



Agenda for a meeting of the Bradford and Airedale Health and Wellbeing Board to be held on Tuesday, 26 March 2019 at 10.00 am in Committee Room 1 - City Hall, Bradford

Dear Member

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

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

Yours sincerely

P Akhtar

City Solicitor

Notes:

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

From:

Parveen Akhtar

City Solicitor

Agenda Contact: Fatima Butt

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To:

MEMBER	REPRESENTING
Councillor Susan Hinchcliffe	Leader of Bradford Metropolitan District Council (Chair)
Councillor Sarah Ferriby	Healthy People and Places Portfolio
Councillor Jackie Whiteley	Bradford Metropolitan District Council
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
Steve Hartley	Strategic Director, Place
Gladys Rhodes White	Interim Strategic Director, Children's Services
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
John Holden	Bradford Teaching Hospitals NHS Foundation Trust

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 29 January 2019 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. UPDATE ON "CONNECTING PEOPLE AND PLACE": A JOINT HEALTH AND WELLBEING STRATEGY FOR BRADFORD AND AIREDALE

Previous Reference: Minute 22 (2018/19)
Minute 30 (2018/19)

The Health and Wellbeing Board received an update on progress against the Joint Health and Wellbeing Strategy in November 2018.

The Strategic Director Health and Wellbeing will submit **Document "L"** which provides a further update on developments and activities relating to the implementation of the Strategy and progress against the outcomes set out in the logic model.

The logic model is a way of knowing whether or not the work being undertaken has made a difference to the health and wellbeing of the District's population. The Board received an update on the overarching measures of the Strategy (life expectancy and healthy life expectancy) in January 2019.

Recommended-

That the content of the report and progress against the measures set out in the logic model be acknowledged, and the Board provides feedback for further action.

(Toni Williams – 01274 434701)

6. UPDATE ON FAMILY HUBS PREVENTION AND EARLY HELP IMPLEMENTATION

Previous Reference: Minute 116 (2017/18)

On the 3 April 2018, the Council's Executive agreed to implement the Family Hubs model for delivering prevention and early help to babies, children and young people from October 2018.

The Interim Strategic Director, Children's Services will submit **Document "M"** which provides an update on implementation since April 2018.

Recommended-

- (1) That the progress on 0-19 Family Hubs to date be noted.**
- (2) That the governance and planning to deliver against the consensus for an all ages approach to prevention and early help be endorsed and supported.**

(Gladys Rhodes-White – 01274 431266)

7. CHAIRS HIGHLIGHT REPORT

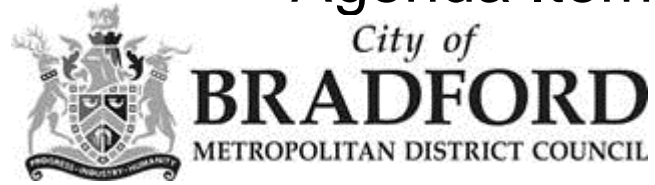
The Strategic Director, Health and Wellbeing will submit the Chairs Highlight Report (**Document "N"**) which summarises business conducted between meetings. The report includes updates from the Executive Commissioning Board and the Integration and Change Board.

Recommended-

That the Executive Commissioning Board and Integration and Change Board updates be noted.

(James Drury – 07970 479491)

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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 26th March 2019.

L

Subject:

Update on 'Connecting People and Place': A Joint Health and Wellbeing Strategy for Bradford and Airedale

Summary statement:

The Joint Health and Wellbeing Strategy was published in June 2018. The accompanying logic model establishes a way of knowing whether or not what we have done has made a difference to the health and wellbeing of our population. This paper provides an update on progress against the four outcome areas of the Strategy, as well as describing some of the key areas of work that have been delivered and progressed since the last update.

Bev Maybury
Strategic Director Health and Wellbeing

Report Contact: Toni Williams,
Consultant in Public Health
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Portfolio:

Healthy People and Places

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

The Joint Health and Wellbeing Strategy was published in June 2018. The accompanying logic model establishes a way of knowing whether or not what we have done has made a difference to the health and wellbeing of our population. This paper provides an update on progress against the four outcome areas of the Strategy, as well as describing some of the key areas of work that have been delivered and progressed since the last update.

2. BACKGROUND

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.

The Health and Wellbeing Board (HWBB) received an update on progress against the JHWWB Strategy in November 2018. The purpose of this paper is to provide the HWBB with an update on developments and activities related to implementation of the Strategy and progress against the outcomes set out in the logic model.

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. The Board received an update on the overarching measures of the Strategy (life expectancy and healthy life expectancy) in January 2019. In brief, life expectancy for people in Bradford District is increasing, after previously showing signs of improvements starting to level off; healthy life expectancy, however, is not improving.

3. OTHER CONSIDERATIONS

3.1 OVERARCHING OUTCOMES

3.1.1 Life expectancy: Latest available data (2015-17) shows that life expectancy for people in Bradford District is increasing, after previously showing signs of improvements starting to level off. Life expectancy at birth for a male born in the District is now 77.7 years, and for a female born in the District life expectancy is now 81.6 years. These are both the highest figures recorded for the District. Life expectancy remains below the average for England and the region for both males and females, however because improvements have been larger in Bradford the gap between Bradford and England/Y&H has narrowed slightly in 2015-17.

Life expectancy is not a short term measure of health and wellbeing; changes occur over many years. However, the small increase observed in the District compares well compared to other parts of the region where only a small number of local authorities have seen an increase in life expectancy.

3.1.2 Healthy life expectancy: Recently published data on healthy life expectancy shows a less positive picture. Healthy life expectancy has fallen for both males and females. In 2015-17 healthy life expectancy at birth in males fell to 60.4 years in Bradford District. This is the lowest value recorded and remains below the average for England (63.4 years). For females, healthy life expectancy at birth fell to 59.0 years in 2015-17. As with males, this is

the lowest value recorded and remains below the average for England (63.8 years). Some caution is, however, needed when interpreting the data on healthy life expectancy; the data, in part, draws on self reported health status from the Annual Population Survey, and so year on year variation is expected. Once this variation has been accounted for there has been no significant change in healthy life expectancy over recent years. This, however, in itself is an important finding, as a key outcome for the District is to increase the number of years a person can expect to live in good health.

Because healthy life expectancy has not improved and life expectancy has increased, this means that although people can expect to live longer, they are likely to spend more years in poor health.

3.2 OUTCOME 1: OUR CHILDREN HAVE A GREAT START IN LIFE

There are ten outcome measures in the JHWP Strategy related to the health and wellbeing of children and young people. Updates for four of these measures have been published since the last update to the HWBB in November 2018 (see Appendix 1: outcome report).

3.2.1 School readiness and good level of development: There has been a small decrease in the number of children achieving a good level of development at the end of reception, after year on year increases in the preceding years. Further monitoring is needed to see if this is a one off dip, or whether it is a trend.

Since 2015, Better Start Bradford has been making structural changes to the way in which we identify and work with families at risk of poor outcomes across three wards in the District. In addition, Better Start has introduced a range of preventative interventions focusing on pregnancy and the first three years of life. It is too early yet to understand the impact of Better Start; clearly the aspiration is that more children will start school ready to learn, and achieve a good level of development. Next year the first cohort of children to have been part of the Better Start programme will complete reception, providing valuable learning for the District as a whole.

To establish the right foundations for good health and wellbeing, and development, it is important that families receive the right support during the first few years of their child's life. Health visiting services are one of the main sources of support for families. There are five universal contact points for families; as part of the logic model we routinely monitor the proportion of infants receiving the 6-8 week visit, which provides an indication of the number of families supported. This remains high in the District, with 18/19 Q2 data showing that 96.3% of infants/families were visited at 6-8 weeks.

3.2.2 Educational attainment: For our primary school pupils, recent results show that there is an increase in the proportion of pupils achieving the expected standard across a range of subjects. However, the gap between Bradford and national performance has remained the same. GCSE results continue to improve with Attainment 8 narrowing the gap on the national average and Progress 8 showing positive progress and the second best performer in our family group of local authorities.

Some of our schools and academy chains are performing at an exceptionally high level nationally. There is also improvement at A-levels, and more young people continue to participate in the Industrial Centres of Excellence and Bradford Pathways.

Some of the recent Ofsted visits have acknowledged the impact of the local authority's intervention in its challenging schools. However, raising standards and increasing the number of good or better schools continues to be an area of high priority. In August, we launched 'Parents and Partners in Learning' in three areas (Keighley, Eccleshill/Idle and Tong/Bowling). This aims to improve parent's engagement with their education providers on their children's learning journey.

"Learning Conversations" with the Chief Executives of the different Multi Academy Trusts operating in Bradford District have also been introduced.

Good attendance is key for effective learning. Our strategy to address attendance issues across the Bradford District includes keeping schools updated about relevant legislation relating to school attendance; offering attendance & prosecution support sessions through the Safeguarding Hub and regular analysis of data available relating to vulnerable groups. The Education Social Work Service (ESWS) is working with schools across the District where attendance is cause for concern due to persistent absence and/or an overall attendance of below 90%.

In September 2018, funding was confirmed for the 'Glasses for Classes' trial in eight schools in the District. This will be delivered in partnership with Varilux who will provide two pairs of glasses to all young people who need them in trial schools.

3.2.3 Not in education, employment or training: Latest available data for 2017 shows that there has been a small increase in the number of 16-17 year olds not in education, employment or training. The local authority continues to co-commission a Connexions service with 20 of our schools and colleges to meet our respective statutory duties. There have been budget reductions in this area but a number of actions are in place to address the rise in NEET including: Skills Plan; additional post-16 adviser in Virtual School; support for careers work in primary and additional Industrial Centres for Excellence provision. As is the case nationally certain vulnerable groups (young offenders, SEND, looked after children, and care leavers) are over-represented in the NEET cohort and we continue to target our efforts accordingly, and monitor the rate for these groups monthly.

3.2.4 Infant Mortality: Infant mortality rates in Bradford District have fallen since 2001-03, however improvements have stalled in recent years and there has been no statistically significant change in the number of infants dying before their first birthday since 2010-12. Whilst this trend is in line with regional and national data, it does signal a need to review our approach. The Every Baby Matters Steering Group continues to deliver the action plan to reduce the number of infants dying in the first year of life. This action plan, however, is now a number of years old, and in light of the lack of improvement in recent years, a review has been undertaken. Coupled with local information from the Child Death Overview Panel, three priority areas have been identified; genetic inheritance, nutrition and smoking.

3.2.5 Reducing smoking in pregnancy: The proportion of women who are recorded as smoking at time of delivery has increased in 2017/18 for the first time in 2 years, after year on year reductions for the six years prior to this. Smoking in pregnancy has been a priority for a number of years. The Department of Health and Wellbeing, Bradford City and Districts CCGs and Public Health England have funded babyClear; this is an evidence based midwifery programme to ensure consistency of advice and interventions for

pregnant smokers from the first booking appointment with a midwife. This is complemented by further interventions including smoking cessation and smoke free homes champions in the health visiting service and children's centres.

NHS England have provided additional funding to tackle the high number of women continuing to smoke in pregnancy in Bradford Districts CCG. This has enabled the introduction of carbon monoxide (CO) screening at 36 weeks pregnant to improve the accuracy of reporting, and provides a further opportunity to promote the uptake of smoking cessation services. In addition, midwives assessing women in the maternity assessment centre and day unit have received additional training and resources to implement an intervention with women who continue to smoke in pregnancy and attend hospital with a pregnancy concern.

It is hoped that the collective impact of these interventions (together with the outcomes of our Living Well Service, Health Visitors, and Better Start), we result in a downward trend in the number of women smoking in pregnancy. Research from Born in Bradford tells us that the reasons why women smoke in pregnancy are complex; research published in 2018 on the Born in Bradford cohort highlight financial stress as a contributor to smoking in pregnancy rates. This highlights the need for a holistic whole system response to issues such as smoking.

3.2.6 Adverse childhood experiences (ACEs): These are stressful or traumatic events that occur before the age of eighteen; for example, sexual or emotional abuse, domestic violence in the home or a family member being incarcerated. A huge body of research has repeatedly shown a link between experiencing early adversity and ill health.

Better Start Bradford has been working to develop understanding of ACEs, trauma and resilience within the workforce and communities; both within the Better Start Bradford area and across the whole District. This included hosting three screenings of the critically acclaimed documentary 'Resilience' across the city.

On behalf of the Children's Transformation and Innovation Group, Better Start Bradford has been taking forward the ACEs agenda and exploring what a Bradford approach to ACEs could be. This has included hosting two multi-agency workshop meetings to gather perspectives and opinions. One clearly recognised need was for a dynamic and engaging ACEs hub; this is in the process of being developed.

A key aim of this work is the development of a multi-agency vision or strategy for ACEs across the Bradford District. A small preliminary working group has been put together with representation from the police, CCG, early years, infant mental health service, Public Health and Family Action. The aim of this group is to develop a preliminary strategy which can then be fully co-produced with wider stakeholders and the community. This strategy will be supported by a health needs assessment on ACEs led by Public Health.

3.2.7 Breastfeeding: The proportion of infants who are breastfed at 6-8 weeks has increased over the last year and in 2016/17 was 41.9% (latest available data). This is encouraging; however, too many women who initiate breastfeeding, report no longer breastfeeding when they have their 6-8 week check with the health visitor. Accordingly, we need to continue our efforts to support women who initiate breastfeeding to continue to. Public Health are working in close partnership with Bradford District Foundation Care Trust to develop a local plan to not only improve initiation rates, but to support women to

breastfeed for longer, if this is what they want to do.

3.2.8 Oral health: The proportion of 5 year olds who are free from obvious dental decay in Bradford District has 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. As part of the 0-19 Service, Public Health commissions oral health, including fluoride varnishing. There is an collaborative Oral Health Improvement Group which oversees the Oral Health Action Plan.

3.2.9 Teenage pregnancy: 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. The causes of teenage pregnancy are complex, hence it is difficult to say for certain what is responsible for the decrease. National research points towards initiatives by the government, for example improved sex and relationship guidance and improved access to contraception and sexual health services; more young women in higher education; and societal attitudes to teenage mothers, as reasons for the decline.

3.3 OUTCOME 2: PEOPLE IN BRADFORD DISTRICT HAVE GOOD MENTAL WELLBEING

Outcome measures: There are six outcome measures in the JHWP Strategy related to mental wellbeing. Updates for two of these measures have been published since the last update to the HWBB in November 2018 (see Appendix 1: outcome report).

The Mental Wellbeing Partnership oversees the delivery of the Mental Wellbeing Strategy. A number of actions are being delivered under this strategy, centred around three strategic priorities: our wellbeing; our mental and physical health; and care when we need it.

The Healthy Minds Summit was a one-day event in January to raise awareness of Mental Health and to gather feedback to inform a refresh of the Mental Wellbeing Strategy. The Summit was an overwhelming success, attended by over 300 people.

3.3.1 Our Wellbeing: Wellbeing is measured using a range of questions administered as part of national surveys. Although the numbers with 'good mental wellbeing' fluctuate year on year, medium - long term data shows a general upward trend.

There is a significant amount of work being done to improve the wellbeing of people in the District. However, it is important to note that many factors contribute to good mental wellbeing, so much so, that most of the activity that has been described in this paper, will contribute.

System-wide training and awareness raising activity has been delivered across Bradford. Airedale and Craven schools including: support and training of over 159 mental health school champions in 108 schools; mental health awareness training delivered to over 1,380 staff members in universal services; and 150 school staff in 57 schools have completed the Living Life to the Full training.

A number of websites providing key information and signposting have been launched including: Mental Health Matters; Thrive in Bradford; and the MyWellbeing College portal. The Guideline telephone support line which provides mental wellbeing support and signposting has been refreshed, and work is also progressing to develop a District wide

directory portal.

Consultations for Looked After and Adopted Children have increased and bespoke support has been provided to children and families who are refugee and asylum seekers. Over 286 families have benefited from parent training.

Extensive engagement with carers has been undertaken to understand their experiences and needs, to improve our integrated carers' support services.

A Mindfulness in Primary Schools pilot project is providing training for teachers and pastoral staff in mindfulness practice in primary schools. Teachers in 14 primary schools across the District will be qualified to deliver the training in schools from July 2019.

85% of all those registered with dementia in Bradford are in contact with a dementia advisor to provide information about diagnosis and treatment, carers' needs, local services, benefits and legal advice. Furthermore, Wellbeing cafés for people with dementia are run across the District.

3.3.2 Our mental and physical health: In the past year new services for perinatal mental health support, and a community eating disorder service have been commissioned and launched. Plans to include early psychological assessment in pathways for pain services are also progressing. GP checks to ensure that the physical health needs of people with serious mental illness are monitored, recognised and supported, have also been implemented. In 18/19 Q3 35.1% of people with a serious mental illness had received an annual health check; this number is expected to increase throughout the year.

One of the key measures of how successful we are at improving the physical health of people with mental illness, is the excess under 75 mortality rate; unfortunately this measure has not been updated since 14/15 (national data) and so it is difficult to determine how effective our efforts have been. The HWBB should continue to monitor the proportion of people who have received a health check, as this is the best indicator that we have.

3.3.3 Care when we need it: The Youth in Mind model has supported over 500 young people to understand and take control of their mental wellbeing, and build resilience with a range of peer led, community, mentor and specialist services. In partnership with NHS England new models of care to support children and young people accessing Tier 4 (inpatient) mental health care have been developed. As a system, we have made financial savings which have been reinvested into the service to increase the Intensive Home Treatment offer for children and young people. More importantly, children and young people have been supported to remain at home and in school, or have reduced lengths of stay in hospital.

The proportion of people moving to recovery after IAPT (Improving Access to Psychological Therapies) continues to vary month on month, however recovery rates in the District are lower than regionally and nationally. MyWellbeing College provides treatment for common mental health problems, offering a range of support for recovery and resilience. In November the College launched a new Telehealth Service to deliver guided self-help using work books. MyWellbeing College has developed self-referral pathways, a range of guided self-help books, and a wider choice of support services to improve access.

We are working with stakeholders to transform our community mental health teams and

align them with community partnerships to ensure people have seamless access to mental health support for more serious problems.

The percentage of people experiencing a first episode of psychosis in receipt of a NICE approved care package within 2 weeks of referral is lower in Bradford District than nationally. However investment in the Early Intervention in Psychosis service has increased, and an At Risk Mental State service to provide immediate support for vulnerable people has been developed. The service was recently highlighted as national good practice.

Over 6,000 people in urgent need of mental health support access the First Response Service each month and we provide access to safer spaces when hospital is not the most appropriate setting.

Bradford and Airedale are the first site in the north of England to participate in the national research programme ENRICH, using peer support to reduce readmission to inpatient units. Bradford is also leading work to reduce Out Of Area Placements across West Yorkshire and Harrogate.

3.3.4 Suicide prevention: The suicide rate for Bradford District is falling, and most recently published data is the lowest on record. All of the activity described as part of the Mental Wellbeing Strategy is likely to have contributed to this reduction, in addition to national initiatives. We have had a Suicide Prevention Action Plan for a number of years now; this is overseen by a partnership steering group.

3.4 OUTCOME 3: PEOPLE IN ALL PARTS OF THE DISTRICT ARE LIVING WELL AND AGEING WELL

Outcome measures: There are six outcome measures in the JHWWB Strategy related to living and ageing well. Updates for four of these measures have been published since the last update to the HWBB in November 2018 (see Appendix 1: outcome report).

3.4.1 Smoking: The proportion of adults smoking has reduced to 18.9%; this is the lowest on record. Prevalence, however, remains higher than regional and national rates, and inequalities between communities remain, with a strong socio-economic gradient. Given that smoking is one of main causes of preventable disease and early death, and the fact that it contributes significantly to health inequalities, it should remain a priority for the HWBB.

Tackling smoking requires a multifaceted approach, which includes offering people to support to quit, and warning people about the dangers of tobacco use.

The West Yorkshire and Harrogate Cancer Alliance Tackling Lung Cancer project has put a renewed focus on smoking for our whole system, rather than it being viewed as a Public Health responsibility. Funding has been made available to optimise smoking cessation interventions for patients, staff and visitors at BTHFT. The funding will enable the introduction of carbon monoxide screening at preoperative appointments and the recruitment of two stop smoking practitioners. The introduction of carbon monoxide screening provides an important early opportunity for clinicians to engage with people about smoking. Stop smoking practitioners based on the hospital site will create capacity to embed processes to identify smokers, and improve access to treatment and referral

pathways.

Marketing plays an important role in driving motivation to quit, and there are a number of campaigns being rolled out across Yorkshire and Humber with a particular focus on routine and manual workers, that Bradford and Airedale are collaborating on.

Latest available data for 18/19 Q2 showed that 288 people quit smoking (4 week quitters), which is down on Q1 figures. This is similar to the national trend and needs to be further understood. It is anticipated that this will increase once the Tackling Lung Cancer Project is fully implemented.

The HWBB may wish to consider whether there is scope to increase our efforts. As an example, Barnsley have made a commitment to make smoking invisible, and have prioritised action to 'denormalise' smoking, such as smoke free parks and other community spaces.

3.4.2 Drug treatment: The number of opiate drug users successfully completing drug treatment has increased. Although the success rate is below the national average, the gap has narrowed over recent years. The number of non-opiate drug users successfully completing drug treatment continues to increase, and is higher than regional and national rates. Our new substance misuse service commenced in October 2017. The new Substance Misuse Recovery Service is called New Directions and is delivered by a large experienced Substance Misuse service, Change, Grow; Live (CGL) in partnership with 2 locally established Organisations of Bridge and Project 6. New Directions is committed to delivering an integrated recovery focused service across Bradford and Airedale that meets the needs of service users, concerned others and reflects the recommendations from the 2015 review. The service provides a single point of access for any adult with drug or alcohol issues and will work with individuals across a number of community locations across the District including GP practices.

Whilst the most recent data for the number of people successfully completing treatment relates to the year before the new service model was introduced, the number of people completing treatment is expected to increase as the service model is embedded.

3.4.3 Childhood obesity: The number of children who are overweight or obese when measured in Year 6 continues to increase; there have been year on year rises over the last decade. This highlights the complexity of the issue to address, and why it remains a priority for the HWBB. There is no single cause; there are many complex behavioural and societal factors that combine to contribute to the causes of obesity. Recognising this, partners including the local authority, CCGs, VCS, schools, local communities, Better Start Bradford, and Born in Bradford, are all working together to tackle the causes from a range of perspectives. There is, however, no overnight fix; even if our programmes are successful it will take time to see this in the data.

The local delivery pilot (Sport England) is in place and the team have completed a thorough needs assessment. They are completing extensive outreach and engagement work with key intervention development commencing.

The development of the Living Well Service continues, with the aim of promoting access to opportunities and programmes, across multiple settings, to help people of all ages and abilities to engage in living healthier lifestyles and accessing the right help and support as

individuals, families and communities.

The Health Trainer service transferred into the local authority from Bradford District Care Foundation Trust in January 2019 and continues to offer 1:1 lifestyle support, including weight management, as well as group weight management sessions. Work is on going to review the service in line with the Living Well Programme. The service will be re-launched in June 2019 as the Living Well Service.

Complimentary to the Service will be the Living Well website that will have health and wellbeing resources and information in line with national campaigns for adults and children. The website will be a bespoke digital offer to Bradford District and will have local offers and health updates to support our local communities, along with referrals to more specialised services such as the Community Connectors, BEEP, stop smoking support, and other lifestyle interventions. Through the digital well-being assessment, individuals will be able to get a personalised health and wellbeing plan, with local support identified to help improve their lifestyles. The Living Well offer will also include an app based platform called "MyLivingWell".

There are around 4,000 children in Bradford District who are severely obese. The local authority, CCGs, dietetics services, paediatrics and childrens safeguarding, are working in partnership to develop an appropriate offer of support for these children. This is likely to involve 1:1 support delivered by a multidisciplinary team.

Bradford District has been awarded a discovery phase grant from the Local Government Association, for a bid jointly submitted by the local authority, Born in Bradford, Council of Mosques, Cnet and CCGs to help reduce child obesity in the District. The discovery phase will involve co-designing reduction activities, with Islamic Religious Settings playing a key role, understanding opportunities to support communities in achieving and maintaining a healthy weight and lifestyle.

More children are taking part in the Daily Mile/15 Minutes More (42 schools in 18/19 Q3); however, further work is needed to continue to increase the number of children and schools participating. One of the main challenges locally is the outdoor space in schools to do this.

3.4.4 Physical activity: The proportion of adults who are physically active is showing signs of improving; this is only a two year trend and so further data is needed for us to determine whether or not we are making a difference. However, through Active Bradford, the LDP, and Living Well, we have a significant amount of activity being undertaken in these areas.

The BEEP (Exercise Referral) service has continued to see a high volume of referrals; in 18/19 Q2 417 people were accessing BEEP and 350 people are currently on the waiting list. This has been addressed with the appointment of a new exercise referral officer (ERO) in partnership with Bradford Sport and Culture. To support the increased numbers coming into the service we have added five clinics.

The BEEP service is now working closely with the dietetic/bariatric team for an exit pathway pre and post bariatric surgery for patients with obesity and/or diabetes. An exit strategy to support post phase 3 cardiac rehab and pulmonary rehab services is now under development. The service continues to share learning with system partners most

recently student nurses involved with IMAS (International mixed ability sport) as well as promotional stands at health events across different GP practices, self-care week and mental health awareness.

3.4.5 People are supported and feel confident in managing their own health: The proportion of people with a long term condition who report feeling supported to manage their condition has fallen. The reasons for this are not clear and need further investigation. As a system we have invested in the Self Care and Prevention Programme (now Living Well); we are doing what we said we would do, for example, in the last quarter more than 200 frontline staff have been trained in Conversations for Change or Making Every Contact Count. The VCS Alliance has been co-ordinating targeted engagement sessions in communities on developing skills for managing their own health. In addition to this the Alliance have begun engaging with primary schools on the same issues; this has been further complimented by pharmacy students from Bradford University working with primary schools to co-produce a 'Make One Change' resource for children.

Furthermore, we have Community Connectors (our social prescribing service) who have new referral targets agreed at 1,500 per year in line with national standards. An extended service is also now operating out of A&E at Bradford Royal Infirmary. Training in care navigation for receptionists has been rolled out. In Airedale and Wharfedale personal support navigators have been introduced in community partnership groups.

Self Care Week is an annual opportunity to promote healthy lifestyles and self care. The 2018 campaign launched in early November and was popular and successful in engaging people to 'Make One Change'.

3.4.6 Area based community development: Through small grants funding delivered through the community partnerships, the CCGs have funded more than 100 grassroots projects, with the aim of improving health and wellbeing, and reducing inequalities. Examples include dementia support, children's play areas, carers cafes, mutual aid for people who misuse drugs, Bradford Baby Bank, and mindfulness classes.

3.5 OUTCOME 4: BRADFORD DISTRICT IS A HEALTHY PLACE TO LIVE, LEARN AND WORK

Outcome measures: There are eight outcome measures in the JHWB Strategy related to healthy places. Updates for five of these measures have been published since the last update to the HWBB in November 2018 (see Appendix 1: outcome report).

There is a significant amount of work being undertaken to ensure that Bradford District is a healthy place to live, learn and work. This will contribute to outcomes across the whole logic model, not just healthy place (for example, wellbeing, childhood obesity and physical activity).

3.5.1 Principles for healthy places: there is an overwhelming body of research about what makes a healthy place. A comprehensive review of the evidence has been undertaken and based on this evidence 10 key approaches that will help us to create healthier places for people to live have been identified. These include: our District is healthy, sustainable and well connected; pedestrians and active modes of travel are prioritised; active design principles shape our built environment; implement the principles

of healthy streets; increase and improve urban green space; our neighbourhoods are inclusive, welcoming and safe; children everywhere can play safely close to home; there are ambitious quality standards for new and existing homes; people can access healthy food wherever they live; business development supports health and wellbeing.

3.5.2 Planning: Public Health continues to attend the Planning ‘majors meeting’, providing evidence-based input (based on the evidence review previously described), at an early stage of the planning process, on how individual developments can have a positive impact on health and wellbeing. Through this process we are advocating for more greenery and green spaces, as well as following active design principles which, for example, improve connectivity and support sustainable travel.

3.5.3 Core Strategy: The local authority is starting work on the partial review and consultation of the Core Strategy. The Core Strategy forms an essential part of the Bradford District Local Plan. It sets out the local authority’s strategic housing, employment, transport, retail, leisure and environmental policy requirements, as well as the policy context for the broad location, scale and distribution of site allocations for mainly housing and employment. A health impact assessment is being conducted on the Core Strategy, ensuring that we clearly communicate our ambition for a healthier place.

3.5.4 Housing Design Guide and Top of Town Masterplan: Bradford’s first Housing Design Guide is in development and includes a strong focus on the need for healthy places that connect well to local rights of way, walking routes and public transport and enhancing existing neighbourhoods, enabling communities to be active, with access to open-space and doorstep play for children. Similar themes will run through the Top of Town Masterplan. Both will describe and illustrate what we think good housing and healthy places look like and feel like: well-connected, supporting people to be safe, well and active, green and clean, supporting people to form friendships and belong to communities, helping to reduce social isolation.

3.5.5 Street Design Guide: A Street Design Guide is being developed for Bradford District. We hope that this will adopt learning from the Healthy Streets approach first developed for London and currently undergoing minor adaptation to apply to the rest of the country, supporting walking, cycling and greener-looking, safer, friendlier streets that are designed around people rather than traffic.

3.5.6 20mph zones: The local authority is currently consulting on the implementation of 20mph zones; one in the city centre, two around primary schools in the District. 20mph zones are a recognised means of reducing road collisions and associated casualties. They are very effective at protecting our most vulnerable road users, including children, pedestrians and cyclists, and significantly decrease the risk of being injured in a collision and/or the resulting severity. There is evidence that even relatively small reductions in mean vehicle speeds can have a positive impact on the rate and severity of collisions.

20mph zones will support the continued reduction in the number of people who are killed or seriously injured on our roads. The number of people killed or seriously injured on our roads has been decreasing over recent years; latest available data shows that the number of KSIs is the lowest recorded since 2009-11 and is below the national average.

3.5.7 Green Space: The Joint Health and Wellbeing Strategy and the ten principles for healthy places are being used to support a number of on going bids by the council and/or partners to bring resources for green-blue infrastructure projects into the District. For example to improve existing green spaces, or create new ones, including a linear park to run alongside the proposed Canal Road Corridor to provide an attractive context for people to walk and cycle along the route. This will contribute to the number of people using outdoor spaces for exercise, which is showing signs of increasing.

3.5.8 Employment for people with mental illness: The gap in the employment rate for those in contact with secondary care mental health services and the overall employment rate is increasing, although the gap is lower than the regional and national average. There are currently 3 commissioned mental health pre-employment and employment services delivered in Bradford District and Craven. Bradford District Foundation Care Trust – Individual Placement and Support (IPS), The Cellar Trust – Pathways to Employment Service, and The Cellar Trust and BDCFT – STEP into Employment Service.

In line with the Mental Wellbeing Strategy there is an opportunity to build on the existing partnership working between the providers, as well as the links to adult social care, to develop an integrated approach to the delivery of pre-employment and employment support for people with mental health problems. This will establish a service which integrates the provision – drawing on the collective strengths of NHS and VCS provision, and create a single point of access and assessment, where individuals would not have to worry which contract or referral pathway they are part of. In line with the strategy and aligned with the ‘Care when we need it’ approach - deliver a range of provision so that individuals can receive the appropriate level of support (from the most appropriate provider) determined by their needs and aspirations. The integrated approach covering pre-employment and employment/retention support would include: • Primary care – integration with My Wellbeing College and links with GP clusters • Secondary care – integration with Community Mental Health Teams and Early Intervention in Psychosis as well as adult social care (including The Care Act).

