

## Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 25 October 2018 at 4.30 pm in Committee Room 1 - City Hall, Bradford

### Members of the Committee – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT	BRADFORD INDEPENDENT GROUP
Hargreaves Riaz	V Greenwood A Ahmed Hussain Mir Shabbir	N Pollard	K Hussain

### Alternates:

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
Barker Senior	Akhtar Berry Godwin Iqbal H Khan	J Sunderland

### NON VOTING CO-OPTED MEMBERS

Susan Crowe	Strategic Disability Partnership
Trevor Ramsay	Strategic Disability Partnership
G Sam Samociuk	Former Mental Health Nursing Lecturer

### 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: Palbinder Sandhu  
Phone: 01274 432269

### To:

E-Mail: [palbinder.sandhu@bradford.gov.uk](mailto:palbinder.sandhu@bradford.gov.uk)

## **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 6 September 2018 be signed as a correct record (previously circulated).**

(Palbinder Sandhu – 01274 432269)

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

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

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

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

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

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

(Palbinder Sandhu - 01274 432269)

#### 5. **REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE**

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

### **B. OVERVIEW AND SCRUTINY ACTIVITIES**

#### 6. **PROGRESS REPORT ON THE BRADFORD DISTRICT AND CRAVEN INTEGRATED WORKFORCE PROGRAMME (IWP) AND THE HEALTH AND SOCIAL CARE INDUSTRIAL CENTRE OF EXCELLENCE (ICE)**

1 - 36

The Bradford District and Craven Integrated Workforce Programme (IWP) will submit a progress report (**Document “P”**) on the Bradford District and Craven Integrated Workforce Programme (IWP) and the Health and Social Care Industrial Centre of Excellence (ICE). The report provides:

- A reminder and an update of the context in which the IWP is operating nationally, regionally and locally both from a workforce and a health and care system perspective.
- The key workforce priorities, challenges, and enablers, regionally and locally.
- An update on progress across the four key IWP work programmes, with a focus in particular on the ‘growing our own’ work programme and the IWP alignment with the successful ‘One Workforce’ Bid submitted by Bradford Council, NHS Partners, the University of Bradford and Further Education partners to obtain £1.151m funding from the Leeds City Region Business Rates Pool.

**Recommended –**

**That Members consider and comment on the details presented in the report (Document “P”) and associated appendices and agree any specific matters that may require further scrutiny action.**

(Michelle Turner – 01274 237290)

**7. ENGAGEMENT WITH CARERS**

37 - 66

From June – August 2018, the three NHS Clinical Commissioning Groups (CCGs) in Bradford District and Craven worked together with the Council to understand the views and experiences of carers across the area.

This engagement with carers and other stakeholders has been carried out in order to influence and inform the development of the jointly commissioned Carers’ Service, and the insight will also be used to inform future strategy development.

**Document “Q”** highlights the key themes emerging from the engagement, which have influenced the procurement process and will shape the service specification.

**Recommended –**

**The Committee is requested to take into account the findings from the engagement with carers when considering the procurement of the Carers’ Support Service.**

(Victoria Simmons – 07980 905583)

**8. RE-COMMISSIONING OF CARERS SERVICES CONTRACT IN BRADFORD DISTRICT AND CRAVEN**

67 - 138

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

The Strategic Director, Health and Wellbeing will submit **Document “R”** which provides details of the intention to re-commission Carers Services within Bradford District and Craven.

**Recommended –**

**That the Committee discuss the contents of Document “R” and consider any equality and diversity, TUPE and social value implications at this pre- procurement stage in accordance with Council Standing Orders in 4.7.1.**

(Kerry James – 01274 43576)

9. **REPORT ON WAYS TO IMPROVE CONSULTATION WITH VULNERABLE GROUPS** 139 - 174

The Strategic Director, Health and Wellbeing will submit **Document “S”** which provides information on what the authority is doing to ensure that its consultation processes with vulnerable groups is conducted appropriately.

**Recommended –**

**That Members consider and comment on the details presented in the report (Document “S”) and associated appendices and agree any specific matters that may require further scrutiny action.**

(Darryl Smith – 01274 434171)

10. **HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2018/19** 175 - 180

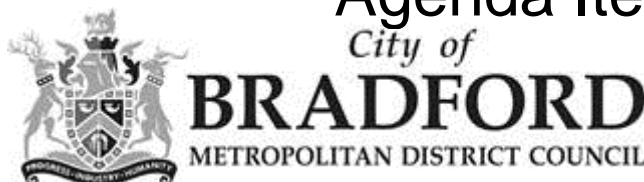
The Overview and Scrutiny lead will present the Committee’s Work Programme 2018/19 (**Document “T”**).

**Recommended –**

**That the information in Appendix A of Document “T” be noted.**

(Caroline Coombes – 01274 432313)

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## **Report of the Bradford District and Craven Integrated Workforce Programme (IWP) to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 25 October 2018**

**P**

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**Subject: Progress report on the Bradford District and Craven Integrated Workforce Programme (IWP) and the Health and Social Care Industrial Centre of Excellence (ICE)**

### **Summary statement:**

### **The report provides:**

- A reminder and an update of the context in which the IWP is operating nationally, regionally and locally both from a workforce and a health and care system perspective.
- The key workforce priorities, challenges, and enablers, regionally and locally.
- An update on progress across the four key IWP work programmes, with a focus in particular on the 'growing our own' work programme and the IWP alignment with the successful 'One Workforce' Bid submitted by Bradford Council, NHS Partners, the University of Bradford and Further Education partners to obtain £1.151m funding from the Leeds City Region Business Rates Pool.

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### **Portfolio:**

**Healthy People and Places**

**Overview and Scrutiny Area:**

**Health and Social Care**

Report Contact: Michelle Turner

Phone: (01274) 237290

E-mail: [michelle.turner@bradford.nhs.uk](mailto:michelle.turner@bradford.nhs.uk)

## 1. **Summary**

### 1.1 The report provides:

- A reminder and an update of the context in which the IWP is operating nationally, regionally and locally both from a workforce and a health and care system perspective.
- The key workforce priorities, challenges, and enablers, regionally and locally.
- An update on progress across the four key IWP work programmes, with a focus in particular on the 'growing our own' work programme and the IWP alignment with the successful 'One Workforce' Bid submitted by Bradford Council, NHS Partners, the University of Bradford and Further Education partners to obtain £1.151m funding from the Leeds City Region Business Rates Pool.

## 2. **Background**

- 2.1 The IWP and the Bradford and District Health and Social Care ICE last attended a meeting of the Health and Social Care Overview and Scrutiny Committee on 7 December 2017. The Committee resolved to receive updates on the progress of both the IWP and the Health and Social Care ICE.

## 3. **Report issues**

- 3.1 The report is at Appendix 1. Michelle Turner, Director of Quality and Nursing, Bradford Districts CCG, Bradford City CCG and Airedale, Wharfedale and Craven CCG will be attending the meeting on 25 October 2018 and will provide additional information on workforce data and activities of providers (hospitals, the community trust, care homes and general practice) to address the workforce challenges both within their organisations and together across organisational boundaries.
- 3.2 Para 4.3.1 of Appendix 1 provides information on the further development of the Health and Care ICE. Stacey Jobson, Director of the ICE, will also attend the meeting and will provide additional information on progress.

## 4. **Options**

Members may wish to comment on aspects of the report.

## 5. **Recommendations**

- 5.1 That Members consider and comment on the details presented in this report and associated appendices and agree any specific matters that may require further scrutiny action.

## 6. **Background documents**

None



7. **Not for publication documents**

None

8. **Appendices**

- 8.1 **Appendix 1** - Progress Report on the Bradford District and Craven Integrated Workforce Programme and the Health and Social Care Industrial Centre of Excellence (ICE). Provided for the Health and Social Care O&S Committee (25 October 2018)

# **Progress Report on the Bradford District and Craven Integrated Workforce Programme and the Health and Social Care Industrial Centre of Excellence (ICE). Provided for the Health and Social Care O&S Committee (25 October 2018)**

## **1. SUMMARY**

This high level paper provides an updated position on progress in the delivery of the Bradford District and Craven Integrated Workforce Programme's (IWP) workforce strategy and on the Health and Social Care Industrial Centre of Excellence (HSC ICE). It builds on the presentation provided at the December 2017 HOSC (see Appendix A). This report includes:

- A reminder and an update of the context in which the IWP is operating nationally, regionally and locally both from a workforce and a health and care system perspective.
- The key workforce priorities, challenges, and enablers, regionally and locally.
- An update on progress across the four key IWP work programmes, with a focus in particular on the 'growing our own' work programme and the IWP alignment with the successful 'One Workforce' Bid submitted by Bradford Council, NHS Partners, the University of Bradford and Further Education partners to obtain £1.151m funding from the Leeds City Region Business Rates Pool.

At the meeting members will receive a more detailed breakdown of the workforce data and an overview of some of the activities that providers (hospitals, the community trust, care homes and general practice) have been undertaking to address the workforce challenges both within their organisations and together across organisational boundaries.

## **2. BACKGROUND**

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

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

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

The IWP is mindful of the wider environment and context that health and care operates in and aims to work on a wider footprint wherever it is more appropriate, effective and/or efficient to do so.

### **3. CONTEXT**

#### **3.1 National, Regional, Local Service Priorities**

The Five Year Forward View and the Five Year Forward View Next Steps identified the need for health and care services to work together in a collaborative and integrated way to:

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

The Bradford District and Craven Joint Health and Wellbeing Strategy 2018 – 2022 ('Connecting People and Place for Better Health and Wellbeing') sets out three key approaches that will have the biggest impact on longer term health outcomes for our local populations:

- Create a place to live that promotes health
- Make it easier for people to improve their health and wellbeing and prevent ill health
- Support people to better care for themselves and to get help earlier

There are four key health population outcomes identified at a local level:

- Our children have the best possible start in life
- People in Bradford District have good mental wellbeing
- People in all parts of the District are living well and ageing well
- Bradford District is a healthy place to live, learn and work

Addressing these priorities in the wider context of achieving the triple aims of improving the health and wellbeing of the local population and improving the

quality of care whilst addressing the system wide financial gap is challenging. It requires system wide integration and removal or a 'blurring' of the boundaries between primary and specialist services, health and social care and mental and physical health.

Bradford District & Craven is one of six places of the West Yorkshire & Harrogate Health and Care Partnership (Integrated Care System or ICS). Services at our local Place level will be delivered through 2 local health and care partnerships which comprise of 13 communities.

### 3.2 Workforce Priorities

The context in which we work defines the workforce we need to ensure we have the right people, in the right place, at the right time with the right skills, knowledge, experience and attributes to achieve the health outcomes we have identified.

The West Yorkshire and Harrogate Local Workforce Action Board produced a regional workforce strategy in April 2018. The ten key strategic priorities were identified as:

Theme	WYH Workforce Strategic Themes (recommendations)
1.	Maximise the contribution of the current health and social care workforce -Retention -Data Quality -Skills Devt - OD plan
2.	Get more people training for a future career in health and social care
3.	Grow the General Practice and community workforce to enable the 'left shift'
4.	Transform teamwork - Applying workforce transformation tools
5.	Make it easier to work in different places and different organisations
6.	Agree and track workforce productivity measures
7 & 9	Workforce Planning and infrastructure (Workforce Hub) Strengthen Workforce Plans
8	Establish a workforce <b>investment plan and fund</b>
10	Establish effective workforce Infrastructure & Cross working

Whilst at a local place based level there will be specific workforce priorities within and across sectors, organisations, services and delivery pathways it is recognised that in order to ensure effective delivery of our health outcomes within the context of a challenging financial environment there are distinct benefits in addressing our common workforce priorities together by ensuring a

system wide approach is taken to strategic workforce planning the development of our workforce by:

- Developing employment models which enable cross boundary and cross sector working (supporting the triple aims of integration)
- Enabling workforce re-design, role re-design/role substitution and extended role scope to facilitate future models of care
- Engaging staff in new ways of working; working across boundaries ('blurred boundary working') and in an integrated way whilst maximising the opportunities for digitalisation
- Creating a cultural and mind set shift from one of 'caring for' to enabling self-care wherever possible
- Effectively planning for the supply of health and care roles (including new roles)
- Attracting, recruiting and retaining staff in the right numbers, with the right skills and in the right place
- Widening access routes into employment and, in particular, career pathways into the health and care sector that support diversity and inclusion, address skills gaps and promote economic well-being
- Investing in the upskilling of existing staff
- Ensuring good career structures/pathways and ease of movement of staff are in place within and across occupational groups, organisations and the wider system
- Releasing staff for training and development

In addition, the recent Bradford District system wide CQC report identified three key workforce related actions.

- Explore opportunities to introduce a common framework of competences (skills) and competencies (attributes) for integrated working across health and social care across all provider settings.
- Work with the independent care sector to be actively involved in shaping how as a system we attract, recruit, develop and retain a high quality workforce across the wider health and care system
- Roll out the agreed common set of values/principles for integrated working across all organisations, to help foster a culture of being part of one system with a common purpose

### 3.3 The Bradford District and Craven Workforce Profile, Challenges and Issues

- More than **27,000 paid staff** working across: acute, primary care and community, mental health and social care
- Estimated over **57,000 unpaid carers**
- Real gaps in available workforce data for voluntary and independent sector and some gaps in primary care data
- **A lack of system wide strategic workforce planning** for the new roles required for integrated working for the future. The available data and

workforce information currently suggests the main challenges will be where there is decreasing staff in post and an increasing demand eg

- Psychiatric Nursing
  - Neonatal Nursing
  - Diagnostic Radiography
  - Clinical Psychology
  - Registered Pharmacist
  - Operating Theatre Staff
- **Social Care experiences difficulties in recruiting to:**
    - Home Care Assistants to work daytime shifts and also particularly to work nights
    - Social workers (Adults and Children's)
    - Educational Psychologists
  - Primary care (including general practice) has identified a greater need for support staff in the future as well as alternative models for general practice.

It is acknowledged that the implementation of new models of care locally will impact on the demand for these traditional roles in the future and more work is required in identifying the range and number of new posts required.

### 3.4 **Workforce Enablers and Supportive Collaboratives**

There are a number of regional and local enablers/collaboratives that support the delivery of the workforce transformation agenda, for example:

- Local Workforce Action Board (LWAB, WY & H)
- West Yorkshire National Skills Academy Centre of Excellence for Support Staff Development
- West Yorkshire Association of Acute Trusts (WYAAT)
- WY&H Mental Health Collaborative
- 'Team Bradford' - Employers Conference
- Bradford Health and Care Economic Partnership (One Workforce)

These enabling partnerships are aimed at ensuring joint ownership, accountability and collective problem solving so that the actions of each constituent organisation/place do not destabilise but support the resilience and robustness of the whole system. The IWP continues to strive to ensure alignment with this wider work and will continue to work on the footprint deemed most appropriate in facilitating delivery of the strategy and plan.

## 4.0 **Addressing Our Workforce Challenges**

### 4.1 **Integrated Workforce Programme Delivery Plan Overview**

The IWP delivery plan is underpinned by the principles of system wide work programme leadership, not duplicating effort, sharing learning, expertise and resources and maximising efficiencies.

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

<b>Work Programme 1</b>	<b>Growing Our Own (Attracting, promoting and recruiting the future workforce)</b>
Work Stream 1a	• Inspiring and attracting young people (11-18yrs)
Work Stream 1b	• Developing a shared approach to delivering a wide range of apprenticeships
Work Stream 1c	• Encouraging entrants and re-entrants of all ages
Work Stream 1d	• Developing and providing a wide range of volunteering opportunities
<b>Work Programme 2</b>	<b>Developing Our Workforce Together</b>
Work Stream 2a	• Delivering joint leadership programmes
Work Stream 2b	• Creating and delivering system wide learning and development opportunities
Work Stream 2c	• Developing system wide career pathways
<b>Work Programme 3</b>	<b>Creating the conditions to retain talent in the system</b>
Work Stream 3a	• Engaging, listening and involving staff across the system
Work Stream 3b	• Providing common benefits and rewards
Work Stream 3c	• Promoting mental and physical health and well-being and supporting healthier lifestyles
<b>Work Programme 4</b>	<b>Developing a shared culture of integration and system wide working</b>
Work Stream 4a	• Promoting a shared understanding of integration and seamless care
Work Stream 4b	• Developing a common set of values/behaviours for the system
Work Stream 4c	• Applying these from recruitment through to day to day working

## 4.2 One Workforce

Bradford Council, NHS Partners, and the University of Bradford and FE partners have been successful in obtaining £1.151m funding from the Leeds City Region Business Rates Pool. These funds are to progress the design and implementation of a critical and ambitious 'One Workforce' programme. The support from across the partnership was instrumental in securing this funding. The programme is focused on achieving our ambition of re-balancing the health and social care economy in Bradford and in particular:

- Bringing together the requirements for more health and social care workers with the provision of opportunities especially to those currently furthest from realising those opportunities
- Bringing together the existing assets in Bradford world-leading research, a strong NHS and academic provision, alongside an innovative approach to health and social care learning and development to attract those practitioners in HSC who want to work in a place where they can make a real difference and see personal progression.

The One Workforce Programme has three constituent work streams:

- i. **Bradford Health and Bradford Social Care inclusive system-wide community Recruitment** – developing a one-stop recruitment solution for the sector by matching individuals to employer vacancies, through the successful ‘Skills House’ provision.
- ii. **Bradford Health and Bradford Social Care system-wide recruitment** - providing a comprehensive and integrated approach to recruitment across Health and Social Care in Bradford and raising the general profile of careers within the sector in Bradford District as well as continuing to review and target specific workforce shortages.
- iii. **One Workforce Academy** - bringing together the planning, coordination, resource and delivery of learning and development for staff working in health and care in the District.

As the One Workforce programme structures and delivery plans come together there will be a bringing together of this with the IWP to maximise the benefits of current partnership working, to ensure alignment and congruity.

### 4.3 Integrated Workforce Programme Delivery Plan Progress Highlights

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

Further details of progress with specific examples of workforce system wide working will be provided in the IWP presentation to the HOSC. Key highlights of progress made since December 2017 include:

#### 4.3.1 Work Programme 1 - Growing Our Own (Attracting, promoting and recruiting the future workforce)

- a) **Further development of the Health and Care Industrial Centre of Excellence(ICE)** - reaching out to schools to attract and develop the next generation of health and social care workers

Each programme begins in Year 10 at Key Stage 4 and continues for the next 4 years exposing young people to the skills required for the world of work.

The programme completed its first year of operation, working with 3 partner schools and upto 250 students. The ICE Board is now fully established with partners from the 3 NHS Trusts, Bradford Council, Better Start Bradford, The Children’s Place, Bradford Academy, Parkside, Bradford Girls Grammar, Bradford College and Bradford University.

The focus of year 1 was on research into the sector and consultation with stakeholders. Skills statements were mapped against qualifications and skills gaps identified, programs of study drafted and a calendar of activities was



established for each school in line with modules being taught. Programme delivery commenced Sept/Oct 2017.

Funding was secured for years 2 & 3 of the programme in March 2018. With collaboration between all parties to co- design the curriculum, the programme has been tweaked accordingly to ensure expansion across another 5 schools in Year 2. The programme is now working with 8 partner schools and upto 450 students with the aim of increasing to 13 partner schools in year 3 of operation.

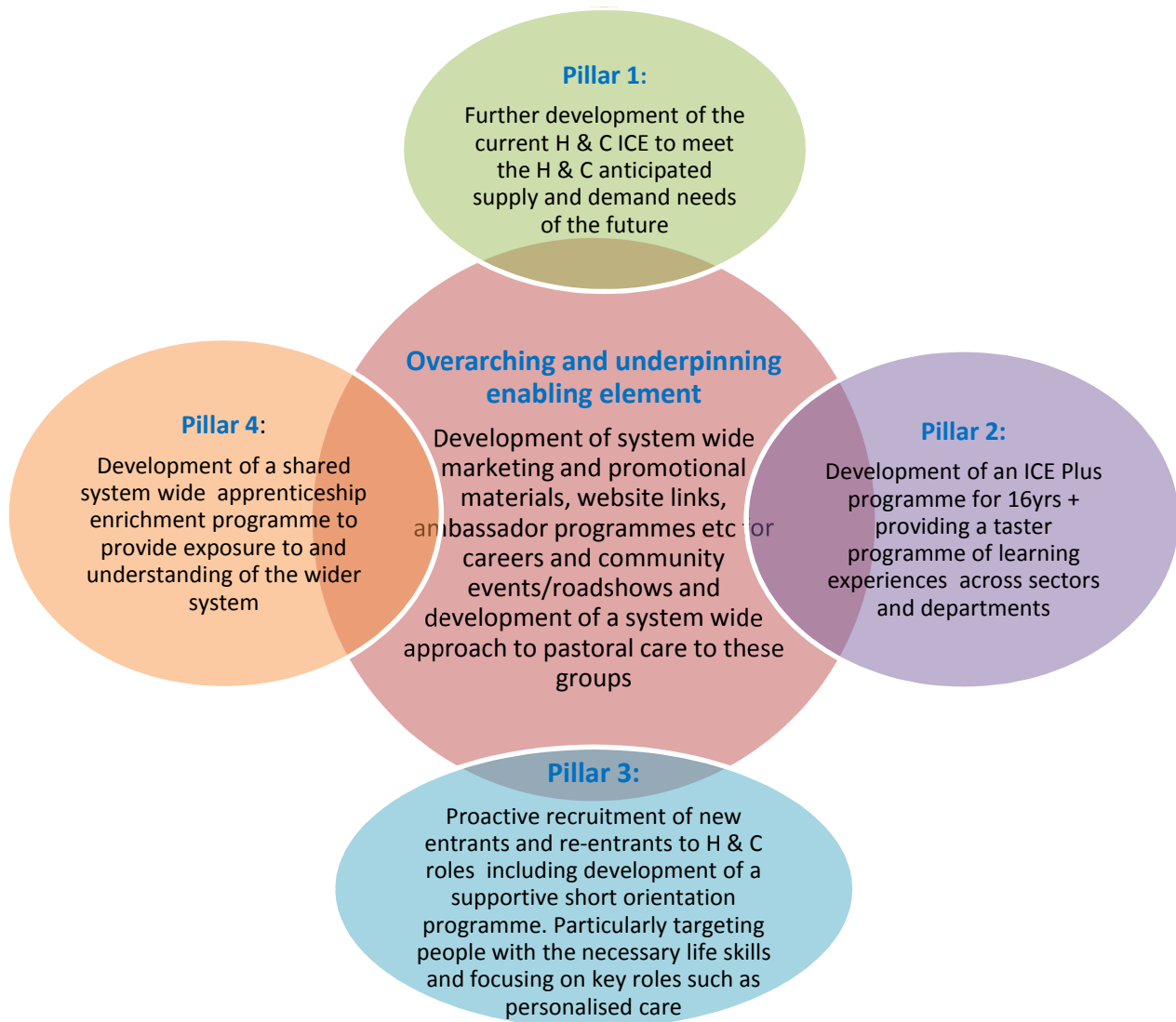
Activities undertaken/planned in partnership with the health and care sector are:

- Careers carousels
- Masterclasses
- Inspirational talks
- University Taster
- Tour and Talk
- Invest in Success
- A day in the life of.....

**See Appendix B**

**b) Securing Non Recurrent Funding to support the further development of Work Programme 1**

Understanding the challenges nationally, regionally and locally in recruiting our current and future health and care workforce, and, appreciating the investment we make now may not be realised for several years to come, we were successful in placing a bid for workforce transformation funding to further develop key areas of the growing our own work programme. The work between April 2018 and March 2019 is focusing on four key pillars and an underpinning enabling workstream that will all interlink to support pathways from school through to employment and introductory taster programmes for entrants and re-entrants:



#### 4.3.2 Work Programme 2 – Developing Our Workforce Together

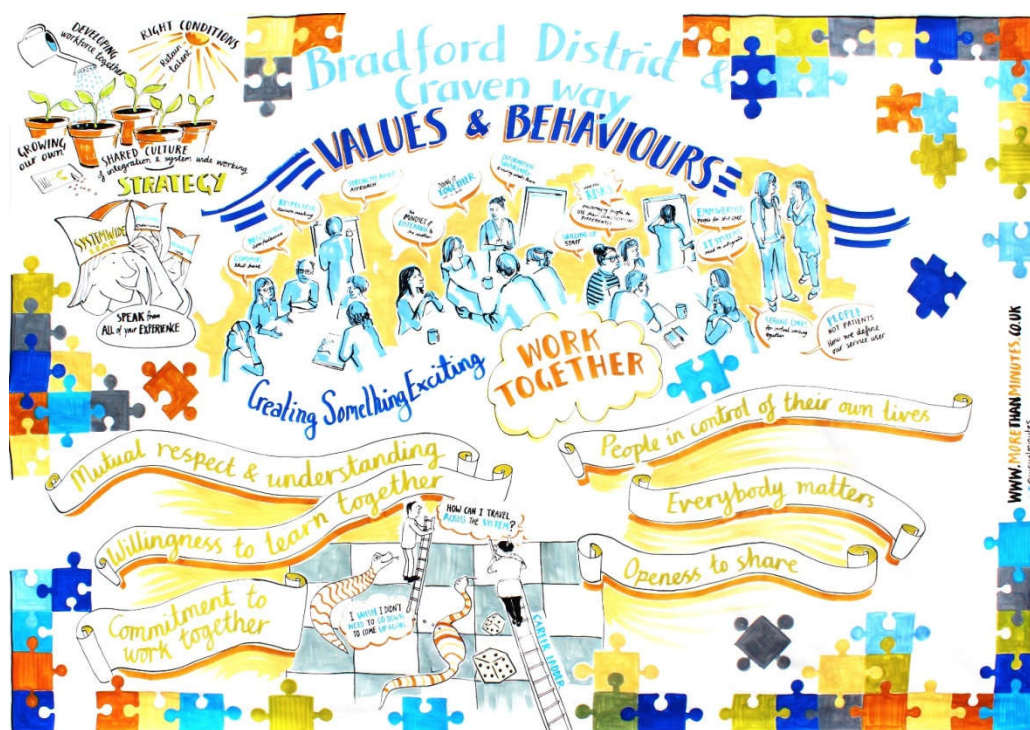
- ✓ 'Engaging leaders' and 'Moving Forward' programmes have both been delivered as system wide leadership development programmes (under review)
- ✓ Future leaders programme has opened up to VCS leaders
- ✓ MY-E coach system in operation in some parts of the system with the aim of developing a system wide approach to coaching and mentoring
- ✓ CPD programme and district wide leadership Alumni/network events established. Quarterly workshops established.
- ✓ System wide coaching and coaching supervision in place
- ✓ District wide mentoring scheme established
- ✓ Some progress made in mapping/sharing resources

#### 4.3.3 Work Programme 3 – Creating the conditions to retain talent in the system

- ✓ Successful bid placed with the WY & H LWAB for funding to establish a system wide network of mental health first aiders

- ✓ Successful bid placed with the WY & H LWAB for funding to deliver 5 system wide 'preventing burnout' sessions (3<sup>rd</sup> October 2018)
- ✓ Workshop held with Communication leads to identify ways of working together to engage and listen to staff eg
  - Setting up 3 lunch and learn sessions with the aim of innovating/solving a problem
  - Setting up a shared Comms calendar of H & C events for Bradford District and Craven
- ✓ Another 2 successful Learn and Innovate events held in January and September 2018 – bringing people together across the system
- ✓ Exploring opportunities for sharing benefits/purchasing benefits at scale for staff across the system

#### 4.3.4 Work Programme 4 - Developing a common set of values/behaviours for integrated working



- ✓ The draft shared values/principles for integrated working identified were tested and accepted by key forums across the system
- ✓ Included in the Bradford District and Craven "Healthy & Happy at Home plan

#### Authors:

- Michelle Turner – Director of Quality & Nursing, Bradford Districts CCG, Bradford City CCG, Airedale, Wharfedale and Craven CCG
- Maureen Goddard – Interim Programme Lead (IWP)

#### Appendix A – Previous IWP presentation to HOSC (December 2017)

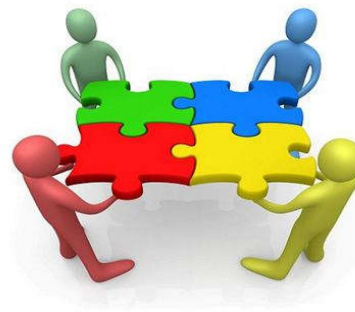
#### Appendix B – The Young Health and Social care Professional programme Overview



