



## **Agenda for a meeting of the Bradford and Airedale Health and Wellbeing Board to be held on Tuesday, 24 July 2018 at 10.00 am in Committee Room 1**

Dear Member

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

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

Yours sincerely

M Bowness

Interim City Solicitor

### **Notes:**

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

### **From:**

Michael Bowness  
Interim City Solicitor  
Agenda Contact: Fatima Butt - 01274 432227  
Phone: 01274 432227  
E-Mail: fatima.butt@bradford.gov.uk

### **To:**

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

## **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 13 February and 17 April 2018 be signed as a correct record (previously circulated).**

(Fatima Butt – 01274 432227)



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

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

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

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

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

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

(Fatima Butt - 01274 432227)

#### B. BUSINESS ITEMS

#### 5. BRADFORD DISTRICT PARTNERSHIP PREVENTION AND EARLY HELP PROGRAMME

The Strategic Director, Children's Services will submit **Document "A"** which provides an update on the developing Bradford District Partnership prevention and early help, localities focused programme. This district wide programme covers all activities relating to prevention and early help across all ages and all themes.

**Recommended –**

- (1) That the support, resource and programme arrangements be considered and the district wide ambition around Prevention and Early help be implemented.**
- (2) That the Board provides comment on the principle expectations of a programme lead role.**



- (3) That the Board be asked to note the Prevention and Early Help Strategic Board's role in overseeing the practicalities of developing this programme of work including the associated programme lead role, to comment on the terms of reference and for agencies to nominate Senior Lead representation for the Prevention and Early Help Strategic Board.

(Kathryn Jones – 01274 433664)

**6. HEALTH AND SOCIAL CARE ECONOMIC PARTNERSHIP**

The Strategic Director, Children's Services will provide a verbal update on the current development, priorities and work of the Health and Social Care Economic Partnership and the "One Workforce" expression of interest for funding to the Leeds City Region Business Rates Pool.

(Michael Jameson – 01274 434335)

**7. CHAIRS HIGHLIGHT REPORT - CQC LOCAL SYSTEM REVIEW AND PROGRESS; BRADFORD COUNCIL LOCAL OFFER ANNUAL REPORT; SUB GROUP UPDATES (ICB, ECB)**

The Health and Wellbeing Board Chair's highlight report (**Document "B"**) summarises business conducted between Board meetings. July's report brings an update on the recent Care Quality Commission, local system review and its progress, the Bradford Council Local Offer Annual Report for sign off and updates from the Board's sub-groups.

**Recommended-**

- (1) That the Board notes the updates of the CQC local system review and asks that the Integration and Change Board to own the action plan.
- (2) That in relation to Section 3.2 of Document "B" the Board is asked to note that the 2017/18 SEND Local Offer Annual Report has been agreed by the Chair of the Board and published on the SEND Local Offer website.

(Pam Bhupal – 01274 431057)

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



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## **Report of The Strategic Director of Children's Services to the meeting of the Health and Wellbeing Board on Tuesday 24 July 2018.**

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**A**

### **Subject:**

**Bradford District Partnership Prevention and Early Help Programme**

### **Summary statement:**

This paper provides an update on the developing Bradford District Partnership prevention and early help, localities focused programme. This district wide programme covers all activities relating to prevention and early help across all ages and all themes.

In summary this programme seeks to provide a district wide co-ordinated approach to prevention and early help, moving away from some current initiatives working in isolation of each other and communities.

The paper reflects on the work achieved to date, the ambition for the future and the necessity for collaboration. In addition practical next steps for progression around a strategic narrative and governance are outlined, along with a request for resources to drive the programme forward.

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Michael Jameson  
Strategic Director of Children's Services

Portfolio:  
Corporate

Report Contact: Kathryn Jones  
(Policy Officer, Office of the Chief Executive)  
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E-mail: [k.jones@bradford.gov.uk](mailto:k.jones@bradford.gov.uk)

Overview & Scrutiny Area:  
Health and Social Care

## 1. SUMMARY

This paper provides an update on the developing Bradford District Partnership prevention and early help, localities focused programme. This district wide programme covers all activities relating to prevention and early help across all ages and all themes.

In summary this programme seeks to provide a district wide co-ordinated approach to prevention and early help, moving away from some current initiatives working in isolation of each other and communities. There are three particular areas that have been identified as helping to drive this ambition forward which are further discussed in the report.

- A locality focused approach to ensure prevention and early help activities are accessible and tailored to each area.
- Services working in a more joined up collaborative manner, saving duplication and maximising local knowledge.
- All underpinned by enabling communities and individuals to use their own assets and strengths to determine their own futures.

This paper therefore reflects on the work achieved to date, the ambition for the future and the necessity for collaboration. In addition practical next steps for progression around a strategic narrative and governance are outlined, along with a request for resources to drive the programme forward.

## 2. BACKGROUND

- 2.1 The delivery of the Bradford District Plan (2016-2020) is underpinned by a requirement to have a greater focus on prevention and early help in how we deliver services both at a community and district wide level. This approach would lead to better outcomes for people where they are treated as individuals (and/or as part of a family). However no one service, organisation or person can create the right outcomes on their own, so a collaborative approach between communities and public/voluntary services is needed.
- 2.2 This would also support the delivery of accompanying strategies such as the Joint Health and Wellbeing Strategy and the Bradford District and Craven Health and Wellbeing Plan (the sustainability and transformation plan for our place), and the Bradford Economic Strategy amongst others.
- 2.3 Bradford District's definition of prevention and early help is: "Prevention is about stopping problems emerging in the first place. Early help is about preventing problems that are occurring from becoming worse and can be at any point in a person's life."
- 2.4 The strategic challenge facing the public and voluntary sector is to enable a way of working that enables people who live in the district to take a lead role in shaping and developing their community's and own lives to improve outcomes.
- 2.5 There are already many partnerships and work streams in the district that are working hard on prevention and early help initiatives from a thematic or age related



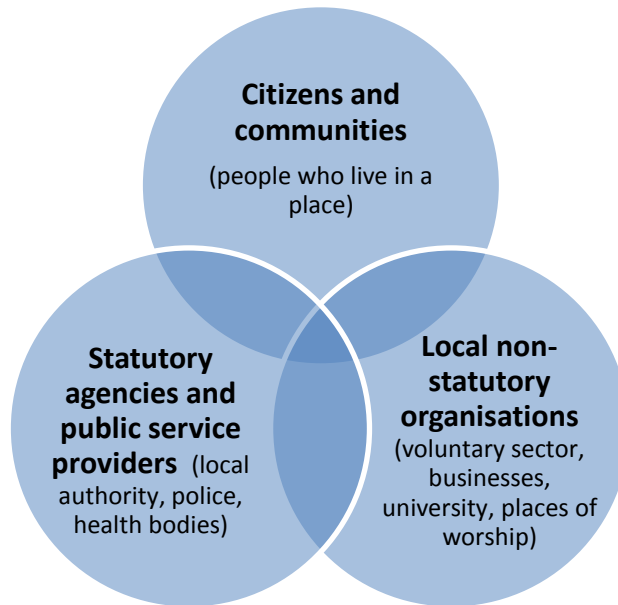
perspective. Most of these have already or are moving towards a locality approach. However it is accepted that further joining up of this delivery is needed alongside a stronger focus on communities leading the way. This programme of work is therefore focused on making better locality connections between the wide range of existing activities, whilst at the same time communities taking a lead in their own lives with service providers making this easier for them.

2.6 In light of this, partners in the district have shown their support for working to a set of principles as outlined through the former Bradford District Partnership Board's commissioned Prevention and Early Help Review. These principles are outlined below:



2.7 It is also acknowledged that a locality approach to prevention and early help would be the best means of connecting services to enable communities to achieve positive outcomes for themselves. Communities need to come together and take ownership, whilst working with service providers to strengthen their existing assets. Services then need to ensure they are themselves well connected to provide seamless support to communities as requested. Enhancing community development in areas with less capacity would also support communities to take a lead themselves.

2.8 A district wide framework is also needed to ensure that the more strategic connections continue, and that a common approach is embedded in all places and organisations. None of these things can work independently from the other as depicted overleaf.



Community led locality based prevention and early help

### 3. OTHER CONSIDERATIONS

#### **Creating a strategic narrative**

- 3.1 In achieving a district wide strategic view on prevention and early help, it is important that a common narrative is agreed. This framework will support the guidance given and the decisions made by the district's strategic leads and boards. Any new opportunities or changes being made to district policies and programmes would need to be assessed according to that narrative ensuring a fit and connection with the wider prevention and early help agenda.
- 3.2 Recent partnership conversations have identified that all partners are committed to a locality approach and that geographical structures would benefit from being defined locally with flexibility built in.
- 3.3 It is already accepted that each area of the district needs to also be given the flexibility to shape its own prevention and early help activities to fit its geography and strengths. A prevention and early help guiding narrative would therefore provide each area with a set of common principles to work to.
- 3.4 A draft narrative has been circulated widely amongst partners with many comments received and welcomed. Such a narrative is however very broad and complex, so to ensure clarity of message not all permutations can be captured. Appendix 1 provides the detail of that narrative, which can be further refined as programmes of work develop and evolve.

The key messages of this narrative are:

- a) Locality focus – services need to connect around constituency areas in the first instance, but communities would need to define their own identity be that geographic or through their own personal connections (interests, faith, social media etc).

- b) Front line services connecting through formal and informal networks, working to the overall district wide prevention and early help strategic framework.
- c) Communities taking the lead – with support being provided by services as required /requested.
- d) Strengths (asset) based approach to maximise capabilities within an area – to be informed by public sector data and intelligence, and local knowledge.
- e) Digital support to be developed to help information sharing.
- f) Cross sector culture change instigated through updated organisational development approaches. This could be influenced through a number of different approaches such as Asset Based Community Development or other similar models.

3.5 It is suggested that these principles be adopted with immediate effect by existing programmes (as listed at 3.6). There should however be a focus from the Prevention and Early Help Strategic Board (see point 3.8) on one or two localities, where existing work could be strengthened, and community capacity further developed. Further debate is needed on where initial work could be undertaken, whilst bearing in mind that this focus shouldn't restrict any other communities from progressing with their own ambitions.

### **Existing programmes**

- 3.6 It is acknowledged that there are many prevention and early help interventions already matured or in development. The intention of a common narrative has been drawn from the experiences of these practitioners and should add value to them, but not slow down their momentum. Some of those initiatives include the following.
- a) 0-25 prevention and early help programme, including the co-production of detailed 0-19 Family Hub.
  - b) CCG/ Public Health community capacity building proposal
  - c) Healthy Bradford, which includes a specific focus on ensuring every place is a healthy place
  - d) Self Care and Prevention programme, which develops the capabilities of people and services, and includes specific initiatives such as social prescribing - this includes self care champions, and SMILE (community capacity building).
  - e) Development of a community based delivery model as part of the Bradford District and Craven Health and Wellbeing Plan (primary care home approach) to drive the vision including Happy Healthy at Home.
  - f) Community anchor development
  - g) Incommunities work with community centres
  - h) Existing Asset Based Community Development work
  - i) Well North
  - j) Neighbourhood Policing Strategy and NACPO National Consensus
  - k) Better Start Bradford
  - l) Active Bradford and Sport England Local Delivery Pilot
  - m) Integrated Communities Strategy and Integration Area Programme
  - n) People Can
  - o) Neighbourhoods and Wards planning
  - p) Independent advice services.

### **Next Steps: Strategic governance**

- 3.7 The Health and Wellbeing Board provides the overall strategic lead to this programme of work, as the lead partnership in the Bradford District Partnership arrangements. The Board will guide future work to ensure it meets the prevention and early help principles, guiding the district towards its agreed ambition.
- 3.8 The Health and Wellbeing Board will be supported by the recently reshaped Prevention and Early Help Strategic Board. This group currently chaired by Michael Jameson (Bradford Council) and Helen Hirst (Bradford District and Craven CCGs) has to date had a 0-19/25 age group focus. It has however been agreed that this focus will move to a sub group, and that the Board will reassess its membership and terms of reference to consider all ages. Draft terms of reference for this Board are presented at appendix 2.
- 3.9 Commissioning is also a key contributor to the prevention and early help agenda, and as such further discussion is needed on how the governance arrangements can best support this – with an assumed role for the Executive Commissioning Board.

### **Next Steps: Programme support**

- 3.10 With regards to scoping the specific nature of the work required to progress this programme, it is important to recognise its organic and complex nature. People perceive situations differently, and multiple collaborations and initiatives will continue to co-exist. Therefore a systems thinking approach will be required to support networks, rather than a linear or hierarchical programme management approach to change.
- 3.11 It is therefore suggested that in order to realise the prevention and early help ambition (for all theme, all age) that meaningful partnership resourcing is needed to drive the programme forward. It is proposed that one programme lead role is resourced as a convenor and connector, to provide oversight of the existing and developing district wide work on prevention and early help from a place based perspective. That role would further develop the policy narrative, drive forward opportunities for more service connections and support local areas to realise the prevention and early help ambitions.
- 3.12 This post should be hosted within one of the community hubs/anchor organisations to reflect the intention to focus on working with communities on the things that are done 'by' communities, rather than focusing on service delivery done 'to' communities by organisations. Progressing this in Keighley as a follow up to the Bradford District Partnership led workshop held in January 2018 would also realise further progression in that area.
- 3.13 Partners are therefore asked to jointly fund a three year fixed term post, a more detailed job profile for which would be prepared should this be agreed by partners.

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

This paper specifically requests partners of the Bradford District Partnership to fund a dedicated programme lead post to further develop and provide oversight to this work. Locality activities and service delivery however would continue through existing resources.

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

As outlined at 3.7 and 3.8, the Health and Wellbeing Board provides the overall strategic lead to this programme of work. The Board will guide future work to ensure it meets the prevention and early help principles, guiding the district towards its agreed ambition. To achieve this they will be supported by the Prevention and Early Help Strategic Board which will provide practical and operational direction and decision making.

## **6. LEGAL APPRAISAL**

None.

## **7. OTHER IMPLICATIONS**

### **7.1 EQUALITY & DIVERSITY**

The prevention and early help approach should positively impact on all people of the district equally. There would be no disproportionate impact on any particular protected characteristic group.

### **7.2 SUSTAINABILITY IMPLICATIONS**

There are no sustainability issues arising from this programme.

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

There are no greenhouse gas issues arising from this programme.

### **7.4 COMMUNITY SAFETY IMPLICATIONS**

There are no community safety implications arising from this programme.

### **7.5 HUMAN RIGHTS ACT**

There are no human rights issues arising from this programme.

### **7.6 TRADE UNION**

There are no trade union issues arising from this report. The report does however outline a need for statutory and non statutory services to address their working cultures to enable a greater prevention and early help approach. This would require staff training and working practices to be altered. As individual projects are developed Trade Unions will be consulted as appropriate.

### **7.7 WARD IMPLICATIONS**

Some of the early discussions took a focus on Keighley East as a means of testing out how services and communities could connect across the prevention and early help agenda. However the overall programme is district wide and will ultimately impact all wards.

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

None.

## **9. OPTIONS**

None.

## **10. RECOMMENDATIONS**

10.1 That the support, resource and programme arrangements be considered and the district wide ambition around Prevention and Early Help be implemented.

10.2 That the Board provides comment on the principle expectations of a programme lead role.

10.3 That the Board is asked to note the Prevention and Early Help Strategic Board's role in overseeing the practicalities of developing this programme of work including the associated programme lead role, to comment on the terms of reference and for agencies to nominate Senior Lead representation for the Prevention and Early Help Strategic Board.

## **11. APPENDICES**

Appendix 1 – Prevention and early help strategic narrative for Bradford District

Appendix 2 – Prevention and Early Help Strategic Board draft terms of reference **(To Follow)**

## **12. BACKGROUND DOCUMENTS**

Bradford District Partnership Prevention and Early Help Review (September 2017)  
<https://bdp.bradford.gov.uk/documents-and-paperwork/bradford-district-partnership-board/?Folder=September+2017>.

## **Appendix 1 – Prevention and early help strategic narrative for Bradford District**

### **1. Introduction and future state**

The Health and Wellbeing Board (with their strategic oversight) and the Prevention and Early Help Strategic Board (with their operational oversight), need to ensure that a consistent prevention and early help approach is applied to programmes, initiatives and new policies in the district. To support them with this a strategic framework is needed to assess programmes against, ensure the approach is being met and steer our district wide culture towards this ambition. This strategic narrative therefore aims to set out an overarching ambition with some practicalities to support the Boards in their role.

As work develops it is anticipated that this narrative would be further refined to capture the latest position, and reflect the learning from existing and any new initiatives. It needs to underpin all that we do and enable partners to drive forward what has been described as a social movement.

There is a long term ambition where prevention and early help is the starting point for the district's way of working. Where communities are more independent from statutory services, and where services are fully connected to add value and complement the strengths of each individual community. This future state can be described as follows:

- People actively lead and shape their community.
- There is a shared vision for the place built by the people on their understanding of their collective strengths.
- People and communities are skilled in asset based approaches and are actively supporting local partnerships (people and organisations) to make the most of their assets.
- Community hubs/anchor organisations are present, vibrant and inclusive, with good local participation by people and organisations. Community anchors can include a school, college, voluntary sector hub, parish/town councils, etc.
- There are places to go and things to do that matter to the people who live there.
- Thematic champions are present, active and visible, drawn from and working with the local community.
- Social prescribing is available and well used with a trusted network of brokers and activities to engage with.
- Volunteering is supported and is the norm.
- Services know each other, are working together as a virtual team, and are working for communities as co-producers.
- Co-production is the default approach for people and services.
- There is a shared community discussion/ decision making arrangement that is accepted and used by people and services.
- The information we have about the place is used collectively to help us make choices.

### **2. Scope of prevention and early help programme**

The prevention and early help programme/movement requires a change in approach by communities and our statutory and non statutory service providers. This would

create the foundations on which we could achieve our ambitions, as highlighted in the previous section. Those foundations can be described as follows.

#### Capabilities and conditions for change

- Community engagement and development using asset based approaches and leadership understanding and support for it (including their own capacity building).
- Development of skills, belief, experience and culture of co-production with all stakeholder groups (people, community organisations and services).
- Development of skills, beliefs, experience and culture of enabling, listening and supporting in services.
- Support for leaders at all levels within organisations to understand and practice change and influence in a system context – a system organisational development 'programme' and the capacity required to implement it.
- Moving from services doing for, to communities doing things for themselves. But recognising sometimes that interventions need to be done with, or in some cases still done for. Clarity is needed on when each applies (to be defined by each locality).

#### Infrastructure to support collaboration

- Teams supported to understand each others' context, pressures and priorities – e.g. shadowing, mentoring.
- Teams meeting regularly and communicating frequently – in pursuit of delivery of common goals.
- Shared information and working space. Virtual web based space rather than only physical.
- Community based discussion/ decision making arrangements.

#### Agreement of a common vision

- Shared understanding of community assets.
- Support for development of a future vision for each place, shaped by the people.
- Agreement of priorities for collective action linked to the vision.
- Agreement of common outcomes and measures to enable progress to be tracked.

### **3. Community development**

Bradford has a rich history of successful community development practices which need to be drawn on to realise the ambition of communities and individuals being more independent in making their choices, and creating their own support mechanisms. Work is therefore needed to draw this past learning in with existing neighbourhood mechanisms to provide an enhanced and more community led framework. This would also draw upon the expertise and relationships developed by Bradford Council and partners' neighbourhood based teams. Elected members would need to be central to this work as the democratically elected representatives of communities.

This work however needs to be initiated by communities themselves, possibly through existing community hubs – these could be anchor organisations, town/parish councils, informal partnerships, schools etc. Many of these are already collaborating on similar principles as part of their work with [Locality](#) and others are taking asset based approaches (though it is noted that many alternatives exist).



This approach in tandem with more effective service connections (as outlined in the next section) would allow resources to be directed where they are most needed.

#### **4. Service connections and culture change**

In order to realise the prevention and early help ambitions, statutory and non-statutory services need to adapt their culture and ways of working, to allow communities to drive their own agenda and offer support where locally identified. To enable this, services need to re-think how and when that support is offered. This requires organisations of all sizes to evolve their practices and develop their staff to practice the new approach.

Services also need to be better connected so that support to communities can be provided in a joined up and seamless way. This is likely to differ from one locality to another in response to local strengths (assets) and needs. The following points should be considered by organisations when developing this joined up approach.

- Outline what is required through workforce development to enable the culture change.
- The narrative should be 'person centred' rather than organisationally shaped.
- Needs to focus on a 'no wrong door' approach e.g. take one person/family in one area and map their pathway opportunities.
- Community networks need to be promoted, so that in each area front line workers know what their cross organisational colleagues are doing, and where appropriate can work together.
- Provide a framework and guidance on community strengths (rather than needs) assessments – such as an enhancement of existing ward plans. This would then lead to the identification of any gaps and the link back to community development.
- Local information (sometimes called data and intelligence) to be used in a partnership arena to have a better shared understanding of each community.
- Any interventions or approaches need to be sustainable.
- An outline of the required organisational culture change and expectations management between public and voluntary sector and communities.
- Articulation of the associated risks and mitigations management.
- Digital support – initiatives such as PeopleCan enhance community development activities. However a means of identifying 'what's going on' in an area would be a useful tool – be that a public agency health service or a community meeting/activity.
- A communications strategy and action plan is needed to share key messages at all levels.
- Statutory and non-statutory services to spend time co-locating in existing hubs to support the development of local solutions with local communities. No decision should be made in isolation of others.
- Community hubs to host informal and formal networking sessions between local practitioners/professionals, to help to build understanding and potential for local connections.

#### **5. Supporting evidence**

The strategic narrative has to date been developed initially from the Bradford District

Partnership Board commissioned prevention and early help [review](#) (presented in September 2017); and then further refined through assessing good practice and recommendations from external research.

Some of that external research is presented below as an illustration to support on going refinement of the narrative.

- a) The RSA report “[Transforming Together: Leading for People and Place](#)” includes a description of the future behaviours required of services working with people and communities. This is set out in the table below along with potential development actions required.

Future behaviour and perspective	Development actions to get there
Convene around places and actively make time to engage with partners in order to focus on communities and develop honest committed relationships.	<ul style="list-style-type: none"> <li>• Develop a future vision together – respecting the unique contribution of all.</li> <li>• Take time to understand each others pressures, operating environment, and language – e.g. cross sector secondments and shadowing.</li> <li>• Work with coalition of the willing</li> </ul>
Think and act systemically. Agree a clear purpose, outcomes and priorities. Encourage long term political support.	<ul style="list-style-type: none"> <li>• OD to support capability to build and sustain trust, collaboration, influence, whole system thinking</li> <li>• Spend enough time on a shared vision that all can own</li> <li>• Develop effective system governance</li> </ul>
Develop an entrepreneurial edge. Optimistic and creative. Passionate persuasive and persistent. Track, reflect, learn and adapt	<ul style="list-style-type: none"> <li>• OD to support Leadership at all levels to promote creativity and pace</li> <li>• OD to support use of personal narrative – e.g. of persuasive and passionate</li> <li>• Use small number of meaningful outcome indicators</li> </ul>
Build and shared ethos and engage others. Empower middle managers and engage whole workforce. Devote time and energy to the process.	<ul style="list-style-type: none"> <li>• Include middle managers in OD for system</li> <li>• Values based recruitment and shared culture programmes</li> <li>• Dedicate time and resource – capacity and £s</li> </ul>

- b) The ‘Building Collaborative Places’ report suggests an outline route map for each community. This could be further refined locally.

1. Understand the local context	2. Co-create a future vision for the place	3. How you will get there	4. Build readiness to deliver the change	5. Delivering the change
Understand your place economically and socially. Co-create a social & economic portrait of a place informed by: <ul style="list-style-type: none"> <li>• citizen engagement</li> <li>• data analysis</li> <li>• partner engagement</li> <li>• political engagement</li> </ul> Understand the drivers for change, such as: <ul style="list-style-type: none"> <li>• national policy</li> <li>• economic drivers</li> <li>• rising demand</li> <li>• poor outcomes</li> </ul>	Work across organisational and sectoral boundaries to co-create a common vision for the place and the community. Hold the tension of different viewpoints and incentives as this vision is brokered. Identify the components of a new place-based strategy.	Co-produce a collaborative action plan which flows from the common vision and is not defined by organisational and institutional boundaries. Explore how the role, behaviour and practice of public services needs to change in order to achieve it. Agree operating principles that will guide a new collaborative approach.	Understand your readiness to collaborate and invest in creating the culture, relationships and buy-in from partners and citizens. Expertly unpick the barriers and enablers to the change and formulate strategic and tactical responses which are built on shared value.	Support and ‘hard-wire’ changes in practice and culture by building the collaborative place-based infrastructure described in this report (i.e. governance, outcomes, funding, delivery, workforce development etc). Agree how these will be developed to support whole system, whole place collaboration.



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## **Prevention and Early Help Strategic Board Terms of Reference**

### **Role and Purpose**

Ensure that there is a system wide leadership of the Prevention and Early Help policy across the district that listens to and responds to the full partnership of agencies and communities within the shaping and delivery of future services

To act as a programme board to oversee the implementation of a district wide approach to prevention and early help, to ensure connectivity of systems and a locality approach.

### **Responsibilities**

- 1) Ensure an effective all age coherent policy framework across the District for prevention and early help initiatives and programmes.
- 2) Ensure that the programme works across the system and listens to and responds to the full partnership of agencies within the shaping and delivery of future services.
- 3) Ensure that the work of the board is adequately resourced and managed to deliver to time and plan.
- 4) Review progress and high level performance of the programme.
- 5) Oversee the risk to the systems arising from programme level risks and to consider how we can mitigate against those risks.
- 6) Understand and oversee interdependencies across the various individual prevention and early help initiatives.
- 7) Report progress to the Health and Wellbeing Board in its role as lead partnership in the Bradford District Partnership and to escalate any exceptions or issues to them.
- 8) Set objectives for the programme lead.
- 9) Oversee a communications plan in support of general developments around early help and prevention programme development.

## Accountability and Reporting

Accountable to the Health and Wellbeing Board through progress reports, and through the escalation of key issues to be resolved.

## Meetings

The Board will meet initially on a bi monthly basis, to be reviewed as the programme matures.

## Board Membership

Senior leads of key agencies

Michael Jameson (Chair)	Strategic Director, Children's Services	Bradford Council
Helen Hirst (Chair)	Chief Officer	Bradford District and Craven CCGs
<i>Other members tbc</i>		

Other officers may be invited to attend meetings as and when required or may be co-opted on to membership of the programme board.



## **Report of the Chair's highlight report to the meeting of Bradford and Airedale Health and Wellbeing Board to be held on Tuesday 24<sup>th</sup> July.**

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**B**

**Subject: Chair's Highlight report**

**Chair's Highlight report:**

CQC local system review and progress to date  
Bradford Council Local Offer Annual Report approval  
Sub group updates – ICB, ECB

**Summary statement:**

The Health and Wellbeing Board Chair's highlight report summarises business conducted between Board meetings. July's report brings an update on the recent Care Quality Commission, local system review and its progress, the Bradford Council local offer annual report for sign off and updates from the Board's sub-groups.

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**Portfolio:**  
**Health People and Places**

**Overview & Scrutiny Area:**

**Health and Social care Overview and Scrutiny**

## 1. SUMMARY

The Health and Wellbeing Board Chair's highlight report summarises business conducted between Board meetings. July's report brings an update on the recent Care Quality Commission, local system review and its progress, the Bradford Council local offer annual report approval and updates from the Board's sub-groups.

## 2. BACKGROUND

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

## 3. OTHER CONSIDERATIONS

### 3.1 CQC report and summit

In February 2018, the review was carried out following a request from the Secretaries of State for Health and Social Care and for Housing, Communities and Local Government to undertake a programme of 20 targeted reviews of local authority areas. The purpose of this review is to understand how people move through the health and social care system with a focus on the interfaces between services. The review looked into the commissioning arrangements of services and how a person centred is coordinated. During the review a range of interviews with system leaders, focus groups and site visits took place.

#### Process:

The Bradford District CQC local system review is now in the final stages of the process;

- The CQC completed the on-site elements of their review in February
- We held a system wide Summit to consider the learning from the CQC review in May, which was attended by over 60 colleagues from across the system including Overview and Scrutiny. The outputs of that session will inform the action plan.
- The CQC published their local system review of the Bradford District system in May. It can be found here on the CQC web site:  
<https://www.cqc.org.uk/publications/themes-care/our-reviews-local-health-social-care-systems>
- As a system we are currently refining our action plan which will address the nine recommendations in the CQC's report. This is due for submission to Department of Health and Social Care by 6th July.
- The Health and Wellbeing Board owns the report on behalf of the system, and the Integration and Change Board will oversee implementation of the action plan on behalf of the Health and Wellbeing Board.

#### Report findings:

The main findings of the report are;

- There was a clear shared and agreed purpose, vision and strategy described in the



Happy, Healthy at Home plan which had been developed by the system. This was articulated throughout and at all levels of the system.

- System leaders across health and social care were compassionate and caring. They were clear that the needs of the person sat at the heart of their strategy and vision. System leaders encouraged the development of communities to build support around the person.
- There was a defined system-wide governance arrangement that pulled the system together and a clear architecture for development and roll out of the transformation of services in line with the plan.
- At an operational level, there was more work to be done to embed integrated working through integrated commissioning and funding.
- The system needs to continue to build on relationships throughout all levels and consider how the independent provider market is engaged as equal partners.
- Bradford had a good infrastructure through the Integration and Change Board (ICB) and Executive Commissioning Board (ECB).
- Although frontline staff found that sharing of information was still an occasional barrier, we also found that some of the information sharing processes were well developed.
- We found some good joined up interagency processes, particularly the Bradford Enablement Support Team (BEST) for reablement and the MAIDT (multi-agency integrated discharge team). The MESH team (the medicines service at home) was a further example of innovative practice. There was also good use of the VCSE sector to deliver services in equal partnership with health and social care staff.
- There were different ways for people to access services and they might be confused by different pathways into services. There were a number of 'single points of access'. These areas would benefit from being brought together as a single network and system leaders have recognised this.
- The workforce managed the flow through the system well and we saw that referrals, assessments and delivery of services were timely.
- Staff we spoke with were committed to improving outcomes for people and developing their strength-based approach. We found that staff were involved in developing the workforce strategy which would enable them to contribute to and to buy in to the system vision.
- People who lived in Bradford were supported to live in their own homes and their communities for as long as possible. They received holistic assessments of their care that took into account all of their social and health needs based around their strengths.
- People were supported to live independently in a community-based support system. However, people who were not eligible to receive funding for services had difficulties finding support and navigating through services.
- People were able to access help and support to stay safe in their homes through the use of technology and telecare systems.
- Although 87% of GPs provided partial access to extended provision which meant that people could access pre-bookable appointments, some people we spoke with

told us that they could not get GP appointments when they needed them. This meant that they were more likely to attend A&E if they were anxious or unwell

### The Action Plan

The action plan has been developed by a multi-agency project team that has worked together throughout the review process. The action plan will address the following nine recommendations made by the CQC:

1. System leaders need to address issues around quality in the independent social care market with a more proactive approach to contract management and oversight
2. Building on good relationships that exist between stakeholders such as VCSE organisations and GP alliances, this needs to be extended to the independent care sector
3. Leaders need to ensure that outcomes are person centred and caring in line with the vision and strategy
4. NICE guidance recommends that, apart from some exceptions, domiciliary care visits should not be shorter than half an hour. The commissioning of 15 minute domiciliary care visits needs to be reconsidered as concerns had been raised about the provision of care being task focused rather than person centred and leading to an increased risk of medicines errors.
5. There needs to be clearer signposting systems to help people find the support they need, particularly for people who fund their own care.
6. Although good work was in place with the local authority MCA and best interest assessment team, system leaders need to ensure that staff in health services and independent social care provider services have a better understanding of peoples rights and are able to understand the lifestyle choices that people make. System leaders need to address the fact that some peoples experience is not consistently good and person-centred.
7. There is potential to build primary care capacity and to maximise the impact of the primary care home model; the commissioning approach to primary care needs to maximise the outcomes from the two at-scale GP models emerging in Bradford.
8. Although information sharing and governance was well-developed, system leaders need to consider how to streamline processes when people are discharged from hospital with less reliance on paper based systems.
9. Medicines management when people have left hospital needs to be improved to reduce the time people have to wait for their medicines and to ensure that social care providers and people returning to their own homes have a clear understanding of the medicines they have been prescribed

See appendix A for the Local System review report from the Care Quality Commission also see appendix B for the action plan to be submitted to the Department of Health and Social Care.

### **3.2 Bradford Council Local Offer Annual Report**

The Chair has agreed the 2017-18 Annual report of the District's SEND Local Offer which provides information on support and services to families, young people and carers affected

by SEN or disability. The report was agreed between Board meetings to meet the deadline to publish the annual report on the Local Offer website. See background papers below for a link to the report.

