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# Agenda for a meeting of the Bradford and Airedale Health and Wellbeing Board to be held on Wednesday, 24 July 2019 at 2.00 pm in Committee Room 1 - City Hall, Bradford

Dear Member

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

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

Yours sincerely

P Akhtar

City Solicitor

**Notes:**

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

**From**: **To:**

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

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

## 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 26 March 2019 be signed as a correct record (previously circulated).**

(Fatima Butt – 01274 432227)

## 4. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

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

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

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

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

(Fatima Butt - 01274 432227)

**B. BUSINESS ITEMS**

**5. LIVING WELL FOR LONGER: WHAT THE JOINT STRATEGIC NEEDS ASSESSMENT IS TELLING US ABOUT THE HEALTH AND WELLBEING OF PEOPLE IN THE DISTRICT** — 1 - 62

The Health and Wellbeing Board has a statutory duty to produce a Joint Strategic Needs Assessment (JSNA). The purpose of the JSNA is to inform the Joint Health and Wellbeing Strategy (JHWBS) which, in turn, aims to improve the health and wellbeing of the local population and to reduce inequalities. Both the JSNA and JHWBS are intended to be part of a continuous process of assessment and planning, supporting the identification of priorities and gaps for commissioning, based on both evidence and need.

The Strategic Director, Health and Wellbeing will submit **Document "A"** which summarises the main findings of the JSNA, focusing on the headline indicator of health and wellbeing for a population - healthy life expectancy - and health inequalities. The report also considers what issues might require further consideration in response to the findings.

**Recommended-**

**That the Health and Wellbeing Board members consider the content of Document "A" and provide feedback for further action.**

(Toni Williams – 01274 437041)

**6. UPDATE ON "CONNECTING PEOPLE AND PLACE": A JOINT HEALTH AND WELLBEING STRATEGY FOR BRADFORD AND AIREDALE** — 63 - 88

The Joint Health and Wellbeing Strategy was published in June 2018.

The Strategic Director, Health and Wellbeing will submit **Document "B"** which reports on the logic model which establishes a way of knowing whether or not what has been undertaken has made a difference to the health and wellbeing of residents. The report provides an update on progress against the four outcome areas of the Strategy, as well as describing some of the key areas of work that have been delivered and progressed since the last update.

**Recommended-**

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

(Toni Williams – 01274 437041)

## 7. CHAIR'S HIGHLIGHT REPORT 89 - 94

The Chair's highlight report **(Document "C")** summarises business conducted between Board meetings. The report includes updates from the Executive Commissioning Board and the Integration and Change Board.

**Recommended-**

**That the Executive Commissioning Board and the Integrated Change Board updates be noted.**

(Sadia Hussain – 07929024881)

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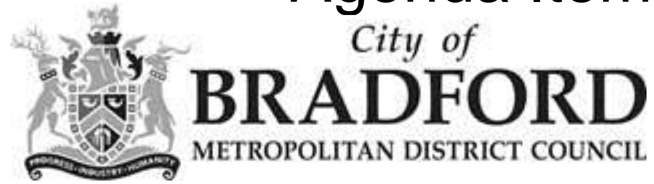
Agenda Item 5/




# Report of the Director of Health and Wellbeing to the meeting of Bradford and Airedale Health and Wellbeing Board to be held on 24th July 2019

**A**

## Subject:

**Living well for longer: what the Joint Strategic Needs Assessment is telling us about the health and wellbeing of people in Bradford District**

## Summary statement:

The Health and Wellbeing Board has a statutory duty to produce a Joint Strategic Needs Assessment (JSNA). This paper summarises the main findings of the JSNA, focusing on the headline indicator of health and wellbeing for a population - healthy life expectancy - and health inequalities. The paper goes on to consider what issues might require further consideration in response to the findings.

Bev Maybury
Strategic Director

Report Contact: Toni Williams,
Consultant in Public Health
Phone: (01274) 437041
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**Portfolio:**

**Healthy People and Places**

**Overview & Scrutiny Area:**

**Health and Social Care**

## 1. SUMMARY

The Health and Wellbeing Board has a statutory duty to produce a Joint Strategic Needs Assessment (JSNA). This paper summarises the main findings of the JSNA, focusing on the headline indicator of health and wellbeing for a population - healthy life expectancy - and health inequalities. The paper goes on to consider what issues might require further consideration in response to the findings.

## 2. BACKGROUND

The NHS and upper tier local authorities have had a statutory duty to produce a JSNA since 2007. The purpose of the JSNA is to inform the Joint Health and Wellbeing Strategy (JHWBS) which, in turn, aims to improve the health and wellbeing of the local population and to reduce inequalities. Both the JSNA and JHWBS are intended to be part of a continuous process of assessment and planning, supporting the identification of priorities and gaps for commissioning, based on both evidence and need.

JSNAs are assessments of the current and future health and social care needs of the local community. These are needs that could be considered to be best addressed by the local authority, CCGs, NHS England, or by working in partnership with others across the public, private and third sectors. JSNAs are produced by health and wellbeing boards, and are unique to each local area. The policy intention is for health and wellbeing boards to also consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities. Local areas are free to undertake JSNAs in a way best suited to their local circumstances.

## 3. OTHER CONSIDERATIONS

### 3.1 The Bradford JSNA

Our JSNA describes the health problems and ***needs*** of the population of Bradford District. Over the last 12 months we have tried to move away from a primarily deficit model of need, towards a more asset based approach; identifying factors or resources which enhance the ability of individuals, communities and populations to maintain and sustain health and wellbeing in the District. Such an approach provides a new way of challenging health inequalities, valuing resilience, strengthening community networks and recognising local expertise.

The JSNA is a living document with updates regularly published. There is a 12 month work plan which is overseen by the JSNA Steering Group.

The JSNA is not a single static document that can be summarised; it is a suite of resources that is intended to be dynamic and current:

- Overarching: There are five overarching chapters (aligned to the Joint Health and Wellbeing Strategy) which provide an overview of the health and wellbeing needs of people in Bradford District.
    - The population of Bradford District
    - Our children have the best start in life
    - The people of Bradford District have good mental wellbeing

    - People are living their lives well and ageing well
    - Bradford District is a healthy place to live, learn and work
- Health needs assessments: There are a number of more detailed service/population specific health needs assessments that have been undertaken to provide a more useful and accurate picture of need in response to specific commissioning intentions or identified gaps, for example, dementia, learning disability and autism, and families.
- Localities: There is also a locality element to the JSNA; this includes ward and area profiles, as well as profiles for the 13 community partnerships.
- Bespoke analyses: There are a number of bespoke analyses in response to requests from partners. Some analyses are also produced proactively in response to changes in outcome data which warrant further exploration, for example, infant mortality and suicide prevention.
- The annual Director of Public Health Report.
- Pharmaceutical Needs Assessment.

In January 2019 we published a refresh of all of the JSNA content. It is available at: https://jsna.bradford.gov.uk/

**3.2 What is the JSNA is telling us about the health and wellbeing needs of our population?**

People in Bradford District experience poorer health and wellbeing than people in many other parts of the country. We know this because life expectancy is lower, and a secondary measure, healthy life expectancy, tells us that people in Bradford District also spend more years of their life in poor health.

**What is healthy life expectancy?**
**Healthy life expectancy is a summary measure of mortality and ill health; it shows the years a person can expect to live in good health (rather than with a disability or in poor health). A measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. The prevalence of good health is derived from responses to a survey question on general health from the Annual Population Survey.**

Life expectancy is improving in Bradford District, a trend that is not necessarily replicated in other parts of the country. However, the overarching challenge for us as a District is not just about how long people live, but how well ***all*** people in the District live, and living happy and fulfilling lives. The latter is measured by healthy life expectancy.

Latest available data on healthy life expectancy shows that healthy life expectancy has fallen for both males and females. In 2015-17 healthy life expectancy at birth in males fell to 60.4 years in Bradford District. This is the lowest value recorded in recent years and remains below the average for England (63.4 years). For females, healthy life expectancy at birth fell to 59.0 years in 2015-17. As with males, this is the lowest value recorded in recent years, and remains below the average for England (63.8 years).

There has been no statistically significant change in healthy life expectancy in the

District since 2009-11. For women this follows the national trend, however, for males in England healthy life expectancy has shown a very small increase. Because healthy life expectancy has not improved and life expectancy has increased, this means that although people can expect to live longer, they are likely to spend more years in poor health.

Improving healthy life expectancy is not only important from a social justice and population health perspective, but it is crucial for the sustainability of our health and care system. If we continue to support people to live longer, without keeping people well, demand for health care will only increase for all parts of the system (primary care, community care, including the VCS, and emergency and planned hospital care). Furthermore, as our population ages with an increasing number of health issues and frailty, demand for care services will also rise.

Improving healthy life expectancy is also an economic issue. Spend on health and wellbeing is an investment in our communities.

There is an estimated 21 year difference in healthy life expectancy across the District. In the most deprived parts of the District people will spend just over 50 years in self reported good health; this compares to over 71 years in the least deprived parts of the District. This inequality in health life expectancy is significantly wider than is observed for differences in life expectancy. This means that although across the District people are living longer, primarily due to advances in modern medicine, people living in deprived areas are living 21 more of those years in poorer health that those in less deprived areas.

The overarching reasons why people die early are not necessarily the same as why people may be in poor health. The main causes of early death in the District are the same as many other areas: cardiovascular disease, respiratory disease and cancer; infant mortality is also an important cause to note in the District.

Long term conditions such as diabetes, asthma and COPD all influence levels of ill health and disability during a person's life. Evidence from research also suggests that pain, musculoskeletal conditions, skin conditions, and sensory organ diseases also contribute. Mental health is one of the most important factors, including anxiety, depression and serious mental illnesses such as schizophrenia.

We often consider the contribution of individual conditions and diseases separately, missing the fact that for many people it is the norm to have multiple long term conditions (multimorbidity), and mental and physical health problems also co-exist. There is a growing body of evidence, including our own data, to show that it is multimorbidity and not age per se that is driving demand in our health and care system.

Although the causes of ill health, disability and early death differ, the underlying causes are largely the same. Factors such as smoking, poor diet and obesity, low levels of physical activity, and drug and alcohol use are the dominant drivers. We often think of these as lifestyle factors, however, the term lifestyle factors is misleading as it encourages a disproportionate focus on individuals and their ability to make different lifestyle choices, rather than on the commercial, environmental and social determinants of health. It is these that are the biggest influence on our

opportunities to improve the number of years that we live in good health.

We know that people are ageing in poor health *now*, and that people are dying early *now*; accordingly we need to strike a balance between long and short term action. There is very good evidence about what we can do in the short term to improve both life expectancy and healthy life expectancy: focused and targeted health care to support people to give up smoking, blood pressure control, control of cholesterol, and interventions to reduce infant mortality. If we were also thinking about how we might support independence in later life, physical activity, or simply moving more, would be added to this list.

We often assume that action to tackle the social determinants of health is about long term health gains, and this would largely be right, but not entirely. The above interventions are medical ones; however, they can't be tackled effectively without considering the context in which people live their lives. A recently published study from the Born in Bradford cohort emphasises this; the study examining the impact of the 2008-2010 economic recession on smoking during pregnancy, found that women who continued to smoke during pregnancy were most likely to experience financial stress. This underlines the fact that we can't rely on a basic smoking cessation offer, without addressing the underlying factors such as debt and financial stress which affect the likelihood of a person smoking, and consequently any decision to quit.

There is no single most important intervention, idea or policy that will increase healthy life expectancy and reduce inequalities at a population level. A range of approaches are needed at scale, delivered systematically over a prolonged period of time to make a difference.

We must look to promote health and wellbeing and prevent ill health. This will require a whole systems response, recognising the complex factors that combine to influence our behaviours and health and wellbeing. We must delay the onset of ill health, long term conditions and multimorbidity as long as possible, and if and when people do develop poor health and long term conditions, they should be well managed, taking into account the context in which people live their lives.

Published almost a decade ago, the recommendations of the Marmot Review remain relevant: giving every child the best possible start in life; creating job opportunities and fair employment for all; ensuring a healthy standard of living for the whole population; developing health creating physical environments; empowering communities; and strengthening health prevention. These recommendations are reflected in our Joint Health and Wellbeing Strategy: Connecting People and Place for Better Health and Wellbeing.

The Joint Health and Wellbeing Strategy already sets out the actions that we will take to create the conditions for health and wellbeing to flourish in Bradford District. However, the JSNA highlights some important areas for further consideration:

***Poverty***: Poverty damages health and poor health increases the risk of poverty. It is an underlying factor for almost all of the health and wellbeing issues described in the JSNA. The fact that people living in the most deprived parts of Bradford can only expect to get to age 50 in good health is also a challenge in terms of economic

productivity. Tackling poverty is a long-term, cost system strategy across local government, the NHS, and wider partners, and should be seen as preventative action. This includes action to improve education standards and raise skills and promoting long term economic growth that benefits everyone.

A multi-agency Bradford District Anti-poverty Co-ordination Group was formed in early 2017. Throughout 2018 the group has been developing an anti-poverty strategy: Bradford District Anti-poverty Co-ordination Group's Approach for Tackling Poverty.

***Mental wellbeing:*** Whilst we already have a Mental Wellbeing Strategy, the JSNA emphasises the need for action. There is an overwhelming body of evidence that most lifetime mental ill health arises before adulthood; the age of onset of mental ill health predates physical illness by several decades. Mental health issues are common, and will affect about 155,000 people in our District at some point during a person's life, with approximately 6,200 people being in need of, and in contact with specialist mental health services at any given time. As many as one in ten children and young people are affected by mental health problems.

The determinants of mental health and mental wellbeing are largely the same as many physical health problems, including deprivation, unemployment, financial stress, violence, stressful life events, and poor housing. Accordingly, much of the action needed to improve mental health and mental wellbeing, will occur outside of health care settings. Consideration should be given to how we consider wellbeing as a policy goal and embed in all decisions.

***Adverse childhood experiences (ACEs):*** These are stressful or traumatic events that occur before the age of eighteen; for example, sexual or emotional abuse, domestic violence in the home, or a family member being incarcerated. The long term consequences are significant across crime, social circumstance, education and health and wellbeing. ACEs are not uncommon and the impact is, therefore significant. A huge body of research has repeatedly shown a link between experiencing early adversity and ill health. Adverse childhood experiences are estimated to account for around 30% of adult mental ill health.

Minimisation of exposure to early adversity is key, alongside building resilience in children and young people. The evidence base about what to do at scale is still developing; however, whole systems place based approaches are emerging across the country. These approaches aren't about new infrastructure, but about raising awareness ('becoming ACE aware'), trauma informed care, and prevention.

***Loneliness and social isolation:*** Loneliness is harmful to our health. Research suggests that loneliness is as harmful to our health as smoking 15 cigarettes per day. Anyone can experience social isolation and loneliness. It is not an issue that just affects older people; all ages, including children are known to experience loneliness. Those living in more deprived areas are more likely to lack adequate social support than those living in more affluent areas. We need to create the right conditions to help people make social connections and use what we know about the population groups who may be more vulnerable to experiencing loneliness to intervene early.

***Multimorbidity:*** 16% of the population has two of more long term conditions – this

is equivalent to more than 83,000 people, and this number is growing. There is also an inequalities gap, with people living in the most deprived areas developing multimorbidity 10-15 years earlier than those in the least deprived areas. Most people with multimorbidity are <65, highlighting the importance of the health and wellbeing of people of working age. Whilst prevention is clearly important and best value, for those people who continue to experience poor health, good quality care and support is needed. This means focusing on the individual and what is important to them; their goals and priorities; and moving away from a focus on single diseases and conditions.

***Childhood obesity*:** The number of children who are overweight or obese when measured in Year 6 continues to increase; there have been year on year rises over the last decade, and for the first time the number of children who are overweight of obese when measured in Reception is higher than the national average. This highlights the complexity of the issue to address, and why it remains a priority, with action coordinated through the Living Well Programme.

***Healthy ageing:*** Healthy life expectancy is a good indicator of healthy ageing. Ageing is often viewed as an inevitable process, rather than one which is modifiable. As a consequence we frequently attribute the problems experienced by older people to the ageing process, rather than viewing those problems as treatable and preventable. Our response has historically been a medical and paternalistic one – to provide more care and treatment.

There is a growing body of research that is challenging the traditional view and response to ageing. It recognises that the experience of ageing isn't homogenous, and isn't restricted to a period of life defined by how old you are. Ageing is complex and is only loosely associated with how old a person is. Ageing is a normal and inevitable process, however, evidence suggests that it is the impact that ageing has on us that we need to influence. Long term conditions, are often associated with ageing, but they are a consequence of long term exposure to social and environmental factors, and lifestyle behaviours. These elements are all modifiable; many diseases can be prevented, as can disability, dementia and frailty. Accordingly, we need to focus our efforts on the modifiable elements where we can make the biggest difference and view the increasing number of older people as an opportunity not a burden. This starts in childhood. Social and environmental experiences appear to be more important than biological ones in terms of determining how a person ages, highlighting the need for a predominantly social response.

### 3.3 What do we need to do in response to the challenges identified in the JSNA?

Much work is already being undertaken to address the health and wellbeing needs identified in the JSNA. This is reflected in a number of key strategies and work programmes delivered by partners across the District including: Anti poverty strategy; Mental Wellbeing Strategy, Economic Strategy, and the Living Well Programme, amongst others.

What is clear from the JSNA is that the drivers of mental and physical ill health that contribute to poor health in the District are complex; there is no single intervention, policy or organisation that can address inequalities in healthy life expectancy. The

drivers of ill health are, however, largely preventable, with action and commitment from partners. The whole systems approach that forms the foundation of our efforts to address obesity (through Living Well) is needed to tackle the causes of ill health. This means linking together many of the influencing factors and coordinated action across all stakeholder organisations at scale. This goes beyond lifestyle decisions, but recognises both the places that people live, and also the context in which people live their lives.

Poverty appears to be one of the most notable factors influencing so many of the drivers of poor healthy life expectancy. Accordingly, a system wide commitment to tacking poverty should be at the heart of our efforts to improve healthy life expectancy for all people in the District, but importantly, to improve it most (and fastest) for those living in the most deprived areas who spend a greater number of years living in poor health.

## 4. FINANCIAL & RESOURCE APPRAISAL

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

## 5. RISK MANAGEMENT AND GOVERNANCE ISSUES

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

## 6. LEGAL APPRAISAL

There are no direct legal issues arising from this summary report. As stated, the paper summarises the main findings of the JSNA, focusing on the headline indicator of health and wellbeing for a population.

As stated in the report, JSNAs analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas.

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

In preparing JSNAs and JHWSs, health and wellbeing boards must have regard to guidance issued by the Secretary of State and any future revisions issued, and as such, boards have to be able to justify departing from it if wishing to do so.

Under the 2007 Act (as amended by the Act). Local authorities and clinical commissioning groups (CCGs) have equal and joint duties / responsibilities to prepare JSNAs and JHWSs, through the health and wellbeing board

The 2007 Act – section 116 (as amended by the Act – section 192 require a "responsible local authority" and each of its partner CCGs to prepare JSNAs and JHWSs; and section 116A (as inserted by the Act – section 193); and the Act – section 196 provides that these functions are to be exercised by the health and wellbeing board established by the local authority.

Section 103 of the 2007 Act provides that each of the following is a "responsible local authority": a county council in England, a district council in England other than a council for a district in a county for which there is a county council; a London borough council, the Council of the Isles of Scilly and the Common Council of the City of London in its capacity as a local authority. CBMDC falls into the category of "responsible local authority".

## 7. OTHER IMPLICATIONS

### 7.1 EQUALITY & DIVERSITY

The JSNA identified health inequalities which in some instances can disproportionately affect people with protected characteristics under the Equality Act 2010.

### 7.2 SUSTAINABILITY IMPLICATIONS

None

### 7.3 GREENHOUSE GAS EMISSIONS IMPACTS

No direct implications. There are, however, links between greenhouse gas emissions and health and wellbeing. Action to address air quality, and to increase physical activity levels and sustainable travel may have some impact on greenhouse gas emissions.

### 7.4 COMMUNITY SAFETY IMPLICATIONS

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

### 7.5 HUMAN RIGHTS ACT

No direct implications.

### 7.6 TRADE UNION

No direct implications

## 7.7 WARD IMPLICATIONS

The current and future health and wellbeing needs of people in Bradford District vary enormously across the 30 wards of the District. Significant inequalities exist, with need generally highest in the most deprived wards of the District.

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

Area profiles are published as part of the JSNA, describing the health and wellbeing needs of specific areas and communities in the District. These are used to inform the area committee action plans, and are available at: https://jsna.bradford.gov.uk/Community%20Partnership%20and%20area%20profiles.asp

## 7.9 IMPLICATIONS FOR CORPORATE PARENTING

N/A

## 7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

No issues arising.

## 8. NOT FOR PUBLICATION DOCUMENTS

None

## 9. OPTIONS

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

## 10. RECOMMENDATIONS

That Health and Wellbeing Board members consider the content of this report and provide feedback for further action.

## 11. APPENDICES

**11.1** Connecting People and Place for Better Health and Wellbeing: Outcomes Report

**11.2** JSNA Structure

## 12. BACKGROUND DOCUMENTS

The JSNA is available at: https://jsna.bradford.gov.uk/

# Connecting People and Place for Better Health and Wellbeing

Outcome Report: May 2019

# Introduction

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

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

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

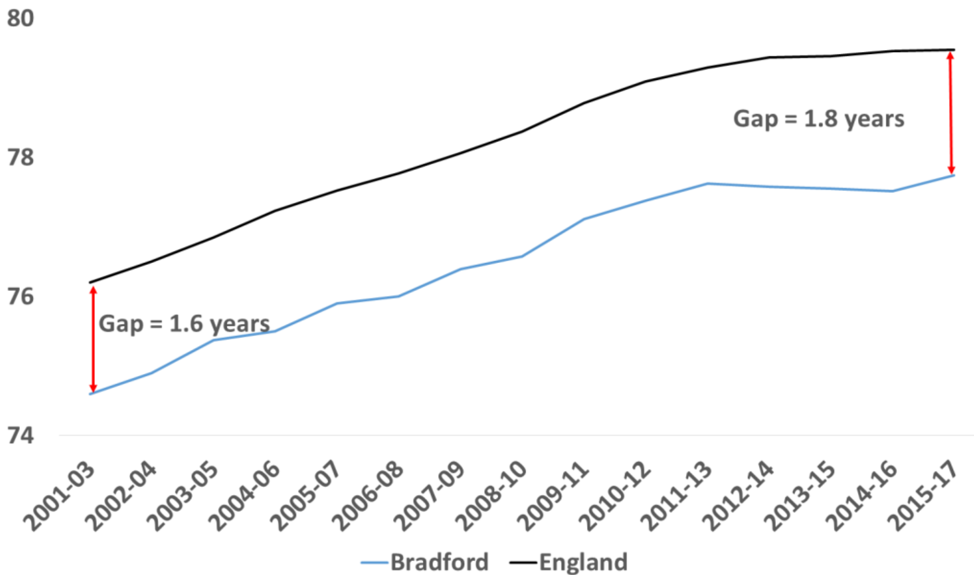
# Overarching Outcomes: adding years to life and life to years for everyone in our District

# Life expectancy at birth– males

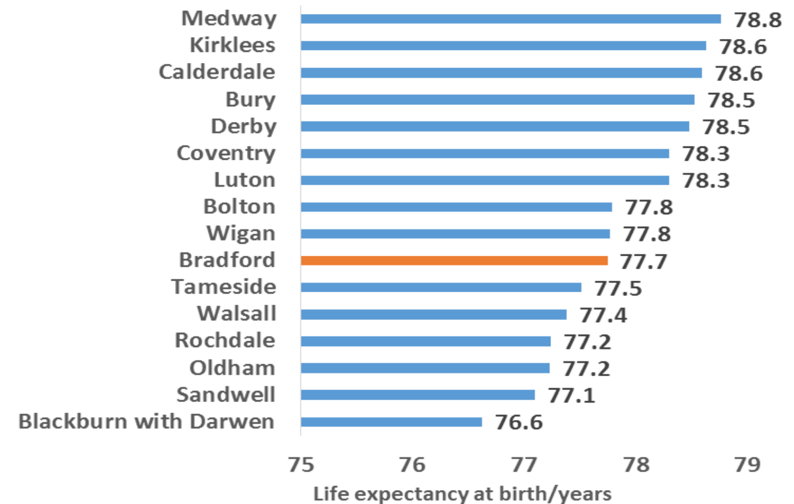
The average number of years a male can expect to live based on contemporary mortality rates

| Latest value | Most deprived ward in Bradford | Gap in life expectancy | Least deprived ward in Bradford |
|---|---|---|---|
| 77.7 years | 73.7 years | 9.6 years | 83.3 years |

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






Life expectancy at birth for males in Bradford District has followed an upward trend; however since 2012-14 life expectancy has shown signs of levelling out. However in 2015-17, the gap between the national average and Bradford District has narrowed for the first time since 2012-14. Bradford District has the third lowest life expectancy in the region and has seen its national rank fall over time. A male living in the most deprived part of the District can expect to live 9.5 years less than a male from the least deprived.

# Life expectancy at birth– females The average number of years a female can expect to live based on contemporary mortality rates

**Latest value**
**81.6 years**

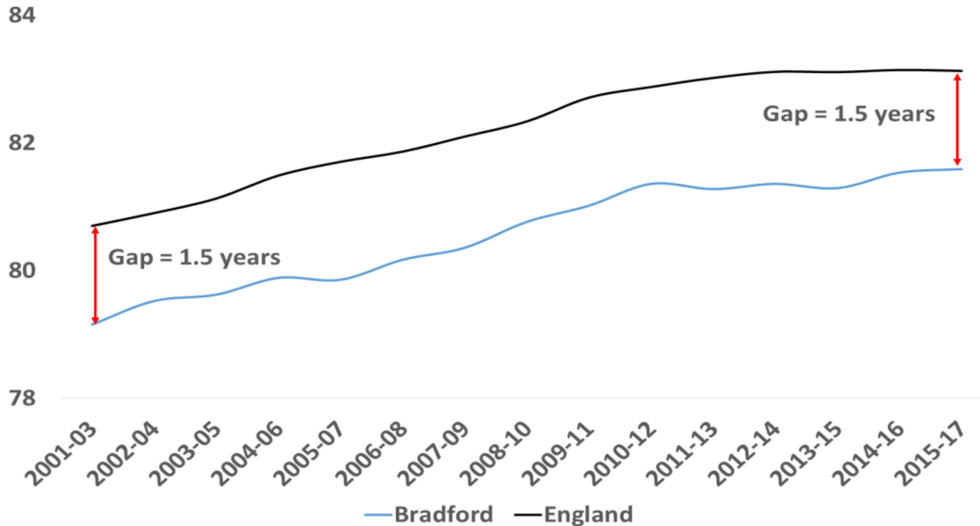
**Most deprived ward in Bradford**
**77.9 years**

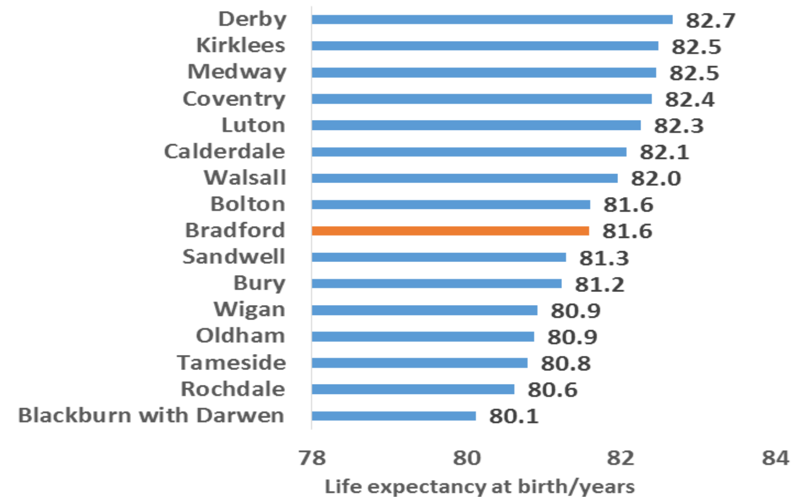
**Gap in life expectancy**

**9.8 years**

**Least deprived ward in Bradford**
**87.8 years**

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

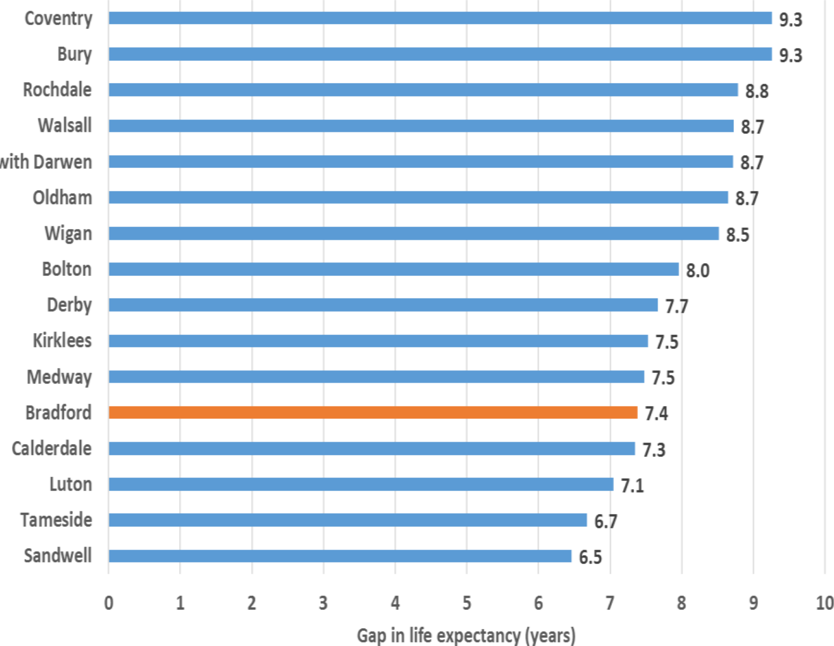


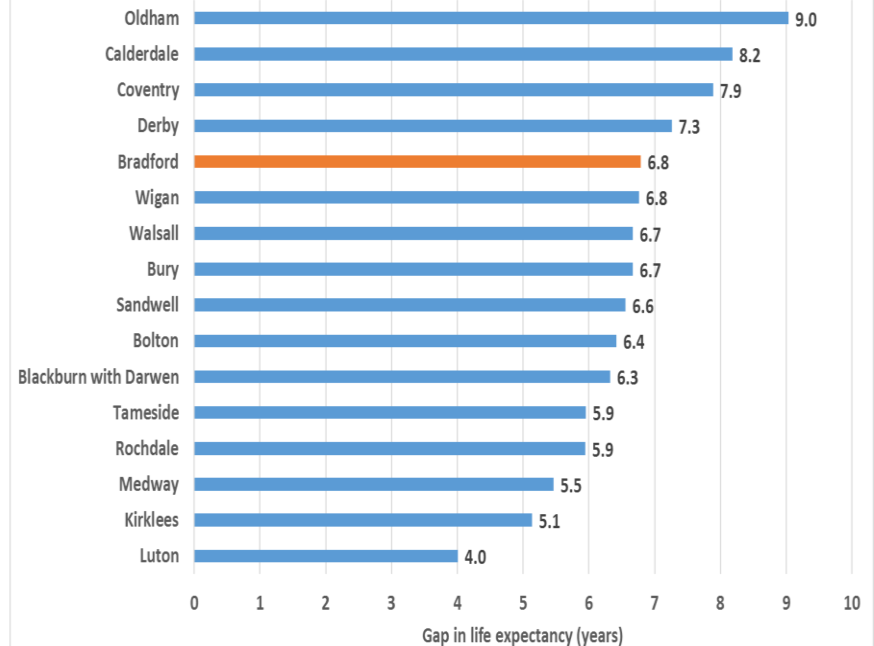

After a period of levelling off between 2012-12 and 2013-15, life expectancy at birth for females in Bradford District has risen slightly in recent years. However, the gap between Bradford District and the average for England remains the same. Bradford District has the second lowest life expectancy in the region but has seen its national rank rise slightly. A female living in the most deprived part of the District can expect to live 8.9 years less than a female from the least deprived.