The best people, providing seamless care – the Bradford District and Craven Way

# The Bradford District and Craven Integrated Workforce Strategy

## The story so far.....

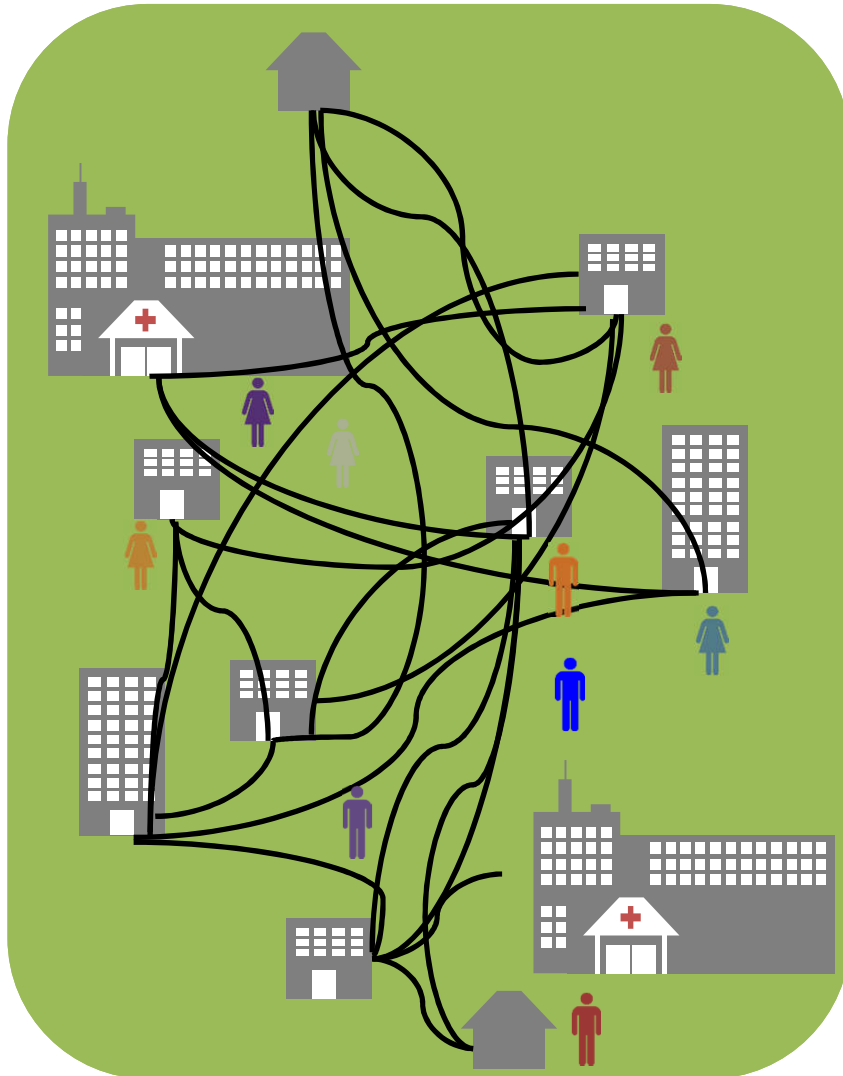


December 2017

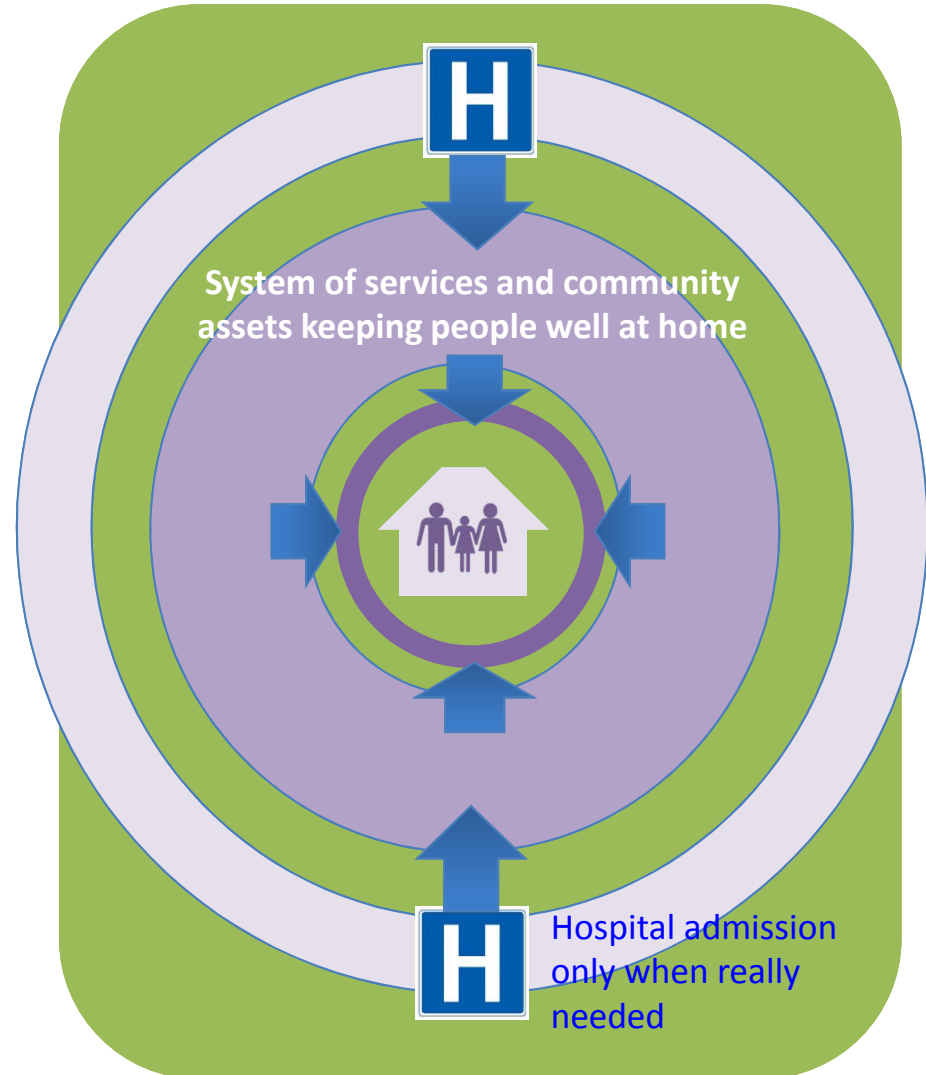


# Care Delivery System

Today: designed for organisations' needs



2020: a simple system designed for local people



# Accountable Care Simply Put...



lasting benefits...

For

- Improved health and care outcomes for individuals and population
- Improved quality of care and support
- Enhanced staff and workforce experience and satisfaction
- Sustainable health and care system

- ✓ It's about the person, people and care NOT organisations
- ✓ It's moving from current to a truly integrated form of care and support delivery
- ✓ ...It's groups of health care and support providers collaborating to achieve specific outcomes for defined populations
- ✓ ...It's keeping people as healthy as possible to decrease overall use of service
- ✓ ...It's minimising the use of high - cost hospital based care by ensuring effective community based provision

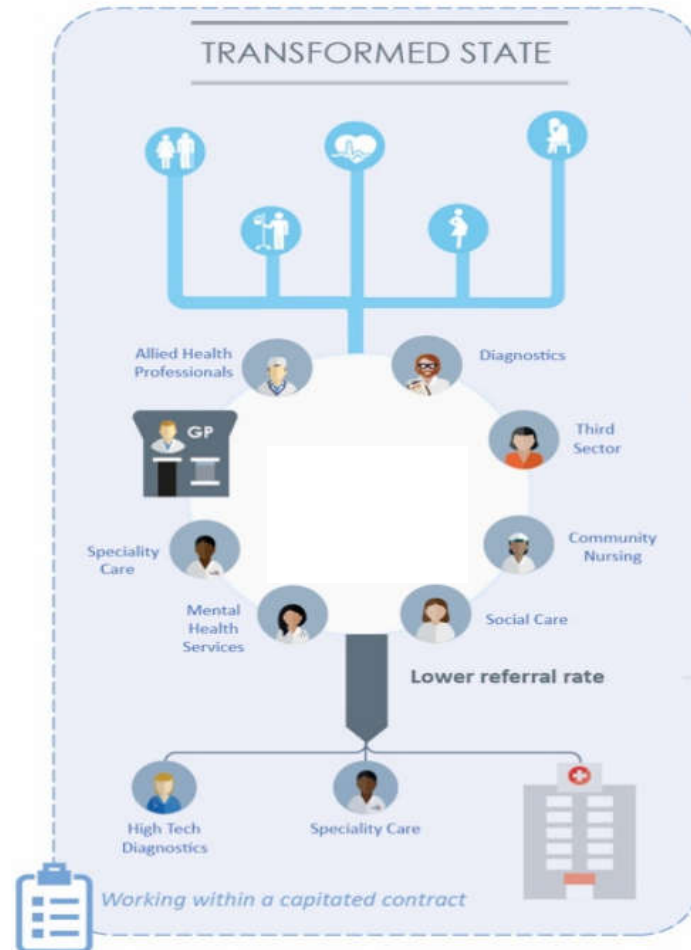
# So What's Different...

- Real focus on population health management and a population-based health approach
- Fundamental shift from process-orientated targets to measures of outcomes for whole population
- The 'left shift' of resources more towards prevention
- Aligning incentives much more with prevention
- Moving beyond just integration to truly transform local health, care and support systems
- It's about maximising the money and resources we have got

We are working on a system wide shared narrative informed by early developments...



# A community based model

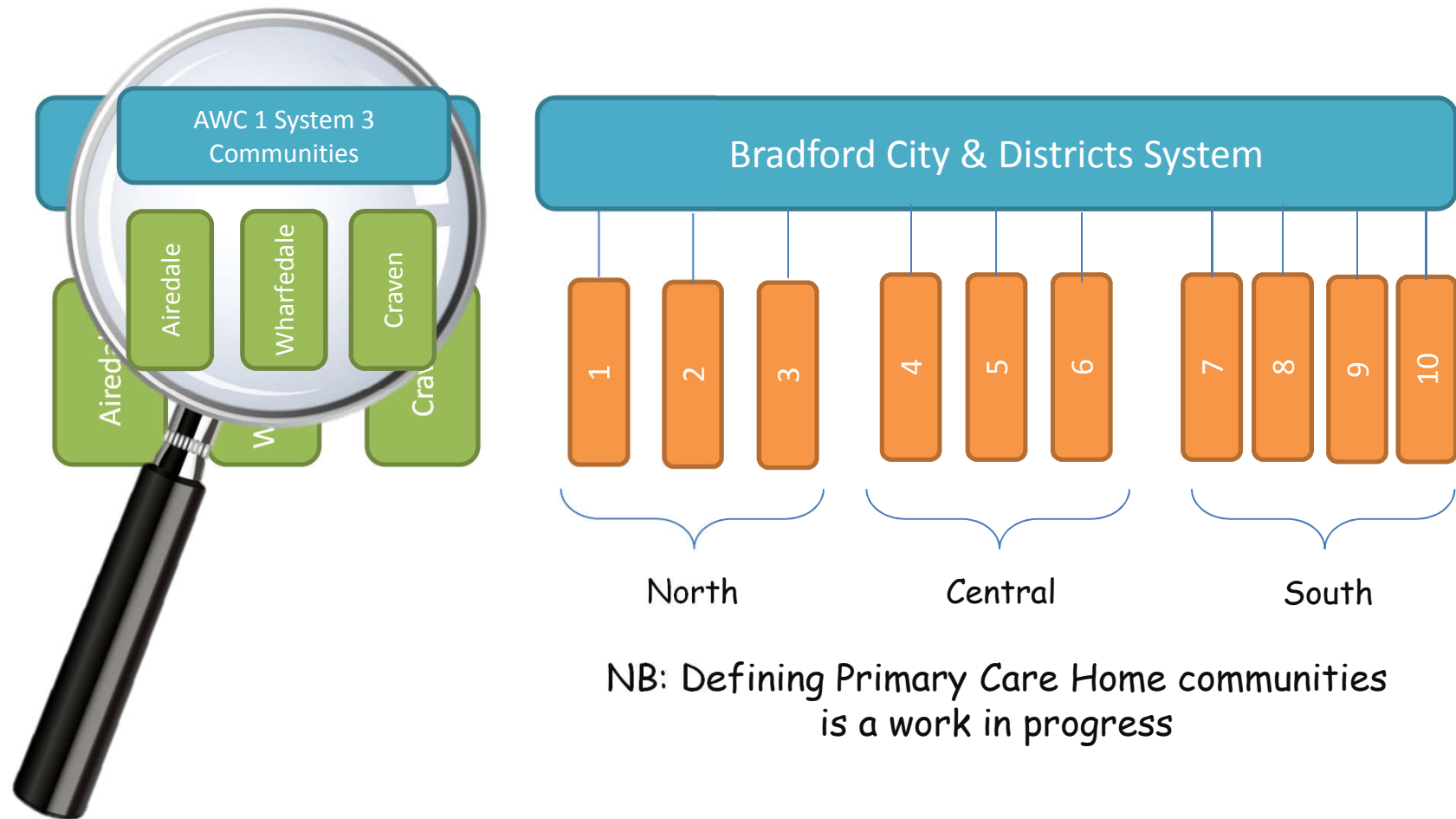


Something like this but to be locally defined

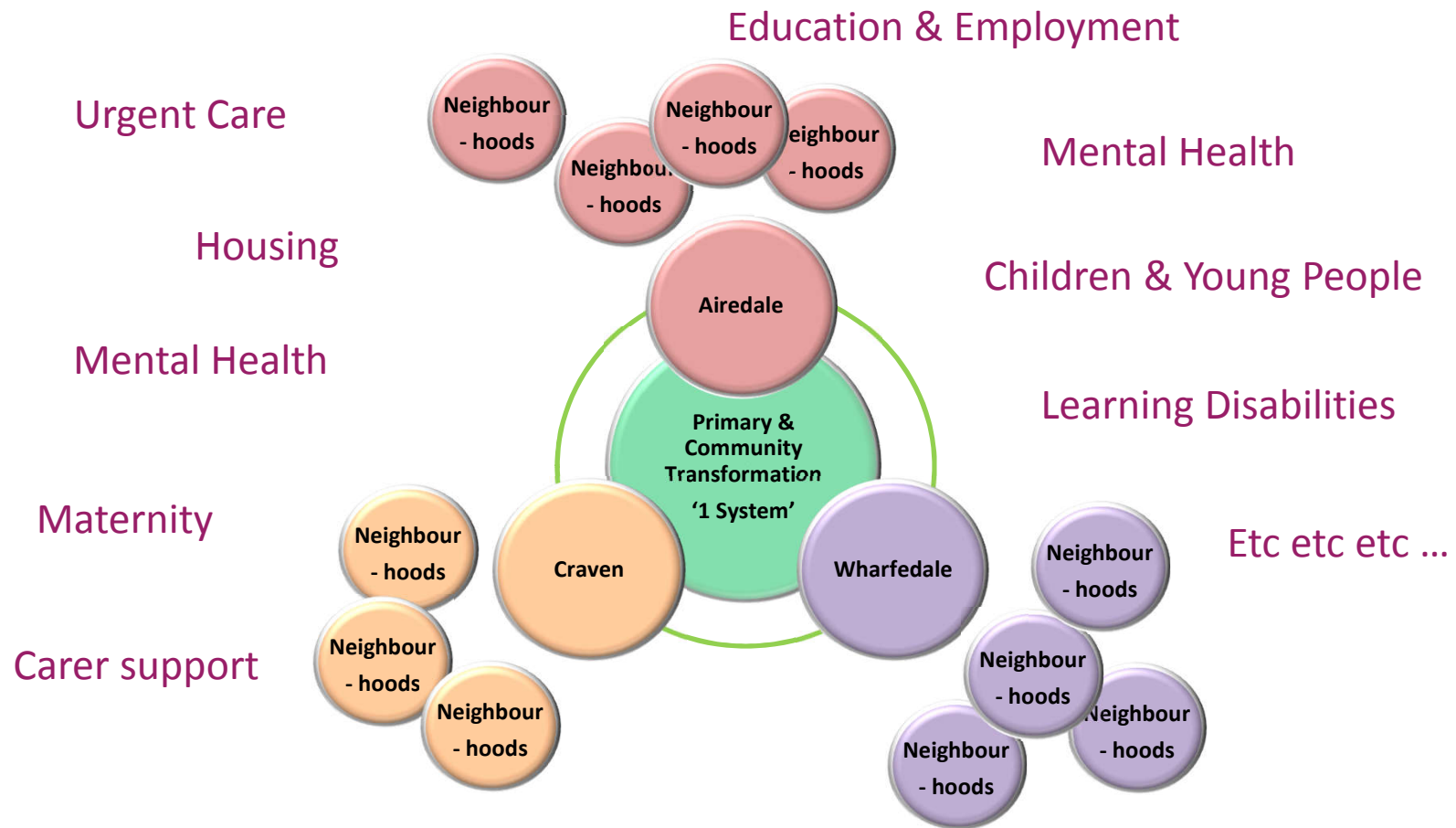
- A clear focus on a community based model, inclusive of secondary care expertise, aligned to the agreed 'direction of travel'.
- Around populations sizes of circa 30 – 50k +/-
- That provides holistic care: whole life and whole person
- Through integrated, multidisciplinary workforce
- The person is an active participant, at the centre of their care
- Harnessing individual and community assets
- Responsive, accessible, coordinated and simple
- Outcome-based



# The Delivery Model



# The Delivery Model - AWC



AWC shared system agreement to align everything we do to the 3 communities 1 system ('architecture')

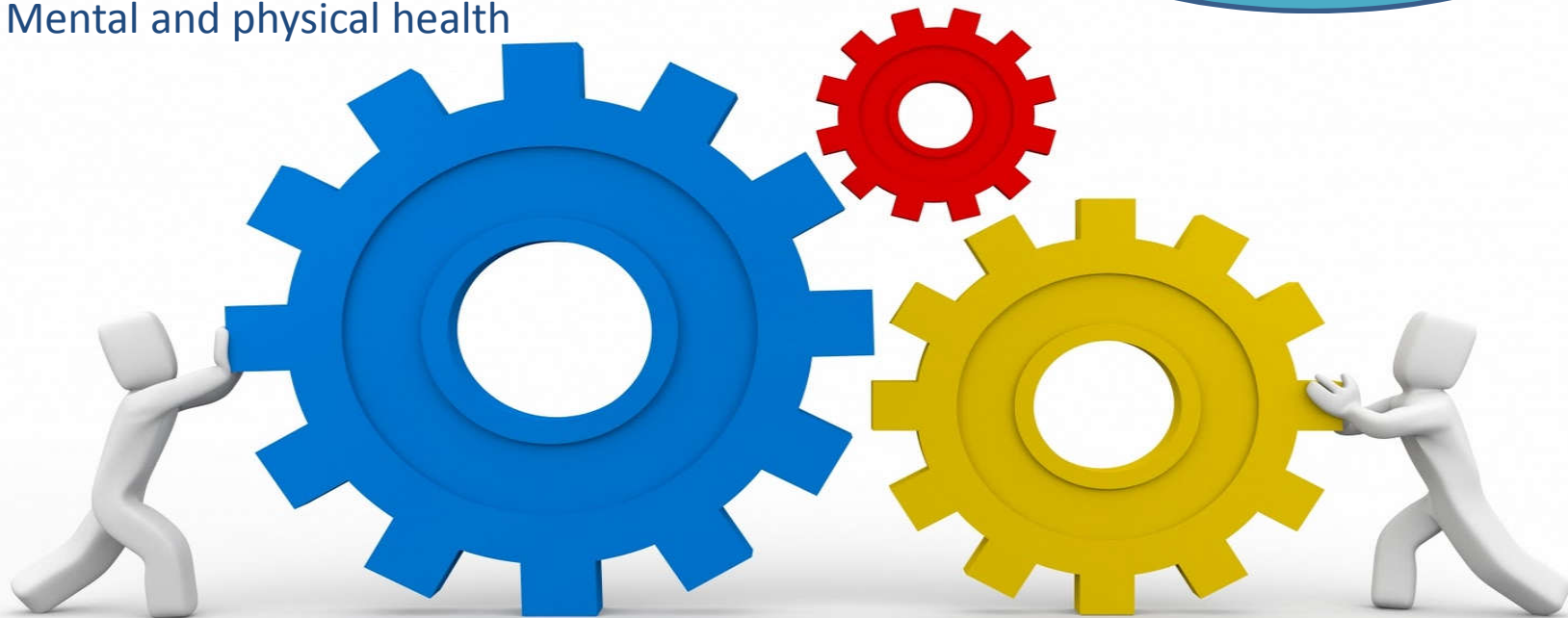
# System wide



Removal or 'blurring' of the boundaries between:

- Primary and specialist services
- Health and social care
- Mental and physical health

Vision 2020  
A sustainable health and care  
economy that supports  
people to be healthy, well  
and independent



# Workforce Requirements to deliver System wide integration



The best people, providing seamless care – the Bradford District and Craven Way

- the right people
- in the right numbers
- in the right place
- at the right time
- with the right skills, behaviours and attitude



# What does our data tell us so far?

## Bradford District and Craven

- More than **27,000 paid staff** working across: acute, primary care and community, mental health and social care
- Estimated over **57,000 unpaid carers**
- Real gaps in available workforce data for voluntary and independent sector and some gaps in primary care data
- **A lack of system wide strategic workforce planning** for the new roles required for integrated working for the future. The available data and workforce information currently suggests the main challenges will be where there is **decreasing staff in post and an increasing demand i.e**

- Psychiatric Nursing
- Neonatal Nursing
- Diagnostic Radiography
- Clinical Psychology
- Registered Pharmacist
- Operating Theatre Staff



## Social Care experiences difficulties in recruiting to:

- Home Care Assistants to work daytime shifts and also particularly to work nights
- Social workers (Adults and Children's)
- Educational Psychologists

**Primary care has identified a greater need for support staff in the future (2:2:4 or 1:2:4)**

# Workforce Issues and Challenges

- A lack of comprehensive and robust workforce data across the system
- High turnover in some occupational groups and sectors
- A national shortage of professionally qualified staff
- High vacancy rates in some occupational groups and sectors
- The 'Brexit effect'
- High numbers of older workforce/staff retirement
- High sickness absence rates
- Growth rates in demand for some services
- Lack of capacity & skills shortage in mentoring for clinical placements
- Difficulties in resourcing the release of staff for training
- Over reliance on agency staffing in some sectors (financial and quality impact)
- Ensuring the necessary cultural shift for working differently



# Common Workforce (identified across the system)



- Effectively planning for the supply of health and care roles and understanding future requirements
- Recruitment and retention of appropriately qualified staff to existing and new services
- Ensuring good career structures are in place within and across occupational groups and organisations
- Workforce re-design, role re-design/role substitution and extended role scope
- Engaging staff in new ways of working, across boundaries and in an integrated way
- Cultural shift from one of 'caring for' to one of enabling, encouraging and empowering people to self care
- Releasing staff for training

# Progress and Good News Stories

- Health and Care ICE
- Co-ordinated approach to careers work with schools
- Shared recruitment narrative
- Bradford Medical School
- Shared approach to apprenticeships
- Joint leadership development programmes
- Shared approach to statutory and mandatory training
- Common set of values for integrated working
- Examples of 'blurred boundary' working
- Promoting health and wellbeing in the workforce





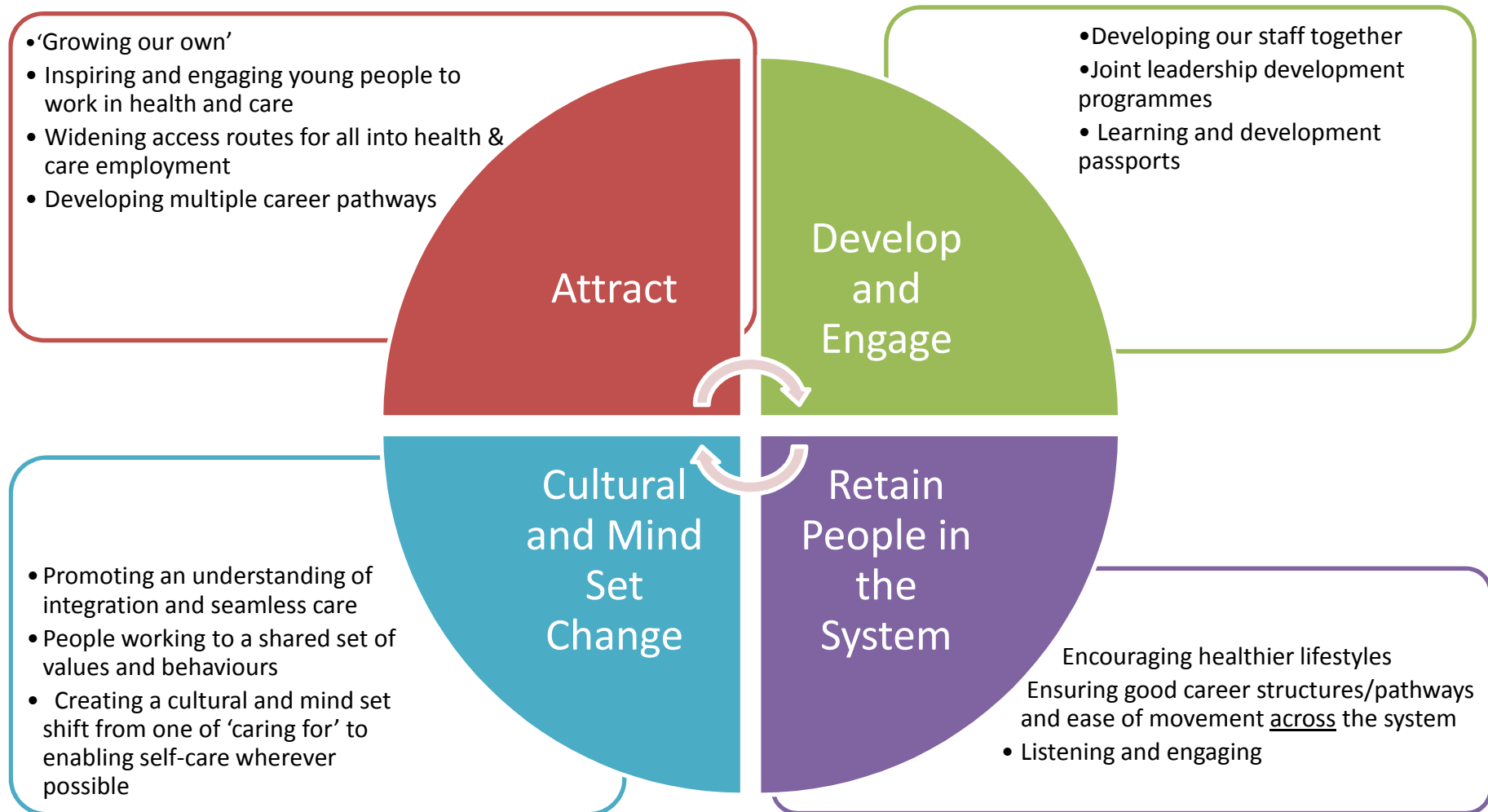
# What are we doing to address our workforce issues and challenges ?

- Widening participation through apprenticeship schemes for Healthcare Support Workers
- Developing career pathways from apprentice to registered nurse / Allied health professionals “Growing our own”
- Role substitution where this is safe to do so : e.g. Advanced Clinical Practitioners
- Ensuring all those in clinical roles are working at the ‘top of their licence’ and therefore developing supporting roles to enable this e.g., Discharge Liaison Officers
- Successful bid to be in the first wave of the Nursing Associate Pilots : commenced January 2017 for BTHFT & ANHSFT – BDCFT looking to join in the next year.

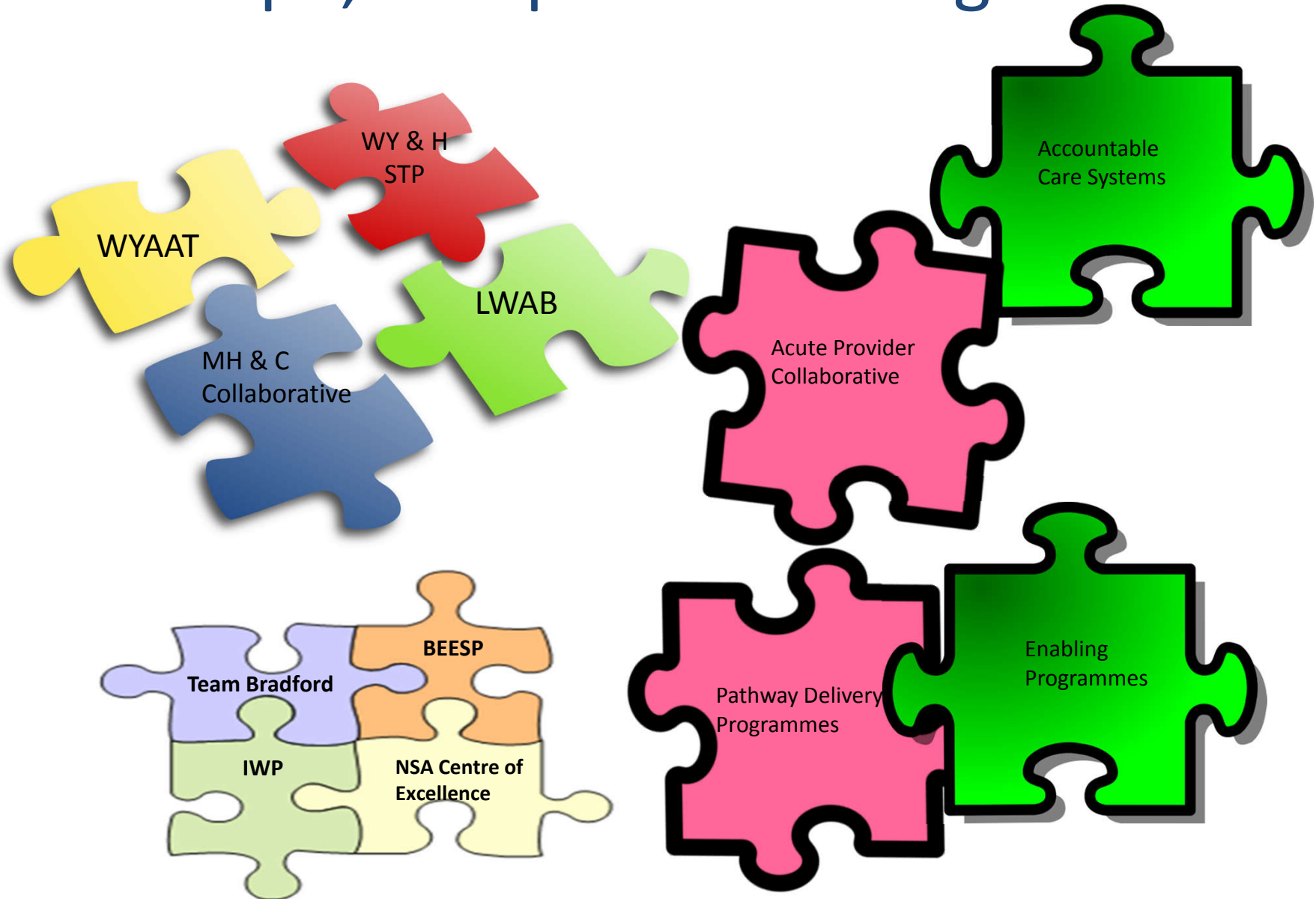
# What are we doing to address our workforce issues and challenges ?