See appendix C for the Bradford Council Local offer Annual Report

### **3.3 Working group updates**

#### **3.3.1 Executive Commissioning Board**

- ECB have reviewed their membership and terms of reference.
- BCF – ECB discussed the planning process for BCF for 2018/19 and the revised DToC trajectories. The planning guidance is due imminently. Quarterly reporting of BCf and iBCF continues to be received by ECB. Future quarterly monitors from Q1 2018/19 will be joint and cover the both BCF and iBCF, and focuses on the national conditions.
- Care Homes Market and system resilience – ECB hosted a deep dive discussion around the care home market and improvements required following the CQC recommendations following the System Review. The Cordis Bright model was used as a basis for the conversation which showed that 18% of homes within the market were at risk of failure. A modelling exercise to look at the needs projection of the residential and nursing market will now take place, linking to the community beds strategy.
- Early Help for Children - A task and finish group is to be established to focus on joint commissioning as a system around children's services.
- Recommissioning Activities – ECB received presentations on the following recommissioning activities which are taking place: home care, Carers navigation service. All joint commissioning activity is discussed at ECB as part of joint governance processes.
- Future ECB activities cover progress on the integrated care record, Autism and neurodiversity commissioning, transforming Care Partnership progress and a review of winter provision funded through the use of iBCF.

#### **3.3.2 Integration and Change Board**

The Integration and Change Board (ICB) has met twice since the last Health and Wellbeing Board meeting – on 20<sup>th</sup> April and on 15<sup>th</sup> June. The next meeting of the ICB will be on 17<sup>th</sup> August. Recent progress includes;

- We have welcomed the first of two new chief executives to the local system. Brendan Brown has joined as CEO of Airedale NHS FT and will also take up the role of lead Chief Executive for the Airedale Wharfedale and Craven Health and Care Partnership.
- Both local Health and Care Partnerships are currently developing an operating framework that will build on the success of informal collaboration and strengthen our collaborative governance arrangements, in line with parallel developments across the West Yorkshire and Harrogate shadow Integrated Care System.
- ICB continues to look outwards and build collaboration with our neighbours – we have scheduled a team to team with the Leeds equivalent of ICB - the 'Partnership Executive Group'. This will be a chance to focus on some of the many opportunities that we share – such as the economic potential of our combined strengths in

medical technologies and research. We will also focus on workforce, including the potential to build world class health and care academies.

- ICB member organisations supported the development of the successful 'One Workforce' bid which will bring over £1m into Bradford to support the development of a Health and Care Academy, attract more local talent into roles in the health and care sectors, and to develop the competencies required for the future including asset based community development and coaching approaches. To support a truly joined up conversation around workforce and skills, ICB is supporting the integration of boards and groups so we have 'one workforce' conversation locally.
- The development of coaching and enabling skills is at the heart of the work of both the Self Care and Prevention Programme and Healthy Bradford. ICB has recently supported both groups to clarify and extend their collaboration, so we have one coherent approach to prevention and early intervention.
- Digital 2020 is one of the other key enabling groups supported by ICB. In April Digital 2020 set out a bold ambition for a safe, efficient and joined up approach to Business Intelligence, Shared Care Records and overcoming the practical barriers experienced around Information governance. This proposal was endorsed in principle and in June ICB committed partnership funding from partner organisations to enable Digital 2020 to move further faster on behalf of the system. Recruitment to key roles is now underway.
- The delivery of the Happy Healthy at Home plan is dependent on enabling groups (digital, estates, workforce, self care) and also on the work of the local health and care partnerships. To make sure the programmes are supported and delivering effectively, ICB has commissioned a programme review which will provide assurance and lead to action to accelerate delivery.
- The CQC local system review has also provided recent external validation of the strength of our collaboration and focus on the needs of people. In May our CQC report was published following a system wide workshop event at the Carlisle Business Centre attended by over 60 colleagues from across the health and care system. The outputs of the workshop have helped refine our CQC action plan which has been shared with the Department of Health and Social Care in June. Oversight of delivery of the action plan will be undertaken by ICB on behalf of HWB over the course of the next year.
- Building on the CQC local system review event, ICB is supporting further collaboration and shared learning between provider organisations, many of which have recently been inspected by the CQC. This will be a chance to identify and address any quality themes identified and to gain support around systemic issues raised in CQC reports.
- Lastly the CQC experience and the recent NHS 70<sup>th</sup> Birthday celebration has highlighted the need for a comprehensive system-wide communications approach. ICB has commissioned work to develop proposals.

**4. FINANCIAL & RESOURCE APPRAISAL**

None

**5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

None

**6. LEGAL APPRAISAL**

None

**7. OTHER IMPLICATIONS**

**7.1 EQUALITY & DIVERSITY**

Local Offer co-produces and gains feedback from key stakeholders (being CYP with SEND 0-25years and their families) about the Local Offer website and its alternative format resources being the LO pocket booklet. Local Offer in addition gains feedback about SEND services, if key stakeholders have identified gaps. The SEND services provide the responses for the report. Local Offer feedback is sought it is from male and female groups across various age ranges up to 25yrs and with a variety of special needs and their families.

**7.2 SUSTAINABILITY IMPLICATIONS**

None

**7.3 GREENHOUSE GAS EMISSIONS IMPACTS**

None

**7.4 COMMUNITY SAFETY IMPLICATIONS**

None.

**7.5 HUMAN RIGHTS ACT**

None

**7.6 TRADE UNION**

None

**7.7 WARD IMPLICATIONS**

None

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

None

**7.9 IMPLICATIONS FOR CORPORATE PARENTING**

Local Offer Service is SEND targeted from birth to 25yrs and their parent/carers. The SEND Local Offer is a statutory service for all LA and must be compliant with the SEND CoP –Local Offer. The Bradford Local Offer completes and carry’s out annual LO SEF against the statutory SEND CoP-Local Offer framework and takes part in peer reviews and challenges with other LA’s. The Bradford’s Local Offer was regarded as a “Rolls Royce” version of a Local Offer compared to regional LA LO by Rotherham’s Children’s Services Strategic Director at the Peer Challenge. Refer to the guidance contained in the Report Guide and the feedback section within the LO website.

**7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

None

**8. NOT FOR PUBLICATION DOCUMENTS**

None

**9. OPTIONS**

None

**10. RECOMMENDATIONS**

**10.1** That the Board notes the update of the CQC local system review and asks the Integration and Change Board to own the action pan.

**10.2** That in relation to section 3.2 the Board is asked to note that the 2017-18 SEND Local Offer Annual Report has been agreed by the Chair of the Board and published on the SEND Local Offer website.

**11. APPENDICES**

See appendix A for the Local System review report from the Care Quality Commission

See appendix B for the action plan to be submitted to the Department of Health and Social Care.

See appendix C for the Bradford Council Local offer Annual Report

**12. BACKGROUND DOCUMENTS**

# Bradford

## Local system review report Health and Wellbeing Board

Date of review:  
12 – 16 February 2018

### Background and scope of the local system review

This review has been carried out following a request from the Secretaries of State for Health and Social Care and for Housing, Communities and Local Government to undertake a programme of 20 targeted reviews of local authority areas. The purpose of this review is to understand how people move through the health and social care system with a focus on the interfaces between services.

This review has been carried out under Section 48 of the Health and Social Care Act 2008. This gives the Care Quality Commission (CQC) the ability to explore issues that are wider than the regulations that underpin our regular inspection activity. By exploring local area commissioning arrangements and how organisations are working together to develop person-centred, coordinated care for people who use services, their families and carers, we are able to understand people's experience of care across the local area, and how improvements can be made.

This report is one of 20 local area reports produced as part of the local system reviews programme and will be followed by a national report for government that brings together key findings from across the 20 local system reviews.

### The review team

Our review team was led by:  
Senior Responsible Officer: Alison Holbourn, CQC  
Lead reviewer: Deanna Westwood, CQC

The team included:

- Two CQC chief inspectors
- One reviewer
- Three inspectors

- Two CQC Experts by Experience; and
- Three specialist advisors (a LGA representative, a Director of Adult Social Services and a Consultant Physician)

## How we carried out the review

The local system review considered system performance along a number of 'pressure points' on a typical pathway of care with a focus on **older people aged over 65**.

We also focussed on the interfaces between social care, general medical practice, acute and community health services, and on delayed transfers of care from acute hospital settings.

Using specially developed key lines of enquiry, we reviewed how the local system is functioning within and across three key areas:

1. Maintaining the wellbeing of a person in their usual place of residence
2. Crisis management
3. Step down, return to usual place of residence and/ or admission to a new place of residence

Across these three areas, detailed in the report, we asked the questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?

We then looked across the system to ask:

- Is it well led?

Prior to visiting the local area we developed a local data profile containing analysis of a range of information available from national data collections as well as CQC's own data. We asked the local area to provide an overview of their health and social care system in a bespoke System Overview Information Request (SOIR) and asked a range of other local stakeholder organisations for information.

We also developed two online feedback tools; a relational audit to gather views on how relationships across the system were working, and an information flow tool to gather feedback on the flow of information when older people are discharged from secondary care services into adult social care.



During our visit to the local area we sought feedback from a range of people involved in shaping and leading the system, those responsible for directly delivering care as well as people who use services, their families and carers. The people we spoke with included:

- System leaders from Bradford City Council (the local authority); NHS Airedale, Wharfedale and Craven Clinical Commissioning Group , Bradford District Clinical Commissioning Group, and Bradford City Clinical Commissioning Group (referred to collectively as the CCGs); Bradford Teaching Hospitals NHS Foundation Trust (BTHFT); Airedale NHS Foundation Trust (ANHSFT); Bradford District Care NHS Foundation Trust (BDCFT); and the Health and Wellbeing Board.
- Health and social care professionals including hospital staff, commissioning leads, workforce leads, Mental Capacity Act leads, social workers, occupational therapists, GPs, independent care providers and their employees.
- Healthwatch Bradford and District, and voluntary, community and social enterprise (VCSE) sector organisations
- People using services, their families and carers at the Carers' Resource, Age UK, a Black and Minority Ethnic forum and a care home.

We reviewed six care and treatment records and visited nine services in the local area including acute hospitals, intermediate care facilities, care homes and a hospice.

## The Bradford context

### Demographics

- 13% of the population is aged 65 and over.
- 67% of the population identifies as White.
- Bradford is in the top 20% bracket of most deprived local authorities in England.

### Adult Social Care

- 88 active residential care homes:
  - One rated outstanding
  - 42 rated good
  - 29 rated requires improvement
  - Four rated inadequate
  - 2 currently unrated
- 43 active nursing care homes:
  - 18 rated good
  - 14 rated requires improvement
  - Three rated inadequate
  - Eight currently unrated
- 70 active domiciliary care agencies:
  - 38 rated good
  - 18 rated requires improvement
  - 14 currently unrated

### GP practices

- 82 active locations
  - Three rated outstanding
  - 75 rated good
  - Two rated requires Improvement
  - One rated inadequate
  - One currently unrated

### Acute and community healthcare

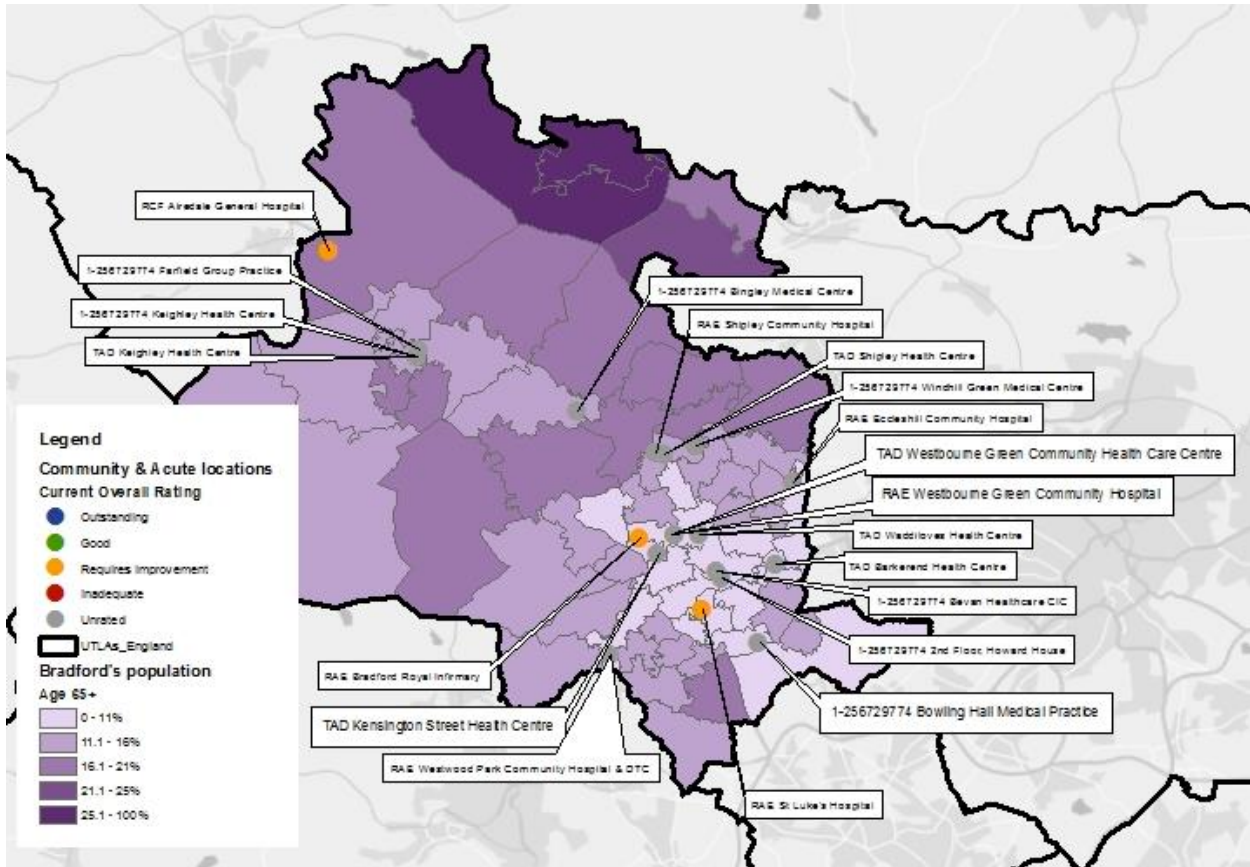
Hospital admissions (elective and non-elective) of people living in Bradford are found at the following trusts:

- Bradford Teaching Hospitals NHS Foundation Trust
  - Received 66% of admissions of people living in Bradford
  - Admissions from Bradford made up 88% of the trust's total admission activity
  - Rated requires improvement overall
- Airedale NHS Foundation Trust
  - Received 22% of admissions of people living in Bradford
  - Admissions from Bradford made up 63% of the trust's total admission activity
  - Rated requires improvement overall

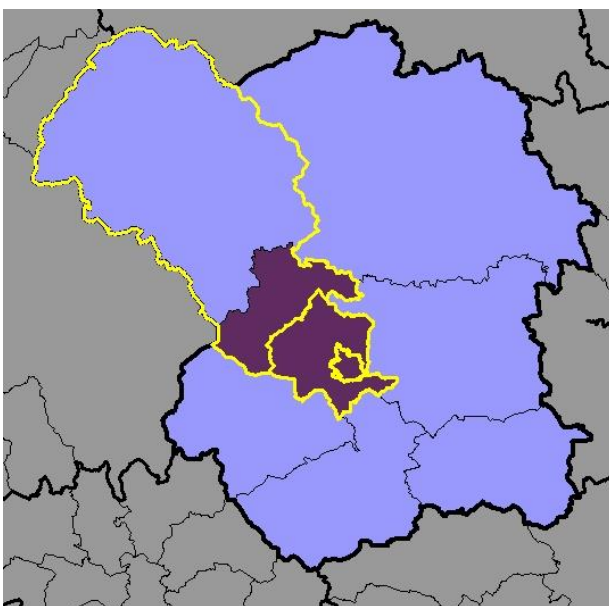
Community services are provided by:

- Bradford District Care Trust
  - Rated requires improvement overall
- Airedale NHS Foundation Trust, via the Airedale Collaborative Care Team and Community Therapy Services

*All location ratings as at 08/12/2017. Admissions percentages from 2016/17 Hospital Episode Statistics.*



Map one (above): Population of Bradford shaded by proportion aged 65+ and location and current rating of acute and community NHS healthcare organisations serving Bradford.



Map two (left): Location of Bradford within the West Yorkshire STP. The Airedale, Bradford Districts and Bradford City CCGs are also highlighted.

## Summary of findings

### **Is there a clear shared and agreed purpose, vision and strategy for health and social care?**

- There was a clear shared and agreed purpose, vision and strategy described in the Happy, Healthy at Home plan which had been developed by the system. This was articulated throughout and at all levels of the system. We found that the majority of staff across the system, including adult social care, primary and secondary care sectors, and the voluntary sector were committed to the vision, although some areas acknowledged that there was still work to do to embed the supporting culture. Some of this was related to the interface of health and social care and there was a will to work towards pulling this together. There had been positive development around the Health and Wellbeing Board extending its membership to wider parts of the system, including housing, the VCSE sector, police and fire services.
- We saw that system leaders across health and social care were compassionate and caring. They were clear that the needs of the person sat at the heart of their strategy and vision. They recognised that individuals living in Bradford had different needs, goals and aspirations, and also recognised the differences in geographical communities; system leaders encouraged the development of communities to build support around the person.
- The next steps for the system will be to translate the vision into detailed modelling and then operational practice. The challenge will be to ensure the translation of the vision is in a common language that is understood by all partners.

### **Is there a clear framework for interagency collaboration?**

- There was a defined system-wide governance arrangement that pulled the system together and a clear architecture for development and roll out of the transformation of services in line with the plan. There was a clear locality structure emerging which included the VCSE sector as equal partners but there was still more work to do regarding the alignment and integration of frontline delivery of services. We saw evidence of joined up reporting through the reporting framework including the Health and Wellbeing Board from a health and finance perspective, but there was a challenge in doing this when each organisation has separate reporting frameworks. There was more work to be done to finesse this, but it was clear that the system was on a journey to achieving this.
- At an operational level, there was more work to be done to embed integrated working through integrated commissioning and funding. Much of the success of this depends on high trust relationships and the clear and strong commitment of leaders to the strategic vision.

System leaders need to consider how this is secured so that in the event that changes in leadership occur, the systems are in place to continue with the good work that has been built around strong relationships. There is a risk that in the event of significant unforeseen challenges that different parts of the system retreat back into their own organisations.

- The system needs to continue to build on relationships throughout all levels and consider how the independent provider market is engaged as equal partners.
- There were structures in place to discuss and negotiate commissioning intentions however we were aware that the partnership could be tested by a number of challenges including budgetary pressures within the local authority. Our observations were that Bradford had a good infrastructure through the Integration and Change Board (ICB) and Executive Commissioning Board (ECB) to enable early discussions in this regard.
- Although frontline staff found that sharing of information was still an occasional barrier, we also found that some of the information sharing processes were well developed. There were clear advantages where GPs, the mental health and community trust, and one of the acute trusts had a shared IT system. Although one of the trusts did not share the same system we saw that there were workarounds in place to manage this.
- Integration was ongoing and planned with some effective practice where multidisciplinary teams could access SystmOne. However, we did find some outdated practice such as using a fax machine for communication across the system. It was time consuming for staff to complete paper forms and where people needed re-referral, these forms would need to be completed on each occasion.

#### **How are interagency processes delivered?**

- We found some good joined up interagency processes, particularly the Bradford Enablement Support Team (BEST) for reablement and the MAIDT (multi-agency integrated discharge team). The MESH team (the medicines service at home) was a further example of innovative practice. The intermediate care hub was the first point of contact to enable people to receive step up care or support when their needs changed and they were living at home. There was also good use of the VCSE sector to deliver services in equal partnership with health and social care staff.
- There were different ways for people to access services and they might be confused by different pathways into services. There were a number of 'single points of access' for example mental health first response, the EDT access team, the intermediate care hub, and the community nurse team. These areas would benefit from being brought together as a single network and system leaders have recognised this.

### **What are the experiences of frontline staff?**

- Despite pressures on the workforce owing to difficulties around recruitment across health and social care, the workforce managed the flow through the system well and we saw that referrals, assessments and delivery of services were timely.
- Staff we spoke with were committed to improving outcomes for people and developing their strength-based approach. We saw good evidence of prompt responses in our case files. We found that staff were involved in developing the workforce strategy which would enable them to contribute to and to buy in to the system vision.

### **What are the experiences of people receiving services?**

- People who lived in Bradford were supported to live in their own homes and their communities for as long as possible. They received holistic assessments of their care that took into account all of their social and health needs based around their strengths. Where possible, the provision of virtual wards meant that people could receive consultant-led medical care at home rather than in hospital.
- People were supported to live independently in a community-based support system. For example, we heard about a person who lived on their own and would visit particular shops and premises in their local area. Through the use of community connectors, there was a whole community support system put in place whereby local shops and services knew the person, and knew who to contact and report to if they had concerns about the person's wellbeing. This meant that they could continue to do the things they enjoyed in life and reduced the risk of social isolation. However, people who were not eligible to receive funding for services had difficulties finding support and navigating through services.
- People were able to access help and support to stay safe in their homes through the use of technology and telecare systems. People in some care homes had access to clinical assessment via video link with the Digital Care Hub. Where additional support was needed referrals were made to the appropriate service to visit them in the care home, for example GPs, community teams and out-of-hours services. This meant that there was less disruption to their lives particularly if they had needs associated with dementia and could find changing environments stressful.
- Although 87% of GPs provided partial access to extended provision which meant that people could access pre-bookable appointments, some people we spoke with told us that they could not get GP appointments when they needed them. This meant that they were more likely to attend A&E if they were anxious or unwell.



- People did not have to stay in hospital longer than they needed to. There was good support to enable them to return home safely. The provision of a retainer to domiciliary care agencies to hold packages of care meant people had continuity of care and did not have to wait for a new package to be commissioned upon their discharge from hospital. System leaders told us about successes in terms of reducing length of hospital stays and we saw that there was focus on getting people home as soon as possible.
- However, the experience of some people on their pathway through hospital was difficult. We heard that some people did not feel listened to when their needs were assessed or that the views of people who knew them best were considered. Despite a good ethos of not moving frail or elderly people through the hospital, we heard examples of this continuing to happen and some people we spoke with told us that this could be distressing.
- People felt supported by the Home from Hospital service managed by Carers' Resource which was a positive initiative supporting people out of hospital. We heard that it was responsive and was an important factor in enabling people to feel confident and secure on their return home.

## Are services in Bradford well led?

### Is there a shared clear vision and credible strategy which is understood across health and social care interface to deliver high quality care and support?

*As part of this review we looked at the strategic approach to delivery of care across the interface of health and social care. This included strategic alignment across the system, joint working, interagency and multidisciplinary working and the involvement of people who use services, their families and carers.*

*We found that that there were strong relationships across the health and social care system, which meant that all parts of the system were committed to the delivery of the Happy, Health at Home vision. There were high levels of trust and commitment between system leaders and elected members. We saw that there was a strong and compassionate approach to delivering better outcomes for people who lived in Bradford and a culture of seeking best practice and continuous improvement. The involvement of wider stakeholder groups such as the Voluntary, Community and Social Enterprise (VCSE) sector services, GPs and housing teams in the design of services ensured that there was a joint focus on prevention and keeping older people in their own homes for longer; however independent care providers were not yet partners in shaping the future of services.*

*There was still some work to be done around embedding joint arrangements. There was potential for pressures such as budget constraints or changes in leadership to impact on the delivery of transformation.*

### **Strategy, vision and partnership working**

- There was a clearly articulated vision for people living in Bradford which was subscribed to by staff across health and social care and at all levels of the system from leaders through to frontline staff. There were clear strategic and organisational threads running through from the West Yorkshire and Harrogate Sustainability and Transformation Partnership (STP) to the Happy, Healthy at Home plan which is the Bradford District and Craven plan borne out of the STP, down to the Bradford District Plan. The plan had been adopted by the Health and Wellbeing Board and replaced the strategy that was in place from 2013 to 2017. The vision of Happy, Healthy at Home was reflected throughout and was recognised by all parts of the system including the VCSE sector. The positive approach to developing a sustainable health and care system was not just narrowly linked to health and care service and budgets, but linked to wider economic growth. This recognised that regeneration, and tackling wider determinants of health were critical to long term sustainability.
- The Happy, Healthy at Home vision was underpinned by a number of joint strategies, such as Home First and Healthy Bradford with the focus on ensuring that people could stay healthy at home for as long as possible. System leaders told us that plans had been underpinned by the Joint Strategic Needs Assessment and the new joint health and wellbeing strategy which would deliver on the vision. The health and wellbeing strategy that was available to the public on the local authority website was out of date (covering 2013 to 2017); however the Health and Wellbeing Board had agreed an updated strategy which articulated the joint vision for Bradford. We saw that the iBCF plan and the social care precept planned expenditure had been used to align funding to the strategy with person-centred outcomes. System leaders were able to demonstrate in their Q3 iBCF return where improvements had already been made through the alignment of the funding streams to the strategy and vision.
- Other external agencies also commended the work that had been undertaken in the joined-up development of system plans. For example, NHS England described the senior leadership in Bradford as flexible and proactive in terms of meeting people's needs. We saw that the Chief Executive of Public Health England had visited the local authority shortly before our review and referred to "a sea of good practice", particularly around the work that health and social care partners had undertaken to identify the priority outcomes for people living in Bradford.
- We saw that system leaders, including elected members, were compassionate and focused



on improved outcomes for people while managing the realities of pressures on funding. When we spoke with system leaders they were often able to describe anecdotal examples and case studies while they were talking about their vision and plans which showed that they kept the person at the heart of their planning. Our relational audit (responded to by 168 people working across the health and social care system in Bradford) found that people had mixed views of relationships in the system, with more positive scores against statements around acknowledging and appreciating each organisation's contribution and investment in a shared purpose. However; when we spoke with frontline staff we sometimes heard that they did not feel that they were equally valued with colleagues working in other sectors.

- There was a clear organisational structure being developed to further the strategy. Two accountable care programme boards had been developed. In the Bradford district, north, south and central locality hubs would sit beneath the Bradford Accountable Care Partnership with 10 communities sitting below those. The Airedale, Wharfedale and Craven Accountable Care Partnership had three localities sitting directly below it. The VCSE sector was seen as an equal partner in the development of these plans as system leaders understood and valued the role that it could play in supporting communities around the preventative agenda.

### **Involvement of service users, families and carers in the development of strategy and services**

- We found that Bradford was a system that focused on the person at the heart of the journey. Healthwatch Bradford and District led on much of the engagement with people in Bradford around the development of services. In November 2017, they published The Big Conversation report following a series of events such as focus groups, public events, and face-to-face and online surveys. This was an opportunity for local people to have a say about what mattered to them in terms of the health and social care priorities, which services they felt worked, and which needed development. It was not clear how many of the respondents were people over the age of 65. Healthwatch Bradford and District were positive about their engagement with system leaders. They were able to sit on the Health and Wellbeing Board, the A&E delivery board and felt that they had good access to system leaders. They felt listened to and that system leaders were open, transparent, listened to feedback and acted upon it.
- There were other forums for older people to feed into the development of services. For example, system leaders told us that 8,500 people had been invited to participate in the development of person-centred care in the Home First strategy. However, some system leaders acknowledged that they needed to ensure that they were not developing services around assumptions of different community needs.
- Representatives of the VCSE sector sat on the People's Board, and members of the

People's Board sat on the boards of governing bodies so that there was an upward flow of feedback and information. The Bradford Assembly enabled VCSE providers to meet and discuss the planning of services and support, however we found that smaller organisations in the VCSE sector and the people they represented did not always feel engaged. Some of these we spoke with were not aware of the assembly and this meant that there were potentially missed opportunities for these smaller groups to enable the voices of the people they supported to be heard.

### **Promoting a culture of interagency and multidisciplinary working**

- The Health and Wellbeing Board promoted interagency working and collaboration. It had recently refined its terms of reference to include “mutual accountability between strategic partnerships for the delivery of [their] goals in the District Plan and Health and Wellbeing Strategy”. Common goals and measures between strategic partnerships, and a plan to develop a common data set would further embed this culture.
- We saw that interagency working was embedded in Bradford and there were many examples of how this supported people to stay well in the community and to leave hospital promptly. Planning for winter pressures had included multiple agencies and staff across the health and social care sector. For the winter of 2017/18 a single joint plan had been produced rather than a joint submission of individual system plans. We heard from staff that they felt that they worked well together, particularly when there was a crisis. There were high levels of trust and leaders were willing to flex resources promptly to support each other in times of pressure.
- Frontline staff told us during our review that an increase in networking had shifted the culture and helped staff to move away from a blame culture. However, one of the lowest scoring statements in our relational audit was “People take organisational risks where this has the potential to serve wider system goals, without fear of criticism or failure”.
- Staff told us shared working meant that they could have strong and open discussions, which enabled problem solving and they knew which experts could support them with advice. This had reduced the need to escalate issues. Sharing of some budgets had supported these processes. For example, the CCGs funded a purpose-built area in A&E to help speed up processes, where a consultant and health care worker began investigations and tests prior to the person being moved further into the department. Therefore, when people were moved, for example into minor injuries, test results should be back for the clinicians to see and to support diagnosis. Although it had taken time, system leaders had worked hard to develop relationships between the VCSE sector and the GP federation to develop joint working around self-care and prevention.

- The STP had created further opportunities for interagency working. The West Yorkshire hospitals created an association of acute trusts which meant that there were opportunities to learn from each other and share best practice. Although we heard that it had taken time and trust to build relationships between organisations that had previously worked in competition with each other, relationships had developed to a point where they could jointly start to look at issues such as their estates strategies.
- Providers and frontline staff in the residential and domiciliary care sectors told us that they did not feel valued as partners in planning and discussion regarding people's pathways of care. Very often these were people who could be strong advocates for people who could not representative their own views and needs. Enabling independent provider staff to have a voice in interagency and cross sector working could benefit other aspects of commissioning including stabilising and improving the quality of the market.

### **Learning and improvement across the system**

- There was a positive culture of continuous learning, self-reflection and seeking best practice. Learning was shared across the system. We saw that in areas where system leaders were already successful, such as the good performance with regard to delayed transfers of care, they still continued to actively seek ways to improve. Leaders engaged with experts from outside the region to develop their own learning at leadership and operational levels.
- Winter planning had been developed based upon learning from the previous winter. A comprehensive review of winter 2016/17 was submitted to the urgent care programme board in August 2017. It identified pressure points in the system and included a detailed analysis of impacts such as delayed transfers of care. The report made a series of recommendations for implementation in the 2017/18 winter plan. We saw that many of these formed part of the Bradford Home First strategy and the BCF plan, such as the increased support for the homecare market and the use of the VCSE sector to support work on ill-health prevention.
- System leaders continued to evaluate hospitals stays and look at options for improving people's experiences of discharge from hospital. The Public Health Team undertook a survey of people in acute hospital or intermediate care beds looking at the person's capacity and cognitive impairment and testing whether the hospital admission could have been avoided. They found about 13% of admissions could have been avoided and 27% of people surveyed could have benefited from an intermediate care option. They also found that although people from Black and Minority Ethnic (BME) communities were proportionately represented in terms of admissions, they were under-represented in terms of take up of intermediate care so there were opportunities for system leaders to build on this information for further improvement.

- Although work was regularly evaluated, much of the practice we saw around the improved funding for homecare agencies and the work around the Home First strategy was relatively new and was yet to be evaluated. In the iBCF Q3 report the system was able to report improvements regarding residential care placements and reablement. It was too early to measure the impact of support from initiatives such as BEST, which provided short-term support to avoid admissions and facilitate discharges from hospital although leaders told us that early indications were positive.
- There were opportunities to learn when things went wrong. For example, the medicine safety group included representation from hospital trusts, the CCGs and a Local Pharmaceutical Committee representative. This group ensured that lessons could be learned and shared this with relevant stakeholders through newsletters.

### **What impact is governance of the health and social care interface having on quality of care across the system?**

*We looked at the governance arrangements within the system, focusing on collaborative governance, information governance and effective risk sharing.*

*We found governance arrangements were uncomplicated with clear lines of accountability. The structures in place enabled integrated working across health and social care with support from political members and external stakeholders. There were robust risk-sharing processes and a shared view and responsibility of risk. Information governance was well-developed. Telecare, telehealth and other digital solutions were being developed with a long-term aim of people being able to manage their own information. However, while many developments were proceeding at pace and appeared to be having a positive impact which was being evaluated, system leaders needed to be able to challenge themselves to ensure that developments continued in line with the joint vision.*

#### **Overarching governance arrangements**

- The Health and Wellbeing Board had the overarching strategic leadership of the health and social care system in Bradford. System leaders described their governance arrangements as “strong” with “high-level political ownership and scrutiny”. The Board was chaired by the leader of the council and comprised stakeholders from across the system including the VCSE sector, the police and fire services, housing teams and Incommunities (the social care housing provider).
- Although there were three CCGs covering the Bradford District area, there was one overarching chief officer which ensured that the CCGs were strategically aligned. This also meant that people living in Bradford did not need to navigate different systems. However, the

areas they covered had different demographics and by keeping them as separate entities they were better able to report on and respond to the needs of people in their area.

- There were clear lines of accountability through the Executive Commissioning Board (ECB) and the Integration and Change Board (ICB). The ECB was chaired by the local authority Strategic Director of Health and Wellbeing and had responsibility for the operational delivery around the implementation of integrated commissioning and the BCF. The ICB was chaired by the local authority Chief Executive and managed the strategy around transformation. There were joint posts that linked across health and social care. For example, the Strategic Director of Partnerships was employed through the CCG and was the senior responsible officer for the prevention and self-care agenda. The Programme Director for the ICB was a jointly funded post.
- However, one of the challenges to system partners was around holding each other to account. Relationships and trust among leaders were strong but there was no form of self-auditing in place at the time of our review to ensure that outcomes for people were embedded. This needed to be in place to ensure that a change in leadership would not impact on the processes or on delivery of the strategy.

