



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

Dear Member

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

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

Yours sincerely

P Akhtar

City Solicitor

Notes:

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

From:

Parveen Akhtar

City Solicitor

Agenda Contact: Fatima Butt

Phone: 01274 432227

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To:

MEMBER	REPRESENTING
Councillor Susan Hinchcliffe	Leader of Bradford Metropolitan District Council (Chair)
Councillor Sarah Ferriby	Healthy People and Places Portfolio
Councillor 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 Sohail Abbas	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	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 19 September 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. ALL AGE PREVENTION AND EARLY HELP

1 - 10

Previous Reference: Minute 6 (2019/20)

Members are reminded that at the Septembers meeting of the Board it was noted that the Early Help and Prevention Project required some additional time for consultation and finalisation of the plans therefore, it was proposed that further discussions take place at the Health and Wellbeing Board Development Session in October 2019 and that the project should be formally discussed at the Health and Wellbeing Board meeting in November 2019.

In accordance with the above the Chief Executive, Bradford Metropolitan District Council will submit **Document “H”** which requests members to:

- agree to support the design principles for Prevention and Early Help across Bradford District. This is a whole system approach that enables effective cross system working for the benefit of communities and those in need of support.
- give agreement to support the progress of a number of work-streams including: the development of a district wide out of hours vulnerability information sharing unit and all age “front door” early help hub.
- agree the final work-stream is a prevention and early help pilot which will be run in the Keighley area of the District.

Recommended-

That it is recommended that the Health and Wellbeing Board supports:

- **the formation of a District wide out-of-hours co-ordinated function.**
- **the formation of a District wide all age “front door” hub.**

- a pilot to be run in the Keighley area with the creation of a locally based all-age Prevention and Early Help Centre which will have 3 related work-streams, Place, People and developing integrated locality services. This will then be evaluated with a view to roll out District wide if successful.
- a commitment to supporting the Early Help and Prevention project.

(Supt Sally Fryer – 01274 376418)

6. CHAIR'S HIGHLIGHT REPORT - UPDATES ON LOGIC MODELS, INTEGRATION AND CHANGE BOARD AND THE EXECUTIVE COMMISSIONING BOARD

11 - 62

Previous Reference: Minute 4 (2019/20)

The Chair's Highlight report (**Document "H"**) includes an update on:

- data in the logic models which measures the Joint Health and Wellbeing Strategy. It provides information on three measures which have been updated (suicide rate, smoking rate and IAPT (improving access to psychological therapies) recovery rate).
- Executive Commissioning Board and the Integration and Change Board covering the September and October meetings.

Recommended-

- (1) That the Executive Commissioning Board and the Integration and Change Board updates be noted.**
- (2) That the Board further discuss the progress made against the logic models and consider the allocations of any actions as necessary.**

(Sadia Hussain – 01274 435872)

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Report of the Chief Executive of Bradford Metropolitan District Council to the meeting of The Health and Wellbeing Board to be held on 26th November 2019

H

Subject:

All Age Prevention and Early Help

Summary statement:

This paper provides an outline to the All Age Prevention and Early Help project that was commissioned by the Health and Wellbeing Board.

Sally Fryer
Superintendent

Portfolio: Children and Families

Report Contact: Supt Sally Fryer
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E-mail:
sally.fryer@westyorkshire.pnn.police.uk

Overview & Scrutiny Area:

Health and Social Care and Children's Services

1. SUMMARY

- This paper requests members agree to support the design principles for Prevention and Early Help across Bradford District. This is a whole system approach that enables effective cross system working for the benefit of communities and those in need of support.
- It is also requested that agreement is given to support the progress of a number of work-streams including: the development of a district wide out of hours vulnerability information sharing unit and all age “front door” early help hub.
- The final work-stream is a prevention and early help pilot which will be run in the Keighley area of the District.

2. BACKGROUND

- 2.1.1 This work was initially commissioned by the Health and Wellbeing Board to consider how partner agencies could work together to support individuals and communities to address issues arising at an earlier stage. This would result in individuals being supported sooner; preventing escalation of issues to the point of crisis and supporting individuals could take ownership for their own solutions.
- 2.1.2 A mandate for All Age Prevention and Early Help was formally approved at the Health and Wellbeing Board on 24th July 2019 and aims and objectives agreed. These are attached at Appendix A.
- 2.1.3 Since the mandate approval, an All Age Prevention and Early Help Board has been established and meets on a monthly basis.
- 2.1.4 Through the board, a “Blue Print” has been developed and this was presented to the Health and Wellbeing Board Development Session on 23rd October 2019. This document was updated following recommendations from that discussion.
- 2.1.5 The proposed principles for an All Age Prevention and Early Help offer are highlighted below:
- We will put the person who needs support at the centre of everything we do.
 - We will invest in developing assets in communities and working collaboratively.
 - We will work around localities that make sense to the public, involving faith and voluntary sector in the joint delivery of services.
 - We will ensure people only tell their ‘story’ once and co-ordinate services around them.
 - We will promote the ‘three conversation’ model and utilise the strengths of an individual/family.
 - We will promote self-care and resilience with a consistent focus on wellbeing, prevention and early help.
 - We will always aim to ‘step down’ to universal support, wherever possible.
- 2.1.6 The “Blue Print” contains proposals that, if implemented, will allow for greater coherence and co-ordination of partner agencies for individuals in need of support. It will increase collaboration and put the person in need at the centre of discussions.