- Physician's Associates currently in training ; work taking place to determine how this role can support the workforce across primary and secondary care.
- Director's of Nursing across the Bradford District working together to develop supportive solutions to workforce requirements.
- Working collectively with University of Bradford to develop courses that meet providers current and future needs
- Working collectively to develop additional training partnerships.

# IWP – Enabling a system wide integrated workforce



# Landscape, Footprints and Alignment





### The Young Health and Social care Professional programme Overview

Gatsby Benchmarks see attached sheet

Activity	YR Group	Aims	Rationale	Resources Required	Gatsby Benchmark
<b>Careers Carousel</b> This will take the form of a speed dating activity where the students will travel around the room, asking employers a number of questions around careers/roles etc. An interactive session for students to explore careers.	YR10 YR11 YR 12 YR 13	learning from career and labour market information  linking curriculum learning to careers  encounters with employers and employees	To give the students an opportunity to find out more about possible careers in the sector at the beginning of the programme.	Can take place at the school, university or other venue depending on number of students involved. Minimum number of employers required 5 plus careers advisor Minimum time needed to complete carousel 2hrs Employers to bring along flyers or information which will be relevant to student's i.e apprenticeship and graduate opportunities. Employers to include an activity for students to participate in to ensure engagement and motivation.	2, 5, 4
<b>Enhanced Careers Carousel</b>	YR12	encounters with further and higher education  personal guidance plus aims from above	Nearer to the labour market.		2, 5, 4, 8, 7

<b>University Taster Day</b> This will start with a mock lecture, if required, followed by tour of facilities and information regarding courses and how to fill out personal statement on UCAS application and Q&A with undergraduate.	YR10 YR11 YR12	To be able to get information and guidance, around the qualifications available at Bradford University in HSC, the different career paths in HSC, and guidance on UCAS applications to enable the learners to make choices regarding their future career pathway.	This gives students the opportunity to see the University and meet members of staff. Students will learn more about what it's like to study here and what life is like for a student.  YR10 students to attend taster prior to making GCSE option choices.	Hosted at University Required for the taster, Tutors, undergraduates and admissions. Time needed minimum 2hrs A talk and tour of the facilities, tutors can answer questions on the programme, careers, placements, entry requirements etc Mock lecture if required by the schools, Guidance on how to fill in UCAS applications and Q&A with undergraduates.	7
<b>Work experience</b>	YR10 YR11 YR12 YR13	A taster for learners in the working environment.  learning from career and labour market information  encounters with employers and employees  experiences of workplaces	Students to get a taste of what a job or workplace is like, so they can figure out if they are interested in that kind of career.	Employer to offer 1 week or 2 weeks work experience.	6, 5, 2
		Students gain exposure to experts in the	Opportunity for the	Employer to host a	

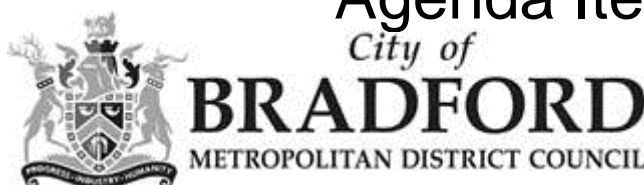
<b>Masterclasses</b> Topic covered by a sector professional	YR10 YR11 YR12 YR13	sector, in order to gain insight into how the topic they are learning is applied in the world of work.	students to learn from a practicing professional.	masterclass in a particular area, information to be provided to the employer. Minimum time 1hr Can be hosted at workplace or school.	4, 2
<b>Inspirational talks and Guest speakers</b> Talking about their career pathway	YR10 YR11 YR12 YR13	To Inspire and motivate learners to think about a range of careers within the HSC sector.	Inspirational speakers have years of experience, education knowledge, insight and perspectives to share. This can give students a fresh perspective and inspire them.	Inspirational speakers to provide inspiration from their own life experiences. Time minimum 1hr Hosted at school	5, 4
<b>Workplace visit</b> A tour of the facilities followed by a talk, and or practical activity which can be specific to job roles in HSC or general overview	YR10 YR12 YR13	To broaden the learners awareness through interaction with professionals. To gain first-hand knowledge of HSC. Provide an opportunity for learners to ask questions using and enhancing their communication and interpersonal skills.	Tour of facilities enables students to see the workplace environment, the talk gives further insight into and support training opportunities available.	Hosted at the employer workplace. Minimum time required 2hrs A tour of the facilities. A talk/activity with members of staff.	6, 5, 4
<b>Successful job application</b>	YR10	An industry led masterclass to help	To help students understand, prepare	Hosted at school or workplace	5, 6

<p>A CV or application masterclass led by Employer.</p> <p>A mock job is left with the school for the students to apply.</p> <p>The applications or CV's are sifted through and feedback given to those not successful for the mock interviews.</p> <p>Mock interviews held, successful students offered work experience or a day at the employer's workplace.</p>	YR11 YR12 YR13	<p>students successfully navigate the jobs market.</p> <p>Industry professional discuss:</p> <ul style="list-style-type: none"> <li>• what they look for in a CV, Application</li> <li>• the traps applicants fall into when applying for jobs,</li> <li>• a personal statement – what stands out, relating your cv to the job spec</li> <li>• Mock Interviews</li> </ul>	and develop work skills.	<p>CV application masterclass 1hr</p> <p>CV/Masterclass sifting 1hr</p> <p>Mock interviews dependant on numbers minimum time per students 10mins</p>	
<p><b>Project</b></p> <p>Project assigned to students to work in teams, over 3 month period. Employers to judge final presentations. Winning group awarded prize. (Employer to advise what prize will be at the start of the project)</p>	YR12 YR13	<p>Students to work in groups but responsible for an individual task.</p> <p>Student will develop a number of transferable life skills during this session, planning, research, evaluation and presentation skills.</p>	The project allows learners to gain skills if they were to complete and EPQ(Extended project qualification)	<p>Hosted at School or alternative venue.</p> <p>Upto 1hr for initial introduction the employer sets the project as well as advising the prize for the winning group.</p> <p>Presentations to be held 12 weeks from introduction, 10mins allocated to each group for presentations.</p> <p>Upto 4 employers to judge the presentations.</p>	5, 4
<b>A day in the life of....</b>	YR10	Linking curriculum learning to careers	Learners can get an	Hosted at the workplace	5, 4, 6



A talk by a health and social care professional about a typical week in their job, followed by a scenario based activity and/or practical activity.	YR11 YR12 YR13	Encounters with employers and employees  Experiences of workplaces	in depth view from persons in a particular job role, i.e Nurse, Radiographer, Midwife, Health Visitor, Junior Doctor etc.	Upto 2hrs Talk from employee within a particular job role, followed by a scenario based and practical activity.	
<b>Volunteering Opportunities</b>	YR12 YR13	Inform learners about the importance of volunteering in health and social care sector and how they would be able to apply for volunteering. Students undertake volunteering.	Opportunity to develop new skills or build on existing knowledge and experience.	Hosted at school or other venue. 1hr information provided to students regarding the importance of volunteering and types of volunteering available.	6
<b>Skills House sessions</b> Employability and work skills sessions	YR12 YR13	Build a care home activity to be completed as part of group interview process.  Complete literacy and numeracy tests.  Review Cv's, help with covering letters  Apply for live jobs	To understand the value of work experience and take part in employability skills needed within the care sector (Cv Writing, group interviews, applying for jobs)	Hosted at Skills house 2 session (3hrs per session)	6, 5

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## **Report of the three NHS Clinical Commissioning Groups (CCGs) in Bradford District and Craven and Bradford Council to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 25 October 2018**

**Q**

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**Subject: Engagement with Carers**

### **Summary statement:**

From June – August 2018, the three NHS Clinical Commissioning Groups (CCGs) in Bradford District and Craven worked together with the Council to understand the views and experiences of carers across the area.

This engagement with carers and other stakeholders has been carried out in order to influence and inform the development of the jointly commissioned Carers' Service, and the insight will also be used to inform future strategy development.

This report highlights the key themes emerging from the engagement, which have influenced the procurement process and will shape the service specification.

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**Portfolio:**

**Healthy People and Places**

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## 1. Summary

From June – August 2018, the three Bradford District and Craven CCGs worked with the council to understand the views and experiences of carers across Bradford District and Craven. Around 450 carers took part in this engagement activity, and we were able to capture the views of people from a wide range of ages and backgrounds.

Our approach aimed to reach beyond people currently engaged with the existing Integrated Carers' Service, and identify 'hidden carers' particularly those from communities who may not identify with the carer label but whose resilience and wellbeing needs to be addressed.

We heard views and experiences from people who had accessed carers' support from a variety of different sources, and from those who had not contacted or used any support services. Our engagement activity was not an evaluation of the current Carer's Support Service.

The report highlights the key themes and issues from carers; this insight is being used to shape the procurement options and service specification.

The full report is attached as an appendix.

Our engagement with carers and other stakeholders will influence and inform the development of the jointly commissioned Carers' Service, and the insight will also be used to inform future strategy development.

## 2. Background

The role of unpaid carers is estimated to contribute over £900 million to the health and care economy in Bradford District and Craven.<sup>1</sup> City of Bradford Metropolitan District Council and its commissioning partners have a statutory responsibility to respond to carers' needs. Beyond this, commissioning effective support to carers is a key strategic priority as their unpaid work underpins the care provided by the health and social care system.

A carer is anyone who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.

The engagement was carried out jointly by teams at the Bradford district and Craven CCGs and Bradford Council. We received support from many stakeholders, including: BTM, HALE, CNET, Bradford District Care Foundation Trust, Carers' Resource, Healthwatch Bradford & District, Memory Tree, Stroke Association, NDTI, Social Worker

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<sup>1</sup> Based on Carers UK estimates and 2011 census information

[https://www.wyhpартnership.co.uk/application/files/1615/1670/8238/Final\\_14.12.17\\_Carers\\_presentation.pdf](https://www.wyhpартnership.co.uk/application/files/1615/1670/8238/Final_14.12.17_Carers_presentation.pdf)

teams, the Carers' Partnership, SNOOP, and many other volunteer-led support groups across the district.

The engagement used a range of tools including an online survey, face to face discussion groups in the community, and outreach sessions in public places. This survey was promoted through social media, and publicised on the council and CCGs' websites. A simple animation was developed by BTM, and the Bradford Telegraph and Argus newspaper, Keighley News, Ilkley Gazette and Craven Herald featured articles about the survey, encouraging carers to share their views.

In addition to carers and cared for people, the stakeholders involved included service providers and professionals from a range of health and social care backgrounds. This included visits to social work teams, and a facilitated joint meeting of the carers' partnership and the carers' provider forum.

### **3. Report issues**

The findings from the engagement activity are in the attached full report.

Highlighted issues include:

On what helps carers keep going:

- Carers reported that having and finding time to themselves was hard, but vital in helping them keep going.
- Support groups where they could get information and share experiences with peers made a positive difference.
- Carers expressed the importance of being able to maintain good social networks and having someone to talk to about their experiences.

On the challenges carers experience:

- Mental wellbeing is a significant challenge for many carers who report stress, anxiety and depression linked to their caring role.
- Working carers reported problems in accessing support and the challenges of employers not understanding the demands of caring.
- Carers from BME communities and some postcode areas reported finding it harder to access support.
- Money and financial worries were a commonly occurring theme, particularly challenges with benefits and the assessment process.
- Carers reported challenges in finding good quality private care providers and navigating the transitions between services.

On what would help carers overcome challenges:

- Better information, a central resource where information is up to date on what's on offer, how, where and when.
- Support needs to be local, more easily accessible rather than having to travel to a single office covering the whole District.
- Work place support for working carers.

On what's most important to carers:

- Being able to take breaks away from caring and have small amounts of time to themselves, knowing the person they care for is safe.
- Training to help carers provide better care and to improve their skills and confidence.
- Carers value local and community based support suggesting an increased demand for more outreach support for carers.

4. **Options**

As this report is for information only there are no options which can be listed.

5. **Contribution to corporate priorities**

6. **Recommendations**

The Committee is requested to take into account the findings from our engagement with carers when considering the procurement of the Carers' Support Service.

7. **Background documents**

None

8. **Not for publication documents**

None

9. **Appendices**

- a) Engagement with Carers Report
- b) Equality Monitoring Information

# Engagement with Carers

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July 2018

## CCGs working together

NHS Airedale, Wharfedale and Craven CCG  
Bradford City CCG  
Bradford Districts CCG

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## Background

The role of unpaid carers is estimated to contribute over £900 million to the health and care economy in Bradford District and Craven. City of Bradford Metropolitan District Council and its commissioning partners have a statutory responsibility to respond to carers' needs. Beyond this, commissioning effective support to carers is a key strategic priority as their unpaid work is indispensable to the functioning of the health and social care system.

A carer is anyone – child or adult - who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.

In October 2014 an Integrated Carers Service was jointly procured by Bradford Council's Adult and Community Services, in partnership with Airedale, Wharfedale and Craven Clinical Commissioning Group, Bradford City Clinical Commissioning Group, Bradford District Clinical Commissioning group and North Yorkshire County Council.

The Carers' Service is commissioned to meet the support needs of carers who are adults (aged 18 or over). This includes carers who are parents and provide care to a child with a disability or other support need. A separate service for young carers provides support to carers under the age of 18.

The current contract is due to end in April 2019. The Local Authority and its partners have committed to continued joint commissioning of services for carers with agreed outcomes based on national and local strategic priorities. This engagement with carers and other stakeholders has been carried out in order to influence and inform the service specification for the Carers' Service, and the insight will also be used to inform future strategy development.

## Acknowledgements

The engagement was carried out jointly by teams at Bradford Council and the NHS Bradford & District CCGs. We received support from many stakeholders, including: BTM, HALE, CNET, Bradford District Care Foundation Trust, Carers' Resource, Healthwatch Bradford & District, Memory Tree, Stroke Association, NDTI, Social Worker teams, the Carers' Partnership, SNOOP, and many other volunteer-led support groups across the district. Thank you to all the groups and individuals who helped us speak to so many carers.

Carers who shared their experiences have been generous with their time, and we greatly appreciate their honesty and willingness to share their experiences. Thank you.

For more information contact Victoria Simmons, Head of Engagement & Experience at NHS Bradford District & Craven CCGs [victoria.simmons@bradford.nhs.uk](mailto:victoria.simmons@bradford.nhs.uk)

## Approach

The CCG and Council carried out the engagement jointly throughout June and July 2018, to obtain the views of carers from across the Bradford District and Craven.

An online survey was set up to enable people to share their views at a time and place that suited them. This survey was promoted through social media, and publicised on the council and CCGs websites. The survey link was sent out through email newsletters from various Voluntary and Community Sector organisations and commissioning partners.

The Bradford Telegraph and Argus newspaper, Keighley News, Ilkley Gazette and Craven Herald featured articles about the survey, encouraging carers to share their views.

We also promoted the opportunity for people to contact us by phone or email if they wanted to share their views in other ways, or needed support to take part in the engagement activity. A small number of people chose to share their views over the phone; these responses were then added to the survey. Several carers groups and other organisations requested paper copies of the survey which were provided with freepost envelopes, survey completed on paper have been collated together with the online responses.

In total, 303 survey responses were received.

In addition to gathering individual views through completed surveys, the CCG engagement team arranged focus group style discussions with carers, to gather further detail and reach people who are less likely to complete a survey. 20 group visits were carried out, reaching approximately 130 carers – details of venues and groups visited are given in Appendix 1.

Outreach sessions were also conducted at the Airedale Shopping Centre in Keighley and the Oastler market in Bradford, raising awareness of the engagement with people who might not traditionally take part or access support; people gave their views on single questions from the survey and were given the opportunity to take part in the full survey either online or by post. Around 70 people took part in these conversations.

Some duplication is possible between people who took part in discussion groups and also chose to complete the full survey, so it is estimated that this engagement approach reached around 450 carers from across Bradford District and Craven.

In addition to carers and cared for people, stakeholders involved included service providers and professionals from a range of health and social care backgrounds. This included visits to social work teams, and a facilitated joint meeting of the carers' partnership and the carers' provider forum.

## Summary

The Council and the CCGs sought the views on services for carers through a number of engagement routes; facilitated workshops, an online survey and focus groups.

### **Key messages:**

- A quarter of respondents said they had been unable to access carers' support services. Of those who had accessed support, half of carers said the support met their needs.
- Two-thirds of people said caring had a negative impact on their own health. Over a quarter of carers had found it hard to access services for their own health and wellbeing.

### **On what helps carers keep going:**

- Carers reported that having and finding time to themselves was hard, but vital in helping them keep going.
- Support groups where they could get information and share experiences with peers made a positive difference.
- Carers expressed the importance of being able to maintain good social networks and having someone to talk to about their experiences.

### **On the challenges carers experience:**

- Mental wellbeing is a significant challenge for many carers who report stress, anxiety and depression linked to their caring role.
- Working carers reported problems in accessing support and the challenges of employers not understanding the demands of caring.
- Carers from BME communities and some postcode areas reported finding it harder to access support.
- Money and financial worries were a commonly occurring theme, particularly challenges with benefits and the assessment process.
- Carers reported challenges in finding good quality private care providers and navigating the transitions between services.

### **On what would help carers overcome challenges:**

- Better information, a central resource where information is up to date on what's on offer, what, where and when.
- Support needs to be local, more easily accessible rather than having to travel to a single office covering the whole District.
- Work place support for working carers.

### **On what's most important to carers:**

- Being able to take breaks away from caring and have small amounts of time to themselves, knowing the person they care for is safe.
- Training to help carers provide better care and to improve their skills and confidence.
- Carers value local and community based support pointing to an increased demand for more outreach support for carers.

## Stakeholders

In addition to carers and cared for people, stakeholders involved included service providers and professionals from a range of health and social care backgrounds.

During the public engagement period, the council also held a joint meeting with members of the Carers Partnership and the Carers Provider Forum facilitated by NDTI, to reflect on the Carers Journey map and apply the Quality Framework self-assessment tool to what we know about provision for carers in Bradford to assess how well we are doing in meeting carers needs.

The Quality Framework is divided in to six distinct but interlinked areas; Identifying Carers, Information and Advice, Preventative Community Based Support, Assessment and Eligibility, Personal Support Plan and Personal Budgets.



The following themes emerged which need to be considered.

- Identification of carers within primary and secondary health services is patchy and inconsistent; more awareness raising and training of professionals is required.
- Employers need to be more carer-aware (links to the service user feedback on working carers).
- The local authority access point is aimed at people in crisis and not people needing information or general advice, there needs to be a different approach to the provision of advice and information as a preventative measure.
- There are some gaps in available information e.g. for parents of young people in transition between children's and adult services, parents of adults with autism and carers supporting people with other condition specific needs.
- Information and advice for carers needs to be available locally, in the community e.g. community centres.
- Consider increased use of social media to develop online support forums to improve peer support for and between carers.
- It was acknowledged that the majority of carers don't get as far as a formal carer's assessment. However where they do, it's important that carers can choose where the assessment takes place. Where eligible needs are identified carers should be given a choice on who supports them.

## Engagement findings

### How the responses have been summarised:

The survey had a range of open and closed questions, to gather a mixture of quantitative information and qualitative insight. The group discussions and outreach sessions were designed around a similar framework, focusing just on the open questions: what helps carers keep going; the challenges they face and how these could be overcome; and what matters most to carers.

This report will follow the outline structure of the survey, presenting the findings from each question. Insight from the focus groups and outreach sessions will also be presented alongside the open survey questions.

In order to meaningfully summarise the high volume of responses to open questions, we have used qualitative analysis techniques to identify themes. Textual analysis identified the most commonly occurring words with people's answers, which helped identify themes for further exploration. Comments were assigned codes that summarised the ideas or experiences they described. This made it possible to have a conceptualisation of which ideas occurred most often.

Each question's response was treated as an individual segment of text. Therefore, if a participant responded to all questions, their answers generated multiple segments of text. As it is possible for one segment to contain more than one idea, certain responses generated far more codes than others. Because of this, the number of codes does not add up to the number of responses overall.

The answers to closed questions and the demographic information which people gave us, have also been used to explore whether different groups of carers have a different experience of caring and/or of carers' support.

Throughout the report, quotes from responses are given which illustrate an identified theme; these are direct quotes from survey responses or facilitator notes from group sessions. Some quotes have been edited to remove names, dates or other information which might identify a participant.

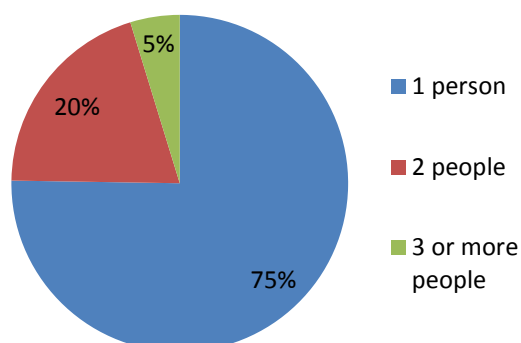
## Caring role

93% of those who responded to the survey were active carers at the time of taking part. Others who responded included people who had cared for someone in the past (3%), people who had recently stopped caring (2%) and people who worked for a carer's support organisation (1%).

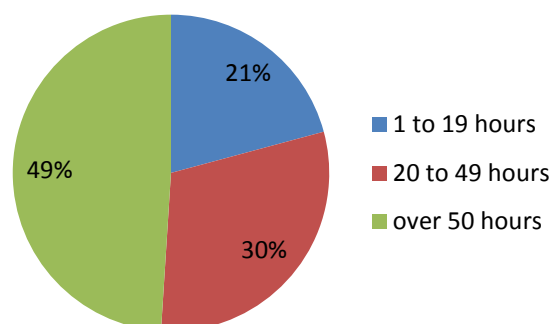
A quarter of carers who responded are looking after more than one person, most of these carers are caring for two people but 5% are caring for three or more people.

We asked people to tell us the main reason why the people they care for need support, and how much time they estimate is spent on their caring responsibilities.

**How many people do you care for?**



**Hours spent caring per week**



**What is the main reason the first person you care for needs support?**

Dementia	61	20.61%
Long Term Illness	44	14.86%
Mental Health problems	36	12.16%
Old Age & Frailty	34	11.49%
Autistic Spectrum Disorder	30	10.14%
Physical Disability	28	9.46%
Learning Disability	23	7.77%
Other	22	7.43%
Terminal Illness	13	4.39%
Sight or Hearing Loss	5	1.69%

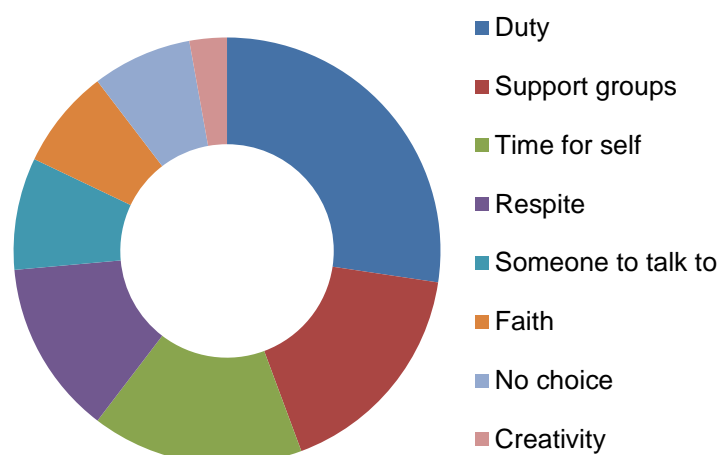
## What helps carers keep going?

Carers often spoke positively about their relationships with the person they provide care for, and this was the significant factor that helped them keep going.

People in discussion groups spoke of love and commitment toward those they cared for as being driving forces behind them taking on caring responsibilities. Underpinning this, many carers told us they felt a **sense of duty** or responsibility – this was the most commonly occurring code in the analysis for this question in the survey.

### What helps you keep going?

Code-occurrence frequency (survey responses)



“The love I have for my parents. I want to take care of them as they’ve done for me.”

“The smile on my daughter’s face every morning.”

When talking about duty, people often also expressed the idea that they had **no choice** when it came to caring, that there was no alternative provision and that if they didn’t fulfil this role the person they cared for would suffer. The theme of duty came over particularly strongly in our discussions with carers from a South Asian background, with some people expressing that **cultural expectations** and norms meant they found it harder to ask for outside help.

“He’s my son. As a mother, your duty is always the same doesn’t matter how old they are.”

“Both the people I care for are family members. Both have disabilities. Both are dependent on help. Without this help they would struggle with their daily needs and it would be undignifying for them and selfish not to provide this support to them.”

“She is our responsibility as she has no one else. In our culture you have to look after your own family or you lose respect.”

Carers talked positively about **support groups**, where they could get information and share experiences with peers.

“Pathways gives me a lot of support with monthly meetings and time given to air our problems. Getting advice from them and also very important that we have time to go out for little breaks, pampering sessions and listening and sharing the problems. Without these supports I don’t think I would be able to carry on for all these times.”

“I have time out for myself once a week by attending a support group at Roshni Ghar.”

Carers reported that having **time to themselves** was hard, but very important in helping them keep going.

“When I get a break, if wife goes to day centre for the day.”

“Unconditional love for my husband and my son. Having a support network that I can rely on for practical and emotional support. Having time to myself away from the caring role. Knowing I make a difference to their lives.”

“Making sure I have time for myself, and talking to family/friends about any difficulties which occur.”

Carers talked about the importance of time for themselves, to step back from caring responsibilities and reconnect with their own lives. People talked about being able to look after their own physical and mental wellbeing, including exercise, hobbies or **creativity**.

“Time out for two hours a week for me to go swimming. Gardening, I have a lovely garden.”

“Having hobbies, crafts and friends is a big help in getting through life and music is also a relaxation.”

While many people expressed that informal breaks away from caring responsibilities helped them keep going, others also talked about more formal support and **respite** provision.

“Support from his domiciliary care worker. Respite care through Lifeways Support and care from Carer’s Resource including monthly wellbeing group. Support from my church, family and friends.”

“Respite 2 hours a week”

“Respite. This gives me a break from caring and also stimulates the person I look after to their benefit.”

People talked about the importance of having good social support networks, and **someone to talk to** about their experiences. Some people clearly found this through professionals, or from peer support groups (often run by small VCS organisations) and others found strength through their family, friends or community relationships.

“Get strength from talking to other carers.”

“Support from partner, GP, online forums, counselling, Carers’ Resource staff – and knowing that my daughter needs our support to move towards recovery.”

Many people told us that their **faith** helped them keep going, particularly when times were hard. People from a South Asian background and older people were more likely to talk about their faith.