3.5.9 Healthy Workforce: The proportion of working days lost to sickness absence has been decreasing, although most recent data shows a very small increase compared to the previous reporting period. The Living Well Charter is our plan for working with all businesses to support them to support their workforce from a healthy and wellbeing perspective. The Charter is currently in development, and expected to be launched later this year.

3.5.10 Skills and employment: 68% of people aged 16-64 are in employment, continuing the upward trend seen in recent years. The District has an ambitious Economic Strategy, which is helping to get more people into work.

3.5.11 Fuel poverty: The number of households living in fuel poverty has decreased, reversing the previously rising number. Inequalities, however, remain with differences across the District. Fuel poverty remains an issue for the District primarily as a result of the large number of older Victorian and pre-Victorian housing which is a hard to insulate effectively. The District has an established winter warmth programme - Warm Homes - procured in 2017/18 for two years, however, the reach of this programme has reduced over the years. Together these factors make reducing fuel poverty challenging.

4. FINANCIAL & RESOURCE APPRAISAL

Making a difference to the health and wellbeing of our population requires long term commitment and investment. Much of this already exists and is directed towards activities which will positively influence the four outcome areas of the strategy. There are no financial issues arising from this report on 'Connecting People and Place.'

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The Health and Wellbeing Board owns, leads and provides governance of the Strategy. Risk will be managed by the Health and Wellbeing Board through a performance management framework (the logic model), with quarterly updates provided to the Health and Wellbeing Board.

6. LEGAL APPRAISAL

6.1 Part 1 of the Health and Social Care Act 2012 (the Act) placed legal responsibility for Public Health within Bradford Council. Specifically, Section 12 of the Act created a duty requiring Local Authorities to take such steps as they consider appropriate to improve the health of the people in its area. Section 31 of the Act requires the Director of Public Health to prepare an annual report on the health of the people in the area of the Council, which it must then publish. The contents of the report are a matter for local determination.

6.2 The Director of Public Health is obliged to pay regard to guidance issued by the Secretary of State for Health when exercising public health functions and in particular to have regard to the Department of Health's Public Health Outcomes Framework (PHOF). The PHOF identifies differences in life expectancy and healthy life expectancy between communities by measuring a series of health metrics, and is regularly reviewed.

6.3 This report identifies the various indices used by the HWBB to assess the progress of the Joint Health and Wellbeing Strategy and describes the current state of public health in Bradford. It is noteworthy that the joint strategy reaches across a range of services, some of which are not under the Council's control.

6.4 The HWBB is required to assess this report and then consider whether it provides adequate evidence that the Council is complying with its duty to promote public health.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

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

7.2 SUSTAINABILITY IMPLICATIONS

The Strategy will support and build on the work at local and West Yorkshire and Harrogate levels to ensure that health and care services become sustainable within the financial envelope.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

No direct implications. Implementation of the strategy will involve co-ordinated action to address air quality, and to increase physical activity levels and sustainable travel; these activities may have some impact on greenhouse gas emissions.

7.4 COMMUNITY SAFETY IMPLICATIONS

No direct implications, however community safety is an enabling factor, allowing people to engage in community activities, and to use streets and neighbourhood amenities for physical activity and other leisure activities. Reduced social isolation and increased physical activity will both act to enhance wellbeing. Furthermore, feeling unsafe can have a negative impact on a person's mental wellbeing.

7.5 HUMAN RIGHTS ACT

No direct implications.

7.6 TRADE UNION

No direct implications.

7.7 WARD IMPLICATIONS

The measures used to monitor the Joint Health and Wellbeing Strategy are complex and are influenced by differences in economic, cultural and social factors across populations and communities. Across the 30 wards of the District, achievement against each of the indicators will vary substantially. Accordingly, in areas with poorer health and wellbeing and higher levels of health inequalities, different approaches may be needed to accelerate improvements in health and wellbeing and to reduce health inequalities.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

That Health and Wellbeing Board members consider the content of this report.

10. RECOMMENDATIONS

That the HWBB acknowledges the content of the report and progress against the measures set out in the logic model, and provides feedback for further action.

11. APPENDICES

11.1 Connecting people and place for better health and wellbeing: outcomes report
March 2019

12. BACKGROUND DOCUMENTS

12.1 Connecting people and place for better health and wellbeing. A Joint Health and Wellbeing Strategy for Bradford and Airedale 2018-2023.
<https://bdp.bradford.gov.uk/media/1332/connecting-people-and-place-for-better-health-and-wellbeing-a-joint-health-and-wellbeing-strategy-for-bradford-and-airedale-2018-23.pdf>

12.2 Bradford District Joint Strategic Needs Assessment. Available at:
<https://jsna.bradford.gov.uk/>



Connecting People and Place for Better Health and Wellbeing

Outcome Report: March 2019

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).

Summary of outcomes measures

	Reporting period	Current value	Change from previous quarter	5 year trend	Previous year value
Overarching indicators					
Life expectancy at birth - males	2015-17	77.7	▲		77.5
Life expectancy at birth - females	2015-17	81.6	▲		81.5
Healthy life expectancy at birth - males	2015-17	60.4	▼		61.8
Healthy life expectancy at birth - females	2015-17	59.0	▼		61.1
Our children have a great start in life					
Child excess weight - Reception	2017/18	23.0	▲		22.5
Child excess weight - Year 6	2017/18	38.6	▲		37.9
% of children achieving a good level of development at reception	2017/18	66.8	▼		67.6
Average attainment 8 score	2016/17	42.4	▼		45.7
% of 16-17 year olds NEET	2017	6.5	▲		6.0
% of children aged 5-16 who have been in care for at least 12 months whose SDQ scores is cause for concern	2016/17	29.4	▼		30.1
% of children breastfed at 6-8 weeks	2016/17	41.9	▲		40.1
Smoking at time of delivery	2017/18	14.4	▲		13.8
% of 5 year olds who are free from dental decay	2016/17	60.2	▼		62.5
Infant mortality	2015-17	5.8	▼		5.9
Low birth weight of term babies	2016	3.6	▼		4.1
Teenage pregnancy	2016	20.0	▼		22.4
People in Bradford District have good mental wellbeing					
Mental wellbeing: high happiness score	2015/16	70.4	▼		74.3
Mental wellbeing: high satisfaction score	2015/16	77.8	▼		78.9
Suicide rate	2015-17	9.0	▼		9.2
IAPT recovery rate: AWC CCG	Sep-18	47.0	—		47.0
IAPT recovery rate: Bradford City CCG	Sep-18	44.0	▼		45.0
IAPT recovery rate: Bradford Districts CCG	Sep-18	49.0	▲		45.0
Early intervention in psychosis waiting times: AWC CCG	2017/18	70.7	▲		61.8
Early intervention in psychosis waiting times: Bradford City CCG	2017/18	70.1	▼		71.3
Early intervention in psychosis waiting times: Bradford Districts CCG	2017/18	68.9	▼		72.4
Excess under 75 mortality rate in persons with serious mental illness	2014/15	426.3	▼		448.6
People in all parts of the District are living well and ageing well					
% of physically active adults	2016/17	63.7	▲		60.3
% of adults meeting the '5 a day' recommendation	2016/17	54.7	▼		55.0
Successful completion of drug treatment (opiate users)	2017	6.3	▲		5.7
Successful completion of drug treatment (non-opiate users)	2017	49.8	▲		43.1
Smoking prevalence in adults	2017	18.9	▼		22.2
% of people with a LTC who feel supported to manage their condition	2017/18	57.7	▼		62.6
Bradford District is a healthy place to live, learn and work					
% of people using outdoor spaces for exercise or health reasons	2015/16	12.4	▲		8.4
% of people aged 16-64 in employment	2017/18	68.1	▲		67.2
% of the working age population qualified to NVQ Level 3 or above	2017	46.6	▲		42.0
% of working day week lost to sickness absence	2015-17	1.3	▲		1.2
Fuel poverty	2016	14.3	▼		15.0
The number of people reported killed or seriously injured on our roads	2015-17	34.9	▼		35.9
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	2017/18	61.1	▲		59.2

NEW DATA

Life expectancy at birth— males

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

Latest value
77.7 years

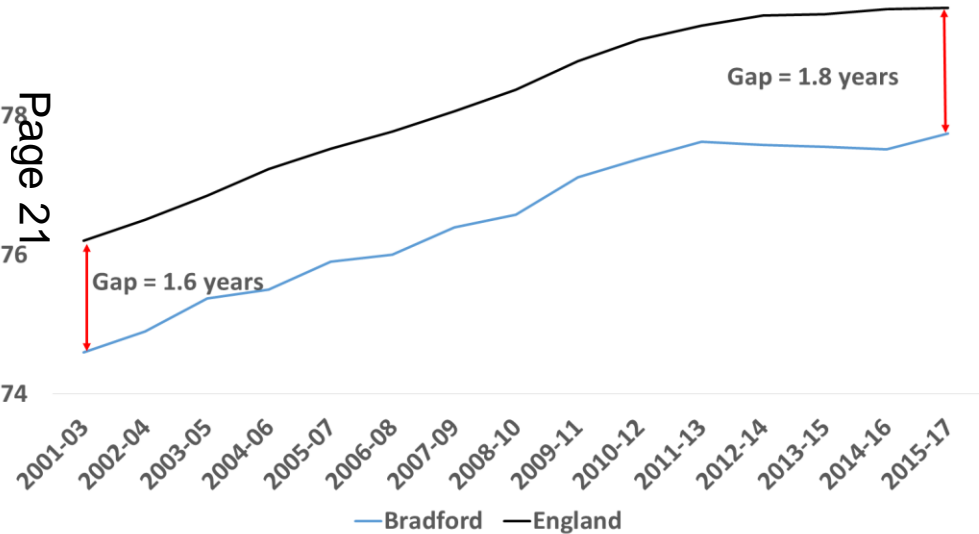
Most deprived ward in Bradford
73.7 years

Gap in life expectancy
9.6 years

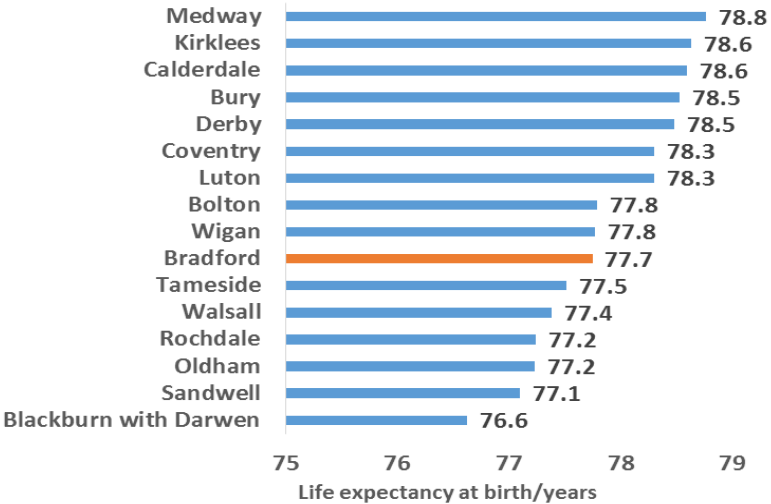
Least deprived ward in Bradford
83.3 years

Year	National rank (ranked out of 150)
2001-03	113
2015-17	124

Life expectancy at birth (years)



Life expectancy at birth (males) - similar Local Authorities



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. However in 2015-17, the gap between the national average and Bradford District has narrowed for the first time since 2012-14. Bradford District has the third lowest life expectancy in the region and has seen its national rank fall over time. A male living in the most deprived part of the District can expect to live 9.5 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
81.6 years

Most deprived ward in Bradford
77.9 years

Gap in life expectancy

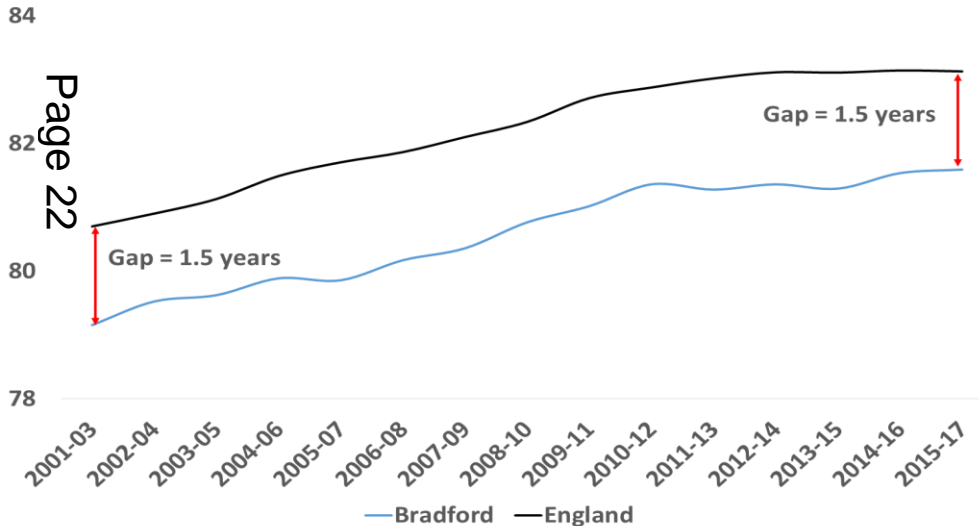
9.8 years

Least deprived ward in Bradford
87.8 years

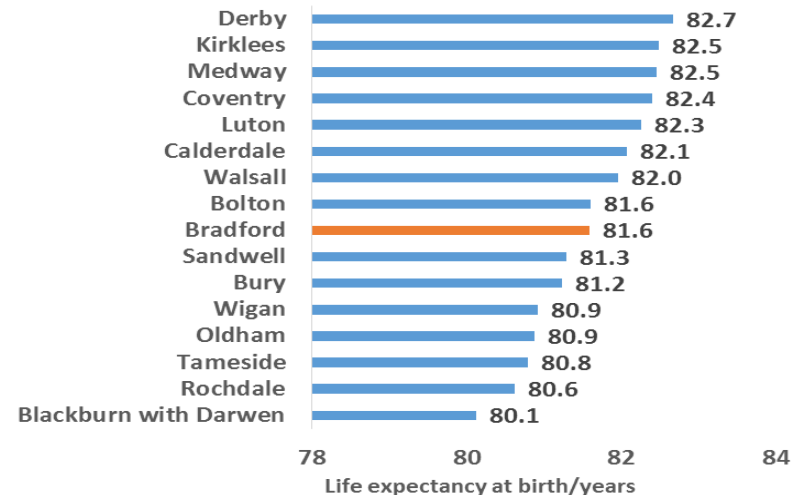
Year	National rank (ranked out of 150)
2001-03	128
2015-17	126



Life expectancy at birth (years)



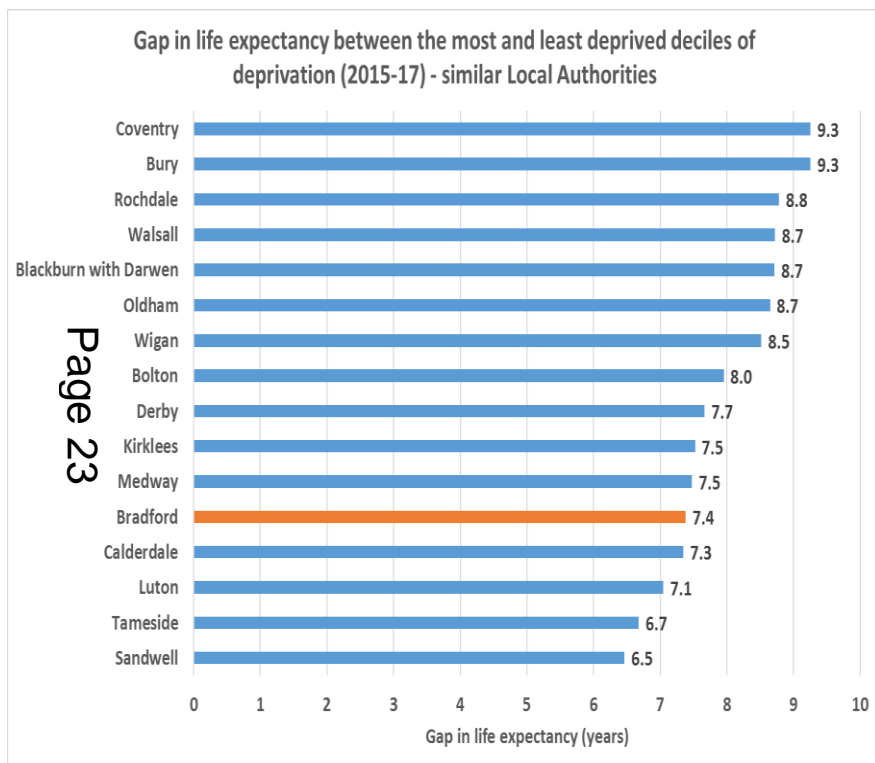
Life expectancy at birth (males) - similar Local Authorities



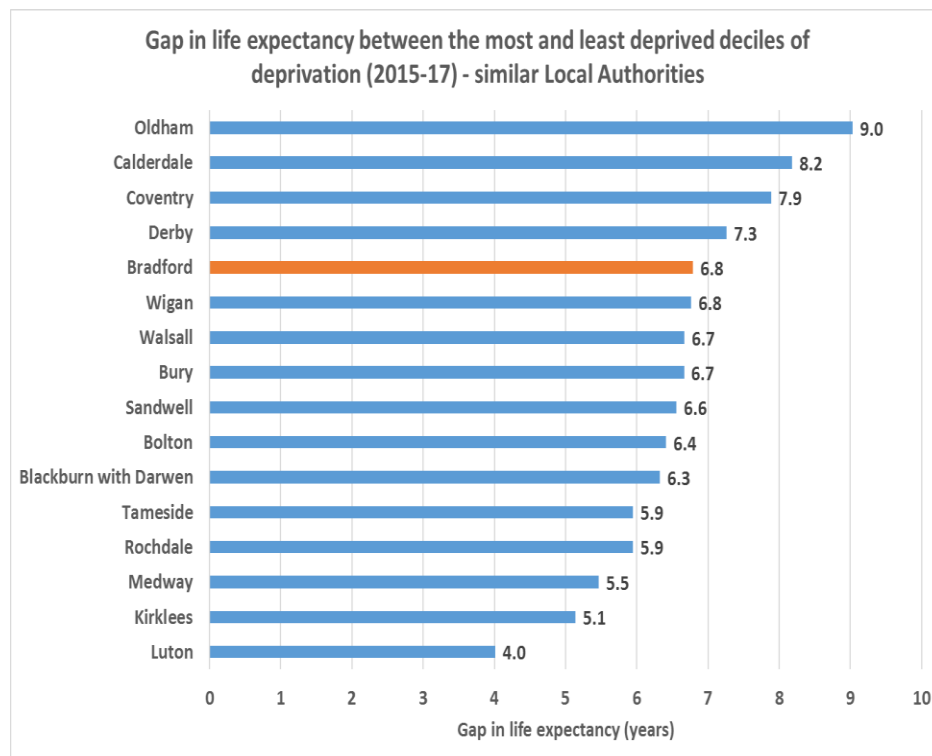
After a period of levelling off between 2012-12 and 2013-15, life expectancy at birth for females in Bradford District has risen slightly in recent years. However, the gap between Bradford District and the average for England remains the same. Bradford District has the second lowest life expectancy in 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 8.9 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



Females



A man in Bradford District living in the most deprived quintile of deprivation can expect to live 7.4 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 6.8 years less than a woman living in the least deprived area; this is slightly above 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
60.4 years

Healthy life expectancy at birth
60.4

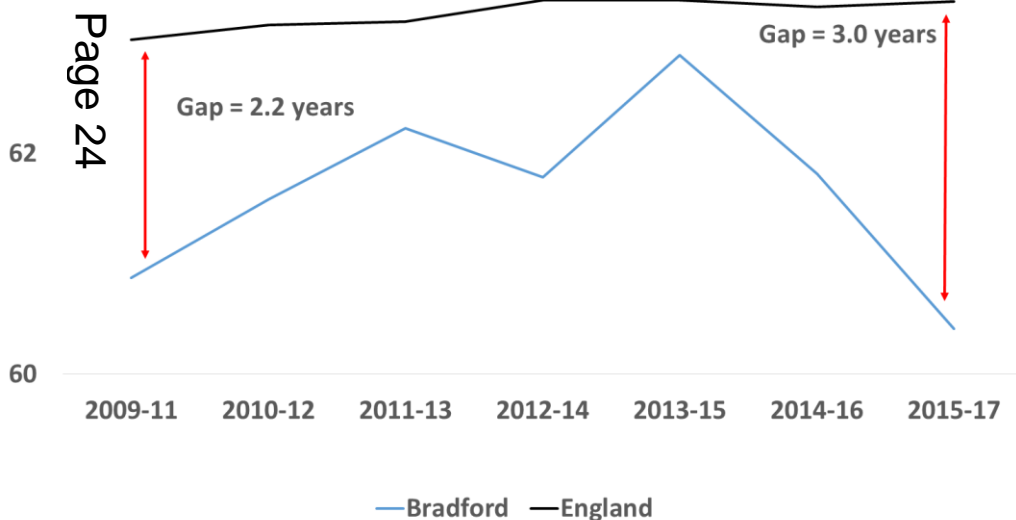
Years of 'poor' health
17.3 years

Life expectancy at birth
77.7 years

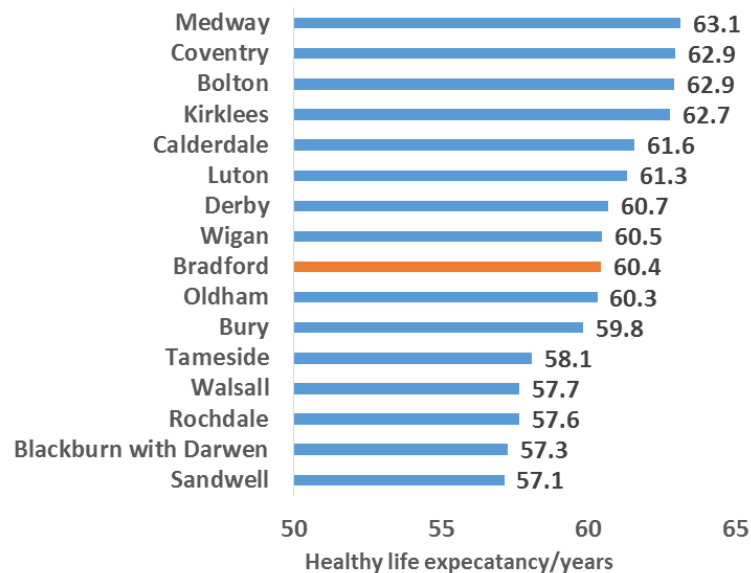
Year	National rank (ranked out of 150)
2009-11	99
2015-17	111

Healthy life expectancy at birth (years) - males

64



Healthy life expectancy at birth (males) - similar Local Authorities



Healthy life expectancy at birth for males in Bradford District has fallen in 2015-17 to the lowest recorded since 2009-11. Healthy life expectancy in the district is below the average for England and the gap between Bradford District and the average for England has widened. When compared to similar local authorities, Bradford District sits in the middle of the group having one of the lower healthy life expectancy of these Local Authorities and has seen its national rank fall. A male living in Bradford District can on average expect to live 17.3 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
59.0 years

Healthy life expectancy at birth
59.0 years

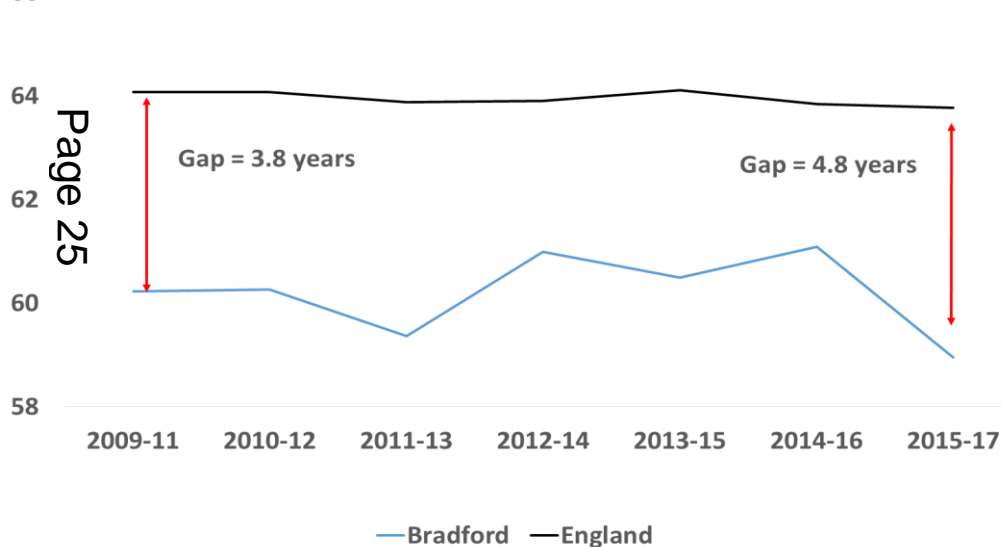
Years of 'poor' health

22.6 years

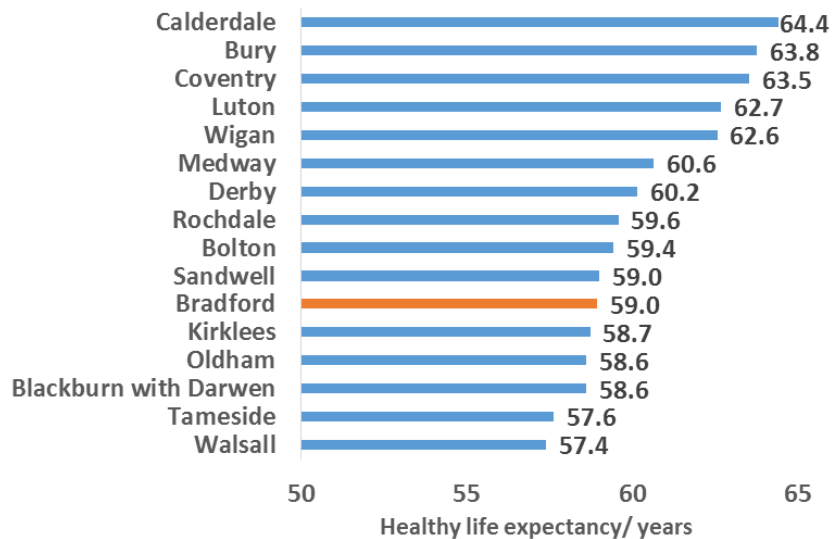
Life expectancy at birth
81.6 years

Year	National rank (ranked out of 150)
2009-11	110
2015-17	127

Healthy life expectancy at birth (years) - females

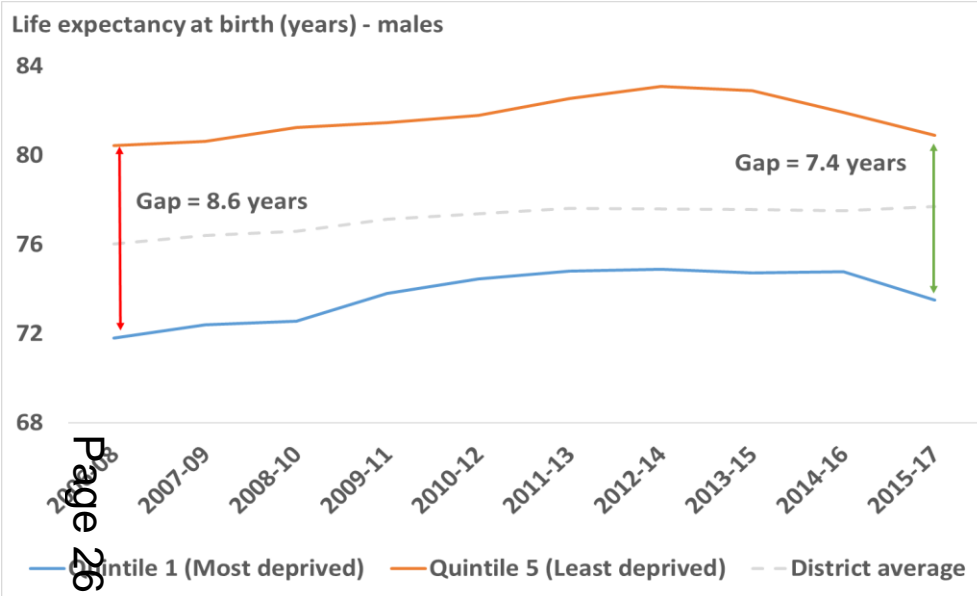


Healthy Life Expectancy at Birth (females) - similar Local Authorities

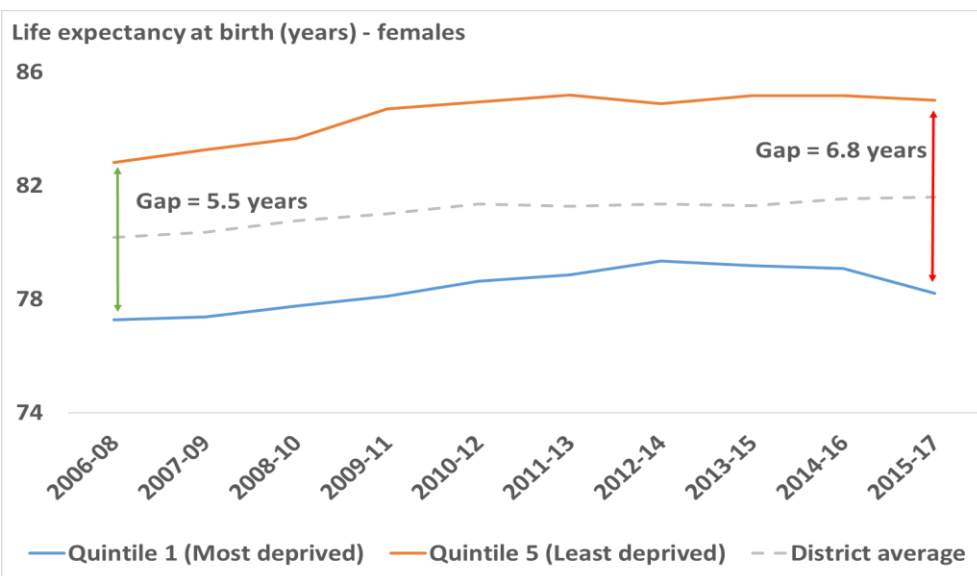


Healthy life expectancy in Bradford District has fallen in 2015-17 to the lowest figure recorded since 2009-11 and the gap between the district and England has widened. When compared to its statistical neighbours, Bradford District has the sixth lowest healthy life expectancy of these Local Authorities and has seen its national rank fall. A female living in Bradford can on average expect to live 22.6 years in 'poor' health.