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

## Males




## Females






A man in Bradford District living in the most deprived quintile of deprivation can expect to live 7.4 years less than a man from the least deprived area. This gap in life expectancy is lower than many of our comparator local authorities. A woman in Bradford District living in the most deprived quintile of deprivation can expect to live 6.8 years less than a woman living in the least deprived area; this is slightly above the average for our comparator local authorities.

# Healthy life expectancy at birth – males

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

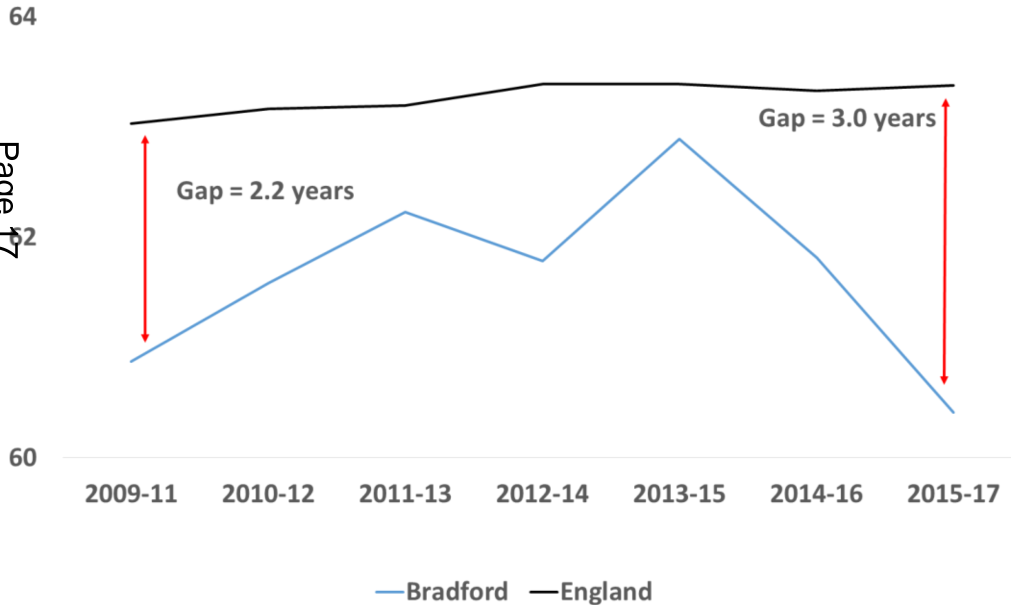
**Latest value**
60.4 years

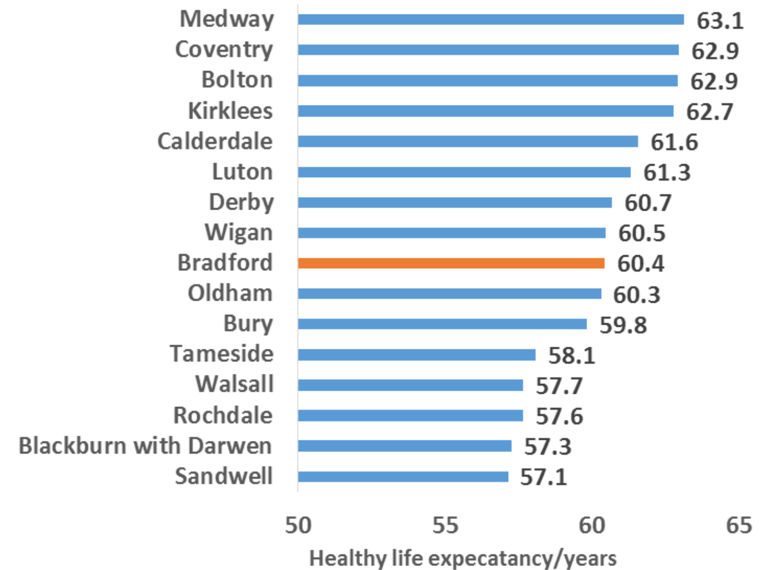
**Healthy life expectancy at birth**
60.4

**Years of 'poor' health**
17.3 years

**Life expectancy at birth**
77.7 years

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




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

# Healthy life expectancy at birth – females

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

**Latest value**
59.0 years

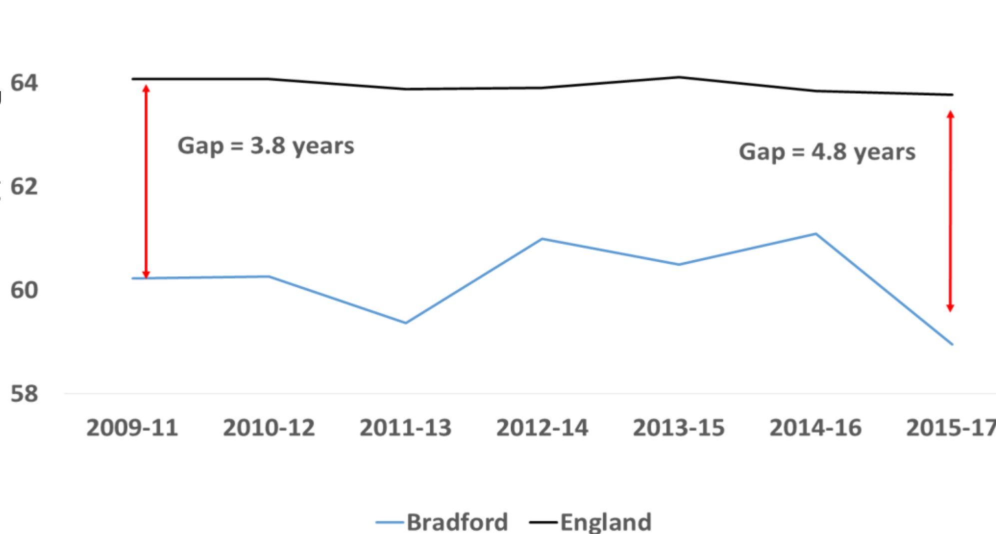
**Healthy life expectancy at birth**
59.0 years

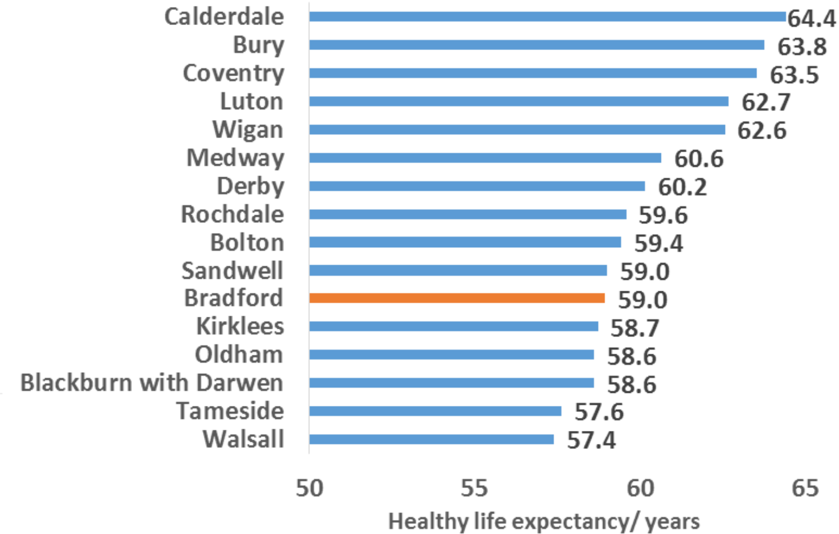
**Years of 'poor' health**
22.6 years

**Life expectancy at birth**
81.6 years

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

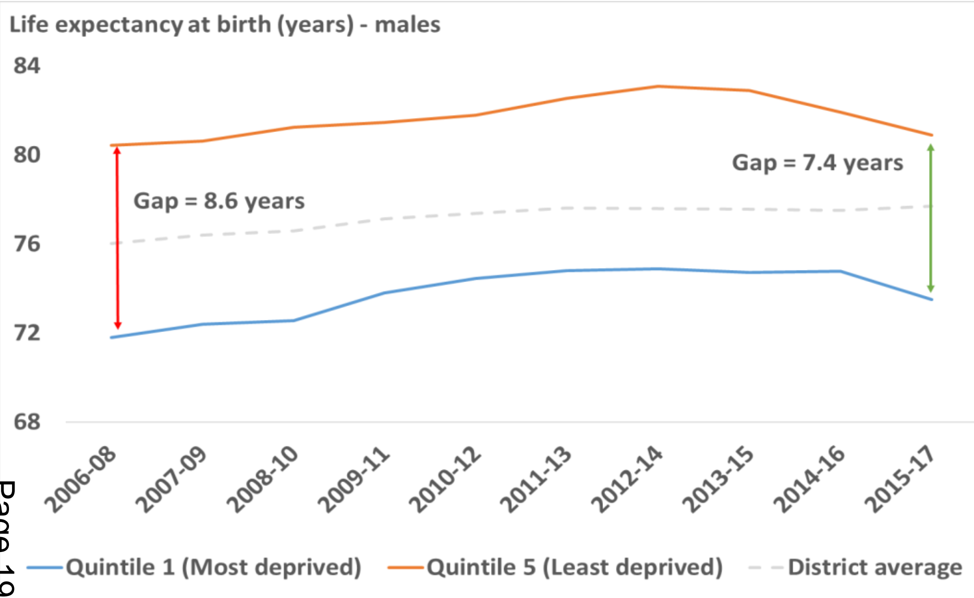




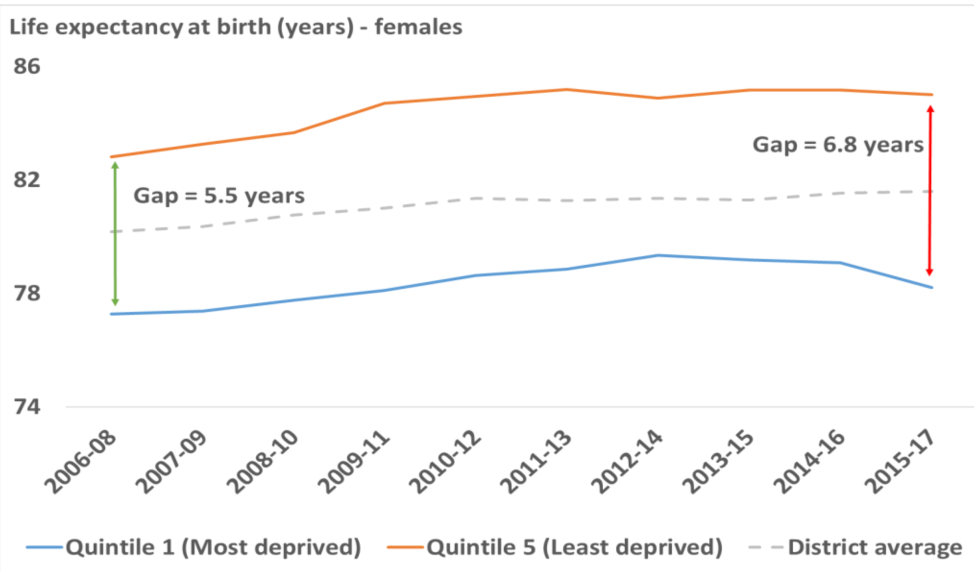




Healthy life expectancy in Bradford District has fallen in 2015-17 to the lowest figure recorded since 2009-11 and the gap between the district and England has widened. When compared to its statistical neighbours, Bradford District has the sixth lowest healthy life expectancy of these Local Authorities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

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

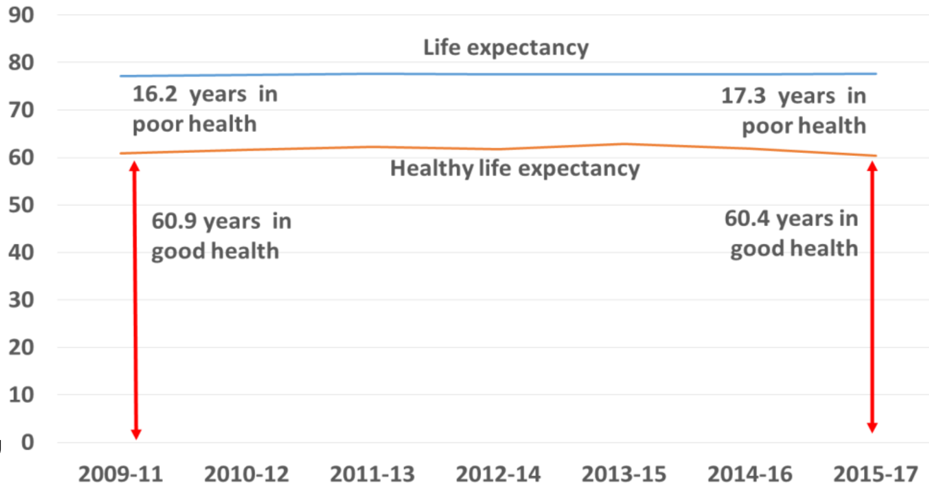



The gap between how much longer a male born in the least deprived areas of Bradford District and a male born in the most deprived areas has narrowed over the last 10 years from 8.6 years to 7.4 years. This reduction, however, was mainly seen between 2009 and 2011, with life expectancy levelling off in the most deprived areas from 2012 onwards. A fall in life expectancy in the least deprived areas from 2013-15 has also contributed to this narrowing of the gap.



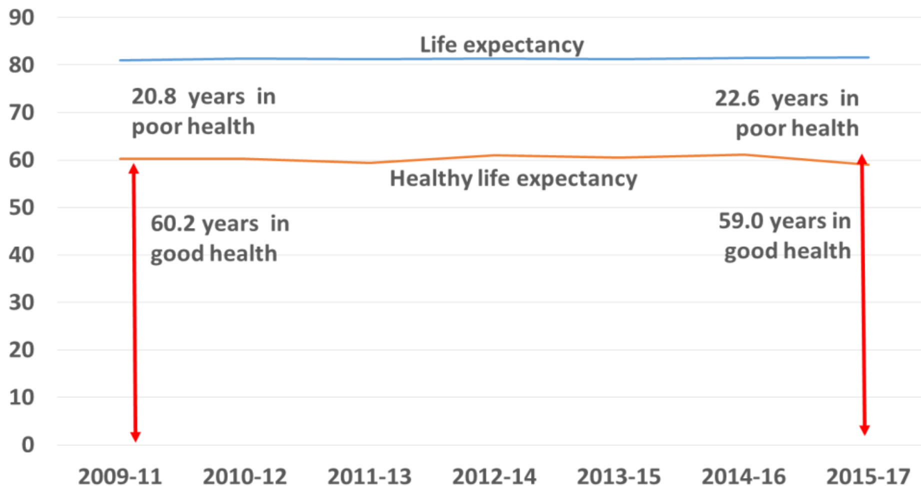

Across Bradford District, females born across all areas of Bradford District can expect to live longer. However, the gap between how much longer a female born in the least deprived areas of Bradford District and a female born in the most deprived areas has widened from 5.5 years to 6.8 years. This is mainly due to life expectancy improving more in the least deprived areas of the District than in the most deprived.

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




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






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

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

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

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



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

*** NEW DATA PUBLISHED**

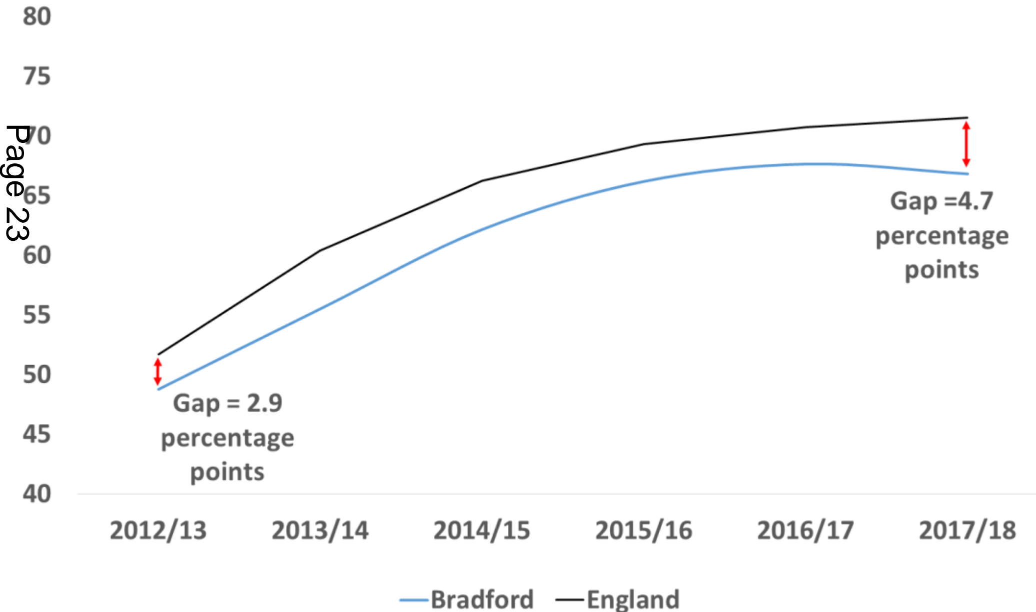
**% of children achieving a good level of development by reception** Children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children

## Latest values (2017/18)

| Bradford District | Regional average | England average |
|---|---|---|
| 66.8% | 69.5% | 71.5% |

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

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

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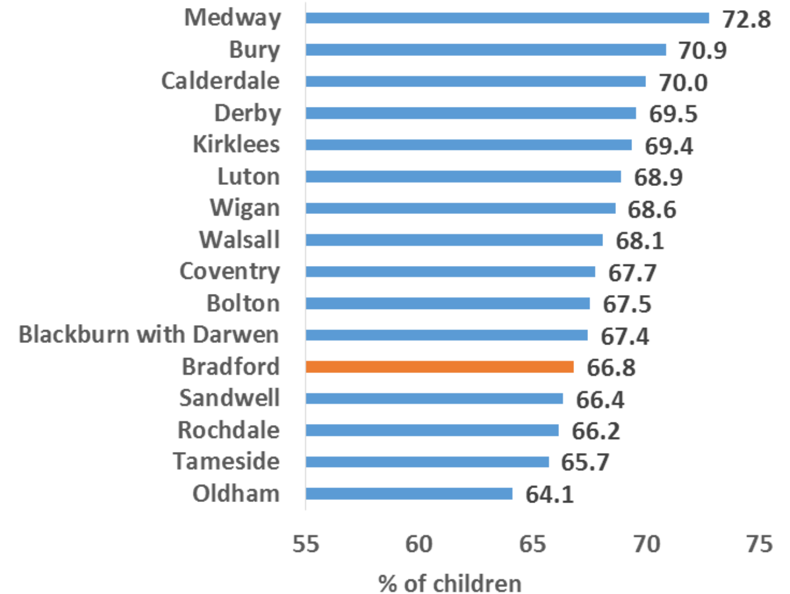



In Bradford District the % of children achieving a good level of development at reception has fallen in 2017/18 for the first time since records began. However the national and regional figures for this measure have increased and therefore the gap between Bradford District and England has widened. Compared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

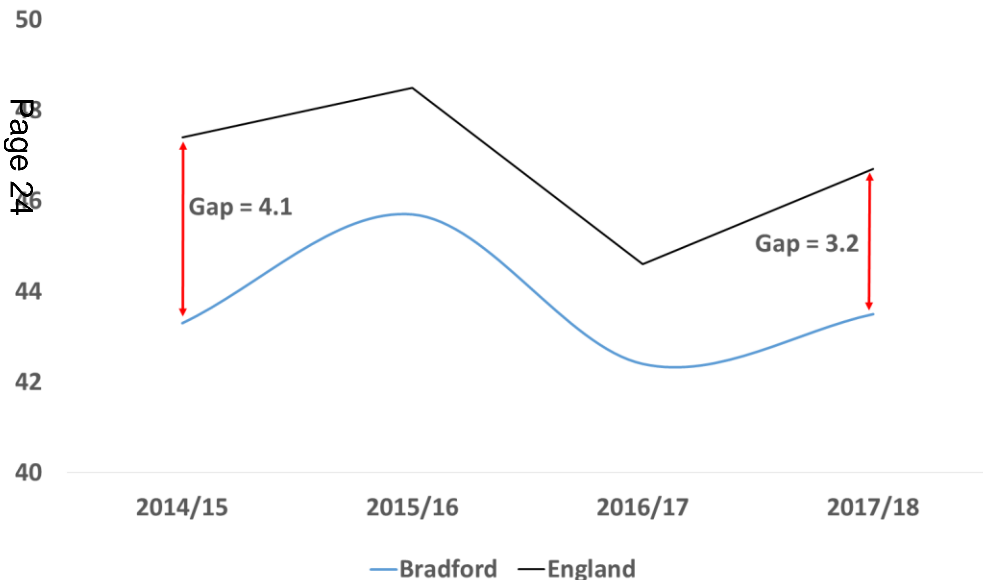
# **Average Attainment 8 Score** – Average attainment 8 score for all pupils in state-funded schools, based on local authority of school location

## Latest values (2017/18)

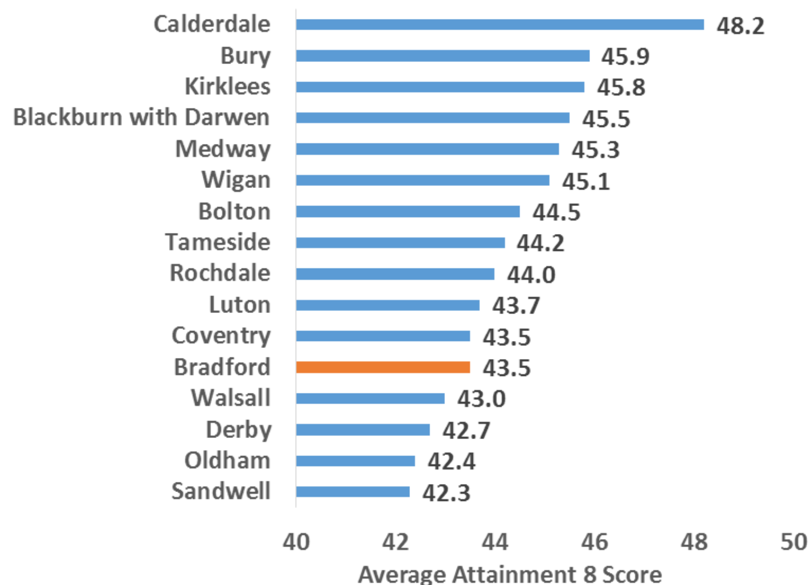
| Bradford District | Regional average | England average |
|---|---|---|
| 43.5 | 45.3 | 46.7 |

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

| Year | National rank (ranked out of 150 County & Unitary LAs) |
|---|---|
| 2014/15 | 144 |
| 2017/18 | 126 |






In Bradford District in 2017/18 the average attainment 8 score increased to 43.5. Bradford District remains below both the regional and national average for this measure and the gap between Bradford District and England has increased from 2.2 to 3.2 In comparison to similar local authorities, Bradford District has the 5th lowest average attainment 8 score.