### **Risk sharing across partners**

- The A&E delivery board had oversight of performance and risk across the system. This board was chaired by the Chief Executive of Bradford Teaching Hospitals NHS Foundation Trust and undertook the assurance of service delivery and performance. Providers and commissioners worked through the A&E delivery board to ensure that escalation plans were aligned. The board also monitored progress in relation to winter resilience and the delivery of the high impact changes, from the national model for the management of transfers of care.
- We saw that risks, particularly around winter pressures, were shared across the system. We saw ANHSFT's January 2018 winter update which it presented to the board. It showed that despite "unprecedented" pressures in the preceding weeks, performance had improved on the previous year and commended the work of staff teams.
- There was a BCF risk log in place and this linked to the CCGs' and the local authority's corporate risk registers. This included an honest assessment of progress in some areas needing further development for example trusted assessors and the consistent application of policies around patient choice.
- A system progress report against the Health and Wellbeing plan was submitted in February 2018 that measured outcomes against targets and reported on risks against a range of health and social care metrics and described what systems were doing to improve

performance and mitigate against risks. The Health and Wellbeing Board scrutinised dashboard performance against the locality plan. It was effective in having standing items such as workforce development and budget review which meant that wider risks were continuously monitored.

- More work was needed to identify emerging risks in the independent care sector. We saw that systems had been put in place that identified which services needed support however this was predominantly based on findings from CQC inspections and system leaders needed to ensure that health and social services partners were working together to share information and manage emerging risks.

### **Information governance arrangements across the system**

- Information governance arrangements and digital interoperability were well developed across health systems in Bradford. System leaders described themselves in the response to the SOIR as “one of the first digital health economies” through the use of integrated records, telehealth and telecare. In 2016 a Digital2020 Board was formed “where leaders from across the health and care system committed to promote and implement the innovative use of technology and data”.
- GPs, social workers, and the community and acute trusts could access information through access to SystmOne. Information governance and data protection issues were resolved through the application of honorary contracts so that staff across the health and social care system could access the necessary records. However, the systems were not yet embedded and there had been some difficulties around information governance with regard to the supplier and NHS England. System leaders anticipated that these would be resolved before the end of 2018 and “two-way information sharing” would be in place. Frontline staff we spoke with also told us that co-location of teams meant that information could be shared more easily.
- Some work was being trialled at the time of our review that enabled domiciliary care workers to share information with people, their families, GPs and social workers through a hand-held tablet kept in the person’s home. We saw how this could be effective in providing reassurance for people who used services and their families, for providing information to health professionals in an emergency and for enabling care agencies to be person-centred and responsive to people’s needs.



## **To what extent is the system working together to develop its health and social care workforce to meet the needs of its population?**

*We looked at how the system is working together to develop its health and social care workforce, including the strategic direction and efficient use of the workforce resource.*

*We found that there was an integrated workforce programme in place to deliver the strategy and that system leaders were committed to developing a workforce that was aligned to the vision of integration in localities. There were difficulties recruiting staff however there were innovative solutions being developed to attract young people to the sector such as the Centre of Excellence. There was more work to be done to support the independent social care sector and the VCSE sector to reduce staff turnover and vacancies.*

### **System level workforce planning**

- System leaders had a focus on developing a workforce that could deliver on the integrated strategic vision. The local authority senior leadership team had a clear vision of enablement for people using services and the role of social workers as advocates for clients within a clear legislative context. The community health trust told us that their workforce was aligned to the strategic system wide vision. For example, the clinical team was involved in the out of hospital programme, and the trust board was also signed up to the vision. When the planned localities are in place, district nurses will be embedded into specific populations and be better able to understand the asset based approach.
- The Integrated Workforce Programme Board was chaired by the Medical Director of ANHSFT and led on the delivery of the workforce strategy across the system which was supported by an integrated workforce programme. There was a shortfall of available staff and to manage this, in line with the strategy, they were looking at “blended” roles combining health and social care. Although there were some jointly commissioned staff in post, workforce leads told us that there was still work to do around “future proofing” and changing the workforce to fit around an asset based approach. There was some frustration that national education systems still supported training that encouraged future jobseekers to choose between health and social care career pathways rather than encouraging integrated development at the early stages of people’s careers.

### **Developing a skilled and sustainable workforce**

- Recruitment and retention across the system was a challenge. For example, pharmacy leads told us that despite there being a school of pharmacy in Bradford, they experienced difficulties recruiting band 6 professionals. Analysis of electronic staff record data between July 2016 and June 2017 showed that that the turnover rate of nursing and medical staff was higher in both acute trusts than the England average.

- There was a proactive approach to developing the local workforce to attract young people into the health and social care industry, through apprenticeships, an industrial centre of excellence and the West Yorkshire excellence centre. Workforce leads were working with providers to develop the prospectus for development and training to grow a workforce that was aligned to their vision. International recruitment for GPs had been approved for Bradford and Kirklees. Leaders were also considering associate nurse roles and consideration was being given to attracting people who were new to the employment market but who had experience of providing care in their own communities.
- Analysis of workforce estimates from Skills for Care showed that recruitment and retention was a particular issue for providers of adult social care services. Turnover of social care staff had increased in line with the England average and in 2016/17 was at 27.8%, however this was higher than the average of comparator local authorities. Vacancy rates had increased steeply between 2015/16 and 2016/17 from 5.6% to 9.1% and were above national and comparator averages.
- System leaders recognised this as a risk to the stability and quality of services. They felt that there were opportunities through the workforce programme and working with agencies such as Skills for Care to support more people in domiciliary care and care home settings to complete the right qualifications. Workforce leads had identified providers' reluctance to release staff for training and system leaders needed to find ways to address this.
- VCSE providers also had difficulties retaining staff. They felt that some of this was a consequence of uncertainty around contract arrangements which meant staff would be attracted away to positions that appeared more secure.
- Overall Bradford is within the 20% most deprived local authorities in England; however within the local authority area levels of deprivation vary, with the most deprived wards centred around the urban areas of Bradford city centre and Keighley town. In less affluent areas CQC inspectors felt that workforce was more of an issue in terms of quality and recruitment of staff. In addition, staff in these areas felt less valued by health professionals. There was a risk to people living in care services as the difficulty in recruiting qualified staff led to a lack of clinical oversight. This was reflected in the CQC ratings of nursing homes where 7% of services were rated as inadequate and only 42% were rated as good, compared similar areas where 3% were rated inadequate and 59% rated good.



**Is commissioning of care across the health and social care interface, demonstrating a whole system approach based on the needs of the local population? How do leaders ensure effective partnership and joint working across the system to plan and deliver services?**

*We looked at the strategic approach to commissioning and how commissioners are providing a diverse and sustainable market in commissioning of health and social care services.*

*We found that system leaders had taken an innovative approach to supporting the VCSE sector in the formation of a formal alliance which would bring more stability to the sector and enable them to work closely together to develop their preventative agenda. They had also used funding to stabilise the homecare market and the success of this was reflected in very few delayed transfers of care. The GP alliance was supportive of the commissioning shift towards preventative services and engaged with the VCSE alliance.*

*However, system leaders needed to take a more robust approach to contract management and oversight, particularly with regard to the independent provider market as overall the provision of care was not good and people were required to pay a top up if they wanted better quality care. The commissioning of fifteen-minute care visits meant people sometimes had a poor experience and there had been an increase in medicines errors.*

**Strategic approach to commissioning**

- Commissioning plans were developed in line with the Happy, Healthy at Home vision, underpinned by the transformation towards localities. System leaders told us in the response to the SOIR that the Joint Strategy Needs Assessment (JSNA) informed their planning alongside more detailed and focused pieces of work such as their dementia needs assessment and winter resilience work. They told us that the JSNA enabled them to identify priorities for commissioning based on evidence and need. We saw that there was a JSNA for older people with a number of analyses sitting below this such as dementia and hospital admissions.
- We saw that work was ongoing to implement commissioning plans in line with the strategy. Health and social care partners were working together to align their commissioning intentions. System leaders told us that Bradford had a long history of involving the voluntary sector in strategic planning and that the VCSE sector played a vital role in the provision of services for older people. Frontline staff told us that advocacy services have been recommissioned to build an asset based approach.

**Market shaping**

- Partners we spoke with recognised that there were significant challenges in the domiciliary

care and care home sectors and system leaders recognised that the market was fragile. There was a previous history of poor partnership working with the sector. Steps had been taken to address this in the homecare sector through the iBCF uplift in order to retain supply and capacity.

- Although the strategic vision was directed at keeping people at home for as long as possible, so that people would only need to move to a care home if they had multiple needs that could not be managed at home, there was a shift in provision in the independent sector from nursing home to residential provision. Our analysis showed an 18% reduction in nursing home beds between April 2015 and April 2017 in Bradford; a greater reduction than in 14 of its 15 comparator areas, while the England average was a reduction of 2%. Over the same time period there was an increase of 13% in residential care beds. Commissioners were unable to identify the reasons for this although there was some speculation that it might be related to the difficulty in recruiting qualified staff. The market in Bradford had been difficult with a larger number of smaller providers however system leaders need to find a way of taking a strategic position so that they can anticipate and manage market changes. The local authority told us that in terms of their commissioning they had reduced the use of residential beds by 10% in a period of 10 months; this was supported by ASCOF data which showed a downward trend in the rate of long-term admissions to care homes for older people between 2013/14 and 2016/17. While this tied in with their strategic intentions, there was a greater risk of failure in the market as providers moved away from the nursing home market. This also placed a greater burden on system resources such as community nursing.
- System leaders recognised this and told us they had begun a major programme to tackle market issues, however they were in the first year of a three-year plan. The first step had been fee increases and retainers to help maintain capacity and build trust. There was work underway to clarify the type and volume of services needed which included a focus on in-house beds for short term care. There was a need to establish a fair price across the sector. We found that if people living in Bradford who received local authority funding wanted to be placed in a service rated as good by CQC, they would be required to pay a top up fee. This was confirmed by system leaders and also by our data which showed that 30% of care home beds in Bradford were partly self-funded compared to 13% in similar areas and an England average of 9%. This meant that there was a barrier for some people to receiving care from good services and a disincentive to services to improve if they did not attract funding from the local authority. Although Bradford had a significantly lower rate of delayed transfers than comparator areas or nationally, it had a slightly higher rate of delayed transfers resulting from the person or their family's choice. The quality of available social care services may have contributed to this.

### **Commissioning the right support services to improve the interface between health and social care**

- Support and funding was given to the VCSE sector to enable the formation of a VCSE alliance as a legal entity. This was developed to support the VCSE sector to play a part in market development. System leaders told us that there had been some good work around self-care as a result of this and that there had been reductions in A&E attendance and in GP attendances. A number of VCSE organisations were getting reduced funding and system leaders recognised the need to stabilise the sector in order to support their agenda of self-care and prevention.
- The VCS Alliance, following receipt of funding from the CCGs was established as a legal entity; the CCG recognised that in order for the system's integrated vision to be realised they would need to invest in the voluntary sector to mobilise. As a legal entity, the VCS Alliance became an equal partner and has been able to take on contracts for the delivery of services and support members through the process. However, there was a need to ensure that the wider VCSE sector was engaged with opportunities. We found that there was continued uncertainty for VCSE providers. For example, a large VCSE provider managing an important contract to support people living with dementia did not know in February 2018 whether the contract would be renewed in April.
- System leaders had been bold in making the decision to use funding to pay a 30-day retainer to homecare providers when people were admitted to hospital. Early indications showed that this had been effective and delays attributable to social care or people waiting for care packages were minimal. This was also a person-centred approach as it allowed continuity of care for people and served to stabilise the domiciliary care market.
- However, domiciliary care providers felt that the commissioning of 15 minute visits meant that their support was very task orientated with a focus on people's ill health rather than an enablement approach. In addition, they felt it had led to an increase in safeguarding referrals for medicines errors. This was reflected by CQC inspectors who told us that when they found breaches in the Health and Social Care Regulations, these were often around the administration of medicines.

### **Contract oversight**

- The management and monitoring of contracts was underdeveloped particularly with regard to residential provision. This was across both health and social care commissioning. We found that commissioners tended to be reactive and responded when things went wrong or services failed however there were not robust mechanisms in place for monitoring the quality of services in a way that would provide early warnings and enable proactive management.

- The quality of domiciliary care, residential and nursing home care services in Bradford was poorer than other areas. This has a big impact for people, as domiciliary care and residential care providers have a significant role in determining the quality of life for people who receive their services, whether they are being cared for in their own home or if they have moved into the residential service which has become their new home. The Care Act guidance<sup>1</sup> describes the role of the local authority as critical to achieving high-quality, personalised care and support through its commissioning and its broader understanding of the market. As at December 2017, less than half (42%) of the nursing care homes in Bradford that had received a CQC rating had been rated as good compared to 59% across comparator areas and 62% nationally. There was a greater disparity with residential care services with 48% rated as good compared to 72% across comparator areas and an England average of 75%. Analysis of re-inspections as at December 2017 showed that, the ratings of 16% of adult social care locations deteriorated, compared to 13% across comparator areas and the England average of 12%. The independent provider market had not been an integral partner in the system and this impacted on the ability of the system to shape the market around local needs and the quality of the lives of people who live in Bradford.

### **How do system partners assure themselves that resources are being used to achieve sustainable high quality care and promoting peoples' independence?**

*We looked at resource governance and how systems assure themselves that resources are being used to achieve sustainable high-quality care and promote people's independence.*

*We found that resources were targeted at promoting people's independence and preventing hospital admissions. System leaders were able to agree joint priorities around the use of the iBCF that aligned to their overall strategy and felt assured that their spending was targeted on these priorities. However, although the impact was clear in terms of numbers of people flowing through the system without delay, more work was needed to evaluate the outcomes for people.*

- Money from the iBCF had been invested in extending capacity in the homecare market and enabling providers to offer a competitive wage. In addition, the social care precept was used to increase funding to homecare providers to stabilise the sector. System leaders had agreed to focus on reablement to assist people out of hospital and reduce the likelihood of readmission. Analysis of Adult Social Care Outcomes Framework (ASCOF) data indicated that this had been effective.

<sup>1</sup> <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#chapter-4>

- System leaders reported in their iBCF return that the iBCF grant demonstrated “protection of services for the residents of Bradford”. They stated that the allocation of iBCF monies had enabled frontline services to respond to the pressures in the system over the winter period. Their own data showed that during December 2017, there were only three people delayed for a total of six days where the delay was the sole responsibility of social care.
- The Public Health team was looking at what they could commission together with the VCSE sector as there were programmes that duplicated. There was a commitment to looking at how they invested in the VCSE sector however there needs to be support for VCSE organisations to become stronger at evaluation and building sustainability.
- We did not get a clear sense of how quality outcomes were tested across the system. Although data indicated that the system was working effectively in terms of flow, there were not measures in place to ensure that people also had a high quality experience of care.

## Do services work together to keep people well and maintain them in their usual place of residence?

Using specially developed key lines of enquiry, we reviewed how the local system is functioning within and across the key area: maintaining the wellbeing of a person in their usual place of residence

### Are services in Bradford safe?

*With their focus on keeping people Happy, Healthy at Home, system leaders understood that people needed to feel safe. There were services in place to ensure that people felt safe and protected from harm through the use of telecare equipment and support from community navigators. Risk stratification systems had been developed and the rate of attendances at A&E for people over 65 was in line with the England average. Leaders were seeking to improve and were evaluating this work.*

*There was innovative work underway to identify people who might be at risk, working with the independent sector, and the Medicine Service at Home ensured that people’s medicines were reviewed regularly and managed safely. However, the commissioning of fifteen minute visits by domiciliary care workers had resulted in an increase in medicines errors and safeguarding referrals related to this.*

- There were systems in place to ensure that people could be protected from avoidable harm

in their own homes. For example, there was support to ensure that people's medicines were managed safely through the Medicine Service at Home (MESH). This service ensured that people who were at risk owing to the number of medicines they were prescribed or other identified risks had their medicines reviewed. The MESH service was under contract to undertake 6000 reviews and was able to undertake reviews in people's own homes. The service could be easily accessed by GPs, secondary and community care providers as well providers of domiciliary care. This meant that there were regular reviews and checks in place for people who might receive medicines for different conditions that could have contra-indications, and that medicines were managed safely. System leaders told us that although the MESH service had initially been costly, it was being utilised to its full potential and had resulted in long-term gains; one of which had been a reduction in the prescription of sedative medicines.

- However, the commissioning of 15-minute homecare visits compromised the safety of medicines administration. Domiciliary care agency staff and VCSE workers told us that because they needed to be fast, staff had to work in a very task orientated way. Often, they were the only person that the person using the service would see in a day, and they experienced difficulties with managing medicines and supporting the person in such a short time frame. This had led to increased numbers of medicines errors and related safeguarding concerns.
- The Safe and Sound service could be accessed by anyone who was assessed as "needing help to feel safer, more protected and independent in their own home". People living in Bradford and needing this support could refer themselves for an assessment, or the referral could come through the GP or health services. The service provided a pendant for people to get support in the case of a fall or other emergency, and there was also support for a wider range of issues that might concern people who feel vulnerable such as help dealing with bogus callers and medicines reminders.
- There was a safeguarding adults policy in Bradford that sat within a wider partnership. The West and North Yorkshire and York Safeguarding Adults Project Group set out their multi-agency policy and procedure in December 2015 which described the framework for how agencies should respond to allegations of abuse and neglect. Bradford's Safeguarding Board described its own vision as "Making Safeguarding Personal" supported by six principles. The first two principles were empowerment and prevention, which reflected the local focus on prevention. At the time of our review, we were told that this policy was due to be refreshed.
- System leaders were looking at a range of ways to identify people who were frail, had complex needs or were at risk of deterioration in their health or social care situation. GPs



identified the top 2% of patients considered to be at risk and some ensured that regular reviews were offered by a practice nurse or advanced nurse practitioner (ANP) to support them to avoid hospital admissions. Further work was underway through ANHSFT which was looking at using risk stratification to proactively identify people with complex needs and build a model of support around them. They described one person who had had multiple admissions owing to an exacerbation of a physical illness. This person also cared for their spouse. An ANP worked with the person to build a plan for the maintenance of their physical condition and a community navigator through Age UK supported them with plans around their low mood and sense of responsibility as a carer. The community navigator supported them to obtain a mobility scooter and also an afternoon of support per week for their spouse. This meant that the person felt that they could safely resume social activities and be assured that their loved one was safe. They had subsequently only had one hospital admission within a twelve-month period. However, system leaders felt that this community model could be further developed as the rate of referrals was lower than expected. At the time of our review this was being evaluated.

- There were other innovative ways of working with partners to ensure that people who might be at risk or living with conditions that could make them feel vulnerable were identified and safeguards put in place. For example, the Public Health team had started to work with the local water supplier, to maximise opportunities to share data so that support could be targeted. These suppliers would have information about people who might have mobility problems or require support to maximise their benefits. In return, the local authority could share information about people who might need additional assistance with things like bins. With this awareness, suppliers could be partners in flagging risks or concerns. The work was in its early stages and stakeholders were looking at how this could be developed further and in line with regulations around information governance.

### **Are services in Bradford effective?**

*System leaders were designing integrated health and social care systems that reflected their strategic vision and their focus on enabling people to remain in their chosen home for as long as possible. There was a focus on enabling people to be part of their communities and reducing social isolation. Work was underway to ensure that people from harder to reach communities were able to access services at an earlier stage. Information technology and information sharing was well-developed with IT systems in place to facilitate this. However, there was still work to be done to fully embed this across health and social care. The health and social care workforce collaborated around the needs of the person requiring services and the redesign of the locality based model recognised that primary care was often the doorway to services for people. Staff across the health and social care system were committed to making this work however there was a need to ensure that the knowledge and support of care staff in the independent sector was equally valued.*

- The Public Health team was focused on promoting the health and independence of people so that they could remain at home. They were maximising opportunities around housing and recognised that people had very different needs and were looking at ways to meet these. This work was linked to one to one support and signposting offered by community connectors. The community connector service enabled people to access support and information in their own local communities, which reduced social isolation as people could be part of their communities and remain confident in their own homes. There was work underway to include community connectors from an Eastern European background as health and social care leaders had identified that people from these backgrounds did not engage willingly with preventative social care services which meant that they were more likely to start using services when they were at crisis point. An event had also been scheduled to be held in February 2018, shortly after our review, in which health and social care staff in Bradford with an operational or strategic role were invited to a conference to further develop and improve the local response to people from these communities.
- We heard from people we spoke with, and saw from case studies, that people’s needs were assessed holistically to support them to remain independent for as long as possible. We saw that multidisciplinary meetings were based around the person’s needs. However, ASCOF data showed the percentage of older people accessing long-term social care support who were receiving direct payments to enable them to manage their own care packages was very low at 5.7% in Bradford in 2016/17 compared to the average across comparator areas (17.8%) and the England average (17.6%) and had declined slightly over the previous two years. This shortfall had been recognised by system leaders and work was underway to address this. A partnership group had been set up with a group of voluntary organisations to look at direct payments, funded care and the development of Individual Service Funds (ISFs). The work around ISFs was still at an early stage but it was being developed alongside independent providers with support from the Association of Directors of Adult Social Care (ADASS) and Think Local Act Personal (TLAP). Conversely, the rate of direct payments for NHS CHC per 50000 adults across Bradford CCGs was above the England average in Q1 2017/18 and the rate of personal health budgets was broadly in line with the England average
- Systems were designed around a philosophy of “asset based community management”. This meant that, in line with the preventative agenda, systems were designed so that people could have as much control as possible over their own care. This was known in Bradford as “assisted self-care”; for example, people were able to refer themselves directly to a physiotherapist without having to go via a GP. The Public Health team were leading on work around warm homes, targeting their support on where the greatest need was, however there were concerns raised by people we spoke with about the impact of reduced funding in this



area and that some people may have risks to their health because of a lack of heating or hot water. There was a district nurse complex health team and a long-term conditions team to help people to avoid admissions. Their focus was on people who were at home and unable to access GP or other services.

- Care homes in Airedale had commissioned a GP provider to undertake regular ward rounds. We were told that this had reduced hospital admissions. Our data showed that people living in care homes in Bradford were less likely than those in similar areas to attend hospital with avoidable conditions such as urinary tract infections and decubitus ulcers (pressure sores). However, although they were in line with comparators around pneumonia and other lower respiratory tract infections, they were higher than the England average. Work with GPs was being developed more widely through the Primary Care Home model (PCH) which linked GPs to the localities in Bradford. The PCH was being designed to work across the health and social care sector as well as the VCSE sector built around primary care hubs, as it was recognised that people often first came into contact with health services through their GPs.
- These plans were well developed with the full support of the GPs who understood their roles as an integral part of the community based model and as sitting at the heart of an integrated care model. The commitment to supporting GPs to undertake this work had been reflected in the average GP funding per patient which our analysis showed had been higher in 2014/15 and 2015/16 than similar areas and the England average.
- System leaders ensured that staff across health and social care understood the vision of Happy, Healthy at Home, and were embedding the skills required to support this through their workforce development. Staff were receiving training on new ways of delivering on personalisation agenda. System leaders told us that staff were encouraged to “change the conversation” and identify more empowering support for people. There was also training for staff around support offers such as “virtual wards” which enabled people to receive medical care at home and encouraging staff across health and social care to consider alternatives that would enable and empower people to remain in the setting of their choice. Training around dementia care planning had been implemented across health and social care, and mental health staff and occupational therapists supported extra care housing staff with training.
- However, although staff were willing to work in new ways, we heard from many groups of frontline staff and leaders that workforce capacity was an ongoing issue. Frontline staff that we spoke with understood that sharing information and collaborative working improved outcomes for people, however care workers in the independent sector did not always feel that their roles were respected in the same way by health professionals and that this led to missed opportunities for sharing important information about the people for whom they provided care.

- Although systems for sharing information were not yet fully embedded across Bradford, they were well developed. We saw systems in place to support information sharing and collaboration between care workers, GPs and social workers which also included families and people using services. A system was being trialled at the time of our review with 150 people receiving care in their own homes, which enabled them to hold their own care packages on computer tablets in their homes. They could use this to review their care plans, raise concerns and receive live notifications, for example if their care worker was running late. GPs could access the information if needed and people would not have to tell their story repeatedly. There was a single IT system in place used by GPs, BDCFT, ANHFST and at the A&E department of BTHFT. This facilitated better information sharing and where the A&E department could access GP records, symptom management could be put in place reducing the need for hospital admissions.

### **Are services in Bradford caring?**

*There was good support for people who used services and their carers to be involved in discussions and planning their care. However, for people who lacked the capacity to make decisions, consideration was not always given to their holistic needs and the wishes of their family members. A new team had been implemented in the local authority to provide support and advice to partners and we saw evidence of the success of this team, however further work was needed to embed the principles of the Mental Capacity Act across the system.*

*Carers received support and advice and there was further work going on to ensure that people who cared for others were identified and receiving support. The commissioning of short visits meant that care workers could not always support people in a kind and caring way as they often did not have time to have meaningful conversations with them or deliver the care in the way that they needed it.*

- We saw from case studies we looked at and heard from people we spoke with that people were at the centre of their care and support when services were being put in place. There was evidence that assessments were undertaken holistically by multidisciplinary teams and that the assessment reflected people's choices and cultural preferences. Assessments included family members and there was input from voluntary organisations. System leaders were further developing a needs assessment which would bring information and resources together and enable plans to be developed around wider determinants than the person's health needs.
- Some frontline staff felt that there was sometimes a tendency to see a person as a "diagnosis" rather than a person. This was being addressed by system leaders and would require a cultural shift. For example, district nurses had received training to have more holistic and empowering conversations with people to identify their needs and goals.

- The electronic system that was being piloted with domiciliary care agencies would enable domiciliary care workers to share information electronically with people who use their services, their families and their GPs in an emergency. This enabled people to be involved in managing their own care packages and with permission, families could access care records to share information or provide assurance. This meant that family members who did not live close by could, with permission, access records to get assurance around issues such as whether their loved ones were having their medicines on time or eating well.
- We saw that people were involved in making decisions about their care however work around the Mental Capacity Act 2005 (MCA) needed to be further embedded. We found that staff in the health sector and the social care independent sector did not fully understand the MCA and there was a risk that people's wishes could be disregarded by staff who were risk averse. There had been a significant backlog of Deprivation of Liberty Safeguards (DoLS) awaiting authorisation and a team of best interest assessors with an MCA lead had been established. This had been successful and the team's role had extended into advisory and training, supporting partners and providers with advice regarding the law, ensuring that people's rights and wishes were understood and respected in accordance with the MCA. For example, we heard about a couple who had been separated when one had been placed on anticipatory medicines which are given to people who are at the end of life and placed in a residential setting. However, the person had recovered but remained in the care home. The best interests assessor was able to establish that the person's own home had not been considered as an option for them to receive care and, although their condition meant that they could not verbally express themselves, they were able to demonstrate their objection to the care setting. The person's spouse also clearly wanted them home however health services had struggled with supporting the family to make a decision based on their wishes rather than their medical needs. Through the proper application of the MCA and the DoLS process this person was enabled to return to their own home.
- We saw from case studies we looked at and people we spoke with that there was good support for carers offered by the Integrated Carers Service which was commissioned through Carers' Resource. Carer drops-ins were arranged to offer support to people and an opportunity to discuss any concerns. In addition to the drop-ins, carers could call into the centre at any time if they needed any help. This helped to build up relationships and trust and provide people with an advocacy service if needed. Staff were very knowledgeable and showed compassion when speaking about their roles and responsibilities. They stated there were lots of unidentified carers and they were working on trying to identify more. Public engagement events were held and GPs were supporting the service in trying to identify where there was need. Carers were able to have a wellbeing review and the resource centre liaised with other organisations to ensure that carers had the support they needed such as support with benefits.

- ASCOF data for 2016/17 showed that the proportion of carers who were satisfied with their experience of care and support was slightly below the England average at 37.4% (England average 39%), however the proportion of carers aged 65 and over (who are more likely themselves to be caring for older people) that were satisfied was slightly better than the England average at 42.1% (England average 41.3%).
- The proportion of carers who reported in 2016/17 that they had as much social contact as they would like was higher in Bradford than the England average, both total and carers aged 65+.
- We saw that staff respected people's individual cultural and religious needs. However, the commissioning of home care services did not always enable staff to deliver care in a kind and compassionate way. We heard that fifteen minute visits were being commissioned and this meant that staff were often rushed. Domiciliary care staff and VCSE providers told us that home care was provided in a very task orientated way owing to the short visits. They told us that care could be provided without the care worker talking to the person as they would need to focus on issues such as checking medicines. An example was given of a visit from a care worker who was supposed to provide lunch for a person and ran out of time, serving the meal partially frozen.

### **Are services in Bradford responsive?**

*There was a wide range of services for people living in Bradford to support them through the health and social care interface. These services were joined up across health and social care and there was a holistic approach to managing people's care pathways. There was a focus on enabling people to receive support in their usual place of residence through the use of telemedicines, the Bradford Enablement Support Team, a 'virtual ward' and the complex care team.*

*The VCSE sector was valued and played a significant role in supporting people with low level needs that enabled people to live as independently as possible and avoid hospital admission. Health and social care professionals were proactive in linking people to services including VCSE services around social prescribing. However, there were multiple ways of accessing services which people found confusing and could result in missed opportunities for people. People who were not eligible for local authority funding had particular difficulties with accessing information and support.*

- We were told that systems were in place to enable people to access services easily. There was a single point of access through a call centre taking up to 200 calls a day for health and social care. Local authority leaders told us that this reflected the principle of 'home first'

agreed in the Happy, Healthy at Home strategy. However, we found that there were multiple 'single points of access' for a number of services such as the mental health rapid response service and the community nursing team, which could be confusing. At a forum we attended with people from BME communities, everyone we spoke with felt there was not enough information available in regard to contact numbers of services that may be able to help.

- There was a need to ensure that all people received the same level of support to access information about services, regardless of whether they were eligible for funded support. People we spoke with in focus groups told us that there were not the same levels of support for people who were able to fund their own care. For example, one person we spoke with told us that their parent was living with dementia and needed to fund their own support. However, owing to their condition they were unable to arrange this. Although they had assets through their property they did not have the means to maintain it, and were found without heating or hot water. In addition, owing to their anxiety levels, they were contacting emergency services throughout the night.
- System leaders valued support from the voluntary sector and recognised the important role they played in enabling people to stay happy and healthy at home. Carers' Resource had a point of contact that people could call for support with practical problems. If Carers' Resource could not provide support they would signpost people to relevant services and they also confirmed that very often they had to help people navigate through the system. This meant that people had different experiences of services. One person we spoke with described difficulties in finding out how to access equipment and adaptations at home; not knowing who to contact and not feeling listened to had impacted their confidence. However, another person who was living abroad had raised concerns through the contact centre about an older family member which resulted in the person's boiler system being repaired so that they had access to heating and hot water and were less likely to become unwell through poor living conditions.
- VCSE providers told us that there was good low-level preventative support available for people, for example lunch clubs and checks on people living alone. This was often managed within communities and providers felt that this was well managed in Bradford. When people were diagnosed with dementia, they were signposted to Age UK for support and we were told that professionals engaged well with this service. An organisation was commissioned to provide the community connector service and evaluation undertaken in January 2017 showed that 82% of contacts were related to anxiety, low moods and social isolation. Their own data over the period of March to October 2017 also showed a reduction in GP appointments and A&E attendances. However, only 26% of people using the service at the time of the evaluation were aged 65 and over and there was more work to be done around targeted support for older people.



- Access to GPs and district nurses was variable. We heard in particular, accessing a GP out of hours could be difficult. Analysis of data from September 2017 showed that 1.3% of GP practices across Bradford local authority offered full provision of extended access to pre-bookable appointments on weekday mornings, evenings and over weekends although we were told that there were plans in place to develop this. Across comparator areas, 43% of GP practices surveyed reported offering full provision and across England the percentage was 30%. Patient weighted analysis of provision of extended access to GPs showed fewer registered patients in Bradford could access pre-bookable GP appointments outside of core contractual hours (37%) than across comparators (64%) or England (55%).
- Domiciliary care providers told us that in some areas, an inability to get a GP or district nurse to attend a person at home for an issue such as a suspected urinary tract infection meant that they would need to rely on emergency services. Although the majority of people we spoke with felt that when they were able to see their GPs, they were listened to and received the support that they required, there were some examples of older people feeling that their age was a barrier to being heard. We heard from one person who had supported an individual as an advocate. Both the advocate and the individual they supported felt that the GP did not listen to them when they attended with an infection. Following a hospital admission, the person had required life-altering surgery. While we were not shown evidence that the wrong decisions had been made, the person was left feeling that if they had been listened to, they would have had a better outcome.
- There was good access to occupational therapy support and domiciliary care providers were able to refer directly which reduced delays for people waiting for these services.
- ANHSFT provided telemedicines through its Digital Care Hub. Their telehealth service won a national award in December 2017 and supported 500 care homes across the country, 48 of which were in Bradford. The telemedicines service enabled care homes to seek advice via remote video consultations and helped to prevent hospital admissions. For people who were at the end of their lives, a 'Gold Line' gave 24-hour access for people to receive urgent support and advice in their own homes so that they could die in their preferring setting.
- There were other arrangements to ensure people could be assessed and seen in their usual place of residence. A 'virtual ward' enabled people to receive consultant led care at home and was of particular benefit to people living with dementia who would experience less stress and confusion being cared for at home. This was developed through BHTFT and was a joined-up approach to care involving the hospital, community services, primary care services and adult social care. Staff we spoke with were proud that this initiative had won the 'Improving Value in the Care of Frail Older Patients' category at the Health Service Journal (HSJ) Value in Healthcare Awards in May 2017.