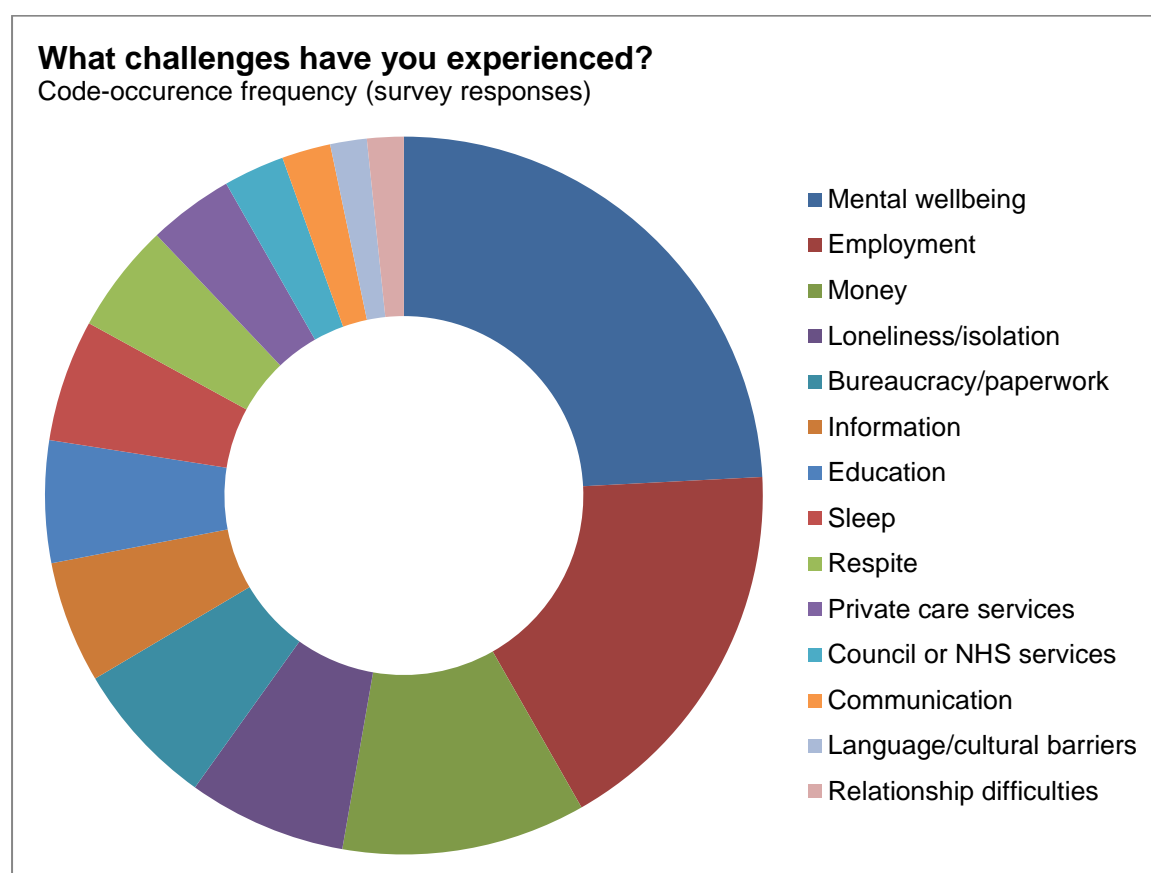
“Faith and support groups.”

“The honest truth, my faith in Islam it is the only religion which emphasises the true reward for caring for the elderly in particular parents.”



## What challenges do carers experience?

In both the survey responses and the discussion groups, carers told us about challenges that they face in their daily lives, describing practical barriers or problems alongside emotional factors. People described high levels of stress and difficulty managing the demands of caring alongside other aspects of their lives. Carers' own **mental wellbeing** was the most commonly occurring theme across all responses.



During the discussion groups, people tended to talk in more depth and detail than in the survey responses and some themes were explored further in this context.

**Language and cultural barriers** were cited by a smaller number of carers as a challenge in survey responses. In discussion groups with South Asian carers this came through more strongly, people who did not feel confident communicating in English felt that they missed out on opportunities for help and support – both for themselves and for the person they care for.

“Lack of cultural support and awareness. Language barriers.”

“As a carer the difficulties I have had is the language barrier but Making Space provided me with a BME carer who helps with issues, liaises on my behalf, sign-posts to other services.”

“Carers’ Resource does not have enough bi-lingual staff to assist carers who speak English as a second language.”

People talked at length in groups about their worries and fears for the future. Older carers in particular described their **anxiety** about how long they could sustain their caring role. They felt that the demands on carers increased as the cared-for person's health deteriorated, at the same time the carer is also ageing and may be facing their own health problems.

"We are ageing so it is harder to deal with caring responsibilities as well as our own needs and health issues."

"Fear of the future. What is going to happen when we are not here? Who is going to care for us when we need more help for our own care?"

Working carers described challenges which relate to their **employment**, and many people talked about having had to reduce their working hours or give up work entirely to fulfil their caring responsibilities. People talked about challenges of employers not understanding the demands of caring, and not enabling people to work flexibly in order to balance their roles. People described how caring had impacted negatively on their earning power, creating the additional challenges of financial difficulties.

"Working full time and trying to be a carer and sort appointments and attend meetings is proving very difficult. Very stressful."

"Restrictions on my career and earnings (I work part time to fit around hospital appointments etc). Because of this I earn a low income (not low enough to claim carers allowance) and miss out on pension contributions from my employer."

"I lost my fulltime job due to caring. My caring circumstances have left me without work and money."

"Being young I do not have a life as I have to look after my mum. I keep losing my jobs because I get tired and exhausted so I take a lot of time off and end up losing my job."

**Money** and financial worries were a commonly occurring theme in people's responses. People described challenges with benefits, particularly around changes to PIP and the assessment process. Anxiety about money was often described as having a negative impact on people's **mental wellbeing**.

"Feel stressed out, overworked, depressed, worried about our finances."

"I have experienced so much loss in my 30 years of being an unpaid carer – I lost a life of my own over the years along with loss of financial independence and associated losses of savings, pensions etc."

"Losing a claim for PIP, so money worries."

Carers described experiencing social isolation and **loneliness** as a result of the restrictions that caring places on their lives.

"Loneliness. Not being able to go get your hair done, shopping trips, spontaneous things. Having to give things up such as choir. All because I can't leave him for long periods of time. I take antidepressants and feel very isolated at times and have a stress related illness and I'm very unfit as we do very little activity."

During discussion groups, a large proportion of people talked about feeling that they have lost their individual identity, becoming someone's carer rather than a person in their own right. This was a particularly strong theme in groups who care for people with dementia. This **loss of identity** is linked to loneliness, as people with dementia often find social events difficult and so the carer is cut off from their friends or family.

**Bureaucracy** was described as a challenge by many carers, who found it hard dealing with the paperwork for assessments, or handling multiple appointments with different services.

"Too many forms to fill in regurgitating same information. Overly complicated direct payments."

Carers often described challenges with getting the right **information**, either about/for the person they care for, or about support for themselves. People also talked about wanting advice to help them make decisions, particularly at times of transition or change.

"Getting information e.g. about the safe and sound necklace, what financial help I could get – it's time-consuming."

"Getting proper support and advice e.g. Carer's Resource – just post Bradford Care Brochure. I now have 4 copies as this seems to be the answer to everything."

"The hardest part is definitely the responsibility, as no one else can make decisions and generally the 'advice' I am given from services, when I ask for their input, is not advice but general information – nothing I haven't thought about already."

Carers talked in depth in discussion groups about the challenges of finding good **private care services**; even when services are arranged and in place, there can be difficulties in the relationships between the cared for person and their paid carer.

Parent carers often talked about challenges with their child's education, and a lack of awareness amongst staff in schools, as well as challenges with getting advice or information to help make decisions.

"No support and round every corner are obstacles. Everything is a struggle from benefits to schooling."

"I have had to argue with school and be my child's advocate. Help/advice for getting the best from school/EHCPs."

Carers survey responses highlighted **sleep** as a common theme, and this was discussed at length by carers in our group visits.

"Carers are sleeping with one eye open as their partner might get up at any moment. Their sleep suffers and it affects their wellbeing."

"Lack of sleep. People with Alzheimers don't always know the difference between night and day and having to get up in the night to change the wet clothes."

"No sleep, having to work full time, no time for myself."

"I was awake all night so days were hard due to lack of sleep."

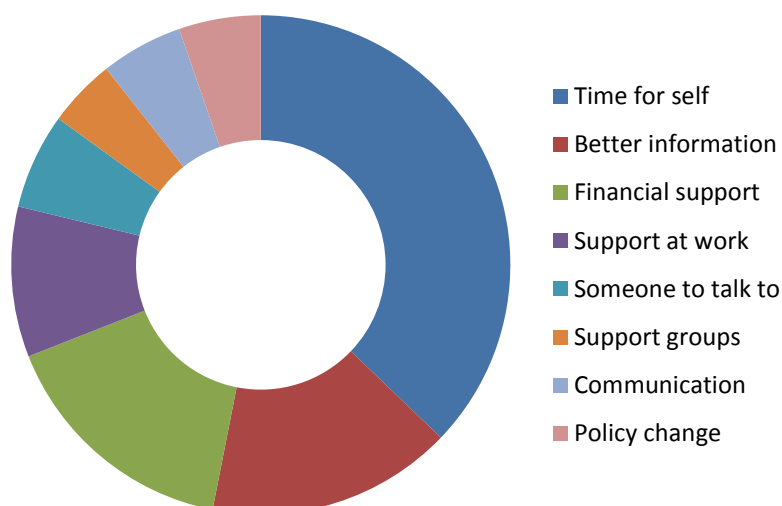
## What would help carers overcome these challenges?

Carers told us through their survey responses and in our discussion groups that having **time to themselves** away from their caring responsibilities would make a big difference. For some people, they were looking for formal breaks and respite, but most people talked more broadly about opportunities to 'recharge their batteries' such as going shopping or to support groups without the person they care for.

"All kinds of help are very welcome, but most importantly is the wellbeing of the carer. Facilities for the carer to have time out, respite & day care that doesn't cost an arm and a leg. Community support etc."

### What would help you overcome them?

Code-occurrence frequency (survey responses)



Many carers felt that simply having **someone to talk to** was a significant help in overcoming the challenges they face. During discussion groups, people talked about the importance of being able to speak to someone quickly when needed, and frustration with current support services which left them waiting for a call back – by which time they might be too tied up with caring duties to be able to talk.

"Even a regular half-hour visit from a worker would help break up the day, provide conversation and a friendly face."

"Having input from someone outside family does help. Being able to talk over concerns and receiving their strategies on how to cope with situations is a real help. Realising that we do need to attend to our own wellbeing."

"Sometimes you just want someone to talk to, straight away there and then not in a few days' time. When there were issues with mum I just wanted to speak to someone then. NHS should fund a help line where we can call to talk to someone and offload, don't need to see a person for that."

A clear theme comes through in people's survey responses and from our discussion groups about a need for **better information** to be made available to carers.

"A central resource point where information is up to date, a directory of services, the ability to book respite or even make a call for emotional support when a situation reaches boiling point."

"Better information sources about what is available out there ... what's on offer what, where and when."

Some carers also felt that clear **advice** was needed, not just information.

“A trained ‘triage’ style, well-informed person who can answer questions e.g. differentiate between 24 hour carers and live-in carers and point you in the right direction. Someone to explain and discuss finances.”

“A very specific plan and someone actually saying to me ‘this is what you need to do’.”

When carers talked about **financial support**, this included comments about funding for social care support, and people often referred to the need for support and advice about benefits, direct payments or other **financial advice**.

Carers in our discussion groups often talked about how helpful it would be to have **local support** which they could access more easily, rather than having to travel to a single office covering a large district.

“More localised support that carers can access without having to travel long distances.”

Working carers reported that more **support at work** and understanding from their employers would help make their caring role easier.

“Better understanding for employees by employer. That you’re an unpaid carer and you are a very important person i.e. someone relies on you every day.”

“My workplace was very understanding and gave me flexibility in my work pattern. In the end, we had to pay for home care 4 times a day to ensure my parents’ wellbeing while I was at work. Even then, I spent the majority of my time away from work caring for my parents.”

“Employers being more supportive to their staff that work for them that are carers, and think outside the box that carers come in different forms – not all carers stay at home 24/7, carers is a bigger picture than that.”

Overwhelmingly, in our discussions with groups of carers they told us how much the **support groups** they attended helped them to overcome the challenges they face as carers. People told us that these groups were a lifeline and sometimes the only source of support or advice that people accessed. Carers particularly valued groups which enabled carers to also have some space to themselves by providing activities for the people they care for.

“Support groups where you can take your child.”

“Opportunity to go to support groups - as a single parent I can’t.”

“One of the biggest positives for carer’s health/wellbeing is attending groups such as this, when we can rest assured that our partners are safe. These groups help to remind carers that they aren’t alone on this journey.”

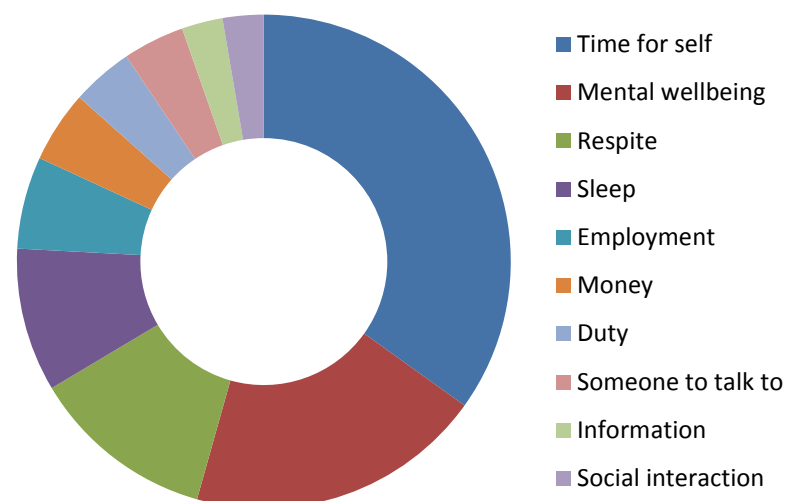
## What's most important to carers?

When asking this question in our survey and in discussions with carers, we explicitly asked people to think about their own needs rather than those of the person they care for. However people found this challenging and it's clear that the needs of the person they care for are often uppermost in a carer's mind.

The themes which occurred most commonly in carers' responses to this question closely match those which came up in earlier questions, dominated by carers' need for **breaks away from caring** and to look after their own **mental wellbeing**.

### Thinking about your own wellbeing, what's most important to you?

Code-occurrence frequency (survey responses)



"My own mental health. I feel lonely sometimes too. I do not have a life, everything is about Mum. But it is not her fault, so I cope with it as I do not have anyone either."

"Time for me to do what I would like without interruptions. Help with our own domestic chores which we are both finding difficult at the moment. Rest and relaxation, time to recharge and get re-energised."

"Having sufficient capacity to work, care for my family and my brother, and have some time for myself."

Carers also emphasised the importance of good information and **responsive services**.

"Knowing that whatever we go through, that there is somewhere to turn for information and assistance in sorting the problem that we find ourselves facing at that time."

Some carers felt that they needed **training** in order to provide better care and that they would like support to improve their skills to be more involved in the care of their relative.

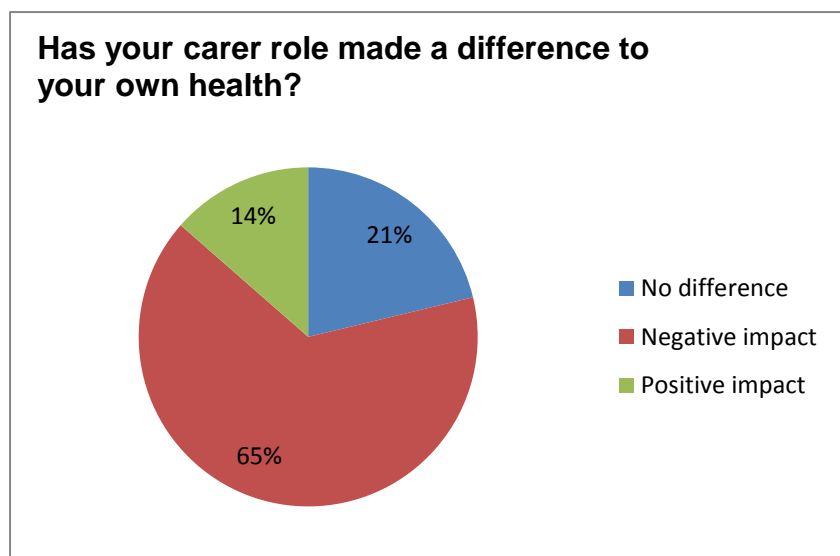
"To learn more specialist skills such as catheter care, peg feeding, wound care. It would reduce stress on nurses and build more one to one time with individuals. Surely as carers spend the most time with individuals there is a stronger relationship, so are in a better position to provide more dignified care."

People talked about the value of feeling that their views are **being listened to** and that carers are getting **recognition** for their role.

"I cannot stress enough how important it is for carers views to be heard as it is a tough job and can often make you ill."

## Carers' health

We asked carers about the impact that their caring role had had on their own health, and most people reported a negative impact. This was most commonly described as stress or exhaustion.



Carers of people with autistic spectrum disorder, learning disability, or mental health difficulties were more likely to report a negative impact on their own health than other groups of carers.

Working age carers were more likely to report a negative impact on their health than those who had reached retirement age.

Men were twice as likely as women to report a positive impact on their own health as a result of their caring role.

“Caring is a rollercoaster ride, in some ways it has made me more aware and conscious of taking care of my own health yet it also impacts on my ability to do this, with the demands on time and the stress of caring. So there is not a simple answer to this question.”

“Caring has triggered my depression and made it more difficult to deal with as I always put myself last and end up having breakdowns”

Over a quarter of carers (29%) reported that they had experienced barriers in accessing services for their own health and wellbeing. People providing over 50 hours of care per week were most likely to report being unable to access services.

Appendix 4 contains tables which set out the detailed breakdown of responses to these questions.

## Carers' experience of support services

Our survey asked carers about their overall experience of carers support, with four answer options:

- I have not felt that I needed support – 17%
- I have been unable to access support – 27%
- I received some support but it did not meet my needs – 27%
- I received support and it met my needs – 29%

People in some postcode areas were more likely than others to have received support that met their needs: over half of carers in the LS29 area (54%) compared to less than a fifth in BD5 (19%). Almost two-thirds of carers in the BD22 area said they had received support but that it had not met their needs (62%).

Older carers (over 65) were more likely to have received support that met their needs (37%). Working age carers, particularly those aged between 25-44, are more likely to have been unable to access support (32%).

Carers from a Pakistani background were also more likely to report being unable to access support (45%).

Carers of people with dementia were most likely to report having had their needs met by carers support (44%).

Carers of some groups of people were more likely to report being unable to access support: Physical Disability (40%), Autistic Spectrum Disorder (35%) or Learning Disability (30%).

Carers of people with needs related to older age or frailty were most likely to report that they did not feel they needed support (37%).

More detailed breakdowns are presented in the appendices.



## Awareness of support

Respondents to the survey were asked which carers support organisations or services they had heard of or used. Over half of people said they had heard of Carer's Resource (51%), which had the highest level of awareness. Other organisations which were well recognised were Alzheimer's Society (39%), Barnardo's (24%), and Cancer Support (25%).

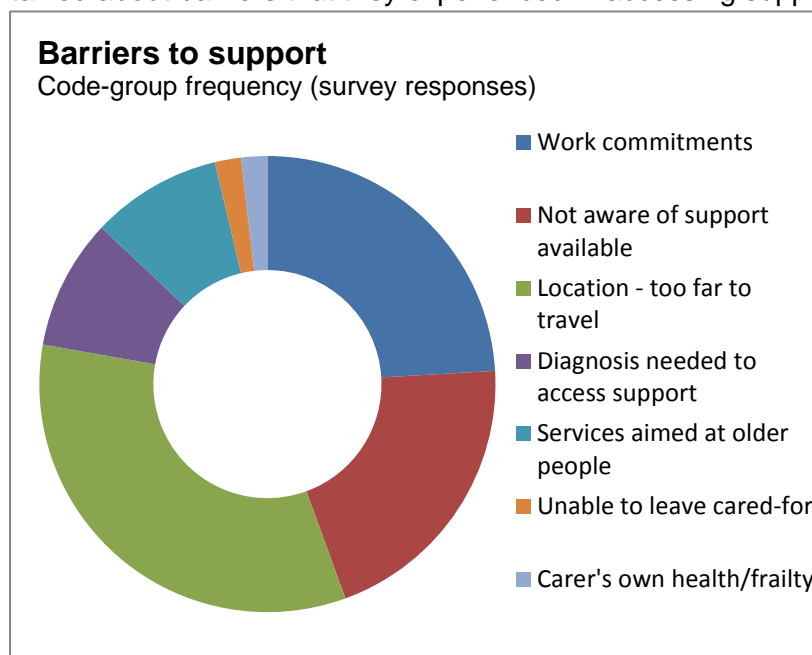
Smaller organisations or services which were focused on conditions or specific communities had lower levels of awareness, as might be expected.

The Council's Connect to Support service had the lowest level of awareness among carers in this survey, with only 4% of people having heard of it.

Alzheimer's Society	Aware of support	119	<b>39.27%</b>
	Have used support	43	14.19%
AWARE	Aware of support	25	8.25%
	Have used support	16	5.28%
Barnardos	Aware of support	74	<b>24.42%</b>
	Have used support	17	5.61%
BDCFT Carer's Hub	Aware of support	36	11.88%
	Have used support	11	3.63%
Bridge Project	Aware of support	41	13.53%
	Have used support	11	3.63%
Cancer Support	Aware of support	76	<b>25.08%</b>
	Have used support	13	4.29%
Carers' Resource	Aware of support	155	<b>51.16%</b>
	Have used support	100	33.00%
Connect to Support	Aware of support	13	<b>4.29%</b>
	Have used support	3	0.99%
Equality Together	Aware of support	44	14.52%
	Have used support	17	5.61%
Making Space	Aware of support	40	13.20%
	Have used support	27	8.91%
Mencap	Aware of support	52	17.16%
	Have used support	8	2.64%
Parkinson's Society	Aware of support	42	13.86%
	Have used support	3	0.99%
Relate	Aware of support	63	20.79%
	Have used support	12	3.96%
Shared Lives	Aware of support	29	9.57%
	Have used support	8	2.64%
SNOOP	Aware of support	30	9.90%
	Have used support	7	2.31%
Stroke Association	Aware of support	53	17.49%
	Have used support	6	1.98%
Wrose adventurers	Aware of support	19	6.27%
	Have used support	4	1.32%

## Barriers to accessing support

In carers' open text responses on the survey and in conversations with carers, some carers talked about barriers that they experienced in accessing support.



**Working carers** were most likely to describe barriers to support, with additional pressures on their time making it harder for them to access services or attend support groups.

"I find it difficult to find time (with working) to access support."

"With my age and working full time, rest of the family, not been able to access support."

One of the most common barriers that carers described was **not knowing what support was available** to them. This come over most clearly in groups of carers from BME backgrounds, and in the outreach with members of the public in shopping centres.

"I didn't know there was help out there?"

"I have not seen any information or help from organisations."

Other carers described trying to get support but being passed from one place to another without getting the help they were looking for.

"It's hard getting the right support and keeping it, you have to ring, email and jump through hoops."

"Why doesn't it tell you more about where you can go and even more importantly who should be able to provide you with the info. My mum had all sorts of people involved, social worker, reablement team, physios, and sill I couldn't get any support, I got passed from one to the next and Carers Resource didn't help either."

In our discussion groups with carers from South Asian backgrounds in particular, people talked at length about the **location of support** services and difficulties they experience in accessing support which is not local; this theme also occurs frequently in the survey responses.

“I have had to do all this myself, office is too far from my address.”

“Services are situated in areas that are too far for me to travel.”

Some carers felt that current support services were mostly **aimed at older people**, and this preventing them from getting the support they needed.

“Carers all seem old when you go to meetings and it’s off-putting.”

Carers of people with dementia and carers of people with autistic spectrum disorders commented that the difficulties they experience in getting **diagnosis** create a barrier to accessing support.

“Have been unable to access support because neither person I care for has a ‘dementia’ or ‘autism’ diagnosis.”

“My son does not have a diagnosis yet, so no support.”

Carers described being unable to access support because the person they cared for could not be left by themselves, and the support on offer didn’t enable them to bring their relative with them.

## Conclusion

The themes which emerge from this engagement echo the findings of similar surveys carried out locally or nationally, including Carers UK's national State of Caring report<sup>1</sup> which highlighted that nationally half of unpaid carers expect their quality of life to get worse over the next year.

The role of unpaid carers is vital, and often undervalued. Recognition of their role and the right support is essential to keep carers going and sustain their significant contribution.

While this engagement was carried out to support the procurement of the jointly commissioned Carers' Service in Bradford District and Craven, the experiences and views shared by unpaid carers should be heard throughout the health and care system. The council and NHS will work together to refresh the joint Carers Strategy for the district, in partnership with stakeholders and communities.

While there was a good overall response to this engagement, there are some gaps in the reach. The equality monitoring information shows a low volume of response from Central and Eastern European groups and other emerging BME communities. People who care for someone with drug/alcohol problems are also not well represented. This can be mitigated by working closely with community organisations supporting these groups of people.

While the focus of this engagement was on the Carers Support service, many issues were raised by people about how statutory services operate and the challenges that carers face in navigating the health and care system. This feedback should be considered in future quality improvement work and strategy development across all organisations.

Statutory organisations should also reflect on their role as major employers in the district and consider how the challenges of working carers are addressed.

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<sup>1</sup> <https://www.carersuk.org/news-and-campaigns/state-of-caring-survey-2018>

## **Appendices:**

- 1. Copy of survey questions**
- 2. Details of groups & venues**
- 3. Demographic information**
- 4. Code document tables**

## Carers Engagement Report

**Equality Monitoring** *N.B. Participants were asked to complete an Equality Monitoring form, some people chose not to complete the form and others completed it partially.*

	Focus Group Respondents	Survey Respondents	Total	
What is your age?				
Under 17				
18 - 24		8	8	1.95%
25 - 34	3	21	24	5.85%
35 - 44	7	49	56	13.66%
45 - 54	13	59	72	17.56%
55 - 64	31	70	101	24.63%
65 - 74	31	46	77	18.78%
75 - 84	23	32	55	13.41%
85 +	9	8	17	4.15%
Total	117	293	410	
Does your health or disability prevent you from doing things you want to, need to or have to? (Your disability or health issue includes one which has lasted, or is expected to last, at least 12 months, and includes problems relating to old age.)				
Yes, limited a lot	21	43	64	16.24%
Yes, limited a little	21	103	124	31.47%
No	56	128	184	46.70%
Prefer not to say	9	13	22	5.58%
Total	107	287	394	
Which of the following options best describes your gender identity?				
Female	83	228	311	74.76%
Male	37	62	99	23.80%
Other				
Prefer not to say		6	6	1.44%
Total	120	296	416	

Which of the following options best describes your race, ethnic or cultural origin?

White:

English/Welsh/Scottish/Northern Irish/British	62	201	263	62.92%
Irish	1		1	0.24%
Gypsy or Irish Traveller				
Any other white background – (please state)		9	9	2.15%
Mixed/Multiple ethnic groups				
White and Black Caribbean	1		1	0.24%
White and Black African		1	1	0.24%
White and Asian		5	5	1.20%
Any other Mixed/multiple ethnic background – (please state):		4	4	0.96%
Asian/Asian British				
Indian	13	4	17	4.07%
Pakistani	36	61	97	23.21%
Bangladeshi		6	6	1.44%
Chinese		1	1	0.24%
Any other Asian background – (please state)		4	4	0.96%
Black/African/Caribbean/Black British				
African		1	1	0.24%
Caribbean	1	3	4	0.96%
Any other Black/African/Caribbean background – (please state):				
Other ethnic group				
Arab		4	4	0.96%
Any other ethnic group – (please state):				
Total	114	304	418	

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## **Report of the Strategic Director of Health and Wellbeing to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on Thursday 25<sup>th</sup> October 2018**

**R**

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### **Subject:**

**RE-COMMISSIONING OF CARERS SERVICES CONTRACT IN BRADFORD DISTRICT  
& CRAVEN**

### **Summary statement:**

**Report for Projects over £2m providing details of the Health and Wellbeing - Adult Services, intention to re-commission of the Integrated Carers Services within the District**

**This report provides information for members on the forthcoming procurement of a contract with a value of in excess of £2million.**

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Bev Maybury  
Strategic Director of Health & Wellbeing  
Ali Jan Haider  
Director of Strategic Partnerships

### **Portfolio:**

**Healthy People and Places**

Report Contact: Kerry James  
Commissioning Team  
Phone: (01274) 432576  
E-mail: [kerry.james@bradford.gov.uk](mailto:kerry.james@bradford.gov.uk)

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

**Health and Social Care & Wellbeing**

## 1. SUMMARY

1.1 In line with Council Standing Order 4.7.1 all Contracts with an estimated value of over £2m must be reported to the relevant Overview and Scrutiny Committee before inviting tenders.

1.2 This document provides details of the Health and Wellbeing - Adult Services, intention to re-commission Carers Services within the Bradford and Craven District. This activity augments the Departments Home First Strategy working with people who choose to access support to remain happy, healthy and at home by extending the prevention model to Carers. This enables carers to continue to provide support to their relative or friend.

1.3 The activity undertaken accords with the plans as laid out in the departmental procurement plan in Health & Wellbeing and the joint procurement plans which operate between the districts three Clinical Commissioning Groups and Bradford Council.