Health inequalities – Life expectancy at birth (time trends)



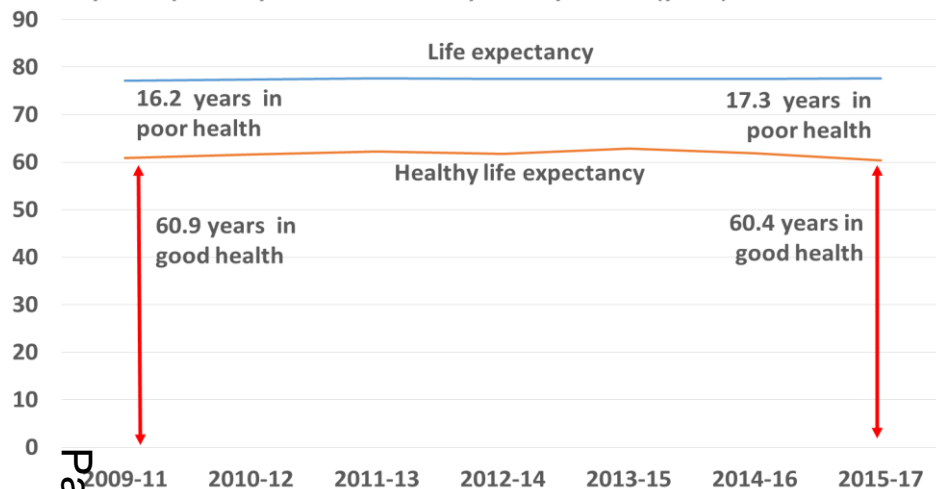
The gap between how much longer a male born in the least deprived areas of Bradford District and a male born in the most deprived areas has narrowed over the last 10 years from 8.6 years to 7.4 years. This reduction, however, was mainly seen between 2009 and 2011, with life expectancy levelling off in 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 6.8 years. This is mainly due to life expectancy improving more in the least deprived areas of the District than in the most deprived.

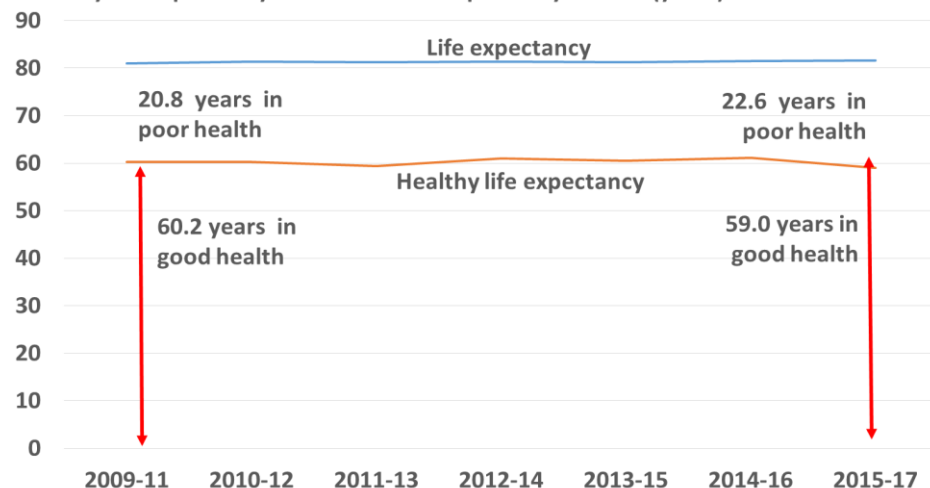
Health inequalities – healthy life expectancy and life expectancy (time trends)

Healthy life expectancy at birth and life expectancy at birth (years) - males



Since 2009-11 the average years of life a male in Bradford District spends in good health has decreased, whilst the average years of life a male spends in poor health has increased. Although life expectancy has increased over time by 0.4 years, the decrease in healthy life expectancy has caused the average number of years spent in poor health for a male in Bradford district to increase.

Healthy life expectancy at birth and life expectancy at birth (years) - females



Since 2009-11 the average years of life a female in Bradford District spends in good health has decreased, whilst the average years of life a female spends in poor health has increased. Although life expectancy has increased over time by 0.5 years, the decrease in healthy life expectancy has caused the average number of years spent in poor health for a female in Bradford district to increase.



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.

Page 29

- % 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

* NEW DATA PUBLISHED

% 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 (2017/18)

Bradford District
66.8%

Regional average
69.5%

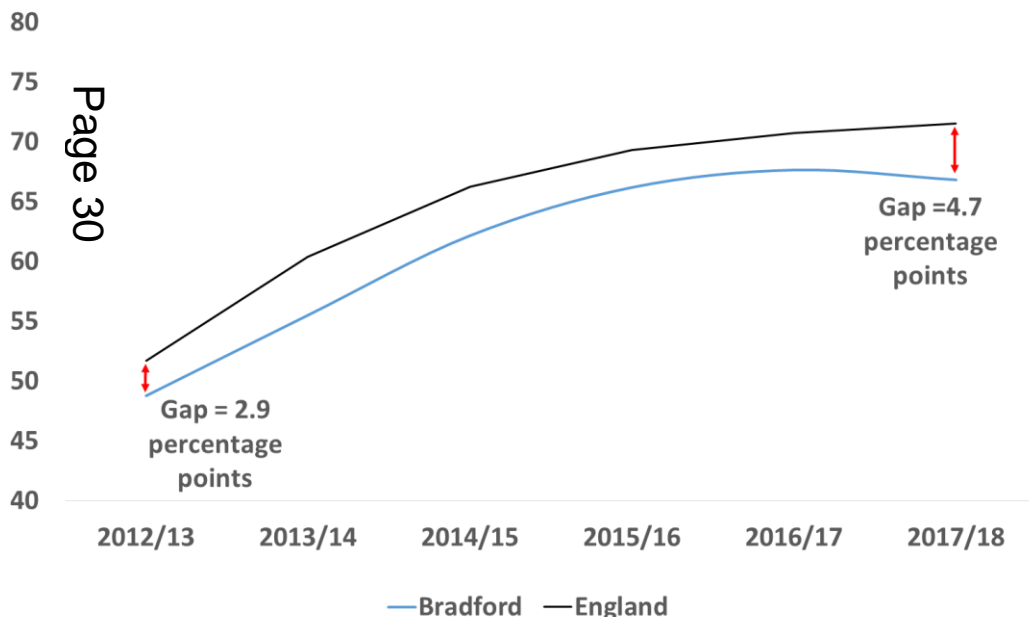
England average
71.5%

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.

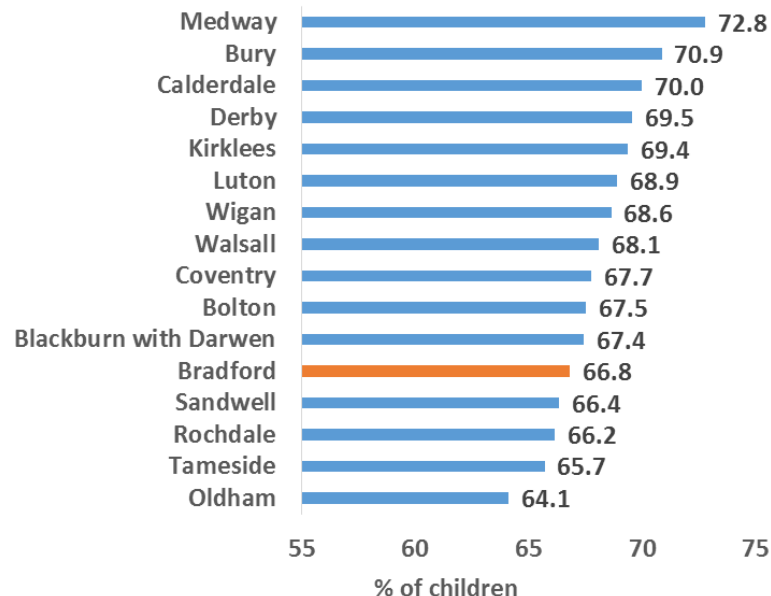
Year	National rank (ranked out of 150 County & Unitary LAs)
2012/13	96
2017/18	138



% of children achieving a good level of development at reception



% of children achieving a good level of development at reception - similar Local Authorities



In Bradford District the % of children achieving a good level of development at reception has fallen in 2017/18 for the first time since records began. However the national and regional figures for this measure have increased and therefore the gap between Bradford District and England has widened. Compared to similar local authorities Bradford District has the fifth lowest percentage of children achieving a good level of development at reception.

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

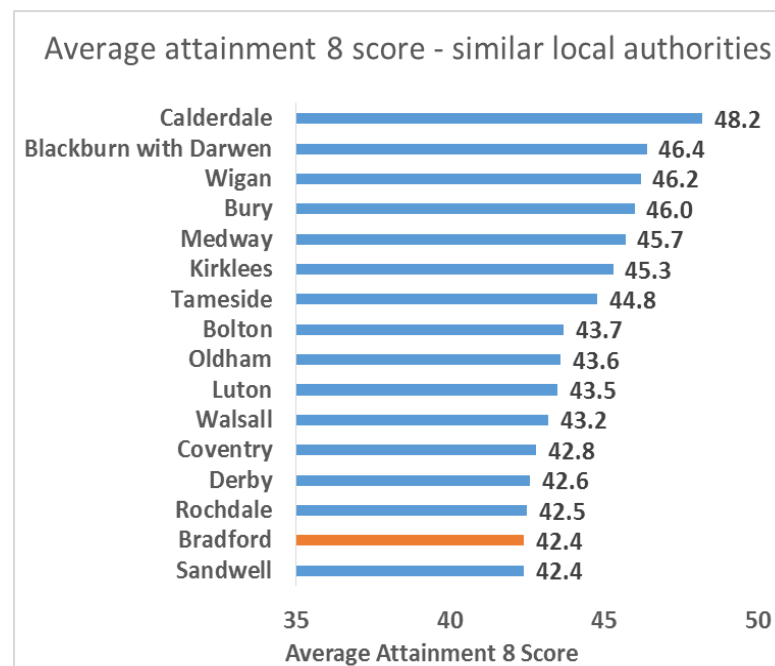
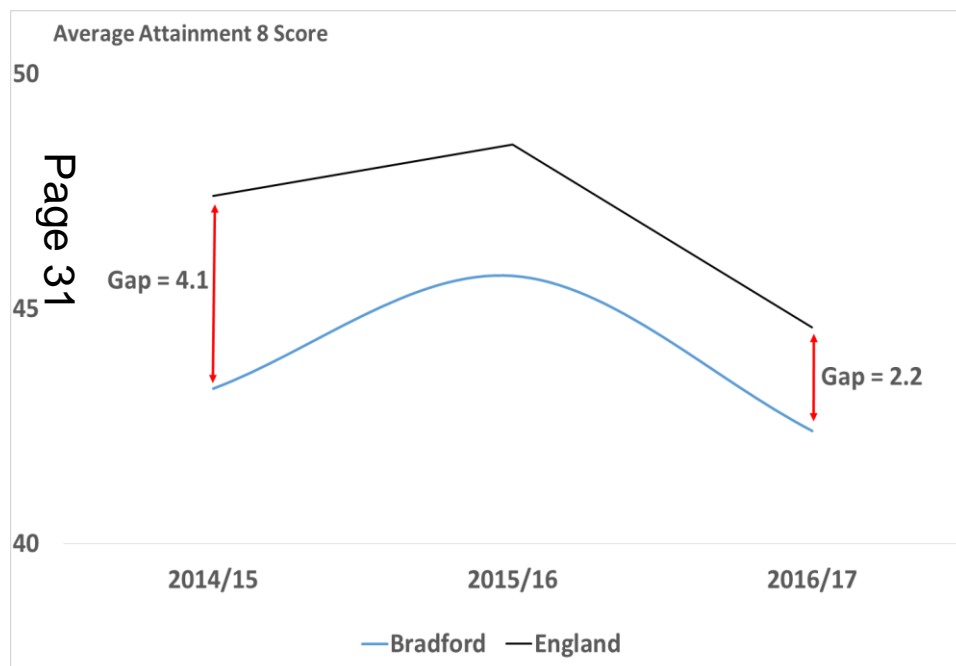
45.4

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 (2017)

Bradford District
6.5%

Regional average
5.8%

England average
6.0%

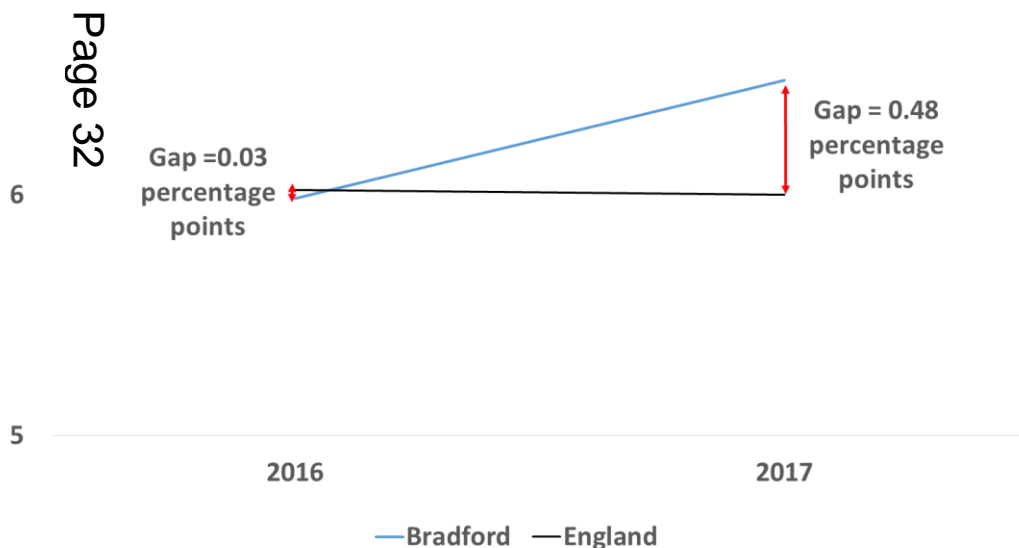
Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health and depression.

Year	National rank (ranked out of 150))
2016	96
2017	106

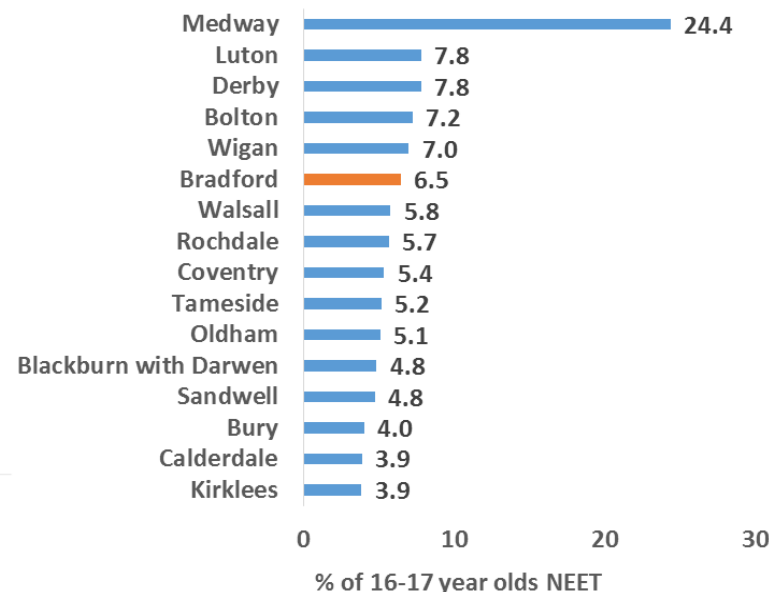


% 16-17 year olds NEET

7



% 16 - 17 year olds NEET- similar Local Authorities



The % of 16-17 year olds NEET in Bradford District for 2017 has increased to 6.5%, above both the regional and national average. Due to this increase in Bradford District, the gap between the local and England average has increased to 0.48 percentage points. Out of 150 local authorities in England, Bradford ranks 106th for this measure – a decrease from 2016. When compared to similar local authorities, Bradford has the 6th highest % of 16-17 year olds NEET.

% 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)

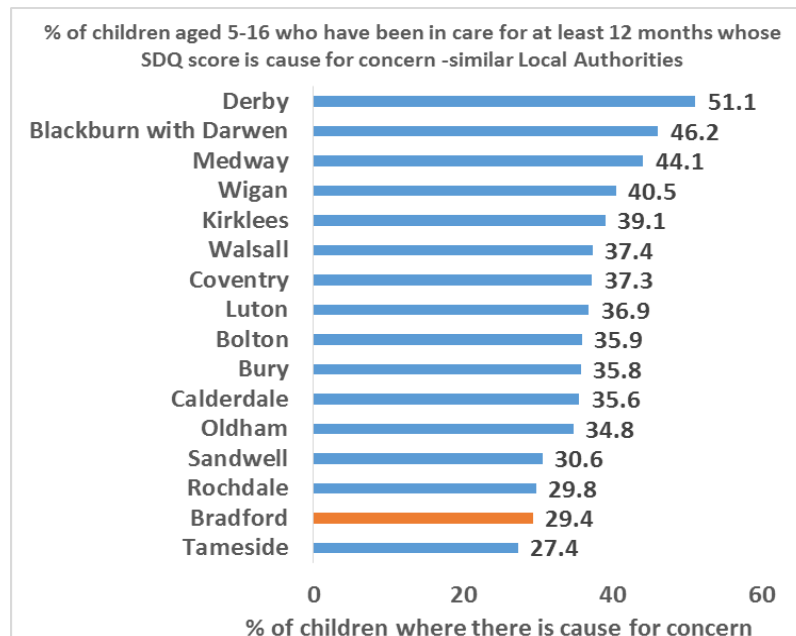
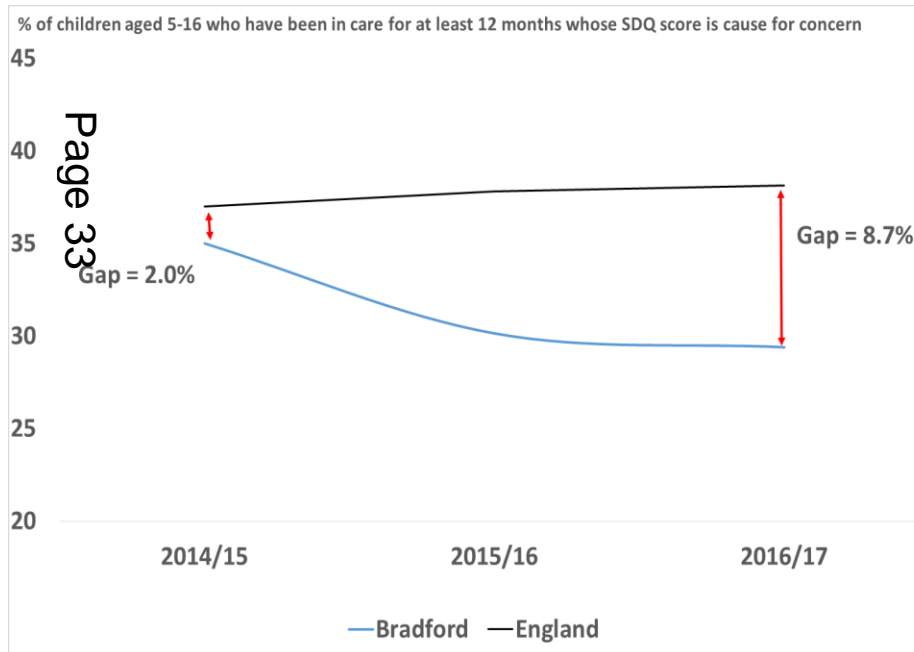
Bradford District
29.4%

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

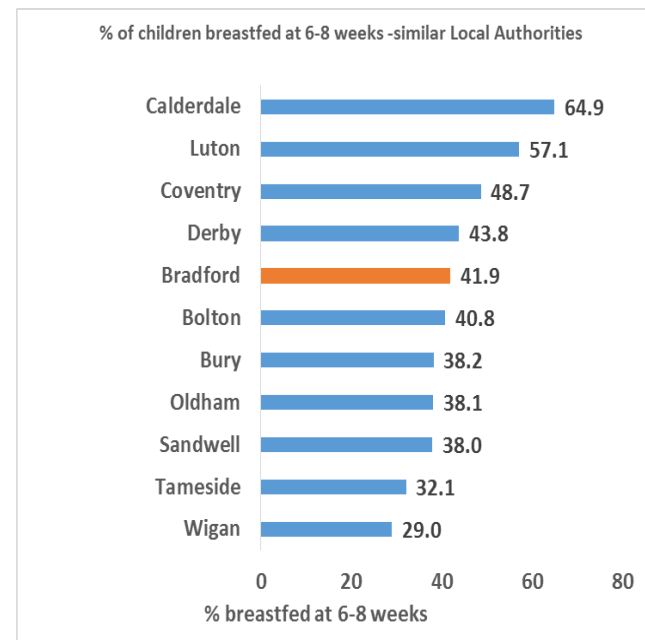
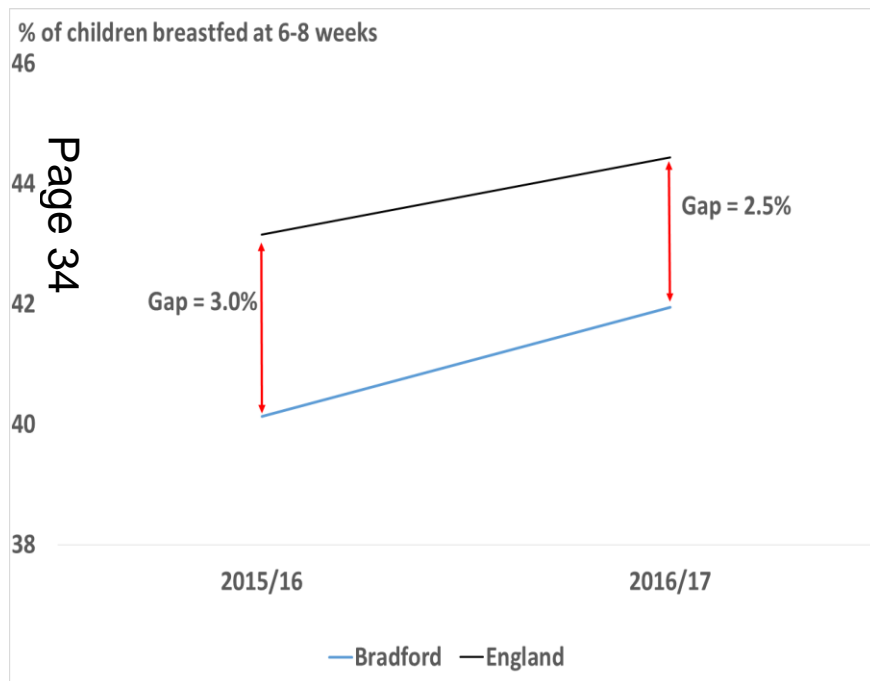
Latest values (2016/17)

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 37th 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 5th 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 (2017/18)

Bradford District
14.4%

Regional average
14.2%

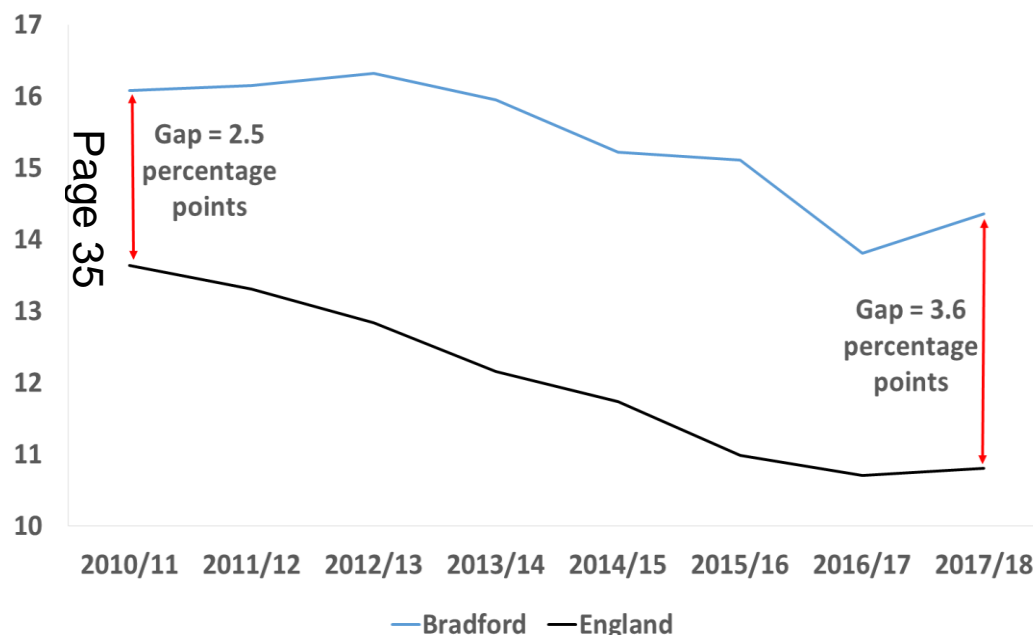
England average
10.8%

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

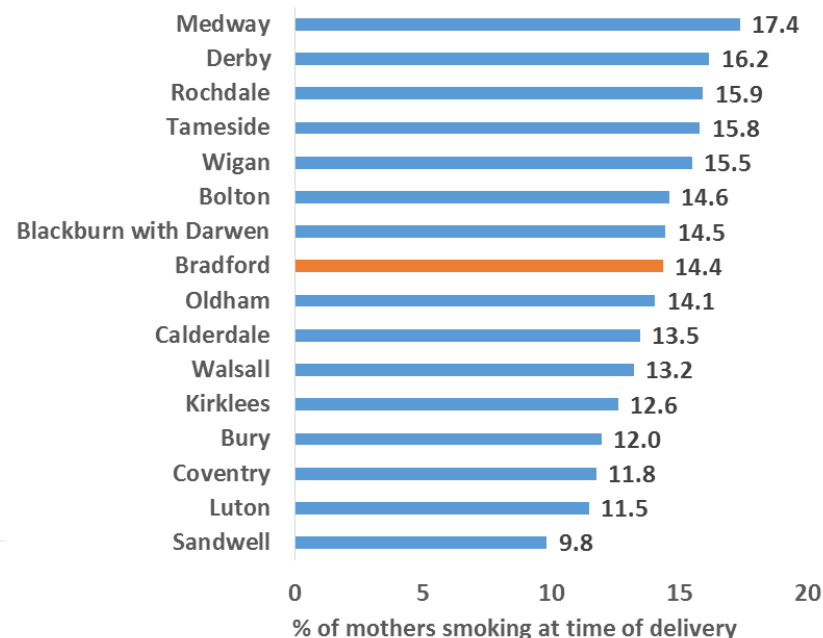
Year	National rank (ranked out of 150)
2010/11	91
2017/18	109



% of women who smoke at time of delivery



Smoking at time of delivery - similar local authorities



The proportion of women who are recorded as smoking at time of delivery has increased in 2017/18 for the first time in 2 years. Although the national average has also slightly increased, the gap between Bradford District and England has widened and Bradford now ranks 109th out of 150 local authorities for this measure. In comparison to similar local authorities, Bradford District sits in the middle of the group just below Blackburn with Darwen.

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

Latest values (2016/17)

Bradford District
60.2%

Regional average
69.6%

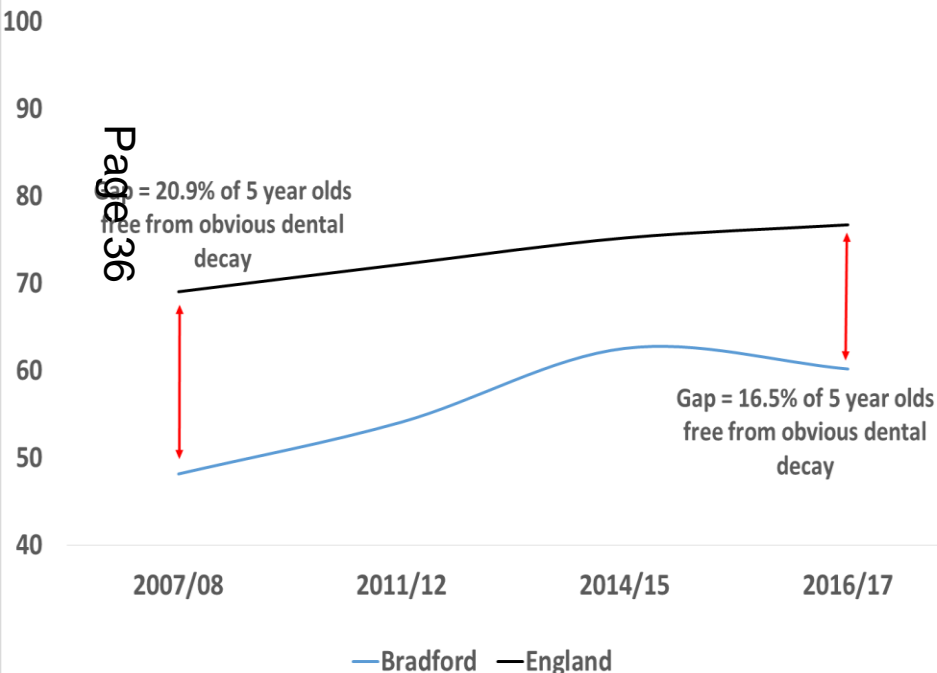
England average
76.7%

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

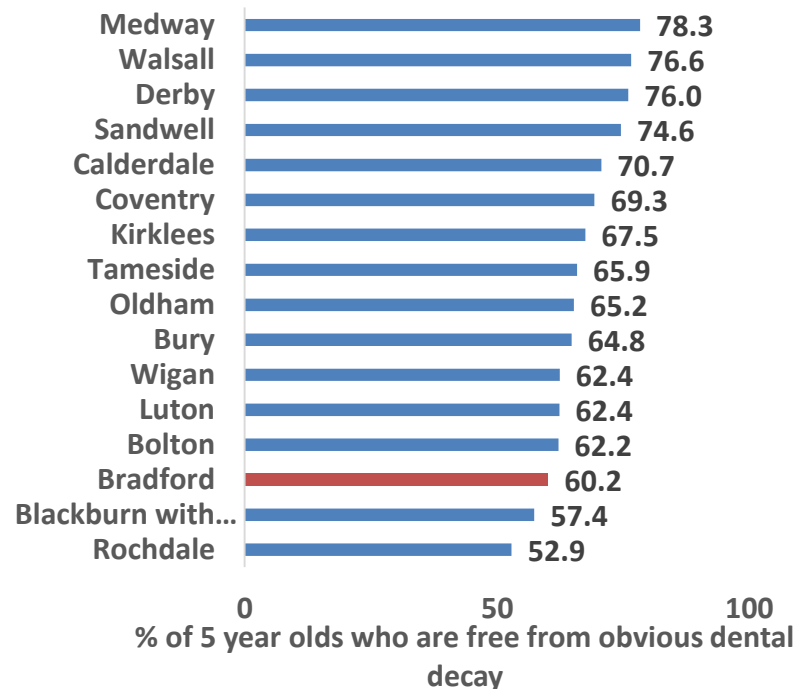
Year	National rank (ranked out of 150 LAs)
2007/08	143
2016/17	130



% 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
5.8 per 1,000
live births