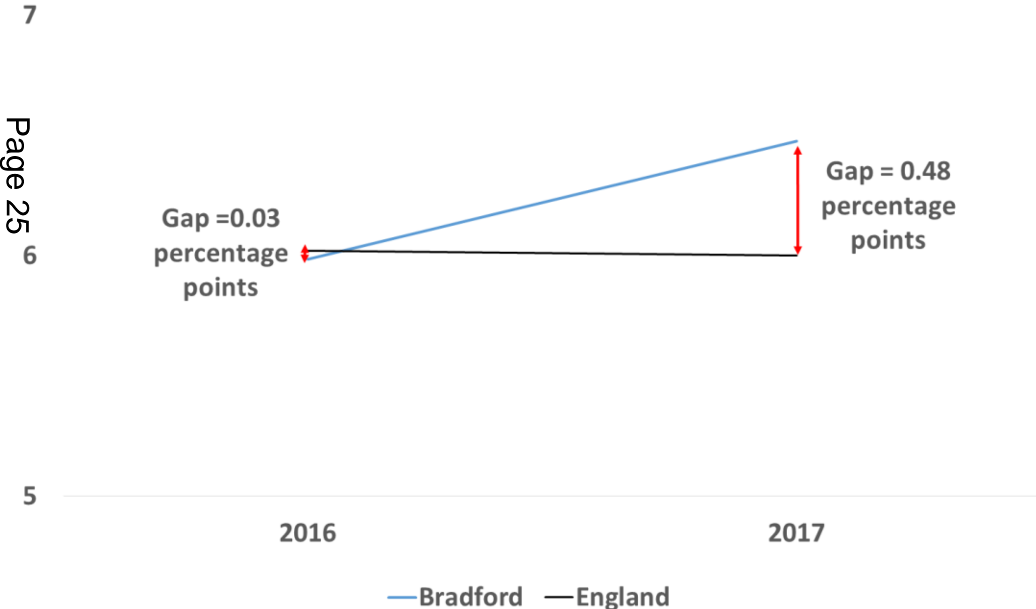
# % of 16-17 year olds NEET - % of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known

## Latest values (2017)

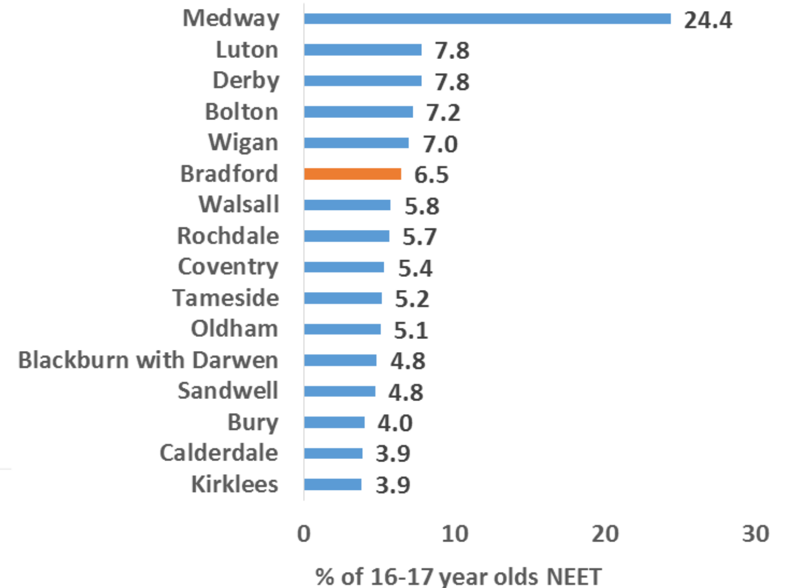
| Bradford District | Regional average | England average |
|---|---|---|
| 6.5% | 5.8% | 6.0% |

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

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






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

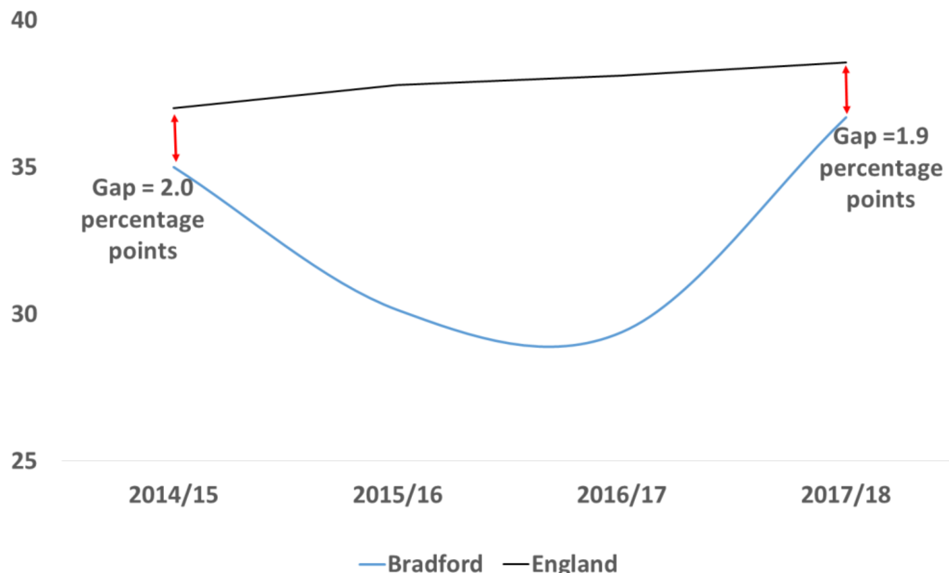
# % of children aged 5-16 who have been in care for at least 12 months whose SDQ score is cause for concern – proportion of all looked after children who have been in care for at least 12 months on 31 March whose SDQ score was 17 or over

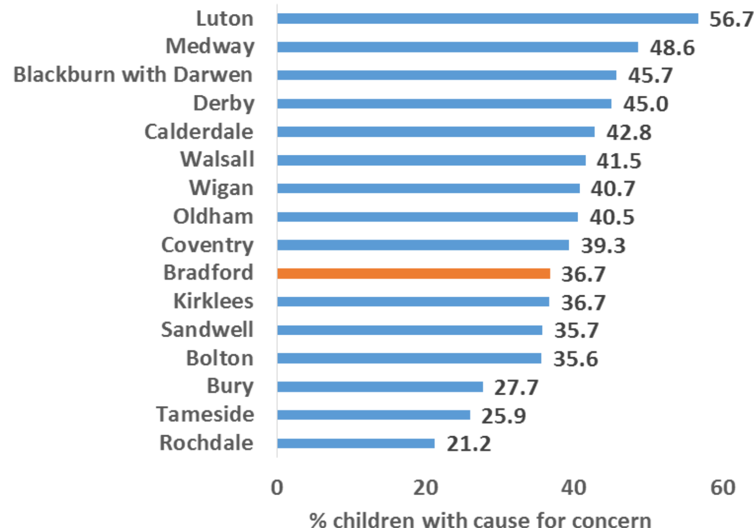
## Latest values (2017/18)

| Bradford District | Regional average | England average |
|---|---|---|
| 36.7% | 42.7% | 38.6% |

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

| Year | National rank (ranked out of 150) |
|---|---|
| 2014/15 | 52 |
| 2017/18 | 58 |




The proportion of children aged 5-16 where there is a cause for concern has increased in 2017/18 to 36.7%. Although this figure remains below both the regional and national average, the gap between Bradford District and England has decreased to 1.9 percentage points. In comparison to similar local authorities, Bradford District has the 7th lowest % of children where there is cause for concern.

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

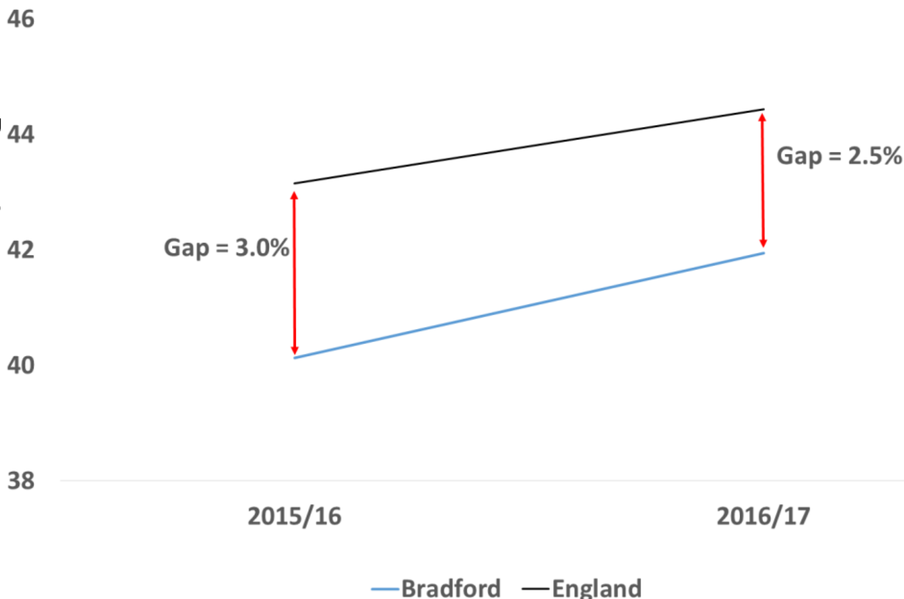
## Latest values (2016/17)

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

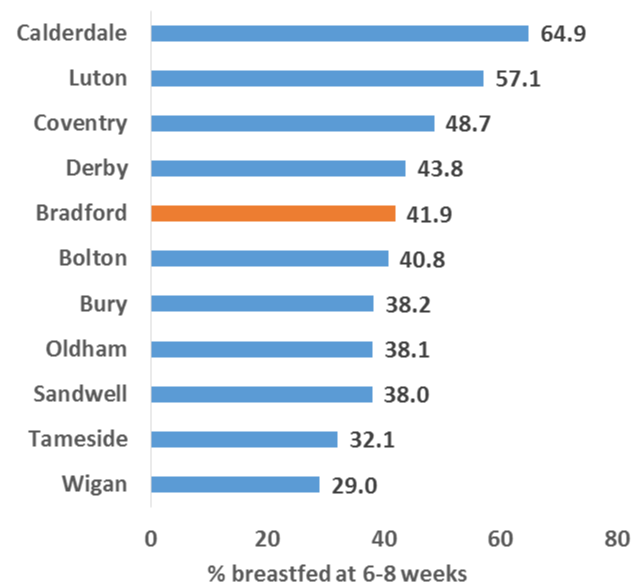
**England average**
**44.4%**

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

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






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

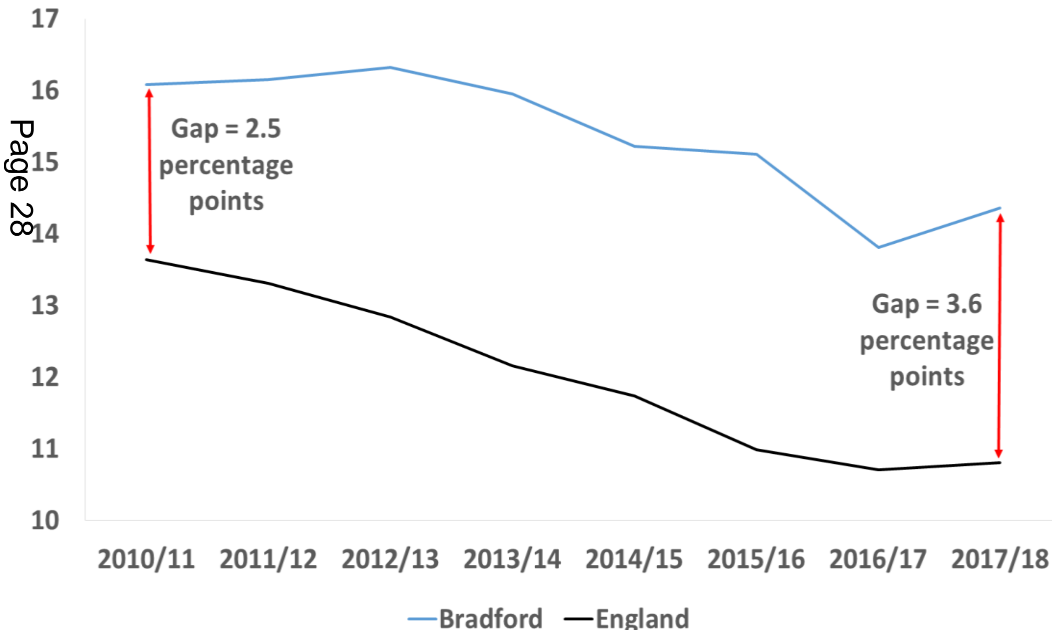
# Smoking at time of delivery - % of women known to smoke at the time of delivery

## Latest values (2017/18)

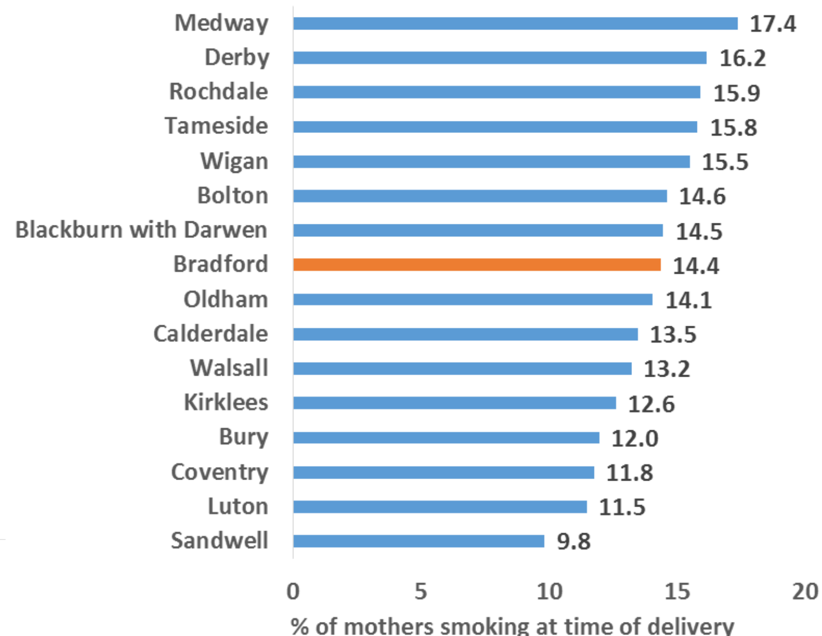
| Bradford District | Regional average | England average |
| --- | --- | --- |
| 14.4% | 14.2% | 10.8% |

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

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





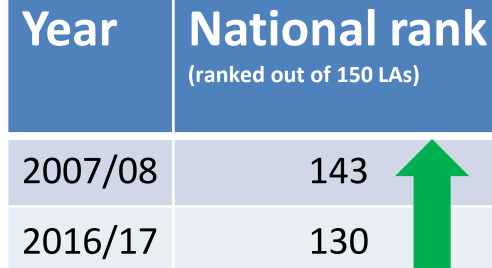

The proportion of women who are recorded as smoking at time of delivery has increased in 2017/18 for the first time in 2 years. Although the national average has also slightly increased, the gap between Bradford District and England has widened and Bradford now ranks 109th out of 150 local authorities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

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

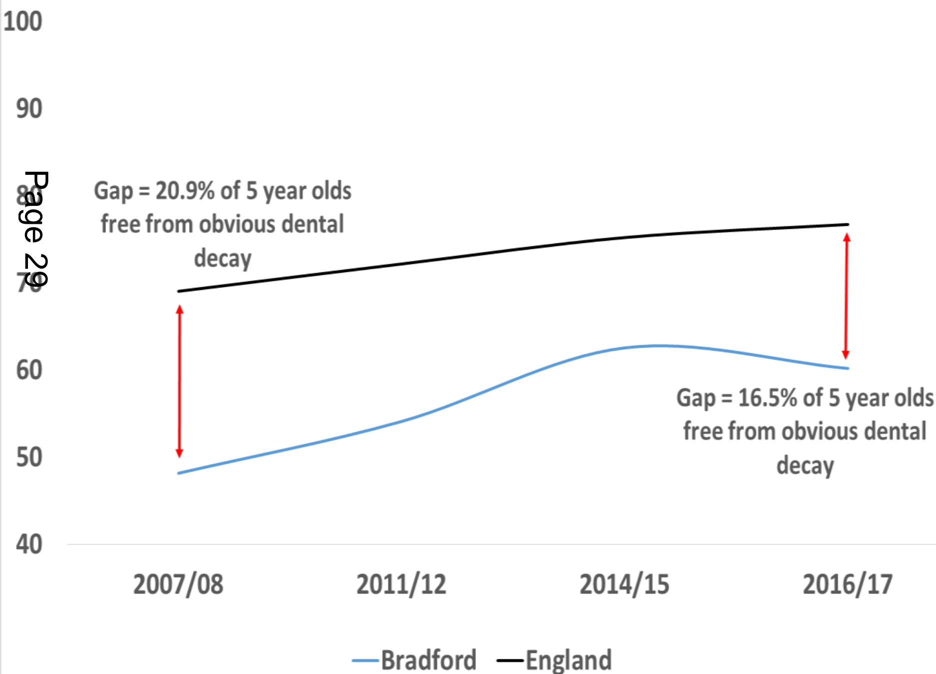
**Latest values (2016/17)**

| Bradford District | Regional average | England average |
|---|---|---|
| 60.2% | 69.6% | 76.7% |

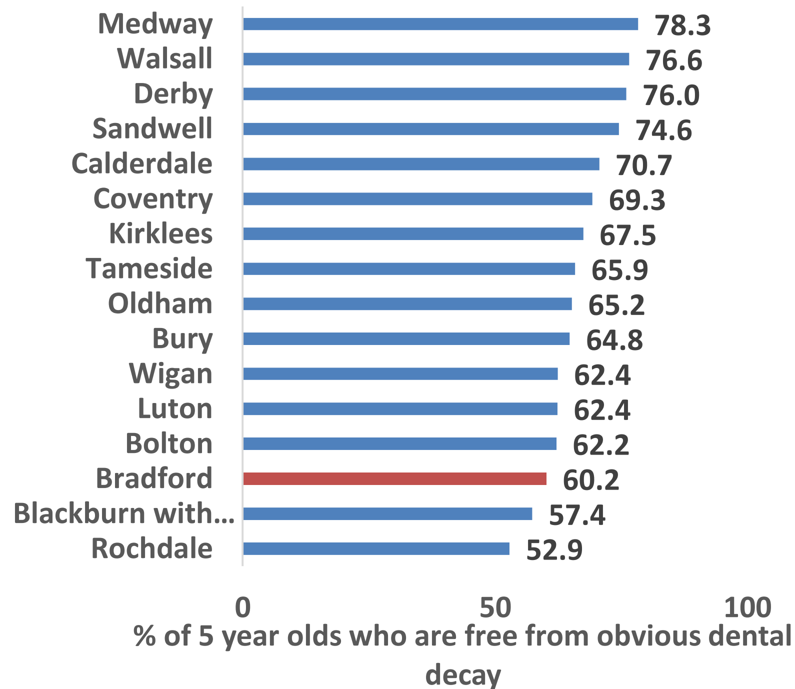
Evidence suggests that oral health varies with deprivation, with more deprived areas being less free from dental decay, though ward data is currently unavailable to support this



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



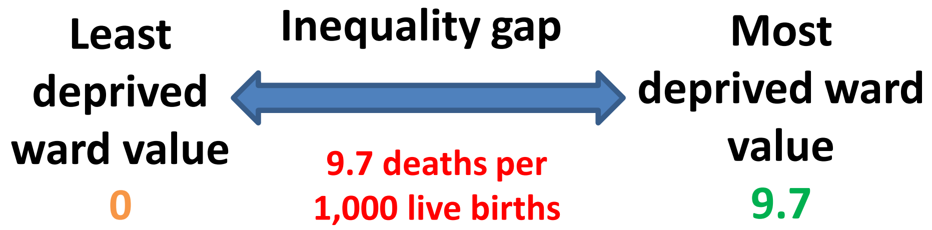


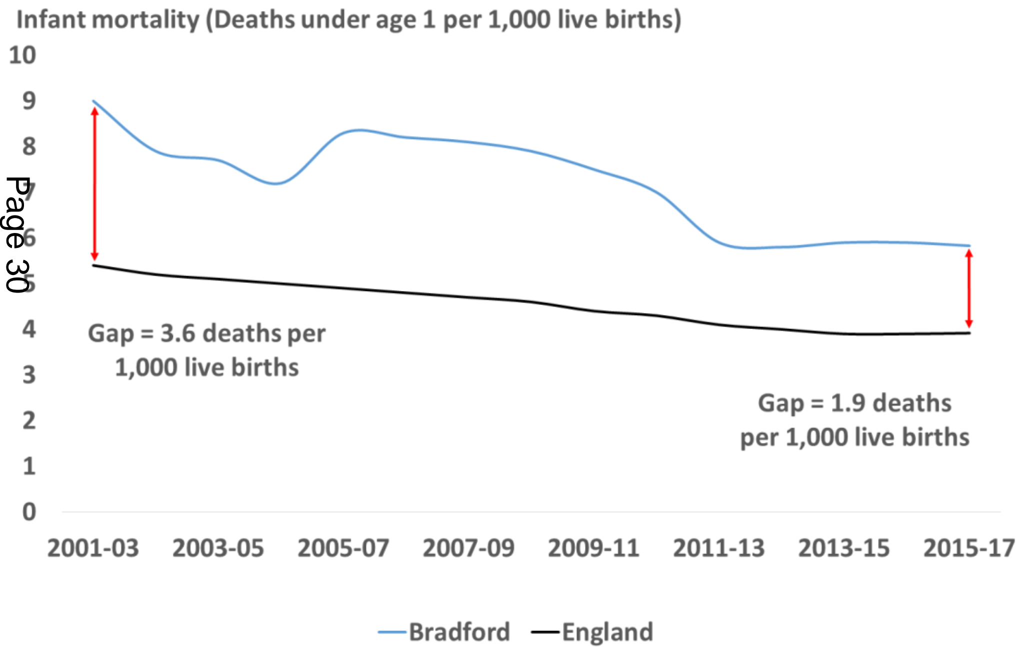

The % of 5 year olds who are free from obvious dental decay in Bradford District has generally increased since 2007/08. Although data for Bradford District is consistently lower than the average for England, the gap between the two has fallen to 16.5% from 20.9% in 2007/08. When compared to similar local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

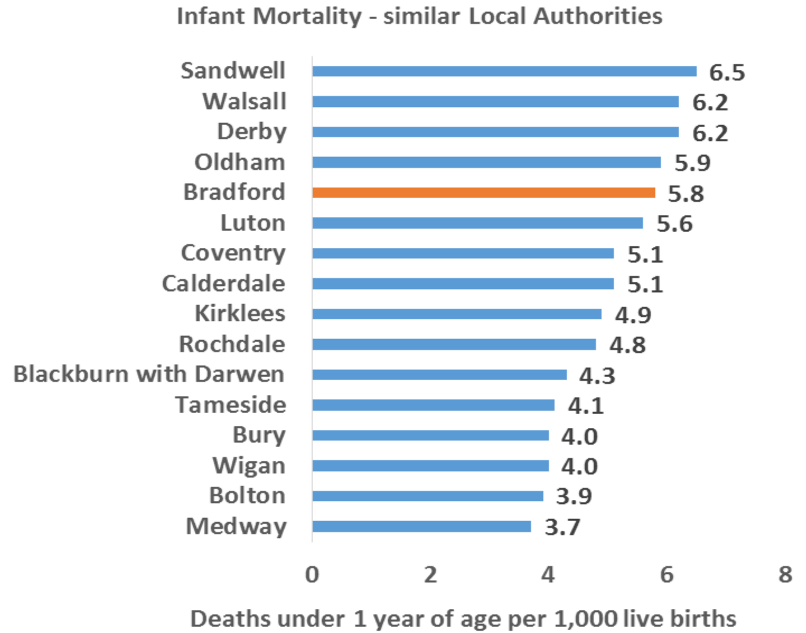
# Infant Mortality (deaths per 1,000 live births)

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




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




Infant mortality rates for Bradford District have fallen since 2001-03, however, as with the average for England, improvements have stalled in recent years. Although Bradford District has consistently had a higher rate of infant mortality when compared to the England average over the last 15 years, the gap between the Bradford and England average has narrowed over this time. In comparison to similar local authorities, Bradford has 5$^{th}$ highest infant mortality rate.

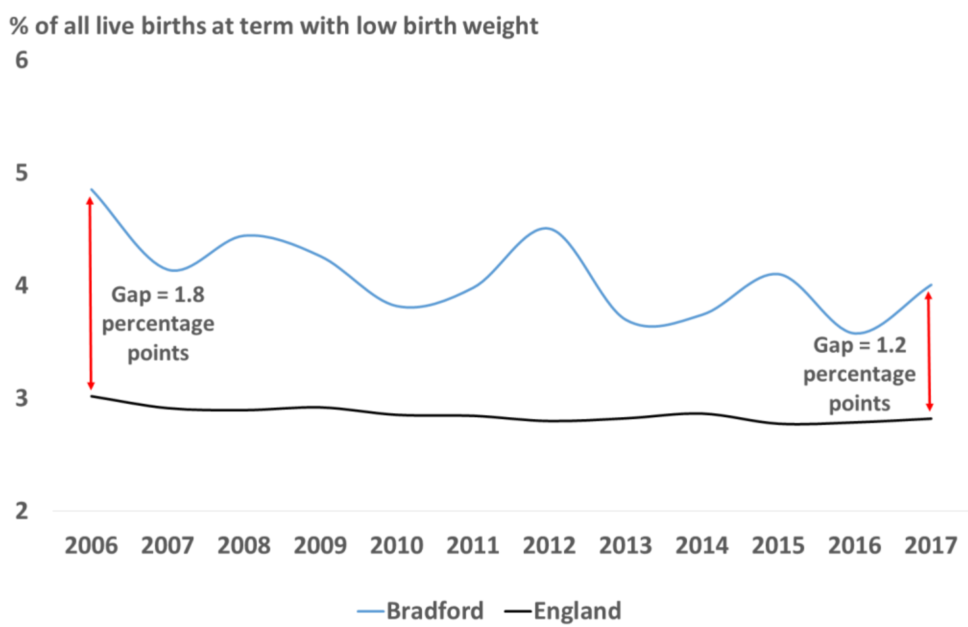
# **Low birth weight of term babies**. Live births with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks

## Latest values (2017)

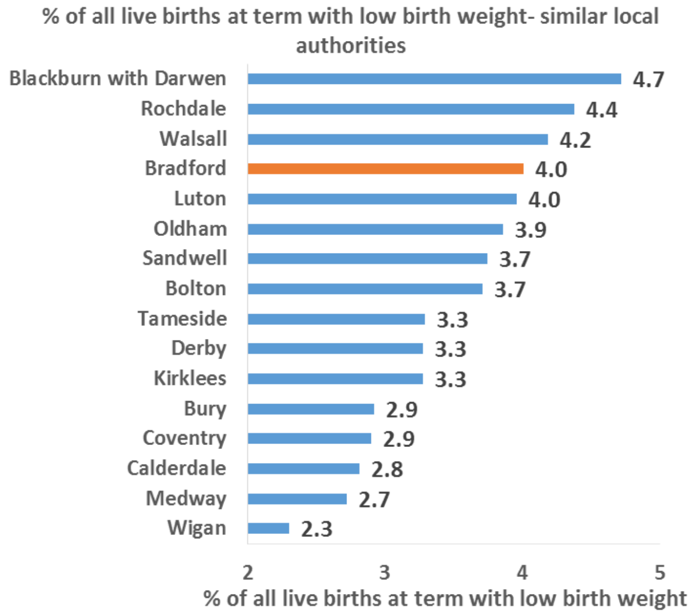
| Bradford District | Regional average | England average |
|---|---|---|
| 4.0% | 3.0% | 2.8% |

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

| Year | National rank (ranked out of 150 LAs) |
|---|---|
| 2006 | 147 |
| 2017 | 143 |






The proportion of low birth weight term babies within Bradford District in 2017 has increased to 4.0%. This increase leaves Bradford District with one of the highest percentages of low birth weight term babies in the country ranking 143rd out of 150 local authorities. Bradford District is above both the regional and national average. Despite this the gap between Bradford District and England has decreased overall since 2006 by 0.6 percentage points. Compared to similar local authorities, Bradford District has the 4th highest proportion of low birth weight term babies.

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

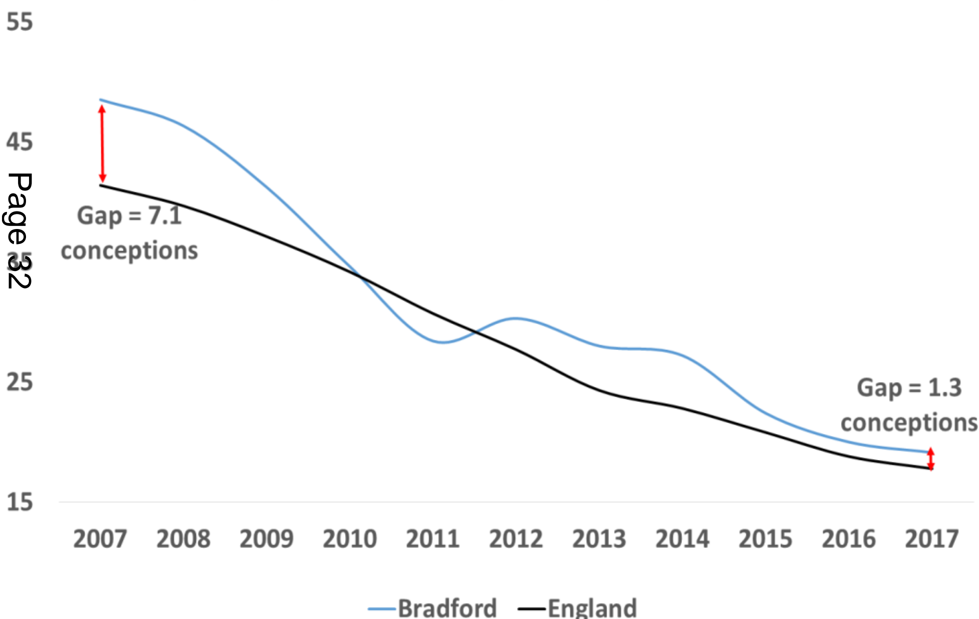
**Latest value**
**19.1**

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

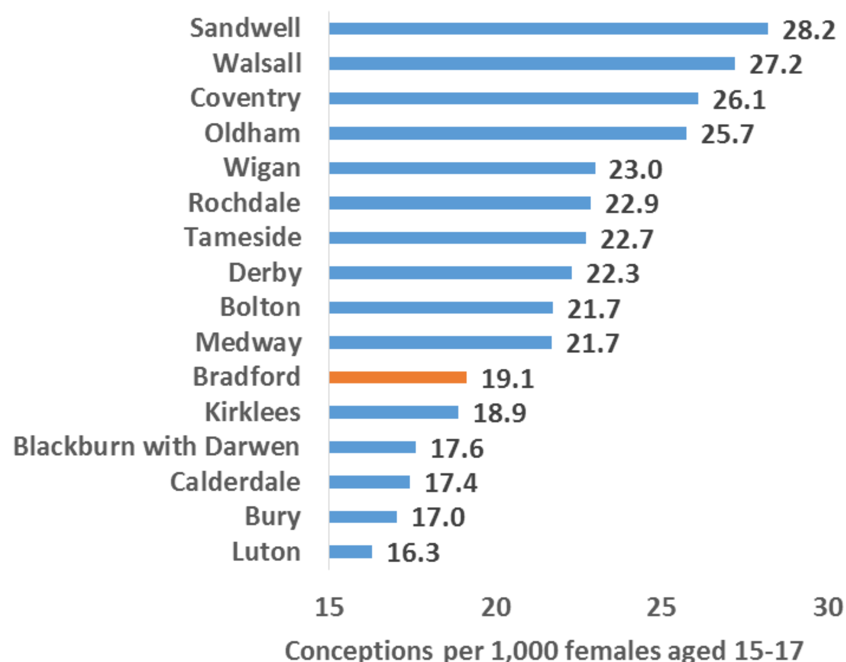
**Inequality gap**
**11.4**

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

| Year | National rank (ranked out of 150 Las) |
|---|---|
| 2007 | 97 |
| 2017 | 83 |






The teenage pregnancy rate in Bradford District is 19.1 conceptions per 1,000 females aged 15-17. This is a decrease from 2016 and the lowest rate on record since 2007. The rate remains above the national average, however the gap between England and Bradford District has decreased to 1.3 conceptions per 1,000 females aged 15-17. Bradford District has the 6th lowest teenage pregnancy rate compared to statistically similar local authorities.