1.4 This report includes details of the work undertaken by the multi-agency project team to better understand the needs in this service area, including working with a large range of stakeholders, providers and service users. The multi-agency team includes both Council and CCG commissioners and specialist engagement support from the voluntary sector.

## 2. BACKGROUND

2.1 The current Integrated Carers Service was created in 2014 when a decision was made to bring together a number of separate carer related funding streams from the City of Bradford Metropolitan District Council (CBMDC), the three Clinical Commissioning Groups (CCG's) and North Yorkshire County Council to form the budget for procurement of the integrated service. This service was procured in line with Contract Standing Orders and EU procurement legislation

2.2 The above contract comes to an end on 5<sup>th</sup> April 2019 and the value of the joint funded service is £1,013,841 per annum.

2.3 The commission of the new Carers service will also be a joint commissioning and funding arrangement. City of Bradford Metropolitan District Council (CBMDC) will act as lead commissioner for the Carers' Service on behalf of the three local NHS Clinical Commissioning Groups (CCGs) and North Yorkshire County Council.

2.4 This commission form part of the Better Care Fund.

The Better Care Fund (BCF) is a partnership programme that represents a collaboration between NHS England, Department of Health and Social Care (DHSC), Ministry of Housing, Communities and Local Government (MHCLG), and the Local Government Association (LGA). BCF aims to break down **organisational** barriers so health and social care can deliver the right care, in the right place, at the right time, and **join-up services** so that people can:

- Manage their own health and wellbeing

- Live independently in their communities for as long as possible
- Be placed at the centre of their care and support to ensure improved experience and better quality of life.

### **3. REPORT ISSUES**

3.1 Evidence suggests that investing in support for carers can contribute significantly to the sustainability of health and social care. The role of unpaid carers is estimated to contribute over £900 million to the health and care economy in Bradford District and Craven.

3.2 Early intervention and targeted support for carers increases carer resilience and reduces avoidable primary and secondary health and social care. Investment in supporting carers in a systematic and transformative way can be a key enabler of prevention and of self-care which can in turn enable carers to stay in work, to the benefit of the wider local economy.

3.3 The purpose in re-commissioning a carers service is to promote, support and improve the mental, physical, emotional and economic well-being of adult carers so they can continue in their caring role and look after their own health and wellbeing as they support cared for people and contribute to the sustainability of health and social care. The service also needs to help identify carers and provide access into support and to work closely with the health and care system to support the integration agenda.

3.4 The procurement will be guided by local needs analysis and wide ranging engagement and will also refer to legislative changes, nationally planned actions (action plan 2018-20) and publications linked to the development of a national strategy.

3.5 To ensure carers and the people they care for, providers and other stakeholders are aware of and given the opportunity to influence commissioning plans, significant stakeholder engagement was undertaken to inform the proposed procurement. The outcome of this engagement will help shape the service specification for the procurement.

3.6 A comprehensive engagement with carers was carried out through June and July 2018, reaching a wide cross section of carers, including people who had not accessed carers support. The details of this engagement have been tabled in the previous report, "Consultation with Carers", by colleagues at the CCG.

3.7 A Market Briefing event took place in early September 2018 where consultation feedback and a Market Briefing for Carers service were presented to the market at an open event advertised on YORTender and through local networks. Slides of this event and the Market Briefing are attached at Appendix 1 and 2.

3.8 The planned procurement process and award timetable are set out below:

Indicative contract term: Three years with an option to extend for one further period of twelve months.

- Indicative tender publication date: October 2018
- Bids returned December 2018
- Evaluation: December 2018-January 2019
- Award: January 2019
- Implementation and handover: April 2019

3.9 It is recognised that any change to the services is likely to have TUPE and service transfer implications both for those in receipt of support and for staff employed by the current service provider.

3.10 TUPE may apply because as a result of the commissioning process there may be a service provision transfer. TUPE Regulations apply in service provision transfers in situations where a new contractor takes over activities from another contractor (known as re-tendering).

3.11 In order to avoid any impact on service users and to keep potential disruption to services at a minimum, it is proposed that the new contract start in April 2019 this gives an implementation period of 3 months for the new service to start.

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

4.1 The total proposed contract value over 3 years is £3,401,400 and forms part of the Better Care Fund (BCF) agreements with the Local Authority. There will be an option to extend the contract by a further one year period.

4.2 The annual contribution from each of the partners is set out below:

- City of Bradford Metropolitan District Council - £441,000.00
- Combined Clinical Commissioning Groups - £665,394, this includes £120,000.00 currently allocated to carers Wellbeing Grants
- North Yorkshire County Council - £27,406.00

4.3 Carers Wellbeing grants are currently administered by the provider of the Integrated Carers Service under a separate ring fenced agreement. The intention is to continue to ring fence this money but include it in the new Carers Contract.

4.4 The value of the Carers Wellbeing grant is £120,000 per annum and is included in the above proposed contract value. Examples of the grants given may be for equipment to enhance the wellbeing of carers, therapeutic and educational activities.

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

5.1 The project is managed by a team including commissioners and appropriate operational staff, finance and legal. To manage activities and time scales there is a formal Project Plan, including risk register which is monitored by the Project team.

5.2 The project team reports progress to the Executive Commissioning Board (joint commissioning forum between the Local Authority and the Clinical

Commissioning Group/s) and internal management boards and senior officers in the council and the CCG's.

5.3 Once the contract is awarded the project team will oversee the implementation of the new contract and the on-going monitoring of the contract will be jointly managed by the Council and the CCG.

5.4 There are TUPE and service transfer implications for those in receipt of service will need to be fully accounted and provision/governance created in order to mitigate/minimise these.

## **6. LEGAL APPRAISAL**

6.1 The procurement of the Carers Service is to ensure the Council is meeting its statutory duties under the Care Act 2014. The Council must also have regard and be compliant with the principles of the Mental Capacity Act 2005 when commissioning such services.

6.2 The Local Authority must also have regard to its public sector equality duties under section 149 of the Equality Act 2010 when exercising its functions and making any decisions. The Local Authority must carry out an Equalities Impact Assessment to enable intelligent consideration of any equality and diversity implications when commissioning services.

6.3 S149 of the Equality Act 2010 (the Public Sector Equality Duty) provides as follows

A public authority must, in the exercise of its functions have due regard to the need to;

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

6.4 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to;

- a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

6.5 The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

6.6 Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to;

- a) tackle prejudice, and
- b) promote understanding.

6.7 Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.

6.8 The Public Services (Social Value) Act came into force on 31 January 2013. It requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. The Act applies to the pre - procurement stage of contracts for services. Commissioners should consider social value before the procurement starts because this can inform the whole shape of the procurement approach and the design of the services required

6.9 Commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could improve the social, environmental and economic well being of the area and also to consider how in conducting the process of procurement the commissioner might act with a view to securing that improvement.

6.10 TUPE refers to the "Transfer of Undertakings (Protection of Employment) Regulations 2006" as amended by the "Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014". The TUPE rules apply to organisations of all sizes and protect employees' rights when the organisation or service they work for transfers to a new employer. TUPE has impacts for the employer who is making the transfer (also known as the outgoing employer or the transferor) and the employer who is taking on the transfer (also known as the incoming employer, the 'new employer' or the transferee).

6.11 All procurement activity must be undertaken in accordance with Council's Contract Standing Orders and in line with internal governance requirements.

## **7. OTHER IMPLICATIONS**

### **7.1 SOCIAL VALUE**

7.1 In line with the Council's Social Value and Inclusive Growth Policy, the procurement for these services will include a 10% scored Social Value section, using the Social Value Toolkit to demonstrate that bidders will meet social value objectives for inclusive growth

## **7.2 EQUALITY & DIVERSITY**

The Department is in the process of compiling an Equality Impact Assessments as part of the re-commissioning of Carers Service where requirements necessitate which will be incorporated into the specific work/procurement plan. All work undertaken will address issues of equality and diversity as they apply to protected characteristics groups.

## **7.3 SUSTAINABILITY IMPLICATIONS**

The re-commissioning of the Carers Services in contributing to sustainability strategies will be considered as part of the process to ensure that the Departments functions and services maintain their capability and quality through the transition process and beyond.

## **7.4 GREENHOUSE GAS EMISSIONS IMPACTS**

The proposal to create specific small geographical localities will enable staff visiting people to reduce significantly the organisations carbon footprint and emissions from a reduction in the use of vehicles. Staff will be able and encouraged to walk between visits.

## **7.5 COMMUNITY SAFETY IMPLICATIONS**

There are no community safety implications arising from this report.

## **7.6 HUMAN RIGHTS ACT**

The Human Rights Act 1998 provides a legal basis for concepts fundamental to the well-being of older people and others who are in need of Home Support. The Act provides a legal framework for service providers to abide by and to empower service users to demand that they be treated with respect for their dignity

## **7.7 TRADE UNION**

The new specification may change the roles of staff and offer new and different opportunities to work together.

## **7.8 WARD IMPLICATIONS**

There are no direct implications in respect of any specific Ward.

## **7.9 IMPLICATIONS FOR CORPORATE PARENTING**

There are no Corporate Parenting issues arising from this proposal.

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

A full Privacy Impact Assessment will be undertaken to determine specific areas of GDPR and information security as part of the process. It is recognised that the

potential for transfer of personal data may be significant.

There may be a need for partner agencies to share data however this would only be with the express permission of the service user in the full knowledge of why and what it would be used for. General Data Protection Regulation (GDPR) principles relating to any individuals data and rights under the Data Protection Act 2018 will be respected.

**8. NOT FOR PUBLICATION DOCUMENTS**

None

**9. OPTIONS**

As this report is for information only there are no options which can be listed.

**10. RECOMMENDATIONS**

That the Committee discuss the contents of this report and consider any equality and diversity, TUPE and social value implications at this pre- procurement stage in accordance with Council Standing Orders in 4.7.1.

**11. APPENDICES**

Appendix 1 Carers Service Consultation Feedback and Market Briefing  
Appendix 2 Carers Market Briefing

**12. BACKGROUND DOCUMENTS**

Consultation with Carers



# Carers Service

## Consultation Feedback and Market Briefing

10<sup>th</sup> September 2018



# Purpose

- To share the results of recent engagement activity
- To share commissioning intentions for the Carers' Service in Bradford district and Craven
- To encourage and support providers to shape their services in accordance with the support needs of carers
- To stimulate innovative, collaborative and effective responses to the support needs of carers in Bradford district and Craven
- To share the indicative timeframe for the procurement



# Engagement with Carers

- Engagement carried out throughout June & July 2018
- Aimed to reach wide cross section of carers, including people who had not accessed carers support
- Supported by voluntary groups & partner organisations – thank you!
- Estimated 450 people took part, through face to face engagement or by completing surveys

**The role of unpaid carers is vital, and often undervalued. Recognition of their role and the right support is essential to keep carers going and sustain their significant contribution.**



# Experience of carers' support

- A quarter of respondents said they had experienced barriers in accessing carers' support
- Issues highlighted include:
  - Working carers
  - Lack of awareness of support
  - People from BME backgrounds
  - Location
  - Age
  - Diagnosis

# What helps carers keep going?

- Carers reported that having and finding time to themselves was hard, but vital in helping them keep going
- Support groups where they could get information and share experiences with peers made a positive difference
- Carers expressed the importance of being able to maintain good social networks and having someone to talk to about their experiences

# What challenges do carers face?

- Mental wellbeing is a significant challenge for many carers who report stress, anxiety and depression linked to their caring role
- Working carers reported problems in accessing support and the challenges of employers not understanding the demands of caring
- Carers from BME communities and some postcode areas reported finding it harder to access support
- Money and financial worries were a commonly occurring theme, particularly challenges with benefits and the assessment process
- Carers reported challenges in finding good quality private care providers and navigating the transitions between services

# What would help carers?

- Better information, a central resource where information is up to date on what's on offer, what, where and when
- Support needs to be local, more easily accessible rather than having to travel to a single office covering the whole District
- Help to navigate the system and practical advice
- Work place support for working carers
- Peer support between carers, potentially online or via social media



# What matters most?

- Being able to take breaks away from caring and have small amounts of time to themselves, knowing the person they care for is safe
- Training to help carers provide better care and to improve their skills and confidence
- Carers value local and community based support pointing to an increased demand for more outreach support for carers



Engagement Report is available on the Council's Commissioning Adult Health and Social Care webpage at;

<https://www.bradford.gov.uk/business/commissioning-adult-health-and-social-care-services/commissioning-adult-health-and-social-care-services/>



# Demographics

- With 534,300 people the Bradford District is the fifth largest local authority in England
- Asian/Asian British ethnic group forms nearly 27% of the total population
- People with a Pakistani heritage 20.4% the largest group
- 2004 - 2013 there was an increase in applications from nationals of Poland, Latvia, Lithuania and Slovakia
- Since 2013 there has been an increase in applications from Romanian and Spanish nationals



# Demographics

- The 2011 Census identified 50,026 carers in Bradford district
- Approximately 9.8% of residents providing unpaid care for someone with an illness or disability
- 24.1% of these were providing more than 50 hours of care per week

# Demographics

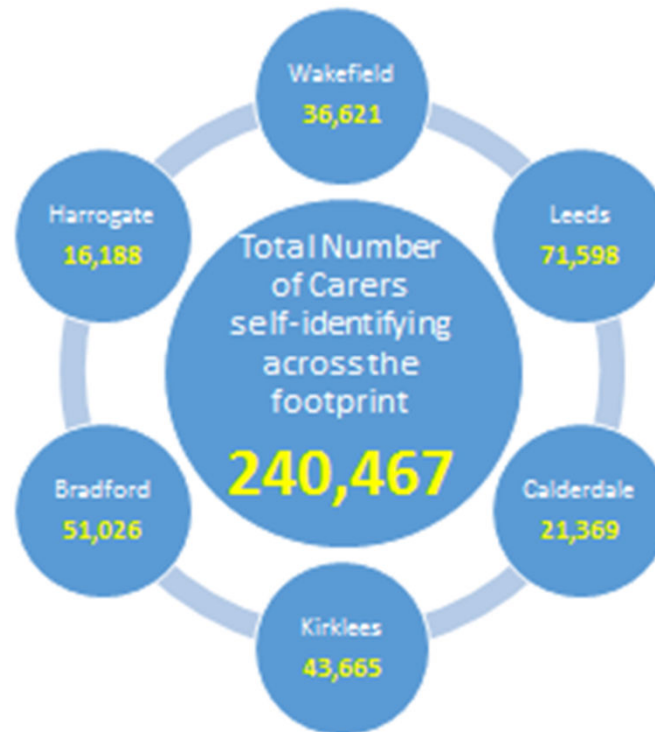
- Most carers fall into the 25-49 year age band
- 28% of carers providing 50 or more hours a week are over 65
- 11.9% state they are in bad or very bad health

# Demographics

- The 2011 census recorded 56,600 people in the Craven district.

	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week	Total
<b>Craven</b>	<b>4,759</b>	<b>674</b>	<b>1,178</b>	<b>6,611</b>
<b>Bradford</b>	<b>30,983</b>	<b>7,738</b>	<b>12,305</b>	<b>51,026</b>

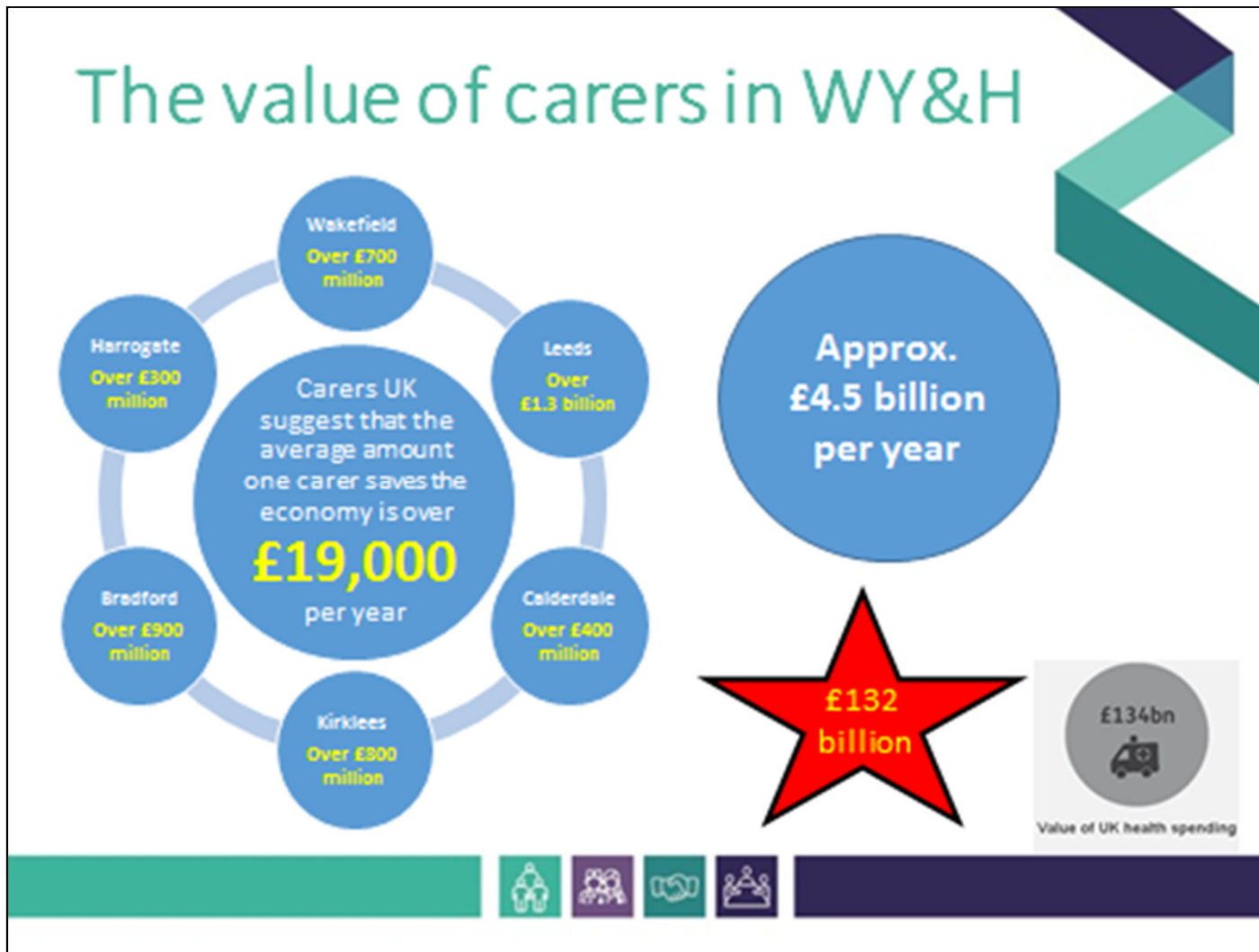
## Carers across WY&H



### UNDERESTIMATE?

1 in 8 adults  
1 in 12 children & young people  
are estimated to be carers

Census 2011



# Demographics and demand

- Numbers of people likely to be supported by a carer are predicted to increase
- ONS figures may underestimate numbers of carers



# National strategy

- Services and systems that work for carers
- Employment and financial wellbeing
- Transition for young adult carers
- Recognising and supporting carers in the wider community and society
- Building research and evidence to improve outcomes for carers



# Local strategy

- Creating choice and control
  - personalisation of services
- Joining up services
- Safeguarding children and adults
- Focus on resilience
- Involving carers as experts
- Mental and physical wellbeing
- Reaching out
  - responding to the full extent of people's needs



# Legislation

- Carers should be able to benefit fully from the support, information and advice they are entitled to under the;
  - 2014 Care Act
  - 2014 Children and Families Act

# Approach

## The Carers Journey



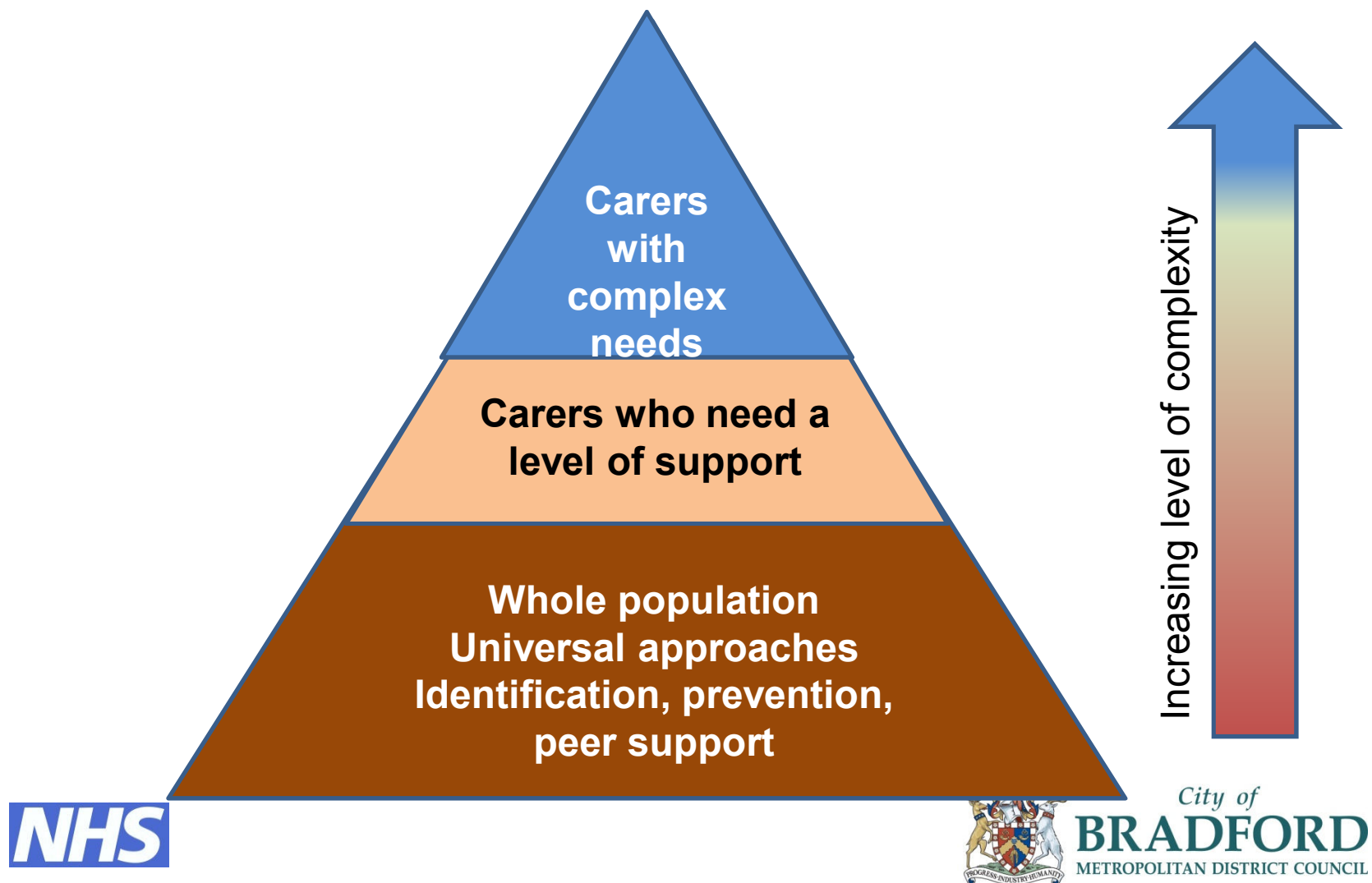
# Approach

- Focus originally on 'Care Act ' compliance & positively promoting wellbeing
- Widen the focus *to whole population* – universal approach
- *Prevention* is key – not all carer's need to travel the whole journey
- Equip carers' themselves to feel empowered



# Approach

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# Geographical scope

- City of Bradford Metropolitan District
- Craven district of North Yorkshire



# Who is the Carers' Service for?

- Adult who looks after a family member, partner or friend because of illness including mental illness, frailty, disability or addiction
- Care is unpaid
- Separate service for young carers



# The Service

- Will cover carers of any age who are registered as a patient in the Bradford Metropolitan District and CCG areas
- Note that any young carers identified by the service are likely to be referred to specific services for young people
- The services will be for all carers including those with condition specific support needs e.g. Learning Disabilities, Dementia, Autism



# Purpose of Carers' Service

- To support carers to have control over their lives and how they spend their time, including support relating to employment
- To identify concerns over carers' personal safety and provide advice on addressing these concerns
- To identify concerns over finance and ensure that appropriate advice is accessible
- With the carer, to plan responses to anticipated changes in support needs
- To provide encouragement and support to the person in their caring role
- + additional objectives from Consultation



# Outcomes

- Carers report having a good quality of life
  - occupation / employment
  - control over daily life
  - personal care
  - personal safety
- Carers report having the amount of social contact that they would like
- Carers are able to access support including support for their own personal and healthcare needs

# The Service

- Identifies carers
- Provides emotional and practical support
- Assesses carers' support needs
- Provides comprehensive, up to date information
- Enables carers to access other relevant services
- Where signposting is unlikely to meet carers' needs, engages directly with other services to enable access



# The Service

- Supports carers to plan for emergencies
- Provides advocacy and a voice for carers
- Helps people to have a positive experience of caring
- Supports professionals and raises awareness of carers' roles and varied support requirements



# Responsiveness

- Anticipate and respond to carers' changing support needs in order to maximise their wellbeing and prevent avoidable breakdown in the caring relationship.

# Alignment and interfaces

In order to achieve the best possible outcomes for service users, the Carers' Service will be expected to work collaboratively with partners including

- VCS organisations such as Alzheimer's Society, the Stroke Association, Citizen's Advice Bureau.
- Other community and volunteer organisations
- CBMDC and NYCC social care teams
- Services offering short breaks for carers (CBMDC 'Shared Lives' and 'Time Out', Carers' Short Breaks commissioned by NYCC)
- Statutory NHS services including GP practices
- Young Carers' Service



# Procurement

Brings together funding from the three local Clinical Commissioning Groups (CCGs), North Yorkshire County Council and Bradford Council.

- This will include a ring fenced amount for Carers Wellbeing Grants.
- The procurement will be for a single contracted service





# Procurement

- The contract is likely to be for three 3 - 4 years
- The procurement will be open to tenders from individual organisations, consortia or groups of organisation's in lead and sub-contractor arrangements.



# Procurement Process

- Administered online through the Yortender web based system  
<https://www.yortender.co.uk/>
- Organisations will need to be registered on Yortender in order to apply

# The Process

- This process is an open and competitive tender process
- Organisations making a submission will need to answer written questions relating to the service
- All submissions will be made via Yortender
- All correspondence, clarification questions, submission of tenders etc. will be via Yortender

**YORTender**  
THE PROCUREMENT PORTAL FOR YORKSHIRE AND HUMBER

**Portal Links**

- Home
- Contract Register
- Supplier Registration**
- Current Opportunities
- Supplier Help Guide
- Log In to ProContract

**Home**

### Welcome to YORTender

The Local authorities in the Yorkshire & Humber Region have a combined external spend of some £4.5 billion per annum. The Region has a single strategic procurement strategy, under the leadership of YORprocure, which aims to ensure that we have best practice procurement across the Region, are delivering tangible benefits and are promoting collaborative working with colleagues and suppliers.

A key element of our strategy is YORTender, the procurement portal for the Yorkshire & Humber Region. YORTender provides real benefits to all:

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- A means to share, co-ordinate and collaborate on procurement exercises
- E-enabled for all to work smarter and to reduce procurement leadtimes
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- Immediate access to current opportunities
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To register free to promote your business capabilities and to start receiving email alerts just Click on Supplier Registration.

Once registered you will need to add the domain **@proactis.com** to your safe senders list to ensure that you receive email alerts relating to tender opportunities for your categories.

You will then be able to:

- Click on Opportunities to view current contract opportunities advertised across the Region
- Click on Contract Register to view current contracts, this will provide a future view of potential opportunities and timescales
- Get access to tender information from **100's of other organisations** across England that use the ProContract platform
- Click on User Guides for instructions on using the system and frequently asked questions

### Feedback

We welcome any feedback regarding YORTender, if you have any general

**Authorities**

- Barnsley MBC
- Barneslai Homes
- Calderdale Council
- City of Bradford Metropolitan District Council
- City of York Council
- Craven District Council
- Doncaster MBC
- East Riding of Yorkshire
- Hambleton District Council
- Harrogate Borough Council
- Hull City Council
- Kirklees Council
- Leeds City Council
- North East Lincolnshire Council
- North Lincolnshire Council
- North Yorkshire County Council
- Richmondshire District Council
- Rotherham MBC
- Ryedale District Council
- Scarborough Borough Council
- Selby District Council
- Sheffield City Council
- South Yorkshire Fire and Rescue
- Wakefield Council

# Yortender is:

- The electronic tendering platform used by Local Authorities in Yorkshire and Humberside
- Good place to find out about other opportunities
- Easy to use, plus Due North helpdesk



# What makes a good submission?

- An accurate and compliant submission
  - Direct answers to the questions asked
  - Clear, relevant proposals for delivering the service
  - Clear financial information
- And, what should it not be
  - Made up of marketing and sales material

# What makes a good submission?

- Careful reading and following of instructions
- A full understanding of what is required
- Responses guided by the service specification
- Answers that address all aspects of the service specification
- Use the opportunity to seek clarifications
- Check, re-check, and ask someone else to check your tender!
- Check you have included all the information
- Submit your tender on time!