Least deprived ward value
0

Inequality gap

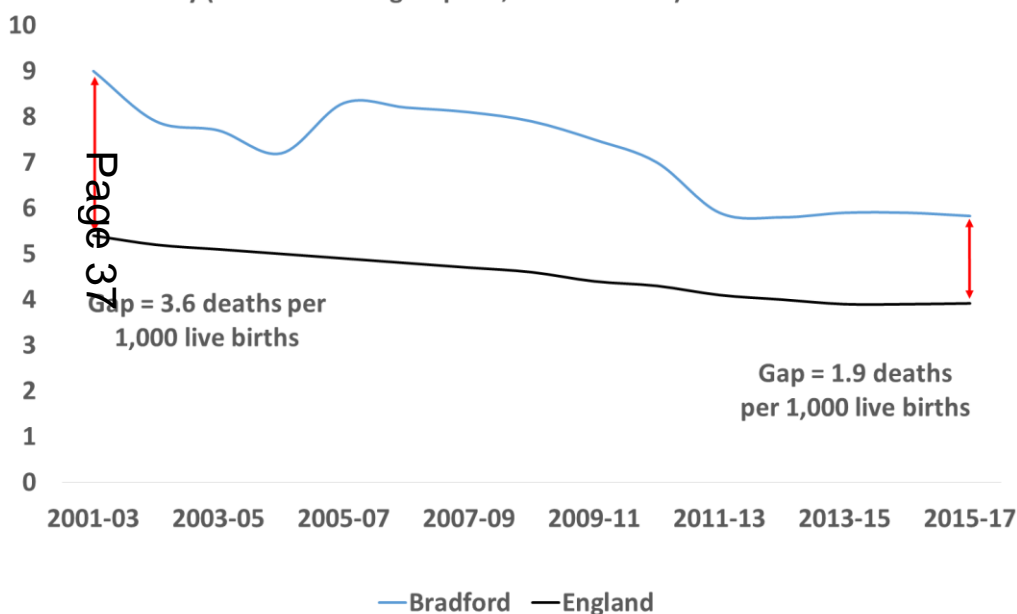
Most deprived ward value
9.7

9.7 deaths per 1,000 live births

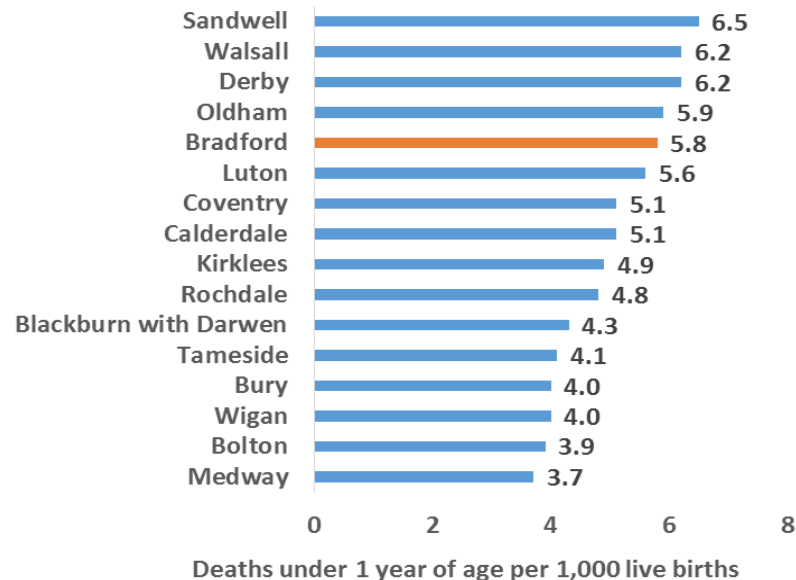
Year	National rank (ranked out of 150)
2001-03	148
2015-17	141



Infant mortality (Deaths under age 1 per 1,000 live births)



Infant Mortality - similar Local Authorities



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 5th 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)

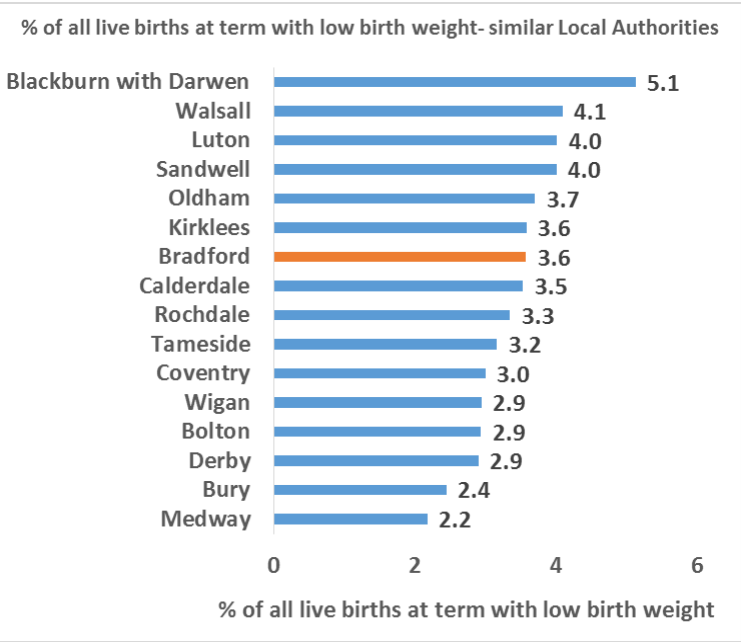
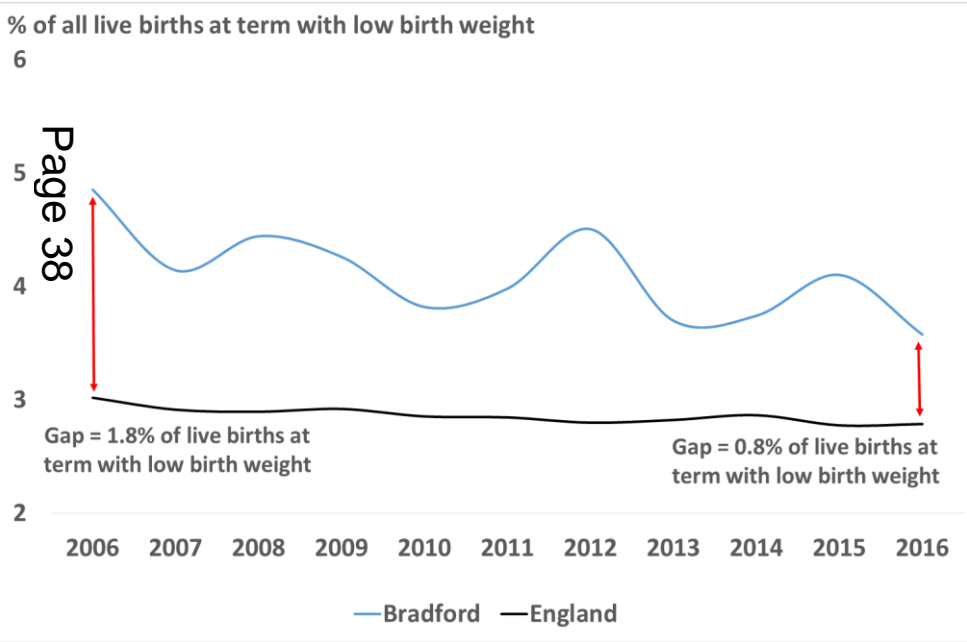
Bradford District
3.6%

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

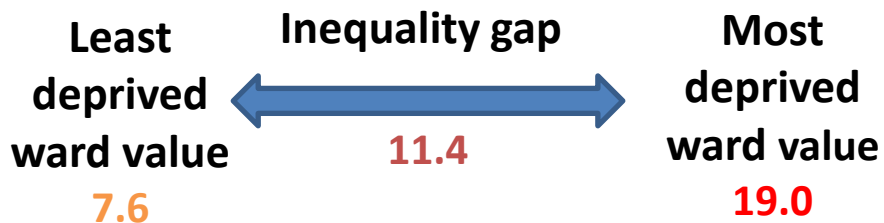
Year	National rank (ranked out of 150 LAs)
2006	147
2016	134



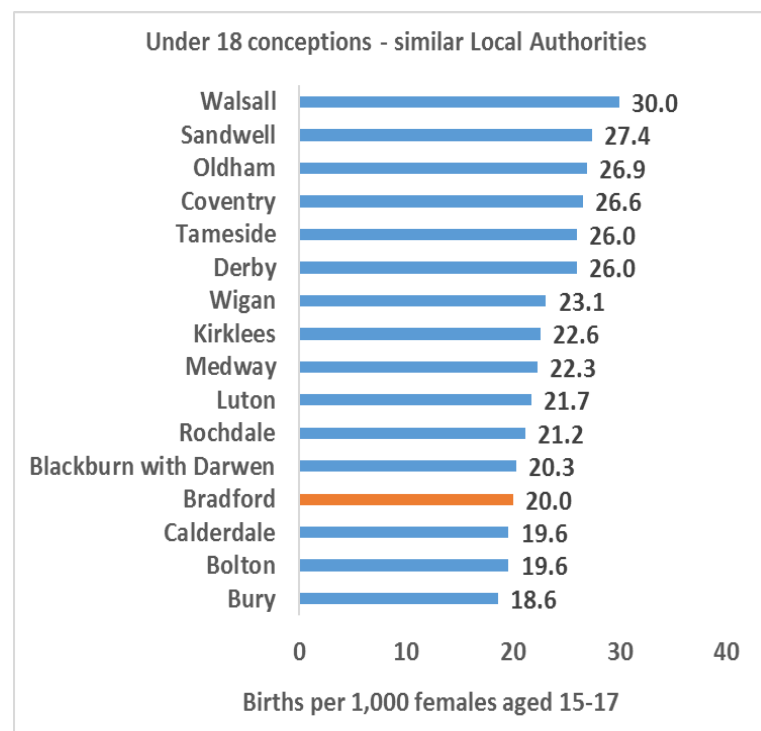
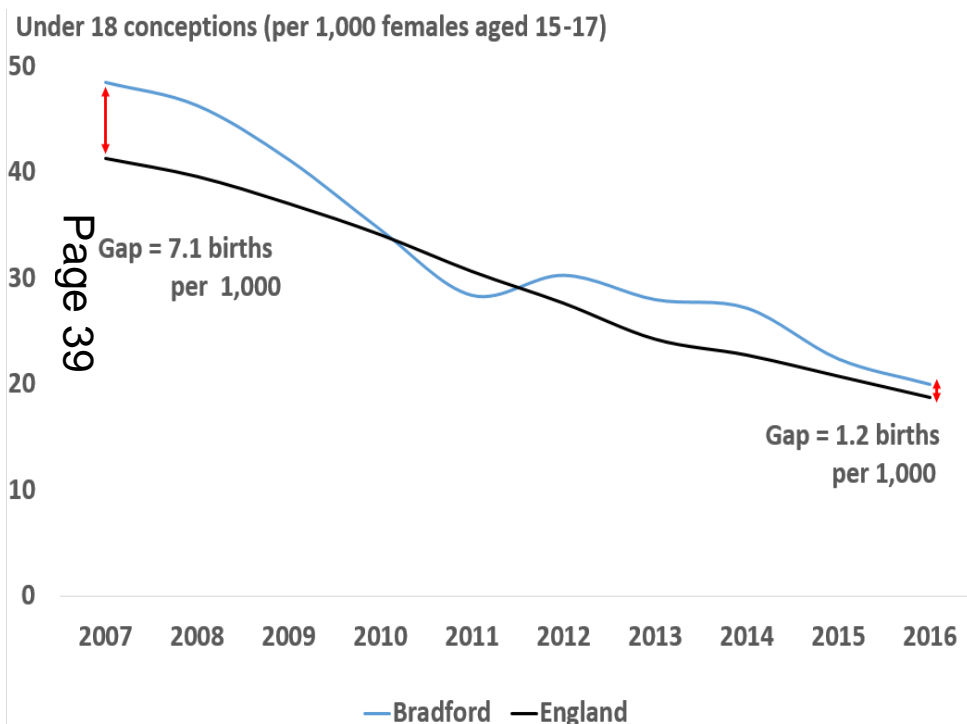
During the period 2006 to 2016 the % of live births at term with low birth weight has fallen, although shows year on year variation. The proportion of low birth weight babies for England has consistently been lower than Bradford, however the gap between the two has now fallen from 1.8% to 0.8%, with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



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



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.

Page 4

- % 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

*** NEW DATA PUBLISHED**

Mental Wellbeing: High happiness score

Latest values (2015/16)

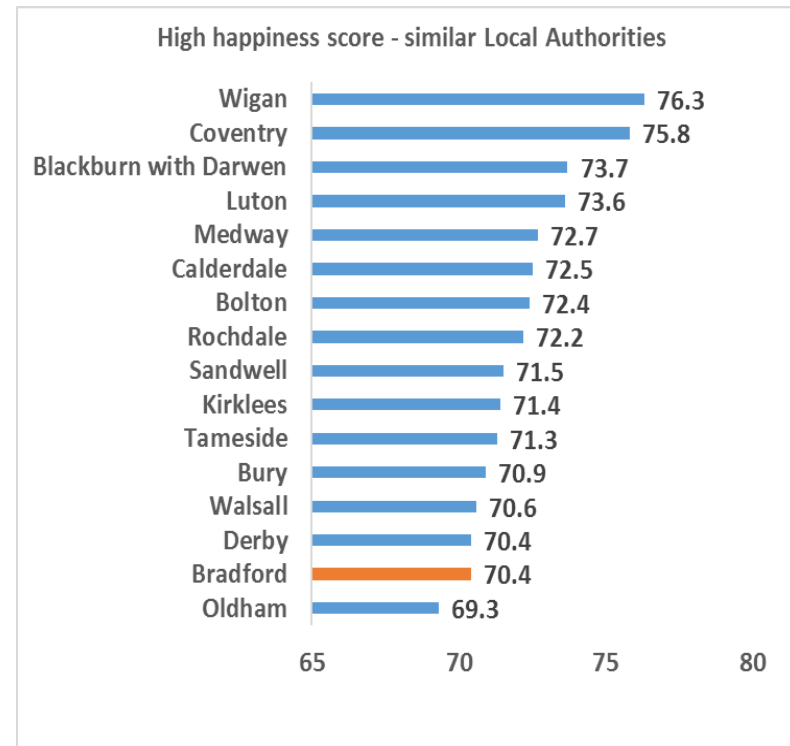
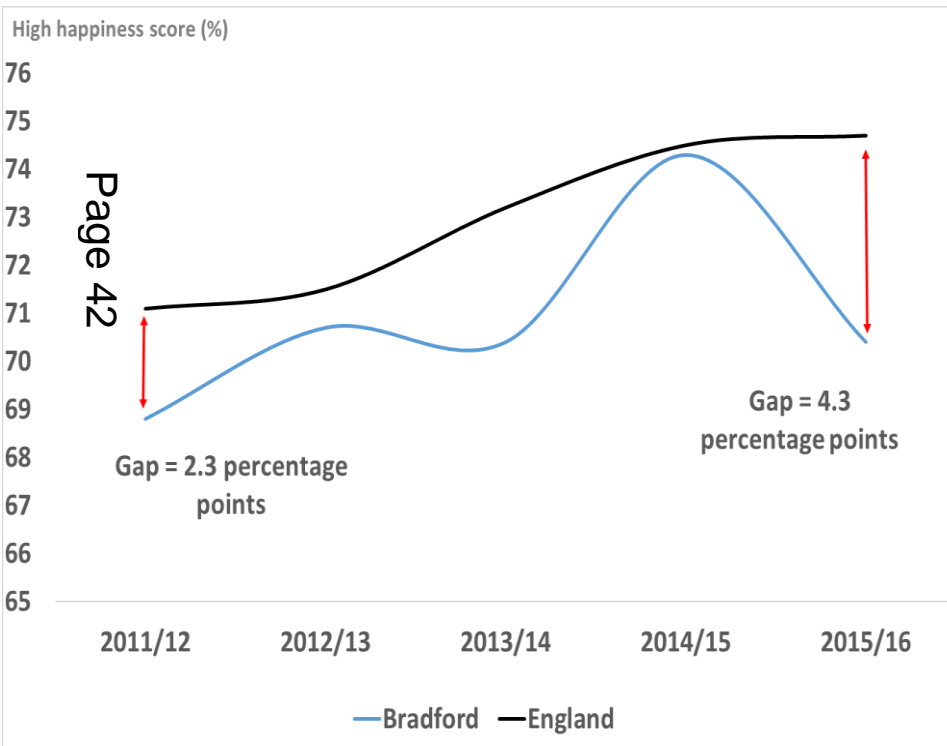
Bradford District
70.4%

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

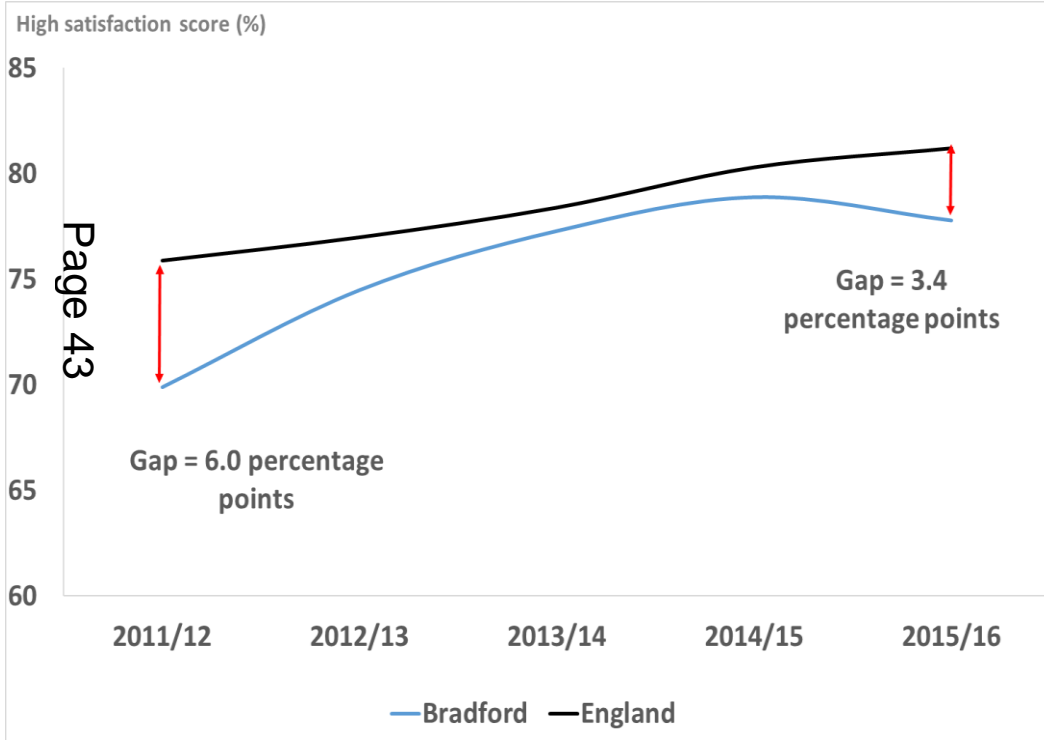
(ranked out of 150)

2011-12

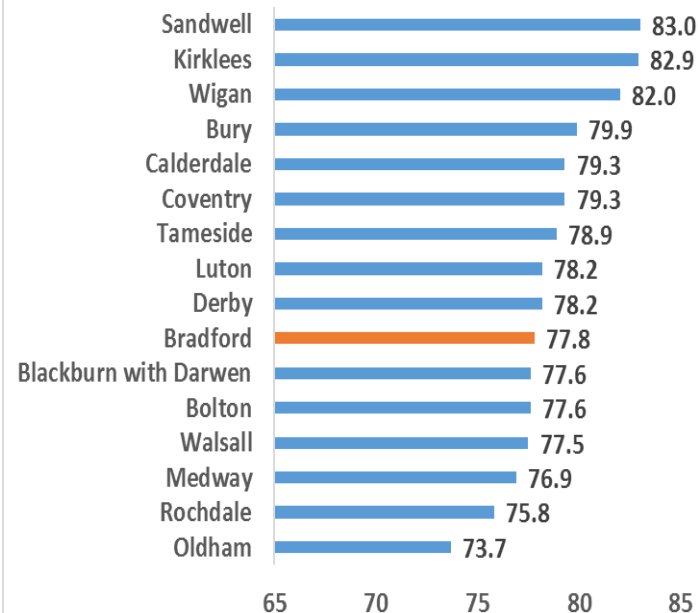
137

2015-16

119



High satisfaction score - similar Local Authorities



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

**9.0 per
100,000
population**

Most deprived ward
12.9

Inequality gap
1.7

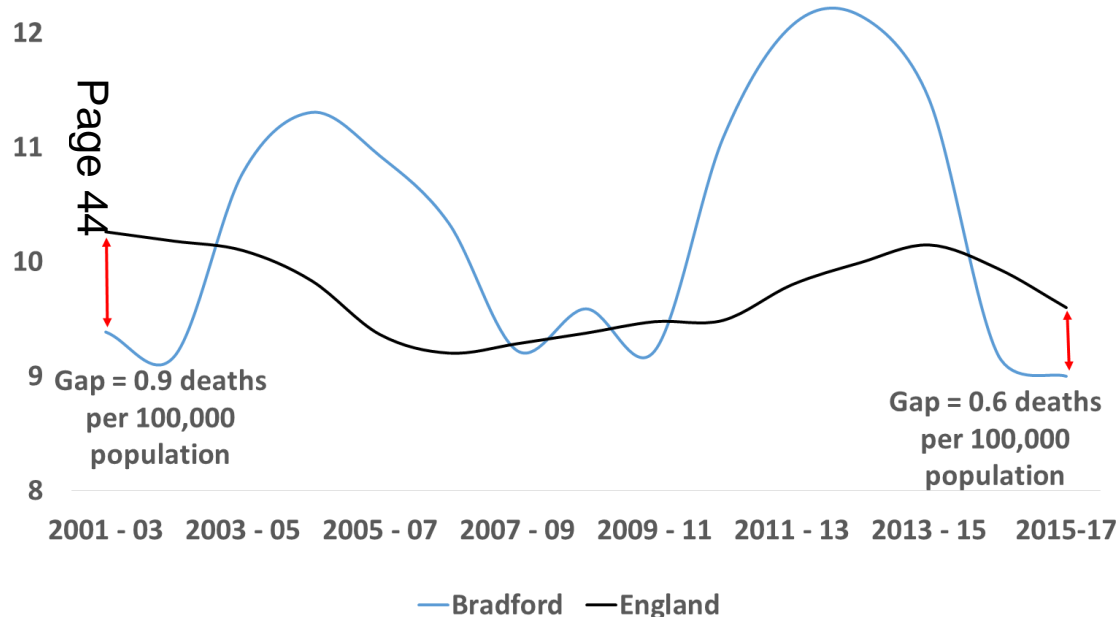
Least deprived ward
14.6

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

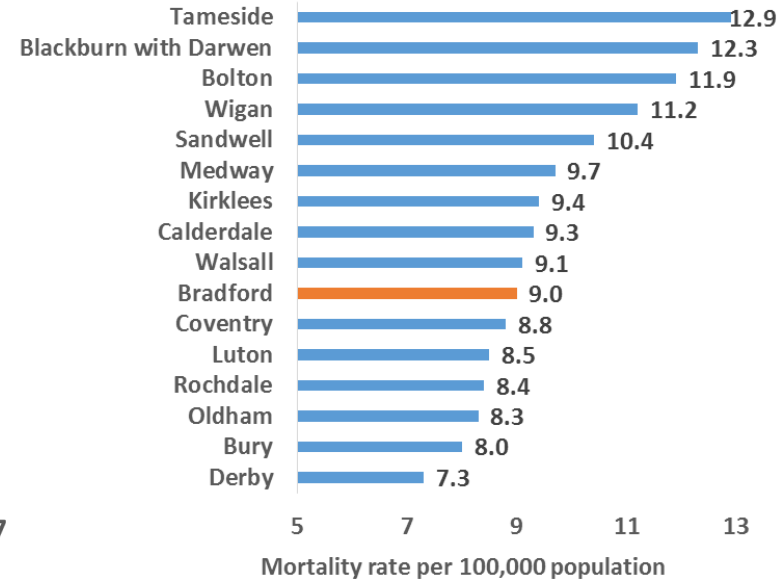
Year	National rank (ranked out of 150)
2001-03	52
2015-17	55



Mortality rate from suicide and injury of undetermined intent per 100,000 population



Suicide rates - similar Local Authorities



Over the last 15 years the suicide rate in Bradford has fluctuated; however for 2015-17 there were 9.0 deaths per 100,000 population. This is the lowest suicide rate ever recorded. Bradford's suicide rate is currently lower than the average for England, which is 9.6 deaths per 100,000. In comparison to similar local authorities, Bradford has the seventh 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 (September 2018)

Bradford City

44%

Bradford Districts

49%

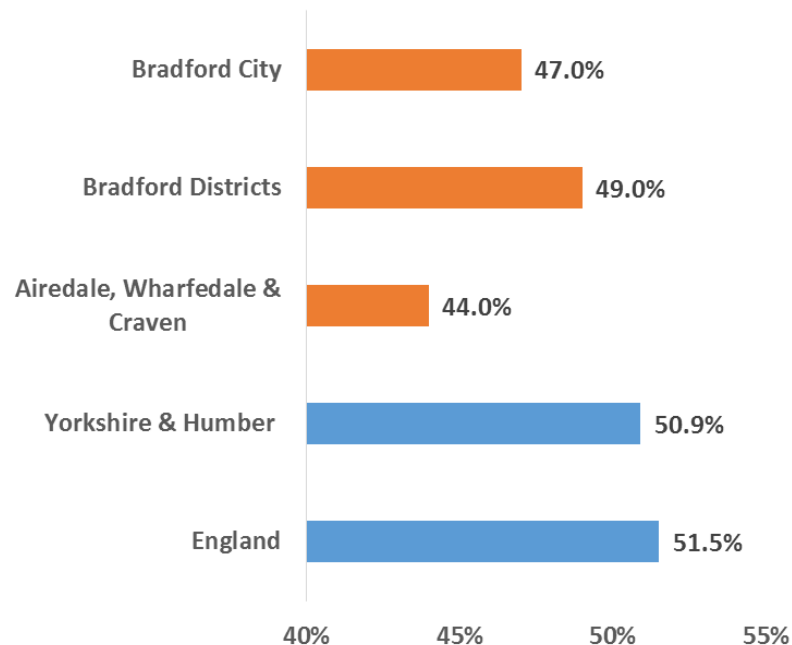
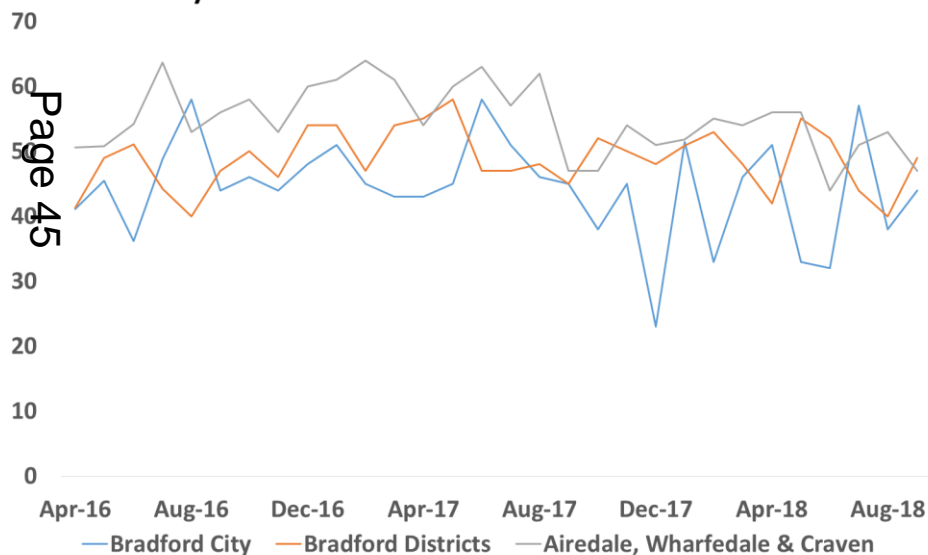
Airedale, Wharfedale & Craven

47%

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

IAPT recovery rates compared to regional and national average, September 2018

IAPT Recovery Rate



For September 2018 Bradford City CCG has the lowest IAPT recovery rate out of the three CCGs – 44%. This is followed by Airedale, Wharfedale & Craven CCG on 47% and then Bradford Districts on 49%. All three CCGs have an IAPT recovery rate below the regional (50.9%) and national average (51.5%).

Early intervention in Psychosis waiting times

Latest values (2017/18)

AWC CCG

70.7%

City CCG

70.1%

Districts CCG

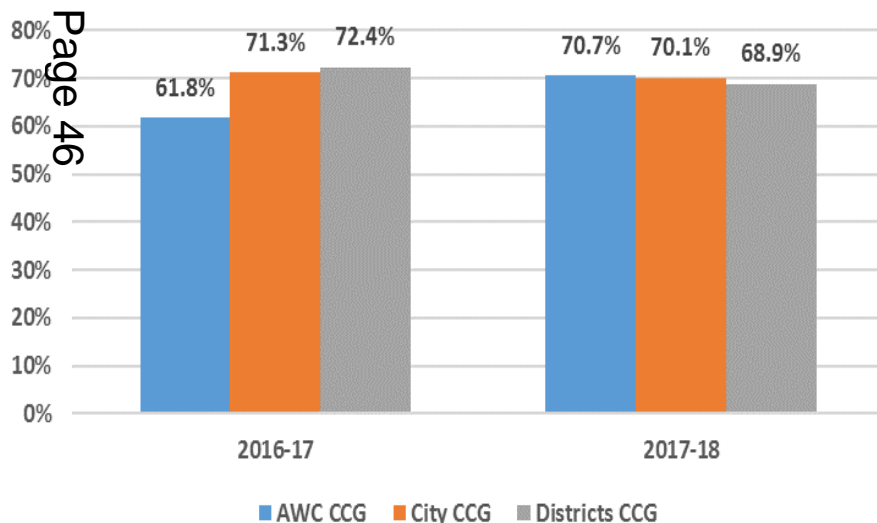
68.9%

England average

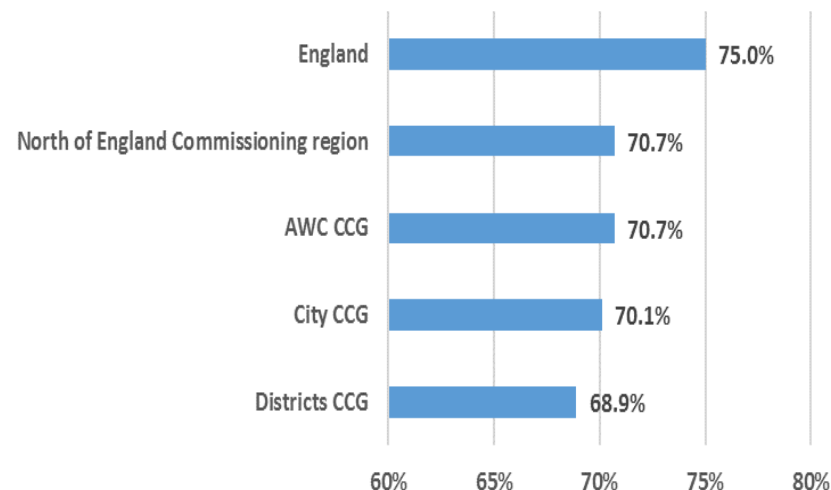
75.0%

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)

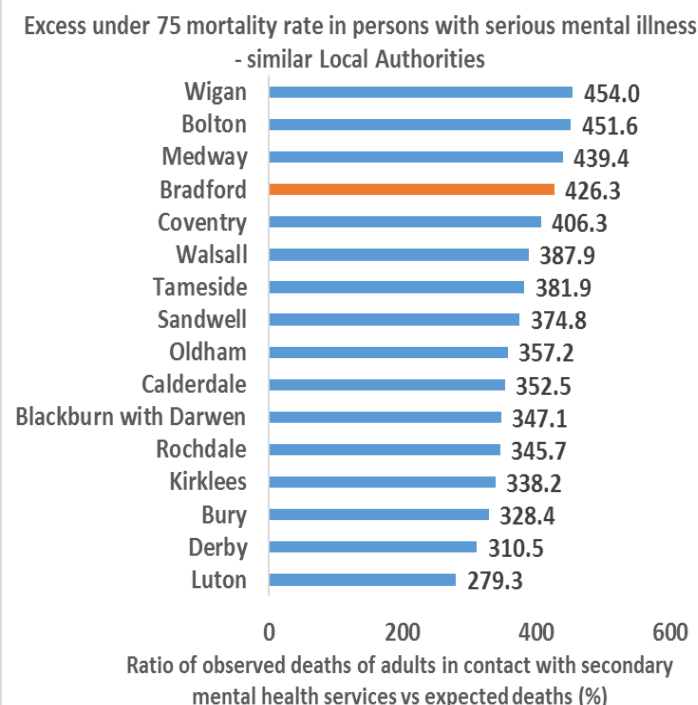
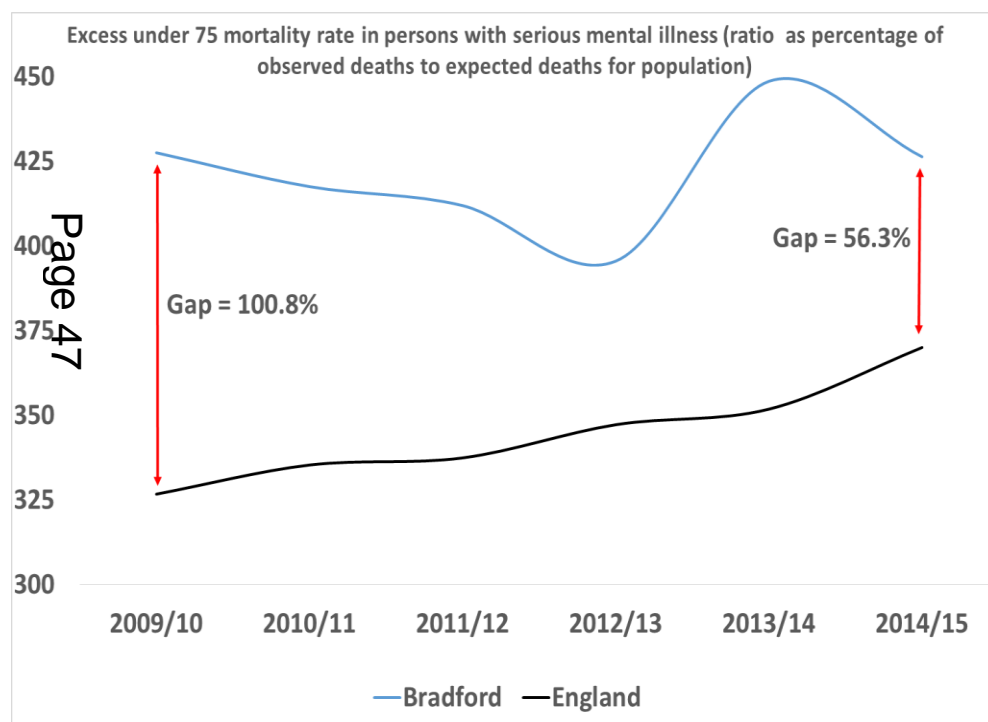
Bradford District
426.3%

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.