- 2.1.7 It is important to emphasize that each partner agency will still retain organisational autonomy and responsibility for their own areas of work, but the move to functioning in this way will allow all organisations to work together as a system to find the best approach for the individual / family / community whilst also creating efficiencies through processes and offering help at an earlier stage, thereby reducing demand on specialist services.
- 2.1.8 It is also expected that agencies will continue to build a common understanding around the continuum of need document for children and young people.
- 2.1.9 From the consultation already undertaken, there are 3 distinct pieces of work have been identified as priorities for this project, these are:

Out of Hours Vulnerability Unit

- 2.1.10 There is an opportunity to join up the existing “out of hours” functions already operating within Bradford. Communication and information exchange between these services can be improved to create a multi-disciplinary out of hours team.
- 2.1.11 By physically or virtually connecting these services, when individuals come to notice (normally in crisis), the out of hours “unit” will have ready access to multiple systems.
- 2.1.12 This unit will assist practitioners or individuals around issues including: self-help, information, advice and guidance and appropriate data-sharing across agencies to provide an effective response.
- 2.1.13 The intention is to have a workable model in place by the end of March 2020.

One Front Door including Multi-agency Safeguarding and Early Help

- 2.1.14 The ambition is to develop an all-age, one front door approach which can provide information, advice and guidance as well as assessment and a multi-agency integrated response when this is needed.
- 2.1.15 This will include the ability to share information between services to allow effective triage and co-ordination of resources to ensure that those who need support are quickly directed to the appropriate part of the system based on their needs.
- 2.1.16 Various partner agencies will be physically or virtually co-located and should be able to either to assist an individual to self-serve or abet access to services.
- 2.1.17 Following on from the Ofsted inspection of Children’s Services, significant work has already taken place to improve processes and practices to safeguarding children and young people and Children’s Services are fully committed to work towards the “Blue Print”.
- 2.1.18 This is a phased project due to its complexity, however it is expected to be delivered by October 2020.

Keighley Pilot : Proof of concept

- 2.1.19 The importance of working together locally to maximise the use of community assets when helping individuals and families has been well documented in literature for Early Help. There is already a well established model (East, South, West, Shipley and Keighley) of locality working that currently operates across the district.
- 2.1.20 It is proposed that each locality will have an all all-age centre which will co-ordinate and network across local services, and allow different agencies to come together and focus on family relationships and reducing poverty.
- 2.1.21 A key function of the centres will be to bring tasking arrangements together so that concerns around “place” can be discussed as a collective with elected members.
- 2.1.22 The proposal retains current structures of governance of both Place and Community Partnerships whilst also developing closer interconnectivity through key individuals in Community Partnerships or Wards proactively making connections when discussing locality issues.
- 2.1.23 To support this interconnectivity, a joint All Age Prevention and Early Help Leadership Team for each area will be formed and they will be responsible for developing strategy and priorities across each constituency. Listening to the voice of that community will allow the creation of a stronger asset base and will build civic resilience.
- 2.1.24 Existing provisions and services will continue to be mapped, understood and then a programme of change commenced as required to deliver the needs of that community. This is not about reducing the number of third sector / public organisations but supporting greater interconnectivity between the two.
- 2.1.25 Separate multi-disciplinary Safeguarding meetings will also take place with the more delicate discussions in line with GDPR and safeguarding guidelines. This will pull current meetings together wherever possible to provide more co-ordination and less duplication of effort.
- 2.1.26 These centres will adopt a “whole family” approach and will take responsibility for managing cases that have been allocated to them from the multi-agency front door, cases that may have been “stepped-down” to universal services as well as those who may have come to the attention of services in the Place based forums.
- 2.1.27 A significant work-stream to allow delivery of this pilot is workforce development and enabling a culture of integrated system working to flourish. A multi-agency training programme that incorporates inputs around taking an asset based approach, awareness of adverse childhood experiences and trauma as well as the 3 conversation model will be developed to support staff across the system to deliver this pilot.
- 2.1.28 Terms of Reference, operational principles, membership and location base within the pilot area will be developed in time for the pilot to go live by March 2020. The evaluation will commence in summer 2020.