# Timescales

- Tender process starts: October 2018
- Tender closing date: December 2018
- Decision made : January 2019
- New Contract to start: April 2019



Thank You For  
Coming To This Briefing





## **Market Briefing: Carers' Service**

**September 2018**

### **The purpose of this briefing is to**

- Share commissioning intentions for the Carers' Service in Bradford district and Craven
- Encourage and support providers to shape their services in accordance with the support needs of carers
- Stimulate innovative, collaborative and effective responses to the support needs of carers in Bradford district and Craven

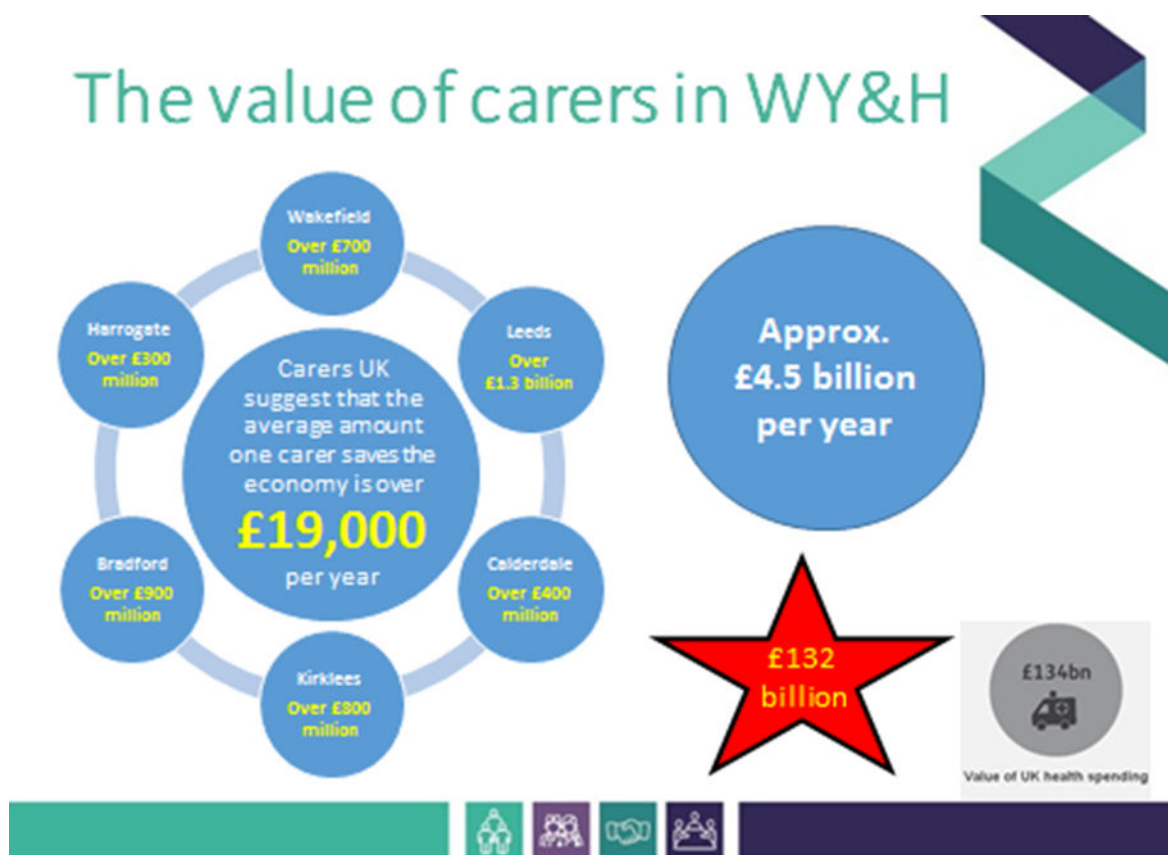
Published jointly by City of Bradford Metropolitan District Council, NHS Airedale, Wharfedale and Craven CCG, NHS Bradford City CCG, NHS Bradford Districts CCG and North Yorkshire County Council.

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## 1. The importance of carers in Bradford district and Craven

The role of unpaid carers is estimated to contribute over £900 million to the health and care economy in Bradford District and Craven. CBMDC and its commissioning partners have a statutory responsibility to respond to carers' needs.

Beyond this, commissioning effective support to carers is a key strategic priority as their unpaid work is indispensable to the functioning of the health and social care system.



# Carers across WY&H



## 2. Who is a carer?

A carer is anyone – child or adult - who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.<sup>1</sup>

Some people provide this level of care but would not apply the term ‘carer’ to themselves because they consider themselves to be fulfilling a family role. Because of this, the number of people reporting themselves to be carers in surveys such as the ONS Census is likely to be an underestimate.

### 2.1 Who is the Carers’ Service for?

The Carers’ Service is commissioned to meet the support needs of carers who are adults (aged 18 or over). This includes carers who are parents and provide care to a child with a disability or other support need.

### 2.2 Young Carers and transition

A separate service for young carers provides support to carers under the age of 18. The Carers’ Service must have effective processes to enable transition from the Young Carers’ Service to the Carers’ Service at a point around the age of 18 years. The timing of this transition will be flexible and agreed between the young carer, the Young Carers’ Service and the Carers’ Service.

<sup>1</sup> <https://www.england.nhs.uk/commissioning/comm-carers/carers/>

### **3. Purpose of the Carers' Service**

#### **3.1 Objectives**

- To support carers to have control over their lives and how they spend their time, including support relating to employment
- To identify concerns over carers' personal safety and provide advice on addressing these concerns
- To identify concerns over finance and ensure that appropriate advice is accessible
- With the carer, to plan responses to anticipated changes in support needs
- To provide encouragement and support to the person in their caring role

#### **3.2 Outcomes**

- Carers report having a good quality of life
- Carers report having the amount of social contact that they would like
- Carers are able to access support including support for their own personal and healthcare needs

### **4. Responsiveness**

Commissioners will expect the Carers' Service to anticipate and respond to carers' changing support needs in order to maximise their wellbeing and prevent avoidable breakdown in the caring relationship.

### **5. Scope of service**

#### **5.1 Service users**

Any adult who is a carer, except where the cared-for person is an adult of working age whose care need is for mental health alone. Commissioners expect the Carers' Service to work closely with the service which is commissioned for this group of people.

The scope of the Carers' Service includes adults caring for their adult children and parent carers caring for a disabled child or young person under the age of 18. The scope includes support to parents with children of any age on the autistic spectrum.

#### **5.2 Geographical area covered**

City of Bradford Metropolitan District and Craven district of North Yorkshire.

### **6. Alignment and interfaces**

In order to achieve the best possible outcomes for service users, the Carers' Service will be expected to work collaboratively with partners including those listed below to maintain effective communication and interfaces.

- VCS organisations such as Alzheimer's Society, the Stroke Association, Citizen's Advice Bureau.

- Other community and volunteer organisations
- CBMDC and NYCC social care teams
- Services offering short breaks for carers (CBMDC 'Shared Lives' and 'Time Out', Carers' Short Breaks commissioned by NYCC)
- Statutory NHS services including GP practices
- Young Carers' Service

## **7. Strategic priorities**

### **7.1 National priorities for adult carers<sup>2</sup>**

#### **Services and systems that work for carers**

There are national commitments to promote best practice amongst health professionals and to raise awareness amongst social workers. In addition, carers should be able to benefit fully from the support, information and advice they are entitled to under the 2014 Care Act and the 2014 Children and Families Act.

#### **Employment and financial wellbeing**

There is a national commitment to improve working practices so that carers can continue to work alongside their caring role. The Department for Work and Pensions is committed to ensuring that carers have access to financial support when they need it (Carer's Allowance, Universal Credit, information in Jobcentres).

#### **Transition for young adult carers**

A national project will seek to identify the types of practical and emotional support that can enable a young adult carer (16-24) to achieve positive transitions.

#### **Recognising and supporting carers in the wider community and society**

The government will work with partners in the wider community to raise awareness of caring and improve carers' everyday experiences.

#### **Building research and evidence to improve outcomes for carers**

The Department of Health and Social Care will fund research to improve the information available on carers and ensure that future strategies are informed by a strong evidence base.

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<sup>2</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/713781/carers-action-plan-2018-2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713781/carers-action-plan-2018-2020.pdf)

## **7.2 Local priorities for adult carers <sup>3</sup>**

### **Creating choice and control**

We want people to have as much choice and control as possible about the services they receive.

Increasingly this will mean individuals deciding what they want and having their own budget to make it happen. The personalisation of services is a national strategic priority as well as a local one.

### **Joining up services**

A person looking for services should not find it difficult to work out which way to turn. They just want to access what will work best for them. We will encourage providers to work together where this will improve outcomes for service users and use resources more effectively.

### **Safeguarding children and adults**

Work with families facing serious problems through early help and seamless support.

### **Focus on resilience**

We aim to intervene early to enable people to improve their wellbeing.

### **Involving carers as experts**

Carers have told us that they do not feel they are recognised as experts, and are not included in important decisions about diagnosis and treatment for the person they care for. The views of carers should be valued and listened to and considered in any plans made.

### **Mental and physical wellbeing**

Mental health and wellbeing is of equal importance with physical health. We would like services to meet social, mental and physical care needs with high quality, seamless care.

### **Reaching out**

We aim to work with service users and service providers recognising them as assets in responding to the full extent of people's needs.

## **7.3 Strategy development**

Local commissioning partners look forward to working with service users and a range of health and social care organisations from April 2019 to further define local strategy for carers and to implement agreed actions.

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<sup>3</sup> <https://www.bradford.gov.uk/media/3578/mental-wellbeing-strategy-in-bradford-district-craven.pdf>  
<https://www.bradford.gov.uk/media/3273/bradford-council-plan-2016-2020.pdf>  
<http://www.nypartnerships.org.uk/sites/default/files/Partnership%20files/Health%20and%20wellbeing/Public%20health/Mental%20health%20strategy.pdf>  
<http://www.nypartnerships.org.uk/sites/default/files/Partnership%20files/Health%20and%20wellbeing/Public%20health/Caring%20for%20Carers%202017-2022.pdf>  
<https://www.bradford.gov.uk/media/3810/home-first-vision.pdf>  
<https://www.ndti.org.uk/resources/publications/what-works-in-community-led-support/>



## **8. Engagement**

The Council and the CCG's sought the views on services for carers through a number of consultation mechanisms; facilitated workshops, an online survey and focus groups. In addition to carers and cared for people, stakeholders involved included service providers and professionals from a range of health and social care backgrounds. We estimate that 450 people took part.

### **8.1 Service user feedback**

Consultation of service users through the online survey and through workgroups provided insights on the following themes.

#### **On what helps carers keep going**

- Carers reported that having and finding time to themselves was hard, but very important in helping them keep going.
- Carers valued support groups where they could get information and share experiences with peers.
- Carers expressed the importance of being able to maintain good social networks and having someone to talk to about their experiences.

#### **On the challenges carers experience**

- Working carers reported problems in accessing support, opening times of services and the challenges of employers not understanding the demands of caring.
- Carers from BME communities reported being unable to access support and culturally aware support.
- Money and financial worries were a commonly occurring theme, challenges with benefits e.g. changes to PIP and the assessment process.
- Finding good private care and culturally aware care.

#### **On what would help carers overcome challenges**

- Better information, a central resource where information is up to date on what's on offer, what, where and when.
- Support needs to be local, more easily accessible rather than having to travel to a single office covering the whole District.
- Work place support for working carers.

#### **On what's most important to carers**

- Breaks away from caring featured high on the list of priorities for carers.
- Training in order to provide better care and to improve their skills as a carer.
- Carers said they valued local and community based support pointing to an increased demand for more outreach support for carers.

## 8.2 Other partners

Having undertaken a number of engagement events with providers, professionals working with carers and other stakeholders, the following themes emerged.

- Identification of carers within primary and secondary health services is patchy and inconsistent, more awareness raising and training of professionals is required to improve this.
- Employers need to be more carer-aware (links to the service user feedback on working carers).
- The local authority access point is aimed at people in crisis and not people needing information or general advice, there needs to be a different approach to the provision of advice and information as a preventative measure.
- There are some gaps in available information e.g. for parents of young people in transition between children's and adult services, parents of adults with autism and carers supporting people with other condition specific needs.
- Information and advice for carers needs to be available locally, in the community e.g. community centres.
- Consider increased use of social media to develop online support forums to improve peer support for and between carers.
- It was acknowledged that the majority of carers don't get as far as a formal carer's assessment. However where they do, it's important that carers can choose where the assessment takes place. Where eligible needs are identified carers should be given a choice on who supports them.

## 9. Bradford District and Craven demographics and demand

### 9.1 Overview of population and demographics

With 534,300 people the Bradford District is the fifth largest local authority in England. It is the 'youngest' city outside London with a significant proportion of children and young people aged under 16, but in line with national trends it also has an increasing number of people over 65 years of age. This is accompanied by high levels of deprivation and a particularly wide gap between the most and least deprived parts of the district. All these features have significant implications for the future health and wellbeing of the district and therefore the provision of health and social care services, including services for carers.

[Appendix 1](#) contains projections for numbers of people most likely to be supported by a carer in Bradford District are all predicted to increase over the 2017- 2021 five year period.

The 2011 Census identified 50,914 carers in Bradford district, accounting for approximately 9.8% of residents providing unpaid care for someone with an illness or disability. 12,291 of those carers (24.1%) were providing more than 50 hours of care per week. Most carers fall into the 25-49 year age band, although 28% of carers providing 50 or more hours a week are over 65 and 11.9% state they are in bad or very bad health.

## 9.2 Ethnicity

Bradford district contains a rich mix of ethnic groups and cultures. The 2011 census indicates that the Asian/Asian British ethnic group forms nearly 27% of the total population, with people with a Pakistani heritage 20.4% by far the largest group. The table in Appendix 2 uses 2011 census data to show the ethnicity of people in the district. Immigration since 2011 can be estimated from applications for national insurance numbers. Between 2004 and 2013 there was an increase in applications from nationals of Poland, Latvia, Lithuania and Slovakia. Since 2013 there has been an increase in applications from Romanian and Spanish nationals, although the greatest number of applicants for national insurance numbers in Bradford continues to be from nationals of Pakistan.

Feedback from carers within BME communities indicates that we are not providing equitable access to support to some communities, culturally appropriate carers services are required to meet the needs of this varied population.

## 10. Commissioning

In October 2014 an Integrated Carers Service was jointly procured by Bradford Council's Adult and Community Services, in partnership with Airedale, Wharfedale and Craven Clinical Commissioning Group, Bradford City Clinical Commissioning Group, Bradford District Clinical Commissioning group and North Yorkshire County Council.

The contract awarded as a result of the procurement exercise is now due to end in April 2019.

### 10.1 Next Steps

The Local Authority and its partners have committed to continued joint commissioning of services for carers with agreed outcomes based on national and local strategic priorities.

During 2018 there will be a procurement process to ensure a carers' service is in place by April 2019. This service will reflect the existing and emerging needs of carers as identified through the recent engagement activity as described in Section 7 above.

### 10.2 Commissioning process and timeframe

We will be running an EU procurement process through Yortender. Procurement documents will be made available via Yortender to registered users only. Further information is available via

**Yortender:** <https://www.yortender.co.uk/>

If not already registered, Providers are advised to register on Yortender to ensure they receive notification of the procurement and the timetable in more detail.

The indicative timeframe for the procurement process is shown below.

Process Stage	Indicative Target Date
Tender process starts:	Late October 2018
Tender closing date:	Early December 2018
Decision made :	January 2019
Implementation of the new contract:	April 2019

**We welcome views on what kind of market information would be especially useful in the future or might be difficult to obtain independently as well as your views on the type of engagement you feel will be most useful to you.**

**The Council is interested in hearing from you if you have any questions or comments about this document and with your ideas about how we could improve it in future years.**

**Bradford Metropolitan District Council  
Adult & Community Services  
Commissioning Team  
[Commissioninginbox@bradford.gov.uk](mailto:Commissioninginbox@bradford.gov.uk)**

**For further information, open the links below:**

**[Bradford Council commissioning page](#)**

**[Applying To Do Business with Bradford Council](#)**

**[Commissioning Adult Health and Social Care Services](#)**

**[YORtender](#)**

# Appendix 1: numbers of people most likely to be supported by a carer, 2017-2021 <sup>4</sup>

## CBMDC area

<b>People predicted to have a longstanding health condition caused by a stroke</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
People aged 18-44 predicted to have a longstanding health condition caused by a stroke	95	95	95	95	95
People aged 45-64 predicted to have a longstanding health condition caused by a stroke	817	823	826	831	830
<b>Total population aged 18-64 predicted to have a longstanding health condition caused by a stroke</b>	<b>912</b>	<b>918</b>	<b>921</b>	<b>926</b>	<b>925</b>
People aged 65-74 predicted to have a longstanding health condition caused by a stroke	848	868	886	904	927
People aged 75 and over predicted to have a longstanding health condition caused by a stroke	961	973	990	1,009	1,028
<b>Total population aged 65 and over predicted to have a longstanding health condition caused by a stroke</b>	<b>1,809</b>	<b>1,841</b>	<b>1,876</b>	<b>1,911</b>	<b>1,955</b>

<b>People aged 65 and over predicted to have dementia, by age, projected to 2021</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
People aged 65-69 predicted to have dementia	298	296	297	298	304
People aged 70-74 predicted to have dementia	520	552	574	596	613
People aged 75-79 predicted to have dementia	828	822	839	845	873
People aged 80-84 predicted to have dementia	1,344	1,381	1,378	1,401	1,378
People aged 85-89 predicted to have dementia	1,350	1,372	1,428	1,444	1,483
People aged 90 and over predicted to have dementia	1,164	1,164	1,192	1,250	1,281
<b>Total population aged 65 and over predicted to have dementia</b>	<b>5,503</b>	<b>5,586</b>	<b>5,706</b>	<b>5,834</b>	<b>5,932</b>

<sup>4</sup> Tables produced from PANSI (Projecting Adult Needs and Service Information) and POPPI (Projecting Older People Population Information).

<b>People aged 18-64 predicted to have a mental health problem, projected to 2021</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
People aged 18-64 predicted to have a common mental disorder	51,191	51,372	51,416	51,506	51,511
People aged 18-64 predicted to have a borderline personality disorder	1,431	1,436	1,437	1,439	1,439
People aged 18-64 predicted to have an antisocial personality disorder	1,114	1,117	1,118	1,121	1,122
People aged 18-64 predicted to have psychotic disorder	1,272	1,276	1,277	1,280	1,280
<b>People aged 18-64 predicted to have two or more psychiatric disorders</b>	<b>22,895</b>	<b>22,975</b>	<b>22,996</b>	<b>23,039</b>	<b>23,045</b>

<b>People aged 65 and over predicted to have severe depression</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
People aged 65-69 predicted to have severe depression	598	590	595	595	608
People aged 70-74 predicted to have severe depression	304	323	336	349	358
People aged 75-79 predicted to have severe depression	490	490	501	504	522
People aged 80-84 predicted to have severe depression	336	345	345	348	345
People aged 85 and over predicted to have severe depression	413	421	433	445	456
<b>Total population aged 65 and over predicted to have severe depression</b>	<b>2,141</b>	<b>2,169</b>	<b>2,209</b>	<b>2,240</b>	<b>2,289</b>

<b>People aged 18-64 predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
People aged 18-24 predicted to have a moderate or severe learning disability	304	304	303	303	302
People aged 25-34 predicted to have a moderate or severe learning disability	394	393	392	390	391
People aged 35-44 predicted to have a moderate or severe learning disability	432	433	436	438	441
People aged 45-54 predicted to have a moderate or severe learning disability	361	362	360	358	355
People aged 55-64 predicted to have a moderate or severe learning disability	285	289	294	298	300
<b>Total population aged 18-64 predicted to have a moderate or severe learning disability</b>	<b>1,776</b>	<b>1,781</b>	<b>1,787</b>	<b>1,787</b>	<b>1,789</b>

<b>People aged 65 and over predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
People aged 65-74 predicted to have a moderate or severe learning disability	151	154	157	160	164
People aged 75-84 predicted to have a moderate or severe learning disability	52	53	54	54	55
People aged 85 and over predicted to have a moderate or severe learning disability	19	19	20	21	21
<b>Total population aged 65 and over predicted to have a moderate or severe learning disability</b>	<b>210</b>	<b>215</b>	<b>219</b>	<b>223</b>	<b>227</b>

<b>People aged 18-64 predicted to have a serious physical disability</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
People aged 18-24 predicted to have a serious physical disability	387	386	388	420	415
People aged 25-34 predicted to have a serious physical disability	294	292	291	284	294
People aged 35-44 predicted to have a serious physical disability	1,188	1,204	1,214	1,202	1,193
People aged 45-54 predicted to have a serious physical disability	1,850	1,828	1,771	1,785	1,814
People aged 55-64 predicted to have a serious physical disability	3,341	3,503	3,654	3,642	3,526
<b>Total population aged 18-64 predicted to have a serious physical disability</b>	<b>7,060</b>	<b>7,212</b>	<b>7,318</b>	<b>7,333</b>	<b>7,243</b>

<b>People predicted to have autistic spectrum disorders</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
People aged 18-24 predicted to have autistic spectrum disorders	497	497	495	493	491
People aged 25-34 predicted to have autistic spectrum disorders	728	729	730	730	735
People aged 35-44 predicted to have autistic spectrum disorders	709	710	710	711	714
People aged 45-54 predicted to have autistic spectrum disorders	678	681	679	680	673
People aged 55-64 predicted to have autistic spectrum disorders	570	575	581	590	594
<b>Total population aged 18-64 predicted to have autistic spectrum disorders</b>	<b>3,182</b>	<b>3,192</b>	<b>3,196</b>	<b>3,203</b>	<b>3,207</b>
People aged 65-74 predicted to have autistic spectrum disorders	419	429	438	448	460
People aged 75 and over predicted to have autistic spectrum disorders	307	311	318	325	332
<b>Total population aged 65 and over predicted to have autistic spectrum disorders</b>	<b>726</b>	<b>740</b>	<b>757</b>	<b>773</b>	<b>792</b>



## Craven District

<b>People predicted to have a longstanding health condition caused by a stroke</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
People aged 18-44 predicted to have a longstanding health condition caused by a stroke	7	7	7	7	7
People aged 45-64 predicted to have a longstanding health condition caused by a stroke	110	110	108	108	107
<b>Total population aged 18-64 predicted to have a longstanding health condition caused by a stroke</b>	<b>117</b>	<b>117</b>	<b>115</b>	<b>115</b>	<b>114</b>
People aged 65-74 predicted to have a longstanding health condition caused by a stroke	157	157	161	164	164
People aged 75 and over predicted to have a longstanding health condition caused by a stroke	182	192	194	199	209
<b>Total population aged 18 and over predicted to have a longstanding health condition caused by a stroke</b>	<b>456</b>	<b>465</b>	<b>470</b>	<b>478</b>	<b>486</b>

<b>People aged 65 and over predicted to have dementia, by age, projected to 2021</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
People aged 65-69 predicted to have dementia	52	50	50	51	51
People aged 70-74 predicted to have dementia	104	109	115	115	115
People aged 75-79 predicted to have dementia	152	164	164	175	187
People aged 80-84 predicted to have dementia	251	251	251	251	251
People aged 85-89 predicted to have dementia	261	261	261	283	300
People aged 90 and over predicted to have dementia	268	268	268	268	299
<b>Total population aged 65 and over predicted to have dementia</b>	<b>1,088</b>	<b>1,103</b>	<b>1,109</b>	<b>1,144</b>	<b>1,203</b>

<b>People aged 18-64 predicted to have a mental health problem, by gender, projected to 202</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
People aged 18-64 predicted to have a common mental disorder	4,980	4,916	4,904	4,911	4,871
People aged 18-64 predicted to have a borderline personality disorder	140	138	137	138	137

People aged 18-64 predicted to have an antisocial personality disorder	106	105	104	104	104
People aged 18-64 predicted to have psychotic disorder	124	122	122	122	121
<b>People aged 18-64 predicted to have two or more psychiatric disorders</b>	<b>2,219</b>	<b>2,191</b>	<b>2,184</b>	<b>2,184</b>	<b>2,169</b>

<b>People aged 65 and over predicted to have severe depression.</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
People aged 65-69 predicted to have depression	356	339	339	345	345
People aged 70-74 predicted to have depression	314	331	347	347	347
People aged 75-79 predicted to have depression	221	237	237	254	270
People aged 80-84 predicted to have depression	198	198	198	198	198
People aged 85 and over predicted to have depression	191	196	207	207	212
<b>Total population aged 65 and over predicted to have depression</b>	<b>1,279</b>	<b>1,301</b>	<b>1,328</b>	<b>1,351</b>	<b>1,372</b>

<b>People aged 18-64 predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
People aged 18-24 predicted to have a moderate or severe learning disability	20	19	19	18	18
People aged 25-34 predicted to have a moderate or severe learning disability	27	27	27	27	27
People aged 35-44 predicted to have a moderate or severe learning disability	35	35	34	35	35
People aged 45-54 predicted to have a moderate or severe learning disability	45	44	43	42	40
People aged 55-64 predicted to have a moderate or severe learning disability	42	42	43	43	44
<b>Total population aged 18-64 predicted to have a moderate or severe learning disability</b>	<b>169</b>	<b>167</b>	<b>166</b>	<b>165</b>	<b>164</b>

<b>People aged 65 and over predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
People aged 65-74 predicted to have a moderate or severe learning disability	28	29	29	29	29
People aged 75-84 predicted to have a moderate or severe learning disability	10	10	10	11	11
People aged 85 and over predicted to have a moderate or severe learning disability	4	4	4	4	4
<b>Total population aged 18 and over predicted to have a moderate or severe learning disability</b>	<b>210</b>	<b>210</b>	<b>208</b>	<b>209</b>	<b>208</b>

<b>People aged 18-64 predicted to have a serious physical disability.</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
People aged 18-24 predicted to have a serious physical disability	26	24	24	23	22
People aged 25-34 predicted to have a serious physical disability	20	20	20	20	20
People aged 35-44 predicted to have a serious physical disability	97	95	94	95	95
People aged 45-54 predicted to have a serious physical disability	230	227	219	213	208
People aged 55-64 predicted to have a serious physical disability	493	499	505	510	516
<b>Total population aged 18-64 predicted to have a serious physical disability</b>	<b>865</b>	<b>865</b>	<b>861</b>	<b>863</b>	<b>862</b>

<b>People aged 18-64 predicted to have autistic spectrum disorders</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
People aged 18-24 predicted to have autistic spectrum disorders	32	32	32	30	30
People aged 25-34 predicted to have autistic spectrum disorders	50	50	50	52	52
People aged 35-44 predicted to have autistic spectrum disorders	55	53	53	53	54
People aged 45-54 predicted to have autistic spectrum disorders	83	81	79	77	73

People aged 55-64 predicted to have autistic spectrum disorders	84	84	84	85	87
<b>Total population aged 18-64 predicted to have autistic spectrum disorders</b>	<b>303</b>	<b>299</b>	<b>297</b>	<b>296</b>	<b>295</b>
People aged 65-74 predicted to have autistic spectrum disorders	77	77	79	81	81
People aged 75 and over predicted to have autistic spectrum disorders	58	62	62	64	68
<b>Total population aged 65 and over predicted to have autistic spectrum disorders</b>	<b>135</b>	<b>139</b>	<b>141</b>	<b>145</b>	<b>149</b>

**Appendix 2: Numbers of people identifying as carers in CBMDC area and Craven <sup>5</sup>**

	<b>Provides 1 to 19 hours unpaid care a week</b>	<b>Provides 20 to 49 hours unpaid care a week</b>	<b>Provides 50 or more hours unpaid care a week</b>	<b>Total</b>
<b>Craven</b>	4,759	674	1,178	6,611
<b>Bradford</b>	30,983	7,738	12,305	51,026

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<sup>5</sup> 2011 ONS Census

## Appendix 3: Ethnicity <sup>6</sup>

### CBMDC area

Ethnic group	Number of all usual residents	% of all usual residents
All usual residents	522,452	100.0
White	352,317	67.4
English/Welsh/Scottish/Northern Irish/British	333,628	63.9
Irish	2,541	0.5
Gypsy or Irish Traveller	433	0.1
Other White	15,715	3.0
Mixed/multiple ethnic groups	12,979	2.5
White and Black Caribbean	4,663	0.9
White and Black African	875	0.2
White and Asian	5,677	1.1
Other Mixed	1,764	0.3
Asian/Asian British	140,149	26.8
Indian	13,555	2.6
Pakistani	106,614	20.4
Bangladeshi	9,863	1.9
Chinese	2,086	0.4
Other Asian	8,031	1.5
Black/African/Caribbean/Black British	9,267	1.8
African	4,993	1.0
Caribbean	3,581	0.7
Other Black	693	0.1
Other ethnic group	7,740	1.5
Arab	3,714	0.7
Any other ethnic group	4,026	0.8

<sup>6</sup> 2011 ONS Census

## Craven District

Ethnic group	Number of people	% of all people
All categories: Ethnic group	55,409	
White	53,964	97.39%
White: English/Welsh/Scottish/Northern Irish/British	52,842	95.37%
White: Irish	215	0.39%
White: Gypsy or Irish Traveller	54	0.10%
White: Other White	853	1.54%
Mixed	375	0.68%
Mixed/multiple ethnic group: White and Black Caribbean	94	0.17%
Mixed/multiple ethnic group: White and Black African	59	0.11%
Mixed/multiple ethnic group: White and Asian	141	0.25%
Mixed/multiple ethnic group: Other Mixed	81	0.15%
Asian	970	1.75%
Asian/Asian British: Indian	156	0.28%
Asian/Asian British: Pakistani	474	0.86%
Asian/Asian British: Bangladeshi	39	0.07%
Asian/Asian British: Chinese	118	0.21%
Asian/Asian British: Other Asian	183	0.33%
Black	61	0.11%
Black/African/Caribbean/Black British: African	48	0.09%
Black/African/Caribbean/Black British: Caribbean	8	0.01%
Black/African/Caribbean/Black British: Other Black	5	0.01%
Other	39	0.07%
Other ethnic group: Arab	25	0.05%
Other ethnic group: Any other ethnic group	14	0.03%

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**Report of the Strategic Director, Health and Wellbeing  
to the meeting of Health and Social Care Overview and  
Scrutiny Committee to be held on 25<sup>th</sup> October 2018**

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**Subject: Report on ways to improve consultation with vulnerable groups**

**Summary statement:**

**This paper provides information on what the authority is doing to ensure that its consultation processes with vulnerable groups is conducted appropriately.**

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**Portfolio:**

**Healthy People and Places**

**Overview & Scrutiny Area: Health and  
Social Care**

## **1. SUMMARY**

- 1.1. This paper provides a progress update on what the Local Authority is doing to ensure that its consultation processes with vulnerable groups is conducted appropriately.