- Community matrons received additional training to support families around particular needs such as respiratory issues which could have a wider impact on a person’s health. They would also liaise with the intermediate care hub and the virtual ward to support people to stay at home. However, some staff raised concerns that there was a bigger cohort of people whose level of support had not yet tipped into the group of people identified as high risk, and that these people probably has less proactive management of their conditions.
- The Bradford Enablement Support Team (BEST) was a local authority led service which provided short-term support for people at home to help prevent hospital admissions. The service was inspected by CQC in March 2017 and rated as good overall. We found that assessments were person-centred and our inspectors reported that “there was an exceptional promotion of maintaining good health and continued support for people who used the service throughout their care and afterwards”. During our review, we were given an example of a carer who had gone into hospital. The BEST was able to provide support to their family member who was living with dementia. This gave comfort and assurance to the carer, and the family member did not have to leave home and receive care in another setting while their carer was unwell.

## Do services work together to manage people effectively at a time of crisis?

**Using specially developed key lines of enquiry, we reviewed how the local system is functioning within and across the key area: crisis management**

### **Are services in Bradford safe?**

*When people were in crisis and required clinical interventions, there were systems and process in place to ensure that they were safe. Staff across all sectors received regular training and there was a culture fostered through daily meetings that enabled staff in the acute setting to raise concerns, confident that they would be acted upon. Staff did not always understand issues such as self-neglect and the MCA which could impact on the safety and liberty of people using services. Although acute trusts did not always meet the target for A&E waiting times, their performance was usually better than the England average. However national information returns about bed occupancy levels were found to be incorrect which meant that we could not assured that these were being safely managed.*

- There were arrangements in place to ensure that risks were managed when people were in crisis and required hospital support. At one hospital, we were told that there was a “safety huddle” twice daily which staff told us was an opportunity to escalate any issues of concern.

Staff were confident that these concerns would be listened to and acted on. Both acute trusts and BDCFT reported in the annual safeguarding report for 2016/17 that awareness of safeguarding had continued to be a focus for staff training. System leaders at BDCFT told us that they were considering how to collect learning from issues of concern that had been raised and which did not meet the threshold for safeguarding investigations but which they felt could contribute to learning and safer practice.

- System leaders at ANHSFT told us they had done a lot of work on patient flow and as part of the 'safer' tool were analysing the time that the person spent in hospital, taking into account best practice literature and learning from outside the area. They were encouraging a mind shift among clinical and healthcare professions prompting them to ask questions such as "why a hospital bed and why not the person's own bed?". This was aimed at preventing the rapid muscle loss and mobility difficulties that can occur when older people are unable to get out of bed. Staff were to encourage people to get dressed, mobile and eating well. Systems and processes were being put in place to drive this forward in a way that would ensure buy-in from staff. This was a proactive way of driving a cultural shift.
- More work was needed on training health and social care staff in the MCA, where there was a potential impact on the safety of people lacking capacity and living in Bradford. For example, there were some older people who undertook activities which could be considered unsafe, for example the hoarding of papers in their homes which provided fire and falls hazards. Sometimes there was little support for these people as their behaviour was described as "a lifestyle choice". However, it was not clear that meaningful discussions were held to enable people to understand the risks and to make informed decisions. Wider discussions needed to be held around the safety and quality of housing and whether the "lifestyle choice" was in fact a result of other issues, for example people being unable to take bins out and being too embarrassed to ask for help.
- When people needed to attend A&E, there were services in place to identify people who had complex needs and could be supported to avoid a hospital admission. The frail elderly team saw people arriving at A&E at both hospitals very rapidly and could arrange services to get them home without an admission.
- Both of the main acute trusts had met the 95% A&E waiting times target in 2014/15 and ANHSFT had also met the target in 2015/16; however, during 2016/17 there was a decline in performance but ANHSFT continued to perform better than the England average during 2016/17, with 91.2% of people seen within four hours, compared to the England average of 89.1%. BTHFT was performing slightly worse than the England average with 88.5% of people seen within four hours.



- National guidelines suggest that optimal bed occupancy levels in hospitals are no more than 85%. It is recognised that hospitals with average bed-occupancy levels above 85% risk facing regular bed shortages and that the quality of care maybe compromised. NHS trusts are required to submit a quarterly return to NHS England. Over 2016/17 and in the first quarter of 2017/18 these returns showed that bed occupancy levels at ANHSFT were generally in line with the optimal level and below the England average. However, data submitted about the bed occupancy levels for BTHFT showed they were extremely low with the average for Q1 2017/18 at 62%. We found that this data was incorrect and system leaders told us during the review that their daily reports showed the bed occupancy levels were above 90%. The Winter Review Report for 2016/17 showed that last winter bed occupancy levels at BTHFT were at 94.8% and at ANHSFT they were at 94.6%.

### **Are services in Bradford effective?**

*System leaders had supported the development of services at the hospital ‘front door’ aimed at reducing admissions. Although the data had yet to demonstrate whether these were effective, they streamlined the process for people ensuring that they could be seen by appropriately skilled staff. There were some innovative approaches such as specialist waiting areas for people living with dementia, or who had mental health needs, to reduce the levels of stress they might experience in an unfamiliar environment.*

*Health and social services staff were co-located on wards which meant that discharge planning could be put in place earlier and with a holistic approach to people’s needs. Although training on dementia had been rolled out, this was yet to be fully embedded in practice by all staff. Further work was also required to roll out the ‘red bag scheme’ to reduce the likelihood of losing important information that people brought into the hospital with them.*

- The CCGs had provided funding to the hospitals to put systems in place to ensure that people who arrived at A&E were seen by the right person. Streaming at the Bradford Royal Infirmary was effective in diverting 25% of people attending A&E away from the department into the GP led unit. There were processes for triaging people before admission to A&E which enabled staff to send people to the correct area in the department. The design of the department ensured that people could move through it in a smooth and logical way, making best use of space and resources and staff available. At Airedale General Hospital, a Frail Elderly team supported the medical assessment unit with the goal of ensuring as many people as practicable could return home on the same day. Both hospitals had quieter areas designed for people who lived with dementia or mental health needs and were awaiting treatment which meant that they were less likely to become distressed.
- There was a specialised ward for people with orthopaedic fractures which ensured that people with a fracture could go straight there avoiding A&E. This structure also recognised

that people had different needs at the different stages of their journey; for example, a surgeon would undertake the operation but older people would be cared for and supported by a geriatrician.

- There was other work underway to develop the skill mix of staff and ensure that the flow into and through acute services was more effective. Funding to alleviate winter pressures had been used to support an advanced paramedic role in the ambulance service however at the time of our review this was yet to be rolled out. Ambulance staff were able to make referrals to the MAIDT to avoid admissions. There was good work around empowering clinicians to be less risk averse including use of senior clinicians on the diagnostic unit. A liaison psychiatrist was available to attend A&E when required to undertake assessments and there was a social worker based in A&E which meant that when older people attended A&E their needs could be assessed holistically taking into account both health and social care needs. However, our data showed that these initiatives were yet to make an impact. Although the rate of attendances at A&E of people aged over 65 was very slightly below the England average, the rate of emergency admissions once people presented at A&E was higher than the England average with 27,899 admissions per 100,000 population aged 65 plus in Bradford between September 2016 and August 2017 compared to the England average of 25,009.
- Social workers were co-located within hospital wards which enabled a multidisciplinary approach to care and discharge planning. Meetings to support people with dementia were multi-organisational. There was joint working with neurology and there was a joint tender between health and social care underway at the time of our review for stroke care following discharge from hospital. Training had been rolled out across the hospitals so that staff could better understand the different needs of people who were living with dementia and who could often only express themselves through behaviour rather than verbally. The CCGs were supportive of this approach and the dementia lead had put templates and support in place for hospital staff. However, system leaders had further work to do to ensure that this was embedded in practice. We heard from people whose family members were living with dementia and had had a difficult experience. Two people told us about their family members being moved around hospital wards without discussion or notice which could be distressing for people who struggled to understand new environments.
- Although there were examples of collaborative working on the wards, the sharing of information required further development. ANHSFT used SystmOne which could be accessed by other partners such as GPs and social workers. However, we found that the 'red bag' scheme had not yet been rolled out. This scheme ensured that when people were admitted from care homes, their information travelled with them in a safe and secure way. Care home providers told us that information was often lost in transit to and from the hospital

and there had been instances of important documentation such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms going missing.

### **Are services in Bradford caring?**

*Although people received care that was assessed in a holistic way, there were missed opportunities to enable people and their families to voice their needs about their own care. There were some good practices to support the dignity and wellbeing of people using services such as the Butterfly Scheme for people living with dementia. However, families and care workers were not routinely involved in discussions about people's preferences and needs.*

- Although there were systems in place to ensure a holistic approach to managing people's needs when they were in hospital, staff did not always ensure that the person was at the centre of their care and support planning. Some staff told us that legal literacy around MCA and human rights needed to improve and could be a block in the system. They felt that there was a challenge in getting colleagues across the system to see that their role is beyond the physical repair of the person. This was reflected in feedback we received from a wide variety of sources, from people who used services, from residential and domiciliary care providers and from VCSE staff. However, members of the local authority's MCA team felt that there was increasing awareness across the system. There was a retendering process underway to bring the advocacy service together and this would see improvements in support for people as it had previously been commissioned through a number of agencies.
- We heard that when people were in hospital, communication with families and care workers was sometimes poor. When a person was taken to hospital or another setting, domiciliary care workers told us that they were not routinely notified that a person had been admitted or asked for information about how to manage their needs. In most circumstances, if people had the support of family members this would not be a concern. However, if a person lived on their own, the lack of information sharing could have an impact. We heard one example of where a care worker had to initiate their emergency plan as the person they supported had not responded. This resulted in the police breaking the door while the person had been safe in hospital.
- ASCOF data for 2016/17 showed that compared to similar areas, a higher proportion of carers in Bradford felt involved or consulted in discussion about the person they care for than the England average. However, when we spoke with people, we found that families were not always involved in discussions about a person's care, when very often their information could be important. For example, we heard from a family member whose parent had been admitted to hospital as an emergency. They were told to wait in a corridor outside their parent's room while they went through the admissions process and staff were dismissive of the family member's attempts to share information. Not only was this distressing for the

family member, it put the person at risk as they were living with dementia and had some specific needs which they could not communicate. However, when the person's family member subsequently raised a complaint about the treatment they and their parent had experienced, they told us that complaints staff had been compassionate and caring in their response.

- ANHSFT subscribed to the 'Butterfly Scheme'. This involved training for staff in the support of people who lived with dementia and there were 'Butterfly' champions on every ward. There was a member of Carers' Resource who visited the hospital regularly to provide support to people and their families. These initiatives ensured that the hospital stay was less distressing to people who were living with dementia.

### **Are services in Bradford responsive?**

*People who were in crisis and had to wait for support from emergency services told us that they often had to wait for long periods of time. Although work was underway to increase the skills of paramedics, people were still more likely to be taken to hospital if an ambulance was called. However, there were systems in place to support people in crisis in a wide variety of ways, rather than relying on traditional hospital bed care. Virtual wards enabled people to receive medical consultant-led support in their own homes and there was a good join of up the different initiatives such as the reablement team with community health teams and the virtual ward which enabled services to be wrapped around the person. There was very good support for people who were at the end of the lives as, with training, families were empowered to support their loved one so that they could die in their preferred place.*

- There were systems in place so that if a person was in crisis their care could be managed in the setting that was best suited to their needs. There was a multi-agency intermediate care hub that enabled people to be assessed so that they wouldn't be admitted through A&E by default. Through this people could access beds in a social care setting or nursing home, or an intermediate care bed in hospital. There was also a First Response Mental Health service that people could access in the community if they were in crisis, however residential care providers felt that the service was not always able to respond in a timely way and people sometimes reached crisis point before support was put in place.
- In focus groups, people using services and independent providers told us that they often had to wait a long time for an ambulance. Some people told us they had waited in excess of four hours. Our analysis showed that the proportion of 999 calls attended by Yorkshire Ambulance Service NHS Trust that did not result in transport to hospital between August 2017 and July 2017 was consistently below the England average. The ambulance service was encouraging the take-up of a programme for paramedics which would increase their skills and enable them to treat more people in their own homes. Residential care providers

told us that they undertook falls assessments prior to calling emergency services to reduce the burden on services and support their residents to stay out of hospital if possible. Domiciliary care providers told us that sometimes they would need to wait with their clients for an ambulance for up to four hours. This increased the risk to the person waiting for support and for other people the care agency supported as it created difficulties providing staff for other people waiting for care.

- We heard that in Airedale, technology in the form of video consultations could be used when people became unwell so that they could be supported to receive treatment in some care homes. People could also be admitted directly to an assessment ward if this had been arranged by a GP. However, we were told that this was not always effective, for example a care home provider told us that on one occasion they had tried to arrange for the admission of one of their residents and were told that the ward was full which meant that the following day the person attended A&E.
- System leaders told us about safeguards in the system to support the families of people when they reached crisis point for example putting care support in place for an individual when the carer became ill. The BEST team was able to provide support seven days a week and 24 hours a day to ensure that people who were dependent on carers could receive support if their carer was in hospital.
- The virtual ward was well-established following its implementation in 2015. There was joined up work across the system to enable people to receive consultant-led care in their own homes. The virtual wards were monitored in the same way as hospital wards and there was support around managing long-term conditions such as COPD. The virtual ward also worked with the rapid response social care reablement team who were able to assess people within a two-hour time frame. For example, we heard that during our review a person had been visited by a physiotherapist and an occupational therapist so that the person who had been in crisis did not have to be admitted to hospital.
- At peak times district nurses visited hospital wards to assess whether people receiving care in hospitals could be discharged to receive care in their own homes. This initiative followed learning from a previous year when services were at crisis point. System leaders learnt that hospital staff were not always aware of the level of support that could be offered by district nurses in the community. By having these conversations on the ward and enabling clinicians to be assured about the management of people's care, people were able to be discharged from hospital earlier.
- We saw that hospitals recognised the importance of promoting wellbeing on the ward so that people's physical health did not deteriorate owing to lack of activity. People were



encouraged to get dressed and to be active where possible. However, there were some missed opportunities to promote independence such as enabling people to administer their own medicines. This would support them to regain their independence and enable them to manage their medicines following discharge from hospital without requiring support to do so. This was not routinely encouraged as staff were under pressure and it was quicker for them to administer medicines themselves.

- There was very good wrap-around support for people who were at the end of their lives and their families. In addition to the Gold Line, which provided advice and support 24 hours per day, families could be trained in the administration of anticipatory medicines. This meant that families could support their loved ones to be comfortable at the end of their lives and if they were in pain or distress they would not have to wait for support from healthcare staff.

## Do services work together to effectively return people to their usual place of residence, or a new place that meets their needs?

**Using specially developed key lines of enquiry, we reviewed how the local system is functioning within and across the key area: step down, return to usual place of residence and/ or admission to a new place of residence**

### **Are services in Bradford safe?**

*There was good partnership working with the VCSE sector to enable people to return home from hospital safely. This ensured that people had safe and warm homes to return to and that their ongoing needs were assessed and supported. This would reduce the likelihood of people returning to hospital. People were able to return home sooner which meant that they were less vulnerable to hospital acquired infections or reduced mobility. However, further development of hospital discharge processes was needed, particularly around communication with care agencies and the management of medicines.*

- There was good use of interagency working and the VCSE sector to ensure that when people were discharged from hospital, their discharge was managed safely. The Home From Hospital service was led by Carers' Resource and supported people to return safely to their own homes. This involved ensuring that people were returned to a safe and secure environment and supported assessments for ongoing care and treatment. The team undertook an initial checklist of immediate practical things to ensure the person had food and heat.
- The Home from Hospital team also sought advice from professionals such as dieticians to

make sure that the hampers they provided had nutrients required to support recovery and then in turn helped volunteers to have conversations with the person about nutrition and hydration. The initial work would be followed up by further assessment of need for services such as befriending, support with benefits as well as practical health issues such as sight, hearing and dentistry.

- The Home From Hospital service provided information to people to promote their ongoing safety. For example, at the time of our review they were supporting people with awareness about postal scams as they had identified this as a risk.
- However, there were some gaps in the system that impacted on the safety of a person's discharge from hospital. VCSE providers found that there were some risks to people who were being discharged as hospital services did not always check that support was in place for people to return home, for example if people told them they received homecare they did not ensure that care providers were aware that the person was leaving hospital. This reflected what we were told by domiciliary care providers who said that hospital staff did not always check with providers that the package of care remained in place. The payment of a 30-day retainer to domiciliary care providers meant that people could have consistent care providers following discharge from hospital however people did not always understand when the period had ended and there was a risk that hospitals could send people home without a care package in place.
- Independent domiciliary, residential and nursing care providers told us that they routinely experienced problems with medicines when people were discharged from hospital into their care. Sometimes information about medicines was not sent home with the person as well as other important information such as DNACPR information. Occasionally medicines would be sent on to a person in a taxi several hours after they had left hospital. Care and hospital staff we spoke with shared these concerns and felt that the system would benefit from a universal approach on discharge medicines management. Discharge planning that included pharmacy staff in a timely way would reduce some of the risk. One person we spoke with had waited for medicines for more than four hours in a discharge lounge with their parent who had been placed on a fast track end of life care pathway. During this four-hour period staff did not check the person to see if they required food, hydration or pain relief.
- Analysis of stays in hospital for older people living in Bradford showed performance was better than the England average. Our analysis showed that in Bradford, a significantly low percentage of older people admitted as emergencies stayed in hospital longer than 7 days. This meant that people living in Bradford had a lower risk of developing infections and reduced mobility associated with longer hospital stays. The rate of emergency readmissions of older people within 30 days of discharge from hospital in Bradford had fluctuated around

the England average in recent years but was generally lower than the average across comparator areas.

### **Are services in Bradford effective?**

*There was good integrated multi-agency working to support people on their return home from hospital. For planned admissions, there was advance discharge planning in place. Health and social care staff worked collaboratively to share information, however some systems were still paper based and relied on out of date technology. While arrangements within health and social care systems for discharging people from hospital were effective, domiciliary care and care home providers did not always receive the right information in a timely way to help them support people when they were admitted or returned to the service.*

- There was a holistic approach to managing people's needs when they were discharged from hospital. The community connector service managed by a VCSE organisation ensured that there was social prescribing so that people could get a wider range of support on their return home. They liaised with health and social care agencies to manage practicalities such as dressing changes and benefits advice. People who went into hospital for elective surgery were identified at an early stage so that discharge planning could be put in place for their return home. This meant that people could have more choice and control over their care and support planning.
- Services were designed to support the flow through the system from hospital to home. The MAIDT worked collaboratively with health and social care staff to create fast and effective discharge plans. They undertook daily visits to wards to support the discharge process, and complex discharge team meetings with multidisciplinary working were held twice weekly and allowed for complex discharges to be effectively managed. At the time of our review the MAIDT was a relatively new service, but staff felt that it was already having positive impact. System leaders were working on developing this further, looking at how to move to more asset based approaches to assessment and practice building on people's strengths and abilities as they returned home.
- The multidisciplinary approach to discharge meant that people who returned home from hospital were supported by a workforce who had the right range of skills, including those in the VCSE sector. Staff we spoke with felt that they worked well with other multidisciplinary professionals and had built up relationships with them across the system which enabled them to discuss people's issues and resolve them as a team.
- Although health professionals and social care professionals had shared access to information through SystemOne (apart from BTHFT which only utilised this in A&E), information sharing on discharge from hospital was problematic, particularly when care home



providers and domiciliary care providers relied on the information. A trusted assessor model had not been implemented and there was a lack of trust from providers which needed to be overcome in order to manage this. Some providers felt that information provided when people left hospital was not always correct.

- Information we gathered from 18 registered managers of adult social care services regarding the flow of information on discharge from hospital suggested that receipt of discharge summaries in Bradford is mixed and when they are provided, they are usually in paper format with secure email or shared electronic systems rarely or never being used. Responses also indicated that the timeliness, accuracy and comprehensiveness of discharge summaries varied. One respondent noted that issues around confidentiality needed to be improved to enable better information sharing. This could be supported by consent arrangements with people using services.
- We found that although there was good collaborative working between staff this wasn't always supported with the best use of technology. For example, we found that the MAIDT relied on paper form filling which was then shared with colleagues via fax machine. This made the process onerous and time consuming and there was a risk that information could go missing. This was raised as an issue by staff but we also saw a particular example where a person who was due for a 'fast-track' discharge as they were at the end of their life, had their discharge from the ward delayed as the fax machine had broken.

### **Are services in Bradford caring?**

*We saw that when people returned from hospital to their home or a new place of residence, they were supported in a way that centred on their needs. People who received care at home could usually continue receiving care from providers who had previously provided their care and understood their needs. There was support from the VCSE sector to help people adapt to new conditions and build care and lifestyle choices that recognised their strengths and wishes.*

- When people returned home, there were services in place that ensured that their care was coordinated around their needs. The complex care multi-agency partnership was a multidisciplinary health-led team that comprised medical and nursing staff as well as psychology, therapy, personal support navigators and carer support navigators. People who would benefit from this support were identified either at home or hospital. Five support navigators worked alongside the clinical team. They coordinated follow-up services and tried to prevent readmission, providing wrap-around care to these people that followed them on their journey. Life preferences and choices were discussed with people using services and their relatives to manage their expectations and carers were given support.
- Staff we spoke with felt that there was still work needed work to address people's

expectations and choices about new care settings, including enabling “honest” conversations with people and their families. This was flagged as issue across the West Yorkshire STP footprint. System leaders were working with NHS England to seek best practice that would enable them to better manage this as sometimes people could remain in hospital longer than they needed to, owing to disagreements about subsequent care settings.

- We saw that there was good support for people to make decisions about their future plans, particularly when the illness that had led to the hospital admission resulted in significant life changes or the person needing a new place of residence. We saw an example of a person who was living with dementia and their spouse wanted to support them to make a decision to return home. This was reviewed with a social worker and the best interests team. Staff noticed that, although the person could not express their feelings verbally, when they returned home on visits, they were more settled. At the time of the review steps were being put in place for the person to return home on a permanent basis.
- We saw examples of support from the VCSE sector that enabled people’s choices to be placed at the heart of care planning. For example, the Age UK support for people who were diagnosed with dementia provided a person-centred approach to people whose lives were undergoing change. One person they supported had been discharged from hospital following a chest infection. They had been diagnosed with multiple sclerosis and were registered blind. The support worker discussed the impact of their condition on their lifestyle and together they planned ways to maximise the person’s independence through the installation of equipment in their home. There was also district nurse put in place for support with catheter care. This meant the person was less reliant on their spouse with increased independence, dignity and quality of life.
- System leaders had used iBCF funding to pay a retainer to homecare agencies when a client required hospital treatment, for a period of up to 30 days. This was welcomed by care agencies and people who used their services as it meant that people could have continuity of care from care workers that they trusted. It alleviated the stress that some older people might experience with building new relationships, and allowed them to continue being cared for by people who had been providing personal care, sometimes for long periods before they went into hospital.

#### **Are services in Bradford responsive?**

*There were a number of systems and options in Bradford to support people to return to their usual place of residence when they were fit to be discharged from hospital. We saw that reablement was effective as people were less likely to return to hospital within 91 days than people who lived in similar areas. People’s future care needs could be assessed and considered once they were out of hospital and joint working between the health and social care*

*and VCSE sector meant that a single assessment could be undertaken. However, if people were unable to return to their own homes and needed nursing or residential care, their choices were limited by a lack of quality provision. This meant that people might be starting a new phase of their lives in services that needed to improve.*

- There were systems in place to enable services to respond to people's needs following a period of crisis so that services could be delivered in the setting that was best for the person. The Care @ Carers' Resource service could be contacted by staff in A&E to support people to return home if their discharge from hospital took place between 9am and 8pm. The service could provide up to ten hours of care while other services were put in place and was linked to the Home from Hospital team which was also managed by Carers' Resource. There was also support from the Virtual Ward. This wraparound support was put in place around a single assessment which meant that people did not have to repeatedly tell their story to multiple agencies.
- The case studies that we looked at showed that arrangements for discharging people from hospital were timely and effective with involvement from families and the person's needs being considered in a holistic way. Discharges from hospital were supported in a variety of ways that fitted around the person. For example, the frail elderly team supported the discharge of around 66 people per month and had extended to a seven-day service. We saw that 22% of discharges following emergency admissions of older people occurred at weekends which meant that people who were found fit for discharge from hospital at a weekend did not have to wait until the following Monday before they could go home. Bradford discharged a higher percentage people from hospital at weekends than any of its comparator areas.
- The BEST provided reablement for a period of up to six weeks for people who were discharged from hospital. Analysis of ASCOF data showed that the proportion of people aged over 65 who were discharged from hospital and received reablement was, at 2.6% in 2016/17, slightly lower than the England average of 2.7% and lower than the average across comparator areas of 3.6%. However, this figure had been increasing in Bradford over the previous five years. Where older people did receive reablement services in Bradford they were effective, as a higher percentage (87.8%) were still at home 91 days after their discharge from hospital, compared to comparator areas (78.4%) and the England average (82.5%).
- The BEST also supported the discharge to assess process which was recognised as good practice in the high impact change model. It enabled people to make decisions about their future care outside of the hospital environment. We saw from data supplied by system leaders that, on an average day, 250 people were supported by the BEST.

- The system had made budget provision to ensure continuity of care for people returning home within 30 days of admission which meant they had the benefit of continuity of care from their usual domiciliary care provider as a retainer was paid to safeguard existing arrangements. In addition to the improved outcomes for people in respect of continuity of care support and relationships, it also meant that people were less likely to wait in hospital while a care package was recommissioned.
- The focus on packages of care in the community, intermediate care and the use of the VCSE sector meant that fewer people were delayed in their discharge from hospital. Our analysis showed that the number of people who stayed in hospital longer than they needed to was significantly lower than comparator areas and the England average. In Bradford, the average number of delayed days per 100,000 population aged 18+ between July and September 2017 was four, compared to 11 in similar areas and the England average of 13. The rate of delayed transfers in Bradford had been significantly lower than the England average in each month of our analysis from June 2015 to September 2017.
- We heard from people we spoke with that although people didn't stay longer in hospital than they needed to, sometimes delays happened because people being cared for could not agree on a residential service. The quality of care home services in the Bradford district was poorer than in similar areas and the England average. This limited people's ability to choose good care, particularly as people who wanted to receive care from a provider that was rated as good would be required to pay a top up even if they were entitled to social care funding. Of the seven residential services that were owned by the local authority, only two were rated as good. There was a risk of poor outcomes for people who had to choose new homes and live their lives in a setting that had CQC had identified as requiring improvement.
- We heard from social care providers that patient transport was not always effective and that people could experience delays and missed appointments. On the day of our visit to an extra care service someone had been waiting from 6am for transport to a 7.30am outpatient appointment. By 8am the transport had not arrived and this missed appointment could cause delays and risks to the person's health.
- Although system leaders told us that they needed to improve the timeliness of continuing healthcare assessments, we saw that across the three CCGs, assessments were completed in a more timely way than the England average.

## Maturity of the system

### What is the maturity of the system to secure improvement for the people of Bradford?

- There was a clearly articulated vision for the transformation and development of services for people living in Bradford. This vision could be articulated by system leaders, elected members and frontline staff. There was a well-developed joint strategy which was aligned with commissioning intentions. Delivery had begun on a number of strategic strands around helping people to avoid hospital admissions and to facilitate early discharge and progress could be measured by agreed metrics and results.
- The high level of trust between leaders in the system meant that their ability to have honest conversations was one of their drivers for success. These relationships had developed and improved over time, and leaders who joined the system had shared values which enabled continued success.
- There was a transparent and uncomplicated joint governance structure in place which enabled shared processes and decision making. The Health and Wellbeing Board was mature and had overarching oversight of the delivery of the transformation plan with operational, strategic and performance management boards sitting below it. This enabled elected members and people living in Bradford to hold leaders to account. The structure of the boards and the sub-groups sitting below it meant that there was shared decision making and accountability across health and social care and the VCSE sector was valued as an equal partner.
- There was a culture of trust between system leaders and improved relationships among frontline staff. There was a strong focus on collaborative working to meet the needs of the population and leaders needed to extend this work to build relationships with providers in the independent sector.
- Leaders worked collaboratively to shape the care market so that it would be sustainable and meet the needs of the local population. Although there had been some innovative and courageous funding decisions to build stability in the homecare market, there was still more work to be done to develop the quality of services and encourage the shaping of the independent care market to be able to support those with more complex needs.
- Resources were used collaboratively and targeted at high-risk cohorts to prevent crises and protect the wellbeing of people living in Bradford. We saw that planning of expenditure

around the BCF and the social care precept was designed to facilitate the smooth and prompt flow of people through health and social care services. It enabled integrated working and supported the development of a community led model. We saw that leaders were willing to make investments in structures and systems that support people who were at higher risk of needing services and were assured that this would produce long-term gains.

- Although there was a system-wide approach to workforce development, there were pressures across the system. Through the integrated workforce plan, system leaders had begun to look at shaping the workforce to support an integrated system. However, this work was at an early stage. System leaders were exploring ways of developing the local workforce to build career pathways for health and social care staff and reduce the workforce shortages in the system.
- Shared records and information governance was well developed in Bradford as information could be accessed across most primary and secondary healthcare and social care services. There were some barriers which were being addressed and there was a digital roadmap in place to describe this. There were innovative digital solutions in use to reduce the need for GP and hospital attendances. Further development was required around the design of some processes which relied on outdated methods for communication.
- The focus on prevention underpinned the strategic vision for Bradford through the Happy, Healthy at Home agenda. There was evidence that pathways across primary, community and secondary care supported the wider objectives of health maintenance and this would be further developed with the implementation of locality models. GPs, health and social care staff and VCSE providers worked together to support people to stay healthy and independent for as long as possible.

## Areas for improvement

**We suggest the following areas of focus for the system to secure improvement**

- System leaders need to address issues around quality in the independent social care market with a more proactive approach to contract management and oversight.
- Building on good relationships that exist between stakeholders such as VCSE organisations and GP alliances, this needs to be extended to the independent care sector.



- Leaders need to ensure that outcomes are person-centred and caring in line with the vision and strategy.
- NICE guidance<sup>2</sup> recommends that, apart from some exceptions, domiciliary care visits should not be shorter than half an hour. The commissioning of 15-minute domiciliary care visits needs to be reconsidered as concerns had been raised about the provision of care being task focused rather than person-centred and leading to an increased risk of medicines errors.
- There needs to be clearer signposting systems to help people find the support they need, particularly for people who funded their own care.
- Although good work was in place with the local authority MCA and best interest assessment team, system leaders need to ensure that staff in health services and independent social care provider services have a better understanding of people's rights and are able to understand the lifestyle choices that people make. System leaders need to address the fact that some people's experience is not consistently good and person-centred.
- There is potential to build primary care capacity and to maximise the impact of the primary care home model; the commissioning approach to primary care needs to maximise the outcomes from the two at scale GP models emerging in Bradford
- Although information sharing and governance was well-developed, system leaders need to consider how to streamline processes when people are discharged from hospital with less reliance on paper based systems.
- Medicines management when people have left hospital needs to be improved to reduce the time people have to wait for their medicines and to ensure that social care providers and people returning to their own homes have a clear understanding of the medicines they have been prescribed.