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

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

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



•% of the population with good mental wellbeing (happiness & satisfaction);

•Suicide rate per 100,000 population ;

•IAPT recovery rate ;

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

• % of people experiencing a first episode of psychosis to a NICE approved care package within two weeks of referral;

•% of CYP with MH condition receiving treatment;

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

*** NEW DATA PUBLISHED**

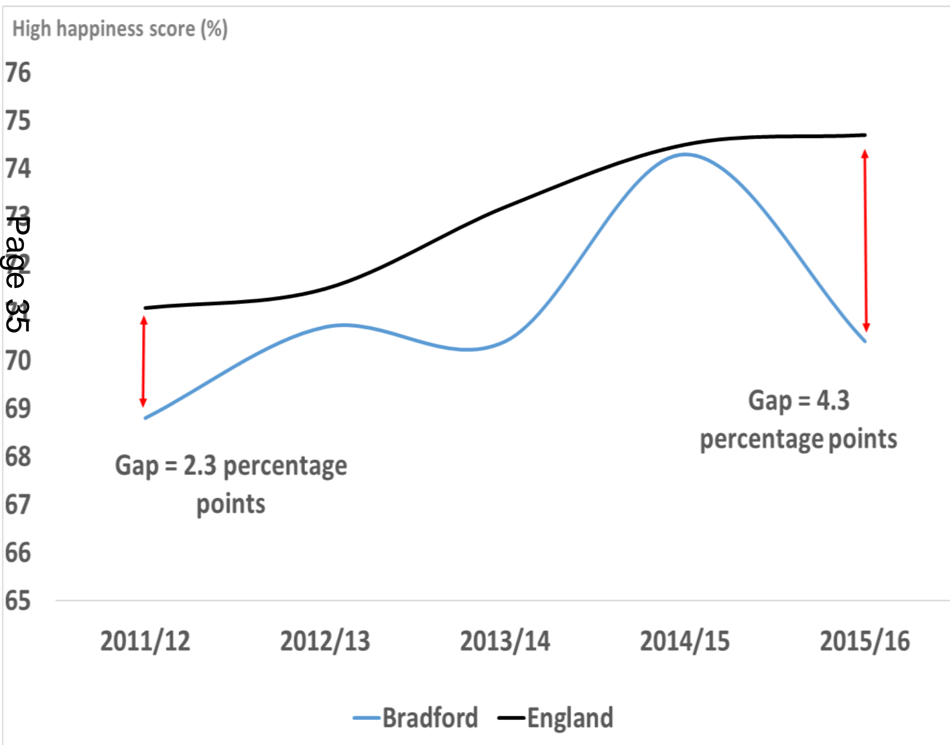
# Mental Wellbeing: High happiness score

## Latest values (2015/16)

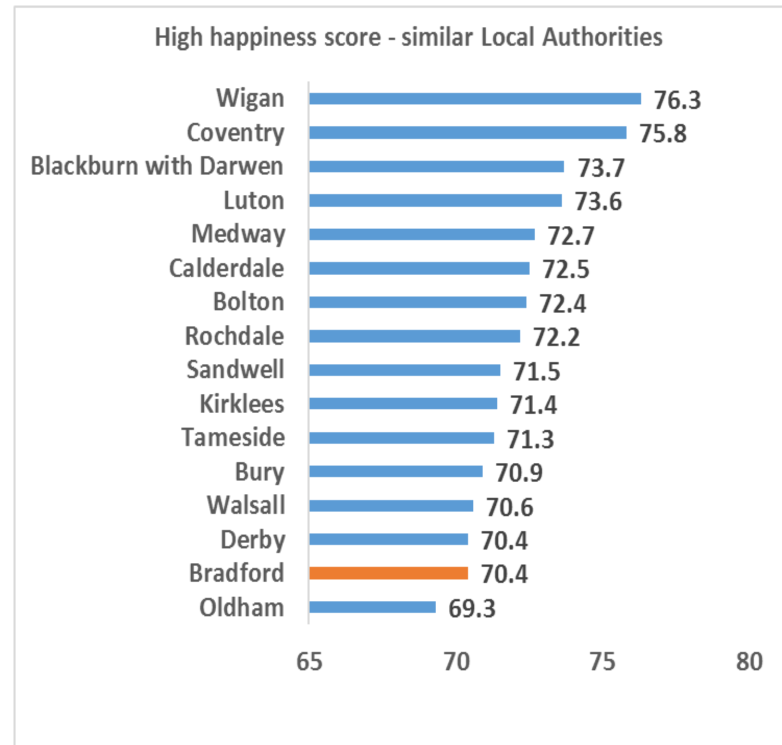
| Bradford District | Regional average | England average |
|---|---|---|
| 70.4% | 74.1% | 74.7% |

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

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






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

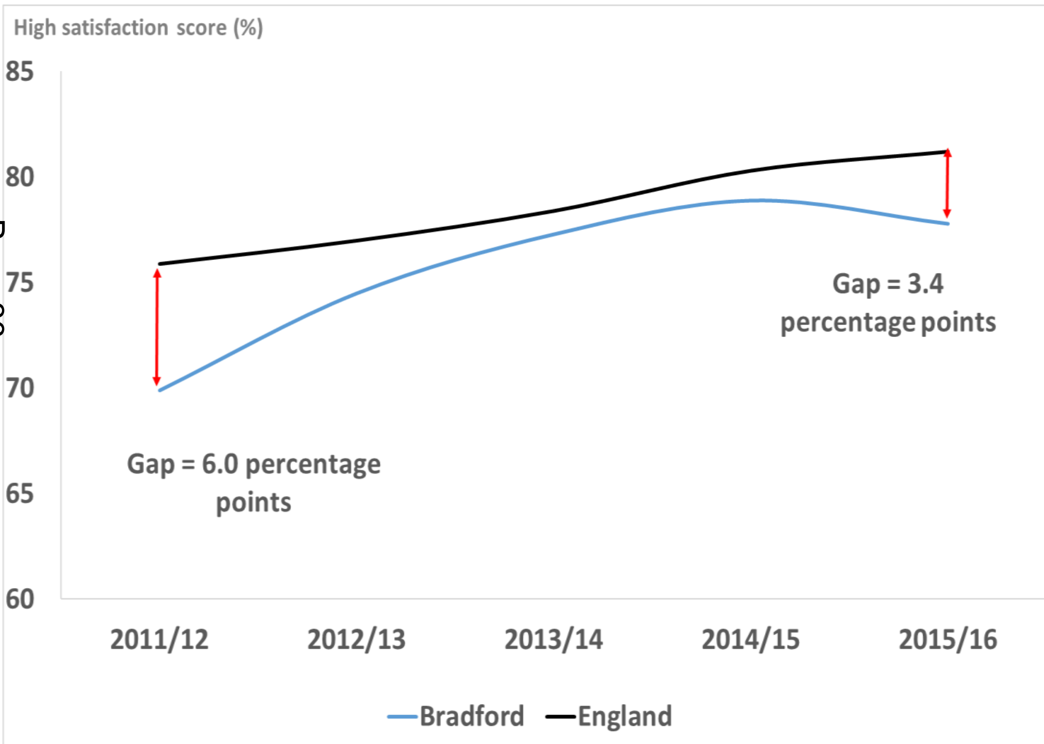
# Mental Wellbeing: High satisfaction score

## Latest values (2015/16)

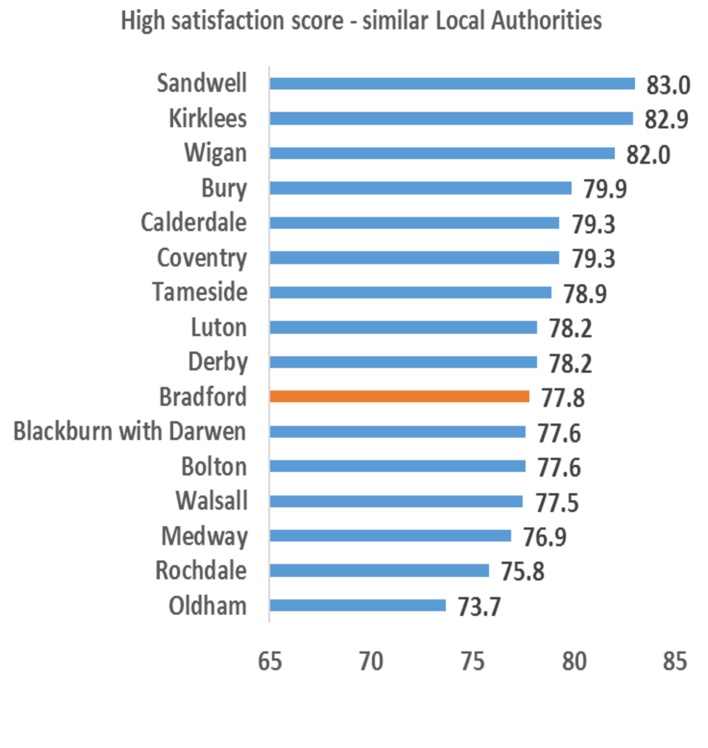
| Bradford District | Regional average | England average |
|---|---|---|
| 77.8% | 80.7% | 81.2% |

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

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






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

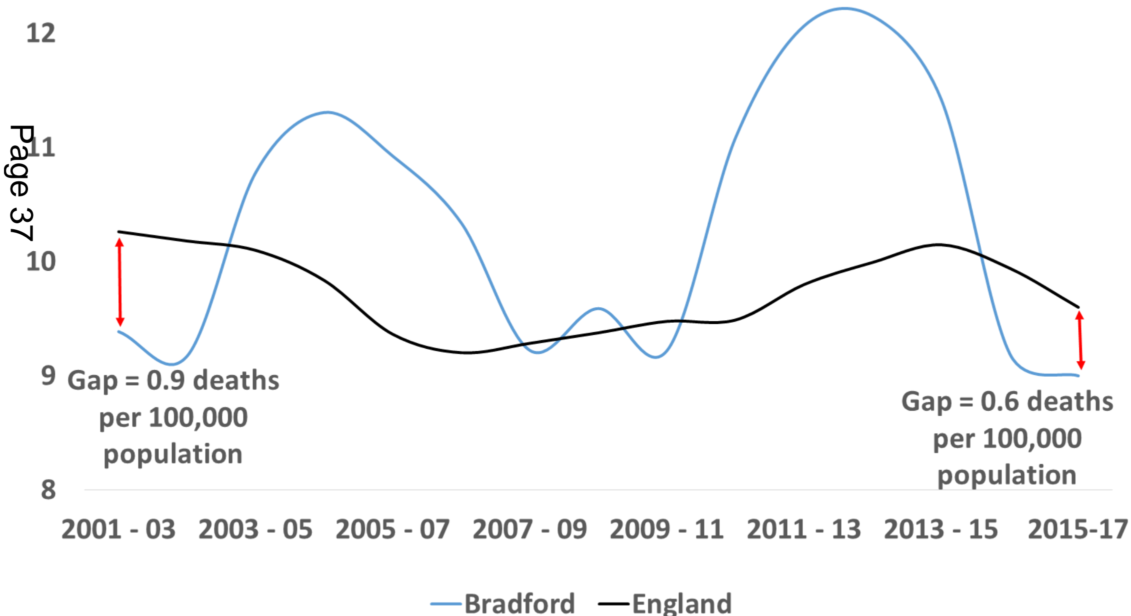
# Suicide Rate - Mortality rate from suicide and injury of undetermined intent per 100,000 population

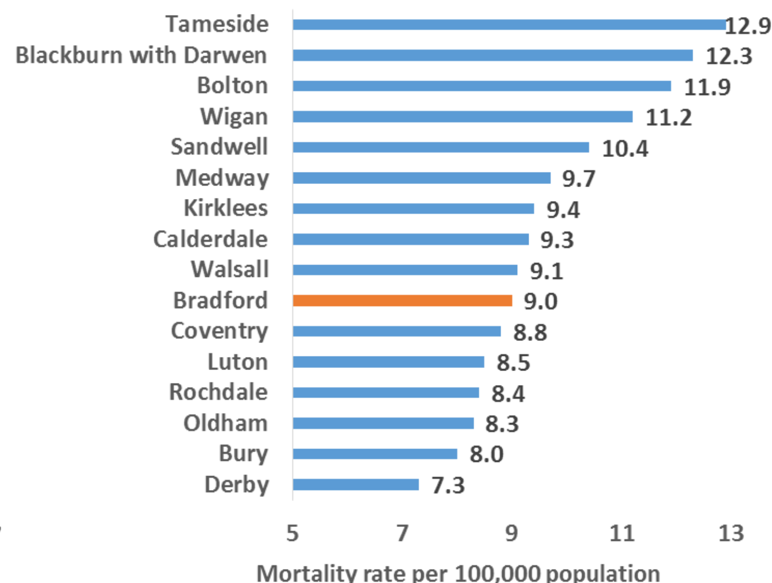
**Latest value**
**9.0 per 100,000 population**

| Most deprived ward | Inequality gap | Least deprived ward |
|---|---|---|
| 12.9 | 1.7 | 14.6 |

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

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



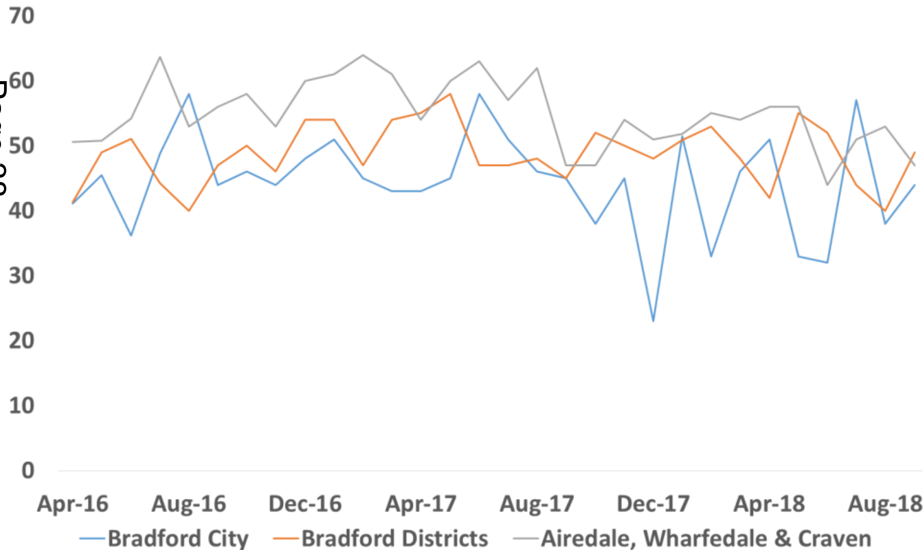

Over the last 15 years the suicide rate in Bradford has fluctuated; however for 2015-17 there were 9.0 deaths per 100,000 population. This is the lowest suicide rate ever recorded. Bradford's suicide rate is currently lower than the average for England, which is 9.6 deaths per 100,000. In comparison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

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

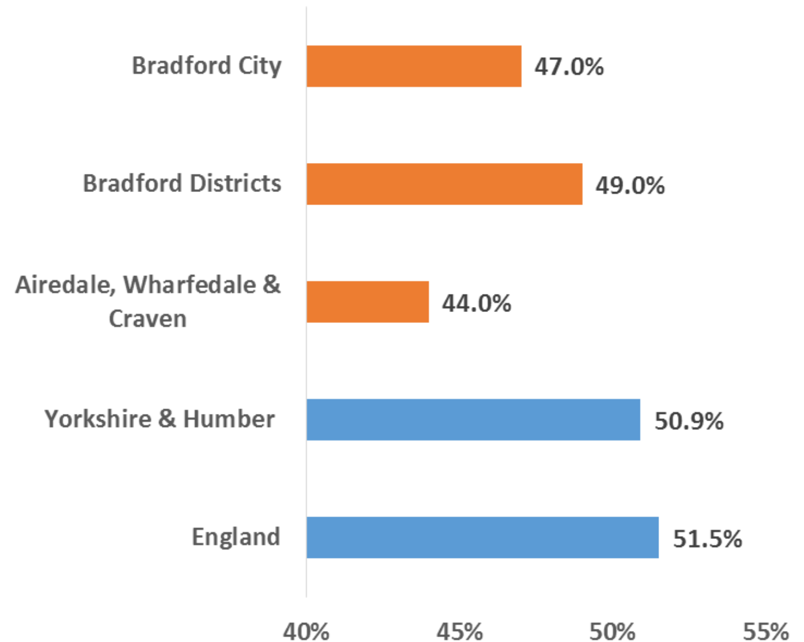
## Latest values (September 2018)

| Bradford City | Bradford Districts | Airedale, Wharfedale & Craven |
|---|---|---|
| 44% | 49% | 47% |

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





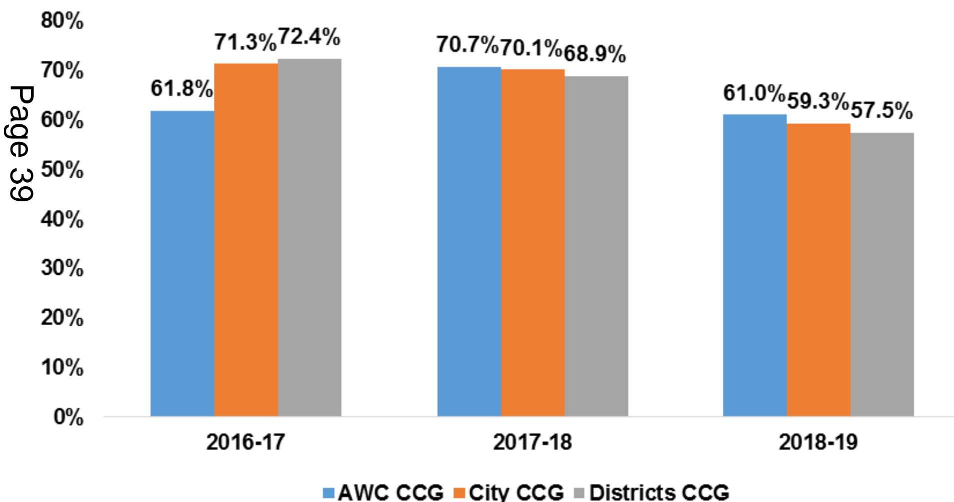

For September 2018 Bradford City CCG has the lowest IAPT recovery rate out of the three CCGs – 44%.This is followed by Airedale, Wharfedale & Craven CCG on 47% and then Bradford Districts on 49%. All three CCG's have an IAPT recovery rate below the regional (50.9%) and national average (51.5%).

# People experiencing a first episode of psychosis in receipt of a NICE approved care package within 2 weeks of referral

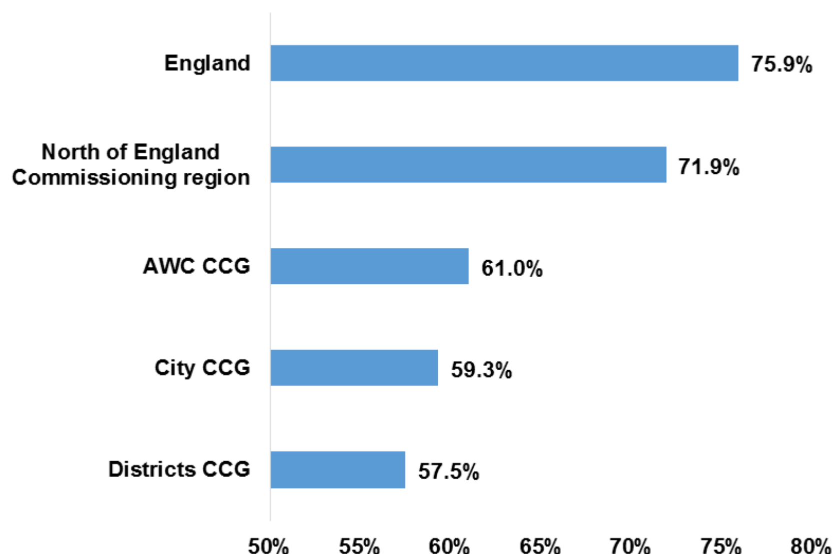
## Latest values (2018/19)

| AWC CCG | City CCG | Districts CCG | England average |
|---|---|---|---|
| 61.0% | 53.9% | 57.5% | 75.9% |

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






Across the 3 CCGs there are on average 5 people experiencing a first episode of psychosis per month, with approximately 60% receiving a NICE approved care package within 2 weeks of referral. AWC CCG sees on average the fewest number of people experiencing a first episode of psychosis per month (5), City CCG sees on average 8 per month and Districts CCG 15 per month. There is slight variation across the 3 CCGS in referrals within 2 weeks, but all are below the average for England.

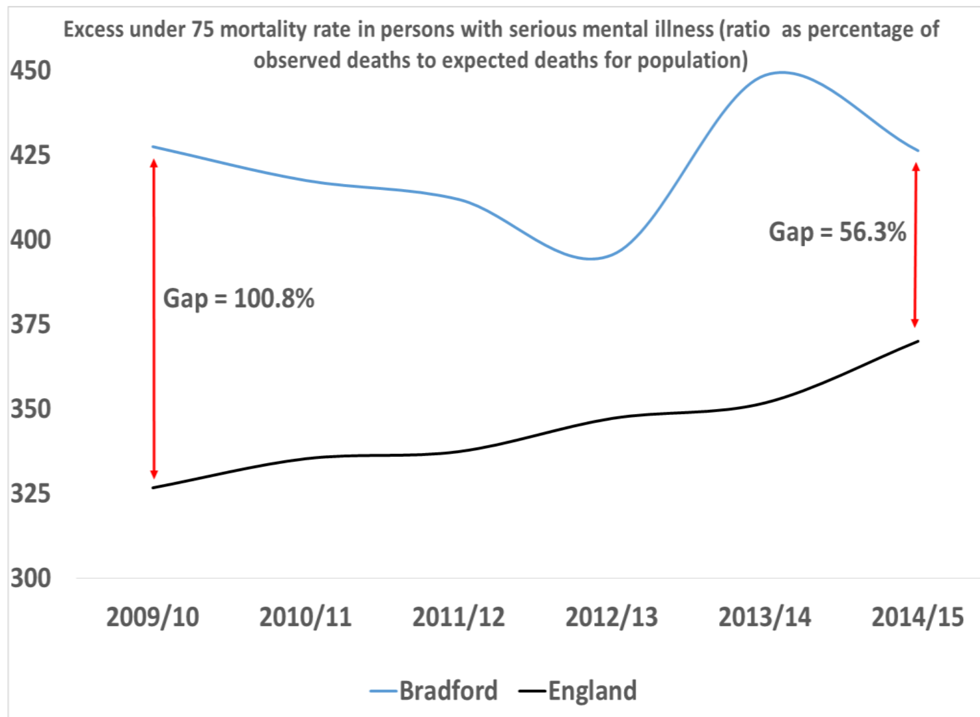
# Excess under 75 mortality rate in persons with serious mental illness

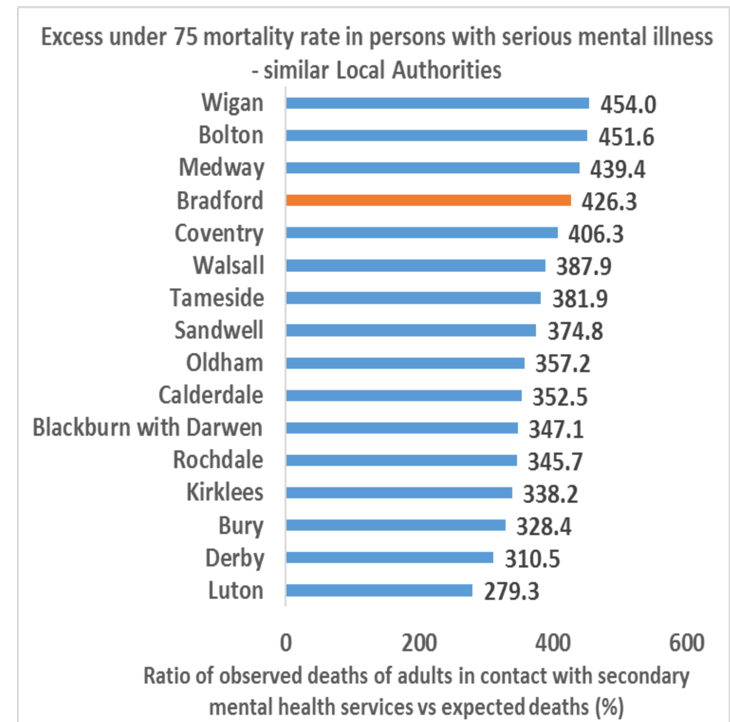
## Latest values (2014/15)

| Bradford District | Regional average | England average |
|---|---|---|
| 426.3% | 376.9% | 370% |

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

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






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

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

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

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



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

*** NEW DATA PUBLISHED**

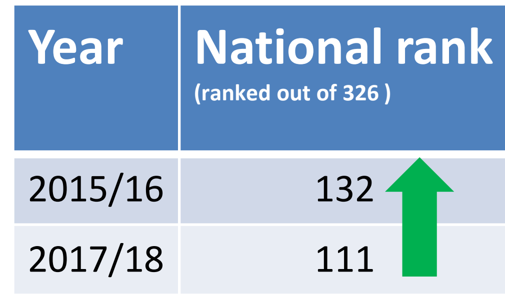
# Physical activity in adults - % of adults who are physically active

**Bradford District**
**61.9%**

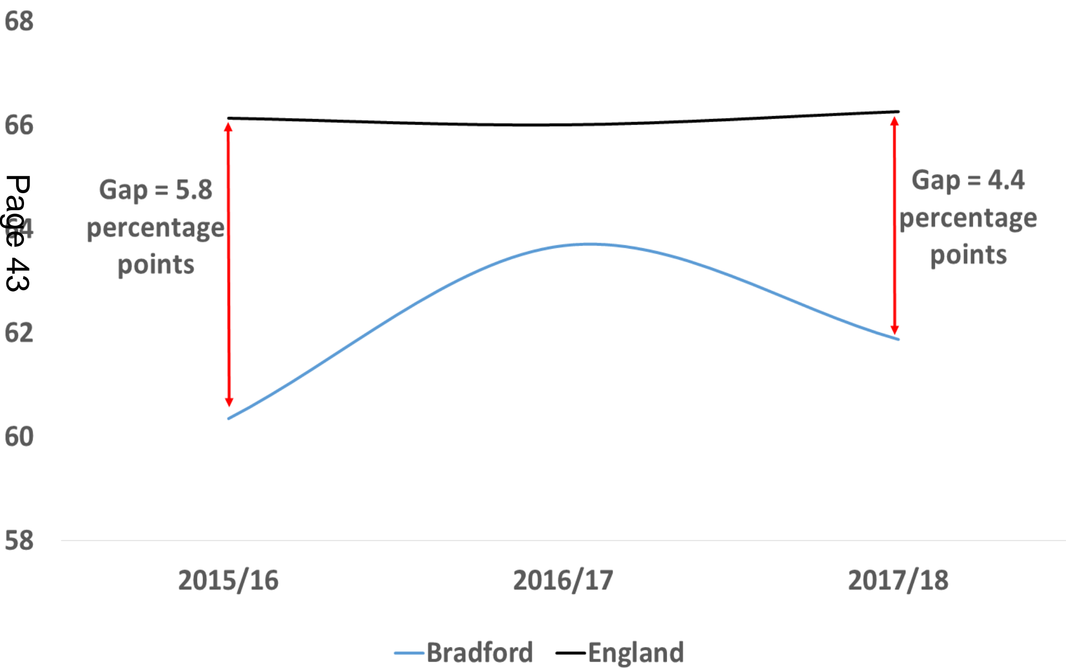
**Regional average**
**64.0%**

**England average**
**66.3%**

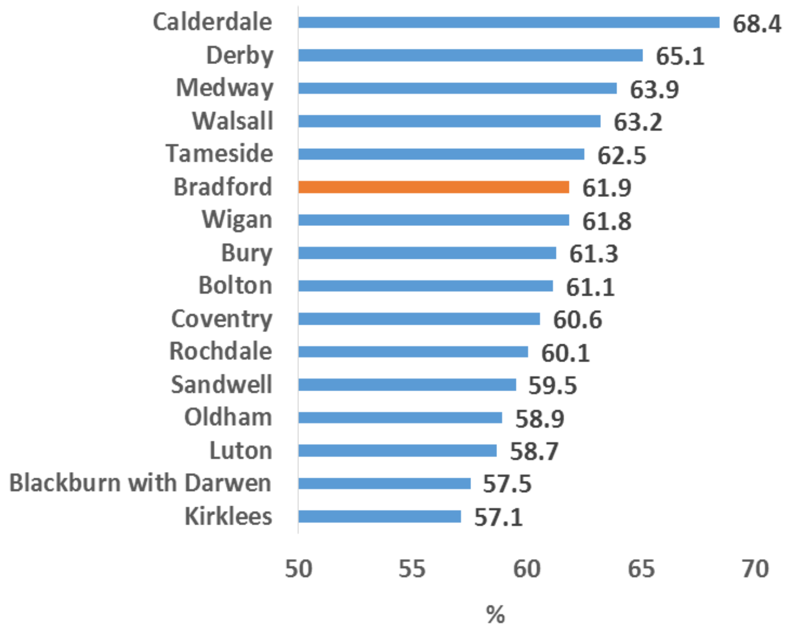
People aged 19 years and over doing at least 150 moderate intensity equivalent minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days



| Year | National rank (ranked out of 326 ) |
|---|---|
| 2015/16 | 132 |
| 2017/18 | 111 |






The percentage of adults age 19 years and above who are classed as physically active has decreased slightly in 2017/18. Bradford District remains below both the district and national average for this measure. However despite this since 2015/16 the gap between the district and England has decreased. Bradford District has the 6th highest proportion of physically active adults compared to statistically similar local authorities.