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

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.

Page 49

- % 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 *

* NEW DATA PUBLISHED

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

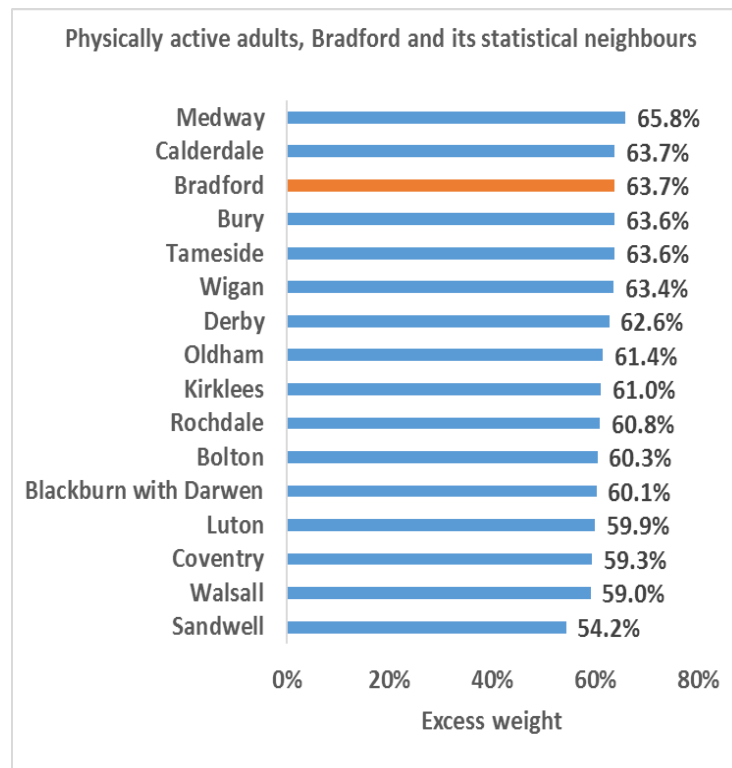
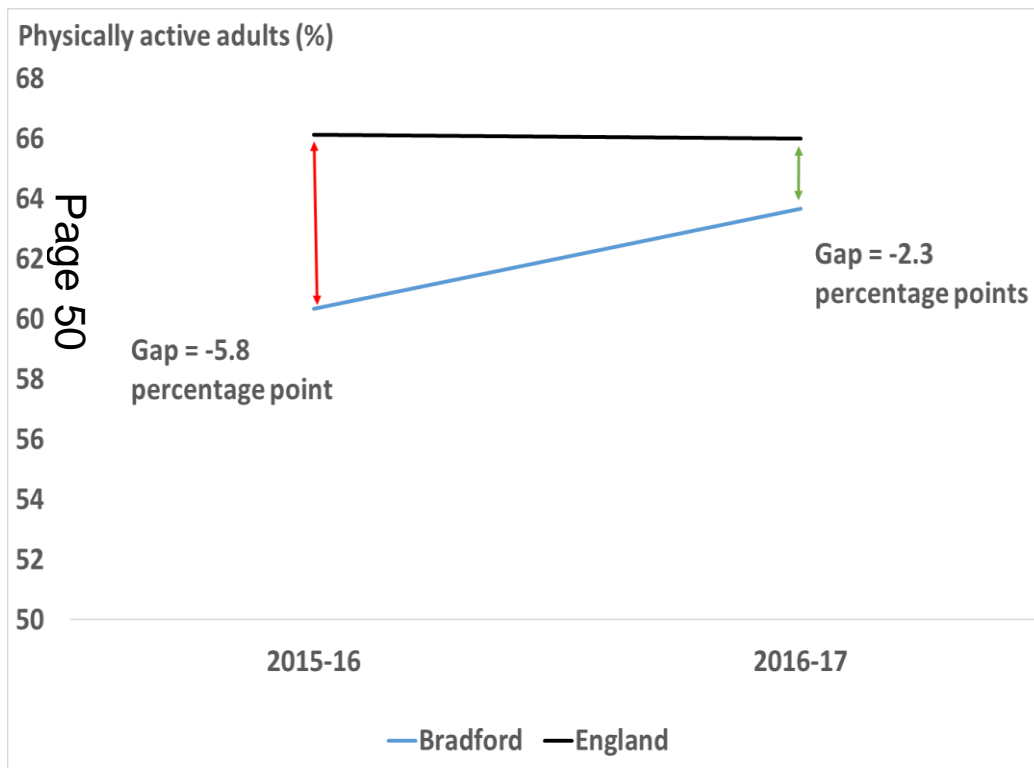
Bradford District
63.7%

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 8th highest value in the region, it has the 3rd 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)

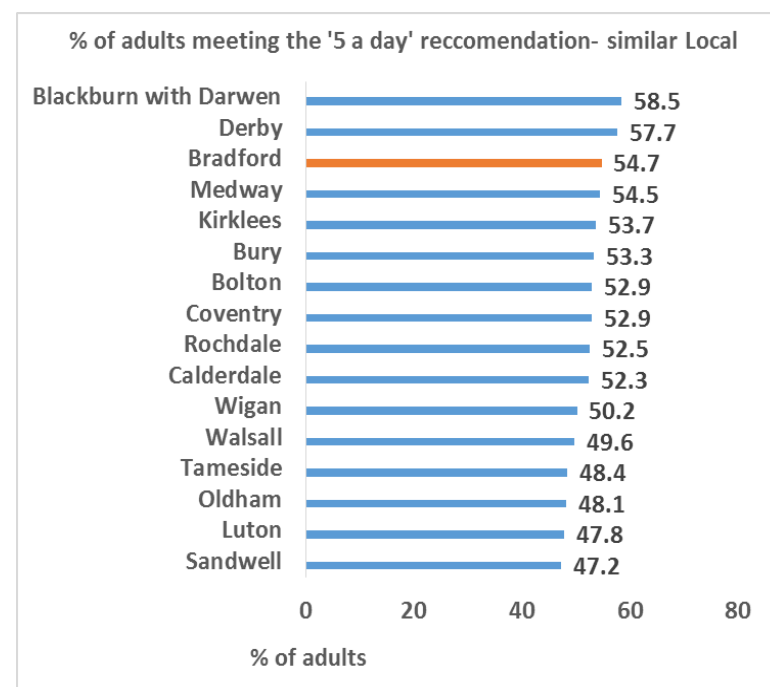
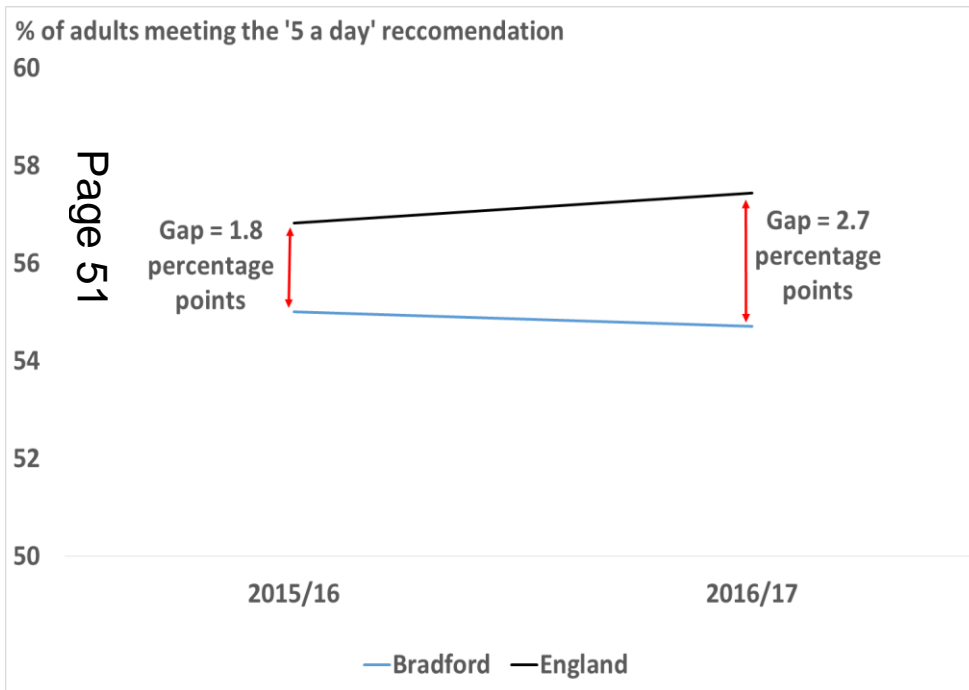
Bradford District
54.7%

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 (2017)

Bradford District
6.3%

Regional average
5.5%

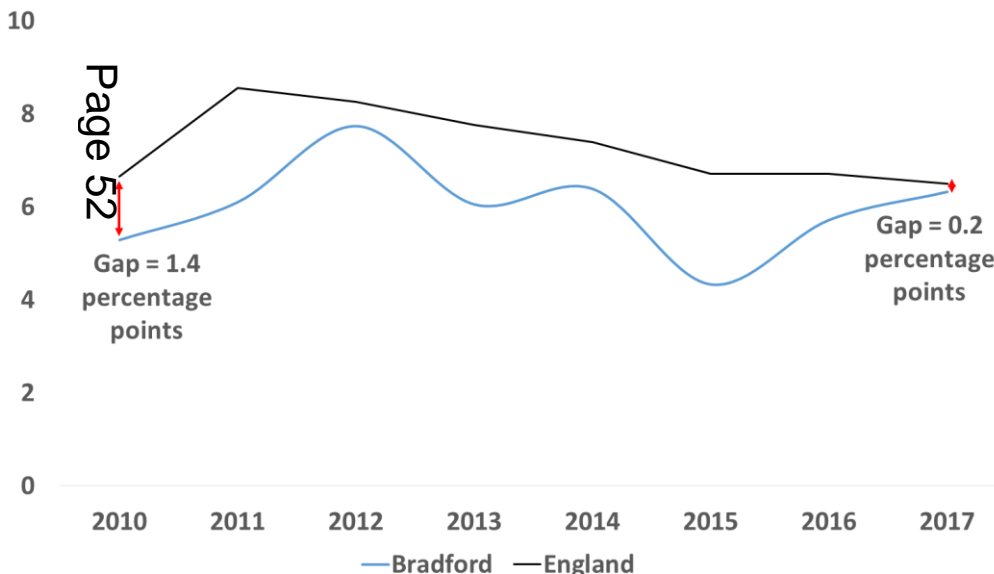
England average
6.5%

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.

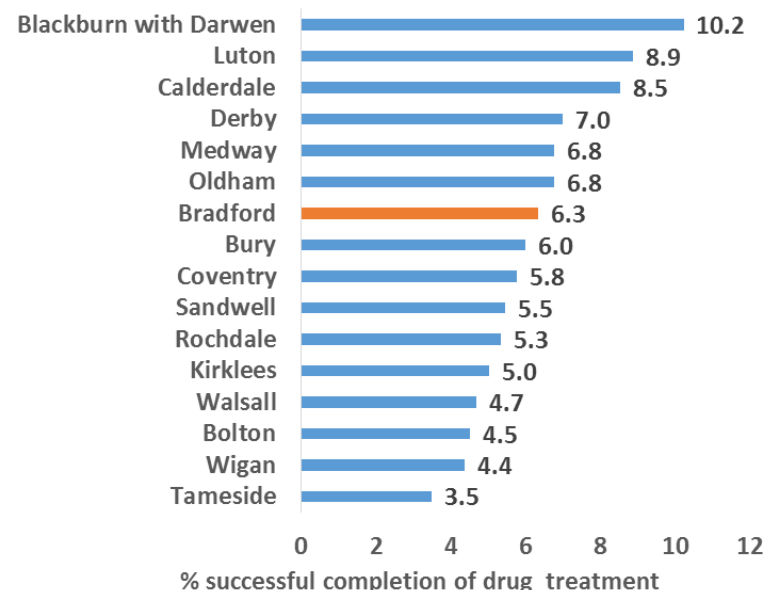
Year	National rank (ranked out of 150)
2010	116
2017	84



Successful completion of drug treatment - opiate users



Successful completion of drug treatment (opiate users) - similar local



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 6.3% in 2017. 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 84th place and when compared to similar local authorities Bradford District sits in the top half 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 (2017)

Bradford District
49.8%

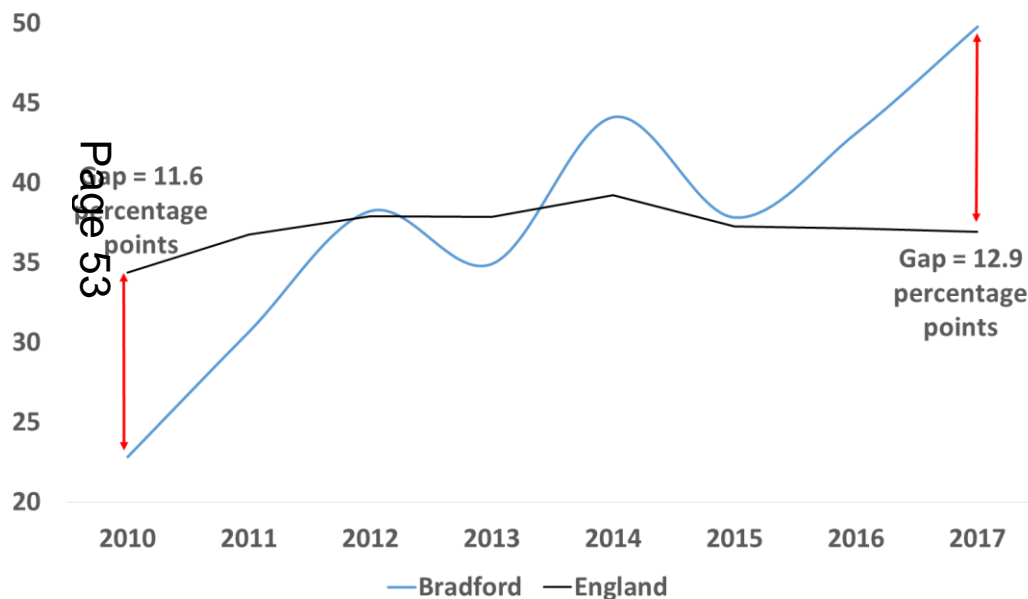
Regional average
37.7%

England average
36.9%

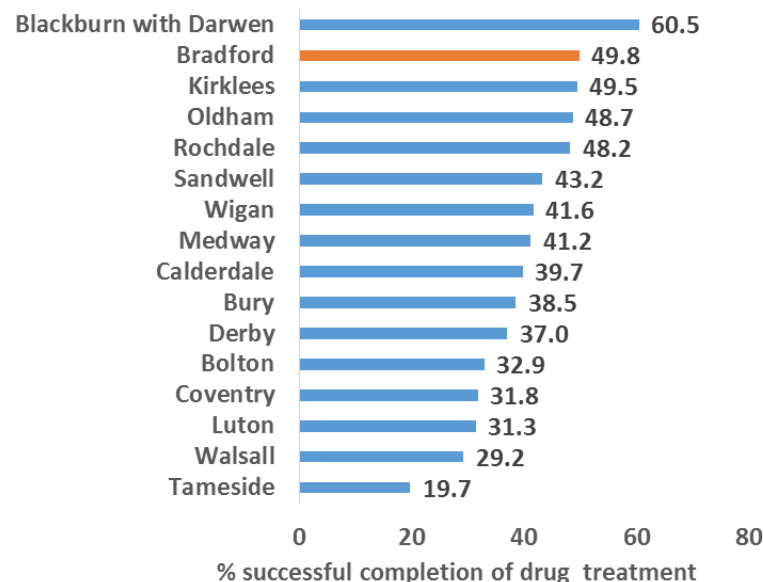
Individuals achieving this outcome demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced blood-borne virus transmission, & improved physical and psychological health.

Year	National rank (ranked out of 150)
2010	140
2017	8

Successful completion of drug treatment - non opiate users



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



Since 2010 the successful completion of drug treatment for non opiate users has fluctuated but overall has an increased in 2017 to the highest figure ever recorded – 49.8%. Bradford District's success rate is higher than both the national and regional average. Bradford District's rank for this measure has increased from 140th place in 2010 to 8th in 2017. When compared to similar local authorities, Bradford has the 2nd highest successful completion of drug treatment rate.

Excess weight (Year 6) Percentage of children who are overweight or obese

Latest value
38.6%

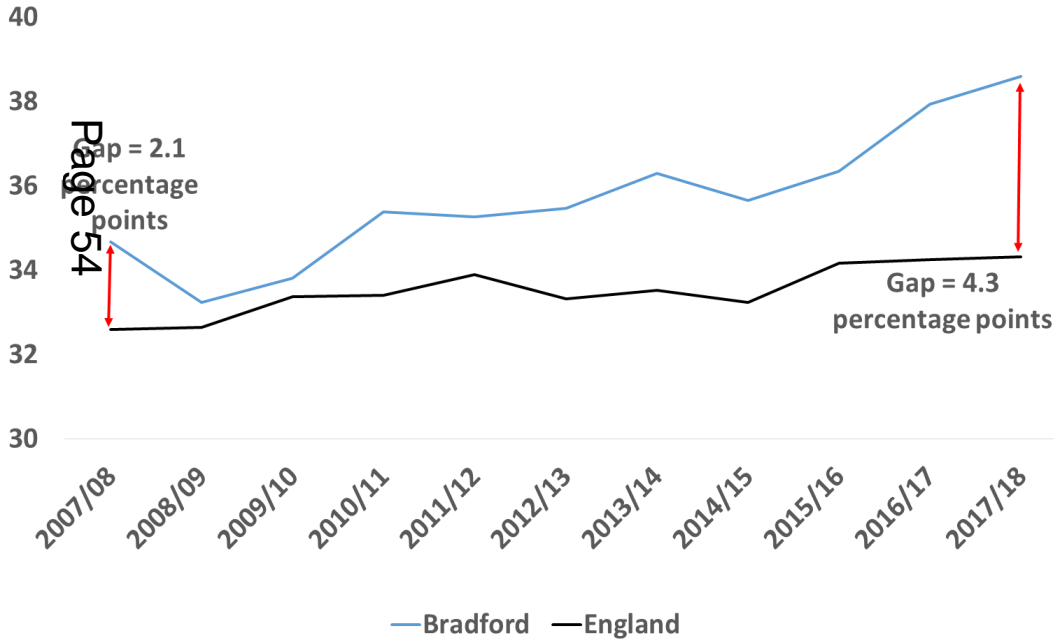
Lowest ward value
17.3%

Inequality gap
26 percentage points

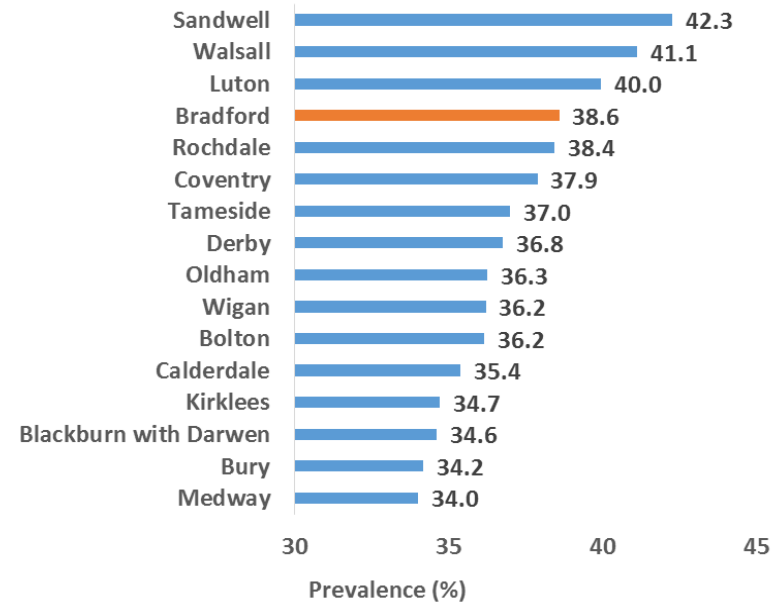
Highest ward value
43.3%

Year	National rank (ranked out of 150 County & Unitary LAs where 1 is the best)
2007/08	92
2017/18	120

Prevalence of excess weight (%)



Prevalence of excess weight- similar Local Authorities



The prevalence of excess weight in Reception aged children has increased over the last 10 years and the prevalence is now at it's highest recorded for the district. The gap between Bradford District and the national average has increased to 4.3 percentage points in 2017/18. Bradford District's national rank has fallen to 120th out of 150 local authorities.

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

Latest values (2017)

Bradford District
18.9%

Regional average
17.0%

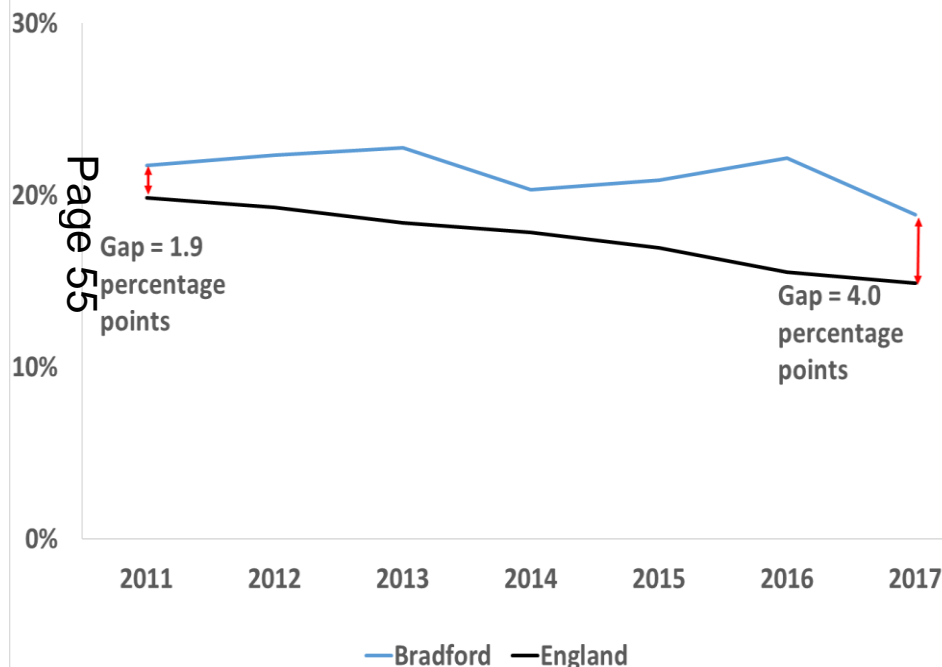
England average
14.9%

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

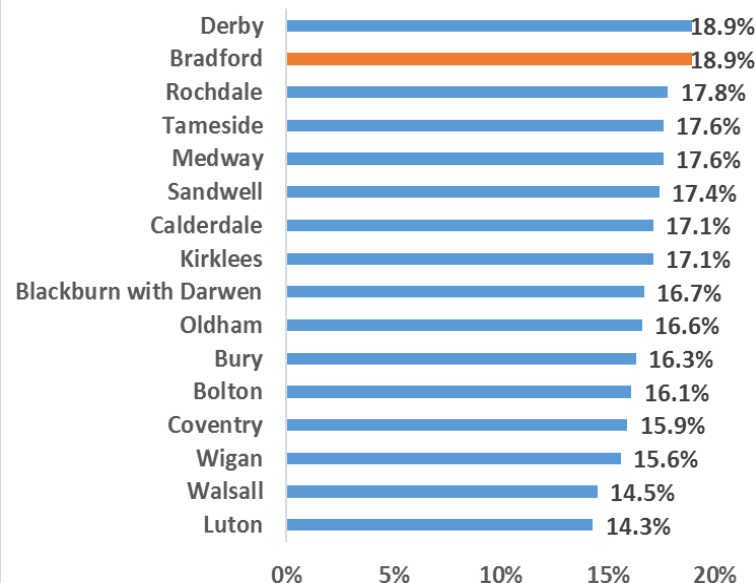
Year	National rank (ranked out of 150)
2011	97
2017	134



% of adults who smoke



Smoking prevalence in adults, 2017 - similar Local Authorities



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 (2017/18)

Bradford District
57.7%

Regional average
59.6%

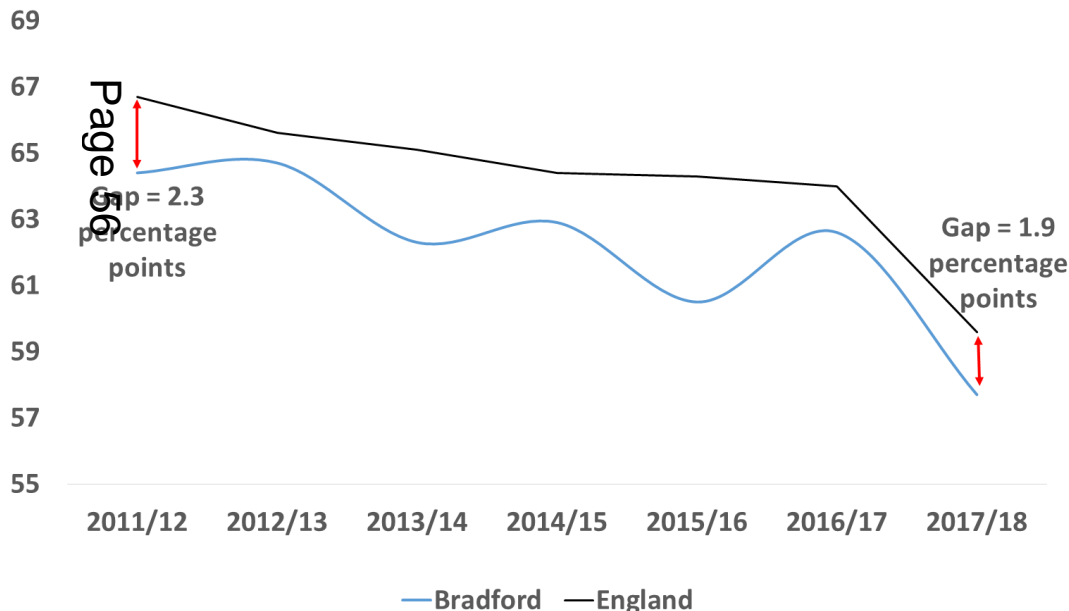
England average
59.6%

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.

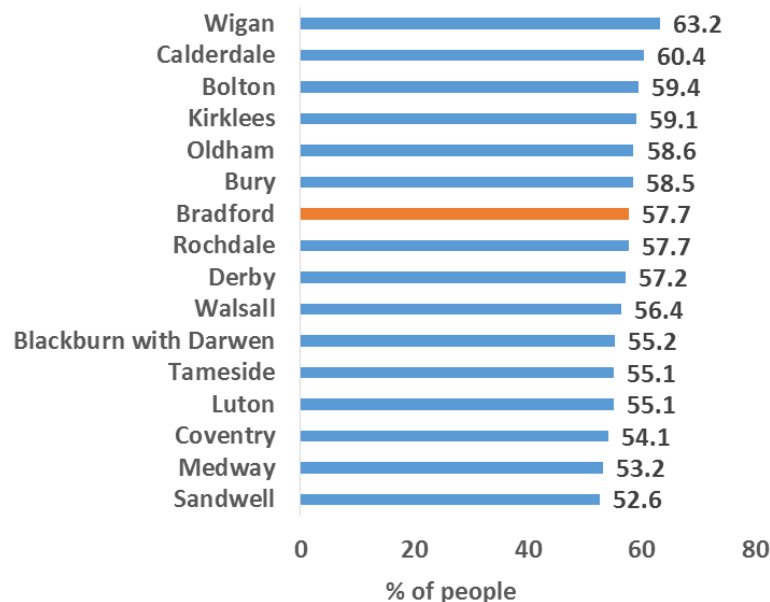
Year	National rank (ranked out of 150)
2011/12	105
2017/18	96



% of people with a LTC who feel supported to manage their condition



% of people with a LTC who feel supported to manage their condition - similar Local Authorities



In 2017/18 57.7% of people in Bradford District with an LTC felt supported to manage their condition. This is a 6.7 percentage point decrease since 2011/12. Moreover, the District remains lower than both the average for the region (59.6%) and for England (59.6%). Since 2011/12 the gap between England and Bradford District has decreased from 2.3 percentage points to 1.9 percentage points. 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?