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<sup>2</sup> <https://www.nice.org.uk/guidance/ng21/chapter/Recommendations#delivering-home-care>

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Ref.	Theme	Action	Owner	Status	Due
<b>1. System leaders need to address issues around quality in the independent social care market with a more proactive approach to contract management and oversight</b>					
1.1	3	Establish Service Improvement Boards for home care and care homes, and an over-arching quality forum to coproduce a single market position statement which shifts from reactive annual activity towards a population focus defining the size and desired constitution of the future market shape.	ECB	open	31/12/18
1.2	3	Undertake fair cost of care modelling exercise with providers drawing on CIPFA (Chartered Institute of Public Finance and Accountancy) Guidance and use to inform re-commissioning of the frameworks for regulated services - enabling a shift from annual fee setting processes to a long term settlement.	ECB	open	31/12/18
1.3	3	Examine potential to embed principles and meet the cost of implementing the living wage and Unison Ethical Care Charter within reviews of frameworks for care homes, home care and supported living.	ECB	open	31/12/18
1.4	3	Explore opportunities to introduce a common framework of competences (skills) and competencies (attributes) for integrated working across health and social care across all provider settings.	IWPB/Health and Social Care Academy Leadership Group	open	31/12/18
<b>2. Building on good relationships that exist between stakeholders such as VCSE organisations and GP alliances, this needs to be extended to the independent care sector</b>					
2.1	3	Work with independent care sector to review participation in local partnership, governance and programme delivery arrangements. To include (but not limited to): ICB, Health and Care Partnership Boards, Provider Alliances, Out of Hospital programme board	ICB (to coordinate)	open	31/08/18
2.2	3	Programme Management Offices/ support for local partnership arrangements to consider how to operate with greater flexibility to enable participation by wider range of stakeholders without relying on meeting attendance	ICB (to coordinate)	open	30/09/18
2.3	3	Work with the independent care sector to be actively involved in shaping how as a system we attract, recruit, develop and retain a high quality workforce across the wider health and care system	IWPB/Health and Social Care Academy Leadership Group	open	31/03/19
<b>3. Leaders need to ensure that outcomes are person centred and caring in line with the vision and strategy</b>					
3.1	1	Develop an agreed approach to system development to support delivery of strategy and vision	OD Network	open	31/10/18
3.2	1	Roll out the agreed common set of values/principles for integrated working across all organisations, to help foster a culture of being part of one system with a common purpose	IWPB	open	31/03/19
3.3	1	Develop a system-wide programme of staff engagement, using personal narrative to reflect person centred approaches in various care settings, to ensure that Happy, Healthy at Home is owned by staff at all levels in all parts of the system. Make sure benefits of the vision for each stakeholder group are clearly articulated	Comms and Engagement Network	open	30/06/19
3.4	1	In recognition of the challenges posed by differing national requirements placed on organisations that are trying to work together; develop a common framework for the next level of collaboration, addressing shared decision making and integrated commissioning and delivery.	Health and Care Partnership Boards	open	31/12/18
3.5	3	Establish learning and improvement processes through which the system will support providers with common themes and systemic issues emerging from CQC (and other quality) inspections.	ICB (to coordinate)	open	31/10/18
3.6	4	CQC consider best practice is the ethos of not moving frail people between wards in the hospital where possible – however they observed occasions where this didn't happen in practice during the review. The system to stress test how embedded this approach is in practice, and develop a method of assurance through which partners hold each other into account to hold true to the principles during periods of stress within the system such as winter peak flow.	Trusts	open	30/09/18
<b>4. NICE guidance recommends that, apart from some exceptions, domiciliary care visits should not be shorter than half an hour. The commissioning of 15 minute domiciliary care visits needs to be reconsidered as concerns had been raised about the provision of care being task focused rather than person centred and leading to an increased risk of medicines errors.</b>					
4.1	3	review current commissioning policies and move towards outcome based contracting arrangements, rather than time/ task focused commissioning	CBMDC	open	31/10/18
<b>5. There needs to be clearer signposting systems to help people find the support they need, particularly for people who fund their own care.</b>					
5.1	4	Review current arrangements with the aim of implementing an integrated/ aligned single point of access, which allows for easy access, smoother customer journey, and enhanced communication between services	Out of Hospital Programme Board	open	30/06/19
5.2	3	Review current information available to people and their families to help them make informed decisions on care options (particularly re long term care options)	CBMDC	open	31/12/18
<b>6. Although good work was in place with the local authority MCA and best interest assessment team, system leaders need to ensure that staff in health services and independent social care provider services have a better understanding of peoples rights and are able to understand the lifestyle choices that people make. System leaders need to address the fact that some peoples experience is not consistently good and person-centred.</b>					
6.1	4	Continue roll out of Mental Capacity in Practice training to strengthen understanding of how to capture and uphold people's wishes, feelings and beliefs within care and support planning and delivery and refresh the offer in keeping with the new Multi-Agency Safeguarding Adults Procedures implementation programme.	Safeguarding Adults Board	open	31/03/19
6.2	4	Safeguarding Adults Board to seek assurance from all local partner organisations on the compliance and effectiveness of their MCA training arrangements	Safeguarding Adults Board	open	31/03/19
<b>7. There is potential to build primary care capacity and to maximise the impact of the primary care home model; the commissioning approach to primary care needs to maximise the outcomes from the two at-scale GP models emerging in Bradford.</b>					
7.1	2	Develop plans to align approaches to locality working (primary care homes, ward teams etc)	Health and Care Partnership Boards	open	31/12/18
7.2	2	Keep looking outwards and bringing more people together. Test how effectively current partnerships are fully inclusive of diverse and differentiated viewpoints and agendas. (e.g. community pharmacy, dentistry, optometry, VCS organisations large and small, faith organisations, housing organisations, tenants and residents associations)	Health and Care Partnership Boards	open	31/03/19
7.3	2	Build on strength of community anchor involvement in communities/ locality working, to maximise VCS engagement	Health and Care Partnership Boards	open	31/03/19
<b>8. Although information sharing and governance was well-developed, system leaders need to consider how to streamline processes when people are discharged from hospital with less reliance on paper based systems.</b>					
8.1	4	Investigate and eliminate the use of fax machines, with all partners committing to support a consistent approach	Digital 2020	open	31/10/18
8.2	4	Subject to feedback from the pilot, roll out the new SystmOne EDSM (Enhanced Data Sharing Module) across the District.	Digital 2020	open	31/12/18
8.3	4	Review current data sharing and information governance procedures across the health and care system with a view to developing an approach that addresses barriers and supports integration.	Digital 2020	open	31/03/19
<b>9. Medicines management when people have left hospital needs to be improved to reduce the time people have to wait for their medicines and to ensure that social care providers and people returning to their own homes have a clear understanding of the medicines they have been prescribed</b>					
9.1	4	CQC observed low levels of self administration on wards – noted that this helps people to retain/ regain independence and should be promoted. Consider how to strengthen this	Trusts	open	31/10/18
9.2	4	Review medicines supply and usage along pathways including home, hospital and residential/ nursing care settings, applying best practice - including Red Bag scheme; ensuring people and their carers have a clear understanding	A&E Delivery Board	open	31/03/19

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## Bradford and District



# Bradford's Local Offer

## 2017 / 18

Information on the services available to children and young people with Special Educational Needs and / or Disabilities from birth to 25 years of age.

### Find out about:

-  Adulthood
-  Early Years
-  Education
-  Getting Around
-  Info, Advice and Support
-  Health
-  Things to Do
-  Social Care

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- IN PARTNERSHIP WITH -

## Foreword

I am pleased to introduce the 2017/18 Local Offer annual report.

The development and review of Bradford's MDC SEND Local Offer has been strongly influenced by the views of children and young people with special educational needs and disabilities from birth to 25 years of age, their parent/carers and SEND services including the voluntary and community sector, during the last 4 years, who have given a continued level of commitment to this area of work, even during the school holidays. Bradford's Local Offer has grown and evolved over the years and developed effective partnerships with key SEND organisations across the District and continues to develop.

Bradford's SEND Local Offer is a member of the West Yorkshire Local Offer network and is working closely with other local authorities in the region to share information and good practise.

Bradford's Local Offer was part of the SEND Local Authority Peer Challenge in September 2017. Local Authority Peer challenge is about identifying exactly what is happening in a particular part of an organisation, and spotting where there are strengths and where there are things that could be improved. The Local Offer was identified as a key area of strength. The learning from the Peer Challenge contributed to the continuous improvement of Bradford's Local Offer for children and young people with SEND and their families, in terms of statutory compliance and quality, sharing good practice and ideas to improve and identifying any regional issues and develop solutions. Bradford's Local Offer was challenged and reviewed by the Rotherham and Kirklees LA's against the SEND CoP statutory compliance and Local Offer Self Evaluation Framework. Rotherham and Kirklees LA's considered Bradford SEND Local Offer as a "Rolls Royce" version of a Local Offer compared to neighbouring and regional Local Authority Local Offers. The Peer challenge was not an inspection – it was about having a 'critical friend'.

Bradford MDC was also part of the Local Authority SEND Local Offer Peer review using the SEND CoP. Bradford was reviewed by East Riding LA Local Offer Service, children and young people and parent/carers. Bradford Local Offer service reviewed East Ridings Local Offer with children young people and parent/carers. The review was a great opportunity to further develop Bradford's Local Offer.

Bradford SEND Local Offer Peer Review and Peer Challenge results can be found within this Annual Report and will continue to be involved in Challenges and reviews to further develop Bradford's Local Offer.

Bradford's Local Offer will continuously evolve and review the resources that are available to children and young people with SEND 0-25yrs and their families in the District, using the Local Offer feedback received and inform the future commissioning of SEND services across Education, Health and Social Care.

**Councillor Susan Hinchcliffe**  
Chair of Health and Wellbeing Board



## Table of Contents

Foreword .....	1
Introduction .....	4
Summary of last year's Local Offer Annual Report 2016-2017 .....	5
Developments achieved since the last annual report.....	5
Website Monitoring .....	5
Website content and information.....	5
Website accessibility .....	6
Advertising and Awareness.....	6
School SEND Information Report/School Local Offer.....	8
Summary of School and College SEND Information Report/School Local Offer published on the Local Offer website.....	9
Website Usage and alternate format to the website .....	10
Summary of Local Offer website performance .....	10
Co-production.....	12
Summary of Local Offer co-production sources across the Bradford District ....	13
Local Offer feedback unique to the online Local Offer snap survey .....	13
Co-production feedback and responses.....	19
Feedback from Children and Young People (Inc. young adults) with SEND .....	22
Children & Young People feedback and responses .....	23
Feedback from Parents/or Carers of children and young people with SEND .....	31
Parents & carers feedback and responses .....	32
Responses from Service Providers .....	37
Education.....	38
Social Care .....	44
Health .....	48
All SEND services across Education Social Care and Health .....	54
Children's Services Commissioners .....	56
IT Software Corporate Commissioning.....	57
Feedback from Information Advice and Support Services.....	58
Local Offer consultations .....	59
Personal Outcomes Evaluation Tool.....	59
Yorkshire and Humberside Local Offer Peer review Workshop .....	61
Outcomes and feedback .....	62
SEND Peer Challenge .....	62
Next Steps .....	63
Partnerships .....	66



Further Information .....	67
Appendices .....	68
Appendix A .....	68
Appendix B .....	69
Appendix C .....	74
Appendix D .....	75

## Introduction

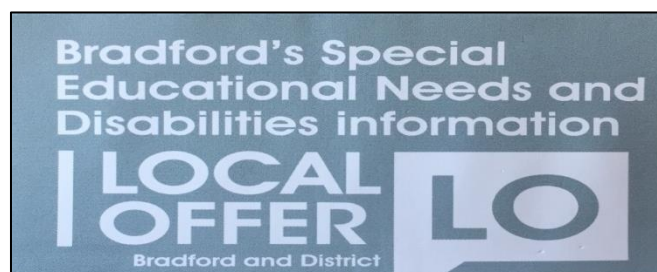
The Children and Families Act (2014) placed a new requirement on all Local Authorities to publish a Local Offer. The Local Offer must provide information on services across Education, Health and Social Care for children and young people who are aged 0 - 25 years of age and have special educational needs and/or disabilities (SEND). The Local Offer includes local provision and provision outside of the area that is likely to be used including regional and national specialist provision.

The Special Educational Needs and Disability Code of Practice: 0 to 25 years provides statutory guidance for organisations who work with and support children and young people with special educational needs and disabilities.

The purpose of the Local Offer is to provide;

- Clear, comprehensive and accessible information about the available services and how families can access it.
- The aim is to make provision more responsive to local needs and aspirations by directly involving disabled children and young people and those with special educational needs, their parents/carers and service providers in its development and review.

Bradford's Local Offer's main resource is the website and its alternative formats to the website are, the Local Offer pocket concertina information booklet, leaflets, email, telephone and presence at SEND events. Click on the photos below to view



For feedback or enquiries: Contact the Local Offer Officer

E: LocalOffer@bradford.gov.uk  
T: 01274 439261

The Local Offer makes it easier for

families to find information, provides clarity for families about the services that are available, enables families to identify any gaps in provision and provides an evidence base for improving services in the future.

The Local Authority must seek and annually publish comments that are received about the Local Offer along with their response to those comments. Feedback must be sought on the content, accessibility and the development and review of the Local Offer. <sup>1</sup> **Please note that the feedback collated and analysed for this report covers the period June 2017 to May 2017.**

## **Summary of last year's Local Offer Annual Report 2016-2017**

We gathered a tremendous amount of feedback in last year's report which enabled the Local Offer to further develop. Bradford's Local Offer is pleased to announce that all the comments and feedback received in 2016/17 from key stakeholders, about the Local Offer information, content and accessibility from children and young people with SEND, their parent carers and key services across Bradford District to develop the Local Offer has been implemented. All the comments, feedback, responses and developmental actions were published in last year's Bradford Local Offer Annual report 2016/17 "You Said, We did". All feedback received about SEND services was responded to and actioned by service leads and commissioners within SEND Education, Health and Social Care. To view the report use the link provided below.

Local Offer Annual Report 2016/17

<https://localoffer.bradford.gov.uk/Content.aspx?mid=350>

## **Developments achieved since the last annual report using the 2016/17 annual report next steps**

Within the Local Offer annual report 2016/17, next steps were published at the end of the report using feedback gathered to identify the next developmental steps to be taken by the Local Offer throughout the following year.

### **Website Monitoring**

Effective monitoring systems are in place to record Local Offer website usage using Google Analytics and Snap survey software. Google Analytics can inform us about how many existing users, new users, how long they are using the site, which categories are frequently visited and which pages within those categories. We can measure the impact of Local Offer promotion and marketing strategies using the software. Google Analytics can enable the Local Offer to develop effectively. Snap survey allows us to gain online feedback about the Local Offer content, accessibility and services as well as finding out users age, need and location to effectively respond to online feedback.

Site Improve software has been installed to the Local Offer website to detect broken links and comprehension to ensure users have a more effective experience and avoid landing on a broken link where services may have changed their web link address or may no longer exist.

### **Website content and information**

We have developed the Children and Young Person's pages to include more videos and pictures of information/services and less text. We intend to further develop this page using feedback received from children and young people which states "Local Offer website information and services need to be in the format of YouTube videos, Instagram and Snapchat only, to suit the ever evolving trend of how young people access this type of information".

The "What's new" section now includes information about current one off activities and events going on in the Bradford District, useful SEND information and SEND



consultations as requested by parent carers. The “What’s New” section is now updated on a weekly basis due to the amount of information received about SEND; useful information, groups, events and services.

A Transition and Preparing for Adulthood visual Pathway was created by using the information already on the Local Offer website and email input from services within the transitions team across education health and social care. The Local Offer reviewed the pathway with young people and parent/carers but it was found to be too difficult to navigate through if you did not have a diagnosis, EHC Plan or social worker involved for example.

Young people and parent/carers agreed that having all Preparing for Adulthood/Transitions; information, support and services for 14yrs-25yrs on one single visual pathway, did not work, was too complex and not all users would be eligible for the same services. It was decided together that a SEND Transition Preparing for Adulthood working group Inc. service leads from Education, Health and Social Care, young people with SEND and their parent/carers is to be identified and the working group is to be created within May 2018 SEND Strategic Partnership Board meeting to develop new pathways, using feedback, year groups and taking into account eligibility.

Over the last year we have had a tremendous amount of SEND services and information being added to the Bradford’s Local Offer website which reflects the effective promoting and advertising of the SEND Local Offer as well as time spent by the Local Offer service researching for SEND services that would benefit families including using the feedback gained.

### **Website accessibility**

The Local Offer website will be enhanced and further developed, by improving the websites accessibility. The new commissioned website platform would enhance the existing search tools already on the Local Offer website and ensure accessibility and navigation of the website is much easier and clearer for families to find information, activities and services by using preferred filtered options (for example by searching by specific needs, age, postcode, service information or activity type categories etc.).

The navigation system will allow you to search multiple directories but in one search, rather than showing multiple directories or information you do not necessarily require. In addition SEND service will have the ability to add new services and update, information, service content and activities on the website themselves using secure requests and login details. The Local Offer would monitor and approve all content before published. We anticipate the new platform to be ready Autumn 2018.

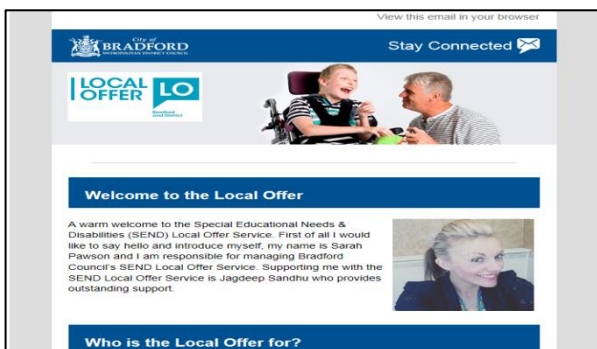
### **Advertising and Awareness**

**21’000** new Local Offer information pocket booklets have been co-produced with children and young people with SEND and their parent carers. The new booklets have been published and distributed to all Early Years provisions, schools and colleges including all specialist provisions across the Bradford District. See appendix A.

The Local Offer Service was advertised on Facebook as a paid sponsored advert to make target users aware of the service.

The Local Offer service has been promoted and published in every quarterly edition of the Disabled Children's Information Services Newsletter. The DCIS Newsletter was distributed across the Bradford District to **2000** individual families registered with the DCIS and **310** SEND services who are also registered to distribute out to families within their organisations.

The Local Offer and DCIS have recently merged and work together to create new Local Offer by-monthly news bulletin to all its Local Offer members and quarterly e-newsletters to all DCIS members in order to save expensive costs on design/print and provide more news and activity information to its members on a regular basis. The e-newsletters can be printed and is mobile/iPad compatible. All DCIS members have been made aware of this change via a final paper copy newsletter posted to each member.



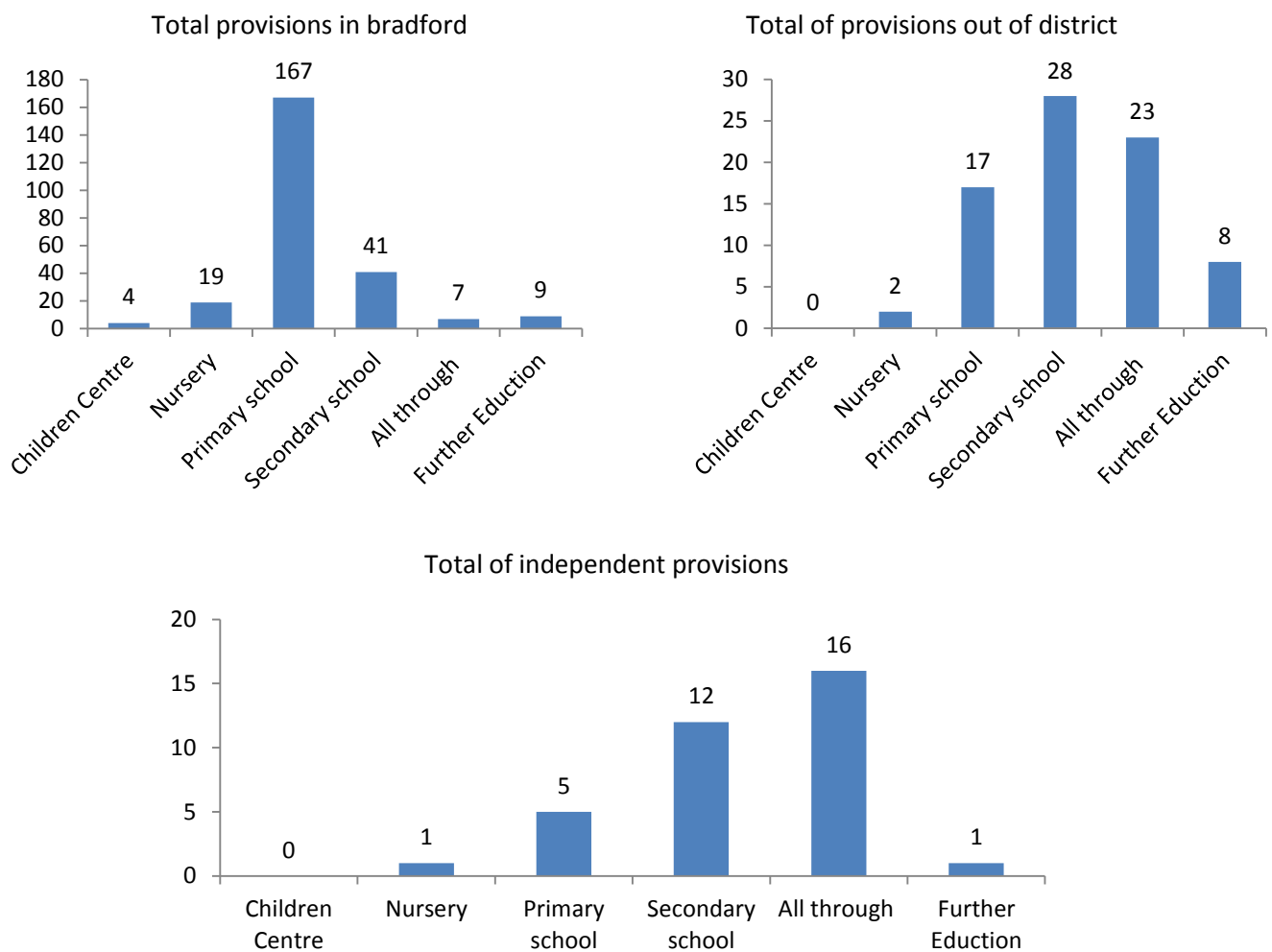
All SEND (0-25yrs) emails and letters of correspondence sent to families now includes SEND Local Offer logo and an information strapline about the Local Offer service and how to access it. All SEND Children's Services employees include this within their email signatures.

All services and provisions on the Local Offer website have agreed to use the Local Offer logo, information and link on their own websites to promote the service to families.

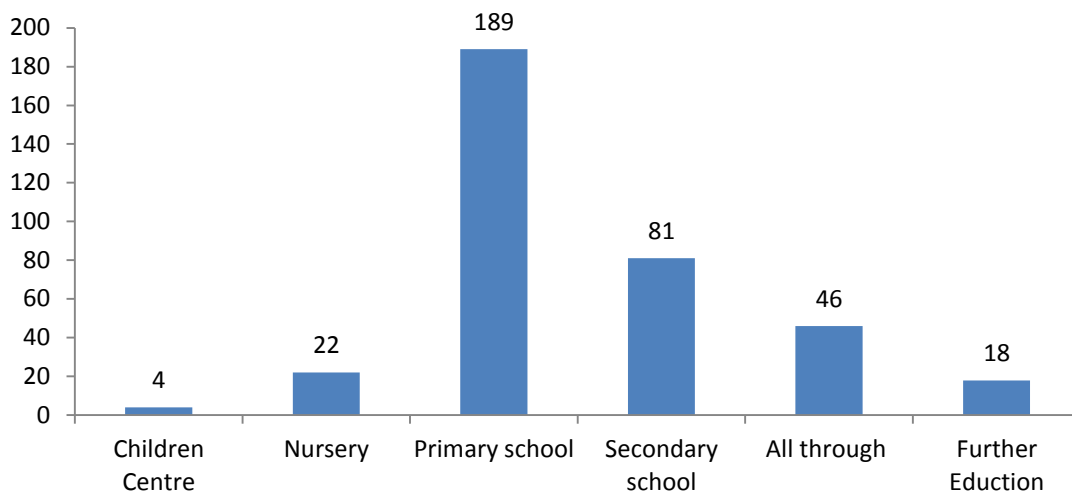
The Local Offer service has a new Local Offer email subscription for Local Offer website users to join as a member to receive useful SEND information, news, activities, services and newsletters. The Gov Delivery software used is in line with General Data Protection Regulations (GDPR) and members can unsubscribe at any time. The Local Offer email subscriptions as of 25 May 2018 totalled **3,458** subscribers.

## School SEND Information Report/School Local Offer

The Children and Families Act (2014) placed a new requirement on all schools and further education providers which are located within Bradford Local Authority (LA) area including provision outside the LA (where Bradford has currently placed a child or young person) to publish an SEND Information Report on 1 September 2014. The LA Local Offer must include information about local provision and provision outside of the area that is likely to be used including regional and national specialist provision. Bradford LA's Local Offer is required to include information about all school/colleges SEND Information Report/school offer's within Bradford's Local Offer website, using individual school and further education providers, SEND Information Local Offer report website links.



Total of all provisions



### **Summary of School and College SEND Information Report/School Local Offer published on the Local Offer website**

Bradford Local Offer Service has written to all schools and further education providers within the Bradford District including out of area provision where we currently place children and young people, in order to obtain School/further education Local Offer SEND Information report website links, to publish on Bradford's Local Offer website. Schools and colleges receive 6 monthly reminders on Bradford Schools Online in addition to LA reminder emails to review their website links provided on the Bradford Local Offer website.

We are very pleased to announce that all **360 Schools/further education provisions (as shown in the total graph above) Local Offer** SEND Information report website links, are published within the education section of the Local Offer website [here](#) as of May 2018.

## Website Usage and alternate format to the website

Local Authorities must make their Local Offer widely accessible including a web based resource for users. The website provides a platform for Bradford's Local Offer.

The Local Offer website began using Google Analytics in April 2016 to accurately monitor how well the website is being used. Since then, the Local Offer website has used Google Analytics software to annually reflect usage, compare and see what impact promotion has made on the website usage. The Local Offer keeps a monitoring record of all advertisements, promotion and awareness sources within the Local Offer feedback section see Appendices A & B.

Google analytics monitors not only what pages users are viewing but what users are searching for, this enables the Local Offer to identify information gaps and how users search for information and the keywords they use. This helps the Local Offer to add more tag words within the Google search engine on each page so users can access information they may be looking for.

### Summary of the Local Offer website performance using Google Analytics software

#### Local Offer Website Performance

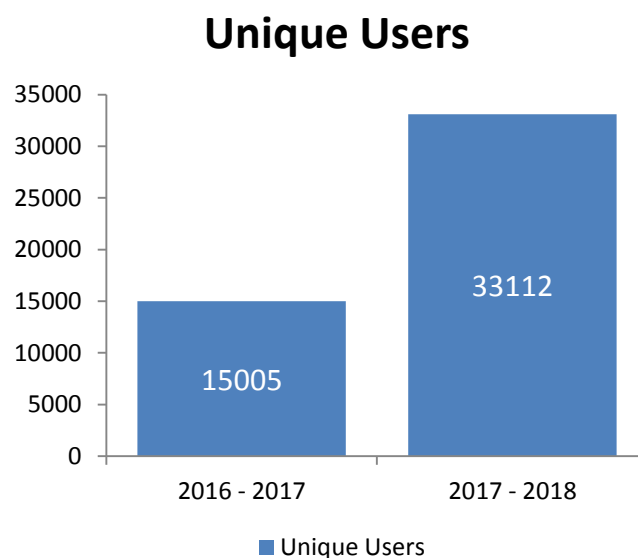
This year's statistics are solely based on the Local Offer performance measured by Google Analytics and the statistics below are taken from this year's figures which were from the period between and including 1st June 2017 to 25th May 2018.

Last year's figures were also taken from Google Analytics from the period between and including 1st June 2016 to 15th May 2017.

#### Unique Users

This figure does not take into account repeat visitors and displays the progress made across 2017 – 2018.

**The unique users statistic shows an increase of 18,107 users when compared to the 2016 – 2017 figures. This is an increase of 121%.**

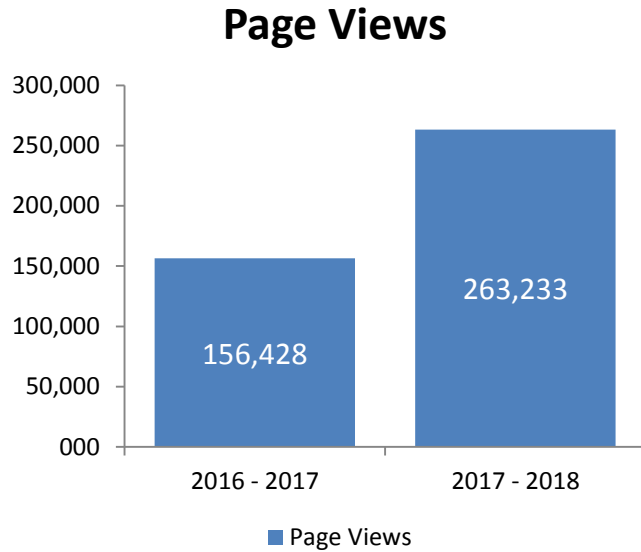


**Page Views**

The page view statistic is a simple count of every page viewed by a user across the year.

**This year page views have increased by 106,805 when compared to last year's figures.**

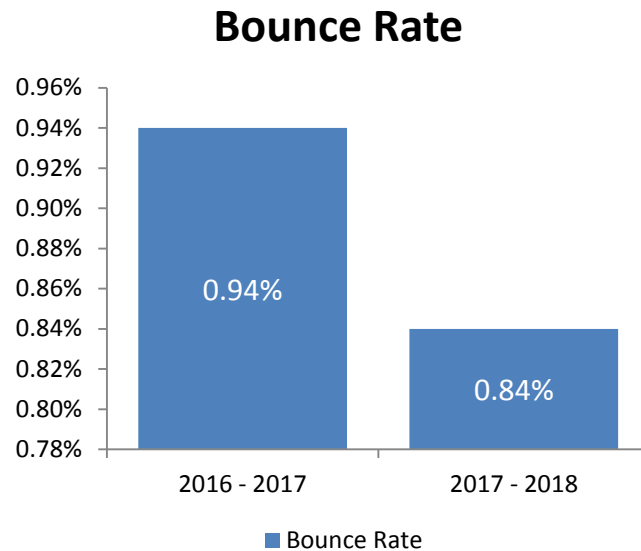
**This is an increase of 68%.**



**Bounce Rate**

The bounce rate statistic measures the number of users that leave after only viewing a single page. This figure should be as close to zero as possible.

**This year shows a reduction of 0.1% meaning more people are looking at multiple pages and staying for longer.**



The vast increase in website users over this year can be directly aligned to the promotion of the Local Offer across the Bradford District with the dedicated support of the Local Offer Officer and an additional Local Offer Support worker. As demonstrated on the graphs above, the Local Offer website has increased its user base by 121% in the year ending 25<sup>th</sup> May 2018 and we will seek to further expand this user base next year.

## Co-production

Bradford's Local Offer has been co-produced with key stakeholders including children and young people from the Bradford district with SEND, their families' and with input from key service providers across Education, Health and Social Care including the commissioners, other Local Authorities, voluntary charity and the community sector.

This has included receiving feedback about;

- Deciding upon a separate website to the councils own website
- Planning the initial design and look of the Local Offer website
- Developing the structure for the content
- Deciding the alternative formats that we make available
- Improving accessibility
- Quality of content available within the website
- Identifying existing quality provisions and identifying gaps
- Participating in Local Authority Local Offer Peer Challenge and Review
- Involved in SEND pilots and consultations and deciding how to promote
- Receiving feedback from all key stakeholder and mechanisms to gain feedback about the Local Offer
- How to publish feedback received on an annual basis within annual reports published on the website

Children, young people, adults (birth-25 years) and parent/carer of children with special educational needs and or disabilities, are central to the development of the evolving Bradford Local Offer and we have organised and attended various events across the Bradford District to gain feedback. We have used the comments to co-produce and develop Bradford's Local Offer.

A mixed method approach was adopted to receive feedback and promote the Local Offer. Feedback was gathered through online surveys, paper surveys, Local Offer focus groups, Local Offer website, emails, telephone calls, events, meetings, and parent open forum meetings from June 2017 to May 2018.

The Local Offer Officer and Local Offer Support worker have attended a large number of events, meetings and workshops across the Bradford District and this has provided an opportunity to promote the Local Offer and gain valuable verbal feedback. This is covered in much more detail in Appendix B.

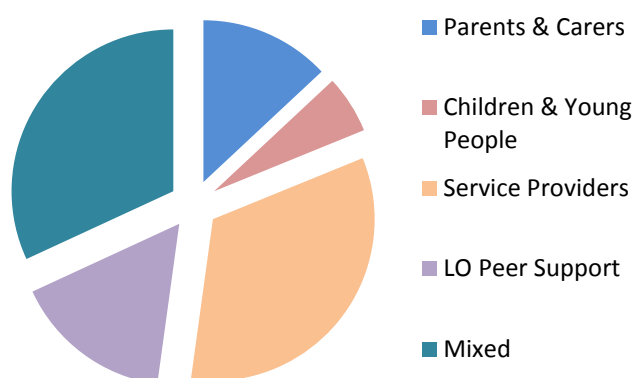
All the feedback received within this report has been analysed, collated and grouped into common themes. Feedback which is unique to each stakeholder group can be viewed after the co-production 'What you said' and "What we did" section of this report.

## Summary of Local Offer co-production sources across the Bradford District

The figure A and B below summarises the amount of events, meetings, workshops and consultations the Local Offer has been promoted at and gained valuable feedback from between 1st June 2017 to 25<sup>th</sup> May 2018.