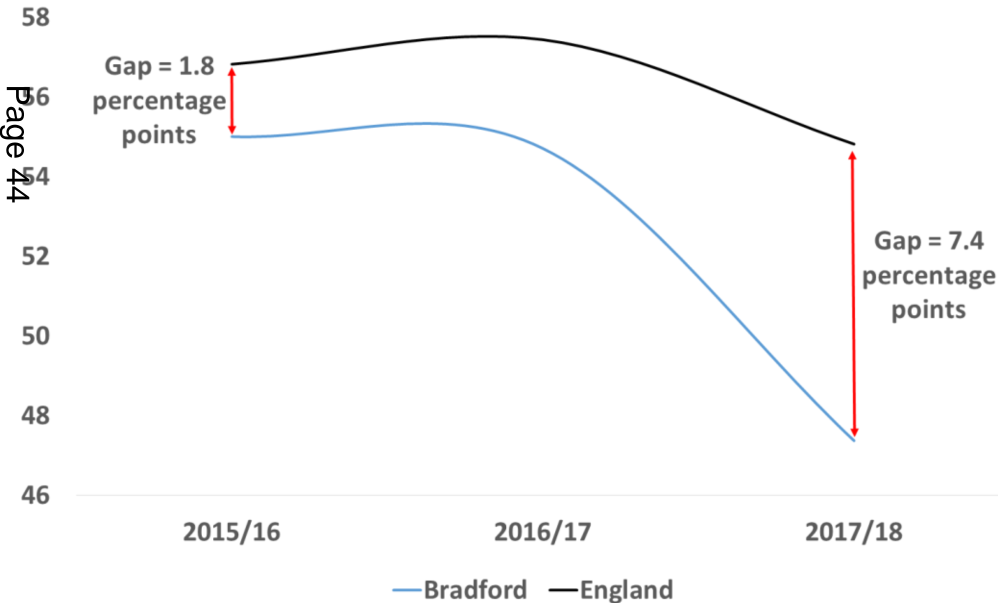
# % of adults meeting the '5 a day' recommendation- Proportion of the population who, when surveyed, reported that they had eaten the recommended 5 portions of fruit and vegetables on a usual day.

**Latest values (2017/18)**

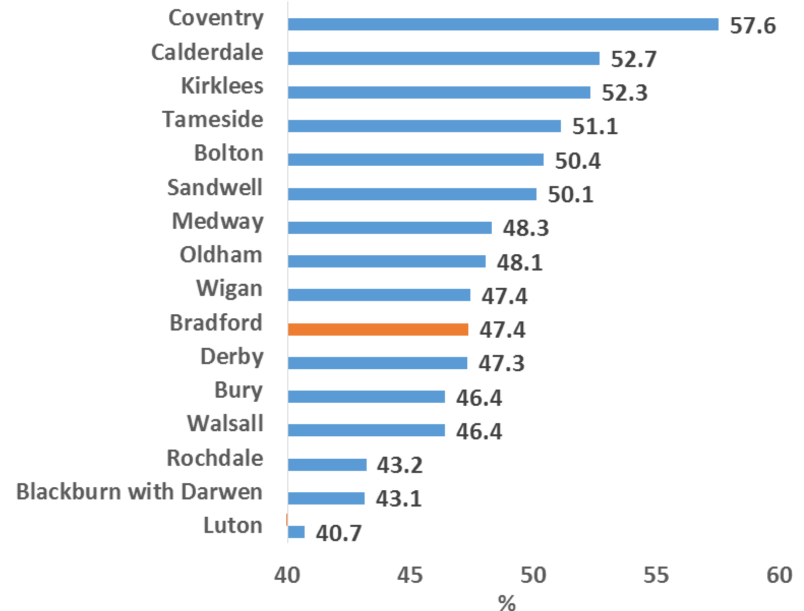
| Bradford District | Regional average | England average |
|---|---|---|
| 47.4% | 53.3% | 54.8% |

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

| Year | National rank (ranked out of 150) |
|---|---|
| 2015/16 | 92 |
| 2017/18 | 134 |






The percentage of adults meeting the '5 a day' recommendation within Bradford District has decreased in 2017/18 to 47.4%. Although the regional and national averages have also decreased, Bradford District remains below both for this measure. The gap between Bradford District and England has increased and when compared to similar local authorities, Bradford District has the 7th lowest percentage of adults meeting the '5 a day' recommendation.

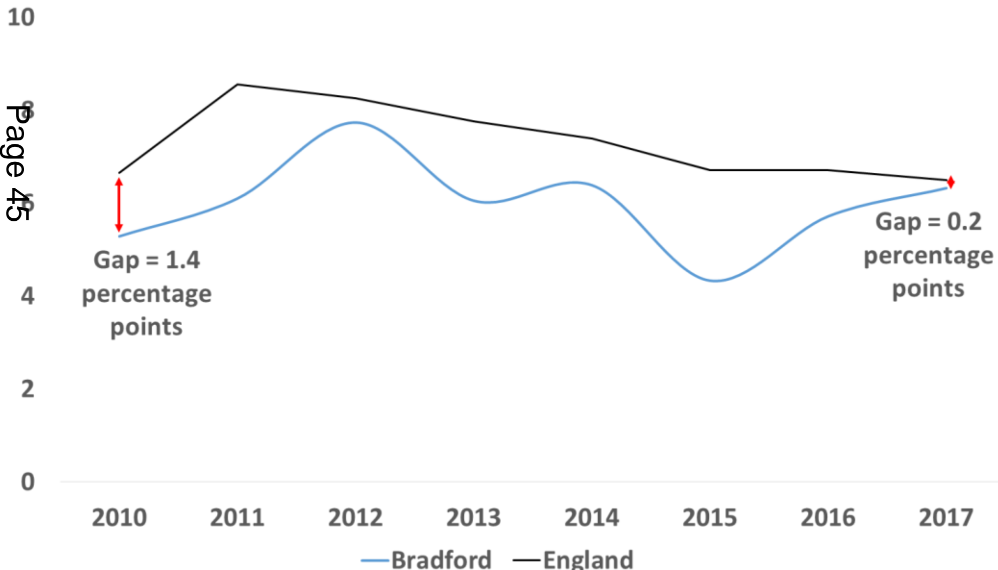
# Successful completion of drug treatment (opiate users) - % of opiate drug users that left drug treatment successfully who do not re-present to treatment services within 6 months

## Latest values (2017)

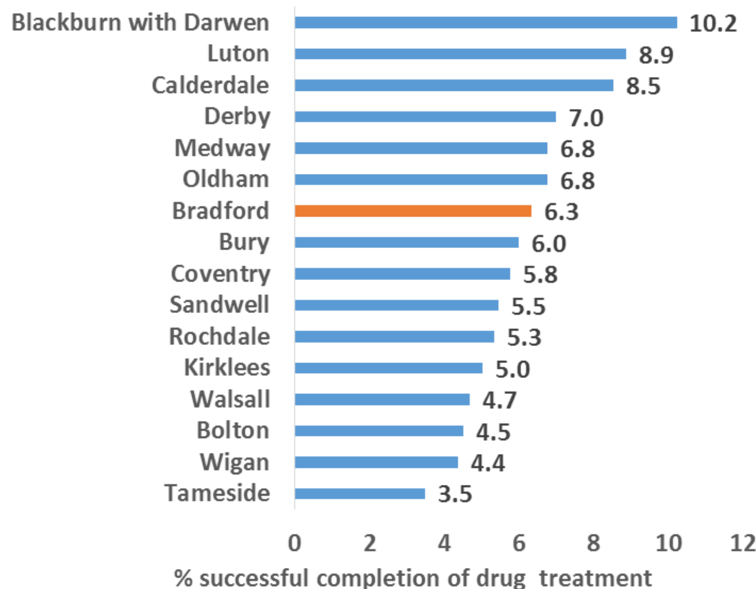
| Bradford District | Regional average | England average |
|---|---|---|
| 6.3% | 5.5% | 6.5% |

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

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






In Bradford District the success completion rate of drug treatment for opiate users has fluctuated over the last 6 years, but has increased overall from 5.3% to 6.3% in 2017. Although the success rate is consistently below the national average, the gap has narrowed. Bradford District's rank for this indicator has improved since 2010 to 84th place and when compared to similar local authorities Bradford District sits in the top half of the group.

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

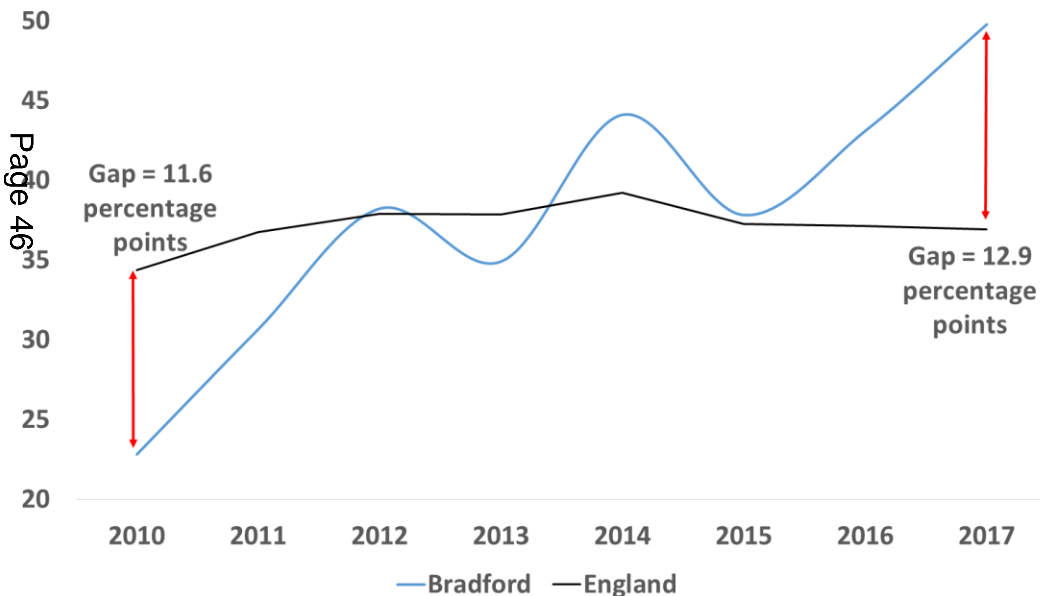
## Latest values (2017)

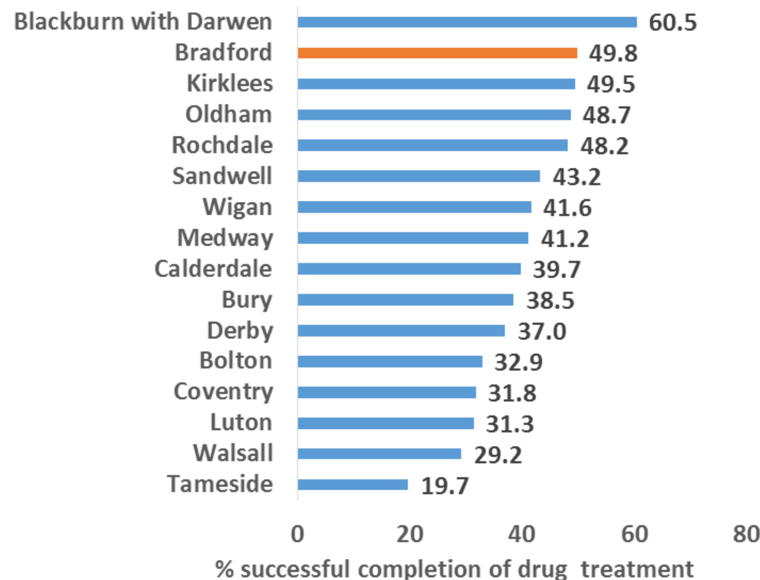
| Bradford District | Regional average | England average |
|---|---|---|
| 49.8% | 37.7% | 36.9% |

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

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






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

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

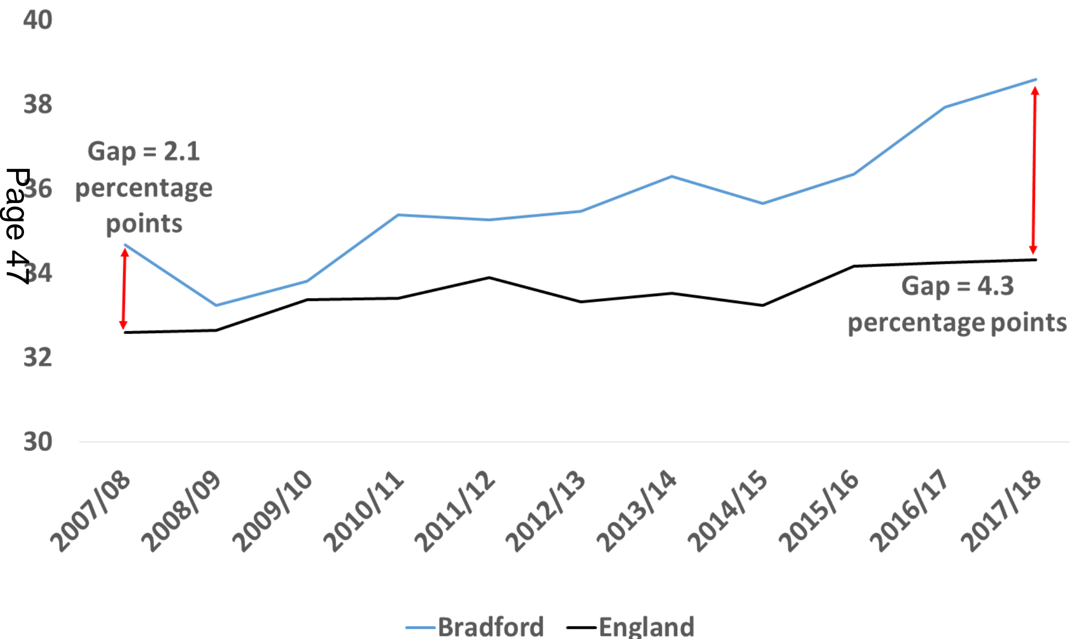
**Latest value**
**38.6%**

**Lowest ward value**
**17.3%**

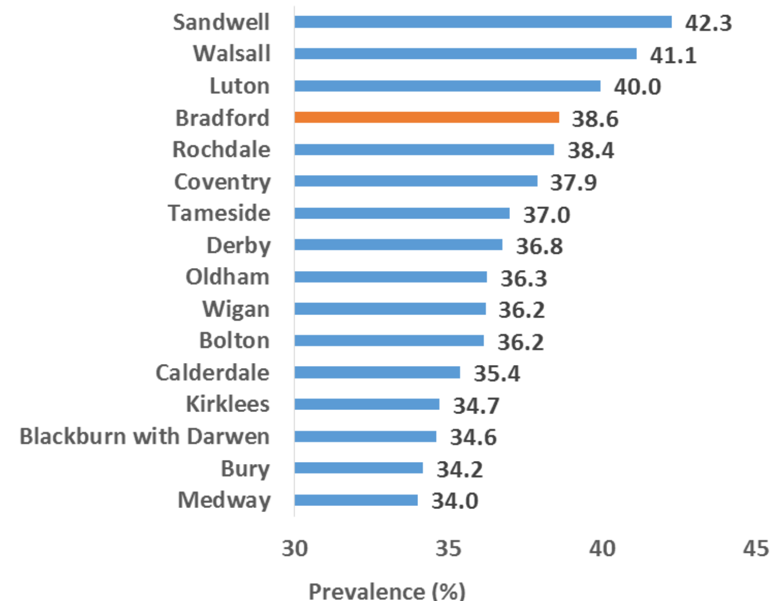
**Inequality gap**
**26 percentage points**

**Highest ward value**
**43.3%**

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






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

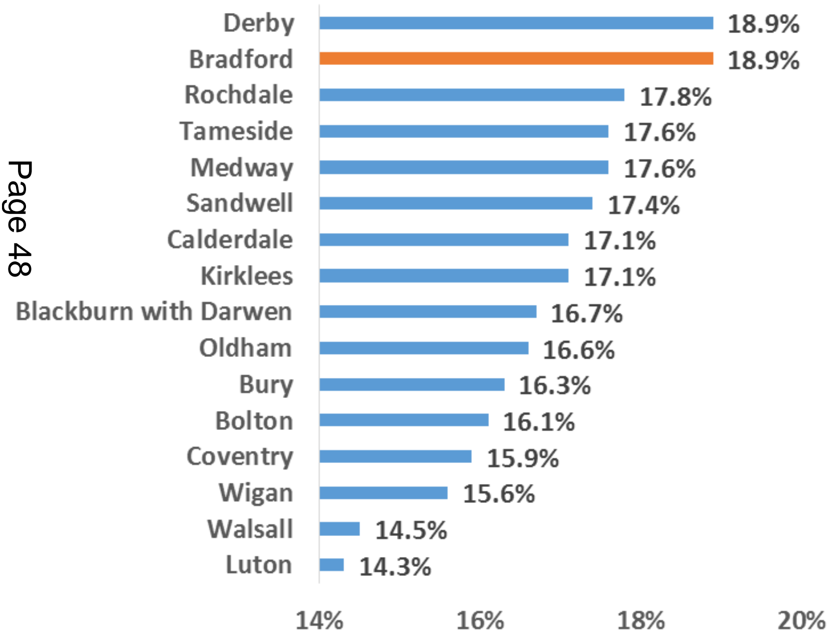
# Smoking prevalence in adults - % of adults reporting that they smoke

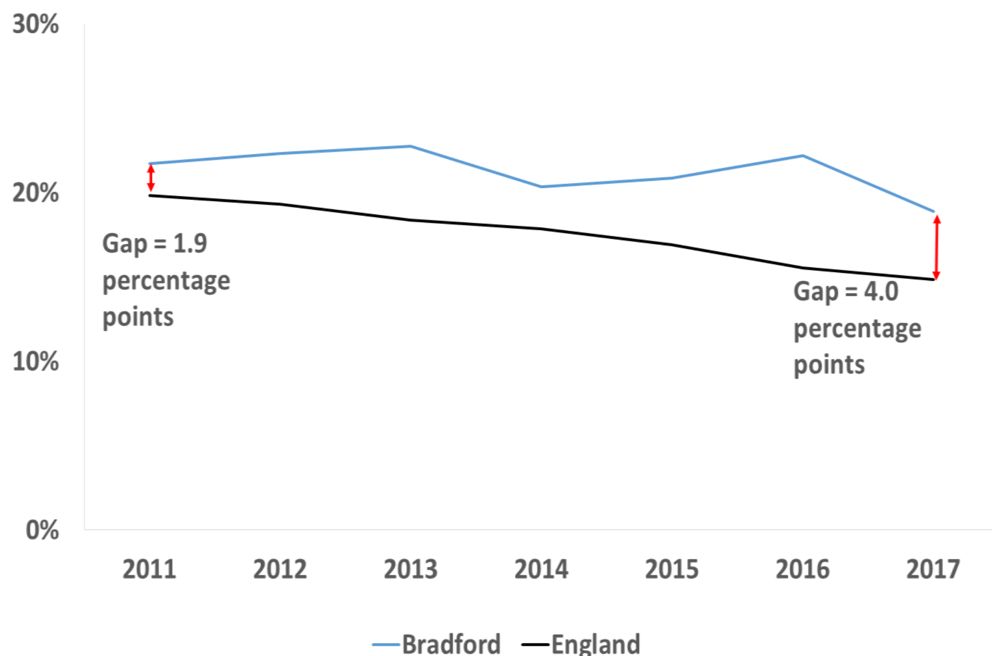
## Latest values (2017)

| Bradford District | Regional average | England average |
|---|---|---|
| 18.9% | 17.0% | 14.9% |

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

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




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

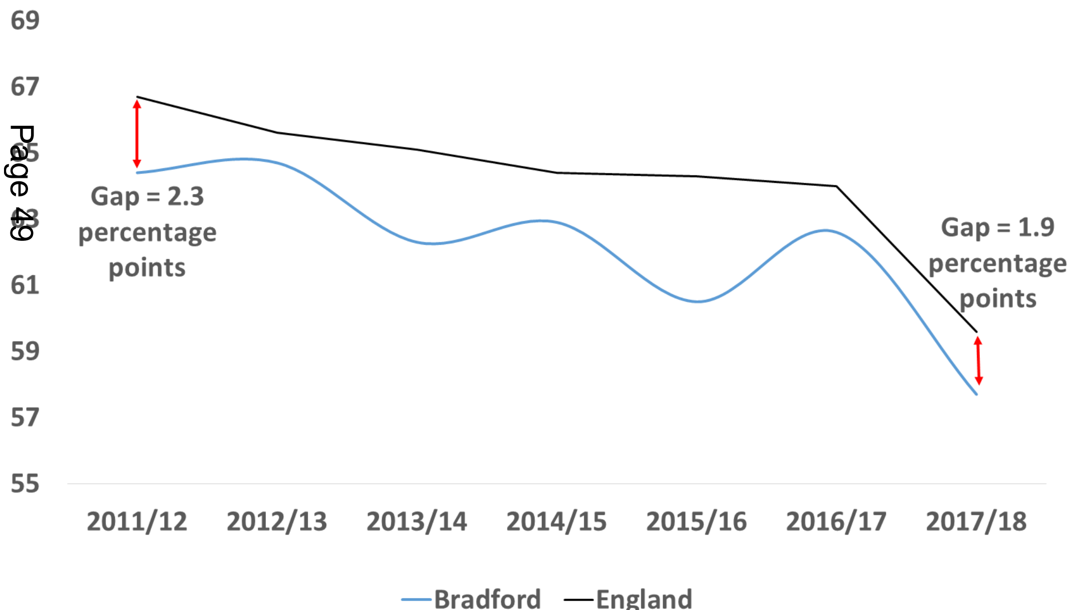
# % of people with a long term condition who feel supported to manage their condition

## Latest values (2017/18)

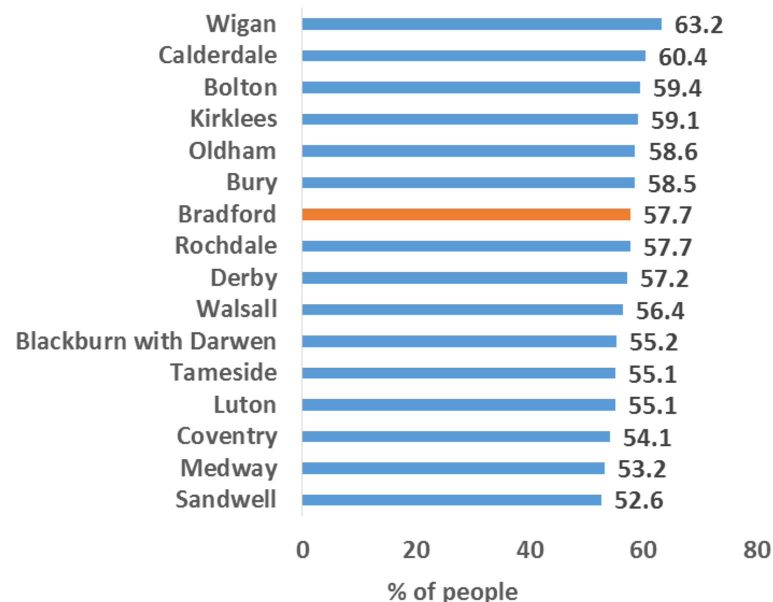
| Bradford District | Regional average | England average |
|---|---|---|
| 57.7% | 59.6% | 59.6% |

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

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






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

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

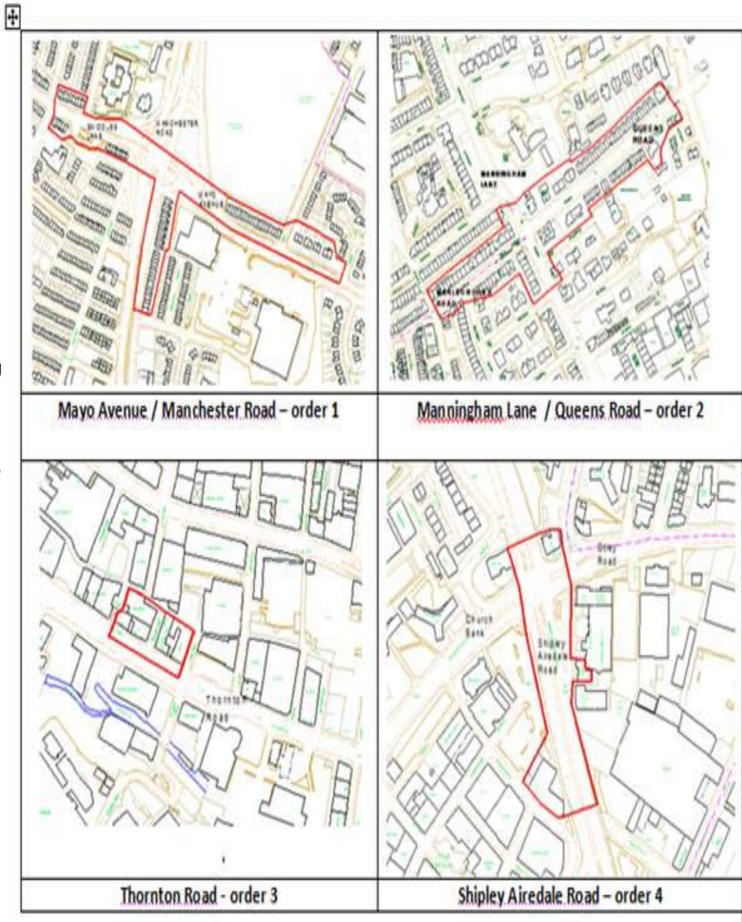
# How will we know that we have made a difference?

