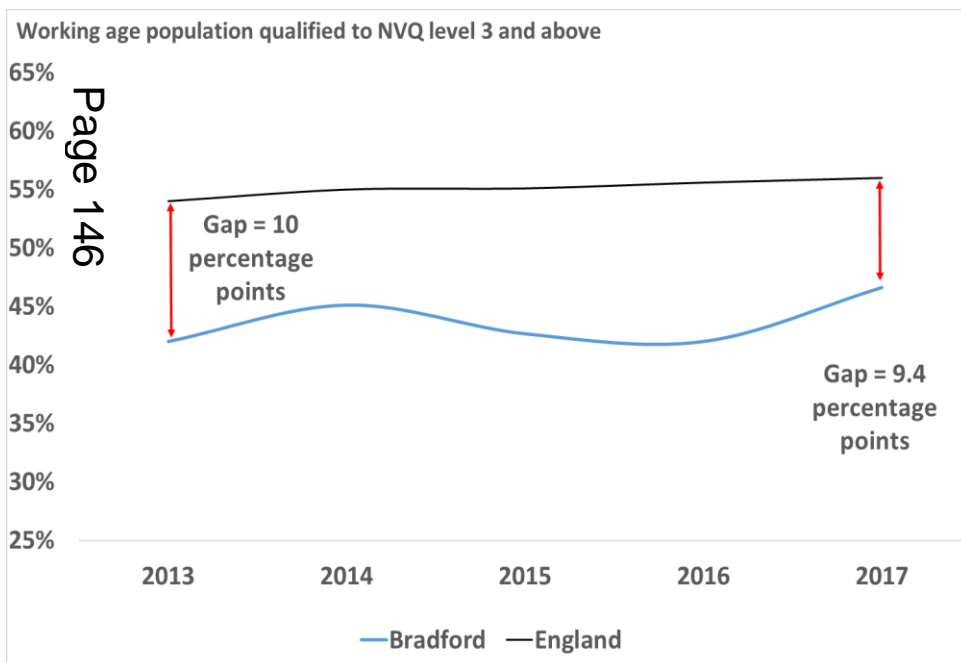
**Latest values (2016/17)**

**Bradford District**  
**46.6%**

**England average**  
**56%**

The links between employment and health and wellbeing are well established, with decent jobs having a positive impact on health. Skills are needed to help people get fulfilling employment.

Year	National rank (ranked out of 150)
2013	134
2017	121



Approximately 46.6% of the working age population in Bradford District is qualified to NVQ level 3 and above. This is below the average for England and is lower than the District's statistical neighbours. Over recent years the gap between Bradford District and the average for England has remained relatively static at around 10%, but has narrowed slightly in the last couple of years due in part to an improvement in the District and a relatively unchanged rate for England.

# % of working days lost to sickness absence - % of working days lost due to sickness absence in the previous working week

## Latest values (2014-16)

**Bradford District**

**1.2%**

**Regional average**

**1.3%**

**England average**

**1.2%**

This measure provides an indication of the health and wellbeing of the working age population.

**Year**

**National rank**

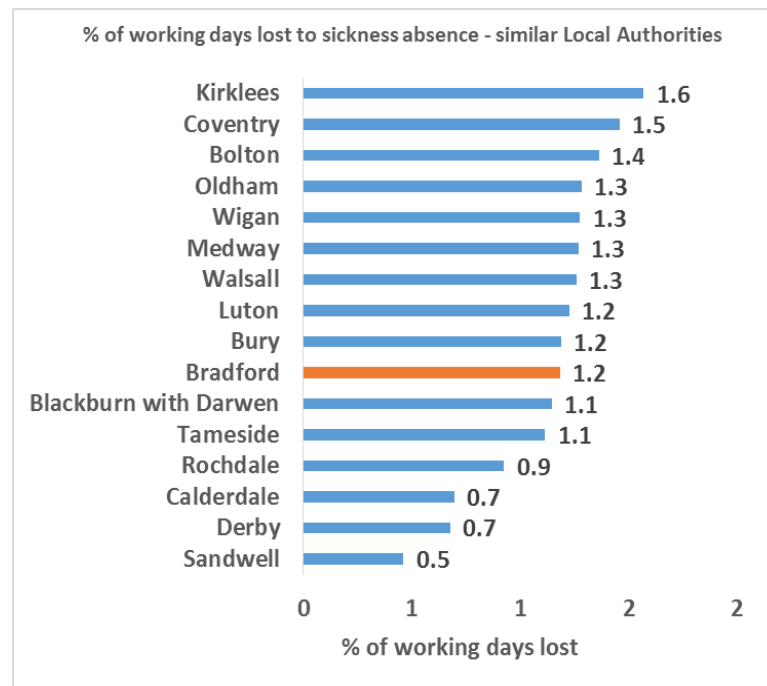
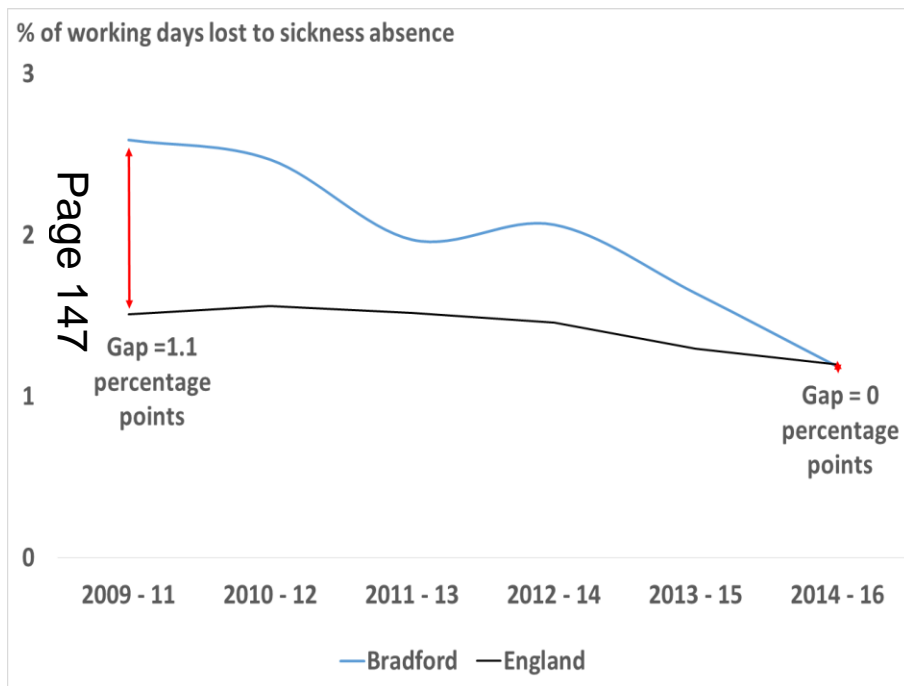
(ranked out of 150)

2009-11

148

2014-16

70



The percentage of working days lost to sickness absence in Bradford District is at its lowest recorded level – 1.2%. This is the same as the average for England and lower than the average for the region. In comparison to similar local authorities Bradford District has one of the lower percentages. When ranked against 150 local authorities in the country, Bradford District climbed from 148<sup>th</sup> to 70<sup>th</sup>.