**Figures A & B**

**Events/Meetings Local Offer Officers have attended to review/promote/gain feedback to develop the Local Offer.**



Parents & Carers	9
Children & Young People	4
Service Providers	23
LO Peer Support	11
Mixed	22
<b>Total</b>	<b>69</b>

## Local Offer feedback unique to the online Local Offer snap survey questionnaires

Children and young people with special educational needs and disabilities, their parent/carers and service providers are invited to leave comments, compliments or concerns about the Local Offer within our website online snap survey within the feedback page, in particularly about:

- The content and look of the Local Offer, including the quality of existing provision and any gaps in the provision
- The accessibility of information in the Local Offer
- How the Local Offer has been developed or reviewed

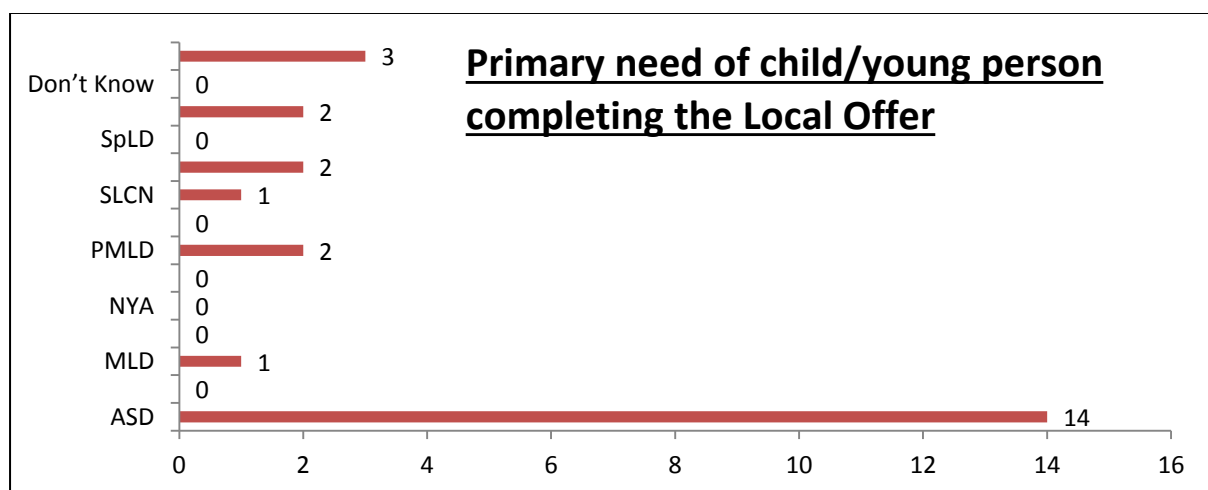
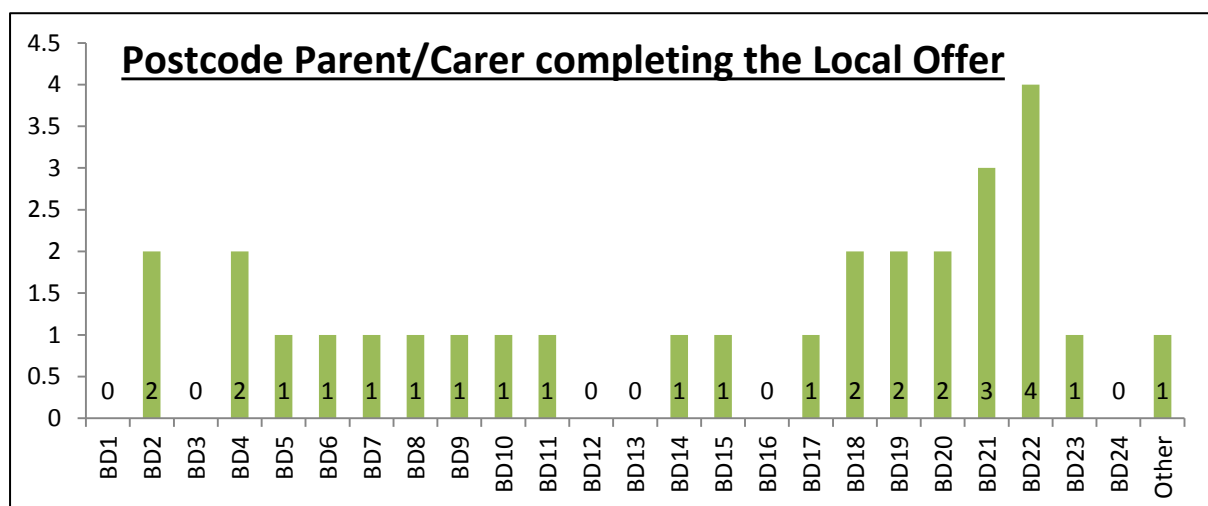
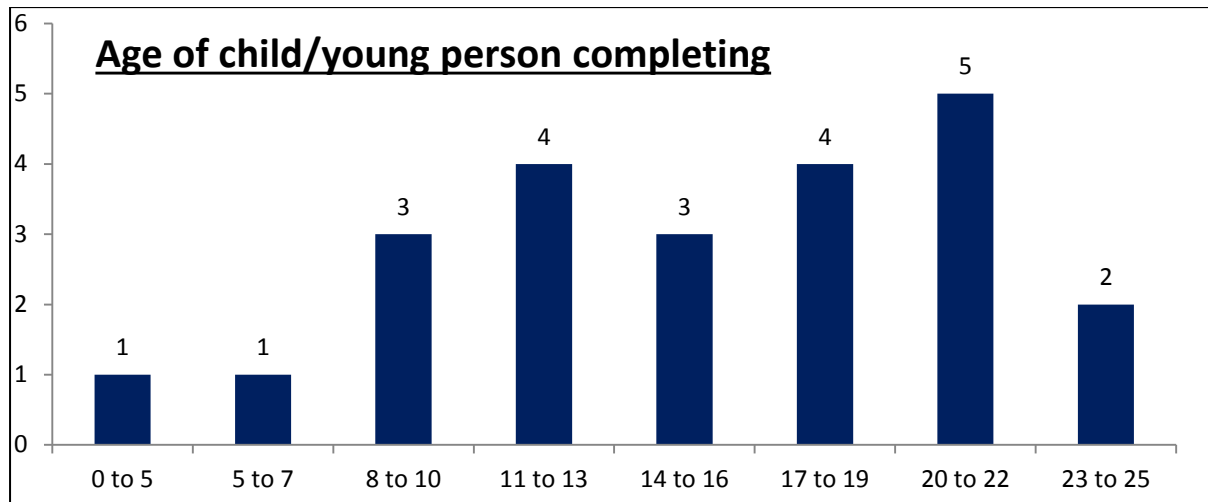
If users have a complaint or concern about an individual service they are advised on the website to contact the service directly, for this to be dealt with through their comments and complaints process. The Local Offer will request SEND services to give responses to feedback gained throughout the Local Offer surveys about SEND services in order to gain a response for publication in the Annual Reports. The Local Authority regularly monitors all of the feedback received.

The online and paper feedback Local Offer questionnaire snap surveys have evolved, being co-produced, developed and reviewed by parent carers, children young people and service providers.

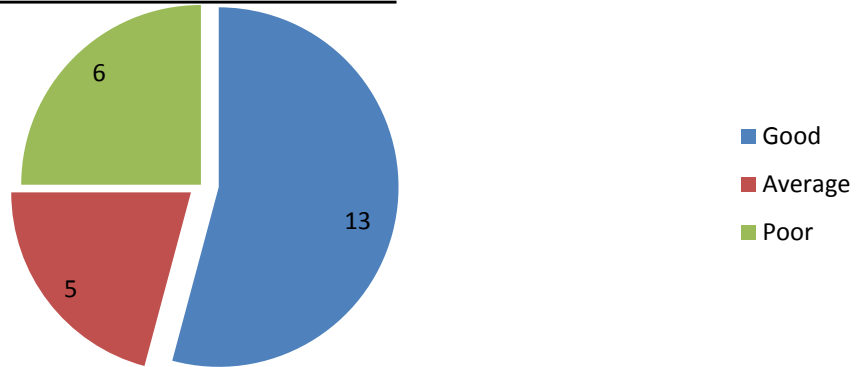


**Completed Local Offer online website and paper format snap survey questionnaire results;**

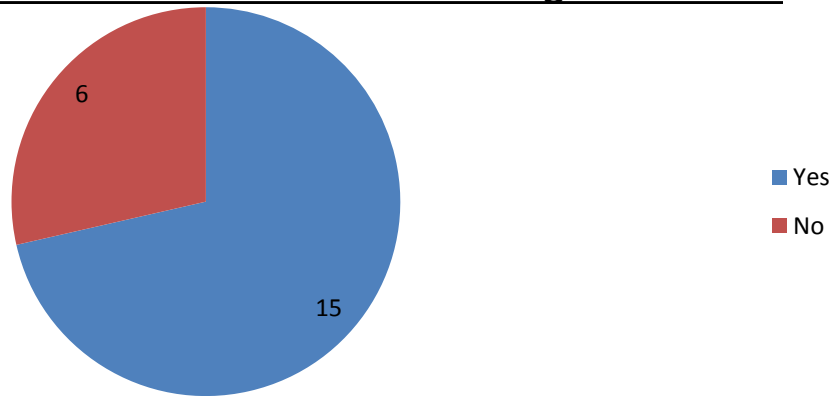
The data below shows questionnaire results completed individually by children and young people with SEND 0-25 years, parent and carers and service providers from 1 June 2017-25<sup>th</sup> May 2018.



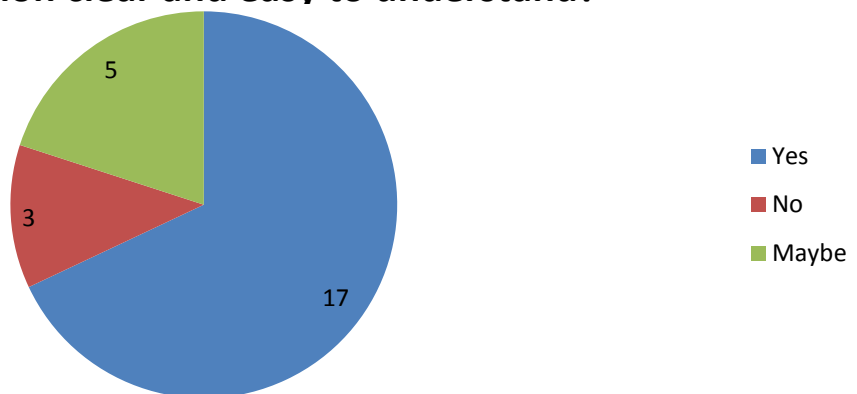
**Ease of use on the Local Offer website ?**



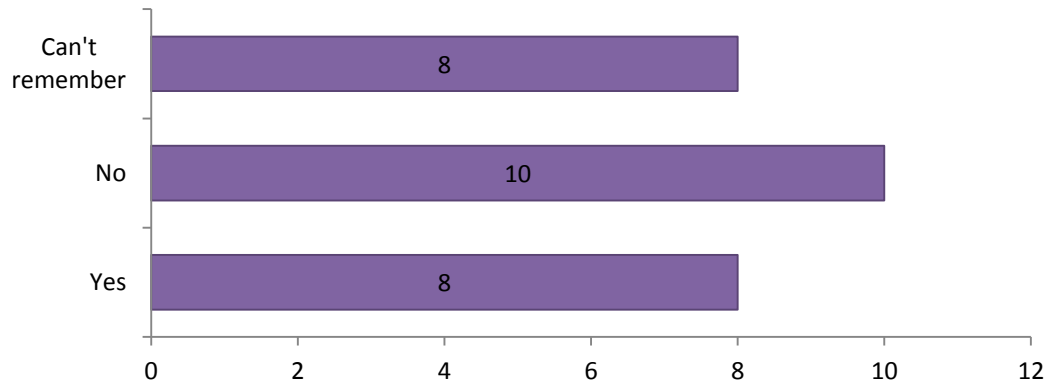
**Was it easy to find information and services using the website**



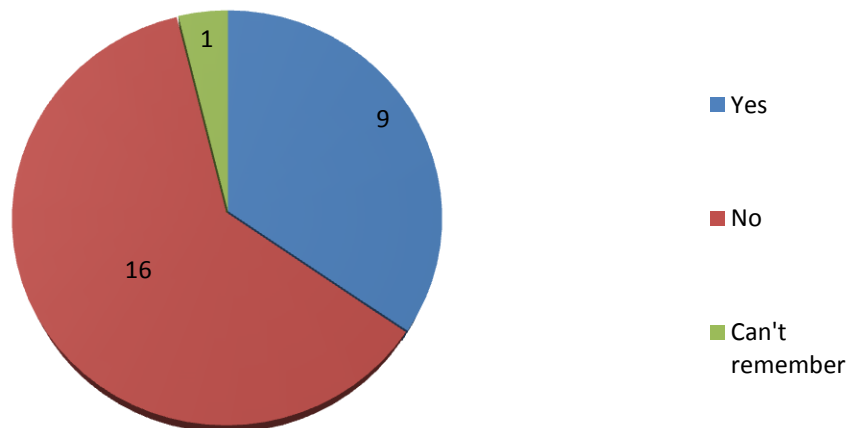
**Was the information clear and easy to understand?**



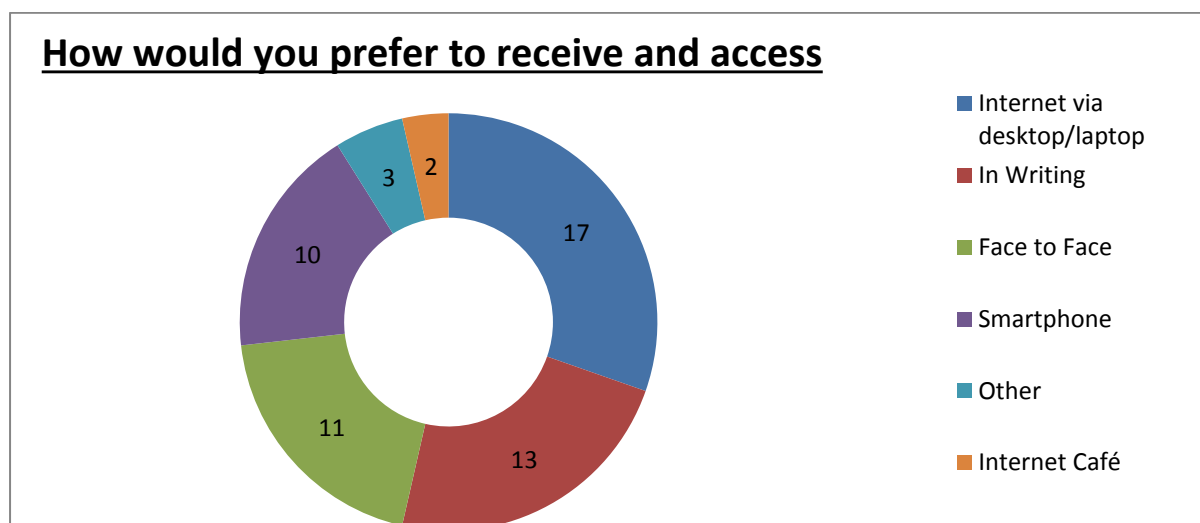
**Have you seen the "What's New" page on the Local Offer**



**Have you seen Bradford's Local offer leaflets and posters advertised in your local area?**



## Summary of online survey questionnaire results and feedback received by parent carers and service provider's 1<sup>st</sup> June 2017-25<sup>th</sup> May 2018



### 25 respondents completed the online Local Offer questionnaire

The questionnaire survey results data received provides development opportunities to improve the Local Offer in terms of;

- Which areas, ages and primary need of children/young people with SEND and their families need to know about the Local Offer
- Content, clarity and navigation comments received within the surveys (\*within the “What you said what you did” sections of this report) can develop the Local Offer
- Promote the new What’s new pages within the Local Offer

The feedback comments received within the online/paper questionnaires, completed additional to the data provided above, have been collated, analysed individually and put with the appropriate key stakeholder “What you said” and “What we did” section of this report.

All your SEND services aimed feedback was shared with the appropriate services and responses have been provided which have been gained from services where appropriate within this report to develop the Local Offer during 2017-18.

The consistent feedback given by all stakeholders at events, meetings, workshops and focus groups was that **“getting out there”** to existing/new groups, provisions and events was a more effective way of receiving clear feedback about the Local Offer than the online questionnaire.

Due to capacity within the Local Offer team this has proved to be very difficult at times but this year we have reflected on feedback provided and have been able to attend more events and gain feedback directly from services working with children and young people with SEND and their parent/carers by working closely in partnership with key organisations and services.

Online feedback is another way to provide feedback to the Local Offer.

SEND Local Offer co-production, engagement and partnership working is very strong in Bradford, compared to neighbouring Local Authorities within West Yorkshire. The feedback that has been gained from children and young people and their parent/carers by the Local Offer and local SEND service providers will enable the on-going development of the Local Offer.

The "What you said" and "What you did" comments throughout this report evidences that all feedback comments from all key stakeholders are responded to and that actions are taken to develop the Local Offer.

Bradford's Local Offer will use the data provided here to develop the Local Offer We can see looking at the results we need to reach other area's and most people would like to access the Local Offer information by internet or in writing.

# Co-production feedback and responses

## KEY

Young People  Adults (18-25 years)  Parent / Carers  Service Providers  Website 

### What You Said

Research more local disability employers and employment aspiration videos to be published on Local Offer

**Service providers and parent carers at SEND Independence Day event**



### What We Did

We have liaised with the transition/post 16 team and researched local not for profit local services/organisations and published useful information and services within the preparing for adulthood and post 16 services .We will continue to promote and gain feedback from key stakeholders about the Local Offer to ensure it is co-produced.

**Local Offer Officer**

I have found the Local Offer website particularly useful in helping/sign posting families and young people to Services. I find the website easier to use than the schools council site Bradford Schools Online

**School/College SENCO, SEND Colleagues in Social Care and Education (0-25)**



We value all the feedback from key stakeholders to co-produce and to develop your Local Offer. We will continue to promote and gain feedback from key stakeholders about the Local Offer to ensure it is co-produced. It is fantastic to hear that services are sign-posting families to the Local Offer and it is a useful resource.

**Local Offer Officer**

Advertise the Local Offer in more mainstream services. I did not know what the Local Offer was or how I could benefit from it. Glad I heard about it at this event.

**Parent/carers at a SEND event**

**SENCO Forum**

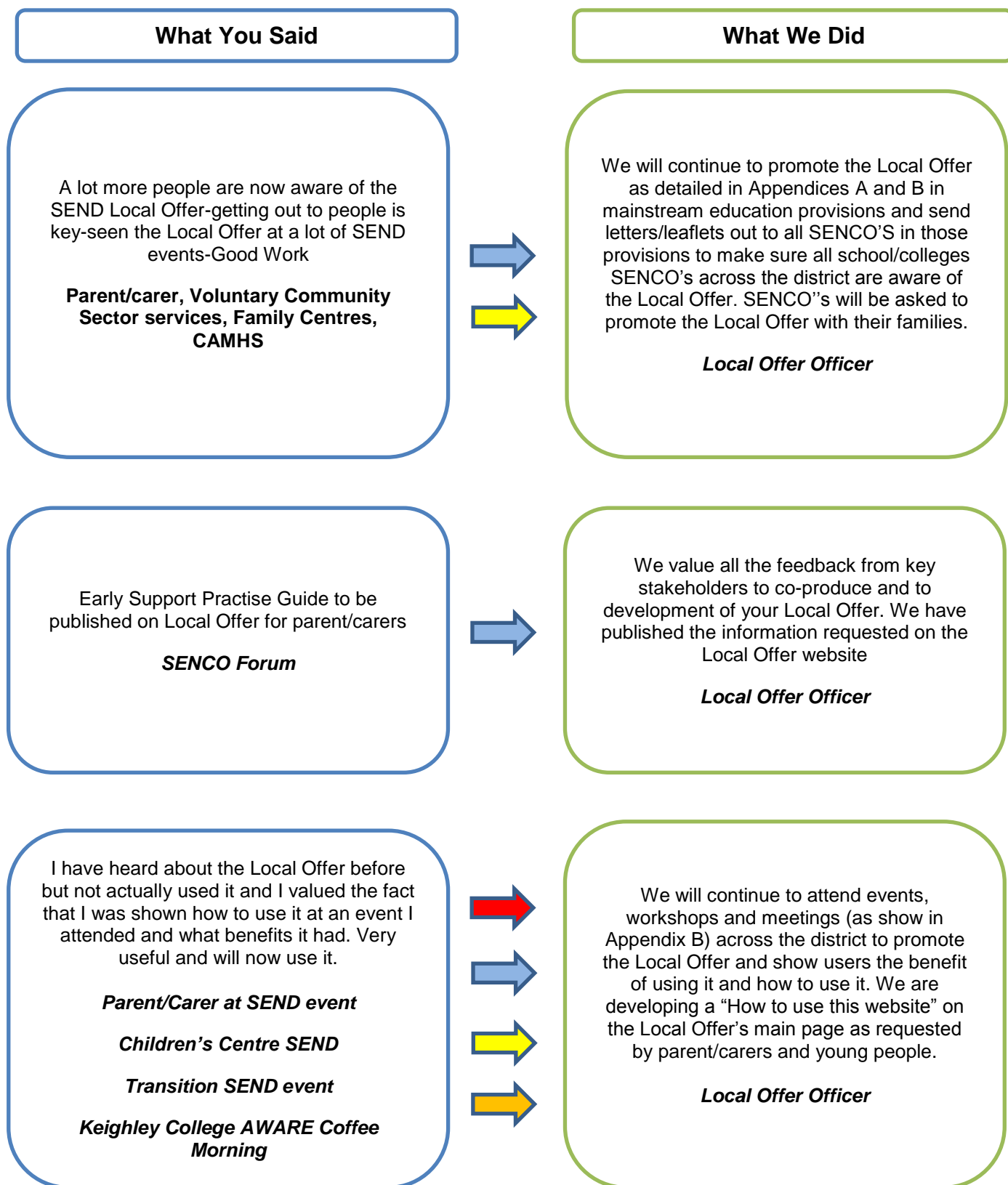
**Children's Centre SEND groups**



We will continue to promote the Local Offer as detailed in Appendices A and B in mainstream education provisions and send letters/leaflets out to all SENCO'S in those provisions to make sure all school/colleges SENCO's across the district are aware of the Local Offer. SENCO's will be asked to promote the Local Offer with their families.

**Local Offer Officer**

## Co-production feedback and responses continued





## Co-production feedback and responses continued

### What You Said

Dedicated SEND Summer activities page to be included with the things to do section of the Local Offer website. Children and young people and their parent/carers struggle to find out about what summer activities are on for children with special needs

**Special Inclusion Project**

**Communications Team Email**

**Parent carer**

**Young People**

**Bigger Voice event**



### What We Did

We have published a new page on the Local Offer within the Things to do activities section to view Summer 2018 SEND activities. All Local Offer services have been invited to inform the Local Offer about what they have on. In addition we have included a section within the schools out council booklet which goes to all Bradford schools directing people to this section of the website.

**Local Offer Officer**

Parent carer's voices and experiences about SEND need to be shared within local videos and blogs

**Parent/carers and Parents Forum  
Bradford and Airedale Forum**








Bradford Council SEND services have commissioned Parents Forum Bradford and Airedale to deliver this area of service. PFBA are developing a "Peoples Voices" blog including videos about experiences. Once this is develop the blog will be shared on the Local Offer

**Local Offer Officer**

## Feedback from Children and Young People (Inc. young adults) with SEND

Children and young people have contributed to informing how the Local Offer should look and work. The aim was to consult with a wide range of children and young people (Inc. young adults) with additional needs. SEND Services, Local organisations and colleges were approached to help us facilitate this. The majority of children and young people that participated had a range of needs (see Appendix C). The feedback below expresses the views of children and young people, within the Local Offer focus review and development workshops carried out across the district, which are different from other key stakeholder groups. Below you will see the feedback gained from those groups and what we did to address the feedback and further develop the Local Offer.

### KEY

Young People		Adults (18-25 years)		Parent / Carers		Service Providers		Website	
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## Children & Young People feedback and responses

### What You Said

Young people reviewed the draft SEND Transition and preparing for adulthood visual pathway for young people and parent/carers

Feedback gained from the LO workshop;

- Hyperlinks are good – they provide you with more information.
- It is visual.
- The key code is a good idea.
- It appears informative
- Colour doesn't work, not sure about the blue.
- It feels a little bit confusing as there is too much writing, seems too close to each other.
- There is an orange dot on the key but not on the pathway.
- Young people thought a ladder style pathway, may be a better representation, rather than a road pathway.
- Language used is not clear; SEND YP may find it difficult to understand.
- Ages are confusing – at the bottom it says 0-25, pathway shows from year 8.
- Careers advice yellow code dot should be near employment (education and employment together).
- Ensure accessibility, writing was small.
- Too many colours  
Suggested different colours for year groups and giving advice for the future  
Keep most of the existing box colours but change the purple to pink.  
Change blue writing on blue background

Continued on next page...

### What We Did

Transition and Preparing for adulthood Visual Pathway required for children and young people and their parent/carers- Please see the response on page 39 of this report within the services response.

***Local Offer Officer***



## Children & Young People feedback and responses continued

### What You Said

Continued...

Young people reviewed the draft SEND Transition and preparing for adulthood visual pathway for young people and parent/carers.

Feedback gained from the Local Offer workshop;

- Doesn't explain why it starts from year 8.
- 'Change the pathways so that you start from the top downwards) you naturally read from the top down.
- Hard to read blue writing on blue background
- Year 12-13 should have more fact and information
- Year 8-11 should have more pictures
- Should have one year on a page.

**Young People from STAR group at Culture fusion**

**Barnardos Young People Participation Group**

### What We Did

Transition and Preparing for adulthood Visual Pathway required for children and young people-Please see the response on page 39 of this report within the services response section.

***Local Offer Officer***



## Children & Young People feedback and responses continued

### What You Said

Young people at “Different with Dignity Community Centre” have been reviewing some sites on the internet for a project about where to find helpful educational resources and/or business ideas for people with disabilities. We came across the useful links Local Offer page [here](#) and found a lot of extremely useful information on there for us and wanted to thank you!

As a thank you, a couple of the kids in the group wanted to send you back another page [here](#) that they found which included some resources for people with disabilities getting into business that they thought you might want to add to your site because it could help young people with SEND.

The young people used some resources on both websites to complete their project. Would you be able to consider adding a link to the page they found on your site for them?

**Volunteer worker and young people at Different with Dignity Community Centre**



### What We Did

We value all the feedback from key stakeholders to co-produce and to development of your Local Offer. We will continue to promote and gain feedback from key stakeholders about the Local Offer to ensure it is co-produced.

UK based organisation who provide similar services to young people have been added to the useful links page on Local Offer website [here](#)

***Local Offer Officer***

## Children & Young People feedback and responses continued

### What You Said

Young people took part in the Local Offer review and development workshop about the [Young Peoples section](#) of the website only and the whole website.

In the workshop young people were tasked with 3 activities using the Local Offer website;

#### 1. find information about EHCP

##### Results;

- Ok to find the information, pages were colourful and eye catching
- Young people found the information very easy to understand as there was a clear to follow YouTube video on the page about EHCP
- Browsealoud accessibility software- not required and didn't even notice it on the page, when tried to use, they found it difficult.
- Young people found it difficult to find activities and things to do
- Young inspectors category was unclear as to what this was and was surprised to find short breaks in this section

#### 2. Young person was asked to find information about an activity

##### Results;

- liked using the website, easy to use, good font size easy to click
- organised-split into categories
- Easy to understand
- Liked using the website they said font is good and easy to click.

Continued on next page...

### What We Did

We value all the feedback from key stakeholders to co-produce and to development of your Local Offer. We will continue to promote and gain feedback from key stakeholders about the Local Offer to ensure it is co-produced

Bradford Council's SEND team, IT and Commissioning team are in the process of website consumer key stakeholder evaluations, procurement and tender for a more effective, accessible and clear navigation route for its users by replacing the existing website platform with a commissioned website which will look and be designed the way it looks now, but have a much more effective clear navigation system alongside many other effective functions and filter searches for the user. The development will include the young person's section and all feedback will be taken into consideration when implementing the new website. Using feedback already gained from young people and using the Local Offer Google Analytics, the Young People section will be further developed in the meantime and focus on You Tube videos as being the main source of SEND information for young people, including Snapchat and Instagram. Development will take place from Oct 2018.

Local Offer website currently uses accessibility software on its site called Browsealoud we will aim to make this software more visible to users on the Local Offer website. The new website will take this into consideration when commissioning to ensure it is visible by using pop up prompts etc. A review will be taken when renewing the contract for Browsealoud software contract.

**Local Offer Officer**



## Children & Young People feedback and responses continued

### What You Said

Continued feedback from Young people that took part in the Local Offer review and development workshop about the Young Peoples section of the website

#### 3. Young people were asked to use YP section find out new information page

##### Feedback provided;

- Easy to use, reading the information was easy.
- Nell bank fun day, asks to look below (bottom of webpage) whereas some have the links directly below the brief information.
- Young people would like to have information about first aid on the local offer.

Young people took part in the Local Offer review and development workshop about the Local Offer website

##### Results;

- Website is easy to read
- They liked that the colours stood out and made it easier to read
- Need more pictures/videos because they believed it would make it easier for people who cannot read or need a magnifying glass to read. Young person said had to move closer to the screen to read it.

**Young people from Mind the Gap Short Break Provision**

**Young People from STAR Group**

### What We Did

Response provided on previous page.

***Local Offer Officer***



## Children & Young People feedback and responses continued

### What You Said

#### Young Peoples Takeover Challenge

This year is the tenth anniversary of the Takeover Challenge, originally launched in 2007 by the Children's Commissioner's Office as a fun, imaginative and exciting activity to encourage organisations across England to open their doors to children and young people to take over adult roles.

The Takeover Challenge puts young people into decision-making positions and encourages organisations and businesses to hear their views. Children gain a valuable insight into the adult world and gain experience of a workplace, while organisations benefit from a fresh perspective on their work.

This year, a 20 year old young adult from Bradford College, took over Sarah Pawson's role as SEND Local Offer Officer for the day. The young adult had a visual impairment, and she was able to review the Local Offer, and provide valuable feedback about improving the accessibility for CYP with vision impairment.

Youth Commissioner reported that the young person taking part in the Local Offer takeover, feedback that she had had the most fantastic time and thanks to Sarah Pawson who provided a whole range of really exciting and diverse experiences. For some of the young people taking part in the Takeover Challenge it has been a massive step, so I do have to say a huge thank you all for your support with this and for making the experiences great for the young people you hosted. Young people are clear on their feedback that they feel huge benefits from taking part in the Takeover and they want it to keep on growing, so this means we will most likely be coming back to you just as soon as we get a date in the diary for next year!

#### **Young Adult Takeover of Local Offer for the day**

**Continued ...**

### What We Did

We value all the feedback from key stakeholders to co-produce and to development of your Local Offer. We are pleased you found the Local Offer accessible and clear to understand. We will continue to promote and gain feedback from key stakeholders about the Local Offer to ensure it is co-produced.

***Local Offer Officer***





## Children & Young People feedback and responses continued

### What You Said

Feedback provided;

- Use more YouTube videos for information and about services
- More information needed about getting a job and the access to work services
- Apprenticeship videos are needed to explain what they are and how to get one. Job Centre plus video needed.
- Make it clearer what Personal Independent Payment (PIP) and Disability Living Allowance DLA are and what the differences are.
- Information need about 19-25yrs Bursaries.
- Too many questions for young people in the Local Offer online survey
- Connect to support main page does not explain what the service is for
- Useful links may be sat better in Things to do as well as the main page on the website
- Great to see the Bradford's Local Offer introduction video is accessible and uses subtitles, voice and signing. Some Information videos on the website provide this but I would like more.
- The website uses great colours, layout is great, easy to navigate but trickier when trying to find a specific activity with limited filters.
- Introduction Local Offer video to be on main page.
- Great to see lots of activities, support groups and information on the site that I did not know about.
- Needs to be any device compatible not just mobile friendly

**Young Adult Takeover of Local Offer for the day**



### What We Did

We have developed the children and young people's page which now includes clear information about;

- Apprenticeships and job opportunities including videos
- PIP and DLA
- Bursaries
- More accessible you tube videos have been added to the website

Local Offer website will be developed with IT commissioning to enable a more effective search and filter systems when finding activities, services and information including any device compatible, in Autumn 2018.

The children and young people's section will be re-developed with young people using you tube as the platform for young people to find out about SEND Information. Snap Chat and Instagram will be used to show young people activities and events as well as the use of the new commissioned IT search for activities in autumn 2018. The new council YouTube account being developed, will allow young people to upload their own videos after content is reviewed by the councils communication team.

I felt very fortunate to have the opportunity to be involved in the Takeover Challenge and receiving this valuable feedback to develop the website.

**Local Offer Officer**

## Children & Young People feedback and responses continued

### What You Said

The young people's section on the Local Offer should just provide accessible YouTube information videos and young people should be able to upload their own YouTube videos about life living with a disability and their experiences. Young people now use YouTube, Snap Chat and Instagram so this type of social media should be used to get the word out about the Local Offer, activities, information and services where possible.

**Young People at Special Inclusion Project**



### What We Did

We are developing the children and young people's section with the communications team, which will include information, activities and services in the format of YouTube, Snapchat and Instagram accounts set up by the council. The accounts will be monitored for safety of its content by the communications team before publishing. CYP will be able to upload their own videos and they will be published once deemed appropriate for the audience. We anticipate that the new routes of communication to be available in autumn 2018

**Local Offer Officer**

- Not all young people are aware of the Local Offer or what it is.
- Didn't realise the Local Offer was part of the Bradford Council
- Used the website to find out about activities.
- Found the Local Offer pocket leaflets really useful and the information provided by the Local Offer team who came to visit us.
- Mixed ability services and activities on the website are really good and it offers a variety of things to do.
- Found the Education page useful

**Young adults from Shipley College**

**Young adults from Bradford College**



We will continue to advertise and promote the Local Offer to ensure it is co-produced. See appendices A & B to view how we have promoted the Local Offer this year and next steps on page 63

A request has already been made asking IT to develop the website by including the Bradford Council's known logo and information to be displayed to explain the Local Offer is part of the council.