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

- Annual mean concentration of NO2 in AQMAs & areas of concern *
- % of people using outdoor space for exercise or health reasons
- % of people aged 16-64 in employment
- % of working age people qualified to NVQ level 3 or equivalent *
- % of working days lost to sickness absence
- % of households in fuel poverty
- Number killed or seriously injured on our roads
- The rate of employment amongst adults of working age with a mental illness

*** NEW DATA PUBLISHED**

# Air quality - Concentration of NO2 in Air Quality Management Areas (AQMAs)






**There are four AQMAs in the district where $NO_2$ is routinely monitored**

## Shipley Airedale Road

The average concentration of $NO_2$ measured at Shipley Airedale Road over the last 5 years was 49µg/m$^3$. There is some emerging evidence of a downward trend in $NO_2$ concentration in this AQMA but at present levels remain significantly above the 40ug/m$^3$ objective level. Monitoring is continuing to assess the longer term trend in this location.

## Mayo Avenue

The average concentration of $NO_2$ measured at this site over the last 5 years was 49 µg/m$^3$. Whilst air quality at Mayo Avenue has improved since monitoring began, results for the past 4 years have shown no further improvement and remain just above the 40ug/m$^3$ objective level.

## Thornton Road

The annual average concentration recorded in 2017 was 30µg/m$^3$ compared with a five year average of 42g/m$^3$. If concentrations of $NO_2$ at Thornton Road continue to remain below the annual average objective level it may be possible to consider revocation of the Thornton Road AQMA.

## Manningham Lane

The annual average concentration recorded in 2017 was 39µg/m$^3$ compared with 41µg/m$^3$. The average concentration over the last 4 years was 39µg/m$^3$. Concentrations of $NO_2$ at the real time monitoring site position are borderline with the objective but there are other relevant locations within this AQMA where the $NO_2$ concentration remains elevated.

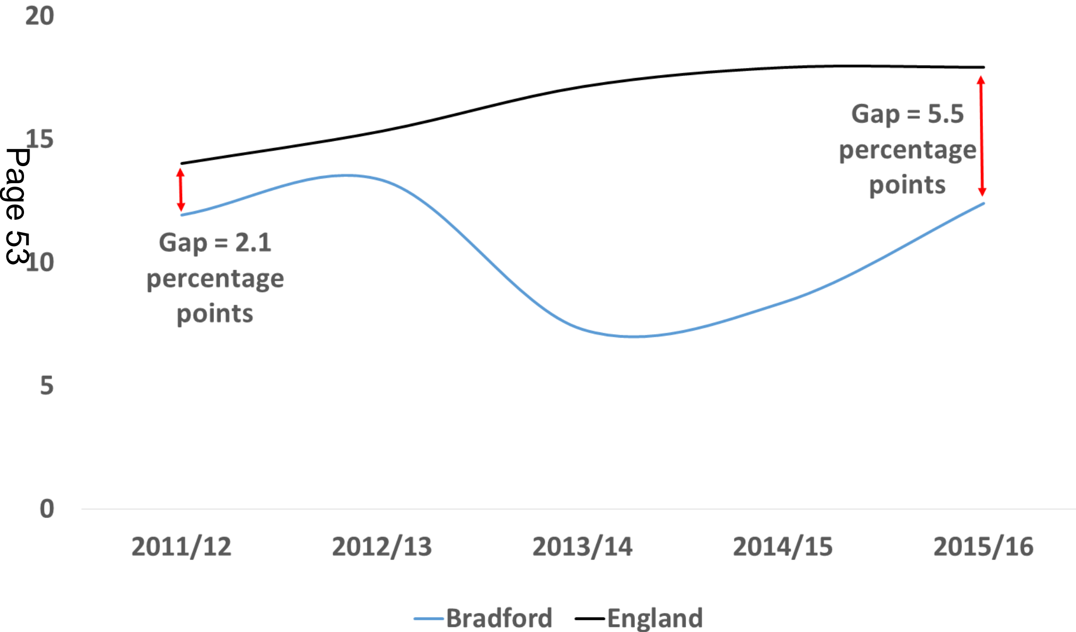
# % of people using outdoor spaces for exercise or health reasons- the proportion of residents self reporting taking a visit to the natural environment for health or exercise purposes

**Latest values (2015/16)**

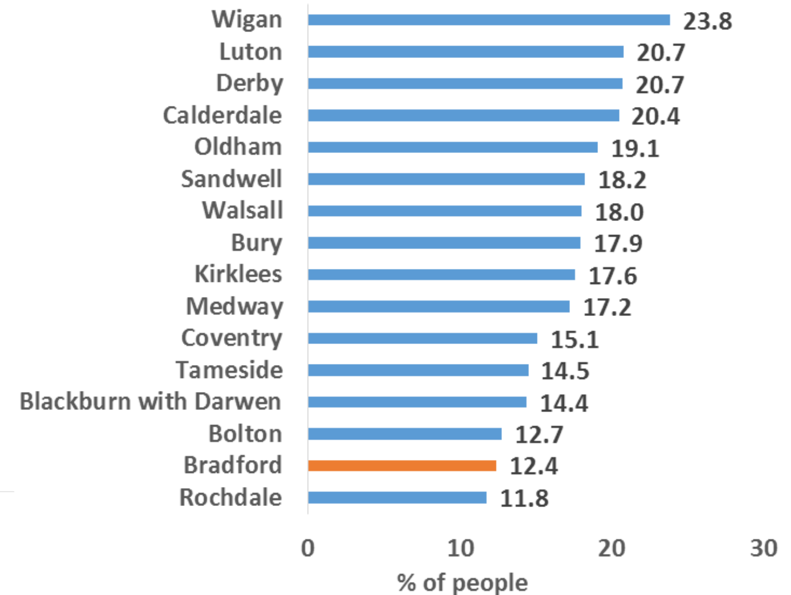
| Bradford District | Regional average | England average |
|---|---|---|
| 12.4% | 17.5% | 17.9% |

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

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






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

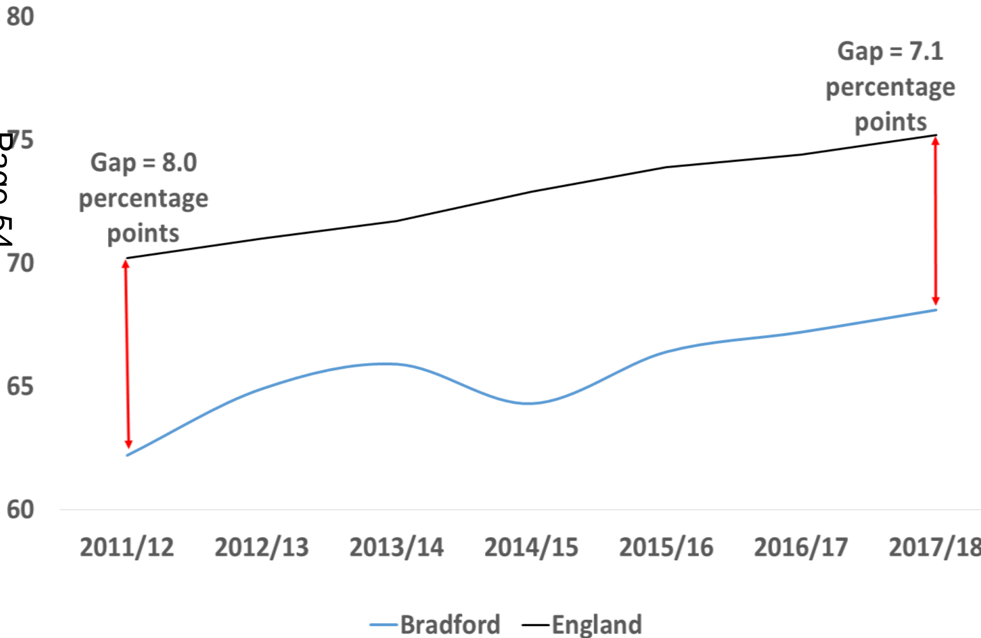
# % of people aged 16-64 in employment - the percentage of all respondents in the Labour Force Survey classed as employed (aged 16-64) .

## Latest values (2017/18)

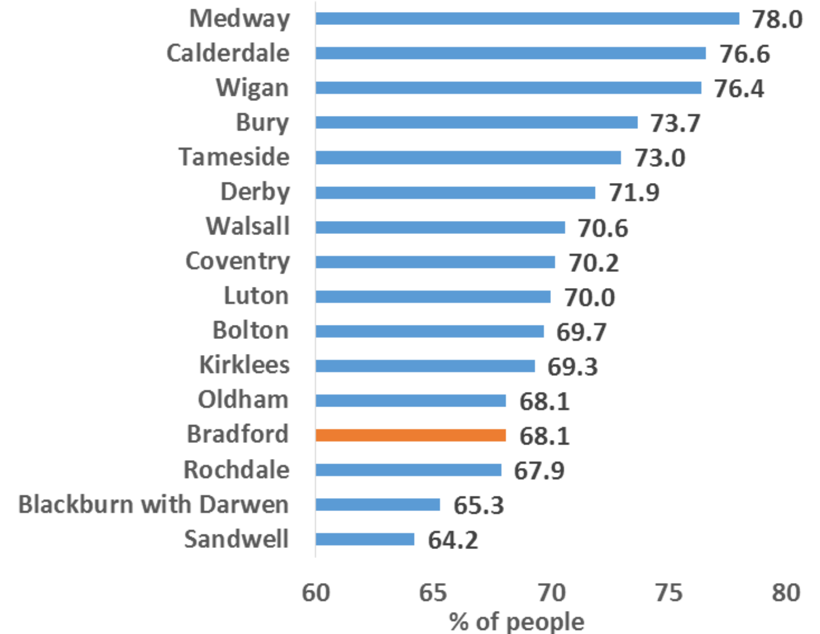
| Bradford District | Regional average | England average |
|---|---|---|
| 68.1% | 73.5% | 75.2% |

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

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






The % of people in employment in Bradford District has generally followed an upward trend over recent years, with the % of people in employment currently the highest recorded in recent years. Although Bradford District is still below the national average, the gap between England and Bradford District has narrowed from 8.0 percentage points in 2011/12 to 7.1 percentage points in 2017/18. In comparison to similar local authorities, Bradford District has the 4th lowest percentage of people in employment.

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

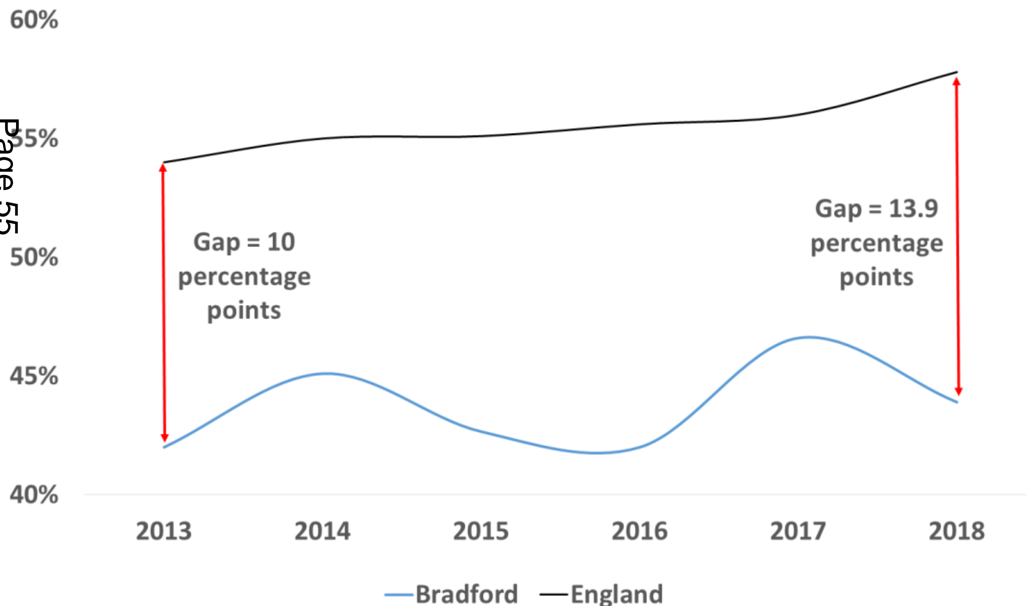
**Latest values (2018)**

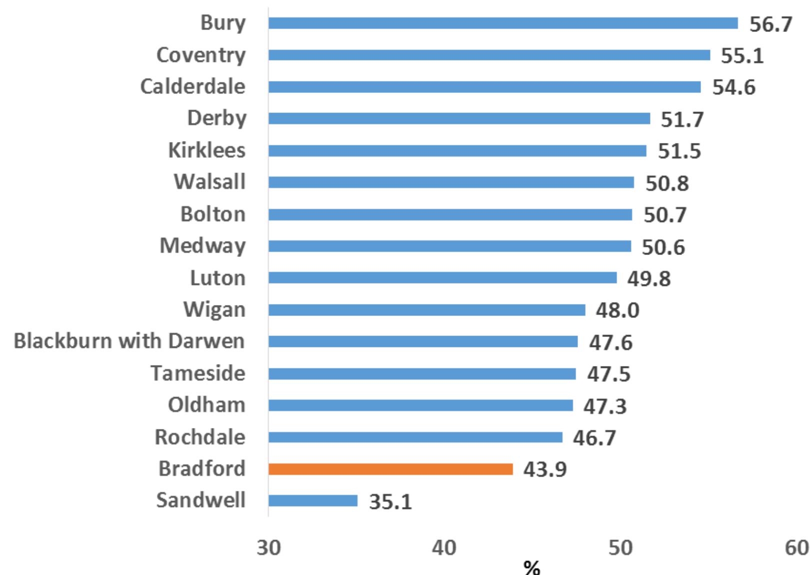
**Bradford District** **43.9%**

**England average** **57.8%**

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

| Year | National rank (ranked out of 150 ) |
|---|---|
| 2013 | 134 |
| 2018 | 138 |




The proportion of the working age population qualified to NVQ level 3 and above in Bradford District has decreased to 43.9%. This is below the national average and since 2013 Bradford District's rank has fallen to 138th out of 150 local authorities for this measure. The gap between Bradford District and England has increased to 13.9 percentage points and when compared to statistically similar local authorities Bradford District has the 2nd lowest proportion of the population qualified to NVQ level 3 and above.

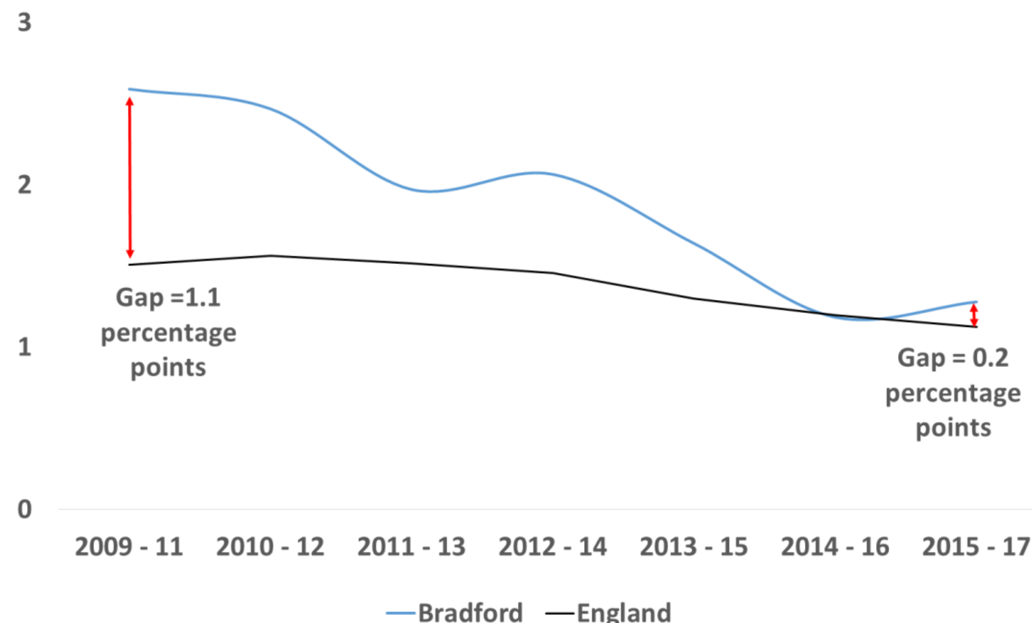
# % of working days lost to sickness absence - % of working days lost due to sickness absence in the previous working week

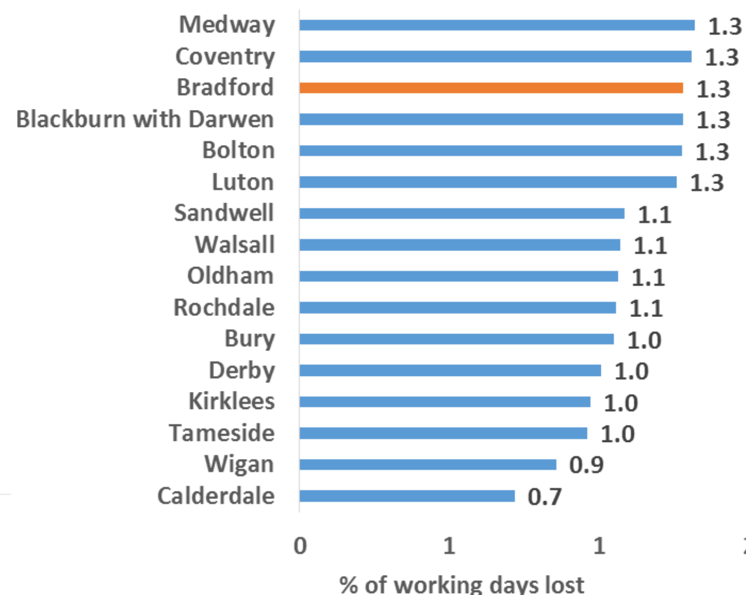
## Latest values (2015-17)

| Bradford District | Regional average | England average |
|---|---|---|
| 1.3% | 1.3% | 1.1% |

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

| Year | National rank (ranked out of 150 ) |
|---|---|
| 2009-11 | 148 |
| 2015-17 | 96 |




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

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

**Latest value**
**14.3%**

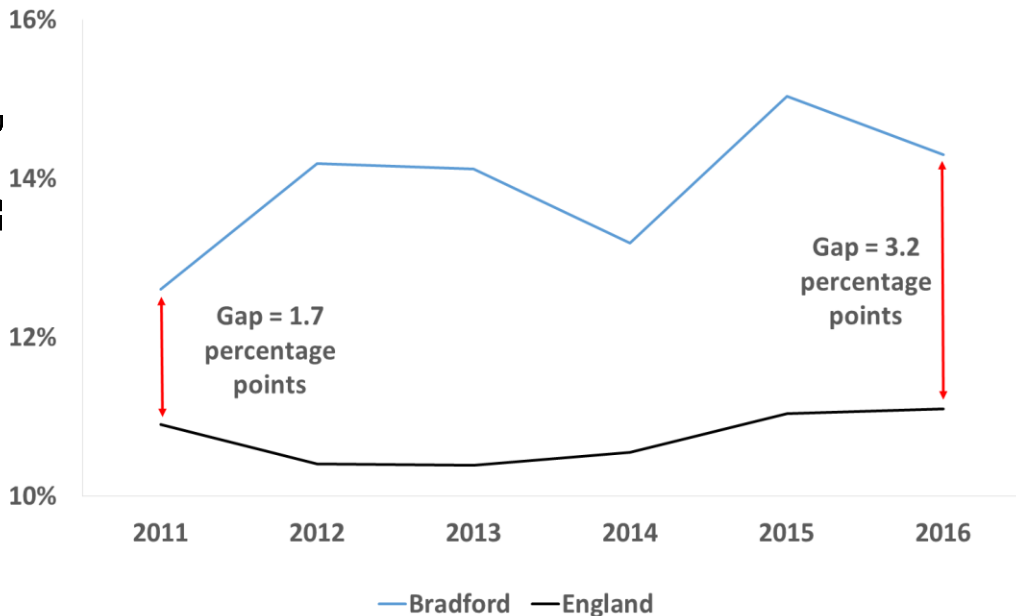
**Lowest lower super output area value**
**4.0%**

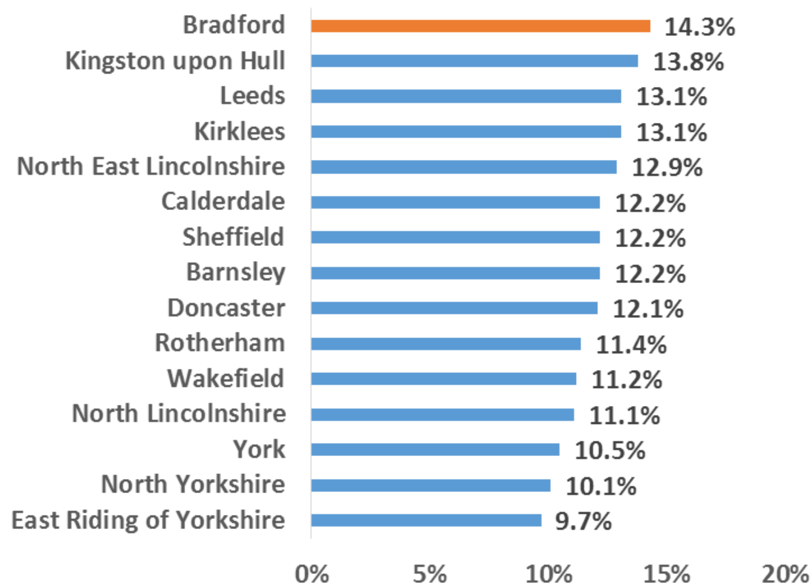
**Inequality Gap**
**35.8%**

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

| Year | National rank (ranked out of 150 ) |
|---|---|
| 2011 | 116 |
| 2016 | 132 |






The proportion of households that are fuel poor has decreased slightly in 2016 to 14.3%, however the gap between Bradford District and England has increased since 2011 to 3.2 percentage points. Fuel poverty varies greatly within the District, ranging from as low as 4% in some areas and 40% in others. Along with having one of the highest values in England, Bradford District has the highest proportion of households that are fuel poor in the region.

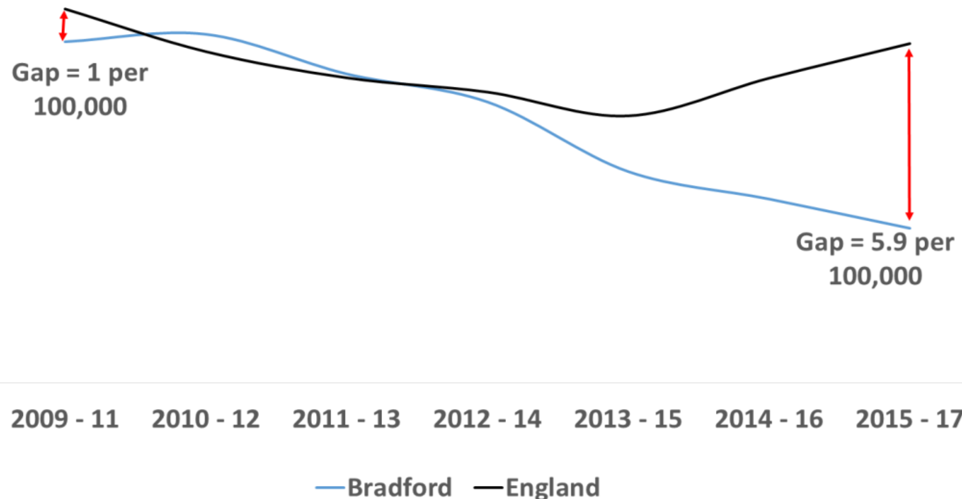
# The number of people reported killed or seriously injured on our roads – number of people KSI on the roads, all ages, per 100,000 resident population

**Latest values (2015-17)**

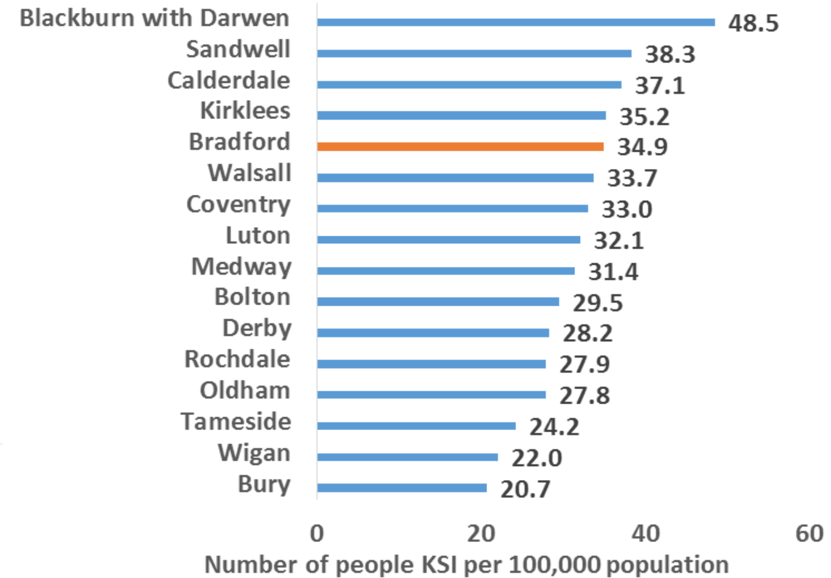
| Bradford District | Regional average | England average |
| --- | --- | --- |
| 34.9 | 45.7 | 40.8 |

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

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





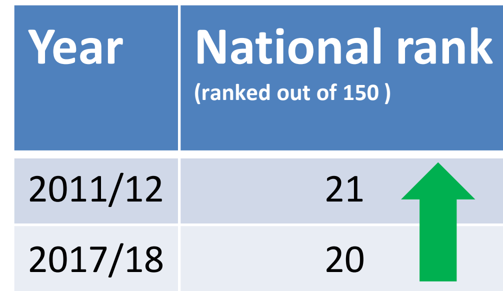

The number of people killed or seriously injured on our road has been decreasing over recent years; in 2015-17 in Bradford District there were 34.9 per 100,000 population. This is the lowest rate recorded since 2009-11 and is below the national average. Out of 150 local authorities in England, Bradford District ranks 68th for this measure – an improvement on 92nd in 2009-11. However in comparison to similar local authorities, Bradford District has the fifth highest rate of people KSI on the roads.

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

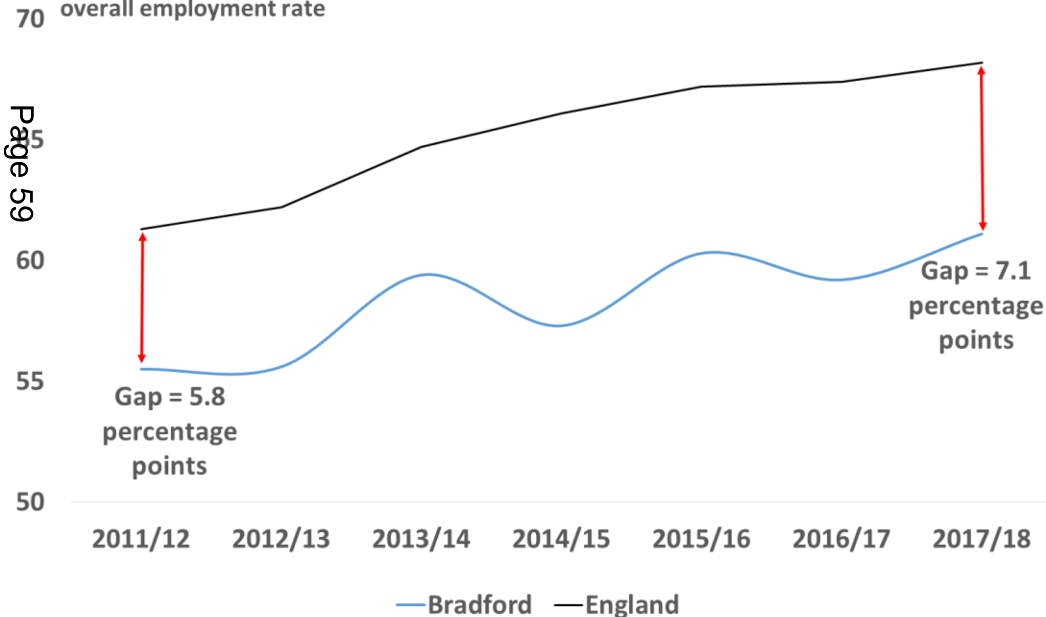
**Latest values (2017/18)**

| Bradford District | Regional average | England average |
|---|---|---|
| 61.1 | 64.5 | 68.2 |

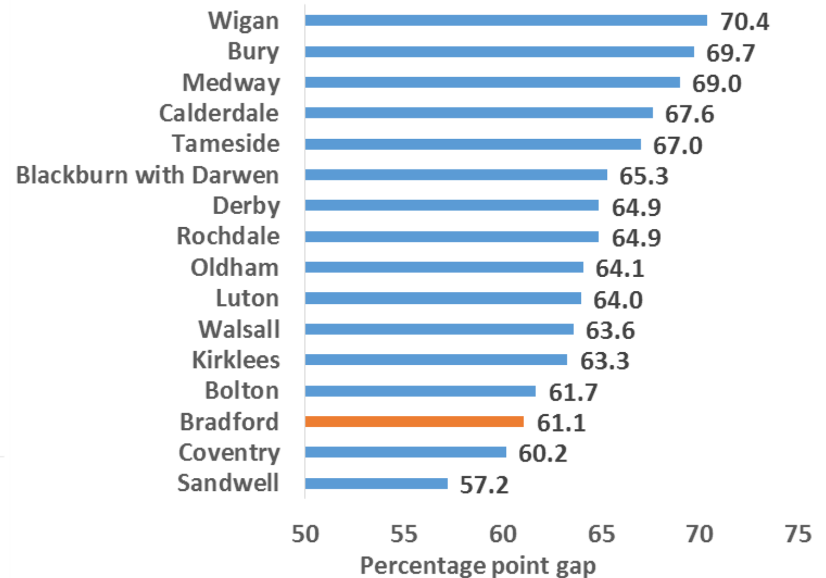
This is the % point gap between % of working age adults who are receiving secondary MH services & who are on the CPA recorded as being employed, & the % of all respondents in the LFS classed as employed.