# Fuel poverty – the % of households who experience fuel poverty (low income high cost methodology)

**Latest value**  
**15.0%**

**Lowest lower super output area value**  
**4.0%**

**Inequality Gap**

**35.8%**

**Highest lower super output area value**  
**39.8%**

**Year**

**National rank**  
(ranked out of 150)

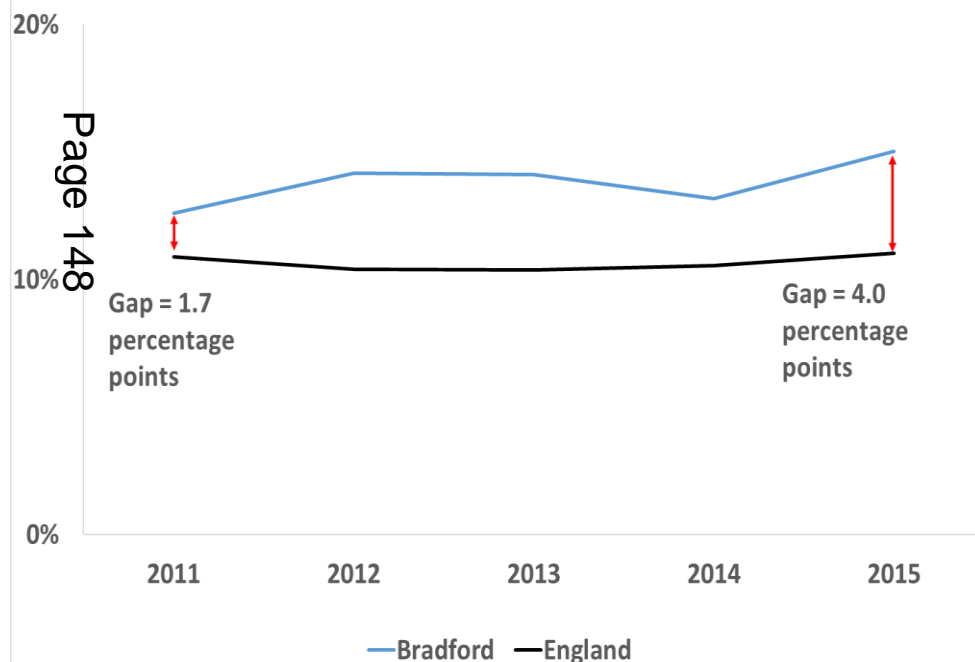
2011

116

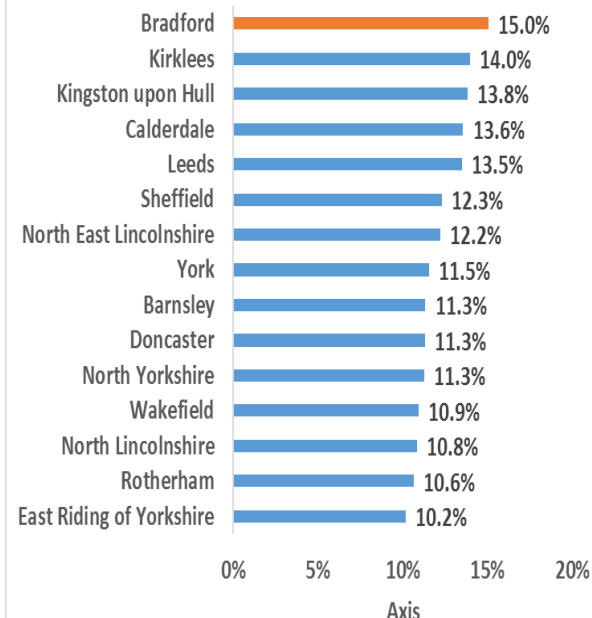
2015

143

Proportion of households that are fuel poor



Fuel poverty in Yorkshire and the Humber, 2017



The proportion of households that are fuel poor is increasing in Bradford District, with the gap between the District and the average for England increasing between 2011 and 2015. Fuel poverty varies greatly within the District, ranging from as low as 4% in some areas and 40% in others. Along with having one of the highest values in England, Bradford District has the highest proportion of households that are fuel poor in the region.



# The number of people reported killed or seriously injured on our roads – number of people KSI on the roads, all ages, per 100,000 resident population

## Latest values (2014-16)

**Bradford District**  
**35.8**

**Regional average**  
**44.1**

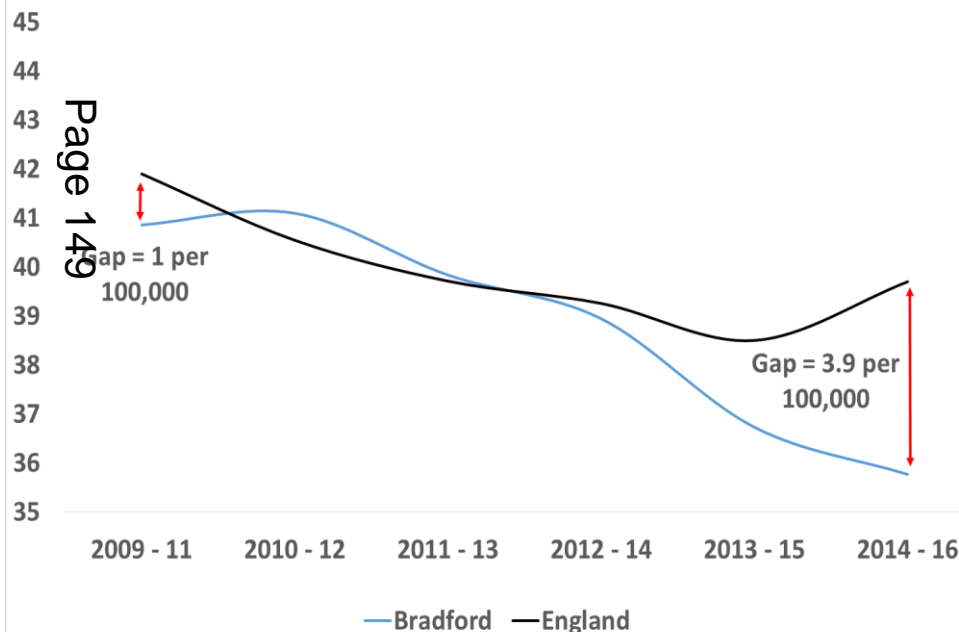
**England average**  
**39.7**

Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity. The need for safer roads is also linked to the recent public health strategy, and existing government-backed initiatives, to increase "active travel" and physical activity.

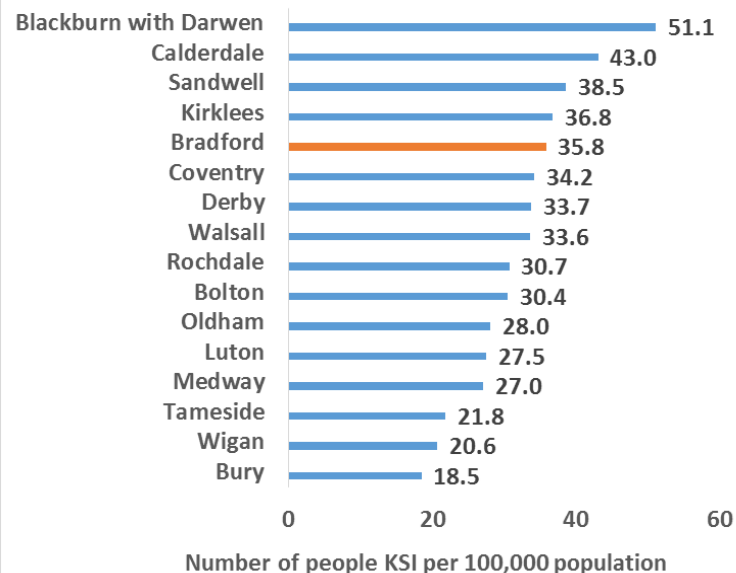
Year	National rank (ranked out of 150)
2009-11	92
2014-16	79



The number killed or seriously injured on our roads



The number killed or seriously injured on our roads similar Local



The number of people killed or seriously injured on our road has been decreasing sharply over recent years; in 2014-16 it was 35.8 per 100,000 population. This is the lowest rate recorded since 2009-11 and is below the national average. Out of 150 local authorities in England, Bradford District ranks 79<sup>th</sup> for this measure – an improvement on 92<sup>nd</sup> in 2009-11. However in comparison to similar local authorities, Bradford District has the fifth highest rate of people KSI on the roads.

# Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate

## Latest values (2016/17)

**Bradford District**  
**59.2%**

**Regional average**  
**63.8%**

**England average**  
**67.4%**

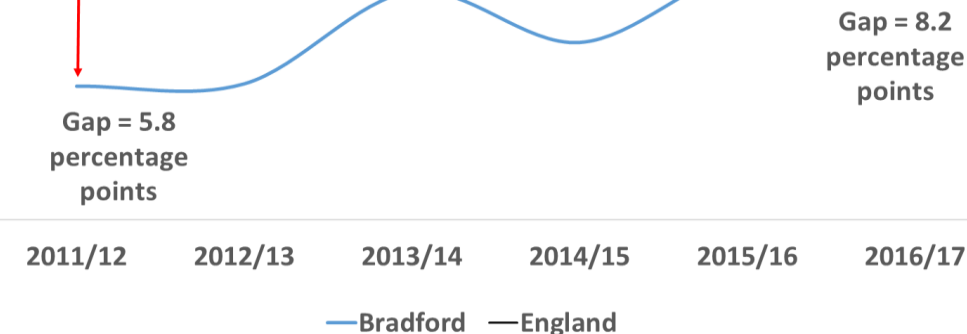
This is the % point gap between % of working age adults who are receiving secondary MH services & who are on the CPA recorded as being employed, & the % of all respondents in the LFS classed as employed.