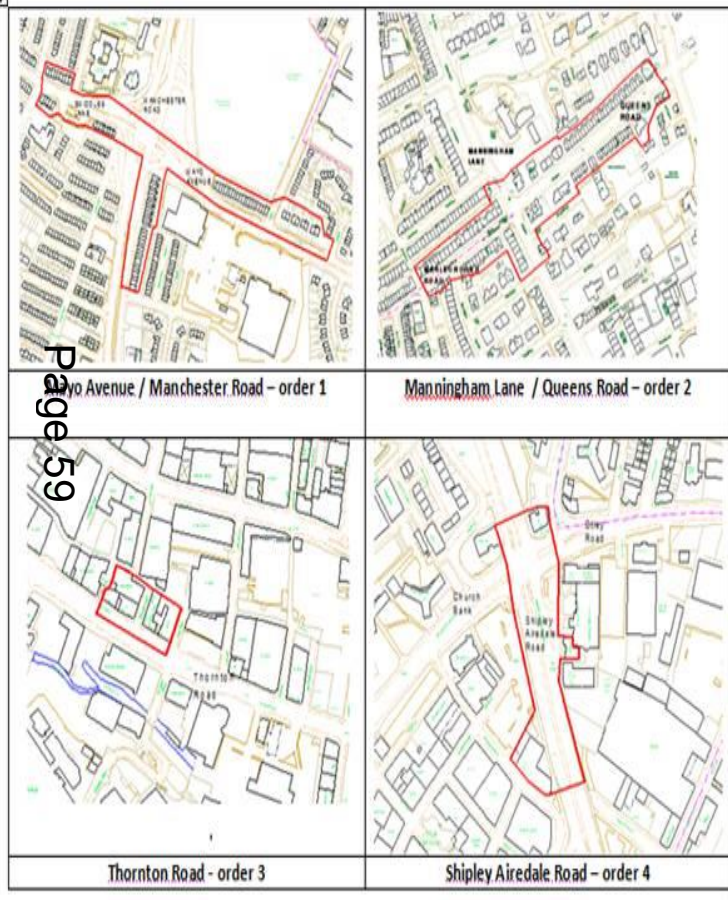
The communities we are born, live, work and socialise in have a significant influence on our health and wellbeing. The wider determinants of health determine the extent to which people have the physical, social, and personal resources to identify and achieve goals, meet their needs, and deal with changes 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.

58 Annual mean concentration of NO2 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 *

*** NEW DATA PUBLISHED**

Bradford AQMAs



There are four AQMAs in the district where NO₂ is routinely monitored

Shipley Airedale Road

The average concentration of NO₂ measured at Shipley Airedale Road over the last 5 years is 52µg/m³ 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/m³ objective level

Mayno Avenue

The average concentration of NO₂ measured at this site over the last 5 years was 56µg/m³. 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/m³ compared with a five year average of 45.6µg/m³. 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/m³. This was very similar to the 2015 value of 42µg/m³. 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)

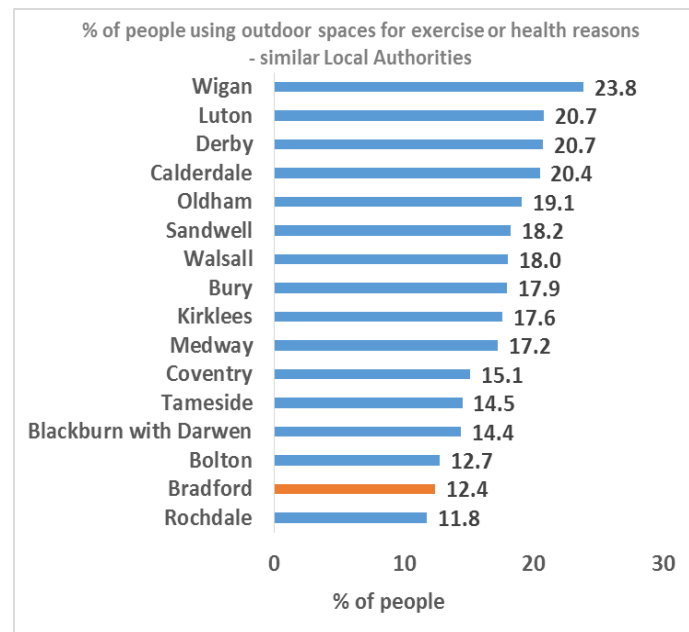
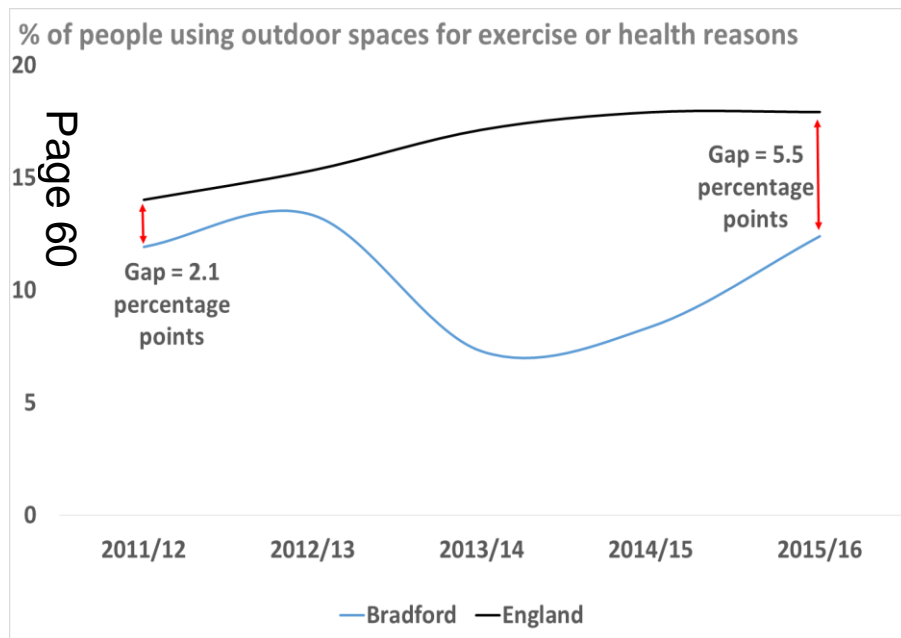
Bradford District
12.4%

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 (2017/18)

Bradford District
68.1%

Regional average
73.5%

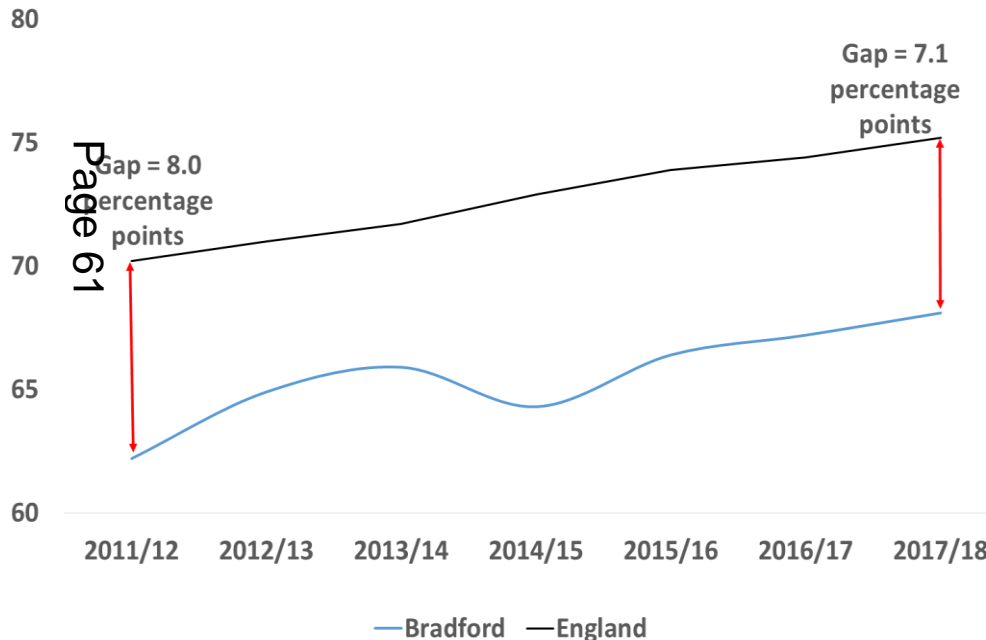
England average
75.2%

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

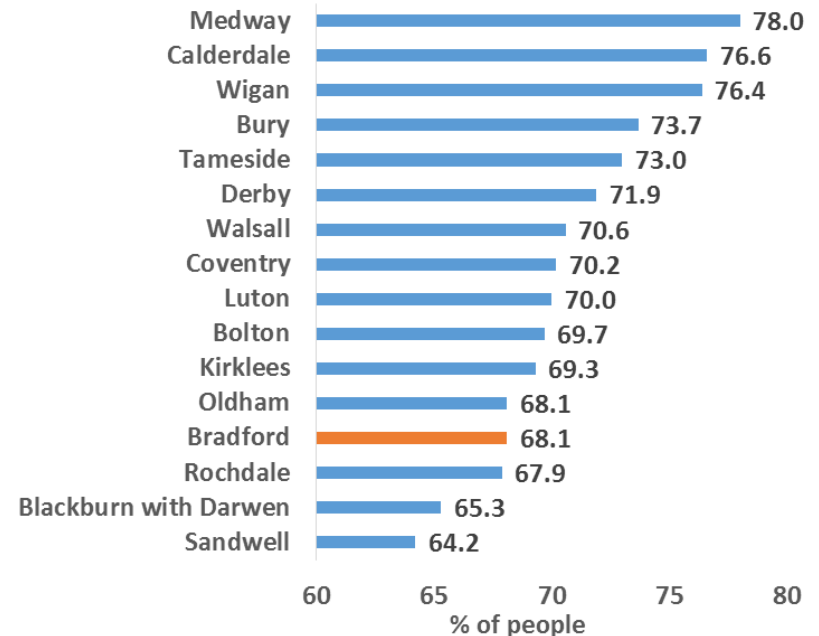
Year	National rank (ranked out of 150)
2011/12	136
2017/18	135



% of people ages 16-64 in employment



% of people ages 16-64 in employment - similar local authorities



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 8.0 percentage points in 2011/12 to 7.1 percentage points in 2017/18. In comparison to similar local authorities, Bradford District has the 4th 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 (2017)

Bradford District
46.6%

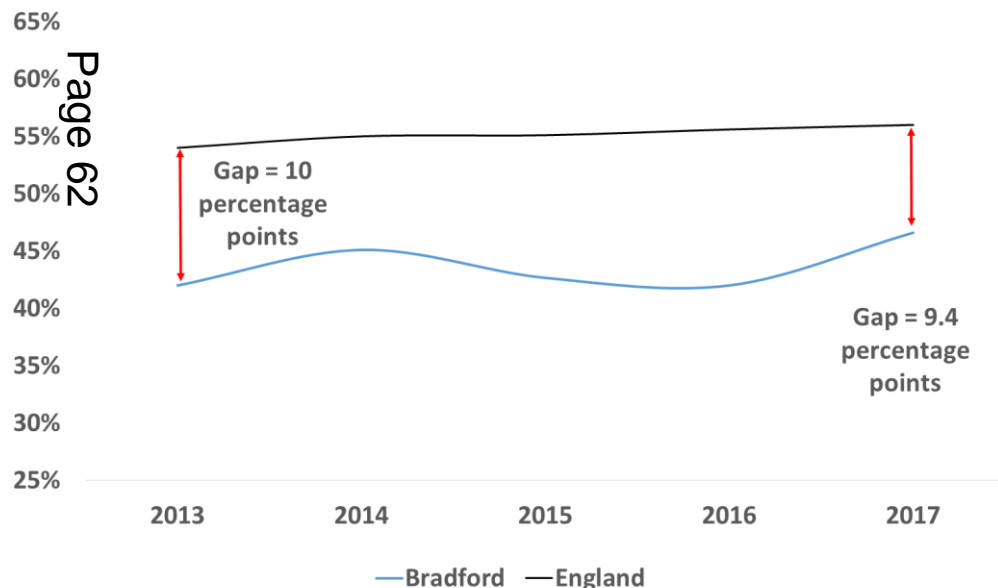
England average
56%

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.

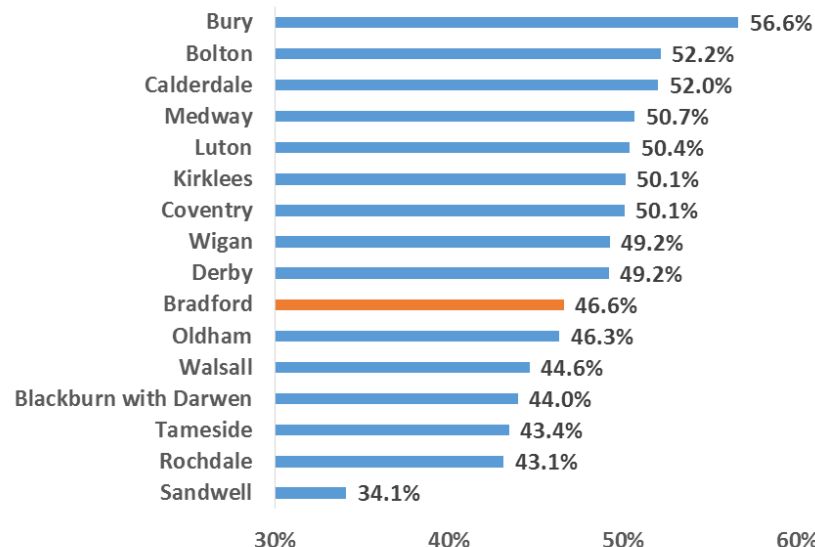
Year	National rank (ranked out of 150)
2013	134
2017	121



Working age population qualified to NVQ level 3 and above



Proportion of the working age population qualified to NVQ level 3 and above - similar local authorities



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 (2015-17)

Bradford District

1.3%

Regional average

1.3%

England average

1.1%

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

Year

National rank

(ranked out of 150)

2009-11

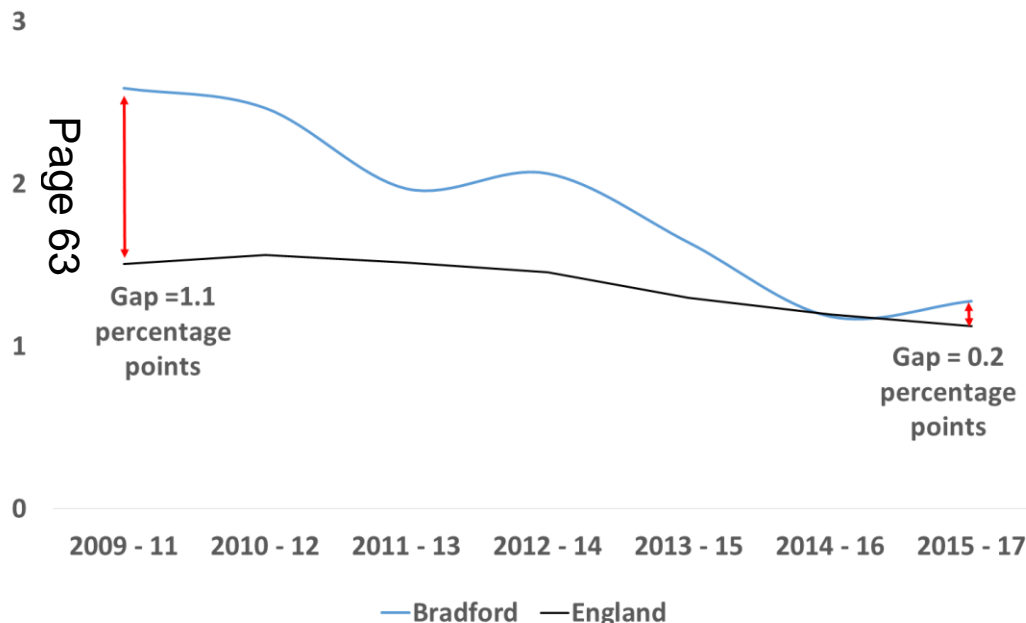
148

2015-17

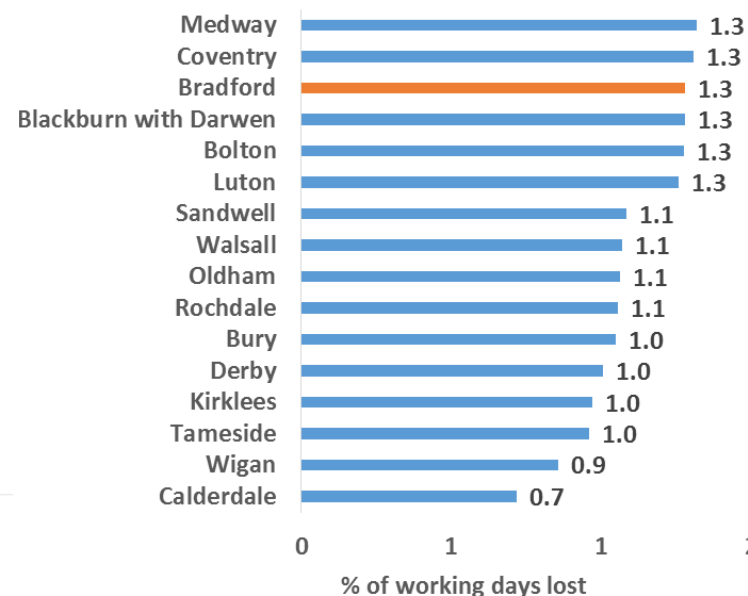
96



% of working days lost to sickness absence



% of working days lost to sickness absence - similar Local Authorities



The percentage of working days lost to sickness absence in Bradford District has risen slightly to 1.3% since 2014-16. However the gap between the district and England remains narrower than it was in 2009-11. Bradford District has a higher percentage than the average for England and the same as the average for the region. In comparison to similar local authorities Bradford District has one of the highest percentages. When ranked against 150 local authorities in the country, Bradford District climbed from 148th to 96th.

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

Latest value
14.3%

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)

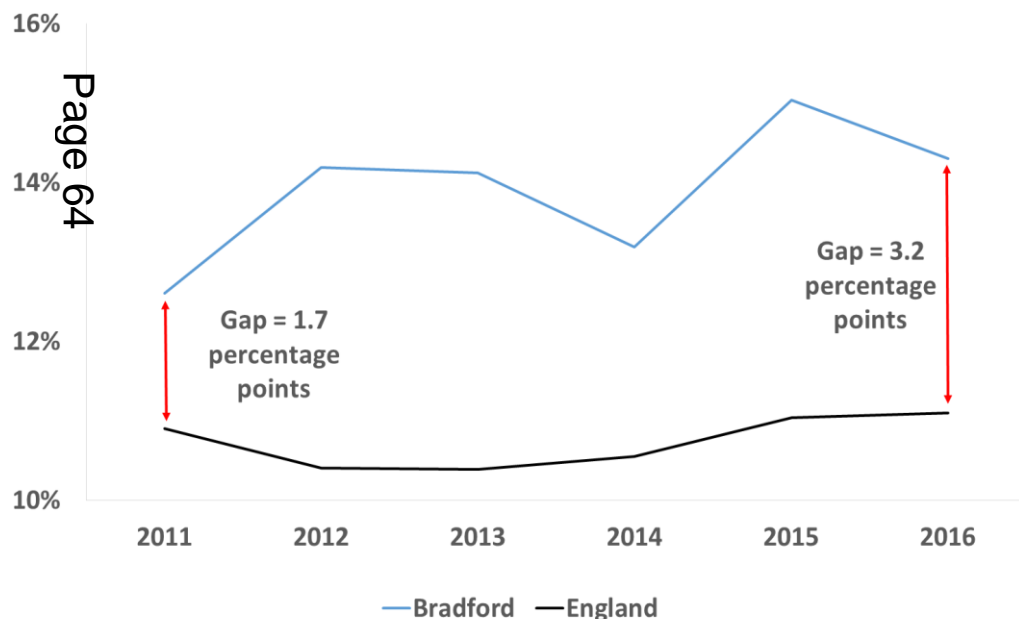
2011

116

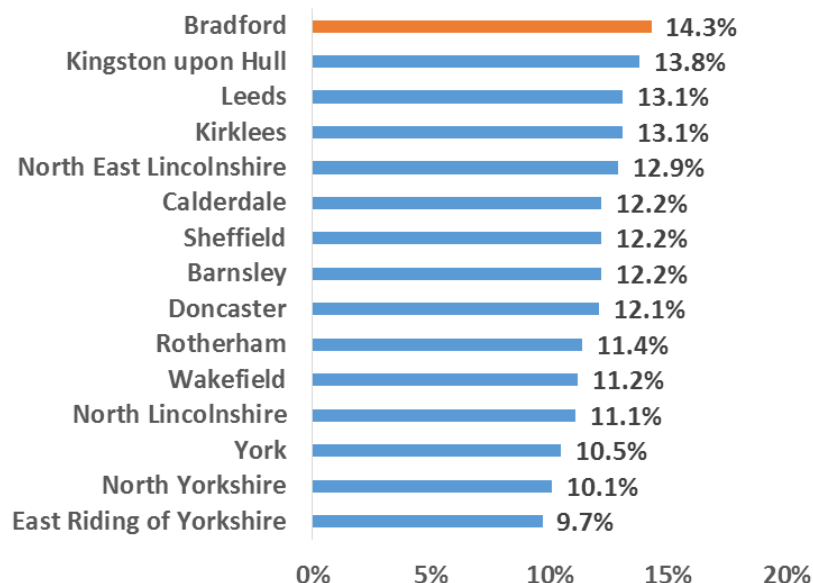
2016

132

Proportion of households that are fuel poor



Fuel poverty in Yorkshire and the Humber, 2016



The proportion of households that are fuel poor has decreased slightly in 2016 to 14.3%, however the gap between Bradford District and England has increased since 2011 to 3.2 percentage points. 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 (2015-17)

Bradford District
34.9

Regional average
45.7

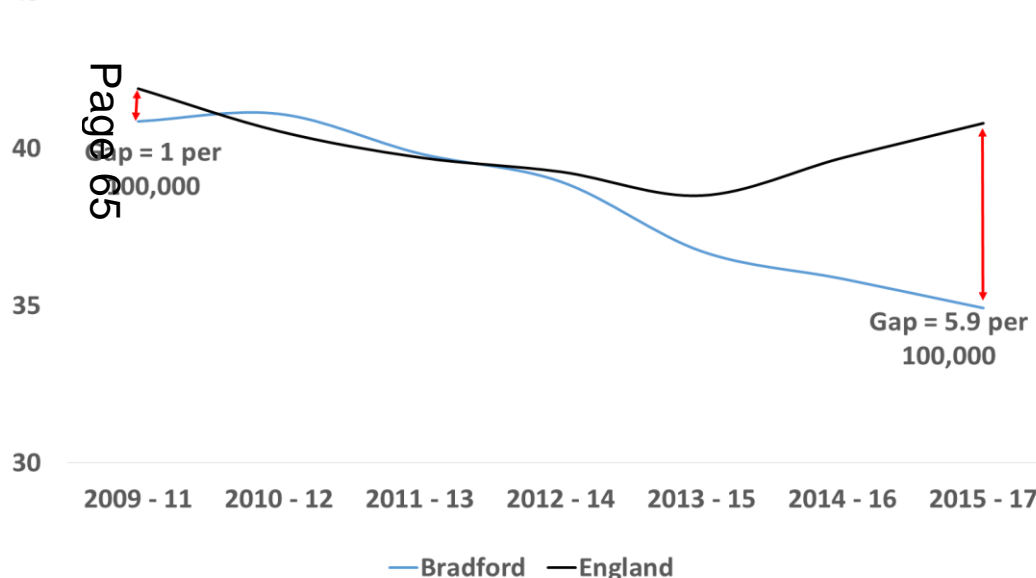
England average
40.8

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.

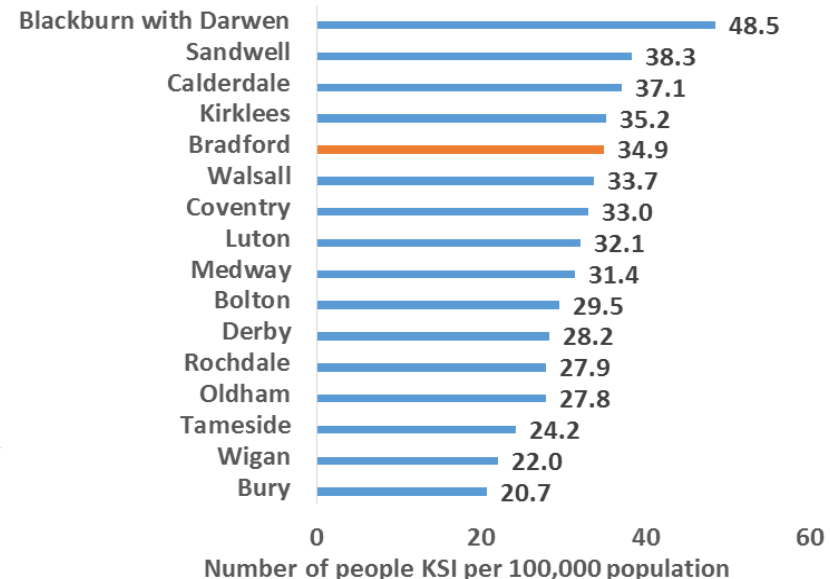
Year	National rank (ranked out of 150)
2009-11	92
2015-17	68



The number killed or seriously injured on our roads



The number killed or seriously injured on our roads - Similar Local Authorities



The number of people killed or seriously injured on our road has been decreasing over recent years; in 2015-17 in Bradford District there were 34.9 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 68th for this measure – an improvement on 92nd 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 (2017/18)

Bradford District
61.1

Regional average
64.5

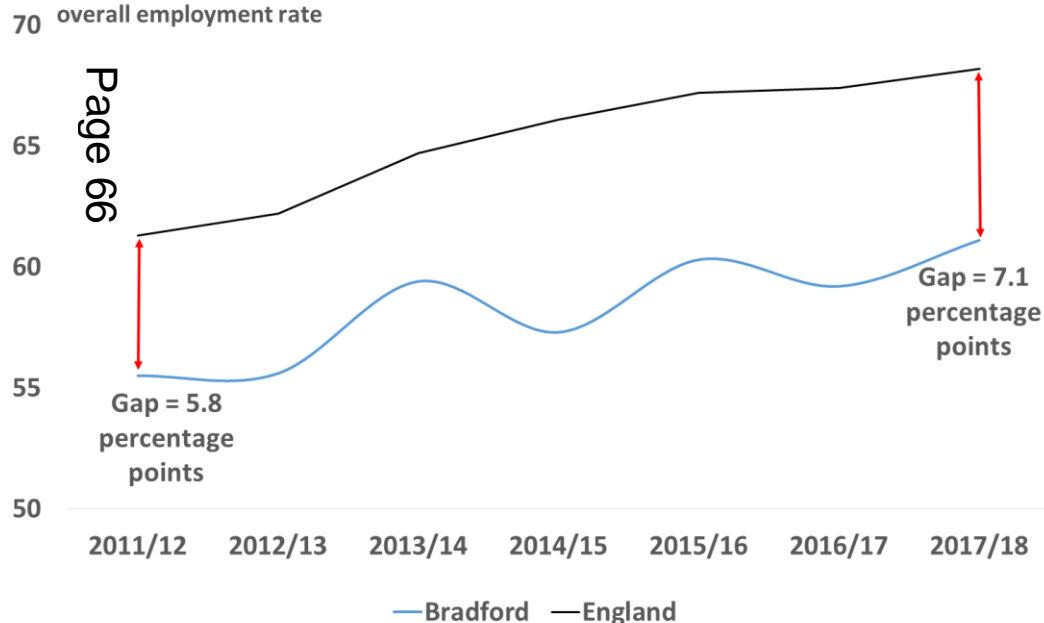
England average
68.2

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.

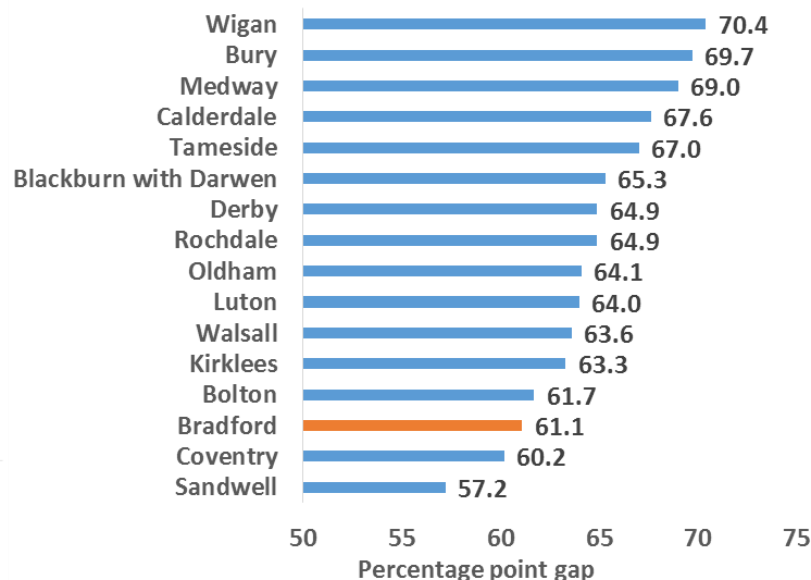
Year	National rank (ranked out of 150)
2011/12	21
2017/18	20



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



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 61.1 percentage points. This is an increase on 59.2 in 2015/16, and a 5.6 percentage point increase overall. Bradford District has remained below the national average and Bradford District has the 20th lowest gap out of 150 local authorities in the country. When compared to similar local authorities, Bradford District has the third lowest gap.



Report of the Strategic Director Children's Services to the meeting of Bradford District Health & Wellbeing Board to be held on 26 March 2019

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Subject:

Update on Family Hubs Prevention and Early Help implementation.

Summary statement:

On the 3 April 2018, the Council's Executive agreed to implement the Family Hubs model for delivering prevention and early help to babies, children and young people from October 2018.

This report provides an update on implementation since April 2018 with a specific focus on area based planning and issues.

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Portfolio: Children and Families

Overview and Scrutiny Area:
Children's Services

1. SUMMARY

- 1.1 On the 3 April 2018, the Council's Executive agreed to implement the Family Hubs model for delivering prevention and early help to babies, children and young people from October 2018.
- 1.2 This report provides an update on implementation since April 2018.
- 1.3 The report is set in the context of the Health and Wellbeing's previous considerations of the Peopletoo review and recommendations on Prevention and Early Help.
- 1.4 There is a broad consensus that we secure an all ages approach to prevention and early help across the district. Such an approach would recognise and build upon the collective assets across our families and communities.

2. BACKGROUND

- 2.1 In November 2016, the Early Intervention Foundation published, '*The cost of late intervention*'. For Bradford District, it estimated that £165million per year (or £311 per person) is spent on late interventions with the largest costs associated with looked after children and responding to domestic violence.
- 2.2 An extensive public consultation was held between November 2017 to February 2018 on a proposed model to both secure significant financial savings and deliver a new model for prevention and early help to children and families across the district. The proposals were also based upon a detailed Families Needs Assessment.
- 2.3 At its meeting dated 3 April 2018, the Council's Executive received and agreed a report which summarised the messages from public consultation, arising changes to the proposed model and a proposed timeline for implementing a new Family Hubs model by October 2018. The outline Family Hubs offer is set out at **Appendix One**.
- 2.4 This report does not seek to repeat the detail set out in the above report.
- 2.5 Following Executive's agreement to implement the changes, Officers and key partners have focused on implementation.
- 2.6 The new Family Hubs model, is overseen by four Family Hubs Integrated Area Leadership Groups and four 0-19 area delivery teams employed by the Council.
- 2.7 Family Hubs cover West, South, East and Keighley/Shipley combined and they deliver:
 - Co-ordination and an information networks across universal and targeted support in the area;
 - Focused work which builds family relationships and improves children's outcomes;
 - Work to reduce family poverty and support social mobility;
 - Co-location of key teams, particularly with the 0-19 children's public health service.