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






The gap in employment in Bradford District for those in contact with secondary mental health services and overall employment rate is 61.1 percentage points. This is an increase on 59.2 in 2015/16, and a 5.6 percentage point increase overall . Bradford District has remained below the national average and Bradford District has the 20th lowest gap out of 150 local authorities in the country. When compared to similar local authorities, Bradford District has the third lowest gap.

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### JSNA Structure

The JSNA is made up of a number of chapters, each of which includes sub-sections which describe areas of need in detail. There are five overarching chapters aligned to the Joint Health and Wellbeing Strategy, coupled with locality profiles, Director of Public Health Reports, and a number of more detailed health needs assessments conducted to support commissioning intentions and strategy development.

The table below summarises the chapters and sections comprising the JSNA.

| The Population of Bradford District | Demographics; Registered & resident populations; Births and deaths; Migration; health inequalities & life expectancy |
|---|---|
| Children have the best start in life | Preconception & pregnancy; Ready for school & learning; Voice of the child; Safeguarding vulnerable children; Reducing social and health inequalities. |
| Good mental wellbeing | Determinants of mental health & wellbeing; Epidemiology of mental health & wellbeing; Mental health and wellbeing of children and young people; Mental & physical health; Suicide Prevention. |
| Living and ageing well | Communicable diseases; Alcohol & substance misuse; Diet & nutrition; Obesity & overweight; Physical activity; Sexual health; Tobacco control; Respiratory health; Cardiovascular disease. |
| Healthy places | Green Spaces; Employment, skills and a prosperous economy; Financial inclusion & poverty; Housing & housing related support; Food Safety; Noise pollution; Land contamination. |
| Community partnership/area profiles | Healthy & Wellbeing Profiles – Adults & Children and Young People. |
| DPH Reports | 2014: Older People; 2017: Health Protection; 2019: Putting Bradford District on the Map for Better Health & Wellbeing. |
| Health Needs Assessments | Childhood injuries; Families HNA; Children with SEN, disabilities & complex health needs; Mental health, emotional and social wellbeing in children; Central & Eastern European HNA; LGBT HNA; Dementia; Learning disabilities and autism; Sexual health; TB; Tobacco control. |
| Other Public Health Intelligence Resources | Regular bulletins |

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# Report of the Strategic Director of Health and Wellbeing to the meeting of Bradford and Airedale Health and Wellbeing Board to be held on 24th July 2019

B

## Subject:

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

## Summary statement:

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

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Strategic Director for Health and Wellbeing

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**Portfolio:**

**Healthy People and Places**

**Overview & Scrutiny Area:**

**Health and Social Care**

## 1. SUMMARY

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

## 2. BACKGROUND

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

The Health and Wellbeing Board (HWBB) received an update on progress against the Joint Health and Wellbeing Strategy in March 2019. The purpose of this paper is to provide the HWBB with an update on developments and activities related to implementation of the Strategy and progress against the outcomes set out in the logic model.

The logic model is a way of knowing whether or not what we have done has made a difference to the health and wellbeing of our population. The Board received an update on the overarching measures of the Strategy (life expectancy and healthy life expectancy) in January 2019. In brief, life expectancy for people in Bradford District is increasing, after previously showing signs of improvements starting to level off; healthy life expectancy, however, is not improving.

## 3. OTHER CONSIDERATIONS

### 3.1 Summary

There are 41 outcome indicators monitored as part of the logic model, across the four outcome areas of the Joint Health and Wellbeing Strategy. Since the last update in March 2019, updated data on 9 of these indicators has been published.

Of the 41 outcome indicators, 9 are currently RAG (red, amber, green) rated as green, meaning that performance against these outcomes is improving, and we perform the same as or better than our statistical neighbours. Those areas where we are improving include: breastfeeding, smoking at time of delivery, suicide prevention, teenage pregnancy, mental wellbeing, physical activity in adults, successful treatment of non-opiate drug users, and people in employment.

11 outcome indicators are currently RAG rated as amber, meaning that our performance is neither getting better nor worse, but this is consistent with our statistical neighbours, or performance against these outcomes is improving but our performance is significantly worse than our statistical neighbours. Those outcomes that are currently rated as amber include: life expectancy, inequality in life expectancy, children achieving a good level of development, attainment 8 scores, dental decay in children, low birth weight babies, smoking in adults, sickness absence and killed or seriously injured on our roads.

21 outcome indicators are currently RAG rated as red, meaning that our performance against these outcomes is getting worse, or performance is unchanged and is worse than our statistical neighbours. Those outcomes that are currently rated as red include: healthy life expectancy, 16-17 year olds not in education, employment, or training, children in care whose SDQ scores are a cause for concern, infant mortality, improving access to psychological therapies recovery rate, early intervention for psychosis, premature mortality in people with a severe mental illness, adults meeting the 5 a day recommendation, completion of drug treatment for opiate users, childhood obesity, management of long term conditions, use of outdoor spaces, people qualified to NVQ level 3+, fuel poverty, employment rate for people with a mental illness, and air quality.

### 3.2 OUR CHILDREN HAVE A GREAT START IN LIFE

There are ten outcome measures in the JHWB Strategy related to the health and wellbeing of children and young people. Updates for four of these measures have been published since the last update to the HWBB in March 2019 (see Appendix 1 of Document “A”: outcome report).

#### 3.2.1Reducing health and social inequalities

**Teenage pregnancy:** The teenage pregnancy rate continues to fall in the District, and is now at the lowest level since 2007. Although the under 18 conception rate in the District is higher than the national average, the gap between England and the District has narrowed significantly, although inequalities exist within the District (the rate of conceptions being highest in the most deprived parts of the District).

**0-19:** Bradford District has one of the highest percentages of low birth weight babies in the country, although our figures are statistically similar to the average of our statistical neighbours. Over the last year there has been a small increase in the percentage of babies who are born with low birth weight, although the long term trends show little change over the last decade.

Bradford District Care Foundation Trust is gearing up to go live in August with the new 0-19 service which includes health visiting, school nursing and oral health promotion. The service will be delivered around the Family Hubs for an integrated approach with other children’s services. There are some challenges due to the reduced number of staff in the new contract. BDCFT have established work streams to deliver the new service. These include:

- A workforce development programme - staff training to work across a broader workforce and 0-19 age group.
- Co-location & integration with early help.
- Increased use of digital service provision via the website & e-forms.
- Working more closely with the Voluntary and Community Sector and developing the community connector role.
- Closely managing risk about increasing caseloads for specialist workers.
- Public Health has started a 0-19 system group to support the above developments and manage risks within the broader system of CYP services.

The number of children receiving a health visitor review at 6-8 weeks remains consistently high at over 96%.It is important to maintain this as the new service model embeds.

Oral health outcomes for children remain an area of concern, however, the District has

also been featured as an area of good practice by the Local Government Association. This draws attention to Bradford District as an area of improving outcomes against a background of poor dental health. Data indicates that the District is one of a few areas where the prevalence of tooth decay is reducing (reducing rates of tooth decay from 50% to 40% between 2008 and 2017).

Living Well is developing a Living Well Schools Programme of work which will explore the acceptability of an on-line healthy schools accreditation programme to support schools to implement interventions and approaches that can enhance the health and wellbeing of children. Engagement with schools has begun. Feedback so far is that any programme should encompass staff health and wellbeing; mental health is a specialist area, however wellbeing should be everyone's responsibility in school and not just one nominated lead. A steering group to guide the development of the Schools Programme is being established including key partners from the CCGs, schools, 0-19 services and the Council.

A new Young Carers service for Bradford, Airedale and Wharfedale has been jointly commissioned, with mobilisation commencing from 1 April 2019.

**3.2.2 Safeguarding the most vulnerable:** Over the last three months there has been a reduction in the number of children's social care contacts, from 8,627 to 7,975, with an increase from 27% to 37% of contacts that also appear on the referral list. This demonstrates a better focus on effective throughput in the Front Door Service.

In September 2018, there were 3,322 Children in Need with an open episode of need; this figure had increased to 3,670 in April 2019. This still means that Bradford District is under both the England and statistical neighbour's rate of Children in Need per 10,000 population, although we are just above the Q3 regional average. There has been a small improvement in the timeliness of visits to Children in Need – 79% had been visited in the last 6 weeks compared to 78% in September 2018. Clearly, this is still a work in progress but this small but sustained improvement is welcome.

The latest Vital Signs report indicates that the number of children subject to child protection plans has risen to the expected levels for local authorities like Bradford. This is a reversal from recent years where Bradford District had lower rates of children with a child protection plan than statistical neighbours. The recent child protection plan rate increase is a reflection of how the intervention threshold is now understood and applied at the 'front door' and in the assessment teams.

For Looked After Children, Bradford's trend is no different from the national trend. There has been a nearly uninterrupted rise in the number of Looked After Children over the last three years. The number of Looked After Children at the end of February 2019 (1,139) was already well above the count forecast (1,087), and the provisional figure for March 2019 is higher again at 1,173. The number of Looked After Children in Bradford District, whilst high against the national and Yorkshire and Humber average, is below the levels seen for authorities with similar characteristics. It is reasonable to assume, therefore, that the number of Looked After Children will be within the expected range for Bradford's comparator areas.

The number of looked after children having annual health and dental check ups remains high, with latest available data showing 82% receiving an annual health assessment, and 91% having a dental check up.

Prevention and Early Help is the name we give to the way we support families and communities in Bradford District. Four Family Hubs are now operational and they cover the whole District. Each Family Hub has a dedicated team consisting of a Team Manager, Senior Officers, Prevention Workers, Key Workers and an Access and Take Up worker. Each Hub has systems for allocation and referral. Each Hub has a Prevention Offer. The Prevention Offer is group based activities which include Play and Learns, and Parenting Programmes including the Freedom Programme and, Talking Teens. The Family Hubs offer services in the main sites and also in other venues in the area.

**3.2.3 Children are school ready and achieve a good level of development:** Children's education and development of skills are important for their own wellbeing. Learning ensures that children and young people develop the knowledge and understanding, skills, capabilities and attributes that they need for mental, emotional, social and physical wellbeing now and in the future. Attainment 8 measures the achievement of a pupil across 8 qualifications. The attainment 8 score for children in Bradford District is below the national average, however, after decreasing between 15/16 and 16/17, it increased in 17/18.

Some of our schools and academy chains are performing at an exceptionally high level nationally. There is also improvement at A-level, and more young people continue to participate in the Industrial Centres of Excellence and Bradford Pathways. Some of the recent Ofsted visits have acknowledged the impact of the local authority's intervention in its challenging schools. However, raising standards and increasing the number of good or better schools continues to be an area of high priority.

The number of young people participating up to the age of 18 is increasing; latest available data for term two 17/18 shows that 100,778 young people were participating in education or training.

### 3.3 PEOPLE IN BRADFORD DISTRICT HAVE GOOD MENTAL WELLBEING

**Outcome measures:** There are six outcome measures in the JHWB Strategy related to good mental wellbeing. None of these measures have been updated since the last update to the HWBB in March 2019.

The Mental Wellbeing Strategy for Bradford and Craven is guided by three overarching principles of delivery. These are: our wellbeing; our physical, social and mental health; and care when we need it. To deliver this there are 5 strategic outcomes described below.

**3.3.1 Early action, awareness and prevention:** We continue to deliver mental health awareness training and increase the number of mental health champions in schools, organisations and businesses. As of Q3 (18/19) there were 106 mental health champions in schools, up from 65 from the previous year.

We have launched websites with key information and signposting; these include the Mental Health Matters website, Thrive in Bradford website, and the MyWellbeing College portal. We hope to be able to report on website hits in future reports. We have established a task and finish group to develop a District wide directory portal and secured funding to support the implementation of this.

We refreshed the Guideline telephone support line which provides mental wellbeing

support and signposting from 12pm to 9pm every day of the week. The service now receives over 3,836 calls per quarter, 60% of which are out of hours.

We increased the community spaces delivered by the VCS and have worked to provide sustainable funding. Our community spaces now offer 304 hours of self-referral support per week in Bradford and Craven. We have also supported a range of youth led campaigns around body positivity, self-care, anti-bullying, and provided 17 young people with leadership skills.

**3.3.2 Promote good wellbeing**: There is a significant amount of work being done to improve the wellbeing of people in the District. Many factors contribute to good wellbeing, so much so, that most of the activity described in this paper will contribute.

We are delivering high quality vocational and employment support across Bradford and Craven and the IPS service was the first Centre for Excellent in Yorkshire.

To support older people's wellbeing and reduce isolation, we have initiated GP and peer led initiatives. The CCGs have increased the Community Connectors programme which provides social prescribing services across all GP practices across Bradford.

**3.3.3 Easy access to integrated care:** The launch of the perinatal mental health support and community eating disorder service was highlighted in the last update to the HWBB. These services are now fully recruited to and have full case-loads.

We are committed to the integration of physical and mental wellbeing services and have progressed plans to review pathways for pain services to include psychological support. We have a growing number of people with long term conditions who are offered specialist mental health advice/support that is personalised and will recognise the impact of other aspects of people's lives such as education, work, housing and leisure, and individual lifestyles.

We have carried out key engagement with clinical forums to raise awareness of the importance of physical health checks. Latest available data shows that 37.4% of people with a serious mental illness have had a health check, up slightly on the previous quarter.

Across our acute care pathway, we have increased investment in our First Response service, the intensive home treatment service, and continued to develop our safer spaces provision. This has supported over 1,800 people to be at home, diverted from A&E and avoid hospital admission. In the past 12 months our award winning 3 Safe Spaces have delivered around 3,500 sessions of support. Furthermore, we have used winter pressures investment to increase VCS provision and test out different models of working across acute settings.

We have supported and worked collaboratively with the local authority to review pathways and services for people who experience domestic abuse and sexual violence.

**3.3.4 Services focused on recovery:** The Youth in Mind model continues to deliver community based support that is focussed on supporting young people to understand and take control of their mental wellbeing and build resilience.

The proportion of people moving to recovery after IAPT (Improving Access to Psychological Therapies) continues to vary month on month, however recovery rates in the District overall are lower than regionally and nationally. Our psychological wellbeing

service (MyWellbeing College) continues to focus on delivering a range of support to support recovery and resilience.

We have increased our investment in the Early Intervention in Psychosis Service and are making continued improvements, although the number of people seen within 2 weeks of referral is lower this year than the previous year. The service was recently reviewed by the National Team and highlighted as good practice. The service has also developed an At Risk Mental Service which provides short term support for vulnerable people.

**3.3.5 Transforming services:** We have worked with NHS England to develop new models of care to support children and young people accessing Tier 4 (inpatient) mental health care. As a system, we have made financial savings which have been reinvested into the service to increase the Intensive Home Treatment offer for children and young people. More importantly, children and young people have been supported to remain at home and in school, or have reduced lengths of stay in hospital.

We are working closely with all our providers to improve our information and performance reporting to ensure we understand the full extent of our investment into mental wellbeing services.

We have worked with Early Help to develop an integrated model of support for 0-19 year olds which provides joined up mental health support.

**3.3.6 Suicide prevention:** The Suicide Prevention Strategy, overseen by the Suicide Prevention Steering Group has recently been refreshed, with the following priorities identified:

- Identify and support groups with increased risk of suicide (particularly men)
- Undertake training in suicide awareness
- Strengthen the role of primary care in suicide prevention
- Develop Postvention services
- Prevent suicide at known hotspots and healthcare settings
- Work with the media to ensure appropriate reporting of suicide
- Deliver effective communications to reduce risk
- Undertake monitoring and surveillance
- Learn lessons from serious incidents
- Develop a multi-agency self-harm pathway
- Maintain clear accountability & governance for suicide prevention

## 3.4 PEOPLE IN ALL PARTS OF THE DISTRICT ARE LIVING WELL AND AGEING WELL

**Outcome measures:** There are six outcome measures in the JHWB Strategy related to living and ageing well. Updates for two of these measures have been published since the last update to the HWBB in March 2019 (see Appendix 1 of Document "A": outcome report).

**3.4.1 Active lives**: National data shows that over the last 12 months there has been a small decrease in the number of adults who are physically active (source: Active Lives Survey). Longer term trends, however, show that the number of adults who are physically active is increasing, and we have similar levels of physical activity as our statistical

neighbours.

More children are taking part in the Daily Mile/15 Minutes More (42 schools in 18/19 Q3); however, further work is needed to continue to increase the number of children and schools participating. One of the main challenges locally is the outdoor space available for schools to do this during the school day; other schools have expressed a preference for different ways to help support children to be active. The Daily Mile will be supported in schools by our Living Well Advisors from September onwards, including schools being supported on developing routes, scheduling in sessions, and other means to facilitate their uptake such as delivering motivational assemblies with the children.

The BEEP (Exercise Referral) service continues to see a high number of referrals from GPs in the District; in 18/19 Q4 554 people were on the BEEP caseload, which is significantly higher than the previous quarters. The increase in caseload was due to increased capacity in the system as the result of the appointment of a new exercise referral officer (ERO). This appointment was in response to a growing waiting list for the service, as reported in the March 2019 update to the HWBB.

On June 22nd the Living Well Service was launched. Through this service members of the public can self-refer for lifestyle advice and support. Access will be encouraged through the website www.mylivingwell.co.uk however face to face and phone support is also available and delivered by a team of Living Well Advisors. Reporting on website use and face to face service access will be available on the first full quarter following the 22nd June launch.

**3.4.2 Nutrition and healthy diets:** Breastfeeding rates remain constant, with approximately 42% of babies in Bradford District still receiving breast milk at 6-8 weeks. A new breastfeeding strategy for the District is in development and set to launch next quarter, with the aim of boosting breastfeeding in the District. The end of April also saw the launch of the Breastfeeding Welcome scheme in Bradford. The scheme asks local businesses and venues to sign up, and when they do they receive a Breastfeeding Welcome pink and white sticker which is used as a clear message to breastfeeding mums '*you are welcome to breastfeed your baby here*.' The scheme is open to all local businesses, from shops, libraries, cafes or hairdressers, to community centres and health centres, with both Broadway and Airedale shopping centres already on board.

The HENRY (Health Exercise and Nutrition in the Really Young) programme continues to see steady numbers of around 50 parents per quarter, while a more intensive offer around the programme continues to be evaluated in the Better Start Bradford area. We are looking to increase the scale of the HENRY programme over the coming months by embedding the offer within the planned Living Well Academy. This will include a boost to publicity on the availability of the Making Every Contact Count and the Conversations for Change training.

**3.4.3 Smoking:** Smoking is one of main causes of preventable disease and early death, while the prevalence of smoking overall is reducing it continues contributes significantly to health inequalities. The number of smoking quits reported remains stable at around 300 quits per quarter. The smoking service is, however, entering a phase of transition with establishment of the Living Well Service and the transition to a pharmacy led approach to smoking cessation commences. As such we expect to see some variation in quit rates as the new system embeds. The focus for the next six months will see an increase in

momentum on strategic approaches to reducing smoking prevalence in the District including taking learning from good practice elsewhere. Smoking features in the Living Well communications work started publically in June, with plans to provide a local communications boost to the national Stoptober campaign from Public Health England.

Opportunities to promote smoking cessation through the West Yorkshire and Harrogate Cancer Alliance Tackling Lung Cancer project continue to be realised. Funding has been approved to embed two FTE stop smoking specialists in acute settings, and one FTE at the lung health check. As a result of this increased capacity across the system, we expect to see more people attempting to quit smoking.

Earlier this year, all of Bradford Teaching Hospitals Foundation Trust's premises went smokefree, meaning that no-one is permitted to smoke on hospital grounds; this is in line with evidence of best practice.

Making every contact count means that all opportunities to support people to stop smoking should be maximised. Our three main providers are incentivised to identify smokers in inpatient settings and to provide very brief advice, or refer to stop smoking services if required. BDCFT is exceeding all targets, with most people in inpatient settings in BDCFT asked whether or not they are a smoker and if required given very brief advice. 33.8% of those who require it are referred to stop smoking services, or offered stop smoking medication (18/19 Q4 data). At ANFT 98.3% of people were screened, and of those who smoked, 70.2% were offered very brief advice. Of those who could have benefited from support, just 2.1% were referred to stop smoking services, or offered medication. Accordingly, this is an area for further improvement.

There is potential for improvement at BTHFT, with just 53.4% of people asked about smoking, and of those who smoke, only 4.5% given very brief advice. Improvement should be facilitated by the increased smoking cessation capacity through the Cancer Alliance funding.

**3.4.4 People are supported and feel confident in managing their health**

We are continuing to train frontline staff in Conversations for Change or Making Every Contact Count. The ten community partnerships in Bradford are developing their community plans, with a number focusing on self care. Initiatives include extending the self care champion role.

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia.The number of people having a health check fell in Q3 (18/19) to 1,685 (compared to 2,589 the previous year); further investigation is needed to understand why there has been such a significant drop.

To celebrate the launch of Living Well and the Living Well 'movement' across Bradford District, the public were invited to attend free fun days at various locations in Bradford District. Living Well advisors and volunteers engaged with people of all ages in shopping centres during the week and at the Bradford Dragon Boat Festival weekend. The Living Well advisors and volunteers provided information, advice and offered health checks to the public whilst encouraging people to make a pledge for the "Make One Change Challenge."

## 3.5 BRADFORD DISTRICT IS A HEALTHY PLACE TO LIVE, LEARN AND WORK

**Outcome measures:** There are eight outcome measures in the JHWB Strategy related to healthy places. Updates for two of these measures have been published since the last update to the HWBB in March 2019 (see Appendix 1 of Document "A": outcome report).

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

**3.5.1 Air quality:** The local authority continues to monitor and report on levels of nitrous dioxide in four air quality management areas. The Bradford Air Quality Plan (BAQP) is being developed in line with Ministerial Direction with the Outline Business Case, including the preferred option for improving air quality in the shortest possible timeframe, required for submission to DEFRA/Department for Transport by 31st October 2019.

Working with schools and local communities, a no idling campaign is also in development to increase awareness of air quality around schools amongst children and their parents, and encourage car owners to switch off their engines when parking close to schools. The campaign will be launched at the start of the next school year.

**3.5.2 Green space and places to play**

The local authority continues to explore innovative ways to bring in additional funding to support the development of healthy places and blue-green infrastructure in the District. Bradford is one of five places in England selected for an innovative public spaces development initiative. Winning a position on the Future Place programme will bring a wide range of highly skilled professional support and advice, and help the council and its partners develop a vision for the city centre and unlock its potential.

The local authority has recently launched its Playing Pitch Strategy, the aim of which is to provide a network of high quality outdoor sports facilities that are conducive to sustaining and increasing participation in sport, and bring together all partners to ensure a co-ordinated approach to supply and demand. This is supported by the Sports Pitches Investment Programme.

**3.5.3 Skills and decent jobs:** Latest available data shows that 44% of the working age population is qualified to NVQ level 3 and above in Bradford District, which is down from 46.6% in 2017. We continue to implement the Economic Strategy, supporting skills development, and helping to get more people into work.

Bradford Council's SkillsHouse is working in partnership with the Leeds based Lighthouse Futures Trust to set up a new forum to support young people with additional needs into work. The forum will offer advice and support to businesses to enable them to provide work experience and jobs for young people with additional support needs such as autism.

With a focus on access to employment for marginalised and/or vulnerable groups, work has begun to bring together a consultative group to explore the broad range of services on offer to support people into employment, and how these and others work together, to

maximise opportunities across a range of providers. A key element of this is the Department for Work and Pensions (DWP) commissioned Reed in Partnership Programme, with a focus on non-mandated groups which offers 15 months support to access work opportunities, and support whilst in work. DWP do not allow Reed in Partnership to divulge data in relation to the number of people supported, however they have up to 3,500 places for Bradford District over the life of the programme which runs to 2024.

**3.5.4 A healthy workforce:** The Living Well Charter is our plan for working with all businesses to encourage them to support their workforce from a health and wellbeing perspective. The Charter was launched in June and full reporting on uptake will commence on this metric the following full quarter. Early conversations with businesses on the materials that have been developed, and the pledge itself, have been positively received and some major local employers signed up on launch day (22nd June). The employer pledge asks employers to make being healthy easier for their staff and gives them some ideas of how to motivate and help their staff be healthier at work and at home.

NHS organisations are rooted in their communities. As a large employer in Bradford District the NHS has both the opportunity and responsibility to better support staff and improve their health and wellbeing. Our three main providers are currently incentivised to improve staff health and wellbeing through the improving staff health and wellbeing CQUIN. Progress is monitored via staff surveys. Survey results show a small worsening of performance as measured by a staff survey in response to questions such as: does your organisation take positive action on health and wellbeing; in the last 12 months have you experienced musculoskeletal difficulties as a result of work activities; during the last 12 months have you felt unwell as a result of work related stress? It is difficult to interpret the worsening of performance as measured by survey results, because results will naturally fluctuate year on year.

**3.5.5 Fuel Poverty:** Fuel poverty remains an issue for the District primarily as a result of the large number of older Victorian and pre-Victorian housing, which is a hard to insulate effectively. The District has an established winter warmth programme - Warm Homes - procured in 2017/18 for two years, however, the reach of this programme has reduced over the years due to available funding. Latest available data for 2018/19 shows that there were 350 face to face contacts; 137 onward referrals; 250 people were given advice on falls prevention, nutrition, or general advice on wellbeing; 127 were given specific advice on fuel poverty, including energy assessments and supplier switching; 13 people were given debt advice.

**3.5.6 Health in all policies:** The local authority continues to work on the partial review of the Core Strategy. The Core Strategy forms an essential part of the Bradford District Local Plan. It sets out the local authority's strategic housing, employment, transport, retail, leisure and environmental policy requirements, as well as the policy context for the broad location, scale and distribution of site allocations for mainly housing and employment. Public Health are working closely with planners and a health impact assessment is being conducted, ensuring that we clearly communicate our ambition for a healthier place.

In 2018/19 Public Health provided advice and comment on 47 pre-application planning enquiries for proposed major developments (10 or more housing units, or business or mixed-use development of $1000m^2$ or more). In 2018/19 comment has been provided on 33 housing developments relating to a potential 2,500 housing units. Comments were also

made on 14 pre-applications related to non-residential business or community use proposals. Comment from public health and many other council teams at an early stage has the potential to influence the design of developments, layout, active travel opportunities and connections to existing places and amenities. The aim is that the cumulative effect will deliver safe, healthy, well-connected places for people to live, learn and work. Public Health comments also support requests by other officers for assessment and mitigation of hazards and changes to design of roads etc. to safeguard and promote population health.

Intervention at the pre-planning stage is regarded by Public Health England as a mid-stream intervention in planning for healthy places. Upstream interventions include: the development of the Homes and Neighbourhoods Design Guide, Top of Town Masterplan, and the Core Strategy partial review.

## 4. FINANCIAL & RESOURCE APPRAISAL

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

## 5. RISK MANAGEMENT AND GOVERNANCE ISSUES

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

## 6. LEGAL APPRAISAL

**6.1** The Health and Social Care Act 2012 (The Act) amended the NHS Act 2006 to give Local Authorities the leading role in improving the health of their local population. Part 1 of The Act placed statutory legal responsibility for Public Health with The City of Bradford Metropolitan District Council. Specifically, Section 12 of the Act created the duty requiring Local Authorities to take such steps as they consider appropriate to improve the health of the people in its area. Section 31 of the Act requires the Director of Public Health to prepare an annual report on the health of the people in the area of the Council, which it must then publish. The contents of the report are a matter for local determination.