Year	National rank (ranked out of 150)
2011/12	21
2016/17	10

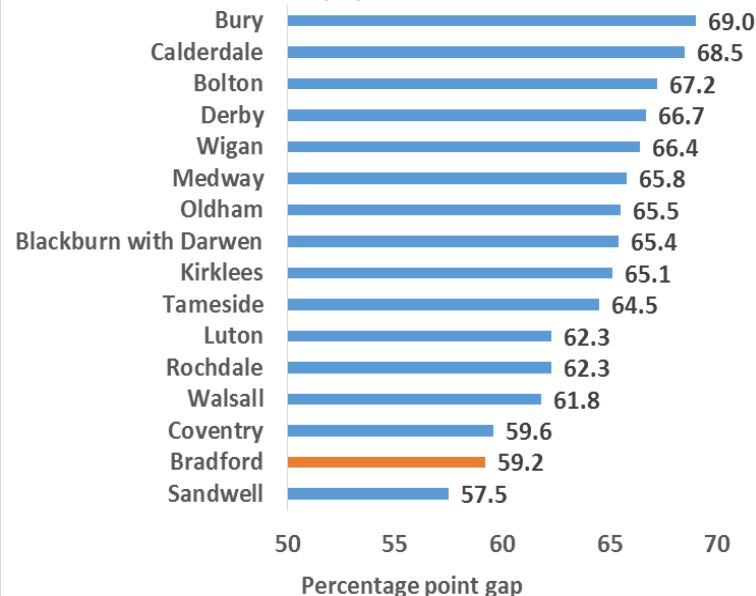


Gap in employment rate for those in contact with secondary mental health services and the overall employment rate

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Gap in employment rate for those in contact with secondary mental health services and the overall employment rate - similar local authorities



The gap in employment in Bradford District for those in contact with secondary mental health services and overall employment rate is 59.2%. This is a decrease from 60.3% in 2015/16, but an increase of 3.7 percentage points overall since 2011/12. Bradford District has remained below the national average and Bradford District has the 10<sup>th</sup> lowest gap out of 150 local authorities in the country. When compared to similar local authorities, Bradford District has the second lowest gap.

# BRADFORD DISTRICT PARTNERSHIP



## DISTRICT PLAN (2016-2020)

## ANNUAL PROGRESS REPORT

**April 2017– March 2018**

*Pending Health & Wellbeing Board approval (13 November 2018)*

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*For further information in relation to the work of the BDP please contact Kathryn Jones on 01274 433664 or [k.jones@bradford.gov.uk](mailto:k.jones@bradford.gov.uk). Further contacts are also available on the BDP web pages [here](#), including that for the Health and Wellbeing Board as the lead partnership.*

# 1. Introduction and Purpose

This Annual Report highlights the achievements and ambitions of the Bradford District Partnership (BDP) during 2017-18 and provides an overview of the key challenges for the coming year.

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

The Health and Wellbeing Board, as lead BDP partnership (see explanation below), which approved the BDP annual report in September 2018, has given its commitment to continue collaboration and close working across sectors and organisations in the district to deliver the District Plan.

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

# 2. Bradford District Partnership Overview

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

The BDP's main purpose is to harness the collective resources of the district to drive delivery of the outcomes outlined within the District Plan 2016-20.

In the last 12 months the BDP has reviewed and changed its governance to ensure a more streamlined and effective approach. The BDP is made up of a number of Strategic Delivery Partnerships, with the Health and Wellbeing Board acting as lead partnership. The Health and Wellbeing Board therefore now also has overall responsibility for the strategic direction and oversight of the delivery of the District Plan, working with the Strategic Delivery Partnerships.

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

Strategic Delivery Partnership	District Plan Outcome
Economic Partnership	Better skills, more good jobs and a growing economy
	Decent homes that people can afford to live in
Children's Trust	A great start and good schools for all our children
Health and Wellbeing Board (also lead BDP partnership)	Better health, better lives
Community Safety Partnership	Safe, clean and active communities
Integration Board	

### 3. District Plan Progress Overview

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

Generally across all the outcomes there are some positive stories but also some areas which need more attention and focus.

Positive progress is being made around economic and employment factors, however work must continue on positioning Bradford in relation to the Northern Powerhouse rail, and addressing the changing retail sector. As a district we continue to increase opportunities for apprentices, and offer a range of alternative opportunities through the Industrial Centres of Excellence programmes.

There are still attainment issues that need to be addressed at Key Stage 4 but Bradford did achieve the fourth most improved progress 8 score nationally for performance at this Stage. In addition attainment at Key Stage 1 has improved. A clear focus going forward is going to be reducing our missing children, with plans currently in place for recording and following up cases.

Obesity continues to be one of the principle health issues for Bradford. This is however being tackled through funding from Sport England to transform physical activity levels in 5-14 year olds; and the district wide Healthy Bradford campaign to reduce obesity and increase health and wellbeing for all.

Crimes rates are rising across the UK, but our focus in Bradford will include crimes against vulnerable people (including domestic violence), anti social behaviour and violence against and theft from a person. Through alternate weekly collections, recycling has increased and money is being saved. However the downturn of the global markets for recyclates leaves us

with potential challenges. Bradford has welcomed being invited to be one of the five pilot areas for Government's integrated communities strategy. This is a good opportunity to promote some of the district's successful integration practices, as well as developing new approaches.

Challenges remain for the district around the number of long term empty homes, though it is hoped that Council Tax increases will encourage more landlords to invest. The district also has high levels of fuel poverty due to deprivation levels, low household incomes, and poor housing quality. This is being addressed through affordable warmth schemes including White Rose Energy as a key supplier.



## 4. Better skills, more good jobs and a growing economy

### Ambition

Our goal is a high-value, high-skill economy driven by innovative and productive businesses that delivers growth and opportunity for all. A strong and sustainable economy will generate the wealth and prosperity to enable people to enjoy higher living standards and lead healthier lives.

Action to create a vocationally-led, business-focused education and training offer will help to deliver the district's growth potential and contribution to the wider City Region economy. Greater connectivity through improved transport and digital infrastructure is also a key priority. Improving transport links with Leeds and other cities in the North and the UK will enhance our offer nationally and internationally. Moving to a zero carbon economy requires new energy generation, resource efficient businesses and investment in green infrastructure.

### Progress on our success measures for 2020

District Plan 2020 target	Short name	Latest value	Trajectory to 2020 target
2a) Increase the percentage of our working-age population in employment and get much closer to the England average	Overall Employment Rate for the whole working age population	68%	
2b) Increase the percentage of working-age people qualified to at least Level 3 in line with, or better than, the England average	Proportion of working age population qualified to at least NVQ Level 3	46.6%	
2c) Reduce CO2 emissions per capita further, and maintain below the England average	CO2 Emissions per capita (tonnes)	4.23	
2d) Reduce the proportion of population claiming out of work benefits in line with the Yorkshire & Humber average	Proportion of working age population claiming out of work benefits	10.9%	

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

The new Economic Strategy baselines the indicators above

The latest figures for working-age employment (12 month to December 2017) do show a slight drop in employment but it is too early to see whether this is part of a trend, as it may be due to a technicality associated with Office of National Statistics (ONS) recalculating our mid-year population estimates.

Qualification levels are looking to have been approved, but these are subject to statistical fluctuations. The long term trend remains for improvement in qualification levels, roughly in parallel to regional and national improvements.



## Good things are happening here

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- Community Led Local Development Programmes for Bradford Central and Keighley secured European Structural and Investment Fund monies for programmes in two of the most disadvantaged areas of the district that aim to stimulate the local economy to deliver jobs and growth, by supporting activity that addresses local needs and opportunities. The Council is acting as accountable body, working with lead delivery partners Action for Business Ltd in Bradford and Airedale Enterprise Services in Keighley.
- District Growth Scheme - Live from the 1st April 2018, the scheme offers business rate relief to support businesses to achieve their growth plans. Reliefs will be awarded under three categories: 1.) Support for investment in new-builds or premises expansions; 2.) Bringing listed and other significant properties back into to commercial use; 3.) Support existing businesses to expand through relocation/expansion into vacant premises/floor space in our town centres.
- Northern Max – delivered at the Digital Exchange in Little Germany, this project brought together 20 digital health start-ups from across the city region. Part funded through the Ad:Venture programme, the scheme provided an intensive market-access focussed accelerator. Participating businesses received an intensive 12-week programme of focussed support at the end of which they had all secured some sort of funding/investment, tested their assumptions in live NHS and care settings, and had pitched to potential customers and investors.
- Bradford has been chosen to be a lead city in developing an innovative approach in using drones to help address challenges around such issues as environmental management, disaster response, and of course helping to position the district as a test-bed for further innovation. This will also have a positive effect for technology business/investment.

## Our achievements over the last 12 months

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The Bradford Economic Partnership (formerly the Producer City Board) is leading on the Economic Strategy. Over the last 12 months we achieved the following.