2.8 Collectively, we work under the following agreed vision:



2.9 As we co-produce and implement the detailed Family Hubs service offer, we are adopting a strength based approach. This approach is based on the assumption that all neighbourhoods are places where individuals, families and organisations represent resources upon which to build. It is defined by three main characteristics:

- ***‘How do people already connect, support each other and help each other in this area? Who is presently delivering support and services which contribute to the Family Hub offer – strengths first before gaps?’***
- ***‘What is it like to live in this area and what are the important things for us to work together on? What are the best ways of delivering a Family Hubs offer in this area?’***
- ***‘Who else can help you and us work on these issues? What are the naturally occurring networks we can foster and which can support families in this area?’***

- 2.10 The new arrangements continue to operate under the Safeguarding Children's Board's existing Thresholds of Need document and Signs of Safety as the lead assessment and planning tool with families. The Threshold of Needs Guidance is presently under review.
- 2.11 Under the Family Hubs model, Children's Services continue to provide the following services on a district-wide basis:
- Early Help Gateway (including Families Information Service and SEND Local Offer) which will be a single point of contact for advice on prevention and early help linking together on-line and phone based advice, information and referral routes and is being fully integrated with the social work front door
 - Oversight of educational support, including children missing from education (provided through a dedicated Education Safeguarding Service);
 - Specialist behaviour support and inclusion for children and young people with special education needs and disabilities;
 - Short breaks for disabled children and young people;
 - Intensive Family Support/Family Group Conferences to prevent children and young people coming into care.
- 2.12 Each of the four area Family Hubs Prevention and Early Help Teams is made up of:
- 1 x FTE Family Hub manager
 - 2 x FTE Senior Family Key Workers each supervising 7 x FTE Family Key Workers (14 x FTE in total).
 - 1 x FTE Senior Prevention Worker supervising 7 x FTE Prevention Workers and 1 X FTE Access & Take Up Worker
 - Business Support Officers
- 2.13 Each area is also supported by key workers ('one worker, one family, one plan') provided under the Families First and Stronger Families projects lead by Barnardos. Bradford Council has commissioned a keyworker service for vulnerable families across the Bradford district that meet the national 'Troubled Families' criteria (named Families First in Bradford) and locally set criteria. Barnardos lead the service in partnership with Brathay, J.A.M.E.S and YMCA. This is a payment by results programme and following some challenges, as an authority we are now back on track with the target number of families we agreed to work with under our agreement with the Ministry of Housing, Communities and Local Government.
- 2.14 Stronger Families is also a two-year project supporting people across Bradford and Leeds who are facing challenges in being able to develop their skills, move towards the world of work and secure employment. Alongside partners from across Leeds and Bradford we have been given £3.5 million of funding from the Big Lottery Fund and the European Social Fund to deliver the programme until September 2019. We are hopeful of continuation of funding which should be confirmed soon. It aims to work with families before they start to cause anti-social behaviour problems, risk criminal records, come to the attention of police or have their children excluded from school, all of which may result in major barriers to gaining and sustaining employment. This is a district wide service working across all Bradford areas with an open referral route via StrongerFamiliesBradford@barnardos.org.uk.

2.15 The section below outlines the key work streams and progress to date:

Peopletoo and People Can – an all ages Prevention & Early Help Strategic approach

2.16 In June 2017, the Bradford District Partnership commissioned Peopletoo to review local arrangements for early intervention and prevention across all ages.

2.17 In September 2017, Peopletoo delivered a report that made a number of recommendations which endorsed a direction of travel for Prevention and Early Help. The report proposed a number of recommendations:

'Think Family' and build up strength based approaches and conversations.	<p><i>Family Hubs continue to implement Signs of Safety (our assessment model which works with a family's strengths whilst being clear about any worries people may have about children).</i></p> <p><i>We do everything we can to find all relevant extended family and people who have a natural connection to the children to help families help themselves.</i></p> <p><i>Family Hub team arrangements have cut out duplication so the same family don't have multiple contacts from different teams.</i></p>
Link across to the Public Health's Self Care and Prevention Programme.	<p><i>We have integrated key elements of the workforce development strand from this programme into our 01-9 workforce development passport.</i></p>
Build partnership working at the ward levels	<p><i>The new arrangements align with Parliamentary constituencies and Area Co-ordinators and Youth Services are being involved in the Family Hub district-wide and area partnerships.</i></p> <p><i>Area-based offers have been published on-line and in key sites but we know there is a broader offer to capitalise on in each area.</i></p> <p><i>We have identified a number of wards and lower level areas (known as Super Output Areas) with the poorest outcomes for children and we are undertaking targeted conversations with schools and Community Partnerships in those areas.</i></p>

Focus on the early and formative years of a child's life	<i>A central priority for Prevention and Early Help would be conception to age 2 and school readiness. We continue to draw heavily on learning and approaches within Better Start and Born in Bradford, for example, our emerging area plans are using the Logic Model and we are working together on Families Links and early language development.</i>
People Can – local volunteering and fundraising should be fostered	<p><i>Proposed Prevention and Early Help Teams and commissioned services are expected to provide opportunities for volunteering, apprenticeships and co-delivery of services within communities.</i></p> <p><i>We work together with others to foster networks in areas.</i></p> <p><i>A small Prevention Fund is available to support local ideas to improve outcomes.</i></p>
Join up and focus on online and digital delivery	<i>There are more opportunities for delivering parenting support and young people's support online. WE already signpost parents to some of these through our Family Hub online pages.</i>

- 2.18 In response to the Peopletoo report, there is a strong consensus to develop an all ages approach and it was agreed that such developments would report to the Health and Wellbeing Board. We need to finalise governance and planning arrangements to take forward this all ages approach.

0-19 Family Hubs Implementation Group.

- 2.19 Jim Hopkinson (Deputy Director, Children's Social Care) chairs the main partnership overseeing the Family Hubs programme. This also includes oversight of the district's Families First (payment by results) and Stronger Families delivery.

Public Health 0-19 Children's Service Commissioning Board (commissioners only).

- 2.20 This group was led by Public Health and developed the detailed service specification for the Public Health 0-19 Children's Service and lead the retender process. The Service includes SEND children and young people 0-25 years. The group provided four stakeholder events to ensure market engagement with high attendance from stakeholders. Officers provided feedback to stakeholders on the questions asked at the events. In addition, events with GPs and Primary Care staff were also held. The feedback from all these events fed into the development of the service specification

and tender process. The service was commissioned with a vision and intention to integrate and co-locate with the wider Family Hub teams.

Progress – Following a full tender process, Bradford District Care Trust have been confirmed as the children’s public health services provider. They will be co-located and integrated within the Family Hubs. There are discussions underway to ensure continued strong alignment to Community Partnership (GP cluster) arrangements.

Outcomes, Performance and Intelligence Group.

2.21 During consultation, we collectively agreed the following three key outcomes for 0-19 prevention and early help:

- Children live in resilient and caring communities
- Children learn and develop skills for life
- Children are healthy and well and reach their potential

2.22 This group, chaired by Born in Bradford, has developed our [Prevention and Early Help outcome dashboards](#) which shows how babies, children and young people are doing against agreed outcomes at ward, areas, district and national levels. This approach will ensure our plans and services are targeted well and are able to track impact over time. Where available we are also able to identify smaller pockets of need by using information at the Super Output Area level.

PROGRESS - Family Hubs prevention & early help outcomes framework and dashboard is in place including up-to-date national comparator data.

*Initial **Area Advisory Network** meetings were held in the five constituency areas during July and November 2018. Further networks will be held before the Easter break. Children’s Services intends to jointly plan these networks with other key departments and agencies.*

Area based co-production of the Family Hubs offers are being steered by the area profiles of key outcomes for babies, children and young people in the wards/areas.

Please see appendix 2 which outlines the profile for key outcomes.

*Each of the **four Family Hub Integrated Area Leadership Groups** has been tasked to complete an Integrated Service Plan between January and March 2019.*

Links are in place with the leaders for the CCG/GP led Community Partnerships. These links are at any early stage. There is broad consensus that we need to better align planning, networks and delivery across these partnership and wider Council departments, particularly Neighbourhood Services.

Integrated Family Hubs District Leadership Group

2.23 This new group builds directly on local work which revised the existing 0-5 years Integrated Care Pathway to cover the wider 0-19 age range and whole family approach. The group will ensure that key integrated workforce developments, the

Family Hubs co-delivered service offer, processes and procedures are developed and implemented.

PROGRESS - Initial meeting held in November and January 2019. The group agreed and tasked the four Family Hub Area Partnership Groups to develop the Family Hubs Integrated Service Plans.

It is proposed that the above groups are reviewed to join up across the wider partnerships, particularly Community Partnerships and Neighbourhood Services.

Family Hubs Building Assets Group.

- 2.24 This multi-agency group chaired by the Assistant Director for Performance, Commissioning and Partnership is overseeing the live consultation with interested parties to develop options for the collective best use of buildings across the four Family Hub areas.

PROGRESS – Council Executive agreed a public consultation on a Family Hubs Estate Strategy which is now underway and runs until the 7 May 2019.

Engagement and Communications Group.

- 2.25 This group oversees engagement and communications regarding implementation of Family Hubs. The group oversaw the area based planning activities as we co-produce the detailed Family Hubs offer up to October 2018.

By October 2018 – the first family Hubs offer for October to December 2018 was published and promoted both across centres and on-line. We are not in the second quarter of our new Family Hub offer in each area which is published on-line and through centres. Each hub has a facebook page. Information also links to wider sources of support, for example, access to childcare and the SEND Local Offer.

0-19 Workforce Passport Development Group

- 2.26 This group developed an on-line tool which individual workers, teams or agencies (for example, schools) can use to self-assess against the domain which make up a 'whole family/think family' skills set:

- *Getting the basics right*
- *Working across the ages and stages of children*
- *Young people's wellbeing, risks and choices*
- *Preventing adverse childhood experiences*
- *Family income, money matters and steps to work*
- *Working with community assets*
- *Building strong relationships so that families can help themselves*
- *Assuring and leading best practice and impact for families*

3. Other issues

- 3.1 The revised model also retained a dedicated service within Education Services focused on safeguarding and improving the education of vulnerable pupils,

including New Communities and Travelers, elective home education and children missing education.

- 3.2 As noted above, Officers are working with key partners to complete the public consultation on the best collective use of buildings across the Council, key partners and communities so we can sustain as much funding into frontline workers by 2020/21.
- 3.3 Delivery is overseen by the Great Start Good Schools programme board. An Enabler Group (legal, estates, finance etc) supports implementation. A risk register is in place.

4. RECOMMENDATIONS

- 4.1 Health and Wellbeing Board is asked to note the progress on 0-19 Family Hubs to date.
- 4.2 Health and Wellbeing Board is asked to endorse and support governance and planning to deliver against the consensus for an all ages approach to prevention and early help.

5. APPENDICES

Appendix One - Family Hubs outline offer

Appendix Two - Area/ward prevention and early help outcome dashboard

6. BACKGROUND DOCUMENTS

- Report of Strategic Director to Executive dated 7 November 2017
- Report of Strategic Director to Executive dated 3 April 2017

APPENDIX ONE - Family Hubs core service offer – Signs of Safety assessment and plans

LEVEL 4 - Specialist Services -Timely step up and step down – Signs of Safety - Intensive Family Support/Family Group Conference – children close to care – preventing repeat removals

LEVEL 3 Targeted & Family Key Work	<ul style="list-style-type: none"> Families First outcomes through Family Key Work Advice and consultation to Lead Workers in universal services Domestic Abuse Recovery Together & Freedom Parents in treatment for substance misuse (pilot) Intensive support to build attachment between mother and baby where at risk of entry to care 	<ul style="list-style-type: none"> Families First outcomes through Family Key Work Advice and consultation to Lead Workers in universal services Youth in Mind, Young People's (CAMHS) buddies & substance misuse prevention Domestic Abuse Recovery Together & Freedom Parents in treatment for substance misuse Programme reducing child to parent violence
LEVEL 2 Prevention & parenting programmes	<ul style="list-style-type: none"> HAPPY focused on overweight women during and after pregnancy) Incredible Years (Better Start) & Ante-Natal and Welcome to the World Family Links – work across Better Start & Family Links (parenting). Baby Steps (Better Start). Bonding and attachment/language/social emotional – pre-birth to 2 home learning Awareness and signpost and facilitate access to early education HENRY (parenting programme – Champions, group or 1to1) Breastfeeding – UNICEF accreditation, breastfeeding champions and peer support Home Safety checks (linked to 6-8 week visit) 1:1 support for mothers/parents – open access groups (e.g Stays & Plays) in targeted areas – mix of providers Community-based welfare/benefits advice and parenting workshops Stronger Families outcomes through Family Key Work 	<ul style="list-style-type: none"> Positive activities for young people/National Citizenship/Duke of Edinburgh Youth in Mind – Wellness Recovery Action Plans Positive behaviour and social emotional education in schools Supporting targeted transitions projects Primary Mental Health Link Work School-based welfare/benefits and parenting workshops. Stronger Families outcomes through Family Key Work Family Links/Speakeasy/Time to Talk/CYGNET/Time Out for Dads parenting groups if needed Personal Advisors DICE (at risk of sexual exploitation) PREVENT awareness, On-line safety and self-care Safer Schools Police Officers
LEVEL 1 universal health checks & early education	<ul style="list-style-type: none"> Ante-natal face-to-face visit during pregnancy New birth face-to-face visit focused on breastfeeding, immunisations, healthy start. Assessment of child and family needs, includinattachment. 6-8 week face-to-face continued assessment – weigh/measure/maternal mood, breastfeeding and family well-being. 3-4 month face-to-face visit maternal mood, family well-being & safety, immunisations, attachment. 1-year face-to-face assessment of growth/development, social and emotional needs. Monitoring growth, attachment, vaccination and imms check. Health promotion and Oral health advice. 2-2.25 year integrated assessment using Ages & Stages (social, emotional and language). Link with childcare setting. Parenting, sleep and toilet training and behaviour management. Physical growth, development hearing, vision. Signpost to early education. Support Book Start 	<ul style="list-style-type: none"> 4-5 Year olds - handover to school nurse and health needs assessment in reception. Identify looked-after and complex health needs and signpost. Year 7 (11 years) - National Child Measurement Programme (identify and support obese children). Identify health concerns and issues and support for long-term conditions and vulnerable children YEAR 10 - HEALTH NEEDS ASSESSMENT Identify and support vulnerable children. Health promotion and support CYP with additional needs and signpost to specialist services Post-16 - transition to adulthood review vulnerable children. Health promotion advice Health surveillance and assessment of need



PREGNANCY

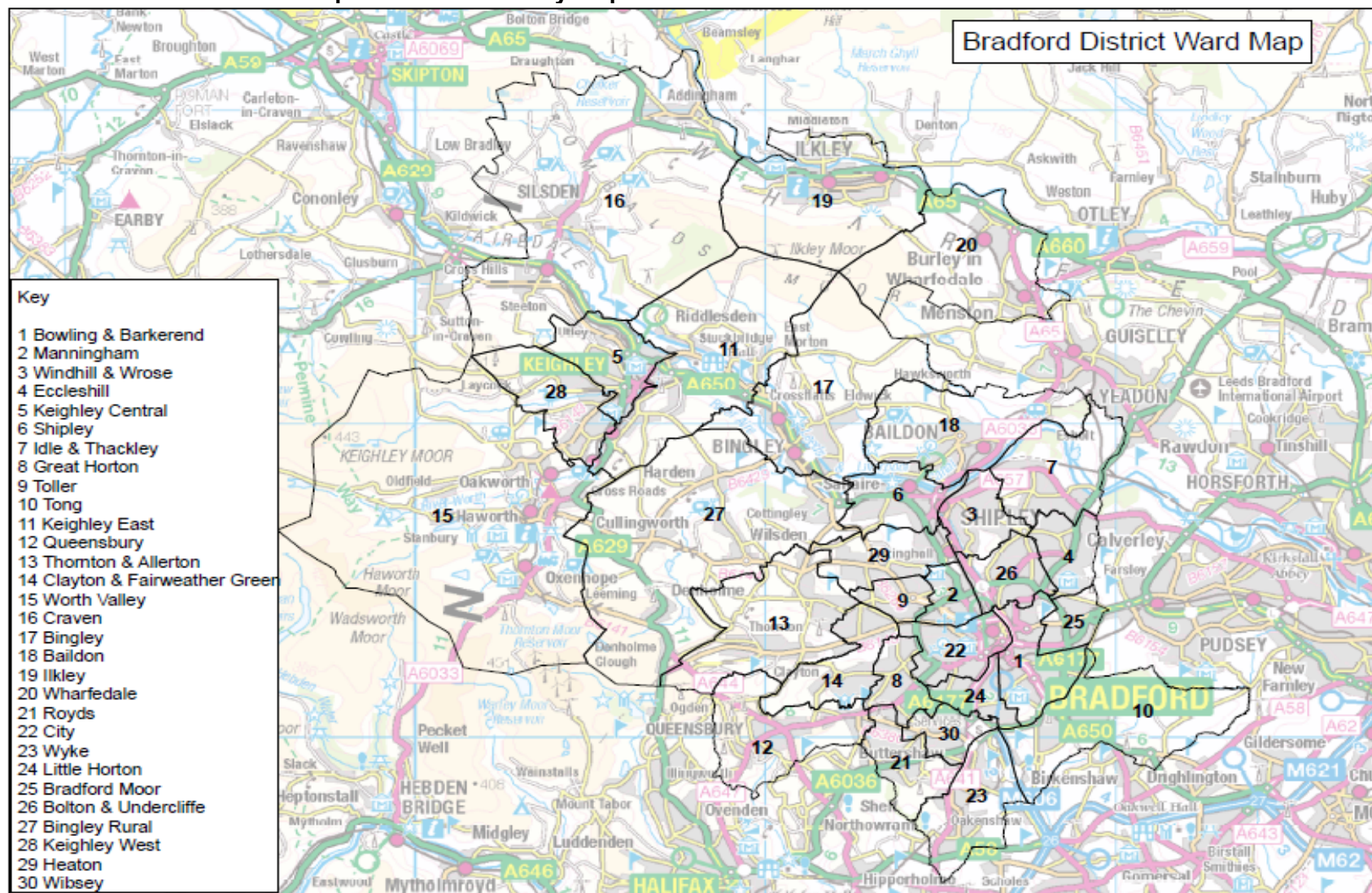


SCHOOL



ADULTHOOD

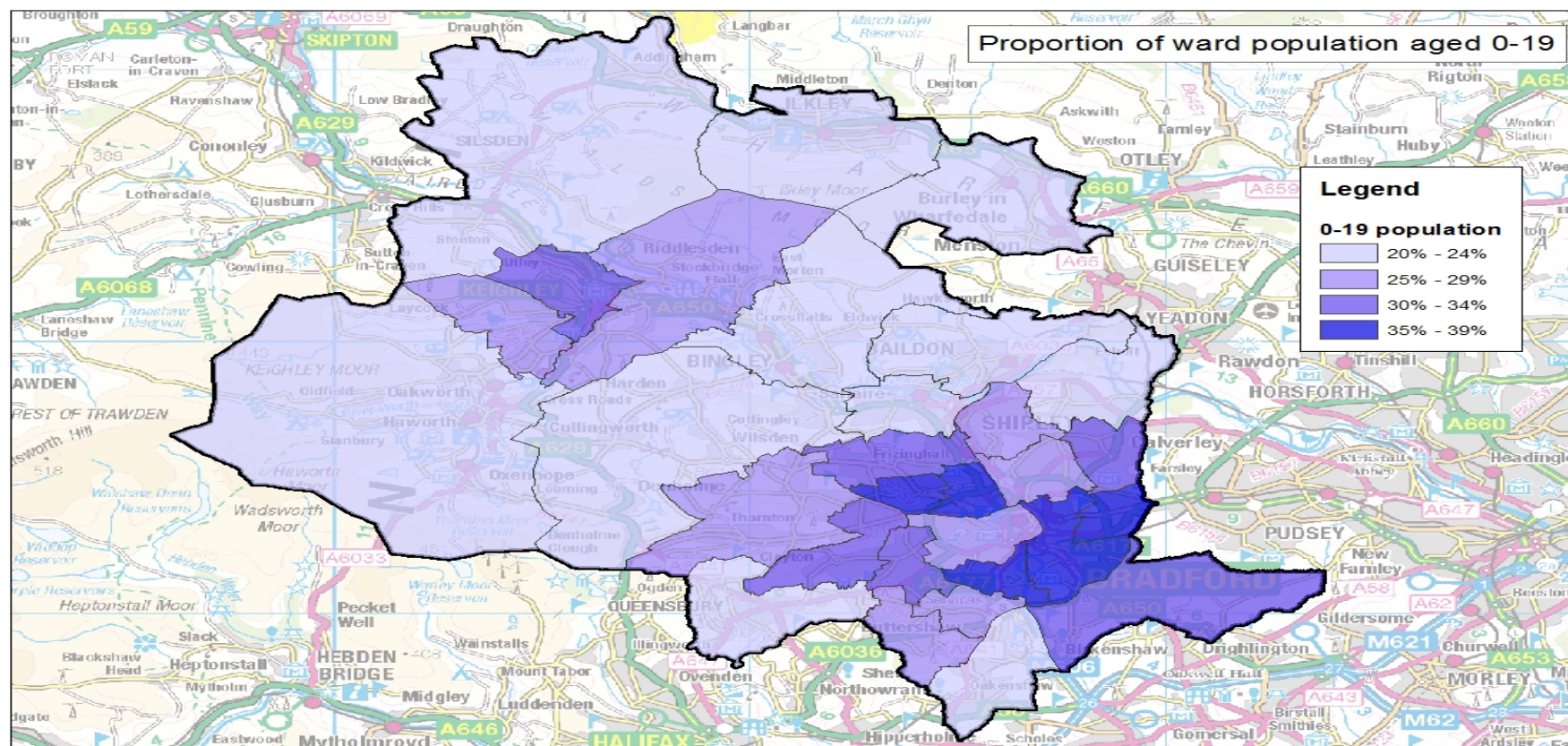
APPENDIX TWO – Area/ward prevention and early help outcomes



Current mapping of key ward level outcomes and deprivation statistics show that it is consistently the same wards that have the poorest outcomes and the most need for support:

Ward	Deprivation (IMD 2015)	NEET (%)	EYSFP 2016 (%)	LAC	CIN	CPP	16+ unemployment	18-24 unemployment
Manningham	61.373	3.8%	65.0%	15	52	26	735	180
Little Horton	53.896	4.6%	58.7%	16	55	21	675	155
Bradford Moor	51.232	3.3%	61.8%	15	81	27	510	130
Tong	50.668	4.5%	61.2%	23	77	34	540	120
Great Horton	43.947	3.5%	54.0%	19	44	25	370	90
Eccleshill	41.957	5.0%	64.9%	16	75	31	365	80
Bowling and Barkerend	53.917	3.6%	55.8%	20	35	29	645	140
Keighley Central	48.889	4.1%	61.5%	11	52	14	410	95
City	44.167	3.4%	53.6%	27	37	21	785	185
Toller	45.285	2.1%	59.0%	8	58	20	485	135
Heaton	32.293	4.3%	67.3%	14	47	15	340	95
Royds	37.457	2.8%	59.9%	12	73	15	345	80
Wibsey	34.525	3.6%	66.2%	14	43	24	230	40
Keighley West	34.781	5.2%	72.1%	15	50	26	255	50
Clayton and Fairweather Green	33.924	4.4%	64.9%	12	29	14	280	70
Thornton and Allerton	31.109	3.3%	67.8%	16	32	24	245	50
Keighley East	24.607	3.5%	65.3%	11	43	15	165	45
Windhill and Wrose	32.386	3.2%	71.1%	7	50	9	290	65
Bolton and Undercliffe	38.112	2.4%	69.6%	7	35	9	290	70
Wyke	25.224	4.5%	78.7%	10	31	14	225	65
Shipley	21.097	3.3%	74.9%	5	21	6	215	45
Idle and Thackley	18.61	3.1%	83.5%	5	21	9	175	35
Queensbury	19.403	0.9%	72.0%	1	17	5	175	40
Bingley	15.116	1.3%	76.0%	2	24	7	175	45
Bingley Rural	14.602	1.5%	80.9%	4	29	2	115	30
Worth Valley	14.425	0.7%	72.1%	2	6	8	85	20
Baildon	13.672	1.6%	82.1%	3	13	2	95	20
Craven	10.505	0.5%	75.4%	2	17	10	75	20
Ilkley	5.971	1.1%	83.2%	4	15	2	50	10
Wharfedale	5.31	0.3%	82.2%	-	7	-	20	5

Proportion of ward population aged 0-19 years in Bradford

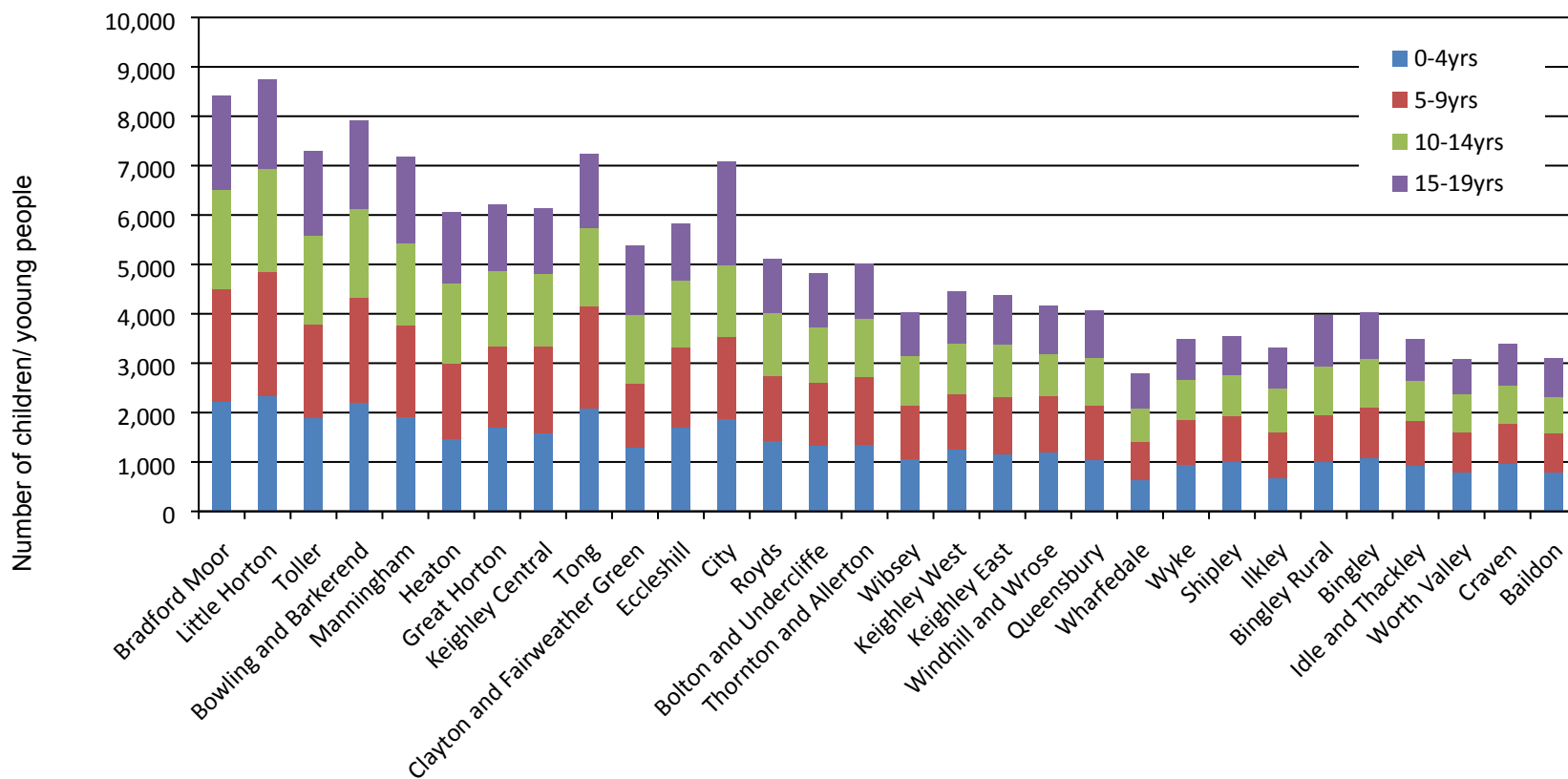


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Public Health Analysis Team, Bradford

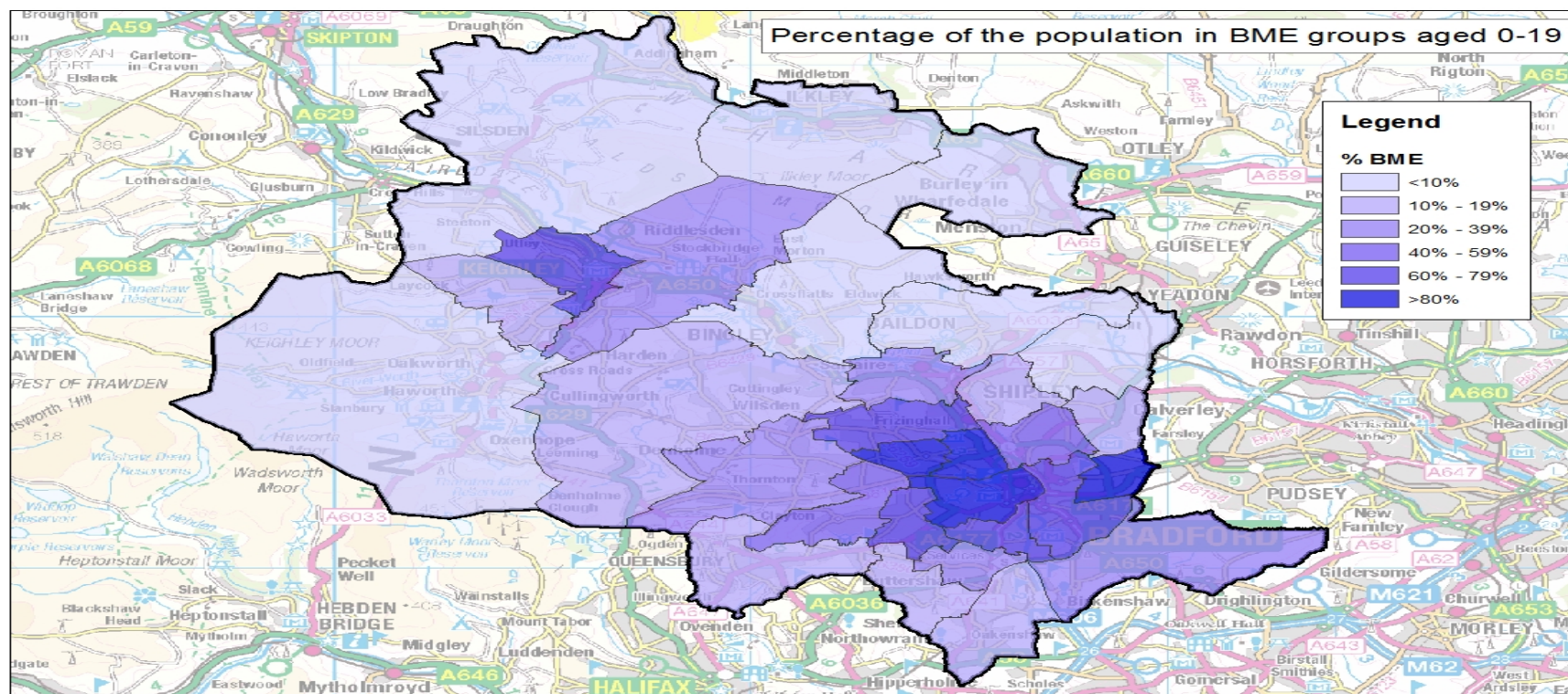
The highest proportions of children and young people are found in Bradford Moor, Little Horton, Toller, Bowling and Barkerend, and Manningham. Due to larger total populations, these five wards do not necessarily contain the largest number of children and young people aged 0-19: Tong contains more young people aged 0-19 than Manningham.