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

**6.3** This report identifies the various indices used by the HWBB to assess the progress of the Joint Health and Wellbeing Strategy and describes the current state of public health in Bradford. It is noteworthy that the joint strategy reaches across a range of services, some

of which are not under the Council's direct control.

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

## 7. OTHER IMPLICATIONS

### 7.1 EQUALITY & DIVERSITY

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

### 7.2 SUSTAINABILITY IMPLICATIONS

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

### 7.3 GREENHOUSE GAS EMISSIONS IMPACTS

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

### 7.4 COMMUNITY SAFETY IMPLICATIONS

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

### 7.5 HUMAN RIGHTS ACT

No direct implications.

### 7.6 TRADE UNION

No direct implications.

### 7.7 WARD IMPLICATIONS

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

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

N/A

### 7.9 IMPLICATIONS FOR CORPORATE PARENTING

N/A

### 7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

No issues arising.

## 8. NOT FOR PUBLICATION DOCUMENTS

None.

## 9. OPTIONS

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

## 10. RECOMMENDATIONS

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

## 11. APPENDICES

**11.1** Connecting people and place for better health and wellbeing: dashboard

**11.2** Connecting people and place for better health and wellbeing: logic model

**11.3** Connecting people and place for better health and wellbeing: outcomes report (Please refer to Appendix 1 of Document "A")

## 12. BACKGROUND DOCUMENTS

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

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

| | Reporting period | Previous year value | Current value | 5 year trend | Change from previous reporting period | How do we compare with our neighbours? | RAG rating | Comments |
|---|---|---|---|---|---|---|---|---|
| **Overarching indciators** | | | | | | | | |
| Life expectancy at birth - males | 2015-17 | 77.5 | 77.7 | ↔ | ▲ | Similar | | |
| Life expectancy at birth - females | 2015-17 | 81.5 | 81.6 | ↔ | ▲ | Similar | | |
| Healthy life expectancy at birth - males | 2015-17 | 61.8 | 60.4 | ▼ | ▼ | Similar | | |
| Healthy life expectancy at birth - females | 2015-17 | 61.1 | 59.0 | ▼ | ▼ | Worse | | |
| Inequality in life expectancy at birth - males | 2015-17 | 7.6 | 7.4 | ↔ | ▼ | Worse | | |
| Inequality in life expectancy at birth - females | 2015-17 | 6.3 | 6.8 | ↔ | ▲ | Similar | | |
| **Our children have a great start in life** | | | | | | | | |
| % of children achieving a good level of development at reception | 2017/18 | 67.6 | 66.8 | ▲ | ▼ | Worse | | |
| Average attainment 8 score (UPDATED) | 2017/18 | 42.4 | 43.5 | ↔ | ▲ | Similar | | |
| % of 16-17 year olds NEET | 2017 | 6.0 | 6.5 | ↔ | ▲ | Worse | | |
| % of children aged 5-16 who have been in care for at least 12 months whose SDQ scores is cause for concern (UPDATED) | 2017/18 | 29.4 | 36.7 | ▲ | ▲ | Similar | | |
| % of children breastfed at 6-8 weeks | 2016/17 | 40.1 | 41.9 | ▲ | ▲ | Better | | |
| Smoking at time of delivery | 2017/18 | 13.8 | 14.4 | ▼ | ▲ | Similar | | |
| % of 5 year olds who are free from dental decay | 2016/17 | 62.5 | 60.2 | ▲ | ▼ | Worse | | |
| Infant mortality | 2015-17 | 5.9 | 5.8 | ↔ | ▼ | Worse | | |
| Low birth weight of term babies (UPDATED) | 2017 | 3.6 | 4.0 | ↔ | ▲ | Similar | | |
| Teenage pregnancy (UPDATED) | 2017 | 20.0 | 19.1 | ▼ | ▼ | Similar | | |
| **People in Bradford District have good mental wellbeing** | | | | | | | | |
| Mental wellbeing: high happiness score | 2015/16 | 74.3 | 70.4 | ▲ | ▼ | Similar | | |
| Mental wellbeing: high satisfaction score | 2015/16 | 78.9 | 77.8 | ▲ | ▼ | Similar | | |
| Suicide rate | 2015-17 | 9.2 | 9.0 | ▼ | ▼ | Better | | |
| IAPT recovery rate: AWC CCG | Sep-18 | 47.0 | 47.0 | ▼ | – | Worse | | |
| IAPT recovery rate: Badford City CCG | Sep-18 | 45.0 | 44.0 | ↔ | ▼ | Worse | | |
| IAPT recovery rate: Badford Districts CCG | Sep-18 | 45.0 | 49.0 | ▲ | ▲ | Worse | | |
| People experiencing a first episode of psychosis in receipt of a NICE approved care package within 2 weeks of referral: AWC CCG | 2018/19 | 70.7 | 61.0 | ↔ | ▼ | Worse | | |
| People experiencing a first episode of psychosis in receipt of a NICE approved care package within 2 weeks of referral: Bradford City CCG | 2018/19 | 70.1 | 53.9 | ▼ | ▼ | Worse | | |
| People experiencing a first episode of psychosis in receipt of a NICE approved care package within 2 weeks of referral: Bradford Districts CCG | 2018/19 | 68.9 | 57.5 | ▼ | ▼ | Worse | | |
| Excess under 75 mortality rate in persons with serious mental illness | 2014/15 | 448.6 | 426.3 | ▲ | ▼ | Worse | | |
| **People in all parts of the District are living well and ageing well** | | | | | | | | |
| % of physically active adults (UPDATED) | 2017/18 | 63.7 | 61.9 | ▲ | ▼ | Similar | | |
| % of adults meeting the '5 a day' reccomendation (UPDATED) | 2017/18 | 54.7 | 47.4 | ▼ | ▼ | Similar | | |
| Successful completion of drug treatment (opiate users) | 2017 | 5.7 | 6.3 | ▼ | ▲ | Similar | | |
| Successful completion of drug treatment (non-opiate users) | 2017 | 43.1 | 49.8 | ▲ | ▲ | Better | | |
| Child excess weight - Year 6 | 2017/18 | 37.9 | 38.6 | ▲ | ▲ | Worse | | |
| Smoking prevalence in adults | 2017 | 22.2 | 18.9 | ▼ | ▼ | Worse | | |
| % of people with a LTC who feel supported to manage their conditon | 2017/18 | 62.6 | 57.7 | ▼ | ▼ | Similar | | |
| **Bradford District is a healthy place to live, learn and work** | | | | | | | | |
| % of people using outdoor spaces for exercise or health reasons | 2015/16 | 8.4 | 12.4 | ↔ | ▲ | Worse | | |
| % of people aged 16-64 in employment | 2017/18 | 67.2 | 68.1 | ▲ | ▲ | Similar | | |
| % of working age population qualified to NVQ Level 3 or above (UPDATED) | 2018 | 46.6 | 43.9 | ▼ | ▼ | Worse | | |
| % of working day week lost to sickness absence | 2015-17 | 1.2 | 1.3 | ↔ | ▲ | Similar | | |
| Fuel poverty | 2016 | 15.0 | 14.3 | ↔ | ▼ | Worse | | |
| The number of people reported killed or seriously injured on our roads | 2015-17 | 35.9 | 34.9 | ▼ | ▼ | Worse | | |
| Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate | 2017/18 | 59.2 | 61.1 | ↔ | ▲ | Worse | | |
| Concentration of NO2 (µg/m3) in AQMAs - Shipley Area Road (UPDATED) | 2017 | 52.0 | 49.0 | ▼ | ▼ | N/A | | Note air quality has not been RAG rated using the criteria below. Rated as red due to the exceedance of the EU Directive |
| Concentration of NO2 in AQMAs - Mayo Avenue (UPDATED) | 2017 | 56.0 | 49.0 | ▼ | ▼ | N/A | | |
| Concentration of NO2 in AQMAs - Thornton Road (UPDATED) | 2017 | 45.6 | 30.0 | ▼ | ▼ | N/A | | |
| Concentration of NO2 in AQMAs - Manningham Lane (UPDATED) | 2017 | 41.0 | 39.0 | ▼ | ▼ | N/A | | |

**Key**

| | |
|---|---|
| (Red) | Trend data is getting worse OR trend data is showing no change and we are worse than our statistical neighbours |
| (Amber) | Trend data is not improving, but our outcomes are similar or better than our statistical neighbours OR trend data is getting better but outcomes are worse than our statistical neighbours |
| (Green) | Trend data is getting better and we are similar or better than our statistical neighbours |

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# Connecting People and Place for Better Health and Wellbeing

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

# Background/purpose (1)

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

# Background/purpose (2)

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

# Background/purpose (3)

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

# Overarching outcomes

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

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

| KEY OBJECTIVES | WHAT WE WILL DO | HOW WE WILL DO IT | HOW WE WILL KNOW WE HAVE DONE IT | HOW WE WILL KNOW THAT WE HAVE MADE A DIFFERENCE | HOW WE WILL KNOW THAT WE HAVE IMPROVED PEOPLE'S HEALTH & WELLBEING |
|---|---|---|---|---|---|
| CHILDREN ARE SCHOOL READY & ACHIEVE A GOOD LEVEL OF ATTAINMENT | Promoting integrated working across the early years workforce; helping parents to develop their knowledge & skills around parenting; rolling out learning from Better Start; Bradford Education Covenant; development of Education Hub; creation of new secondary school places; working with partners to raise aspirations. | • Children, Families & Young People's Plan<br>• SEND Strategy<br>• Integrated Early Years Strategy<br>• PH 0-19 service (school nursing & health visiting commissioning)<br>• Active Bradford<br>• Healthy Bradford<br>• Future in Mind<br>• Better Start Bradford<br>• Oral Health Improvement Action Plan<br>• Every Baby Matters<br>• Sport England LDP<br>• Maternity, Children and Young People's Partnership Board<br>• Economic Growth Strategy<br>• Better Births (STP)<br>• Saving Babies' Lives Bundle<br>• Future in Mind<br>• Innovation Plan Integrated Early Years Strategy<br>• Journey to Excellence Transformation Plan<br>• Ofsted School Improvement Action Plan<br>• Anti-Poverty Strategy<br>• Bradford Safeguarding Children Board | **Number of unauthorised primary & secondary school absences; number of children missing from education in Bradford;** number of looked after children who had a missing or absence incident; % of schools rated good or better | **% of children achieving a good level of development at the end of reception**<br><br>**Average Attainment 8 score for all pupils** | Children need to feel loved and safe. Every child and young person needs a loving, responsive relationship with a parent or carer, enabling them to thrive. Improving the health and wellbeing of women of child-bearing age, investing in interventions for pregnant women and their partners so they are well-prepared for pregnancy and parenthood and investing in early education are the best ways to improve health and wellbeing for young children and to reduce health and social inequalities, especially for our more vulnerable young children.<br><br>**Infant mortality: rate of deaths in infants aged under 1 years per 1,000 live birth**<br><br>**% of all live births at term with low birth weight**<br><br>**% of 5 year olds who are free from obvious dental decay**<br><br>**Teenage pregnancy: rate of conceptions per 1,000 females aged 15-17** |
| CHILDREN & YOUNG PEOPLE ARE READY FOR LIFE & WORK | Work with businesses to prepare young people for working lives; develop the Bradford Pathways approach to support career progression; deliver a transition service which focuses on the most vulnerable; work with businesses and training providers to increase the number of apprenticeships; encourage participation of young people that enhance core skills. | | Number of apprenticeships; % of schools with Bradford Pathways Programme; % of sixth form establishments rated good or outstanding; **% of young people participating up to age of 18.** | **% of 16-17 year olds NEET**<br><br>% first time entrants into youth justice<br><br>% of working age people educated to NVQ 3 level or equivalent | |
| SAFEGUARDING MOST VULNERABLE & PROVIDING EARLY SUPPORT | Implementation of Signs of Safety Model, working with social investors, establishment of a joint transitions team; reimagining how we structure and run residential units; supporting young people to access direct payments; development of a local approach to adverse childhood experiences. | | **% of re-referrals to Children's Social Care within 12 months; % of children becoming subject to a further Child Protection Plan within 2 years of previous plan ending** | Hospital stays caused by injuries; **% of children aged 5-16 who have been in care for at least 12 months whose score in the SDQ indicates cause for concern**; % of children in care who achieved 5 or more GCSEs at grades A*-C including English & Maths; % reduction in looked after children | |
| REDUCING HEALTH & SOCIAL INEQUALITIES | See OUTCOME 3 – living well<br>Maternity & CYP Partnership:<br>Every Baby Matters, Better Births, Saving babies Lives Care Bundle, 0-19 Wellbeing – Prevention and early help for children and young people and their families. | | See Outcome 3 – living well measures; **% of antenatal assessments occurring before 13 weeks; % of infants receiving health visitor review at 6-8 weeks** | **% of all infants that are breastfed at 6-8 weeks;** % of children in Year 6 who are overweight/obese; **% of women smoking at time of delivery**; % uptake of childhood immunisations | |

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

## KEY OBJECTIVES

- EARLY ACTION AWARENESS & PREVENTION
- BUILD RESILIENCE & PROMOTE WELLBEING
- EASY ACCESS TO INTEGRATED CARE
- SERVICES FOCUSED ON RECOVERY
- TRANSFORMING SERVICES

## WHAT WE WILL DO

Deliver improvement programme to raise awareness, increase capacity for self-management, deliver training, reduce stigma and discrimination, implement Suicide Prevention Strategy, develop community spaces, and support for carers.

Develop healthy communities and places through community investment, regeneration and housing policy, promote mutual support, develop social and supported housing options, digital tools, work with employers & businesses.

Deliver care that achieves parity of esteem between MH & physical health: awareness raising of the workforce, development of care pathways; physical health checks for people with SMI; targeted approach to people with medically unexplained symptoms; primary mental wellbeing service; integrated approach to MH in secondary care.

Improve access to & quality of services & outcomes for CYP; develop specialist perinatal MH team; early intervention in psychosis; redesign CMHT offer, design care pathways for PD and eating disorders.

Child & YP MHS transformation, acute care pathway collaboration, liaison & diversion.

## HOW WE WILL DO IT

- Mental Wellbeing Strategy
- Healthy Bradford
- Active Bradford
- Suicide Prevention Action Plan
- Dementia Action Plan
- Perinatal Mental Health Task & Finish Group
- Domestic & Sexual Violence Strategy
- Self Care & Prevention Programme
- Primary Medical Care Strategy
- Core Strategy & Area Action Plans
- Housing Strategy
- Housing Design Guide
- Homelessness Strategy
- Better Start Bradford
- Early Help and Prevention
- Planned Care Programme
- Out of Hospital Programme
- Urgent and Emergency Care Workstream
- Future in Mind
- Maternity & Children and Young People's Board
- Crisis Care Concordat

## HOW WE WILL KNOW WE HAVE DONE IT

Number of carers with a support plan; number of hours of self referral support in community spaces; number of people accessing Mental Health Matters website, **number of self referrals to My Wellbeing College.**

**Number of MH champions in schools, organisations & businesses; number of people who have completed MH First Aid (or similar);** number of businesses signed up to workplace charter.

**% of people with SMI who have had health check**; number of people accessing IAPT (inc. LTC); number of people receiving a personal budget/ISF/direct payment; number of people accessing Safer Spaces and First Response, **% of IAPT referrals of people with LTC**

Number of people accessing Safer Spaces and First Response; number of people accessing perinatal MH service, **number of out of area placements**; number referred to tier 4 specialist eating disorder services; **Waiting time for CAHMS [Autism placeholder]**

## HOW WE WILL KNOW THAT WE HAVE MADE A DIFFERENCE

Wellbeing measures reflected throughout logic model e.g. employment, housing, education, access to green space, physical activity.

**% of the population with good mental wellbeing (happiness & satisfaction)**

% of service users/carers who have as much social contact as they would like; carer reported quality of life.

% of unnecessary attendance of people with MH concerns at A&E; Prescribing costs; **IAPT recovery rate; % of people with a LTC who feel supported to manage their condition.**

**% of people experiencing a first episode of psychosis to a NICE approved care package within two weeks of referral**; **% of CYP with MH condition receiving treatment**; number of people on IHT caseload.

## HOW WE WILL KNOW THAT WE HAVE IMPROVED PEOPLE'S HEALTH & WELLBEING

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

**Suicide rate per 100,000 population**

**% of the population with good mental wellbeing**

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

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

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

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

| KEY OBJECTIVES | WHAT WE WILL DO | HOW WE WILL DO IT | HOW WE WILL KNOW WE HAVE DONE IT | HOW WE WILL KNOW THAT WE HAVE MADE A DIFFERENCE | HOW WE WILL KNOW THAT WE HAVE IMPROVED PEOPLE'S HEALTH & WELLBEING |
|---|---|---|---|---|---|
| **AIR QUALITY IMPROVES** | Specific actions are still to be determined, but will be listed here when agreed. | • West Yorkshire Low Emissions Strategy<br>• Feasibility Studies | This will be determined based on 'what we will do' | **Annual mean concentration of $NO^2$ in air quality management areas and areas of concern.** | The communities we are born, live, work and socialise in have a significant influence on our health and wellbeing. The wider determinants or social determinants of health determine the extent to which people have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances. By creating healthy places to live, learn & work fewer people will develop long term conditions and poor mental wellbeing. As a result people will live longer lives with more years of good health.<br><br>**Under 75 mortality rate from CVD, cancer, liver disease & respiratory disease.**<br><br>**Excess winter deaths index.**<br><br>**Excess under 75 mortality rate in persons with serious mental illness**<br><br>**Health related quality of life for people with LTCs** |
| **PEOPLE HAVE ACCESS TO GREEN SPACE & PLACES TO PLAY** | Improvement of existing green spaces and play areas, and the creation of new green spaces and play areas through new developments, the area action plans, and grant funding. Increase access and engagement through awareness raising & social prescriptions and making every contact count. | • Core Strategy<br>• Area Action Plans<br>• Planning for a Healthy & Happy Bradford Framework<br>• Healthy Bradford<br>• Active Bradford inc. LDP.<br>• Better Start Bradford | The number of new play areas created; the number of play areas that have been improved; the number of new green spaces created; the number of green spaces that have been improved; **the number of street closures for play approved;** referrals to outdoors activities. | % of the District meeting the Accessible Green Spaces Standard<br><br>**% of people using outdoor spaces for exercise or health reasons.** | |
| **PEOPLE HAVE DECENT JOBS AND FINANCIAL SECURITY** | Increase opportunities to support people into paid employment, maximise people's incomes via welfare advice. As set out in the Economic Growth Strategy we will grow our economy by increasing the number of productive businesses and supporting young and enterprising people to innovate, invest and build fulfilling lives in the district. Also see outcome 1 - children and young people are ready for life and work. | • Economic Growth Strategy<br>• Welfare Advice Services<br>• REED in Partnership<br>• Commissioned Services<br>• Anti-Poverty Strategy<br>• Children, Families & Young People's Plan<br>• Opportunity Area Programme | See Economic Growth Strategy Logic Model | % of children living in low income family; **% of people aged 16-64 in employment;** average weekly earnings; **% of working age people qualified to NVQ level 3 or equivalent.** | |
| **THE DISTRICT HAS A HEALTHY WORKFORCE** | Introduce a charter for employers outlining the steps that they can take to improve the health and wellbeing of their workforce | Healthy Bradford<br>NHS health & wellbeing CQUIN | **The number of employers who have signed up to the Living Well Charter;** % achievement CQUIN | **% of working days lost to sickness absence;** % of employees who had at least 1 day off in previous week. | |

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

<table>
<tr><th>KEY OBJECTIVES</th><th>WHAT WE WILL DO</th><th>HOW WE WILL DO IT</th><th>HOW WE WILL KNOW WE HAVE DONE IT</th><th>HOW WE WILL KNOW THAT WE HAVE MADE A DIFFERENCE</th><th>HOW WE WILL KNOW THAT WE HAVE IMPROVED PEOPLE'S HEALTH & WELLBEING</th></tr>
<tr><td>HOMES, SCHOOLS & WORKPLACES ARE SAFE & ENERGY EFFICIENT</td><td>We will identify and support people most at risk of fuel poverty. We will raise awareness of the actions that people can take to keep their home warm, and refer the most vulnerable people to Green Doctors. Through our Housing Design Guide we will ensure that all new homes are safe & energy efficient.</td><td>• Housing Strategy<br>• Warm Homes Healthy People<br>• Housing Design Guide<br>• Welfare Advice Services</td><td>Number of people receiving advice via warm homes; number of people receiving support from Green Doctors.<br><br>Housing Design Guide produced and meets specification.</td><td>% of households in fuel poverty.</td><td rowspan="3">The communities we are born, live, work and socialise in have a significant influence on our health and wellbeing. The wider determinants or social determinants of health determine the extent to which people have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances. By creating healthy places to live, learn & work fewer people will develop long term conditions and poor mental wellbeing. As a result people will live longer lives with more years of good health.<br><br>Under 75 mortality rate from CVD, cancer, liver disease & respiratory disease.<br><br>Excess winter deaths index.<br><br>Excess under 75 mortality rate in persons with serious mental illness<br><br>Health related quality of life for people with LTCs</td></tr>
<tr><td>PEOPLE LIVE IN PLACES WHERE IT IS SAFE</td><td>Through partnership working we will safeguard the most vulnerable; reduce reoffending rates for both adults and children; increase the proportion of residents who say they feel safe in their local area by tackling anti-social behaviour and the standards of driving across the District.</td><td>• Core Strategy<br>• Ward Plans<br>• CSP<br>• Healthy Bradford<br>• Community Safety Partnership<br>• DV/SV services<br>• People Can<br>• Fire Prevention Strategy</td><td>See Safe, Clean and Active Community safety Partnership Plan</td><td>Reoffending rates; perceptions of anti-social behaviour, speeding and poor driving; positive perceptions of safety; the number KSI on our roads.</td></tr>
<tr><td>PEOPLE WITH ADDITIONAL NEEDS CAN ACCESS TRAINING, EDUCATION & EMPLOYMENT</td><td>Commission specialist support services to help people access training and employment including in work support, job clubs, employment courses and specialist support. Develop pathways to maximise uptake of existing support services. Work with businesses and employers to raise awareness.</td><td>• Mental Wellbeing Strategy<br>• Commissioned Services (MH, Substance misuse, LD)<br>• Social prescribing (Community Connectors)<br>• REED in Partnership</td><td>Number of people accessing Steps into Employment; Number of people accessing REED in Partnership; number of people accessing employment support via LD and drugs and alcohol recovery services; number of people receiving support via Community Connectors.</td><td>% of adults with LD in paid employment; the percentage point difference between the rate of employment in the general population of working age (16-64) and the rate of employment amongst adults of working age with a mental illness; The percentage point difference between the rate of employment in the general population of working age (16-64) and the rate of employment amongst adults of working age with a long-term condition.</td></tr>
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# Report of the Chair to the meeting of The Health and Wellbeing Board to be held on 24th July 2019.

**C**

## Subject:

**Chair's highlight report**

## Summary statement:

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

Bev Maybury
Strategic Director of Health and Wellbeing

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**Portfolio:**

**Healthy People and Places**

**Overview & Scrutiny Area:**

**Health and Social Care**

## 1. SUMMARY

The Health and Wellbeing Board Chair's highlight report summaries business conducted between Board meetings. This report includes updates from the Executive Commissioning Board and the Integration and Change Board.

## 2. Update from the Executive Commissioning Board

2.1 The Director of Strategic Partnerships, Bradford District CCG and the Strategic Director Health and Wellbeing commissioned an external review of ECB to provide an insight into how the group adds value to other parts of the health and care system, along with an analysis of its overall impact and effectiveness. The findings from the review confirmed that partnership working is of paramount importance in delivering service improvement to our population. There was a consensus from those interviewed that ECB should prioritise the areas that are the most important for collaborative commissioning, and that such areas should provide reciprocal benefits to health and social care with measureable improvements to the local population.

2.2 The review suggested that commitment was required across the system, in particular from system leaders to drive integration and commissioning across Health and Social Care. The accountability around the commissioning agenda, through the ICB and HWB would benefit from some process refinement. It was clear from looking at other areas across the country that integrated commissioning gains better traction when there are agreed joint posts across health and social care and there is strong accountability. In Bradford, we already have a number of shared posts. Work is on-going around how staff can be supported to increase the collaborative dimension to their work.

2.3 The review recommended that ECB should exercise a temporary pause until such time that it has been able to re-evaluate its strategic fit within the revised health and care structures and governance mechanisms, which now include 2 health and care partnership boards and a number of function specific programme boards. This work is in progress and a design group has been established to examine the strategic fit of ECB within the overall health and care system. A further workshop is planned for the middle of June. This will scope the activity that fits within a framework of collaborative commissioning. It will also look at prioritising the functions that are most amenable for the integration of commissioning across health and social care. The Director of Strategic Partnerships, Bradford District CCG and the Strategic Director of Health and Wellbeing will be reviewing the terms of reference for the ECB in the context of the section 75 agreement and the current Better Care Fund.

2.4 Further strategic discussions are planned on integrated commissioning in August which will focus on further closer collaboration between the CCG's and Local Authority on commissioning.

## 3. Update from the Integration and Change Board

3.1 The ICB (Integration and Change Board) met on 15th March and 17th May. This update covers the key actions and decisions arising from these meetings. The next meeting of ICB will take place on 21st June. The proceedings of which will be reported to the August meeting of the Health and Wellbeing Board.

3.2 The ICB received progress updates from the System Development Network, following on from the meeting in February 2019, in March, the ICB considered the action plan and five areas of system development were proposed, these are: Leadership, People, Relationships, Processes, & Pride in place. Work is on-going to develop this further.

3.3 The ICB also received an update on progress on the Strategic Partnering Agreement (SPA) and the final version of the document was presented to the ICB in March. It was agreed that the ICB endorsed the SPA document and the document is currently going through individual organisation governance processes.

3.4 The ICB considered the implications of the document '*Investment and Evolution: a five year framework for GP contract reform'*. ICB endorsed the proposal that Community Partnerships should be the continued basis for local level collaboration.

3.5 The Living Well project is one of the Enabler projects supported by the ICB. The Living Well programme provided an update to the ICB on its approach to being whole system programme which brings together the work programmes and teams formerly known as Self Care and Prevention and Healthy Bradford. The Living Well programme will be providing further updates to the ICB as work develops.

3.6 NHS England undertook a national engagement exercise regarding potential legislative changes required in order to implement the NHS Long Term Plan. This was discussed at the ICB and it was agreed that a draft system view would be produced for consideration.

3.7 In May, the ICB received an update from the Digital Enabler group, this update included progress on the programme and to approve the principles of the updated Digital Strategy for the Bradford District & Craven Place. These include: care records, information governance, digital infrastructure improvement, improvements in business intelligence and population health management tools and fostering innovation. The ICB approved the tenants of the new strategy and noted progress made by the Digital Enabler group.

3.8 The Movement for Change Enabler programme also reported to the ICB on progress around its work on supporting behaviour change and cultural change across the Bradford and Craven place.

3.9 A review of projects and programmes commissioned by the ICB has begun and is expected to report back to the ICB in August, this review will cover current programmes and seek to understand what is required to deliver outcomes of the Happy, Healthy and at Home strategy effectively and efficiently.

**Update on the Early Help and Prevention Project.**

3.10 A verbal update will be provided at the next board meeting on the Early Help and Prevention programme. This programme was commissioned by the Health and Wellbeing Board to develop and deliver an effective whole system approach to Prevention and Early Help that enables effective cross system working for the benefit of communities and individuals in need of support.

## 4. FINANCIAL & RESOURCE APPRAISAL

None

## 5. RISK MANAGEMENT AND GOVERNANCE ISSUES

None

## 6. LEGAL APPRAISAL

None

## 7. OTHER IMPLICATIONS

None

### 7.1 EQUALITY & DIVERSITY

None

### 7.2 SUSTAINABILITY IMPLICATIONS

None

### 7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

### 7.4 COMMUNITY SAFETY IMPLICATIONS

None

### 7.5 HUMAN RIGHTS ACT

None

### 7.6 TRADE UNION

None

### 7.7 WARD IMPLICATIONS

None

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

Not Applicable

## 7.9 IMPLICATIONS FOR CORPORATE PARENTING

None

## 7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESEMENT

None

## 8. NOT FOR PUBLICATION DOCUMENTS

None

## 9. OPTIONS

None

## 10. RECOMMENDATIONS

10.1 That the Executive Commissioning Board and Integrated Change Board updates be noted.

## 11. APPENDICES

None

## 12. BACKGROUND DOCUMENTS

None