- After wide consultation and a series of workshops with stakeholders, businesses, the voluntary sector and interested individuals we developed and published the [Bradford Economic Strategy](#).
- Productivity in Bradford was the highest of any city in the north as measured by GVA per worker.
- The Economic Strategy was launched to both a Bradford and a London audience. The Bradford launch had a keynote from Sir Richard Leese, Leader of Manchester City Council who spoke about the importance of the North of England and City Regions in developing the economy, supporting transport and better connectivity. The London launch had a keynote from Rt Hon Claire Perry MP and a video presentation from the Rt. Hon Jake Berry MP. Both events had a business panel where partners discussed the economic strategy and their priorities leading from it.
- The Partnership have successfully lobbied along with other organisations for Bradford to have a rail stop on the new direct Northern Powerhouse route between Manchester and Leeds, the economic case is being developed and has been presented to Transport for the North and West Yorkshire Combined Authority.
- The City Centre Growth Scheme continues to support new business to move into the City Centre and existing businesses to grow. The last 12 months saw 11 businesses being awarded Business Rate Rebates in recognition of their job creation. The Priority Streets Scheme awarded capital grants to 2 businesses, including Tiffin Coffee which brought back into use a prominent unit in the Listed Wool Exchange building. Last year saw 66 new jobs created as a result of these investments.
- Bradford was named by Barclays as the best place to start a business in the UK.
- We have developed and are rolling out the Made in Bradford branding to endorse initiatives and provide a focus for marketing and promotion, engagement and civic pride.

- Working with other local authorities we have ensured that the Superfast West Yorkshire Broadband Programme has the resources to develop the broadband network to reach 99% of the premises in the district by 2020.
- The Light multi-screen cinema in the second phase of the Broadway Development will have been completed during summer 2018.
- We have continued to work in partnership with Canal Road Urban Village Ltd (CRUVL) in the delivery of the New Bolton Woods (NBW) Masterplan. In the last 12 months Economic Development and CRUVL have progressed the proposed development of some 3,000 sq m of retail/commercial space on the site of a former Arnold Laver depot that will anchor the new Local Centre element of the NBW scheme with work on site due to commence in Summer 2018.
- The Leeds City Region Channel 4 bid will be submitted on 11<sup>th</sup> May. Bradford would receive secondary benefits if Leeds is successful.
- The David Hockney Gallery at Cartwright Hall was awarded Highly Commended at the Museums and Heritage Awards.
- Bingley Music Live was a resounding success in it's 11<sup>th</sup> Year. This next year's line up (31<sup>st</sup> Sept to 2<sup>nd</sup> Sept) features Noel Gallagher.
- The Tour de Yorkshire (April 2017) was watched by audiences in 150 countries.
- The St Georges Hall refurbishment continues to progress well with £8.5 million of investment.
- The NEC Group were confirmed as the operating partner for the Bradford Odeon venue development, due to open in 2020.
- The Council is currently employing 143 apprentices with plans for 500 in total.
- Secured just under £10 million ESIF funding over 3 years to deliver the STEP programme to support 1,200 unemployed people back into work.
- Get Bradford Working (GBW) supported its 3,000<sup>th</sup> person into work, and is featured on the Local Government Association website as a case study of local employment and skills programmes. The case study particularly highlights SkillsHouse, and the SkillsHouse strand of GBW has now delivered over 1,000 job outcomes for local, previously unemployed people
- Shipley College was chosen as the lead partner for the new West Yorkshire Institute of Technology.
- The Joseph Rowntree Foundation Talent Management project is in its final evaluation and will be presented in Bradford in June 2018.

## The challenges facing us over the next 12 months

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- The Economic Strategy for the Bradford District 2018- 2030 set out an ambition to be the UK's fastest growing economy over the coming decade increasing the value of the economy by £4 billion and getting 20,000 more people into work, supported by 48,000 more people being qualified to NVQ Level 3.
- Getting positive inclusion in September 2018 to the strategic outline business case to the Department of Transport for NPR in advance of the decision in December 2018.
- Changing trading and economic environment for businesses in the district. Maintaining a resilient city and town centres in the face of the rapidly changing retail sector.

## Our focus for the next 12 months

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- Our new Economic Strategy for the Bradford District 2018-2030 sets out an ambition to be the UK's fastest growing economy over the coming decade, increasing the value of the economy by £4 billion and getting 20,000 people back into work.
- A Manufacturing Week is planned for October 2018 to promote the manufacturing sector to young people as worthwhile apprenticeships and careers and to make better connections between schools, colleges and employers.

- The Economic Partnership will continue to lobby hard for a City Centre Bradford station on the Northern Powerhouse Rail (NPR) route with The Leeds City Regions, stakeholders, businesses and Government. We believe that it is crucial to Bradford's future economic growth and would deliver significant additional regional benefits. The Strategic Outline Business case will be submitted in September for a decision in December 2018.
- Collaborative campaigns and Place Marketing will continue along with developing the use of the Made in Bradford brand across the district and beyond using all appropriate media channels. <http://madeinbradford.co.uk/>
- Community Led Local Development programmes – supporting the two delivery partners as the two programmes are officially launched and commissioning of delivery commences
- Launch of new enterprise support programme – to provide start-up assistance as well as support for existing businesses in city and town centres.
- Support will be given for Bradford BID development board to achieve a positive ballot outcome.
- One City Park – Over the next 12 months we will complete the appointment of a suitably qualified partner, (or consortium), through a competitive dialogue procurement procedure. Markets Relocation and City Village Master Delivery Plan – a Master Delivery Plan for the City Village will be completed, which will outline aspiration and delivery proposals to establish a new neighbourhood at the top of town.
- Work will continue with CRUVL on Phase 2 of the New Bolton Woods master plan and to progress the delivery of later phases of new housing on the remainder of the site.
- In it's 12<sup>th</sup> year Bingley Music Live continues to draw headline performers, This year's line up (31<sup>st</sup> Sept to 2<sup>nd</sup> Sept) features Noel Gallagher, Shed Seven and Jake Bugg,
- Work will continue on the refurbishment of St George's Hall ready for it's re-opening in early 2019.
- As part of the GXN celebrations Bradford will Bubble Up (8-9<sup>th</sup> Sept 18) with multiple watery playgrounds, a mass dance performance and a giant waterslide down Darley Street. This collaboration from arts organisations complements activities in Newcastle and Gateshead.
- Continue support for NEC Group and Bradford Live in the re-development of the former Odeon building into a Music venue.
- The publication of a Skills Plan for Bradford in January 2019 to provide a clear and well-evidenced approach to support the delivery of our Economic Strategy.
- The production of a development plan for the Industrial Centres of Excellence (ICE) programme to both expand the range of sectors covered, and increase the number of young people participating on the programme.
- Work will continue on the remaining Get Bradford Working streams that are being delivered through the ESIF funded STEP contract. The Skills Plan will also reflect the future of the programme including funding considerations. In particular, our ambitions for the development of SkillsHouse will be set out in the Skills Plan for implementation.
- Having successfully attained recognition for the City Centre in April 2017, SkillsHouse will be working to achieve Word Host status for Saltaire.
- Working with our schools, and the LEP, to ensure we support schools with the Gatsby Benchmarks and toolkit, and how this aligns to the Bradford Pathways Framework.
- Continuing to engage parents and carers with the Education Covenant and building an offer to support them and their children to succeed in and be ready for school, work and life.



## 5. A great start and good schools for all our children

### Ambition

Securing a successful future for the district depends on securing a successful future for our children. We want to make sure every child can reach their full potential regardless of where they live, cultural background or financial circumstance. This means offering the right help at the right time to ensure they are happy, healthy and achieving throughout their lives.

A good education is central to this. While we have seen improvement in educational attainment, this has not yet gone far enough. Things have to change and we want all our schools to be 'good' or 'outstanding' by 2020.

### Progress on our success measures for 2020

District Plan 2020 target	Short name	Latest value	Trajectory to 2020 target
3a) Every child to attend a school rated good or better	Percentage of pupils attending a Primary School judged good or outstanding	77.1%	
3a) Every child to attend a school rated good or better	Percentage of pupils attending a Secondary School judged good or outstanding	63.9%	
3b) Children's attainment at the age of 11 to be as good as, or better, than the England average	Percentage of pupils gaining level 4 in Reading, Writing and Maths combined (Key Stage 2)	57%	
3c) GCSE attainment to be as good as, or better, than the England average	Percentage of pupils gaining 5 A*- C grades at GCSE or equivalent including English and Maths (key stage 4)	42.4%	
3d) Keep our rates of young people not in employment, education or training significantly lower than the England average	NEET (not in education, employment or training) rate for academic age 16 to 18	2.8%	
3e) Reduce child poverty levels in line with Yorkshire & Humber levels, and in all parts of the district	Children in poverty	21.8%	

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

Significant improvement in schools rated Good or Outstanding. Since September 2017, 38 schools have been inspected of which 2 secondary schools moved up an Ofsted grade from Inadequate to Requires Improvement; 1 secondary moved up 2 Ofsted grades from Requires Improvement to Outstanding and 2 primary schools moved up from Requires Improvement to Good. We are on track to achieve the target set for 2021 (100%) and this can be attributed to our 'Good' schools maintaining their 'Good' judgement as well as effective take up of training offered to Governors and school leaders on 'Managing Your Inspection'. **Page 160**

NEET performance remains strong with a variety of programmes and initiatives. These include good engagement from partners and businesses with the Education Covenant, and Industrial Centres of Excellence performing well in attracting young people and providing them with career focused pathways.