**Local Offer Officer**






## Feedback from Parents/or Carers of children and young people with SEND

The Local Offer Officer facilitates Local Offer review and development focus groups, with parent/carers of children with SEND, appropriate service providers including independent SEND service providers and with key stakeholders involved in the original co-production of the Local Offer. In the meeting, Local Offer developments are shared and feedback is received and actions/suggestions are agreed together to further develop the Local Offer.

In addition, various events and meetings have been attended by the Local Offer Officer to promote the Local Offer and gain further feedback which has proved to be very effective (This is covered in more detail in Appendix B).

The feedback below expresses the views of parent carers, which are different from other key stakeholder groups and what we did to address these in the development of the Local Offer. See appendix D.

### KEY

Young People		Adults (18-25 years)		Parent / Carers		Service Providers		Website	
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## Parents & carers feedback and responses

### What You Said

#### Comment received on the Local Offer online questionnaire Snap Survey.

Comments received about;

*"If there was anything you could change on the Bradford SEND Local Offer, what would it be? And how would you rate your experience of using the Bradford SEND local Offer?"*

- The local offer website is a fantastic and is very helpful for me to find all the information we need and all the support we need for my son in one place. I think the site is very useful.
- I believe all is good and easy to access
- The leaflet and all other information should be available on the website in large print. Nobody should have to make a telephone call in order to receive accessible information. It should be accommodated for directly on the website.
- I'm sorry to be so negative, but I think the website is very poor. It works on the assumption that you know what you are looking for; it's confusing who it's aimed at - in fact half the problem seems to be that it is trying to be everything to everyone, which no website can successfully achieve. Is this for providers, or families, or young people, or professionals? The amount of information the site is trying to contain for so many people makes it unwieldy and difficult to navigate. It isn't clear on the site if a link is going to take you to another page within the site, to someone else's website, or even to Facebook. There is no consistent way of presenting information to the reader so we know where to look to find the information we need - such as regularity of the opportunity, age range, location, needs etc. As mentioned in a previous section, activities, organisations and opportunities are often presented in long lists, requiring you to scroll down and read through a lot of information.

**Parent/carers online feedback**

**Continued...**

### What We Did

We value all the feedback from key stakeholders to co-produce and to develop the Local Offer. We will continue to promote and gain feedback from key stakeholders about the Local Offer to ensure it is co-produced.

Local Offer website currently uses accessibility software on its site called Browsealoud we will aim to make this software more visible to users on the Local Offer website. The new website will take this into consideration when commissioning to ensure it is visible by using pop up prompts etc. A review will be taken when renewing the contract for Browsealoud software in 2018.

Bradford Council's SEND team, IT and Commissioning team are in the process of website consumer key stakeholder evaluations, procurement and tender for a more effective accessible and clear navigation route for its users by replacing the existing website platform with a commissioned website which will look and be designed the way it looks now but have a much more effective clear navigation system alongside many other effective functions and filter searches for the user. The development will include the young person's section and all feedback will be taken into consideration when implementing the new website. Using feedback already gained from young people and using the Local Offer Google Analytics, the Young People section will be further developed in the meantime and focus on YouTube videos as being the main source of SEND information for young people, including Snapchat and Instagram. Development will take place from Oct 2018.

**Local Offer Officer**



## Parents & carers feedback and responses continued

### What You Said

#### Continued comments received on the Local Offer online questionnaire Snap Survey.

- Generally find the website quite good. Would like email alerts when new things relevant to my sons age change or come available or are relevant to us to prompt me to visit website and get the information.
- The Local Offer Officer has built up a very good network support link that we as parents and children with SEND needed
- Easy to find things now on the Local Offer
- Disability Sports Directory is out of date

#### Parent/carers online feedback



### What We Did

#### Continued...

Using feedback gained we have developed with the communications team Local Offer email subscriptions with GOV delivery for all current Local Offer email users, inviting to be subscribe. This will provide users with bimonthly news bulletins and quartile newsletters. The newsletters and bulletins will direct users to the Local Offer website if they would like more information. Users can unsubscribe at any time and the subscriptions fully comply with GDPR law. Members can sign up to relevant themes and also if requested can be signed up to other council subscriptions.

We value all the feedback from key stakeholders to co-produce and to develop the Local Offer. We will continue to promote and gain feedback from key stakeholders about the Local Offer to ensure it is co-produced.

Disability Sports have been contacted to provide an up to date directory. The updated directory is now available and the organisation will now keep the Local Offer up to date to benefit families and to be in line with the Local Offer website agreement.

**Local Offer Officer**

## Parents & carers feedback and responses continued

### What You Said

I received a Local Offer email in Dec 2017 asking for Local Offer feedback as I am part of the Local Offer parent/carer development and review focus group. Thanks for your email but I have noticed Local Offer emails are disclosing and sharing other email address which is a breach of data protection.

Local Offer emails should offer an unsubscribe feature within emails.

**Email from Parent Carer**



### What We Did

Using feedback gained we have developed with the communications team Local Offer email subscriptions with GOV delivery for all current Local Offer email users, inviting to be subscribed. This will provide users with bimonthly news bulletins and quartile newsletters. The newsletters and bulletins will direct users to the Local Offer website if they would like more information. Users can unsubscribe at any time and the subscriptions fully comply with GDPR law. Members can sign up to relevant themes and also if requested can be signed up to other council subscriptions.

**Local Offer Officer**

I can't thank you enough for the work you do to help people with disabilities and to build much-needed community and support. The resources I found on Bradford's Local Offer website are fantastic. As a librarian, I've staked my career in helping empower people with stories and knowledge, and I'm grateful to find others who share that vision.

**Parent/carer**



We value all the feedback from key stakeholders to co-produce and to develop the Local Offer. We will continue to promote and gain feedback from key stakeholders about the Local Offer to ensure it is co-produced.

**Local Offer Officer**

## Parents & carers feedback and responses continued

### What You Said

**Parent/carers gave feedback about a draft Transition and preparing for adulthood visual pathway:**

- Add Access to work government service to the pathway
- Add a link to Work Experience on the Pathway
- Pathway is too confusing and does not meet all needs
- Too much going on-too much text and services on one page.
- Various pathways would need to be created to meet all needs (i.e. if you have a diagnosis or not if you have social care or not if you have an EHCP etc.)
- All services across education health and social care need to set up a working group with parent carers and young people to create an effective pathway together and looking at ways this can be achieved to meet various needs.

***Local Offer parent/carer review and development focus group and Parent Forum Bradford and Airedale members***



### What We Did

Transition and Preparing for adulthood Visual Pathway required for children and young people and their parent/carers- Please see the response on page 64 of this report within the services response.

***Local Offer Officer***

## Parents & carers feedback and responses continued

### What You Said

Some services within the Local Offer website provide other services as well as the ones they have published on the website. A statement needs to be provided to state this within the Local Offer disclaimer or directly.

Respite services for Parents to be put on Local Offer website

***Local Offer parent/carer review and development focus group***



### What We Did

We will include a statement within the Local Offer disclaimer and share your feedback with IT services to include a statement on all service pages.

We have shared your comments with adult social care services to provide the Local Offer website with the respite services that are available directly for parents.

***Local Offer Officer***

Would like to see on the Local Offer website visual flow chart pathways for young people and their parent/carers about EHCP Requests and Disagreement and resolution

***Parent Forum Bradford and Airedale members***



We have developed and published on the Local Offer new visual pathways for EHCP, and EHCP requests. We are developing new pathways for mediation and disagreement with the council's commissioned service Collis Mediation. The new pathway will be published in 2018.

***Local Offer Officer***



## Responses from Service Providers

The Local Offer works alongside many key service providers across Education, Health and Social Care. We forwarded your feedback to the appropriate service provider and we have included their responses to your comments.

The Local Offer Officer has worked closely and has agreements with all service provider leads in education, health and social care and all services published within the Local Offer to ensure the service content pages of the Local Offer are updated every 6 months. We ask service providers to ensure that changes are reported as soon as possible to ensure content is as up to date as possible and all service providers have an agreement with the Local Offer to respond to stakeholders feedback twice a year to enable appropriate responses to be published in the annual report.

The feedback below expresses the views of all key stakeholder groups from June 2017-May 2018, including service response updates about actions proposed in the previous 2016-2017 Annual report which can be found [here](#) within the Local Offer website and what the services responses are to address those comments to develop the Local Offer SEND services in 2017-18.

Feedback to services received from key stakeholders and the services responses are split into categories of feedback being;

- Education
- Social Care
- Health
- Childrens Commissioners
- IT Corporate Commissioners

## Education

### What You Said

Parents and providers need an EHCP effective online communications system between parent/carers, young people and providers involved in the plan to find out what is going on. Parents/carers and young people find it very frustrating not being able to get in touch with the SEN team/Manager and not knowing if they will get one, how long it takes to get a plan and what happens once it is in place.

**Local Offer parent/carers of children and young people with SEND 0-25 focus, review and development group.**

**Online SEND Local Offer snap survey responses**

**SEND Local Offer telephone emails and enquiries**

**SEND events and meetings attended by Local Offer**

### What We Did

The Local Offer Officer has identified and put forward new IT software which can be commissioned to provide this type of 2 way EHCP communication software system.

Bradford Council's SEN team, IT and Commissioning team are in the process of procurement and tender for an online EHCP communication system and is planned to be available autumn 2018.

In addition to the commissioning of a new online EHCP Communication software system, the Local Offer website's EHCP page has published EHCA and My Support Plan Pathway documents. The documents have been created by the SEN team to support parent/carers, young people and providers with EHCA process and timelines. These pathways have been shared with Bradford school/college SENCO's, Local Offer and DCIS e-newsletter subscribers, on Bradford Schools Online and will be embedded to all EHCA Initial letters sent to families.

#### **Local Offer Officer**

The SEN Assessment Team has reviewed the telephone system in response to the number of enquiries and the capacity of the service. It is hoped to introduce a revised system to manage all enquiries efficiently and effectively and ensure that responses are received within a fixed number of days.

#### **SEN Team**

## Education continued

### What You Said

Parent/carers and young people need a transition and preparing for adulthood visual pathway to support them with information and services about transition and preparing for adulthood from age 14 years-25. The pathway needs to be created by all services in education, health and social care to make sure all information and services are included. The pathway needs to be developed with parent/carer and Young people representatives to ensure we get it right.

**Parents Forum Bradford and Airedale Members-SEND Local Offer focus development group.**

**Local Offer parent/carers of children and young people with SEND 0-25 focus, review and development group.**

### What We Did

The Local Offer created a transition and preparing for adulthood visual pathway (using information already on the Local Offer website and information provided by SEND leads in Education Health and Social Care) as requested by parent/carers. The draft pathway was shared with parent/carers and children and young people at Transition and Preparing for Adulthood Pathway focus group meetings and workshops, who gave feedback about the draft pathway. It was identified that the pathway was too complex to show all age ranges from age 14-25yrs on one single pathway and some individuals would not be eligible for some services. It was felt the pathway would be misleading if individuals with varying needs could not access all services available on the pathway.

It was decided with parent/carers and young people to start again and create a revised Transition Preparing for Adulthood visual pathway looking at the feedback gained from key stakeholders. A Transition/Preparing for Adulthood visual pathway working group has been created with the Local Offer lead, Education, Post 16, Health and Social Care leads and will also involve a young person with SEND and a parent/carer. The pathway will be created in year bands and provide routes of eligibility. Once the new revised draft pathway is created and approved it will be shared with key stakeholders for feedback before being published on the Local Offer for families and shared with all SEND provisions and services.

**Local Offer Officer**

**Transition/post 16 Team**

## Education continued

### What You Said

Calderdale LA peer reviewed Bradford LA Local Offer against the SEND CoP review framework and found the Bradford's Local Offer website and its alternative format was an exemplary example of LA Local Offers compared to neighbouring LA. Within the Peer review it was identified Bradford's LA had no SEND Accessibility Strategy published on its website as per statutory duty, however a clear statement was published that on the Bradford Local Offer website's Accessibility Strategy page [here](#) that:

*"The Bradford Local Authorities (LA) draft SEND Accessibility Strategy is currently being reviewed by Bradford Council SEND & Behaviour Services. It is anticipated that the Local Authorities SEND Strategic leads will create and agree a working group with SEND leads from Education, Health and Social Care forming this working group with other appropriate services. The LA will consult with a wider range of stakeholders on a new draft strategy. Once it has been reviewed, the final draft will be sent for approval to the SEND Strategic Partnership Board and appropriate bodies. The SEND Accessibility Strategy will then publish on this page on the Local Offer website".*

**Source of feedback:** Calderdale Local Authority

Bradford LA took part in a peer challenge review which focused primarily on Bradford LA SEND EHCP and SEND Local Offer against the statutory SEND CoP. Rotherham LA challenged Bradford LA and referred to Bradford's Local Offer to be Royal Royce version of a Local Offer service compared to other LA's. Rotherham also identified that:

Bradford LA SEND Accessibility Strategy was not published on the Local Offer website but had a clear statement showing it was under review.

#### **Rotherham Local Authority**

When will the Accessibility Strategy for children and young people with SEND be available and published on the Local Offer?

**Parent/carer email to Local Offer inbox.**

### What We Did

Work is currently underway on reviewing and updating this document. An initial updated draft of the SEND Accessibility Strategy document was presented at the SEND/Behaviour Strategic Partnership for Children & Young People on 22 May 2018 for comment and feedback. Further work is taking place so that we can get the updated strategy approved and published on the Local Offer as soon as possible.

**SEND & Behaviour Strategic Manager**

## Education continued

### What You Said

Education Health Care Plan Assessments (EHCA) Inc. My Support Plan (MSP)

Calderdale LA peer reviewed Bradford LA Local Offer against the SEND CoP review framework and found the Bradford's Local Offer website and its alternative format was an exemplary example of LA Local Offers compared to neighbouring LA. Within the Peer review it was identified Bradford's LA EHCP information page had clear information about what an EHCP was including how to request an EHC Assessment and a useful video including the eligibility information for 19yrs+, however Calderdale LA could not find information on EHC processes and timescales.

Calderdale Local Authority

An EHCP visual Pathway is required to support families with information about the EHCP process and timelines.

Parents Forum Bradford and Airedale Members-SEND Local Offer focus development group.

### What We Did

Bradford's LA SEN Assessment team and SEND Local Offer has created and published clear EHCA and MSP visual Pathways to provide information to children, young people and their parent/carers about EHCP Pathway. The information has been published on the Local Offer website's [EHCP page](#), shared with Local Offer & DCIS subscription members, SEND Social Media, Bradford Schools online, Bradford District College's SENCO leads and the council website.

**Local Offer Officer**

**SEN Team**

## Education continued

### What You Said

Parent carers and young people need a clear visual pathway for disagreement and mediation for SEND.

**Parents Forum Bradford and Airedale  
Members-SEND Local Offer focus  
development group**

### What We Did

Collis Mediation will create a disagreement resolution and mediation visual pathway (flow chart) for parent/carers and young people with SEND. We will work together with the SEND Local Offer and to ensure the visual pathway is clear and meets the needs of families. The draft pathway will be reviewed by key stakeholders before publishing on the Local Offer and any amendments required will be used to update the final pathway. We anticipate the new pathway to be published on the Local Offer in autumn 2018.

Once published on the Local Offer Collis Mediation are happy to receive examples and suggestions to ensure any amendments are in line with user needs and expectations. Please email any suggestions or comments to [info@collismediationltd.com](mailto:info@collismediationltd.com)

**Collis Mediation**

## Education continued

### What You Said

After we had an initial home visit from the travel training team in the middle of the summer holidays 2017, I was told we would be contacted again at the back end of the summer holidays and my son would begin travel training to prepare for the transition from school to college- travel training to his new college. No one visited from the travel training team so I contacted the team in Sept to ask what was happening with transport no longer being provided now he's not at school. I was told no one was available to travel train my son into college for 2 months due to short staffing. This left us stuck and he was unable to access travel training to college until 6th Oct. Why did this happen and what is in place to ensure this does not happen again? Once we received the travel training this was a good service.

**Online LO Snap Survey feedback;  
Parent/carer of young adult with Autism  
attended specialist provision and  
transitioned to college 17-19yrs**

A SEND Early Years visual pathway is needed to support families and provisions for children under 5 years old.

#### **Service providers**

**Parent/carer feedback at SEND event  
Local Offer attended.**

**Parents Forum Bradford and Airedale  
Members-SEND Local Offer focus  
development group.**

**Local Offer parent/carers of children and  
young people with SEND 0-25 focus,  
review and development group.**

### What We Did

It can take around 8 weeks to travel train students therefore it can mean a delay in travel training starting until a trainer becomes available. Capacity for travel training is being reviewed to avoid further issues and additional resource will be made available when required.

#### **Travel Training Team**

There has been an early years SEND pathway but following a number of changes this needs amending. This will be reviewed and amended for Sept 18.

#### **SEND Early Years Lead**

The Local Offer will publish the pathway once reviewed and amended by the Early Years team.

#### **Local Offer Officer**

## Social Care

### What You Said

Had diagnosis of Autism now what do you do?

Where do people get support from for adult's 18-25 carers? What is available for adult carers? There seems to be hardly any support services and activities for this age and its carers.

**The Bigger Voice Event-Parents Forum Bradford and Airedale-service providers and parent carers.**

I believe the Local Offer website is good and easy to access. Activities for ages 20yrs+ is very few and difficult to access.

**Online LO Snap Survey feedback; Parent/carer of young person with Autism 20-22yrs BD2 area**

### What We Did

The Department of Health and Wellbeing have commissioned both Integrated Carers Services and elements of condition specific support services that also include support for carers. Carers Resource are the current Integrated Carers Service provider, the service is open to all age groups and operates across the whole District including Airedale, Wharfedale and Craven. The service is jointly funded by CBMDC and NHS CCG's and as such brings together support functions to meet both health and social care needs of carers.

Information on how to access these services is made available on the Councils website. The Local Offer website also provides information and details about commissioned and voluntary/charitable services that provide support

#### **Adults Services**

Adult Services have [Connect to Support](#) directory for adults services, support and activities.

CAMHS have an Autism Transitions Nurse who can support young people from 17 to 25yrs.

The Transitions Team can offer advice and information and Care Act assessment and support planning when appropriate.

Local Offer provides a lot of services and activities which are available up to 25yrs.

#### **Transitions Team**



## Social Care continued

### What You Said

Never heard of the Local Offer before being informed about it. Didn't know what it was. Services are very poor and inadequate in Bradford and especially for young people who would like to attend clubs.

**Online Local Snap survey-Parent/carer of young person with Autism 11-13yrs. BD4**

Personal Budgets information on the Local Offer is very informative and includes separate information about education, health, and social care personal budgets with real life examples and videos which are fantastic. Families still struggle to identify if they are eligible and what the criteria is. Bradford does not have a personal budgets local policy.

We need clear information about what the local criteria is and who is eligible.

**Calderdale Local Offer peer review & PFBA**

### What We Did

We have worked to make it easier for families to find things to do – There is a clear pathway from 'Things to Do' into 'Activities and Events' and then into 'Short Breaks' with our without support. All the commissioned services are listed here and the Specialist Inclusion Project will support you, if you feel there is nothing available that will suit your young person's needs.

#### **Local Offer**

#### **SEND Short Breaks Team**

Developments have been made to the navigation route to find disability respite services.

#### **Children with Disabilities Team**

Bradford has developed a leaflet on Personal budgets it clearly explains who is eligible and what the criteria is in the who can get a personal Budget section this leaflet is available on the Local offer website.

Bradford has a personal budget framework which again clarifies criteria and eligibility this document is also available on the Local Offer website.

#### **Disabilities Social Care Team**

## Social Care continued

### What You Said

What transport services are available to get my young person to and from respite care other than the transport to and from school/college? Parent/carers struggle to cope with changes to benefits, funding and cuts in respite but what is not taken in account is what would happen if support is not given to the carer and they become too ill to take care of their child/young person.

**Parent/carers**

### What We Did

We do not provide transport for children and young people who require access to Short Breaks. However we do signpost families to support all transports cost, via the mobility component, of the Disability Living Allowance (DLA). DLA is paid to eligible claimants who have personal care and/or mobility needs as a result of a disability. It is tax-free, non-means-tested and non-contributory and accessible to any family in need of additional support.

#### **Short Breaks Team**

The Council commissioned Integrated Carers Service delivered by Carers Resource provides an Emergency Planning service for carers. The aim of this is to put in place contingencies should a carer become ill and be unable to take care of their child/young person. Alongside this the service provides an informal assessment of carer needs which depending on the outcome may result in referral to a Social Worker where a formal carers assessment can be carried out.

Where this identifies eligible needs a carer support plan is drawn up which may provide a Direct Payment or ISF to meet the carers needs.

**Adults Services**

## Social Care continued

### What You Said

I struggle to find groups for my child to attend who requires a signer

**Parent/carer**

### What We Did

Service response in annual report 2016-17:  
We will look into this during 2017 and try to get a bank of causal staff that will support young people who meet the criteria to access short breaks.

#### **Transitions 14-25yrs Service**

#### **Updated response for 2017-18:**

For someone 18 + with sensory needs that meet the Care Act criteria support would be explored firstly through informal networks and voluntary services. Adult services also have a sensory needs/rehabilitation team who support adults with independence skills. If the persons needs cannot be met through these routes, the young person might be entitled to some personal assistance support and receive a personal budget to pay for this.

Connect too Support has a list of PA's (personal assistances) who are available to provide support; their information includes what skills and experience they have, which would include signing.

#### **Transitions 14-25yrs Service**

## Health

### What You Said

Opportunities to meet other parent/carers with similar challenges and experiences of having children and young people with SEND. A chance to talk over experiences and support each other in a supporting environment with Tea / Coffee.

Somewhere local for example community and Health centres. These places would be good places to meet up for support groups and a chance to get out of the house.

Relaxation/papering type groups to be available locally for carers of children and young people-during mid-morning and afternoon once a week.

**Local Offer parent/carer focus, review and development group.**

### What We Did

The Local Offer website provides information and details about of commissioned and voluntary/charitable services that provide opportunities to meet other parent carers of children with SEND 0-25 years in local community areas across the Bradford District within the things to do section of the website including support groups.

**Local Offer Officer**

## Health continued

### What You Said

If my child is not eligible for specialist services or referred to the Child Adolescent Mental Health Service (CAMHS), what is available other than CAMHS to support me and my child with his behaviour-who can and where can I be referred to get similar support that CAMHS give to those eligible to specialist services? We need a list or pathway of universal behaviour services CAMHS/Health can refer families to and self-refer in one place. This information can be possible put on the [CAMHS](#) page on the Local Offer website or the "[Are you worried about your child's behaviour](#)" page, or the "[Identifying and Assessing-Diagnosis](#)" page on the Local Offer Website.

**Parent/carer feedback at SEND event Local Offer attended.**

**Parents Forum Bradford and Airedale Members-SEND Local Offer focus development group.**

**Local Offer parent/carers of children and young people with SEND 0-25 focus, review and development group.**

**Online SEND Local Offer snap survey responses.**

### What We Did

#### Youth in Mind

Youth in Mind is an integrated, community-based mental health service for children and young people in Bradford, Airedale, Wharfedale and Craven.

The service is a partnership between health, local authority and voluntary sector services:

Bradford District Care Foundation Trust

Bradford Council Youth Service

Barnardos, Yorkshire Mentoring, Sharing Voices and Family Action

MYMUP digital tools

These organisations work closely to help young people feel less isolated, more connected, and safer and more in control of their lives and wellbeing.

The Youth in Mind partnership was designed by young people who told us that for mental health services to be effective, they must offer the right support, at the right time and in the right place. As such, Youth in Mind offers a menu of support that can be accessed in young people's local communities as soon as they need it:

- 12 week one to one support from a Buddy (Youth Worker)
- 6 month one to one support from a volunteer Mentor
- 10 week WRAP (Wellness Recovery Action Planning) programme
- Access to a large peer support group programme
- Digital tools for wellbeing

Referral Pathways:

CAMHS:

School Nurses and Primary Mental health workers

Children's Social Care

First Response Services

Sharing Voices Bradford

**Health Lead**

## Health continued

### What You Said

Counselling waiting lists for young people are still too long! More of this type of service needs to be commissioned into schools/colleges and or the voluntary community sector to support young people and mental health sooner.

**Service provider in Voluntary and Community sector**

**Parent/carer feedback at SEND event  
Local Offer attended.**

Autism pre-diagnosis visual pathway is needed to support families, services and provisions-the waiting list is still far too long. Families need to know what to do until diagnosis.

**Service provider**

**Parent/carer feedback at SEND event  
Local Offer attended.**

**Parents Forum Bradford and Airedale  
Members-SEND Local Offer focus  
development group.**

**Local Offer parent/carers of children  
and young people with SEND 0-25  
focus, review and development group.**

### What We Did

We provide counselling services available through a range of providers in the statutory and voluntary and community sector.

Waiting lists are a concern to us and as demand for services is increasing we are committed to the transformation of our Child and Adolescent Community Mental Health services and a focus on prevention, resilience building and early intervention.

**Health Lead**

We have shared your comments with Health Leads and still awaiting responses. We will provide an update on the responses and actions that have been taken in the Annual Report 2018-19.

**Local Offer Officer**

## Health continued

### What You Said

We need Child Development Centres to provide specialist parenting courses for challenging behaviour before diagnosis from ages 5yrs upwards. Too many specialist behaviour services/parenting courses requires your child to have a diagnosis. Early Years services are Key.

**The Bigger Voice Event-Parents Forum Bradford and Airedale-service providers and parent carers.**

Support needed for African BME children with Autism and their families. Support or services are needed to connect children and young people and their families with similar barriers and access to get support from services. Children and young people need to be able to connect to families in Europe so families do not feel so isolated.

**Online LO snap survey-Parent/carer of child 0-5 with Autism -undisclosed area**

### What We Did

We have shared your comments with Health Leads and still awaiting responses. We will provide an update on the responses and actions that have been taken in the Annual Report 2018-19.

**Local Offer Officer**

We have shared your comments with Health Leads and still awaiting responses. We will provide an update on the responses and actions that have been taken in the Annual Report 2018-19.

**Local Offer Officer**

## Health continued

### What You Said

Mental Health services waiting lists for children are too long.

**Parent/carer**

When my child goes through transition and becomes an adult it is very difficult to know which services to contact when you once had a children's paediatrician. We need support and communication about health transitions from children's and adult health services

**Parent/carer**

Struggle to obtain a diagnosis and not able to access appropriate services and support-the waiting list to get a diagnosis is too long and waiting on average is 2.5 years. A clear diagnosis pathway would support and where to get help in the waiting period.

**Parent/carer**

### What We Did

We developed the Youth in Mind model as a waiting list initiative to support children and young people waiting for CAMHS services.

See response already provided within health responses.

**Health Lead**

We have shared your comments with Health Leads and still awaiting responses. We will provide an update on the responses and actions that have been taken in the Annual Report 2018-19.

**Local Offer Officer**

Although not explicit from the comment I am assuming that this is a reference to the autism assessment process.

Work is on-going to review the autism assessment process with a view to reducing waiting times whilst ensuring children, young people and their families receive appropriate levels of support. This is a complex issue and we are working with partner agencies and colleagues across the STP to develop innovative, long term solutions.

**Health Lead**



## Health continued

### What You Said

Lack of bereavement services for people with SEND and waiting are lists too long

**Parent/carer**

LGBT (Lesbian, Gay Bi-sexual transgender) Information and services need to be on the Local offer and NHS website to support SEND Specific groups/support/accessible services

**Parent/carer**

### What We Did

The CCGs are working with partners to review and improve bereavement pathways to support people to access the appropriate level of support in a timely manner. Bereavement UK has offered their support to this work.

**Health Lead**

Response from LO provided Nov 2017:

The Local Offer will work with the health service to publish their information and support about LGBT for families.

**Local Offer**

**Updated response 2017-18:**

The CCGs work with providers and the Equality Forum to ensure our services are responsive and inclusive to people from LGBTQ communities.

**Health Lead**

## All SEND services across Education Social Care and Health

### What You Said

All SEND Education, Health, Social Care services Inc. voluntary, community, all Bradford schools and colleges published on the Local Offer website need to promote the Local Offer website and the service it provides, to all colleagues, partnership services, children and young people with SEND and their parent carers.

All services need to make sure their information is up to date on the local offer website (in line with Local Offer services agreement to publish their service) to benefit families with SEND Inc. behaviour and mental health. This needs to be pushed from strategic leaders.

**Independence day event-Parent/carers and service providers**

### What We Did

All services published on the Local Offer website including voluntary, community and social enterprise services, schools and colleges have been asked to advertise and promote the Local Offer website (as per service level agreement) within their organisations to families with SEND, and websites to benefit families. All services have been sent Local Offer booklet information flyers.

We have developed with the SEN Team & communications team- an SEND information strap line that is now included on all SEND correspondence letters to families to include the SEND Local Offer website link and information.

**Local Offer Officer**

## All SEND services across Education Social Care and Health Continued

### What You Said

All services published on the Local Offer website need to promote the Local Offer website and the service it provides to all colleagues, partnership services, children and young people with SEND and their parent carers.

All services need to make sure their information is up to date on the local offer in line with Local Offer services agreement to publish their service.

**Parent/carers**

**Service Providers**

**Children and young people**

### What We Did

All services published on the Local Offer website including schools and colleges have been invited and asked to advertise and promote the Local Offer website within their organisations to families with SEND, and websites to benefit families with SEND.

We are developing SEND information strap lines on all SEND correspondence letters to families to include Local Offer website.

**Local Offer Officer**

## Children's Services Commissioners

### What You Said

A board needs to be set up for Preparing for Adulthood and Transition in Bradford and led by secondary schools Inc. DSP & special, colleges/FE, adults and children's social care, commissioners and local organisations and services to support with employment, participation and independent living to support young people with SEND.

Parent/cares and young people need visual pathways about what happens next and you are entitled to when thinking about transition and preparing for adulthood.

#### **Parent/carers and Young People**

### What We Did

We have shared your comments with all service leads and children and adults services commissioners to develop a Preparing for Adulthood and Transitions board led by education provisions in 2017/18.

#### **Local Offer**

Please see response to 'Preparing for adulthood visual pathway' above within the Education services responses section.

The Council also has a 'Transitions Partnership' that leads on work around the 'Preparing for Adulthood' agenda and is planning events and activities to follow on from the 'Preparing for Adulthood' workshop that took place at the Carlisle Business Centre in December 2017. We have also begun work with Colleges, employers and other partner agencies to put together a 'Supported Internship and Training' forum that will look at increasing employment and training options for young people with SEND across the District.

#### **Transition and Post 16 Team**

# IT Software Corporate Commissioning

## What You Said

When searching for a service on the Local Offer whether that be in education, health, social care or things to do, information advice and support groups, it would be useful and much more accessible if there was one search button with filters Inc. age, specific need, postcode and type of service/activity or a search word to find what you need instead of trying to search for it within the Local offer website or in the search box at top of the main page, as this only brings up sections of the website in a list-too long, too much text.

I know the Local Offer needs to provide direct content about each service as it is more than just a directory but a quick search function with filters would be much more accessible. Currently you can search for types of activities and support services within things to do section and some services do provide directories but it means going through multiple directories or lists and none or very limited filters.

**Parent/carers**

**Service Providers**

**Children and young people**

## What We Did

IT commissioning and Children's Services response in 2016/17:

The Local Offer and SEN children's and adults services have explored external IT software which could enable Local Offer website users, more accessibility when trying to search for things to do and find information, using specific filters and search functions.

SEN Services are in discussions with Children's Services and Corporate IT Commissioners about possible external IT software to develop the Local Offer Website and partner websites.