## **2. BACKGROUND**

- 2.1. Between February and August 2016, the Council conducted a consultation on the proposed Change to Bradford Council's Contributions Policy for non-residential services. Whilst the contributions policy itself has been agreed politically and is legally justified, the authority was subject to a Judicial Review on the way the council conducted the consultation
- 2.2. In September 2016- the Health and Social Care Overview and Scrutiny Committee received a report from Healthwatch and raised concerns about the consultation on changes to the Adult Social Care Contributions Policy. This was followed by consideration of a Judicial Review.
- 2.3. There were lessons to be learnt in the way that we conducted the consultation into the contributions policy. These can be summarised as follows:
- Lack of information in the budget consultation process which made it difficult to identify likely impact upon affected groups
  - Delay in deciding if more targeted consultation was needed (post budget decision)
  - Not following the Gunning Principles (which are best practice principles for ensuring a fair consultation) when deciding
    - what we are consulting on,
    - how best to engage and where to engage, and
    - when to consult which gives sufficient time for all involved.
  - Inaccessible consultation process which led to additional work and use of resources
- 2.4. This paper outlines what we have been are doing to ensure our consultation processes with vulnerable groups are appropriate and meaningful.

### **3. What the Council are doing to improve consultation with vulnerable groups**

- 3.1. Over the last two years, the Council has carried out a number of changes in order to promote best practice in consultation. This includes:
- The implementation of the consultation framework devised in 2017; and;
  - our accessible information policy.
- 3.2. These initiatives will ensure that any mistakes from previous consultation exercises will not be repeated.

#### **Consultation Framework**

- 3.3. In 2017, Bradford Council developed and adopted a corporate approach to consultation, to ensure an agreed methodology, best practice sharing, and the opportunity to maximise consultations authority wide. This also provided an opportunity to ensure future consultations were robust and did not leave the Council inadvertently at risk of challenge due to poor practices. This process was reported to Corporate Overview and Scrutiny in April 2017 with the committee supportive of the work progressing.
- 3.4. The new framework was timed with the Local Government Association (LGA) launching its interactive '[New Conversation's Guide](#)'. Bradford Council worked closely with the Campaign Company, who had been commissioned by the LGA to create this toolkit. The Campaign Company consequently came to Bradford to launch the new toolkit across the region. Alongside this colleagues from across the Council took part in a training masterclass run in partnership between Bradford Council and the Campaign Company.

#### **Bradford Council's Consultation Toolkit and Calendar**

- 3.5. Bradford Council also created its own local Consultation Toolkit, which guides staff and members to key parts of the New Conversations Guide, and then provides local advice and direction on how best to approach consultation. A [consultation calendar](#) was also launched, where the public as well as staff and members can view what consultation is taking place, providing an opportunity to reduce duplication and consultation fatigue, and sharing the outcome of consultations. Officers are responsible for ensuring this calendar is

populated and updated.

3.6. Bradford Council's toolkit itself (available on the Council's intranet, [BradNet](#)) outlines what consultation is and when it should take place; who to involve; working with elected members; consultation evaluation; how to use the calendar; digital consultation; legislation overview and how to seek more help.

3.7. It follows the Gunning Principles which emphasise 'fairness' with the following courses of action:

- Consultation should take place when the proposal is still at an early stage.
- Sufficient reasons should be put forward for the proposal to allow for intelligent consideration and response.
- Adequate time must be given for consideration and response.
- The product of consultation must be conscientiously taken into account.

3.8. The intention of the toolkit is that as an organisation we will be better able to:

- Ensure there is a clear understanding of, and commitment to consultation and engagement by officers and elected members, and skills, tools and capacity to deliver among officers.
- Ensure consultation and engagement is inclusive, well co-ordinated, achieves value for money and meets good quality standards.
- Ensure the council's consultations comply with relevant statutory and legal requirements.
- Achieve continuous improvement by learning from the evaluation of all significant consultation and engagement activity.
- Ensure that the views of local people are used to help identify priorities, influence policy, service delivery and decision making.
- Provide clear and timely feedback following consultation.
- Ensure information on consultations is easily accessible.

### **3.3 Service consultation leads**

3.9. As part of the launch of the toolkit and calendar within the Council, service consultation leads/champions were also identified across all areas of the authority. These leads and champions have been trained in order to ensure that all parts of the Council were aware of their responsibilities and had service specific support when needed.

### 3.4 Health and Wellbeing

3.10. Over the last two years, the Health and Wellbeing department's been built around taking a person centred approach in its dialogue with the people it supports. This means focusing on peoples' strengths, and enabling people to take properly understood, proportionate and positive risks in living their lives. This is reflected in our approach to consultation and engagement with people we support, their carers and advocates to sign post them to alternative options for support or ensure they are fully aware of any potential change in support provision or are provided with options for changes at the earliest opportunity possible. The approach taken by the department includes a mix of face to face conversations, focus group discussions, community surgeries and questionnaires - examples include:

- **Big Local Conversations:** Adult Services, Lancaster University and BTM are working together to have conversations with people with Learning Disabilities and on the Autistic spectrum to explore the idea of what a good life looks like.

The project is being steered by a group of independent disability led organisations including BTM, Bradford People First, Specialist Autism services, , Equality Together, and Keighley and Craven People First and HfT (Home Farm Trust) who have 750 people who will be moving from the block contract and the information we gather from this conversation will help inform this move with the intention to make changes which are person centred and asset based)

Stage 1 is the development of an accessible questionnaire based on the Health Inequalities Determinants framework so that we can form a base line. This is planned to be sent out this week.. Care workers and Social care workers will also be asked to complete the questionnaire to give us a comparator. The results of this will inform the BIG Conversations held later.

Stage 2 Development of film clips to support pre conversation meeting with disabled people who will where possible lead the actual conversations.

Stage 3 Five to six events across the district in appropriate locations where possible led by people with a Learning Disability or

on the Autism spectrum and will include a variety of means by which people can communicate their views – interactive sessions, filming opportunities, ‘What I think’ booth, group discussions etc.

- **Community Based Social Work:** supported through the National Development Team for Inclusion we are moving towards a model of community based social work practice which recognises people as experts of their own lives and builds on the strengths within their natural networks of support from community and family. This can be described as co-production. As part of this work we are developing Let’s Connect hubs across the district so that people can have a face to face chat with a social care worker. Co-production brings people and organisations together around a shared vision. There is a focus on communities and each will be different. Let’s Connect Keighley has hubs in Keighley Healthy Living Centre on Tuesdays and will soon be opening in the Market on Thursdays. Let’s Connect Bradford has a hub in the Bedale Centre on Buttershaw Estate.

This approach focusses on community and working in a person centred way with a focus on seeking alternatives to paid support and if support is needed not going straight to ‘traditional options’. The approach has helped us map the wide range of support services being provided by community services and this is being included in a community directory which is a part of our Connect to Support platform. This is website which provides information for adults with care and support needs. The focus is on empowering people to live happy, healthy lives, where they are in control.

- The department has worked with Bradford Talking Media to consult with focus groups on the development of our approach and policies around Independent Support Funds (ISF), Market Shaping, and Home First. The **focus groups** were asked to provide their thoughts on the policies and their feedback on content and presentation was reflected in the final published documents.
- As part of the process of how people are reviewed and assessed, the department is looking to embed the **Personal Outcomes Evaluation Tool (POET) survey**. The Survey has been developed with the Centre for Disability Research at Lancaster University, to measure the outcomes of personal budgets and personalised care

and support, and the impact they are having on people's lives. The implementation of the survey will allow us to more closely monitor and track outcomes for individuals and the service on an ongoing basis.

- On an annual basis the department undertakes the **Adult Social Care Survey (ASCS)**, which asks people who are over 18 and who use adult social care about their experiences. The questionnaire looks at how these services are helping people to live safely and independently in their own homes. The findings from the survey help to inform the department on areas where our approach can be strengthened to improve outcomes for individuals. The findings are reported as part of the Adult Social Care Outcomes Framework.
- As part of Public Health's Self Care and Prevention Programme, we have commissioned the VCC Alliance to engage with adults, children and young people, parents and families in Bradford District and Craven focusing on three key topic areas:
  - Choose Well (using 'Choose Well' and 'Is My Child Unwell' campaign resources)
  - Winter Wellness Campaign (promoting 'keep warm, keep well', flu vaccination campaigns, management of respiratory conditions and parents/guardians of 2-to-3 year olds)
  - Mental Wellbeing (using 'It's Okay not to be Okay, Five Steps to Wellbeing and 'Time to Talk' campaign resources).

The engagement campaign will include face to face sessions in schools, children centres and at other community settings and local events and the use of digital communications tools to raise awareness. The campaign started in September 2018 and will continue through to March 2019.

- The Engaging People consultancy undertook some engagement sessions earlier this year on behalf of the **Self Care Programme**. They delivered a range of sessions with over 18 different groups and spoke to 269 people on positive self care choices and how they as individuals can make improvements. The approach taken for these sessions included interactive activities and facilitated conversations.

- Public Health is working with Pharmacy students at the University of Bradford around engagement being offered as part of their curriculum. As part of this partnership arrangement students will provide 10 hours community engagement supporting the delivery of public health messages during Self Care Week (equates to approximately 1200hours of service provision). Students will also become public health champions and deliver council-led priority public health messages to staff and students at the University (linked to the Bradford Health Charter).

### **Case Study: Safeguarding Voice**

- 3.11. The Safeguarding Voice Group has been running since 2011. It is our community reference group and is made up of older people, disabled people, carers, volunteers and the public. Any work the Safeguarding Adults Board does is taken to the Voice Group so that views of the group are heard.
- 3.12. The group aims to:
- listen to people's views and experiences of safeguarding adults
  - help us improve services and information so we can safeguard adults better in the district
  - help people speak up, have a voice and keep everyone safe.
- 3.13. Key achievements of Safeguarding Voice for 2017-18 include:
- Learning about door step crime
  - Feedback given on the proposed changes to the Safeguarding Adults Policy and Procedures
  - Information stalls held at the Easier Access Event and at the Broadway shopping centre
  - Delivered Safeguarding Bingo workshops
  - Delivered workshop on 'How to keep your organisation Safe' Toolkit
  - Led on delivering a session on Making Safeguarding Personal (MSP) to Adult Social Care staff
  - Led on running the Safeguarding Adults Public Conference 'Making it real'



- Produced a film on YouTube on 'Making it Real' Safeguarding Adults Public Conference  
<https://www.youtube.com/watch?v=UcWI8-Fnego>
- Addressed issues around abuse and mistreatment of disabled people on public transport
- Involved in Local Government Association(LGA) and Association of Directors of Adult Social Services (ADASS), new resource Making Safeguarding Personal - Supporting increased involvement of service users
- Attended LGA's and ADASS's conferences in London in January and March 2018 to present how the SAB and Voice work together
- Reviewed Safeguarding Adults Boards (SAB) 2016-17 annual report and gave feedback on how to make the next annual report more accessible
- Officers from Leeds and Kirklees Safeguarding Adults Boards attended Safeguarding Voice to learn about the group and share ideas
- Working together with West Yorkshire Police on feeding back on their 'Know me to protect me' toolkit
- Learning about raising awareness through social media
- Started work on planning for SAB's public engagement event on its new three year plan.

*"Being part of Safeguarding Voice gives us a chance to share ideas and stories with others. It is not just sharing because much of it is acted on in the groups work and by the Safeguarding Adults Board. It really is about making it personal; we are truly involved. The contacts there have helped us in our own work to make others aware of abuse".*

### **Case Study: Integration Strategy**

- 3.14. The Social Kinetic was commissioned by The Council to engage the 'communities of Bradford District' to identify strategies/ideas. The aim was to gather people's views and get to the heart of some of the most persistent integration challenges in the district and would build happier, stronger communities with more opportunity for everyone. More than 630 people were engaged over three events in Bradford, Shipley and Keighley. Many conversations lasted more than

an hour each. Each event had a mix of people from different ages, faith groups, ethnicities and gender.

- 3.15. The approach was to test a list of seven ideas and initiatives on behalf of the Stronger Communities Partnership and identify a shortlist which 'local communities' believe will work. The community research days were designed to ensure people felt welcome, relaxed and at ease to participate. Refreshments and food were provided. There were activities for children including a face painter. People could engage for five minutes or two hours. Social Kinetic worked with the Council's Stronger Communities team to;
- Engage as broad a group as possible both through qualitative and quantitative research
  - Ensure there was sufficient geographic spread
  - Engage with people informally and in more detail, in groups where people would feel comfortable to talk openly about their experiences, views and recommendations.
- 3.16. Differences in what people said by area, age and gender were recorded.

### **Case Study: Restructure of SEND (Special Educational Needs and Disabilities)**

- 3.17. This was a major consultation on the revised proposals for the restructure of SEND Specialist Teaching Support Services for children and young people with SEND to improve their educational outcomes. The consultation took place between 2 May 2017 and 6 June 2017 when Children's Services undertook a period of engagement on proposals to remodel SEND services 0-25. This was then followed by a further consultation from 26 June 2017 to 31 August 2017.
- 3.18. consultation and engagement included:
- Parents and Carers Forum
  - Head teachers
  - SEND Strategic Partnership
  - Elected members
  - Managers and teams in Children's Services
  - Health and Well-Being Board
  - The Schools Forum
- The consultation was promoted in a number of ways: Through the Local Offer website, Bradford Schools Online (BSO), the Council's consultation website, the SEND summer conference 2017 and

attendance at events such as the Head teachers' briefings, Schools Forum, Partnership meetings such as the Integrated Early Years Strategy Group, the SEND Strategic Partnership, and the Bradford Primary Improvement Partnership (BPIP).

- 3.19. An online survey to schools was also undertaken in the 2017 summer term about the work of the specialist teaching support services. This generated 134 responses. EasyRead versions were produced and circulated to key groups.

### **Case Study: SDP Access to Information Group**

- 3.20. The Access to Information Group is a well established group (formerly an action group of the Strategic Disability Partnership). The group works on projects to make sure information is accessible. Bradford Council along with its colleagues in the CCGs and the Police support this group so that it can be a critical friend to the Council. This group also acts as a "stakeholder" when the government consults on implementing the AIS standard.

### **Accessible Information Standard (AIS):**

- 3.21. This standard requires all providers of health services and adult social care services make sure that disabled people:

- have access to information that they can understand and
- can access communication support that they might need.

- 3.22. There are five steps to the standard which are explained in Appendix 3. A policy is being developed to expand the good practice from the implementation of the AIS programme to all customer access points in the Council. Applying these standards will complement future engagement activities.

### **Review and next steps**

- 3.23. The consultation process is continually under review and we will continue on-going activity to promote best practice across the authority. Given recent changes in senior management, we are planning to run a session on consultation for an upcoming Council senior leadership team meeting in November and will ensure that the consultation toolkit is promoted at the council's management conferences as part of the upcoming Budget process.

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

There are no financial issues arising

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

No significant risks arising out of the contents of this update.

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

There are no direct legal consequences of this report.

#### **7.0 OTHER IMPLICATIONS**

##### **7.1 EQUALITY & DIVERSITY**

The issues within the report directly support one of the Council Equality objectives . Namely: Accessible Services. An Equality Impact Assessment may be required to inform the implementation of the Consultation Toolkit.

##### **7.2 SUSTAINABILITY IMPLICATIONS**

None

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

None

##### **7.4 COMMUNITY SAFETY IMPLICATIONS**

None identified

##### **7.5 HUMAN RIGHTS ACT**

Under the Human Rights Act 1998 it is unlawful for any public body to act in a way that is incompatible with an individual's human rights. Where an individual's human rights are endangered Local Authorities have a duty to balance those rights with the wider public interest and act lawfully and proportionately. The most relevant rights for the purposes of this report are:

- The right to respect for private and family life
- The right to freedom from inhumane and degrading treatment
- The right not to be discriminated against in respect of these

rights and freedoms

The obligations on public bodies under the Human Rights Act 1998 require vulnerable individuals their families, carers and relevant members of the public be involved in any consultation process and planning of changes and that planning of change is fair and proportionate.

## **7.6 TRADE UNION**

There are no current Trade Union matters for consideration. However as the work progresses, should any Trade Union implications be identified which need to be considered, will be addressed through the usual consultation mechanisms.

## **7.7 WARD IMPLICATIONS**

No specific ward implications are identified

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

Not relevant in this instance

## **7.9 IMPLICATIONS FOR CORPORATE PARENTING**

None

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

Any engagement activity will need to follow the guidelines of the General Data Protection Regulations (GDPR)

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

None

## **9. RECOMMENDATIONS**

That Members consider and comment on the details presented in this report and associated appendices and agree any specific matters that may require further scrutiny action.

## **10. APPENDICES**

Appendix 1: Consultation Toolkit (separate document)

Appendix 2: Toolkit checklist (separate document)

Appendix 3: Accessible Information Standard for

## **12. BACKGROUND DOCUMENTS**

- Corporate Overview and Scrutiny Committee report – Improving our approach to corporate consultation (April 2017)  
<https://bradford.moderngov.co.uk/ieListDocuments.aspx?CId=139&MId=6413&Ver=4>
- Local Government Association New Conversations Guide  
<https://www.local.gov.uk/new-conversations-lga-guide-engagement>



**“The more you talk to people, the clearer things become and the easier it is to determine what you should be doing. Don’t wait until there is a problem to have a conversation.”**

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    - Equalities – 3 e-learning packages raising awareness on LGBT and Cultural Awareness, and equality impact assessments; staff focus groups
    - Report writing – *in development*
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  - d. Useful web sites



## INTRODUCTION

Bradford Council is committed to finding out what people think about the issues and services that affect them. The Council regularly consults residents and other stakeholders to seek their views on proposed changes to council services, plans, policies and other important issues. Our consultations have a specific start and end date and help to inform decisions that the council makes. As well as consulting on specific issues, we work in partnership to carry out longer term engagement. This involves working with communities to ensure they are empowered, supported and developed to be involved in decisions that affect their lives.

This toolkit has been developed to support Councillors and officers within the council to help better understand consultation and engagement. In the past consultation was undertaken by specialists within the council, now staff across the organisation with different levels of experience and expertise get involved in delivering consultations and engaging with service users. This guide has therefore been developed for the council to build stronger dialogue between residents and the council.

The intention is that with this toolkit that Councillors and officers will be better able to:

- ensure there is a clear understanding of, and commitment to consultation and engagement by officers and elected members, and skills, tools and capacity to deliver among officers.
- ensure consultation and engagement is inclusive, well coordinated, achieves value for money and meets good quality standards.
- ensure the council's consultations comply with relevant statutory and legal requirements.
- achieve continuous improvement by learning from the evaluation of all significant consultation and engagement activity.
- ensure that the views of local people are used to help identify priorities, influence policy, service delivery and decision making.
- provide clear and timely feedback following consultation.
- ensure information on consultations is easily accessible.

It is vital services have active and on going engagement with their current and potential service users, to ensure those services continue to be effective and fit for purpose, and also to help support any changes services may need to make. In some cases more formal consultation then needs to take place, at which point particular 'rules' apply which everyone needs to be aware of. This toolkit provides advice on engagement with a special focus on consultation. It makes direct reference to the Local Government Association New Conversations guide, launched in early 2017 as good practice. Opportunities for further advice and support are also outlined, including how to better engage with 'communities of

interest', residents of the district's constituencies and wards and departmental consultation champions.

## CONSULTATION GUIDANCE – LGA 'NEW CONVERSATIONS GUIDE'

In recognition that working with communities is more important than ever, in February 2017 the Local Government Association produced a consultation and engagement guide to support Local Authorities in this work. The guide helps Councillors and officers work towards building stronger dialogue between councils and residents. It covers all aspects of engagement running from formal consultations to more deliberative and informal listening exercises. It also supports improvements in statutory consultation practices to help avoid legal challenges and encourages engaging in more creative ways.

Bradford council's toolkit does not look to replicate the detailed advice from this guide, but adds a local flavour through identifying some of the support tools and processes available within the council, over and above the New Conversations Guide.

However, for ease of access, outlined in this section is a summary of some of the key elements of the guide, with references to the appropriate sections.

### [LGA New Conversations guide](#)

#### **1. ENGAGEMENT, CONSULTATION OR SOMETHING ELSE**

(page 31 of New Conversations guide)

Engagement in effect means anything that creates a stronger two-way relationship between the council and communities. When thinking about engaging around a specific issue, you need to be clear on the difference between engagement and consultation. Other types of engagement include listening events, co-production, participation, information drives, but these are not consultation. From the outset you need to be clear that consultation is a specific and concrete term, and 'engagement' is a much broader and more varied one. Some of the differences are outlined here, with citizen power being the ultimate ambition.

- Information-giving: where residents are informed, but have no influence.
- Consultation: where residents can inform decisions, but don't have the final say.
- Co-production: where things are done jointly, acting together.
- Supporting citizen power: where residents lead and the council stands back.

The more sophisticated your approach to engagement, the less you'll need to rely solely on individual consultation exercises.

#### **(1) Consultation Golden Rules**

- Consultation must be at a time when proposals are still at a formative stage.
- You must give sufficient reasons for your proposals to allow consultees to understand them and respond to them properly.
- You must give sufficient time for responses to be made and considered.
- Responses must be conscientiously taken into account.

## **2. INVOLVING ELECTED MEMBERS**

(page 88 of the New Conversations guide)

Councillors have a huge and vital role to play as decision-makers and at the front line of engagement. In local government there is the expectation that democracy is participatory, with Councillors bringing those they represent into conversations about the district and the services public bodies deliver. It is therefore vital that Councillors are involved in all engagement and consultation activity.

#### **(2) Involving Elected Members Golden Rules**

- Elected members are at the forefront of the Council's engagement activities and have a wealth local knowledge and expertise to help shape consultation.
- Portfolio Holders should be given the opportunity at the outset to be involved in the planning of major consultations.
- For more local consultations ward councillors should be made aware and given the opportunity to be involved.

## **3. WHO TO ENGAGE WITH AND HOW**

(page 37 of the New Conversations guide)

You will need to use a variety of consultation methods to ensure that you are providing the best opportunity for people to take part. A key consideration when deciding which engagement and consultation methods to use is to select the method(s) which will get the best response from those you have decided to consult.

You should consider:

- What you need to know and what type of information you are seeking.
- Who you need to hear from; what the best way to contact/consult them is.
- How complex the issue is.
- How involved people are prepared to be, what your timescale and budget is.

To help this process a stakeholder mapping exercise can be undertaken, p44 of the LGA New Conversations guide will help you with how to do this.

**(3) Speak to people, don't wait until there is a problem to have a conversation**

It is important to speak to people including service users even when you don't have to, as this can help cultivate trust and understanding. If you wait until there is a problem or issue that requires formal consultation, then that trust will not be built. People are then less likely to get involved and will be less willing to be part of the problem solving.

#### **4. FEEDBACK**

(referenced throughout the New Conversations guide)

Feedback is an important part of consultation and demonstrates to people that you have listened to their views and that you have used them to inform decisions. They are then more likely to get involved in the future, and feel part of their community and decisions affecting them. Lack of feedback or poor quality feedback can lead to high levels of dissatisfaction and disengagement. You should provide feedback on consultations with an explanation of the difference it made.

#### **5. EVALUATION**

(page 72 of the New Conversations guide)

Good evaluation tells you what went well and what didn't. It highlights areas for improvement and how to achieve better value-for-money in future engagement work. It should happen throughout any process, but with special attention at the beginning and end of any consultation exercise. Evaluation includes reflecting on the work of others, not just your own, be that through benchmarking nationally, or considering what other parts of the Council have undertaken. (See Bradford's Consultation Calendar on page 7.)

#### **6. LANGUAGE**

(referenced throughout the New Conversations guide)

When designing your consultation materials you must make sure that the language and the terminology you use is clear, informative, and will not confuse those taking part. Ensure you use 'plain English' and present your materials in a clear and concise manner.

**(6) Definition of plain English:**

"A style of communication that uses easy to understand, plain language with an emphasis on clarity, brevity, and avoidance of overly complex vocabulary."

For further information on how to write in this style, refer to the Plain English Campaign guidance.

## CONSULTATION CHECKLIST

The LGA New Conversations guide provides the detail of how to undertake a consultation. A more detailed stand alone checklist is in development for Bradford and will follow in autumn 2017. However listed below are the key steps in the actual process of undertaking a consultation (as per the LGA guide), and can be used to provide officers with assurance that the principle areas of best practice are being covered.

- Agree why you need to consult and who needs to approve it
- Decide who you need to consult with (stakeholder mapping)
- Research previous and planned consultations (see Bradford's consultation calendar)
- Decide when and for how long you need to consult
- Decide what consultation method(s) to use, including resource identification
- Develop a consultation and communications plan
- Design your consultation and start to consult
- Analyse, interpret and report results (upload on to the consultation calendar)
- Provide feedback to participants
- Evaluate the success of your consultation

The gold standard of good consultation (as outlined by the Consultation Institute's Charter) must take into consideration:

1. Integrity: Intentions must be honest, and with a genuine willingness to listen and be influenced.
2. Visibility: There should be a real effort to make all of those who have a right to participate aware of what's going on.
3. Accessibility: There needs to be reasonable access, using appropriate methods and channels and catering for hard-to-reach groups.
4. Transparency: Things submitted need to be made public and data disclosed, unless there's a specific reason to make them exempt.
5. Disclosure: All relevant material and context should be disclosed by the council, and in return residents should disclose the full range of local opinion.
6. Fairness: Assessments and interpretations of consultations need to be objective. Decisions need to be representative of the spread of opinion.
7. Publication: Participants have a right to receive feedback on the final output, and on the eventual outcome of the process.

## CONSULTATION CALENDAR

Consultation Calendar has been developed to help the public, officers and Elected Members know what consultations have previously taken place, are currently being run or are scheduled for the future. It also provides an opportunity to share feedback on those consultations that have already taken

place. It is important the information you seek to find out from a consultation does not already exist, the calendar will help with this. We must avoid duplication and the resulting consultation fatigue for participants. This will lead to better efficiency, improved coordination and engaged individuals and communities.

The calendar is hosted on a page that introduces consultation to the general public

<https://www.bradford.gov.uk/consultations/current-consultations/consultation-and-engagement/>

Details of all consultations are then provided in a [tabulated](#) and [calendar](#) format. These features are hosted on the <https://bradford.moderngov.co.uk> web pages where Committee Minute details are also held.

The calendar requires individual services to upload their consultation information including dates of the consultation, purpose of the consultation, methods of consultation (might be a workshop, event, focus group, survey etc) and contact details. Once closed, feedback to participants ('you said, we did') from consultation should be listed here as well.

For training on uploading information to the consultation calendar please put in a service request by telephoning 1234, or online through [BradNet \(IT Support\)](#). You can then make arrangements with the web content team to receive that support – for further information please contact Stephen Pickles, [webcontent@bradford.gov.uk](mailto:webcontent@bradford.gov.uk), 01274 435044.

## CITIZEN'S E-PANEL

Bradford Council's Citizen Panel was launched in November 2016. The panel consists of approximately 1,800 Bradford citizens who fit the demographic profile of the district and therefore representative of the district. Panel members have agreed to complete up to 10 surveys a year that will be primarily distributed electronically through the Council's survey system (with some choosing a paper version).