Number of children and young people in each ward of Bradford Districts, by 5-year age band, ordered by the proportion of children and young people per ward (high to low)



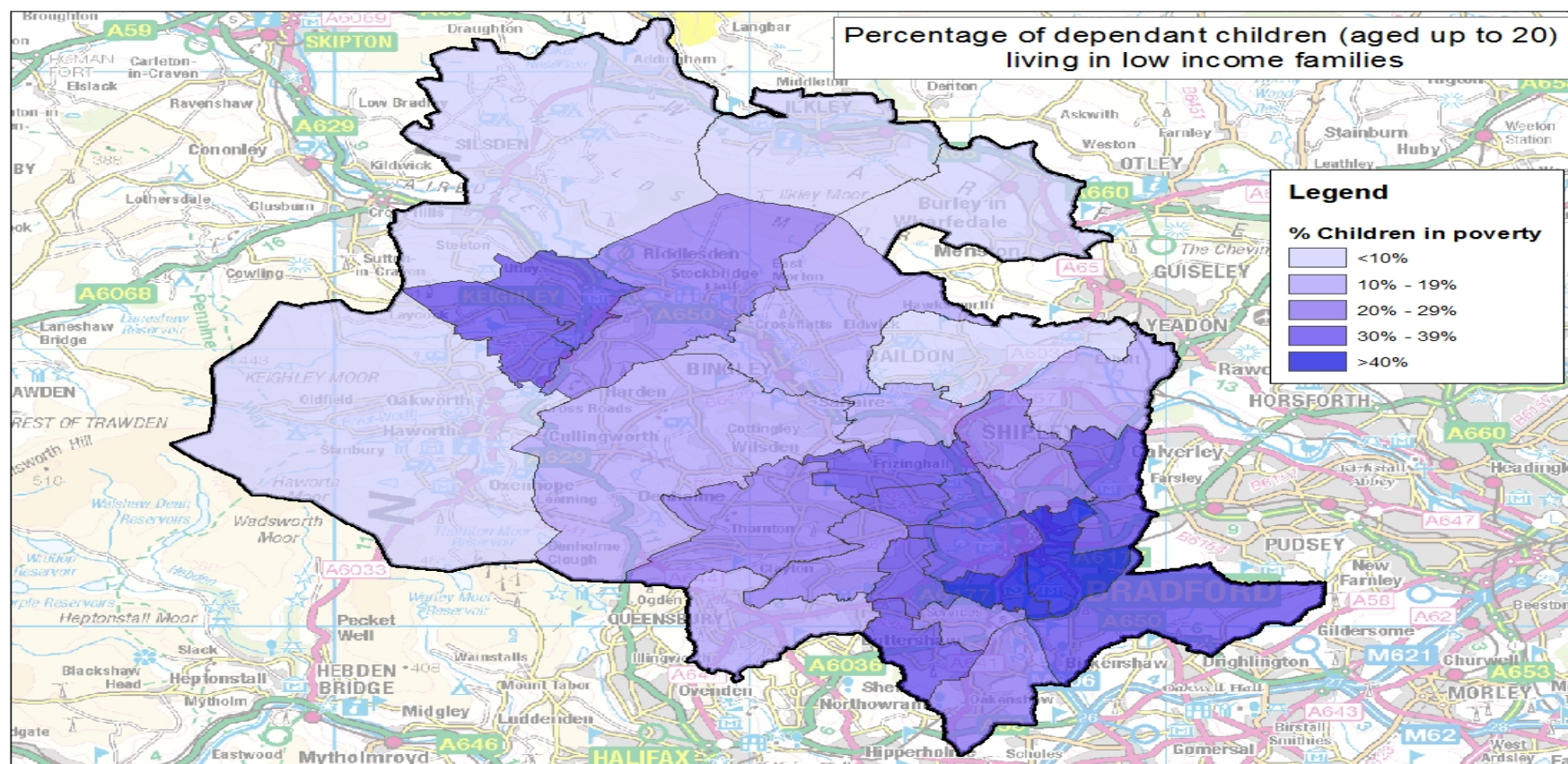
Ethnicity. The ward with the highest proportion of children and young people from BME groups is Manningham, at 97% of the 0-19 years population. Toller (96%), Bradford Moor (91%), Bradford City (90%) and Little Horton (85%) are the wards with the next highest proportions. One group of people who may be underrepresented by current ethnicity data are those, as the 2011 census did not have CEE as an option. People from Central and Eastern Europe (CEE) would be most likely to identify as “White Other” in the census. An evaluation of the “White Other” population in Bradford shows that at the time of the 2011 census, this group represented 2.5% of the Bradford 0-19 population. 50% were residing in five Bradford wards: City; Little Horton; Heaton; Tong; Bowling and Barkerend; and Manningham.

Percentage of the 0-19 years population in BME groups



Poverty. The rate varies by ward, from 40.6% of children living in poverty in Little Horton at its highest to 4.2% in Wharfedale at its lowest. Other wards with very high levels of children living in poverty include: Bowling and Barkerend (40.3%); Bradford Moor (39.9%); Manningham (38.1%); City (37.9%); Tong (36.9%); Great Horton (36.2%); Eccleshill (34.5%) and Keighley Central (35.4%). This equates to over 41,000 children across Bradford District living in poverty in 2014.

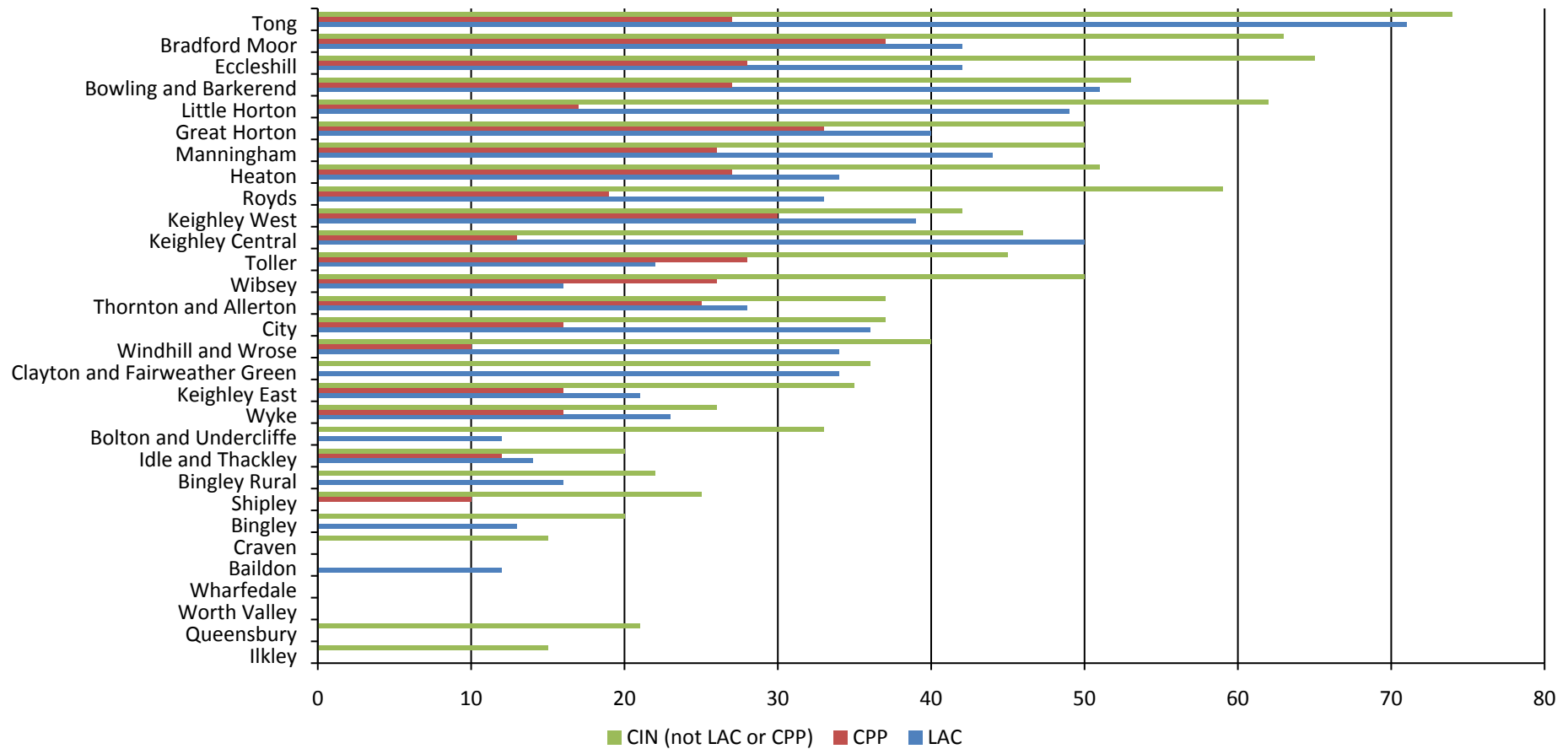
Percentage of dependent children aged up to 20 living in low income families, 2014



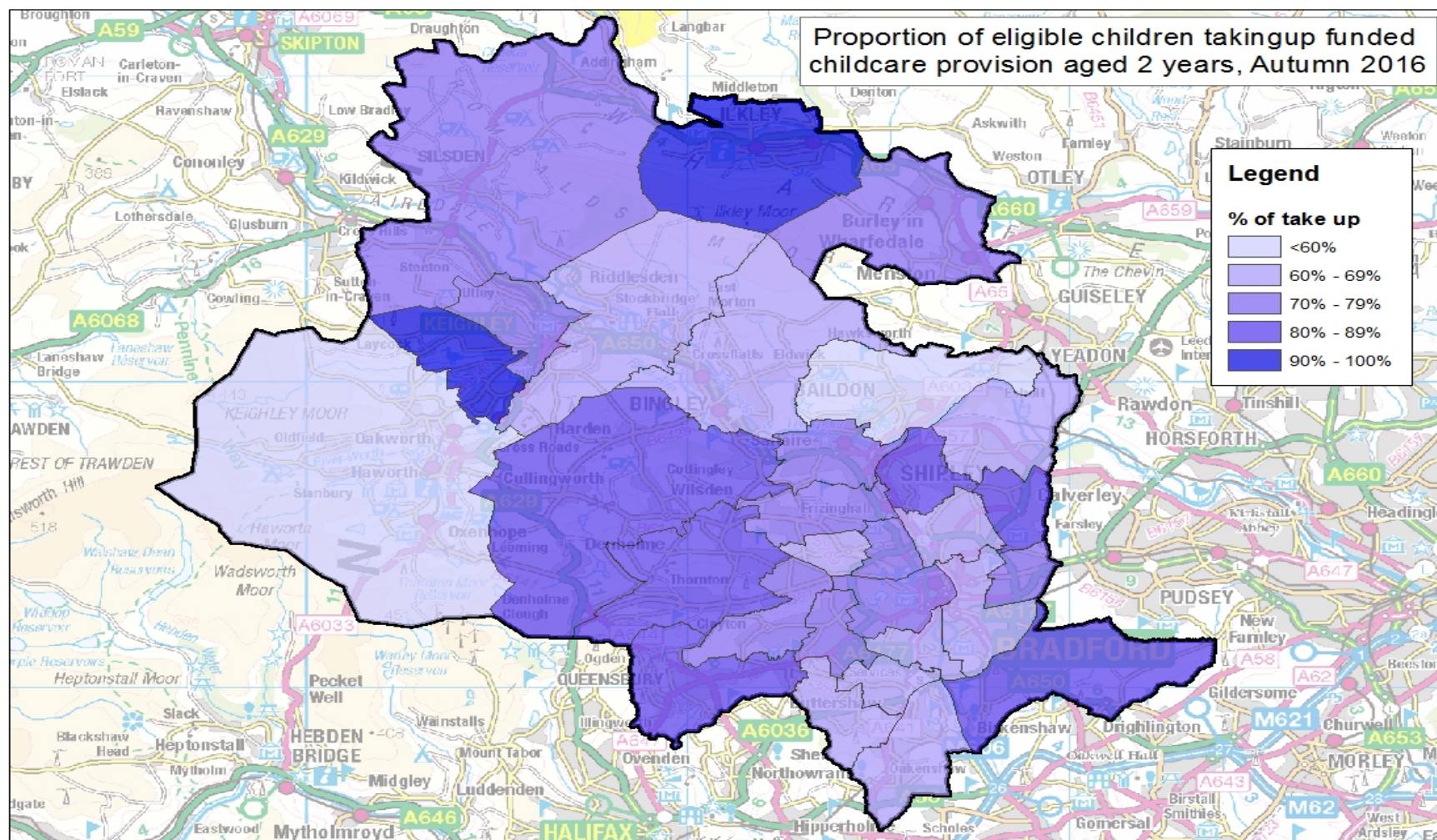
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Over 2500 children in Bradford were known to social services at 31/12/2016. Of all children known to social services for whom the location is known and not out of area, 29% reside within 5 of the district's wards – Tong, Bradford Moor, Eccleshill, Bowling and Barkerend, and Little Horton. *Figure 6: Numbers of children in Bradford known to social services as of 31/12/2016, by ward of residence, ordered by highest to lowest number of children known to social services.*



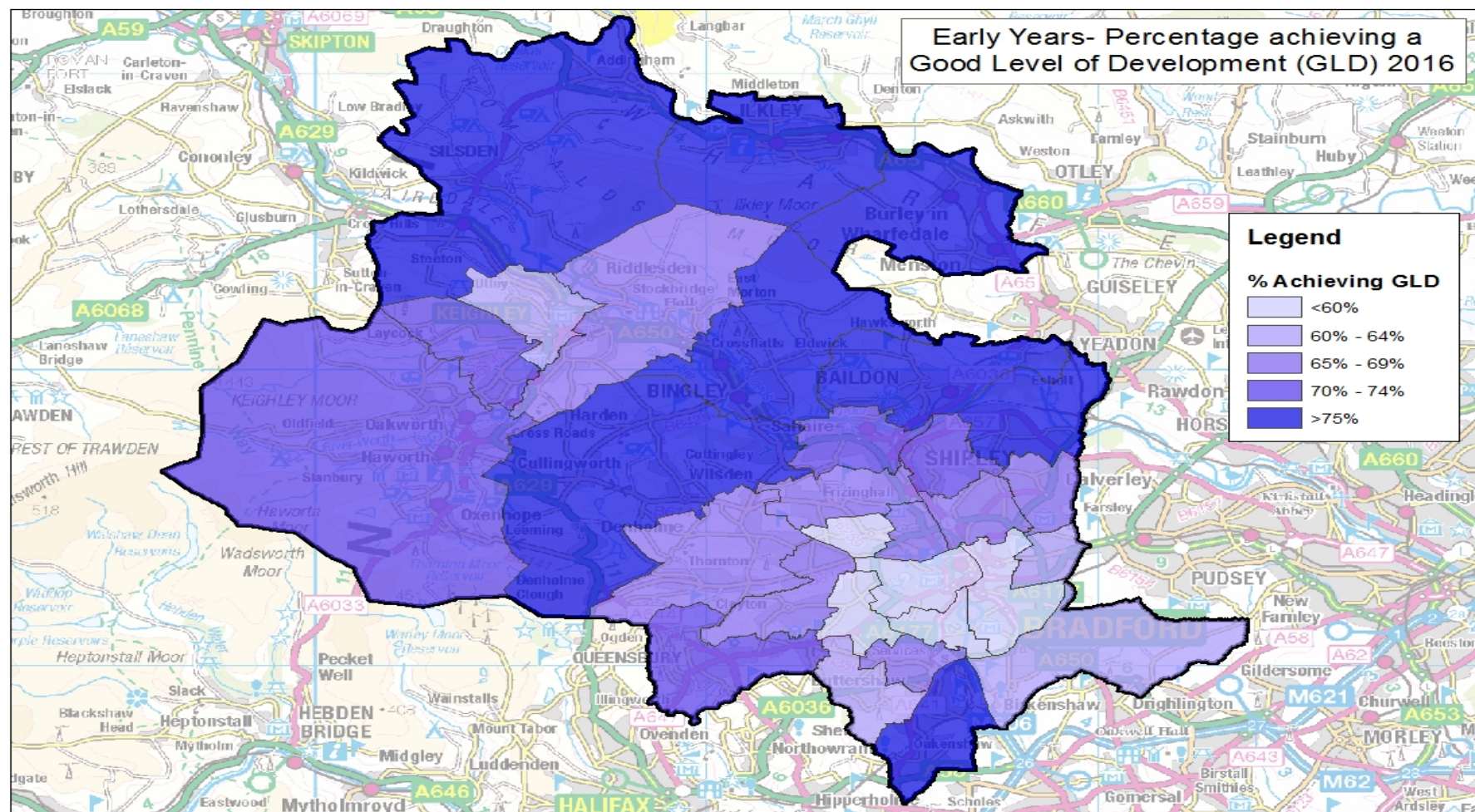
Proportion of eligible children taking up funded childcare provision aged 2 years, Autumn 2016



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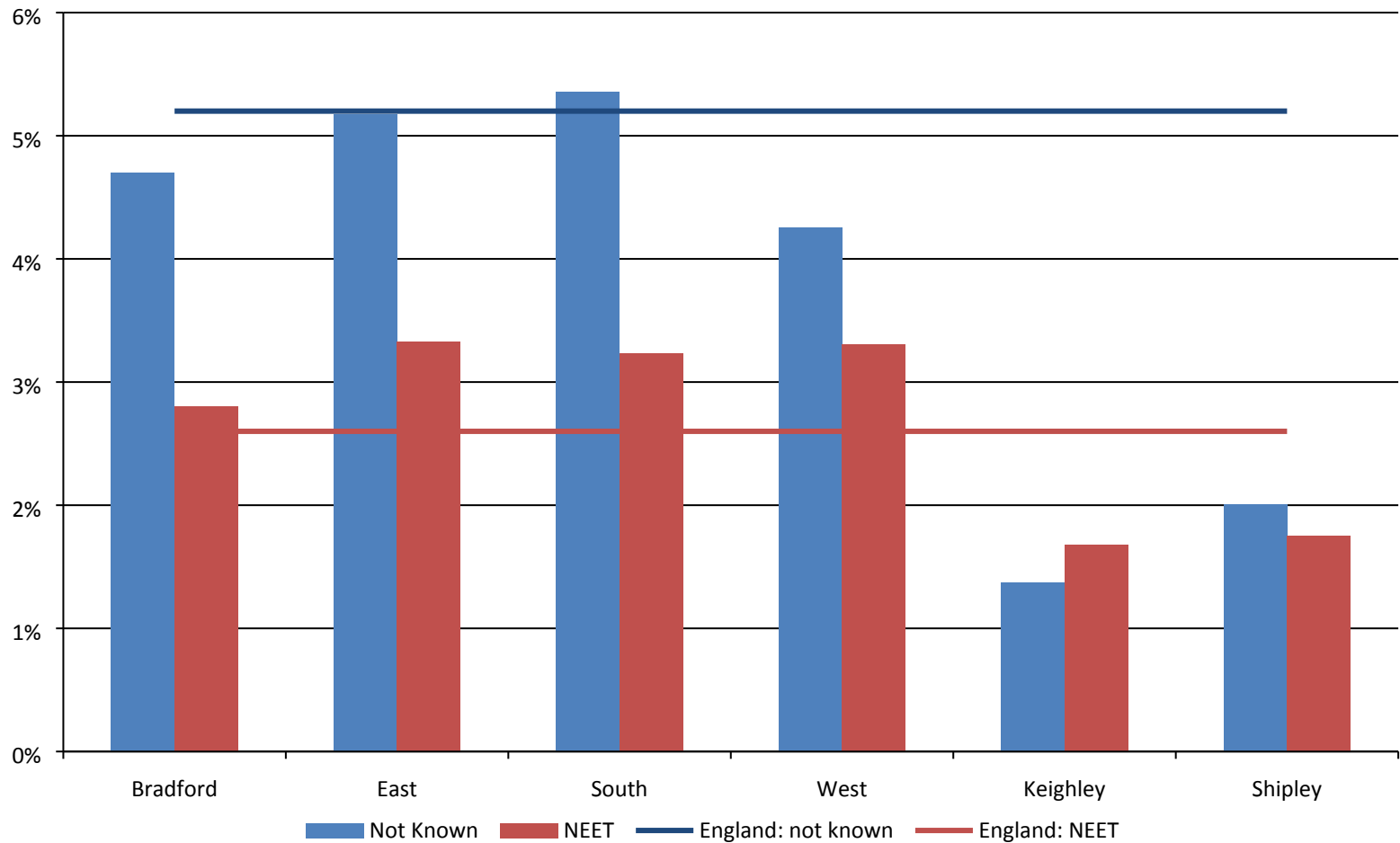
Early Years Foundation Stage Profile (how we measure school readiness)



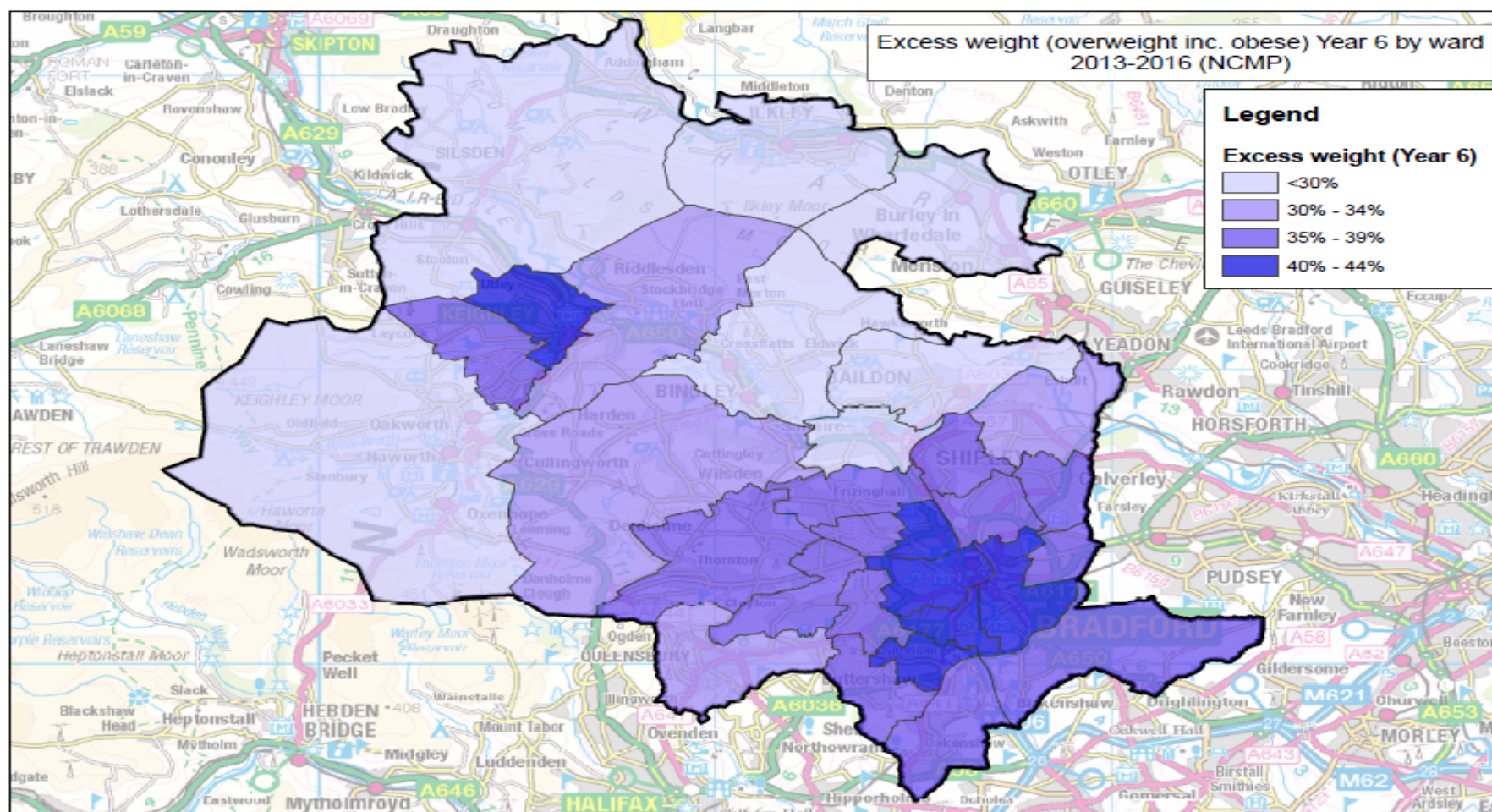
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Young people *NEET* Academic age 16/17 year olds in Bradford Not in Education, Employment or Training, December 2016



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0-19 Family Hubs Outcomes & Performance

Health and Wellbeing Board – Safeguarding Board – Children’s Plan – Ofsted Improvement
District priority outcomes

Better health better lives ...A great start and good schools for all our children...Better skills, more good jobs and a growing economy...Safe, clean and active communities...A well-run Council, using all our resources to deliver out priorities

0-19 Family Hubs Board (inc oversight of Families First & Stronger Families)

Chaired by Deputy Director (Children’s Social Care)

Prevention & Early Help outcome framework

Children live in caring and resilient communities...Children learn and develop skills for life...Children are healthy and well and reach their potential

Family Hubs Prevention and Early Help District Leadership Group – oversight of outcomes and integrated model

Chaired by Head of Service Prevention and Early Help & Head of Service 0-19 Public Health Children’s Services

To deliver outcome based and targeted Family Hub Area Action Plans – SMs/TMs

**Keighley Shipley
Integrated Area
Leadership Team &
Action Plan**

**West Integrated Area
Leadership Team &
Action Plan**

**East Integrated Area
Leadership Team &
Action Plan**

**South Integrated Area
Leadership Team &
Action Plan**

To build broader connections, keep informed and co-produce the Family Hub offer:

**Keighley
Area
Advisory
Network**

**Shipley
Area
Advisory
Network**

**West Area Advisory
Network**

**East Area Advisory
Network**

**South Area Advisory
Network**

Family Hub service quality assurance & performance

Children live in caring and resilient communities...Children learn and develop skills for life...Children are healthy and well and reach their potential

How much did we do?

- Families & children reached – by type of (prevention, childcare take up and/or key work) activity, location/targeted areas, ages of children, ethnicity etc
 - Families First dashboard & monthly updates
 - Caseload monitoring (via EHM)

How well did we do it?

- Case work quality assurance – monthly supervision – monthly file audits – quarterly review reports – continuous practice development – end of support family feedback/case studies
- Prevention activities quality assurance – attendance by activity (inc childcare take up) - adherence to programmes – completion rates - observed practice – feedback from service users
 - Key practice standard reports (built into EHM)
 - 0-19 Workforce passport & development
- Front door quality assurance – thresholds, step up/down, repeat referrals and timeliness etc

Is anyone better off?

- Implementation & tracking of area based outcomes and plans (Area Leadership Teams)
- Families First key outcomes dashboard/monthly updates and case studies/reports to Overview & Scrutiny
- Quarterly QA reports including summary of service user outcomes/distance travelled and maintenance of progress/feedback on experience of service
 - 'Children's Centre' key outcomes and reports to OSC
 - Learning from complaints and compliments



Report of the Chair to the meeting of The Health and Wellbeing Board to be held on 26th March 2019

N

Subject:

Chairs Highlight Report

Summary statement:

The Chairs Highlight Report Summarises business conducted between meetings. This report includes updates from the Executive Commissioning Board and the Integration and Change Board.

Bev Maybury
Strategic Director of Health and Wellbeing

Report Contact: James Drury
Programme Director Integration and Change Board
Phone: 07970 479491
E-mail: james.drury2@bradford.gov.uk

Portfolio:

Healthy People and Places

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

The Chairs Highlight Report Summarises business conducted between meetings. This report includes updates from the Executive Commissioning Board and the Integration and Change Board.

2. Update from Executive Commissioning Board

- 2.1 The Executive Commissioning Board met on 13th February 2019. Updates were provided on the Council and the CCGs financial positions. The Board had subsequent discussions about how they strengthen their position through working and making decisions jointly to mitigate the effects of reducing budgets. The Board received papers regarding a revised (health and social care) framework to support the Complex Care Panel Assessment Process for Children with Disabilities. There was a sharing of System Commissioning Intentions and verbal updates on the planned process for the refresh of the Section 75 agreement for Joint Commissioning of services across the system.
- 2.2 The next 2 meetings of the Executive Commissioning Board are dedicated to an externally facilitated workshop in order to strengthen and improve the work of the ECB and to explore the potential for joint commissioning. The outcomes of this work will be reported in future updates.

3. Update from Integration and Change Board

- 3.1 The ICB (Integration and Change Board) met on 18th January and 15th February. This update covers the key actions and decisions arising from both of these meetings. The next meeting of ICB will take place on 15th March. The proceedings of which will be reported to the May meeting of the Health and Wellbeing Board.
- 3.2 ICB received a progress update from the System Development Network, and agreed that a system development action plan would be considered at the March meeting which would address the findings of the system diagnostic. Focus to include measures to ensure the Bradford District and Craven 'place' is effective in communicating its vision and strategy, and in marketing itself. Therefore ICB agreed to collectively fund additional resource to lead on system communication and marketing.
- 3.3 ICB received a progress update from the Local Estates Forum and tasked the Estates Forum to develop a shared Bradford Place Estates Strategy. To include an updated mapping of assets; a deeper understanding of Community Partnership requirements; and the development of solutions to improve use of estate and reduce costs.
- 3.4 Discussed the need for ICB to increase its focus on children. To include measures to ensure children are considered across all programmes; and to consider whether a specific children's programme is required
- 3.5 Discussed the draft Strategic Partnering Agreement - a document which seeks to

clarify and strengthen collective decision making in the context of Community Partnerships and Health and Care Partnerships. Agreed to submit a final version at the March ICB before taking through individual organisation governance processes.

- 3.6 Discussed preparations for EU Exit. Issues of common interest were noted and it was agreed to strengthen coordination between local organisations. Agreed to develop clear consistent communications, including for vulnerable people and staff in the health and care sector.
- 3.7 Considered the implications of the NHS Long Term Plan, development of a West Yorkshire and Harrogate ICS medium term strategy. Agreed to undertake an update of our own Happy Healthy at Home plan and associated programmes. Noted that ICB has continued confidence in our overall vision and strategy. Therefore the refresh would not require a fundamental re-write, but would ensure we have the right programmes to support the Long Term Plan, and the Happy, Healthy at Home vision

4. FINANCIAL & RESOURCE APPRAISAL

None

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

None

6. LEGAL APPRAISAL

None

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

None

7.2 SUSTAINABILITY IMPLICATIONS

None

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.4 COMMUNITY SAFETY IMPLICATIONS

None

7.5 HUMAN RIGHTS ACT

- None
- 7.6 TRADE UNION**
- None
- 7.7 WARD IMPLICATIONS**
- None
- 7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS
(for reports to Area Committees only)**
- Not Applicable
- 7.9 IMPLICATIONS FOR CORPORATE PARENTING**
- None
- 7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**
- None
- 8. NOT FOR PUBLICATION DOCUMENTS**
- None
- 9. OPTIONS**
- None
- 10. RECOMMENDATIONS**
- That the Executive Commissioning Board and the Integration and Change Board updates be noted.
- 11. APPENDICES**
- None
- 12. BACKGROUND DOCUMENTS**
- None