**Local Offer Officer**

**Updated response 2017-18:**

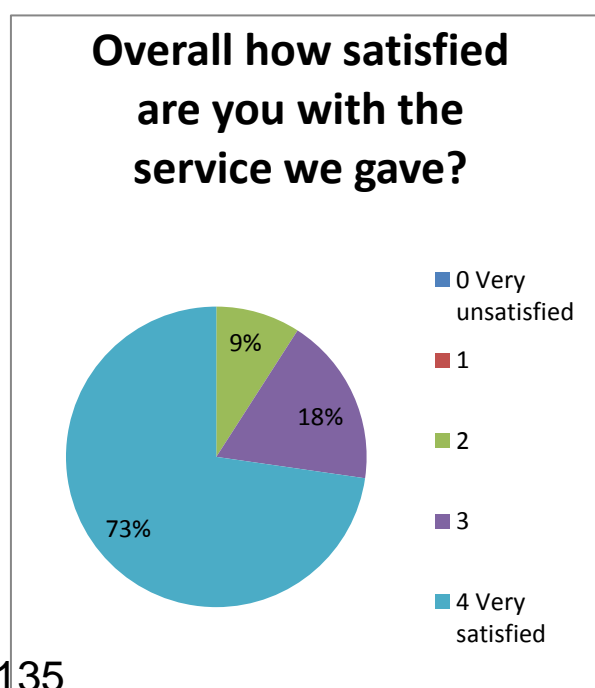
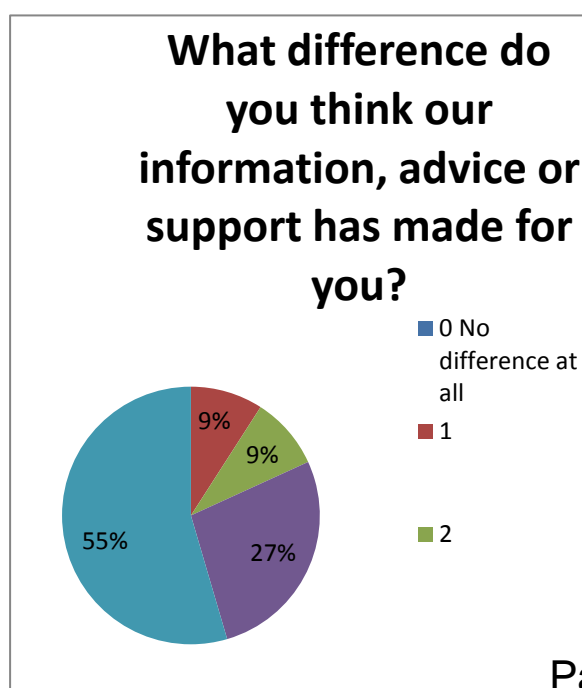
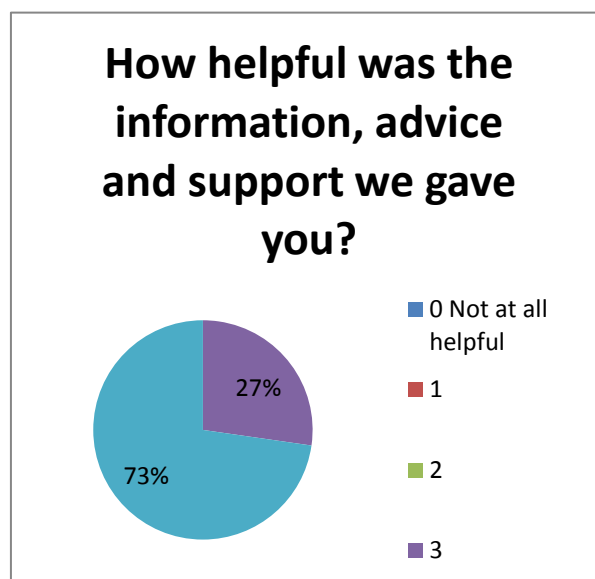
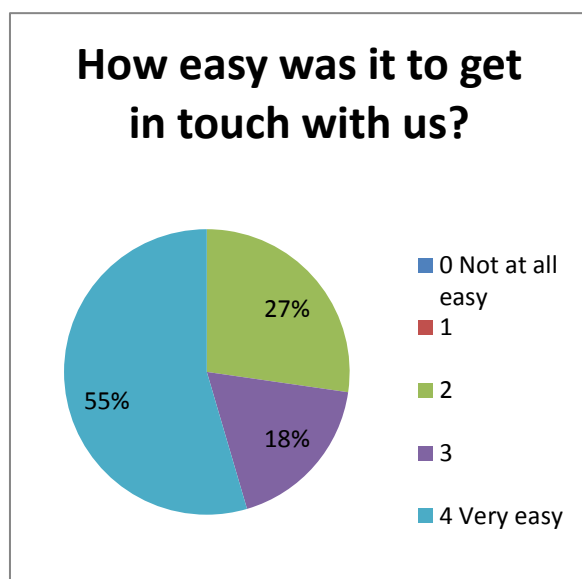
The Local Offer website will be enhanced and further developed, by improving the websites accessibility. The new commissioned website platform would enhance the existing search tools already on the Local Offer website and ensure accessibility and navigation of the website is much easier and clearer for families to find information, activities and services by using preferred filtered options (for example by searching by specific needs, age, postcode, service information or activity type categories etc.). The navigation system will allow you to search multiple directories but in one search, rather than showing multiple directories or information you do not necessarily require. In addition SEND service will have the ability to add new services and update, information, service content and activities on the website themselves using secure requests and login details. The Local Offer would monitor and approve all content before published. We anticipate the new platform to be ready Autumn/Winter 2018.

**Local Offer Officer and IT Commissioners**

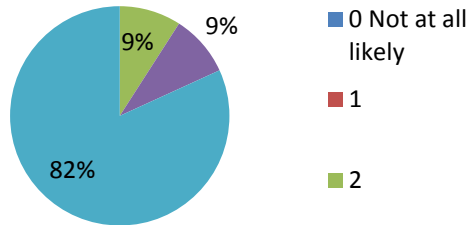
## Feedback from Information Advice and Support Services

### Bradford SENDIASS Report for the Local Offer 2018

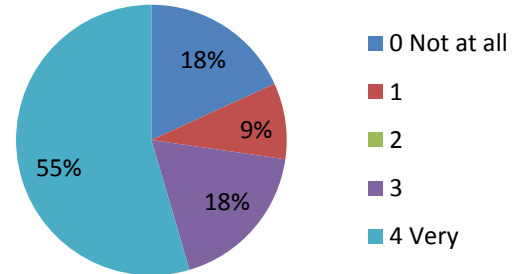
The Bradford Special Educational Needs and Disabilities Information Advice and Support Service (SENDIASS) offers a child, young person and family centred approach to support; tailoring advice and support given to individual need. We continue to encourage participation of service users in the design, development and delivery of our service through evaluation, focus groups and our parent steering group, to ensure that it is flexible and responsive to the needs of children, young people and parents/carers across the District. We use six key questions from the Information Advice and Support Service Network's national monitoring programme to help us evaluate the service. The following results are from cases completed January 2018 – June 2018.



### How likely is it that you would recommend the service to others?



### How neutral, fair and unbiased do you think we were?



Parents and carers and their children/young people continue to be provided with independent Information, Advice and Support according to their individual needs. We monitor what they tell us about the support they have received as in previous years. We develop the service using the feedback received.

## Local Offer consultations

### Personal Outcomes Evaluation Tool (POET)-Education Health Care Plan Assessment and Planning Process

Families, Children, Young People and service providers across the Bradford District were invited to take part in a national pilot study during Nov 2015-present date (on-going) to evaluate experiences of the Education, Health and Care (EHC) Plan assessment and planning process.

The pilot study is led by the charity 'In Control' with Lancaster University, and is supported by the Department for Education. It involves the use of a questionnaire that was developed and known as the Personal Outcomes Evaluation Tool (POET) looking at what is working well and what is not working with EHC Plans, planning and process and also whether they have made a difference to families, children and young people's lives.

Bradford Council takes part in the on-going EHCP POET survey pilot.

There are 3 individual online Bradford EHCP POET questionnaire surveys

- Parent/Carer
- Child/Young Person
- Professional working with children who have a EHC Plan

Each questionnaire captures feedback from each of the above groups, about their experiences of the EHCP planning and process.

In last year's annual report 59 participants completed the questionnaire and this year **55** participants have completed the questionnaire during 2017-18.

Bradford EHCP POET survey results and responses received from; parent and carers, children and young people and practitioners working with children and young people who have an EHCP in the Bradford District-will be published on the Local Offer website in September 2018.

The Local Offer has actively promoted and encouraged parents, carers, children, young people with an EHCP and service providers to complete the questionnaires, giving views and sharing experiences about the EHCP planning and process. The Local Offer promotes the surveys on SEND social media; distribution emails, events and publishes the EHCP online surveys and results within the feedback consultation page.

The use of the EHCP POET provides Bradford Local Authority SEN Assessment team with valuable feedback around EHC Plans and uses the feedback received to contribute towards the EHCP planning and review process development. We will continue to work in partnership with InControl to gain feedback about EHCP planning and processes using surveys beyond 2018.



## Yorkshire and Humberside Local Offer Peer review Workshop

In November 2017 all Local Authorities Local Offer's within Yorkshire and Humberside were invited to take part in a peer review. It was recently identified by Mott Macdonald and the Local Authorities that it would be useful to check the quality and compliance of Local Offers within the region. The peer review of the Local Offers was not an inspection or a development opportunity for local areas, it was a peer review. It was aimed at the Local Authority Local Offer leads plus another relevant representative e.g. Local Offer IT person and a parent/carer representative who had been involved in developing the Local Offer.

Bradford's Local Offer Officer took part in the review to enable further development of the Local Offer.

The purpose of the workshop was to:

- Check compliance and quality of Local Offers
- Share good practice and ideas to improve individual Local Offers
- Identify any regional issues and develop solutions

The workshop involved Local Authorities paired to review each other's LA Local Offer. Bradford & Calderdale LA's were paired to review each other.

Each delegate lead was provided with a review framework based on the relevant sections of the Code of Practice, along with another Local Authorities Local Offer to review.

In order to ensure that the reviews were undertaken and analysed prior to the workshop on 9<sup>th</sup> Nov 2017, the following timetable shown below was drawn up for delegates and this was completed by the LA Local Offer Officer in partnership with Parents Forum Bradford & Airedale and SENDIASS a to make any amendments to Calderdale's review before the workshop.

	Activity	Dates
1.	Teleconferences held to take attendees through the process, framework and any questions	15 <sup>th</sup> September 14:00-15:00
2.	LA pairings shared	15 <sup>th</sup> September
3.	LAs carry out their reviews and email to Mary Wood at MM	By 29 <sup>th</sup> September
4.	Agenda issued and final reminders	27 <sup>th</sup> September
5.	MM follow up with any queries and analyses reviews	2 <sup>nd</sup> October
6.	Workshop	4 <sup>th</sup> October
7.	Post workshop: List of good practice identified and next steps sent to LAs. Electronic copy of review sent to LAs.	Post workshop

Mott MacDonald provided the Bradford Local Offer Officer with the electronic copy of Bradford's review, completed by Calderdale .and the workshop presentation including summaries of each Local Authorities reviews. Mott MacDonald are still awaiting responses from the DfE about Local Offer comments/concerns raised at the workshop about support with promotion, funding, and capacity to deliver the Local Offers in each Local Authority.

## **Outcomes and feedback**

The results of the peer workshop provided learning opportunities to develop the Bradford Local Offer along with all the valuable feedback which is currently gained on an on-going basis from parent, carers, children and young people with SEND in the Bradford District.

All Local Authorities took away actions to improve or change something in their Local Offer.

Regional actions were identified within the workshop:

- creating a virtual Local Offer group to carry out further actions
- approaching providers collectively
- creating consistency of categories across the region
- repeating the peer review exercise as Local Offers are further developed
- questions/concerns about Local Offer given to the DfE for response to Mott MacDonald and shared with each Local Authority

Full details of the Local Offer peer review completed in Nov 2017 by Calderdale Local Authority about Bradford Local Offer along with the Bradford Local Offer responses about the on-going developments made by Bradford Local Offer since the review in Nov 2017, will be published within the Local Offer websites feedback section in September 2018.

## **SEND Peer Challenge**

What is Peer Challenge?

Directors of Children's Services and Local Safeguarding Children's Board Chairs in the region believe that peer diagnostic and review processes, which bring an external and independent view to bear on aspects of services, can be powerful contributors to informing the development of services for children and their families. Peer challenge is not an inspection – it is about having a 'critical friend'

Peer challenge is about identifying exactly what is happening in a particular part of an organisation or a particular set of processes, and spotting where there are strengths and where there are things that could be improved. The learning from Peer challenge can help to contribute to continuously improving services for children.

The agreed focus of our review was:

- The validation of our SEND SEF including joint agency responses
- The Local Offer – our strength in this area and how we can improve it further
- The actions we are taking/need to take to improve the quality and timeliness of EHCPs

Bradford's Local Offer took part in the SEND Peer challenge and was reviewed and challenged by Rotherham Local Authority using the SEND CoP Local Offer framework. Feedback was provided and the Bradford's Local Offer was described by

Rotherham Local Authority as a “Rolls Royce” version of a Local Offer compared to other Local Authorities. This was fantastic news and the review outcomes, have been used to further develop the Local Offer. The feedback results can be found [here](#)

## Next Steps

The Local Offer will continue to be developed in 2018 and beyond. Several activities are already planned including:

- IT software to be commissioned to enable developments to be made within the Local Offer website search and mapping functions to enable a one stop search function for all services and information within the Local Offer to give users easier access to information, by using more filter options including specific needs, larger miles radius for the post code searcher, accessibility options, service type categories, and specific word search etc. Development of large scale searches which can include SEND information and service data pulled from capita, connect to support for children and adults and voluntary and charity directories.
- Review new SEND visual pathways for transition/preparing for adulthood and disagreement and mediation children and young people and their parent/carers who are part of the Local Offer focus groups.
- Review and gain feedback about the new updated SEND Accessibility Strategy once signed off by the SEND Strategic Partnership, with children and young people and their parent/carers who are part of the Local Offer focus groups.
- Further develop Local Offer Glossary, “How to use this website” and Q & A pages within the Local Offer within the website to reflect the evolving website.
- Amendments to website content and structure in response to the feedback already received
- Development of the children and young people’s section of the website and content using feedback gained from children and young people. This will include a SEND Local Offer YouTube video account for children and young people to upload their own experiences and view SEND information in the format of videos as requested. SEND Local Offer Snapchat and Instagram accounts will be created to raise awareness of the Local Offer. Commissioned IT service will enhance the search of services, activities, support and things to do, for children and young people.

- Continue to develop social media to reflect users' ways of using the internet.
- Distributing the new pocket size concertina Local Offer booklets via Families Information Service as requested and to distribute at SEND events.
- Re-advertising the Local Offer on the radio and local buses again has proved effective to promote awareness.
- Development of Local Offer Gov Delivery email subscriptions, by-monthly e-bulletins and quartile LO & DCIS e-newsletters- working jointly with the Councils Communication team and DCIS.
- Work closely with Special Inclusion Project (SIP) to gain feedback from children and young people with SEND and liaise with school and college SENCO's across the District to promote the Local Offer and gain feedback. Local Offer focus group workshops and meetings will take place with children and young people from SIP and parent/carers members at Parents Forum Bradford & Airedale will take place during 2018-19 to review the Local Offer developments since the annual report was published and gain further feedback to develop the Local Offer during 2018-19.
- Identify SEND services gaps using Local Offer feedback, service feedback will be referred to the appropriate service leads to provide responses to the identified gaps in SEND services. Develop partnership with Healthwatch to agree on an effective mechanism to provide feedback from key stakeholders to Health Services to gain responses for the Annual Report.
- Use Google Analytics and the feedback gained within the annual report to further develop a promotion/communication plan to reach people who have not heard of the Local Offer through advertising and media.
- Continue Local Offer outreach work across Bradford District to promote awareness of the Local Offer. Local Offer Officer to attend organised events, meetings and workshops across the District to encourage a wider group of stakeholders to contribute to awareness and feedback
- Continued liaison and partnership working with the Families Information Services, Prevention and Early Help Information Services-Gateway and Special Educational Needs Information Advise Service (SENDIASS)
- On-going updates and maintenance of website content. Work in partnership with services published on the Local Offer website to ensure services provide content updates and responses to service feedback on a 6 monthly basis.
- Continue to research and add new and appropriate services to the Local Offer website which will benefit families with SEND.

- Continue to liaise with all organisations that are included in Bradford's Local Offer to advertise and raise awareness of the Local Offer website on their own service websites and within settings.
- On-going partnership working with West Yorkshire Local Offer networking groups, Yorkshire and Humberside Local Offer peer review groups, commissioners and organisations including national organisations which are included within the website, to develop the Local Offer.
- Maintain and monitor existing Bradford schools and colleges Local Offer SEND Information Report links on Bradford's Local Offer website, including Independent and out of District where we have placed a child or young person from the Bradford District. Add new school/college Local Offer website links including independent and out of district.
- Annual Report 2018-19

## Partnerships

### Local Community Partnerships

Website: [here](#)



### The Parents Forum for Bradford and Airedale

Website: [here](#)



### Bradford District Care - NHS

Website: [here](#)



### Bradford Teaching Hospitals - NHS

Website: [here](#)



### Airedale - NHS

Website: [here](#)



## Partnerships continued

**Bradford SENDIASS (Barnardos)**

Website: [here](#)



**Bradford Districts Clinical  
Commissioning Group**

Website: [here](#)



## Further Information

If you have any comments about this annual report or would like further information about the Local Offer, please contact the person who compiled and produced the Local Offer Annual Report for 2017-18:

**Sarah Pawson (Local Offer Officer) Phone: (01274) 439261**

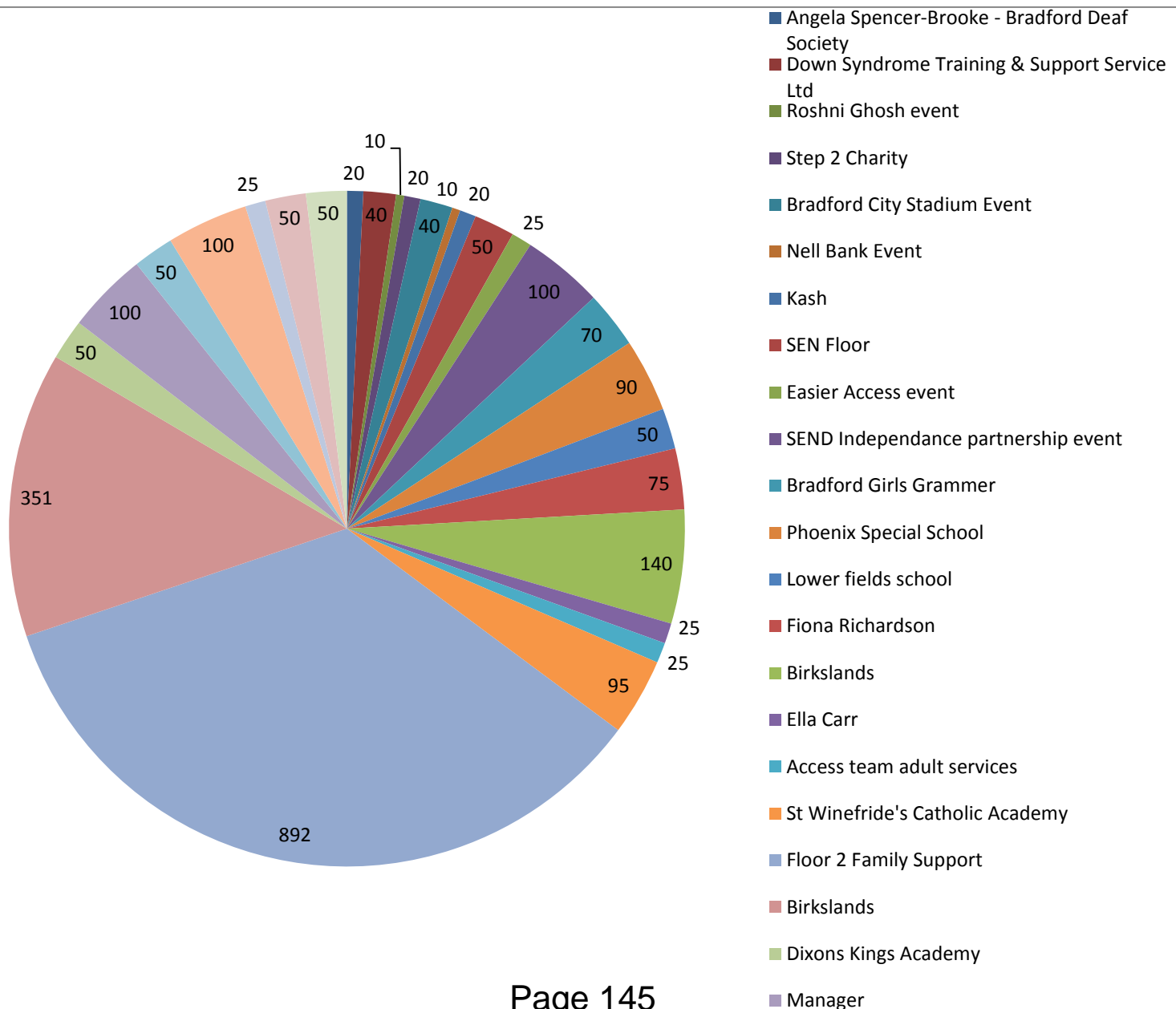
E-mail: [localoffer@bradford.gov.uk](mailto:localoffer@bradford.gov.uk)

# Appendices

## Appendix A– New Local Offer pocket concertina information booklet and posters

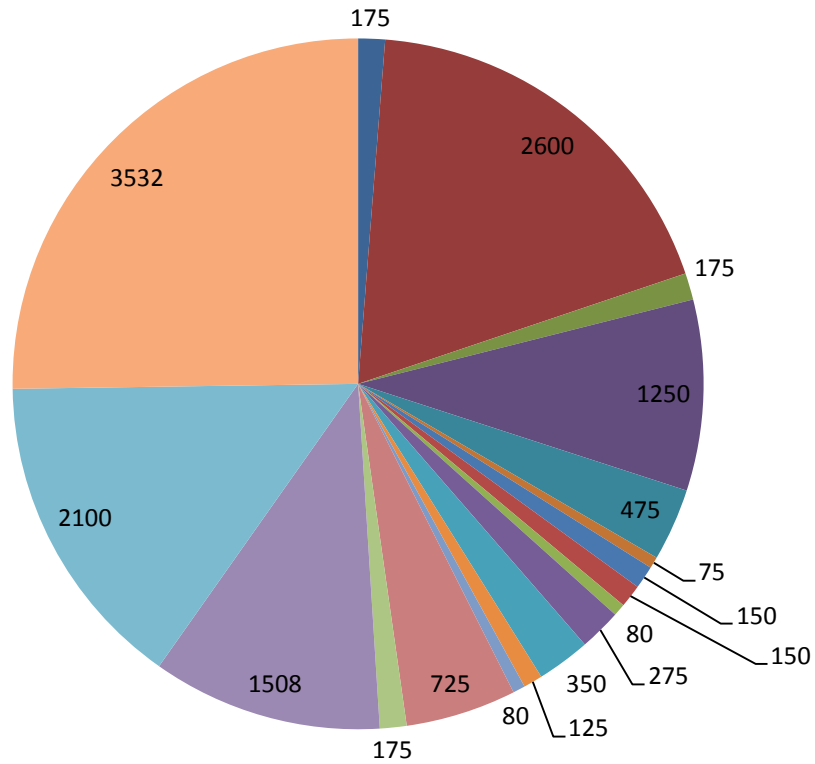
New Local Offer pocket booklets and posters have been distributed across the Bradford District within 2017-2018 to all individual families placed within a specialist provision, all Bradford Schools/Colleges, Independent and out of district schools/colleges where Bradford Council have placed a child or young person from within the Bradford District. The pocket booklet gives families, provisions and services clear information about how to request and order more pocket booklets from Bradford Families Information Services.

The pie charts below shows the number of new pocket booklets and post distributed across the Bradford District from 2017-2018 and where they have been distributed. We have distributed a total of 21'000 pocket booklets and leaflets across the Bradford District.





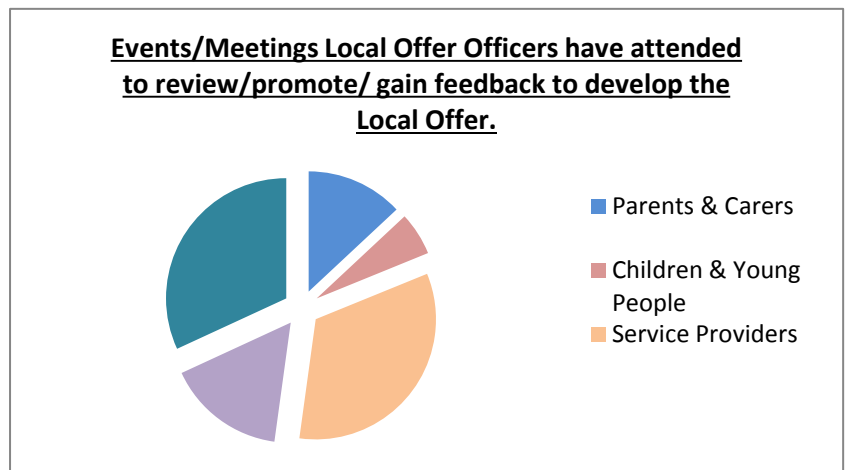
- Nurserys
- Primary schools
- Secondary schools
- Primary academies
- Secondary academies
- Through academies
- Free schools
- Resourced provision YP SEN
- Special school
- Pupil referral unit
- DSP
- ARC
- PRU
- Children Centres
- Colleges
- Individual families
- FIS Second Floor MMT
- Local Offer 5th floor MMT



## Appendix B

**Events, workshops and meetings the Local Offer Officer and support has attended to promote, review, and gain feedback to develop the Local Offer in 2017-18**

Parents & Carers	9
Children & Young People	4
Service Providers	23
LO Peer Support	11
Mixed	22
<b>Total</b>	<b>69</b>



## Appendix B Continued

Key:

Parents & Carers
Children & Young People
Service Providers
LO Peer Support
Mixed

Type	Group	Category	Date
Training	Browsealoud training - MMT	LO Peer Support	09.06.17
Training	Site Improve training - MMT	LO Peer Support	09.06.17
Consultations	Developing and Enhancing SEND Specialist Places Consultations	Parent & Carers	13 <sup>th</sup> – 16 <sup>th</sup> June 2017
Meeting	Local Offer/Connect to Support/Transitions	Service providers	20.06.17
Meeting	SENDIASS Annual Report meeting – City Hall	Service Provider	22.06.17
Presentation	Open Objects EHCP Parent Portal Software Presentation Inc. costs	Service provider	28.06.17
Event	SEND Community Group Karmand Centre in Bradford	Parents & Carers	04.07.17
Meeting	Children's & Maternity Commissioners Meeting	Mixed	04.07.17
Meeting	IT Corporate Commissioning meeting regarding IT software - MMT	Service Provider	05.07.17
Consultation	SEND Transformation - Open Forum Consultation - Carlisle Business Centre	Mixed	11.07.17
Meeting	SENDIASS commissioning Meeting	Service provider	12.07.17
Meeting	West Yorkshire Local Offer network Meeting	LO Peer Support	13.07.17
Conference	SEND Conference - Bradford City Stadium	Mixed	18.07.17
Training	Disabled Go Training - Britannia House	Service provider	09.08.17
Meeting	SENDIASS re-commissioning arrangements	Service provider	09.08.17
Meeting	Barnardos SENDIASS Meeting	Service Provider	11.08.17
Meeting	Step 2 Young People mental health Project meeting – Tong	Service Provider	16.08.17
Meeting	West Yorkshire Local Offer network -Wakefield	LO Peer Support	23.08.17
Event	Bradford Community Disability Play Day – Nell Bank	Mixed	30.08.17
Meeting	Local Offer and Parent	Service Provider	31.08.17

	Partnership meeting with Barnardos - MMT		
Meeting	Local Offer meeting with Bradford University SEND Support	Service Provider	31.08.17
Review	LO Peer review	LO Peer Support	11.09.17
Planning	Peer Challenge Planning/Accessibility Strategy	LO Peer Support	12.09.17
Event	Local Offer event – SEND Access Centenary Square	Mixed	13.09.17
Meeting	SEND Peer challenge-Voice of the child – MMT	Mixed	14.09.17
Meeting	Local Offer/EHCP Portal – IT Commissioning	Service providers	14.09.17
Teleconference	Yorkshire and Humber - Local Offer Peer Review Teleconference	LO Peer Support	15.09.17
Review	LO P/C C&YP Review and development planning	Mixed	22.09.17
Meeting	Preparation for Adulthood meeting	Mixed	22.09.17
Meeting	SEMH/Behavior content changes/updates for LO meeting	Service provider	26.09.17
Review	Local Offer Peer Review	LO Peer Support	27.09.17
Review	YH LO Peer challenge and review of another LA SEF Completion for submission to Peer review	Mixed	27.09.17
Review	Local Offer Peer Review	Mixed	28.09.17
IT	SEND IT Local Offer Specification requirements planning meeting	Service provider	28.09.17
IT	IT SEND Requirements finalize & submit to procurement and commissioning	Service provider	29.09.17
Event	Easy Access Event - Centenary Square	Mixed	03.10.17
Event	SEND Independence partnership event	Mixed	03.10.17
Event	Yorkshire and Humber Peer Network/ Transitioning to Work: Exploring Project SEARCH - Halifax	Mixed	04.10.17
Meeting	Preparation for Adulthood - meeting	Mixed	10.10.17
Event	Early Help Cluster Network event - Low Fold Child & Family Centre	Mixed	11.10.17
Event	SEND Family Day at Delius	Mixed	11.10.17
Event	Early Help Cluster Network event – ‘Thinking Family’ – Airedale & Wharfedale - Shipley Library	Mixed	12.10.17
Event	InControl POET Community of	Mixed	17.10.17 –

	Change membership residential event		18.10.17
Meeting	Preparation for Adulthood - Britannia House	Service Provider	24.10.17
Meeting	PC Local Offer and EHC Review and development - Carlisle Business Centre	Service Provider	25.10.17
Meeting	C&YP Local Offer and EHC Review and development meeting - Barnardos	Children & Young People	26.10.17
Training	Children and young people's participation event - York	Mixed	21.11.17
Event	Carers Rights Day	Service Provider	24.11.17
Meeting	West Yorkshire LO meeting	LO Peer Support	22.11.17
Event	Takeover Challenge with Young Person - MMT	Children and young people	24.11.17
Meeting	Bradford Deaf Parents Group Meeting - MMT	Parents & Carers	29.11.17
Event	SIP Celebration eve event with YP	Children & Young People	01.12.17
Event	Preparing for Adulthood Providers event - Carlisle Business Centre	Service Provider	06.12.17
Training	Gov Delivery email subscription training	LO Peer Support	19.01.18
Meeting	LO PC Review and Development Group Meeting	LO Peer Support	09.02.18
Webinar	Transforming Care Share & Learn Webinar	Service Provider	22.02.18
Event	Barnardos Tea Party	Service Provider	06.03.18
Event	Reevy Hill Children's Centre - Drop in sessions	Parents & Carers	13.03.18
Event	Widening Participation event – Bradford College	Children & Young People	22.03.18
Event	Keighley College Coffee Morning	Parents & Carers	23.03.18
Training	In-Control Community of Change membership residential event– Milton Keynes	Mixed	17.04.18 18.04.18
Event	Bigger voice event - Bingley	Service Provider	24.04.18
Event	Fagley Children Centre to promote the Local offer	Parents & Carers	25.04.18
Meeting	Local Offer & SIP-C&YP LO Co-production meeting	Service provider	26.04.18
Event	AWARE Asian Mothers Coffee morning - Abbey Green Children Centre	Parents & Carers	01.05.18
Event	Rainbow SEND group at Barkerend Children Centre	Parents & Carers	02.05.18
Event	SEND Moving on Event – Shipley College	Mixed	02.05.18
Training	IPSEA SEND Law Foundation Training Day	Mixed	03.05.18

Event	SEND Groups for families - Canterbury Nursery School	Parents & Carers	04.05.18
Meeting	Transition PfA Visual Pathway Planning working group meeting Year 9-11 - MMT	Service providers	08.05.18

## Appendix C

### Children and Young People Local Offer development and review focus groups

Local Offer development and review focus groups with young people took place at college and local community organisations, in the form of workshops from June 2017 – May 2018.

(See table below for participant characteristics).

The sessions involved children and young people reviewing the Local Offer website in detail and the alternative formats (Local Offer pocket booklets and leaflets) with members of local organisations, college staff, young people's workers, support from SENDIASS; young people's participation workers and the Local Offer Officer. Information was given to the children and young people about what the Local Offer was for and how their valuable feedback would improve the Local Offer. Feedback from children and young people was given verbally within the workshops with support from the college and organisations young people's workers.

**Table 3: Young people characteristics from Local Offer focused workshops**

Provisions name	Age group	Additional Needs	Total
SEND STAR Group at Culture Fusion Bradford Centre	15-25yrs	Autism and Learning Difficulties	8
Shipleigh College SEND open day	16-25yrs	Undisclosed	6
Mind The Gap	15-16yrs	Cerebral palsy, autism, hearing difficulty	3
Difference with Dignity Community Centre	15-25yrs	Undisclosed	10
Barnardos Children and young people Participation group	15-21yrs	Autism, Learning difficulties, Visually Impaired, Behaviour Difficulties,	6
Takeover Challenge-Local Offer	19yrs	Visual Impairment and mental Health	1
Online Local Offer Survey Feedback	-	-	0

**Total number of young people consulted via workshops 34**

## Appendix D

### Local Offer Parent/carers and SEND Service Providers development and review focus groups co-production stats

Local Offer development and review focus groups with parent/carers and service providers took place at Margaret McMillian Tower Council Building in the form of a review meeting. **15** parent/carers and service providers attended who had children and young people with SEND aged between **7-25 yrs.** with a range of addition needs including; Autism, Mild Learning Difficulties, ADHD, Speech, Language and Communication Needs, Physical Disabilities, Visual Impairment, and Behavioural Social and Emotional Difficulties

The Local Offer review involved parents/carers and service providers reviewing the Local Offer and website along with the alternative formats (LO pocket booklets and leaflets) with the Local Offer Officer. Information and data was provided at the review to inform parent/carers and service providers about what developments had been made since the last review and how their valuable feedback has improved the development of the Local Offer. Feedback from parent/carers and service providers was given verbally within the meeting, a LO workshop task was undertaken to review and gain feedback about how they would like the new transition and preparing for adulthood visual pathway to look and what information should be provided on the pathway for families to use, as well as using paper and online Local Offer questionnaires to gain further feedback about the Local Offer.

As well as the Local Offer focus review meeting a further two Local Offer focus workshops were carried out, with **8** parents and carers at Parents Forum Bradford Airedale with their parent and carer members to look the Local Offer website and its alternative formats and to provide feedback about a new transition and preparing for adulthood visual pathway. In addition **25 online** Local Offer questionnaire surveys were completed by parent carers with children and young people with SEND.

**Total number of parent/carers** (Inc. service providers at the review meeting) consulted via Local Offer focus review meeting/ workshops **48**

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