While attainment is improving in Bradford we do not yet see the improvement we need in attainment at the end of key stage 4. Attendance is also an issue. Bradford has two key imperatives: Improving School Attendance and Reducing the number of Missing Children.

## Good things are happening here

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- Bradford was awarded Opportunity Area (OA) funding receiving £11 million over 3 years to promote social mobility through a partnership approach to education. OA launched the Research School and gained DfE 'buy in' to Bradford as a City of Research through the institute of health and education research based with Born in Bradford.
- The successful Innovation Bid has been implemented for B Positive Pathways; this focuses on keeping teenagers out of care; investment into our children's homes and new models of care and is helping us to bring children back to Bradford from out of area placements.
- Launch of the Bradford for Teaching campaign. More than 200 talented teachers have chosen to start their career in Bradford in the first two years of council run bus tours taking trainees into schools. Teacher recruitment and retention is identified as a priority in Opportunity Area.
- We saw improvements in our Key Stage 1 results. Bradford has created more than 9000 additional primary school places since 2010 after successfully securing Government funding. Across secondary schools we will deliver an extra 5325 places to meet demand. Bradford Council and the NHS and health sector work effectively together on sharing information on population forecasts for future school cohorts.
- Bradford Traveller Service has established 6 centres of good practice for new arrivals.
- A new model for Prevention and Early Help was agreed.
- The Advance Manufacturing and Engineering ICE (a partnership with employers) was a finalist for the prestigious national TES Employer Engagement Award.
- The Education Covenant grew significantly with 20 Community Champions signed up; Queen's College Cambridge are providing an outreach worker to work in schools to support students to apply for higher education; Beanstalk have volunteer readers working in 28 of our Primary Schools and the Literacy Pledge was launched.
- NEET levels for our school leavers remain low.

## Our achievements over the last 12 months

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- Bradford achieved the fourth most improved progress 8 score nationally for our children's performance at key stage 4.
- 20 projects are now delivering in the Better Start Bradford (BSB) area. BSB deliver a wide range of projects that help support, inform and engage families expecting babies or with children under four, and professionals and organisations working with them.
  - Baby Steps supports expectant parents with some of the practicalities facing them, such as forming a bond with their unborn baby, recognising the baby's communication cues, manage changes within their relationships and prepare for future stresses.
  - Talking Together supports two-year-olds in communication and language development through home visits to encourage play and conversation. This helps improve children's language skills and ability to interact positively with people around them.
  - Better Start Imagine, provides free books to children under 4 in the BSB area, to help develop language and literacy skills. This has helped families to make better use of books at home, to help children develop and families to bond.



- Forest schools offers children under 4 the chance to experience and interact with outdoor and woodland spaces. This builds their confidence and resilience and also helps social interactions and language skills.
- By recruiting 2,974 young people to date, the ICE Programme has exceeded its target of recruiting 1500 young people. Bradford NHS Hospitals Trust confirmed offer of 98 placements to Bradford post 16 students.
- Reducing missing children incidents is a key imperative of the [Children's, Young People and Family Plan](#) and in Bradford we have adopted a robust partnership approach to recording and following up cases. We now have a team which includes dedicated police officer support to help us reduce this number.

## The challenges facing us over the next 12 months

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Bradford is the UK's youngest city with 26% of people under 18 and the fastest growing youth population, but we have high numbers of children living in poverty; almost 18,000 a day receive a Free School Meal.

Bradford is a City of Sanctuary and we have active inward migration. Making sure that our services respond to the needs of our diverse and changing communities provides a challenge to all partners.

School funding through the new National Funding Formula being introduced by the Government does not address the fact that funds provided to schools are not matching the rising costs that they face. Sufficiency of school places remains a challenge : we are awaiting decisions from DfE on availability of any additional capital and on the Free Schools due to be delivered in 2019 (not all sites are identified for development and no sponsor has yet been found for the Free School for SEMH.)

Continuing pressure on the High Needs Block funding for SEND is resulting in a significant challenge and our Education Health and Care Plan compliance is not yet good enough.

We face significant budget pressures on our Travel and Transport Assistance Programme and are currently seeking a partner to help us to address these.

We have rising numbers of students who are on Elective Home Education and increased permanent exclusions. We are working with DfE and other partners to counter this.

## Our focus for the next 12 months

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The implementation of major transformation programmes such as Prevention and Early Help and SEND will need to be our focus, though they are not without their risks.

We are continuing to source investment in Bradford, for example, through the [Opportunity Area](#) fund and remain focused on the Opportunity Area priorities of:

- Strengthening school leadership and the quality of teaching
- Improve literacy in the primary sector
- Broaden aspirations and support young people in to rewarding careers
- Removing barriers to learning by developing evidence for what really works

There is a national focus on vulnerable learners, which in Bradford we will need to review and focus our efforts on. For example Education and Social Care will need to work in closer partnership to monitor more closely children in Elective Home Education and children missing in Education.

There are major reforms to post 16 education to be implemented in 2020 including the introduction of a 'T' level (a technical level equivalent to A' levels); changes to learning hours and the introduction of

a 'transition' year with funding available to post 16s for 3 years. Bradford district needs to start preparing for these changes as soon as possible.



## 6. Better health, better lives

### Ambition




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

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

### Progress on our success measures for 2020

District Plan 2020 target	Short name	Latest value	Trajectory to 2020 target
4a) Increase healthy life expectancy	Healthy life expectancy at birth (Female)	61.1	
4a) Increase healthy life expectancy	Healthy life expectancy at birth (Male)	61.8	
4b) Reduce the gap in life expectancy between the most and least deprived areas	Difference in life expectancy at birth between the most and least deprived parts of the district (Females)	7.5	
4b) Reduce the gap in life expectancy between the most and least deprived areas	Difference in life expectancy at birth between the most and least deprived parts of the district (Males)	8.8	
4c) Significantly reduce the proportion of children overweight or obese at age 10 to 11	Excess weight in 10-11 year olds	37.9%	
4d) Improve mental wellbeing and reduce high anxiety to below the England average	Self-reported wellbeing - people with a high anxiety score	23.1%	
4e) Build on success at tackling loneliness and social isolation	Proportion of people who use services who reported that they had as much social contact as they would like	50.3%	
4f) Significantly reduce causes of preventable deaths – smoking, being overweight and obesity – and increase physical activity and healthy eating	Percentage of inactive adults	23.3%	New measure so no trajectory possible
4f) Significantly reduce causes of preventable deaths – smoking, being overweight	Smoking prevalence - adults (over 18s)	22.2%	



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

Overall life expectancy has not changed. Healthy life expectancy tells us the age that people remain in good general health on average. For males in 2014-16, that age decreased by 1.1 years compared to 2013-15, whilst for females it increased by 0.6 years over the same period. On average women reported 0.7 fewer years of healthy life than men in 2014-16. Though overall life expectancy has not changed there is an increasing number of people with chronic illnesses which continues to create demand on the district's services. It also impacts on the economic contributions that can be made by the working age population.

Two of the main factors causing preventable deaths in adulthood show a slight increase. These are smoking prevalence (the percentage of adults who are current smokers), and excess weight in 10-11 year olds. Both of these are concerning as they undermine people's health and wellbeing. Although we already have programmes in place, we will need to rethink how we work with and alongside people to support them to improve their health and wellbeing. It is important to note that health and care outcomes are difficult to evidence and show improvements or declines as behaviour change impacts take place over very long periods of time.

## Good things are happening here

**Keep it Out:** Preventing people from starting to smoke and helping them to quit is the single most effective way of improving health outcomes for individuals. 'Keep it Out' is a programme to combat the damage illegal tobacco does to our communities. The Keep it Out partnership between health and West Yorkshire trading standards is committed to reducing both the supply of and the demand for illicit tobacco to increase intelligence reporting and change behaviours.

**Bradford Beating Diabetes (BBD):** This programme has focussed its attention on supporting people who are at high risk of developing Type 2 diabetes to delay or prevent the onset of the disease and is supported by Bradford becoming a demonstrator site for the National Diabetes Prevention Programme. We found over 1,000 new diabetics within the first year and since starting the programme prevalence has increased from 5% to 10%. This isn't more people getting diabetes, this is people who were unaware they had diabetes and were therefore not receiving treatment. The programme has also focused on prevention of diabetes as well and has targeted over 27,000 people with interventions.

**Bradford Social work:** Bradford has been awarded over £600,000 to become a Teaching Partnership (with Bradford University, Bradford College and Bradford Council). This will help improve the overall quality of practice, learning and Continuing Professional Development amongst trainee and practicing social workers who work with both children and adults. We are the only standalone Teaching Partnership in the country.

## Our achievements over the last 12 months

The Health and Wellbeing Board is leading on the delivery of the Joint Health and Wellbeing Strategy and the Health and Care Plan for Bradford and Craven with an additional focus on the wider determinants of health.