The panel has been set up to help us to find out what people think about lots of different projects, changes, strategies and other things that we have planned. People will also have the chance to tell us about the area they live in, what they think of the services we provide and whether they think we are doing a good job.

The Panel is constantly being updated and any one who would like to join the panel can apply by completing a form available on the council website or contacting the panel administration officer. Should they meet the right profile they will be signed up as soon as a place becomes available. We encourage all survey designers to promote the opportunity of joining the Panel to the people

they are engaging with. This broadens opportunities, and ensures the Panel remains well supported and meaningful.

For further information please contact the Office of the Chief Executive – Yeron Meah, 01274 437261, [yeron.meah@bradford.gov.uk](mailto:yeron.meah@bradford.gov.uk).

## SURVEYS, DIGITAL CONSULTATION AND PROMOTION

### ELECTRONIC SURVEYS

Surveys are a great means of reaching a wide audience in an efficient and effective way. They can be easily and quickly circulated, provide consistent questions and a comprehensive means of analysis and reporting. Web users can also access the information 'on the go' and is a straight forward means for many people to interact with the Council.

However it is also acknowledged online surveys should not be the only means for engagement or consultation, as there can be restrictions to accessibility, and other people simply prefer not to complete surveys in any format.

Bradford Council has an agreed product for undertaking online surveys, through a system called SNAP. This is a secure, reliable and robust system that supports survey design, build, comprehensive analysis and reporting. It is available via the internet and does not require dedicated software. The surveys can be designed for access online through desktop devices or hand held mobile devices (smartphones and tablets), as well as produced on paper.

Colleagues across the council are trained to use the system and are available to support others in its use. A user group is also in place to ensure system updates and capabilities are widely shared. Further training can also be accessed from SNAP or colleagues on request.

For further information on surveys, to discuss training needs or find out who your survey (SNAP) champion is please contact the Office of the Chief Executive – Karen Gent on 01274 432846, [k.gent@bradford.gov.uk](mailto:k.gent@bradford.gov.uk).

### FACEBOOK

The main Bradford Council Facebook page can be a way of engaging local people in consultations. Local people on Facebook care strongly about certain issues. As of May 2017 there were approximately 7,800 people who had 'liked' the Council Facebook page. If we share a consultation here that captures people's interest, it is likely to get a lot of responses, but items with only niche interest are unlikely to get a lot of responses.

As well as people clicking links to a consultation from Facebook, people will often discuss and comment directly on Facebook. In these instances it may be



necessary to manually gather these comments and feed them into the consultation process.

In addition, there are a number of other service Facebook pages across the council which might be used for consultation or to share other consultations. Also, beyond council owned Facebook pages, there are a number of local Facebook Groups in which relevant consultations can be shared. Consultations in these groups would need to be done by individual officers, rather than being done by the corporate Council Facebook page.

For further information please contact the Office of the Chief Executive – Albert Freeman, 01274 437374, [albert.freeman@bradford.gov.uk](mailto:albert.freeman@bradford.gov.uk).

## **TWITTER**

The main Bradford Council twitter account is another way of engaging local people in consultations. As of May 2017 there were approximately 15,600 followers of @bradfordmdc. We post more frequently on Twitter than we do on Facebook, but often get a lower engagement rate.

In addition to the main Council twitter account, there are a number of service specific Twitter accounts which could be used to share relevant consultations. There are also a number of council officers who use Twitter themselves, and this can be another effective way of sharing a consultation, though any responses to these messages would need to be monitored by the officer the.

As well as people clicking links to a consultation from Twitter, people will often discuss and comment directly on Twitter. In these instances it may be necessary to manually gather these comments and feed them into the consultation process.

For further information please contact the Office of the Chief Executive – Albert Freeman, 01274 437374, [albert.freeman@bradford.gov.uk](mailto:albert.freeman@bradford.gov.uk).

## **PRESS RELEASES**

Press releases in themselves are not a form of consultation. However they can be used to promote more widely available consultations or engagement activity. They are a means of conveying a message to the public, disseminated through a range of local media contacts such as local news papers, radio and TV stations as well as online publications. Press releases can also be communicated via social media channels such as Facebook and Twitter. The release can be attached as a link. The press release can outline why and how a consultation is taking place and advertise any future events which people can attend. More information is available on [BradNet](#).

For further information please contact the Office of the Chief Executive – Jane Lewis, 01274 434665 [jane.lewis@bradford.gov.uk](mailto:jane.lewis@bradford.gov.uk) and Sue Butterfield, 01272 434876 [sue.butterfield@bradford.gov.uk](mailto:sue.butterfield@bradford.gov.uk).



### **STAY CONNECTED (Council's email subscription)**

Stay Connected is the Council's email subscription service. There are over 50 public topics that people can subscribe to.

One of these topics is specifically for consultations, and any new consultation that is added to the Council's ModernGov system is automatically sent by email to subscribers of that topic. As of May 2017 there were approximately 1,300 subscribers to the consultations topic. In addition, consultations relating to specific services can be manually sent to subscribers of other topics where appropriate.

An advantage of Stay Connected over social media is that people receive the information directly into their inboxes, rather than just in their social media newsfeeds. Consequently, you are more likely to get a higher level of engagement through Stay Connected than through social media.

People can subscribe to Stay Connected:

<https://www.bradford.gov.uk/stayconnected>

For further information please contact the Office of the Chief Executive – Albert Freeman, 01274 437374, [albert.freeman@bradford.gov.uk](mailto:albert.freeman@bradford.gov.uk) and Clare Bussingham, 01274 437780 [clare.bussingham@bradford.gov.uk](mailto:clare.bussingham@bradford.gov.uk).

### **THE BRADFORD APP**

Bradford Council has an app which people can download to their mobile devices. Important consultations can be advertised on the app using the app banner. This can be arranged through the Council's Design Studio and has been used for consultations such as on the Council's budget. Consultations can also be added to the News and Events section of the app.

For further information and to discuss the use of the app for your consultation please contact ICT services, Helen Valentine – 01274 434891, [helen.valentine@bradford.gov.uk](mailto:helen.valentine@bradford.gov.uk), or Office of the Chief Executive – Jane Lewis, 01274 434665, [jane.lewis@bradford.gov.uk](mailto:jane.lewis@bradford.gov.uk).

## **LEGISLATION OVERVIEW**

Engagement and consultation is a key part of any public body's work, to help us continue to develop and deliver the right services to right people in the right way. This approach is backed up and supported by some key pieces of legislation that all those involved in engagement and consultation should be aware of.

There are some duties imposed by legislation on a public authority to consult before taking a particular decision or undertaking a particular function. There

are also some 'common law' practices that Bradford Council would be expected to adhere to.

### **COMMON LAW CONSULTATION**

As a consequence of past judicial reviews a series of recommendations are also in place which are now seen as 'common law'. In effect courts recognise consultees' rights to expect fair consultation processes, and as such Bradford Council commits to undertaking a consultation in the following circumstances:

- when there has been a clear promise of consultation
- where official guidance or policies imply a promise to act in a particular way
- where there is a withdrawal of a benefit with significant impacts to be considered
- where the nature of the relationship would create unfairness if there were to be inadequate consultation.

Where people have come to legitimately expect a process of consultation, for example, with local authority budget cuts or healthcare changes, there are grounds for a judicial review should a public consultation not take place. Similarly, a consultation must be conducted properly should the choice be taken to embark on one (whether a legal requirement exists for it or not). This is part of ensuring that the consultation process remains a fair one.

### **STATUTORY CONSULTATION**

(see page 35 of the New Conversations guide)

Your service manager will be able to advise whether your service is subject to statutory consultation.

### **Best Value Duty Statutory Guidance**

The Best Value Duty applies to how "authorities should work with voluntary and community groups and small businesses when facing difficult funding decisions." It states that authorities are to "consider overall value, including economic, environmental and social value, when reviewing service provision." To reach this balance, prior to choosing how to achieve the Best Value Duty, authorities remain 'under a duty to consult representatives of a wide range of local persons.' This duty to consult is not optional. Section 3(2) of the Local Government Act 1999 provides details on those who should be engaged in such consultations.

### **OTHER APPLICABLE LEGISLATION**

#### **Equality Act 2010 and Public Sector Equality Duty**

As part of any decision making process equality assessments (as evidenced in Bradford through Equality Impact Assessments) must be carried out to demonstrate that decision makers are fully aware of the impact that changes

may have on stakeholders – this is known as giving ‘due regard’. It requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out our work.

In order to inform these assessments services must know more about their customers, and therefore equality monitoring is required to be undertaken on a regular basis.

Guidance on Bradford Council's [equality assessing](#) processes and [equality monitoring](#) can be found on BradNet.

For further information please contact the Office of the Chief Executive – Kathryn Jones, 01274 433664 [k.jones@bradford.gov.uk](mailto:k.jones@bradford.gov.uk)

#### **Bradford District Compact – Council and VCS**

It is also worth bearing in mind that Bradford Council has a [Compact](#) with the district's Voluntary and Community Sector (VCS). The Compact is a set of guiding principles to enable an effective relationship between the Council and the VCS. Our consultation commitments with the VCS are outline in the document (see page 4.)

#### **Confidentiality and Data Protection**

There is also legislation in relation to confidentiality and data protection. The following points should be considered when undertaking engagement and consultation activities.

- Consultation responses must be kept confidential and secure and nothing should be published or reported that would breach any promises of anonymity or disclose personal/sensitive information.
- You should only be asking for personal information where there is a clear reason for doing so.
- You need to make sure personal information is stored and transferred securely and never passed on to a third party without prior consent from respondents. This means that all personal information you collect should be stored in a password protected file, and should only be stored for the length of time that you need to use the data. It should be securely destroyed after this.
- You should let people know when consulting how information collected will be used and stored, in accordance with the Data Protection Act 1998.

## KEY CONTACTS – STAKEHOLDERS GUIDE

Bradford Council actively supports engagement with the district's diverse communities. You are encouraged to connect with these networks to maximise your consultation activities.

### Area engagement

Area (constituency) and ward engagement takes place through our neighbourhood management functions overseen by the Area Co-ordinator offices and Ward Co-ordinator officers in particular.

Area	Officer (Area Co-ordinator)	Tel	Email
Bradford West	Bhulla Singh	01274 434854	<a href="mailto:bhulla.singh@bradford.gov.uk">bhulla.singh@bradford.gov.uk</a>
Bradford East	Louise Williams	01274 431066	<a href="mailto:louise.williams@bradford.gov.uk">louise.williams@bradford.gov.uk</a>
Bradford South	Mick Charlton	01274 437656	<a href="mailto:mick.charlton@bradford.gov.uk">mick.charlton@bradford.gov.uk</a>
Shipley	Damian Fisher	01274 437146	<a href="mailto:damian.fisher@bradford.gov.uk">damian.fisher@bradford.gov.uk</a>
Keighley	Jonathan Hayes	01535 438008	<a href="mailto:jonathan.hayes@bradford.gov.uk">jonathan.hayes@bradford.gov.uk</a>

### Communities of interest

Neighbourhood and Customer Services (in the Department of Place) also supports a community engagement function with different groups across the district. This includes

- Lesbian Gay Bisexual and Transgender
- Black Minority Ethnic groups
- Gypsy and travellers (including Roma)
- Eastern European Migrants

For more information on connecting with these groups please contact the Stronger Communities Co-ordinator – Amria Khatun, 01274 437467, [amria.khatun@bradford.gov.uk](mailto:amria.khatun@bradford.gov.uk)

Further work is also undertaken through the Health and Wellbeing Department connecting with others groups.

- Disability – including learning disability and autism
- Older people
- Refugee and asylum seekers

Most of these groups and wards currently produce annual action plans outlining their areas of focus. These are developed in co-ordination with communities themselves and reflect their aspirations. The plans can be found on the [Council's web site](#).

### **Voluntary and Community Sector**

Bradford Council also works very closely with the Voluntary and Community Sector (VCS). The VCS is directly engaged with the work and partnerships listed above. The sector is however, represented by a network called the Bradford District Assembly that is made up of a steering group and a number of thematic Forums. Their work is supported and co-ordinated by CNet. If you need to get in touch with the Bradford District Assembly directly please contact Janet Ford, [janet@cnet.org.uk](mailto:janet@cnet.org.uk).

### **Parish and Town Councils (Local Councils)**

There are 19 [Local Councils](#) in the Bradford District, made up of democratically elected representatives and supported by a paid Clerk. If you are doing work in an area with a parish or town council it is advised that you engage as early as possible in your process with that Local Council. The Council manages its relationship with the Local Councils through regular liaison meetings, agreed working relations outlined in the Charter, and on a day to day basis through the Council's neighbourhood management function (see Area Engagement on previous page).

For more information on Local Councils and Bradford Council's liaison work with them please contact the Office of the Chief Executive, Kathryn Jones, 01274 433664, [k.jones@bradford.gov.uk](mailto:k.jones@bradford.gov.uk)

If you need any further guidance on which communities to connect with, please contact the Office of the Chief Executive – Elaine Ayris, [elaine.ayris@bradford.gov.uk](mailto:elaine.ayris@bradford.gov.uk), 01274 431330.

### **WHERE TO GET MORE HELP**

If you need more help on consultation the following information and people are available to support you.

### **DEPARTMENTAL CONSULTATION LEADS**

Each department of the Council has a nominated individual to champion consultation activity across their teams. They provide a point of contact for officers who need advice and information relation to consultation.

The champions meet regularly as the Departmental Consultation Leads Group to support continuing improvement to the way the council consults with service users and residents, sharing good practice and solution finding.

Department	Service	Name	Tel	Email
Corporate	Revenues and Benefits	Andrew Illingworth	01274 432533	<a href="mailto:andrew.illingworth@bradford.gov.uk">andrew.illingworth@bradford.gov.uk</a>
Place	Neighbourhoods & Customer Services	Bhulla Singh	01274 434854	<a href="mailto:bhulla.singh@bradford.gov.uk">bhulla.singh@bradford.gov.uk</a>
Place	Economy & Development Services	Claire Marshall-Swales	01274 439207	<a href="mailto:Claire.Marshall-Swales@bradford.gov.uk">Claire.Marshall-Swales@bradford.gov.uk</a>
Place	Economy & Development Services	Nina Mewse	01274 439346	<a href="mailto:nina.mewse@bradford.gov.uk">nina.mewse@bradford.gov.uk</a>
Place	Highways	Richard Gelder	01274 437603	<a href="mailto:richard.gelder@bradford.gov.uk">richard.gelder@bradford.gov.uk</a>
Place	Planning	Jenny Seaman	01274 434195	<a href="mailto:jenny.seaman@bradford.gov.uk">jenny.seaman@bradford.gov.uk</a>
Health & Wellbeing	Corporate	Imran Rathore	01274 431730	<a href="mailto:imran.rathore@bradford.gov.uk">imran.rathore@bradford.gov.uk</a>
Health & Wellbeing	Public Health	Sarah Possingham	01274 431319	<a href="mailto:sarah.possingham@bradford.gov.uk">sarah.possingham@bradford.gov.uk</a>
Health & Wellbeing	Environmental Health	Ruth Lees	01274 431349	<a href="mailto:ruth.lees@bradford.gov.uk">ruth.lees@bradford.gov.uk</a>
Office of the Chief Executive	<i>Consultation lead</i>	Elaine Ayris	01274 431330	<a href="mailto:Elaine.ayris@bradford.gov.uk">Elaine.ayris@bradford.gov.uk</a>
Office of the Chief Executive	<i>Online surveys</i>	Karen Gent	01274 432846	<a href="mailto:k.gent@bradford.gov.uk">k.gent@bradford.gov.uk</a>

## LEARNING OPPORTUNITIES

There are some e-learning packages in development which will provide you with more support on undertaking effective engagement and consultation. This includes a specific consultation package and a report writing package.

Equalities – the Council's Evolve system currently provides e-learning on various equality related themes. This includes:

- Cultural Awareness
- Lesbian, Gay, Bisexual and Transgender
- Equality Assessing

## USING MOSAIC DATA TO INFORM ENGAGEMENT

Mosaic is Experian's system for geographically classifying UK households through consumer household and individual data collated from a number of governmental and commercial sources.

It segments the UK adult population into a number of different 'like minded' groups; informs decisions about how best to tailor and deliver messages to them; and codes every postcode and residential address to help with targeting.

If you intend on running a consultation on a particular 'lifestyle characteristic' (such as alcohol consumption) you could use this data to help target particular areas of the district where that lifestyle is more or less prevalent (based on the data Experian has collated). Other data available cover issues such as crime, hospital episodes, indices of multiple deprivation, qualifications.

### [Mosaic Explorer](#)

*Please ensure you open this link in Google Chrome, not Internet Explorer.*

For further information on Mosaic data please contact the Office of the Chief Executive – Yeron Meah, 01274 437261, [yeron.meah@bradford.gov.uk](mailto:yeron.meah@bradford.gov.uk).

## USEFUL WEB PAGES

- [www.consultationinstitute.org](http://www.consultationinstitute.org)
- [www.involve.org.uk](http://www.involve.org.uk)
- <http://participationcompass.org>
- [www.DIYtoolkit.org](http://www.DIYtoolkit.org)



## CONSULTATION CHECKLIST

### 1. Be clear that it is consultation that is needed and not another form of engagement

Remember the Gunning Principles for what constitutes a consultation – if you cannot follow these principles then do not advertise the activity as consultation. It might for example just need to be an information giving exercise.

- Consultation must be at a time when proposals are still at a formative stage.
- You must give sufficient reasons for your proposals to allow consultees to understand them and respond to them properly.
- You must give sufficient time for responses to be made and considered.
- Responses must be conscientiously taken into account.

### 2. Agree why you need to consult – it could be one of the following reasons

- Inform a policy, plan or scheme
- Fulfil a statutory requirement
- Identify issues or priorities
- Measure satisfaction
- Prioritise future spending
- Get opinions on proposals
- Shape how the service is delivered

### 3. Who needs to approve your consultation

Check with relevant the Portfolio Holder or if a local consultation then ward members. To help you decide who needs to approve the consultation, you should consider:

- The significance and importance of your consultation to the council and residents
- Whether your consultation is statutory
- What the outcome of your consultation might be and whether it could have an impact on funding, policies, strategies or strategic plans.

### 4. Decide who you need to consult with (stakeholder mapping)

- You may need to undertake different activities for different 'client groups'.
- The Council has existing relationships and engagement mechanisms you should consider connecting with.
- Give considerations to the following:
  - Who is directly and indirectly affected by the decision?
  - Who is potentially affected by the decision?
  - Whose help is needed to make the decision work?
  - Who knows about the subject?
  - Who will have an interest in your consultation?
  - Who has been involved in any previous consultations?
- As well as service users and citizens, you should also consider interested groups and organisations, including the Voluntary and Community Sector and the Private Sector (especially locally based small businesses).

### 5. Research previous and planned consultations

- Check Bradford's consultation calendar
- Check your own service's history
- Refer to previous budget consultation for comments that might have been made (contact your Strategic Director and/or Office of the Chief Executive)





- Contact other public sector agencies to seek opportunities for shared consultation – they may already have something planned, or may wish to use your work as an opportunity. This will help minimise consultation fatigue.
6. **Decide when and for how long you need to consult**
- Upload your intention to consult on Bradford's consultation calendar
  - If your consultation is not statutory then the length of time you consult should be determined by the nature and complexity of the consultation as well as the method used. It should be proportionate and realistic so that there is sufficient time to get involved.
  - Other considerations will be how long it will take to plan your consultation - preparing materials, booking rooms; how long it will take to analyse your results; the deadlines you have to meet e.g. to submit a funding application or seek Exec approval.
7. **Decide what consultation method(s) to use, including resource identification**
- Examples include: focus groups, surveys, online discussions, road shows, interactive events/workshops.
8. **Develop a consultation and communications plan**
- Engage your portfolio holder throughout
  - Notify all Elected Members whose wards this consultation impacts on
  - If this is a high profile consultation notify all Political Group Leaders of your intentions.
  - Social media
  - Press release – contact the press team for advice
  - Notification on Council app
9. **Design your consultation and start to consult**
10. **As appropriate ensure you include equality monitoring in your consultation**
11. **Be mindful of data protection and confidentiality when undertaking your consultation**
- Don't publish in public reports any information that could identify an individual, even if this means amending the feedback given so it can be anonymised.
12. **Analyse, interpret and report results**
- When preparing to analyse your responses think about why you consulted in the first place, what it was that you wanted to understand, what you want to feedback both internally and externally.
- Upload on to the consultation calendar
  - Include in any required Committee reports
13. **Provide feedback to participants**
- When providing feedback you should set out why, when and how you consulted, outline the key findings and explain what steps will be taken as a result of the consultation.
14. **Evaluate the success of your consultation**
- Identify any lessons learnt that could apply to yours or others consultations in the future.
  - Some of your considerations might be whether the responses received were helpful in reaching your aims and objectives, whether the best methods of consultation were used, and if the consultation came in on budget.

## Appendix 3

# NHS England Accessible Information Standard

This standard requires all health services and adult social care services to make sure that disabled people have access to information that they can understand and any communication support that they might need.

The standard tells organisations how to make information accessible to the following people:

- ☐ Patients
- ☐ Service users
- ☐ Their carers and parents

This includes making sure that people get information in different formats if they need it.

The Accessible Information Standard also tells organisations how to support people's communication needs, for example by offering support from a British Sign Language (BSL) interpreter, deafblind manual interpreter or an advocate.

The standard requires all providers of health services and adult social care services make sure that disabled people:

- have access to information that they can understand and
- can access communication support that they might need.

The Accessible Information Standard says that organisations must support people's communication needs, for example by offering support from a British Sign Language (BSL) interpreter, a deaf-blind manual interpreter or an advocate, giving people more time.

(Please note **The Accessible information standard** doesn't apply to other languages apart from BSL)

## The Steps to making our services accessible

By law we have to do 5 things to meet the accessible Information standard:

1. **Ask:** identify if an individual has any communication / information needs relating to a disability or sensory loss and if so what they are.

**Bradford Council** will do this by checking we have the right information about peoples accessible information and support needs when we access their records and talk to them directly.

2. **Record:** record information or communication support needs in a clear way in electronic and /or paper based record /administrative systems / documents.

**Bradford Council** will do this by changing our data management systems to capture this information.

3. **Flag:** ensure that recorded needs are “highly visible” whenever the individual’s record is accessed. If in an electronic format it will provide a prompt for action.

**Bradford Council** will do this by making sure the persons information or communication support needs will be clearly visible when anyone looks at a person records on line.

4. **Share:** include information about individuals’ information / communication needs as part of existing data sharing processes (and in line with existing information governance frameworks and the [Data Protection Act 1998](#)).

**Bradford Council** will do this by agreeing sharing protocols with our partners. We will ask for the consent of the individual.

5. **Act:** take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it.

**Bradford Council** will make information available in alternative formats, arrange professional communication support as needed to

enable effective conversations and set up a monitoring process to ensure the Standard is being met. It will take any other necessary steps to needed to provide support (e.g. extra time).

The Policy for the Department of Health and Well Being has been agreed in principle at the Departments Strategic Leaders Team.

Furthermore one of the Councils Equality Objectives focuses on making the information it produces more accessible:

The Council will focus on making the information it produces more accessible to help people understand which services to use and when:

This will be done by:

- 1.Meeting our legal obligations through the implementation of the new Accessible Information Standard within health and social care.

- 2.Expanding the good practice from the implementation of the AIS programme to all customer access points in the Council. This would further support the council's commitment made in year 2000 to the five principles for producing better information for disabled people."

A Corporate Communication and Accessible Information Policy is being developed. As part of this Departments are identifying their Communication and Accessible Information champions to participate in the AIS training programme which will be rolled out to staff in the Department of Health and Wellbeing in November 2018.



## **Report of the City Solicitor to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 25 October 2018**

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**Subject: Health and Social Care Overview and Scrutiny Committee Work Programme 2018/19**

### **Summary statement:**

This report presents the work programme 2018/19

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Parveen Akhtar  
City Solicitor

**Portfolio:**

**Healthy People and Places**

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

1. **Summary**

1.1 This report presents the work programme 2018/19.

2. **Background**

2.1 The Committee adopted its 2018/19 work programme at its meeting of 12 July 2018.

3. **Report issues**

3.1 **Appendix A** of this report presents the work programme 2018/19. It lists issues and topics that have been identified for inclusion in the work programme and have been scheduled for consideration over the coming year.

4. **Options**

4.1 Members may wish to amend and / or comment on the work programme at **Appendix A**.

5. **Contribution to corporate priorities**

5.1 The Health and Social Care Overview and Scrutiny Committee Work Programme 2018/19 reflects the ambition of the District Plan for 'all of our population to be healthy, well and able to live independently for as long as possible' (District Plan: Better health, better lives).

6. **Recommendations**

6.1 That the Committee notes the information in **Appendix A**

7. **Background documents**

7.1 Constitution of the Council

8. **Not for publication documents**

None

9. **Appendices**

9.1 **Appendix A** – Health and Social Care Overview and Scrutiny Committee work programme 2018/19

# Democratic Services - Overview and Scrutiny

## Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

### Work Programme

Agenda	Description	Report	Comments
<b>Thursday, 22nd November 2018 at City Hall, Bradford</b>			
<b>Chair's briefing 07/11/2018. Report deadline 09/11/2018</b>			
1) Respiratory health / smoking cessation	Item to include the involvement of the Clinical Lead and service users	Toni Williams	Resolutions of 6 April 2017. Report delayed due to legal advice regarding the pre-election period
2) Care Quality Commission (CQC)	Annual update on social care inspection activity in the District	Sarah Drew (CQC)	
3) Bradford Teaching Hospitals NHS Foundation Trust CQC Inspection published 15 June 2018	The Trust received a rating of 'requires improvement'.	Tanya Claridge (BTHFT)	
4) Bradford District Care NHS Foundation Trust CQC Inspection: outcome and response	Update on progress against the Trust's action plan following the CQC inspection judgement of 'Requires Improvement'	Andy McElligott (BDCFT)	Resolution of 22 March 2018
<b>Thursday, 6th December 2018 at City Hall, Bradford</b>			
<b>Chair's briefing 21/11/2018. Report deadline 23/11/2018</b>			
1) Mental Health	Item to include the involvement of people with a lived experience of mental health issues and representatives of the voluntary sector	Sasha Bhatt, Simon Long (CCGs, Care Trust and Public Health)	Recommendations of 2 March 2017
<b>Thursday, 24th January 2019 at City Hall, Bradford</b>			
<b>Chair's briefing 09/01/2019. Report deadline 11/01/2019</b>			
1) Department of Health and Wellbeing budget and financial outlook	Annual report	Bev Maybury	
2) Housing support for older people	To be scoped, but to include: Great Places to Grow Old review / affordable housing provision / finance / issues around housing and dementia	Adult Services and partners, including the voluntary sector	Resolutions of 6 July 2017 and 12 April 2018

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## Work Programme

Agenda	Description	Report	Comments
<b>Thursday, 24th January 2019 at City Hall, Bradford.</b>			
<b>Chair's briefing 09/01/2019. Report deadline 11/01/2019</b>			
3) Support for people with dementia and their carers post diagnosis	Report to focus on the gap between diagnosis and specialist dementia care services	NHS / Council / Voluntary Sector	Resolution of 12 April 2018
<b>Tuesday, 5th February 2019 at City Hall, Bradford.</b>			
<b>Chair's briefing 21/01/2019. Report deadline 23/01/2019</b>			
1) Children and Young People's Mental Health	JOINT MEETING WITH CHILDREN'S SERVICES OSC: Update on progress	Sasha Bhatt	Young people to be invited to attend (resolution of 28 Nov 2017)
<b>Wednesday, 20th February 2019 at City Hall, Bradford.</b>			
<b>Chair's briefing 05/02/2019. Report deadline 07/02/2019</b>			
1) Primary medical care update - Bradford District and Craven	Annual update on the initiatives that CCGs and primary care providers are undertaking to improve the quality of services delivered, including access and how they are engaging patients in the process	Clinical Commissioning Groups (Victoria Wallace)	Resolution of 8 February 2018
2) Bradford and Airedale Stroke Service	Update on the action plans to improve the Bradford and Airedale Stroke Service	Kath Helliwell	Resolution of 8 February 2018
3) Autism (specialist support and access to wider services)	Report to respond to the recommendations of Healthwatch Bradford and District's report on autism including issues raised at the Committee's meeting of 6 September 2018	Jane Wood / NHS	Resolution of 6 September 2018
<b>Thursday, 21st March 2019 at City Hall, Bradford.</b>			
<b>Chair's briefing 06/03/2019. Report deadline 08/03/2019</b>			
1) Advocacy Services	Update following the re-commissioning of advocacy services to include performance on meeting statutory requirements	Alex Lorrison / Kerry James (service users and voluntary sector to be involved)	Resolution of 7 September 2017



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### Work Programme

Agenda	Description	Report	Comments
Thursday, 21st March 2019 at City Hall, Bradford. Chair's briefing 06/03/2019. Report deadline 08/03/2019 2) Digital Health	To be scoped but to include the use of technology in primary care, care homes and in people's own homes	TBC but to include providers and stakeholders	Resolution of 12 April 2018

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