Over the last 12 months the following has been achieved:

- The recent CQC - Local System Review stated all within the Bradford's system understood the vision and is owned across the system. The CQC remarked on the breadth and strength of partnership here and the commitment from all towards our common ambition of keeping people happy, healthy at home.
- Bradford was awarded £3.2 million from the DfE Innovation Fund. We have created our B Positive Pathways Programme to:
  - Reduce the number of teenager's children in care through stronger edge of care work.
  - Improve our ability to provide high levels of care within our residential homes through embedding a therapeutic approach.
  - Set up two 'Mockingbird' hubs to provide support to foster carers working with children with more complex needs.
  - Our work has been recognised nationally and we were shortlisted for the prestigious MJ Award for innovation
- Retrofitting of 25 service buses and 165 school buses in the city with cleaner engine technology, provision of over 5000 electric vehicle charging points on new developments, introduction of low emission vehicles into the council fleet, setting up of fleet recognition scheme (ECO-stars) and grants for the development of electric taxi infrastructure.
- Additional investment into the prevention and early treatment of lung cancer into the Bradford's Healthy Hearts programme, and national capital investment was secured into specialist children's mental health services that will enable more young people to receive care closer to home.
- 37 primary school are involved in the Daily Mile, in June 2018, Sir Andy Murray announced a partnership with the NHS to promote the benefits of exercise to improve physical and mental health and wellbeing
- Although our care population is rising, we continue to out-perform our statistical neighbours. Our rate of Looked After Children is 66/10,000 against a statistical neighbour rate of 82. Our rate of Child Protection is 43/10,000 against a statistical neighbour rate of 53.
- We were hand picked as one of 12 Authorities to pilot the National Accreditation Scheme for Social Workers, with this comes nearly £250,000 of workforce development investment.
- Bradford Council has agreed for Children's Services to recruit an additional eight Social Workers with an investment of £450k.
- A successful bid by the local authority, Active Bradford and Yorkshire Sports resulted in receiving funding of £13m from Sport England for four years to transform physical activity levels in 5-14 year olds in under represented groups as one of 12 local delivery pilots. This will make a positive contribution to improving health, mental wellbeing, academic achievement, social development, quality of life and reducing obesity.
- The West Yorkshire Cancer Alliance's emphasis is being placed on prevention by tackling lifestyle choices which can impact on cancer. This also extends to investing in earlier diagnosis, new treatments and better support to help people live well beyond their cancer diagnosis. An additional investment of £750k for Bradford and Wakefield will enable the Bradford Lung Cancer Programme to enhance smoking cessation and allow for early identification and treatment of lung cancer.
- Bradford has been held up by West Yorkshire Police as an exemplar of good practice for our Missing Policies and Procedures. We are re-vamping our Emergency Duty Team (EDT) working hours to ensure we provide an even better service by matching shift patterns to the peak hours that vulnerable children go missing.
- Multi-disciplinary teams are in place to facilitate quick and effective discharges from hospital and minimise delays to patients. Additional community beds have also been commissioned during times of high pressure. As a result the district continues to have one of the lowest rates of delayed transfers of care (DTC) nationally and continues to minimise the use of hospital beds following emergency admission. The area was ranked 5th nationally at quarter 2 for performance against the new Better Care Fund composite measure (DTC, non-elective length of stay, access to and effectiveness of reablement/rehabilitation, weekend discharges and non-elective admissions).
- Bradford has received national attention for its Children's Home Strategy, including its specialist homes. *'9 out of 10 Children's Homes have been rated as Good or Outstanding'*

- The Bradford Crisis Care Partnership and first response services have been established which have received national recognition. Partners from the NHS, local authority, police and community organisations work together under the crisis care concordat to ensure that people who experience a mental health crisis receive the care they need from the service best placed to provide it, 24 hours a day, seven days a week.
- We are part of the West Yorkshire National pilot of Problem Solving Courts. We now have 6 families in the Problem Solving Court, more than any other West Yorkshire authority. The judiciary were very complimentary about our progress and there is a strong chance of reunification with some families.

## The challenges facing us over the next 12 months

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A range of health conditions accompanied with an ageing population in Bradford continue to add pressure and challenge to the health and care system, despite a varied approach to tackling such issues. Across the Health and Care Partnership these pressures will continue to be a priority and a focus for commissioned services across the district. The Universal Credit scheme has now arrived in Bradford. Other Local Authorities that have rolled out Universal Credit have seen an increased demand for Early Help and Social Work services. Bradford council will monitor the demand for services in Bradford.

We need to ensure the environment in which people are living, learning and playing is the best it can be. Areas of poor air quality are often linked to the highest areas of deprivation, adding an additional challenge to health improvement in these areas. A range of ambitious and far reaching air quality improvement measures will be needed to further improve air quality in these areas. Deciding on what these should be and how they can be funded and implemented will be a key challenge for the district.

Addressing the high level of health inequality between different areas of the district and between different people remains a priority. There are encouraging signs for the local economy but resources are shrinking and demand is likely to continue to grow, such as, we want children to remain with their birth families, with extended families if this is not possible and in family foster care in preference to residential care when family are not available.

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

## Our focus for the next 12 months

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Consolidating the Prevention and Early Help offer to provide the right service at the right time to children and families in partnership with other agencies and our communities is a priority. Bradford recruited 72 new foster carers in 2017/18, however, with numbers rising; we still need to recruit around 100 further foster carers. This will place increased demand on services unless we can improve people's health and wellbeing by keeping more people healthy for longer and intervening earlier when people do become ill. For example, a review of services for children with disabilities: a report has been compiled to provide options to identify the required savings of £400k.

Practice support from the Ministry of Housing, Communities and Local Government on Families First was very complimentary about our work seen in June 2018. However, they have asked Bradford to continue to identify and support more families who would benefit from this focussed work.

The Bradford Low Emission Strategy will determine the next steps to be taken to improve air quality on the most polluted roads in the city and updating the Strategy to ensure continual improvement in air quality across the wider district.

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

The Bradford and Airedale Health and Wellbeing Board have collectively agreed to focus on the wider determinants of health recognising that health conditions are not single issues. The Board will lead the work to enable more people to be supported in their homes and communities for as much of the time as possible, and at the appropriate level of care.



## 7. Safe, clean and active communities

### Ambition

We want to foster safe and resilient communities in neighbourhoods that people are proud and happy to live in. We want everyone to have the opportunity to play an active part in their community. This means working together to build strong, cohesive communities where people get on well and value each other.

Looking after the environment, helping to keep the places we live and work clean and safe, reducing waste, volunteering and getting involved locally will make Bradford District a better place to live. A clean and safe environment will promote a positive image and make the district more attractive to businesses, investors and residents.

### Progress on our success measures for 2020

District Plan 2020 target	Short name	Latest value	Trajectory to 2020 target
5a) Increase the amount of household waste sent for reuse, recycling or composting to at least 60% and remain significantly above the England average	Percentage of household waste sent for reuse, recycling and composting	37%	
5b) Reduce the crime rate and bring it in line with the Yorkshire & Humber average	Crime rate per 1,000 population	122.8	
5c) Increase the proportion of people who agree their local area is a place where people from different backgrounds live together harmoniously	Percentage of people who agree that their local area is the place where people live together harmoniously	No data collected in 2017/18 by WY Police – see explanatory note below.**	
5d) Reduce the rate of people killed or seriously injured on our roads, and be well below the England average	Rate of people killed or seriously injured casualties on England's roads (per 100,000 population)	35.8	

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

Crime rates in Bradford have been rising steadily as they have across England and Wales since measures were introduced to record all reported crime in 2015/16. Since 2015 crimes in Bradford that have seen the highest volumes are violence against the person, theft from the person and criminal damage. Crime against vulnerable people, including domestic violence, remains an issue and domestic violence incidents have increased by 14% in the last year. Levels of anti social behaviour (ASB), especially in city and town centres continue to be a concern and 54% of people in Bradford think there is an issue with ASB compared with 47% in West Yorkshire.

\*\*Percentage of people who agree that their local area is the place where people live together harmoniously - West Yorkshire Police undertook a review of this performance measure during 2017

and therefore did not collect any data during that year. The measure was then revised in January 2018 to 'Do people from different backgrounds get on well together in your local area?', measured via the Police and Crime Commissioner Survey. The base measure for Bradford is 49.5% compared to West Yorkshire 54.5%. It is expected that a target for Bradford will be set in July 2018 (after a full year's data has been collected), to achieve the West Yorkshire average.

It is also worth noting that the performance measure of reducing perceptions of ASB is no longer measured by West Yorkshire Police. This measure has therefore been archived.

## Good things are happening here

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Bradford has been chosen to be a lead city in developing an innovative approach in using drones to help address challenges around such issues as environmental management, disaster response, and of course helping to position the district as a test-bed for further innovation. This will also have a positive effect for technology business/investment.

Further work has been undertaken to reduce the environmental impact of waste, with the development of a medium to long term waste strategy developed and implemented.

Due to the success of the mini grants to support Big Lunches and Great Get Together events, this is being repeated and has also been featured on the Eden Project website and with the LGA as a good practise case study.

Bradford has been selected by MHCLG to be part of the integrated communities area-based programme. As part of the Area based programme Bradford will draw down additional resources to help address challenges and share learning and good practise.

The Safer and Stronger partnership also took a decision to split into two separate entities. The Safer Communities Partnership will focus on community safety and the Integration Partnership will focus on integration and related stronger communities work. This will provide a stronger response to each of the issues, though both partnerships will work closely together.

## Our achievements over the last 12 months

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The Safer and Stronger Communities Partnership has been leading on the delivery of the Safer Communities Plan, Ward and Communities of Interest Plans. Over the last 12 months we have:

- Worked closely with communities to transfer council assets into community ownership and management.
- Successfully transferred to alternate weekly collection for bin collections for domestic waste collection, increased recycling and progressed rural alternate weekly collection.
- There has been positive work on reducing littering through enforcement in the city centre and increases in our enforcement of fly tipping.
- Bradford has been selected by MHCLG to be part of the integrated communities area-based programme.
- Since the implementation of the Public Spaces Protection Order (PSPO) in May 2017 alcohol has been confiscated 466 times. There were 555 alcohol incidents recorded by the Police for the period 1st April 17 – 31st Dec 17. This is a 25% reduction on the same period the previous year. The reduction for the city centre at 35% is greater than the district as a whole. There have been five Notices of Offence issued for breach of the PSPO and these have been followed up with a request that they pay a fine of £100.



- £1.4 million was received from the Controlling Migration Fund and has enabled a variety projects and programmes to develop to help address the impact of migration in key areas, including work on the outlying estates and early intervention work with Eastern European families, helping to reduce absenteeism and increase attainment in schools.
- The Neighbourhood Hub in Sir Henry Mitchell house brought together the existing hub with the police partnerships team including the new stronger communities' engagement officers.
- Last year 97 Big Lunches were supported by the Safer and Stronger Partnership through mini grants.
- The number of volunteers and volunteer placements increased significantly throughout the year.

## The challenges facing us over the next 12 months

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**Safe:** In addition to funding cuts across the police, council and partners, crime is also changing and the work of community safety partnerships is becoming more complex. In partnership with the public, the Community Safety Partnership will focus on:

- Improving the proportion of the residents of Bradford who feel safe in their local area.
- Find more effective ways to combat anti-social behaviour, particularly poor standards of driving across the district.
- Improving the way Integrated Offender Management is delivered to prevent crime and reoffending.
- Review our strategy to tackle drug and alcohol abuse.
- Implement new operational approaches to tackle organised crime.
- Reduce the number of first time entrants into the criminal justice system.

### Clean:

- The uncertainty and downturn of the global markets for recyclates is likely to have an impact on the value of recyclates and we need a clear strategy to help mitigate those risks.
- Contamination of kerbside collected recyclates is high, reducing recycling rates and adding significant cost pressures to the Council.
- Resources available for reactive street cleansing continue to reduce.

**Active:** Diversity is a strength, enabling the district to benefit from different skills, knowledge and experience and from the opportunities offered by extensive international links. However, it also presents some significant challenges; for example:

- The district has the third highest level of residential segregation between White British and BAME (Black, Asian, Minority Ethnic) residents in the country.
- High proportions of schools are classed as being segregated.
- Economic participation among some groups is low, particularly among BAME women.
- Anecdotal evidence suggests that many people feel unable to speak freely about issues of cultural norms and behaviours and rights and responsibilities and potentially this can present fertile ground for extremist narratives to take hold.
- There is a large number of people that don't speak English well or at all in some of our communities.

### **Safe:**

Improve public confidence in the Bradford Community Safety Partnership:

- The importance of public confidence is at the heart of the work of Bradford Community Safety Partnership and we will be working towards an improvement in public confidence over the coming year through campaigning and improved communication.
- Using the findings from the Police and Crime Commissioner's 'Your Views' survey we will focus on the key community safety issues for Bradford residents.
- The Community Safety Partnership will be reviewed and reinvigorated with a focus on performance and outcome based delivery.

Tackle domestic abuse and sexual violence:

- Continue to commission and deliver services which meet the needs of victims of domestic abuse and sexual violence.
- Continue to target our early interventions to help reduce instances of domestic abuse and sexual violence.
- Strengthen the approach to delivering services that are focused on supporting children affected by domestic abuse.
- Communities and professionals have greater awareness of how to recognise, respond to and recover from domestic abuse and sexual violence.

Tackle crime and reoffending

- Dismantle serious organised crime groups and disrupt individuals involved in serious criminality.
- Tackle violent extremism.
- Reduce the risk of being a victim of residential burglaries.

Tackle anti-social behaviour

- Improve the service received by victims of anti-social behaviour by conducting a review of how partners should respond to anti-social behaviour.
- Continue to reduce the number of anti-social behaviour incidents.
- Address issues of nuisance and the anti-social use of vehicles including standards of driving and respect on the roads.
- We will look to increase our enforcement footprint by extending Community Protection Notice (Warning) powers to Wardens, ASB and PSPO staff.
- Continue to strengthen Neighbourhood Policing across the district by developing stronger relationships with communities with a focus on preventing crime.

### **Clean:**

- Increase the percentage of household waste that gets recycled.
- Work in partnership to lower the number of fly-tipping, dog fouling and littering incidents.
- Increase the successful prosecutions for fly-tipping, dog fouling and littering and work with Keep Britain Tidy and the Council's marketing department to run hard hitting, sustainable campaigns to deter people from committing these offences.

### **Active:**

- Address the issues of barriers to both integration and to all groups of people having the same life chances.
- Encourage and facilitate opportunities for integration as a general ethos across our work in the district.



- Bradford is working with MHCLG as one of five Integrated Communities Pilot Areas and focus will be on developing and delivering interventions that respond to the challenges in the Integrated Communities Strategy and sharing 'good practice'.
- We will invest more in our 'People Can' campaign to encourage neighbourliness, volunteering, community action and support with finding resources.



## 8. Decent homes that people can afford to live in

### Ambition

We want high-quality homes in neighbourhoods where people want to live so that everyone has a home that is right for their needs and where they can thrive.

We want to increase the rate of house building and provide a range of types of accommodation, from affordable homes to higher-value housing that can attract and retain skilled workers.

It is critical to ensure that new homes are fit for the future. We want high-quality design and build standards to create homes that are energy efficient, adaptable, and sensitive to future environmental and technological changes.

Tackling under-occupation and empty homes will make a big contribution to meeting housing demand.

### Progress on our success measures for 2020

District Plan 2020 target	Short name	Latest value	Trajectory to 2020 target
6a) An additional 2,476 new homes delivered per annum, in line with our Core Strategy	Net number of additional homes provided	1552	
6b) Work towards closing the gap with the West Yorkshire average on the proportion of long term empty homes	Proportion of long term empty homes in the district	1.86%	
6c) Ensure statutory homelessness remains below the England average	Statutory homelessness below the England average	1.99	
6d) Reduce the percentage of households in fuel poverty	Percentage of households in fuel poverty	15%	

On track to meet target by 2020

Some concerns/possible delays

Not expected to be achieved

The target to deliver 8,000 new homes by 2020 equates to an annual figure of 2,476. In 2017-18, 1,552 new homes were provided – this figure will be verified and confirmed later in the financial year.

The proportion of long term empty homes in Bradford District has reduced significantly from 3.58% in 2009 to 1.86% in 2017. There are now around 3,650 fewer long term empty homes in the district. This said, Bradford still has one of the highest proportions of empty properties in the country (303 out of 311 local authority areas), which is probably attributable to housing market conditions and depressed property values in some areas of the district. Against this background, it is not feasible for the proportion of empty homes to come down to the same level as for Yorkshire and Humberside – this would require another 1,600 properties being brought back in to use. We will therefore focus on continuing to close the gap in the proportion of empty properties with the other West Yorkshire authorities. This will still be a challenge for the Council and its partners, because with more properties

overall, and fewer and more difficult properties to bring back in to use, it will be increasingly challenging to reverse this downward trend.

Fuel poverty continues to be a significant issue in the Bradford District. The latest figures available from the Department for Business, Energy and Industrial Strategy show that 30,380 households in the district were considered to be in fuel poverty in 2015, which at 15.0%, is significantly higher than the national figure of 11.0%. The latest fuel poverty figure also shows an increase from 13.2% in 2014, which had fallen from 14.1% in 2013. Bradford has a relatively high level of fuel poverty due to the high level of deprivation in parts of the district, combined with low household incomes, and poor quality of dwelling stock.

## Good things are happening here

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In October 2017, the Council celebrated handing the keys over to the tenant of the 200<sup>th</sup> new home at Cliffe Lane in Baildon. Since 2010, the Council has been building new affordable homes as part of a programme shared with other Registered Social Landlords. The properties are modern and spacious and benefit from energy efficiency measures to help minimise running costs to tenants. The new homes are partly funded by grants from Homes England and are managed on the Council's behalf by Incommunities.

Partners work together to support the homeless, including Bridge, Emmaus, Riverside, Cyrenians and West Yorkshire – Finding Independence (WY-FI). For example Bevan Health Care provides health care for the very vulnerable, including supporting a street medicine team. Bevan also has a Pathway Team which is a dedicated group of Health and Social care professionals to assist patients who are homeless or vulnerably housed. They ensure that the appropriate discharge plans are put into place for each patient for when they leave hospital. Another key partner is the Salvation Army which operates a Day Shelter, which provides basic support needs for rough sleepers such as food and clothing, and access to a computer suite.

## Our achievements over the last 12 months

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We have delivered 188 new affordable homes, mainly as part of the 2015/18 Affordable Homes Programme which has been agreed between Homes England, the Council, and other Registered Social Landlords (RSL's) in the district. The Council has contributed to this by completing developments at Ripley St in West Bowling (Phase 2) and Cliffe Lane West in Baildon (Phase 1), with Phase 2 completing shortly.

We have started the development of an extra care scheme that will provide 69 units in Oakworth, Keighley alongside the development of a residential facility. Funding from the Department of Health of £2.76m has been secured through Homes England to support the delivery of the extra care element of the scheme.

We have improved conditions in 1,012 private sector properties through a combination of financial assistance to homeowners, and enforcement activity, to ensure that private rented accommodation meets basic health and safety standards. The Council's housing standards team have successfully removed over 4,600 identified hazards by responding to calls from private tenants and also through proactive work to inspect high risk properties, such as flats over shops.

We have actively promoted financial assistance for vulnerable homeowners to carry out essential repairs and improvements to their properties. This has resulted in a 70% increase in enquiries and a 21% increase in the number of homeowners receiving assistance in the last year, with more in the pipeline.

We have delivered around 330 adaptation schemes for people with disabilities to support them living in their own home. While this number is similar to the amount of adaptations delivered last year, it represents a 66% increase compared with 2013/14.

We have opened 8,659 homelessness prevention cases in the Council's Housing Options team.

Through the No Second Night Out (NSNO) service we have assisted 739 people who are rough sleeping or at risk of rough sleeping. NSNO also provided emergency accommodation for more than 150 people over the winter period when the temperature fell below zero. This led the service to be able to secure 'long term accommodation' for 67 cold weather clients.

The Private Rented Sector Lettings Scheme generates housing options in the private sector for customers who cannot access social housing for a variety of reasons. Last year, 150 new tenancies were created through the scheme, exceeding the initial target of 100 p.a.

We have resettled 110 vulnerable refugees in the district on a fully-funded basis through a Home Office scheme. The scheme is delivered in partnership with Horton Housing Association.

Over 930 people were supported per quarter to access housing related support via a range of commissioned partners such as Horton Housing, Cyrenians, Langley, and Centrepont. This included support to victims of Domestic Violence.

A multi-agency response was provided via Bradford Cares, to address the issues of rough sleeping and begging within the city centre. During the year, partners approached rough sleepers and beggars in the centre and assisted them in engaging with the services on offer.

## **The challenges facing us over the next 12 months**

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Delivering housing growth within the district to meet the target of 8,000 continues to be a challenge, as it is reliant on market forces. Partners including registered social landlords and the Council are helping to contribute to this with a new build programme delivering much needed affordable homes.

There continues to be insufficient investment in ageing private sector stock. The extent of this was highlighted in a stock modelling exercise carried out in 2015 which estimated that 18% of all private sector housing and 27% of properties in the private rented sector have at least one of the highest levels of housing hazards, giving an estimated cost of £78 million to mitigate these hazards. Whilst there is active promotion of the availability of financial assistance for homeowners and enforcing housing standards in rented accommodation, there is an ongoing need to coordinate resources more effectively between health and housing agencies. This is due to the cost to NHS services of people living in homes that are hazardous for health – for instance due to the increased risk of falls, and issues linked to damp and excess cold.

Nationally, there is an increased focus on the private rented sector which is reflected by a number of changes in the law that have come in to force recently. In particular, using powers in the Housing and Planning Act, the Council can now issue Civil Penalties of up to £30,000; a new national database of rogue landlords has been introduced; and the mandatory licensing of Houses in Multiple Occupation (HMOs) is being extended. In addition to the challenge of resourcing the rollout of these new measures, it will be necessary to monitor the impact of these changes to see if they increase compliance with housing standards. Other changes have also been introduced to improve standards generally, which include a restriction from 1<sup>st</sup> April 2018 on landlords starting to let out properties with an Energy Performance Certificate below a E rating – this will be rolled out to all tenancies, including existing ones, from April 2020.

With homelessness increasing nationally the government launched the Homelessness Reduction Act 2017 in April 2018. Locally, we have experienced a rising trend of homelessness with a 140% increase in homelessness acceptances since Page 176 and a 180% increase in the Prevention Case load.

The Act requires local authorities to focus greater efforts on preventing homelessness and introduces a set of measures to reduce homelessness. In addition to improving quality of advice and increasing protection for single people, it requires local authorities to join up services to provide better support, invariably working with partners to make this happen. Its introduction will result in greater pressure on existing services and may lead to an increase in workload for partners. During the first 4 weeks of operation the Housing Options team has already experienced longer interview and assessment times due to the requirement to follow a lengthy client assessment process and the completion of comprehensive Personal Housing Plans for applicants approaching the Council for assistance.

In June 2018, Bradford District will move to full service Universal Credit which means that most working age people in the district will have to claim this benefit. Building on a number of other welfare reforms over the last few years, this may have an impact on some claimants and their housing needs. Bradford Council is working with the Department of Works and Pensions and other partners, such as Incommunities, to support people moving on to Universal Credit, and the DWP is also providing targeted briefings for private sector landlords to alert them as to how Universal Credit will affect them and their tenants.

The Government consultation for the new national Energy Companies Obligation (ECO3) scheme has recently concluded. This scheme will be the main provider for funding of retrofit energy efficiency measures for residential properties, and is due to start in the autumn of this year. There are concerns that funding levels will be reduced for some hard to treat measures such as “Solid Wall” and “Room in the Roof” insulation which could present a challenge in Bradford, as many of the areas within the district with the highest levels of fuel poverty have dwelling stock dominated by properties that could benefit from these types of improvement measures.

## Our focus for the next 12 months

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- Launching the restructured Housing Partnership to develop the voice and influence of the sector. The Partnership will also review the Housing and Homelessness Strategy.
- Complete the delivery of the 2015/18 affordable homes programme and look at expanding our commitment to the 2016/21 Shared Ownership and Affordable Housing programme.
- Deliver the extra care and intermediate care schemes at Keighley using Department of Health funding.
- Work with developers to help address any stalled housing sites in a collaborative way.
- Continue to tackle long-term empty homes across the district – from April 2019 a higher rate of Council Tax will be charged for long-term empty properties which may mean more owners seek help to bring their properties back into use.
- Improve our efficiency in delivering adaptations for people with disabilities, in order to maximise the use of an increased funding allocation.
- Tackle poor quality housing through actively enforcing housing standards through a mix of responding to issues raised by tenants, and by proactively identifying and tackling issues in high risk areas for all accommodation types.
- Implement extended HMO licensing by identifying properties that meet the new wider criteria.
- Roll out the use of new powers for the Council contained in the Housing and Planning Act.
- Implement the Homelessness Reduction Act 2017 with greater focus on partner support and joining up of services.
- Reduce the use of costly and inappropriate use of B&B hotels with a greater focus on early intervention, partner support and joining up of services.
- Plan the implementation of the government’s new model of funding for short term supported housing (to be launched in 2020) preceded by a supported housing needs assessment.
- Join up services better which provide housing support to those with physical disabilities.
- Enhance and expand the highly successful private sector lettings scheme.
- Launch the new Social Housing Allocations policy and provide an improved IT system for use by Registered Provider partners.

- Pilot a Housing First model which aims to provide a settled home for those with complex needs and intensive support requirements for as long as necessary.
- Support the Leeds City Region backed Better Homes Yorkshire programme which offers Local Authority backed domestic energy efficiency measures to private sector households throughout the region.
- Work in partnership with neighbouring local authorities to deliver further initiatives to address fuel poverty, and promote affordable warmth in the district. This includes partnerships with companies such as White Rose Energy - a not for profit energy services company providing fair energy tariffs - and Energy Repayment Loans which support owner occupiers to benefit from energy efficiency measures.