2.1.29 The pilot will continually evolve, exploring learning and what works. This will be evaluated prior to a decision regarding implementation across all of Bradford District.

3. OTHER CONSIDERATIONS

3.1.1 There are a number of other projects and programmes that cross cut the Early Help and Prevention project and a full interdependency mapping exercise will be conducted to understand the impact and connectivity between these. One of the main areas for consideration so far has been the disparity between area boundaries for Wards, Community Partnerships and Primary Care Networks. Each of these have multiple methods of geographical alignment, however this should not be seen as a barrier as there is a strong commitment to work across these boundary areas by the people involved and existing arrangements are in place to manage such issues. The Keighley pilot will explore this in more detail and build on existing operational working practices.

3.1.2 There are a number of existing support / assets / services that are already in place in the pilot area. These facilities are all contained within a key word searchable database and can be mapped geographically. Additional services and locations will be added to this database to create a richer picture as the pilot progresses. If required during the course of the pilot, an additional detailed piece of work can be commissioned to GIS map all current services using this technology.

4. FINANCIAL & RESOURCE APPRAISAL

4.1.1 A separate request for Project and Administrative support has been submitted to support the progress the project, this will be in the form of existing colleagues working within the system dedicating time to this work.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

There is an existing programme governance structure in place for the Early Help and Prevention programme. The programme currently reports to the Health and Well Being Board through the All Age Prevention and Early Help Board which is made up of representatives from key stakeholders. The 3 main work-streams highlighted in the body of this report sit beneath this and that structure is in the process of being created. A governance structure is shown in Appendix B. The programme will have support from a Project Manager and will be overseen utilising project management methods.

6. LEGAL APPRAISAL

6.1 Legal advice is continually being sought as issues arise.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

- It is anticipated that this work will impact positively on equality and diversity. There are 3 distinct elements to this work by providing support to individuals at an earlier stage through a genuine partnership working model.
- The pilot in Keighley will allow us to map out the different characteristics of people who are being supported during this phase of work, the expectation is that this will support equality of access to people with protected characteristics.

7.2 SUSTAINABILITY IMPLICATIONS

- This work is broken into three main elements, one is out of hours, all age front door and finally a pilot in Keighley looking at proving all-age prevention and early help.
- The Out of Hours work stream will be looking at existing provision and identifying how this provision can be more aligned and better co-ordinated to facilitate the exchange of information in an individual's time of need. This element is anticipated to provide more efficient ways of working and sustainability through the reduction of duplication and resources.
- The all-age "front door" again intends to create more effective ways of operational practice that again should bring efficiencies.
- During the evaluation of the Keighley pilot, a full exploration of the resource required to facilitate this new way of working will be identified and an assessment made as around the feasibility of expanding this practice across the whole District.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None identified

7.4 COMMUNITY SAFETY IMPLICATIONS

Throughout the course of this work, the project will engage with the colleagues based in the Community Safety Partnership to understand any unanticipated impacts.

7.5 HUMAN RIGHTS ACT

- Early Help and Prevention work is holistic, consent based partnership working with communities and individuals in accordance with GDPR guidelines. A review of the current Information Sharing Agreements will take place shortly to ensure they adequately outline the responsibilities of partners around the issue of consent.

7.6 TRADE UNION

None identified.

7.7 WARD IMPLICATIONS

All Wards would be covered by the first two elements, the District wide out-of-hours unit and the all-age one front door. Initially only Keighley would benefit from the pilot project and stakeholder engagement has already begun within these wards.

7.9 IMPLICATIONS FOR CORPORATE PARENTING

It is anticipated that the work under this programme umbrella will impact positively on looked after children. The aim is to get people help earlier and in a more co-ordinated way. Although this is not targeted at these children, it is likely that they will be a sub-set of the people who benefit from this work. This aspect will be monitored and will form part of the evaluation after implementation.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

A privacy impact assessment will take place once the operational model has been determined.

8. NOT FOR PUBLICATION DOCUMENTS

- None

9. OPTIONS

- Not applicable

10. RECOMMENDATIONS

- It is recommended that the Health and Wellbeing Board:
 - Supports the formation of a District wide out-of-hours co-ordinated function.
 - The formation of a District wide all age “front door” hub.
 - A pilot to be run in the Keighley area with the creation of a locally based all-age Prevention and Early Help Centre which will have 3 related work-streams, Place, People and developing integrated locality services. This will then be evaluated with a view to roll out District wide if successful.
 - A commitment to supporting the Early Help and Prevention project from the board.

11. APPENDICES

- List the appendices to the report with a brief description of each.
 - Appendix A – Aims and Objectives of this work
 - Appendix B – Governance structure of the work

12. BACKGROUND DOCUMENTS

➤ Nil

Appendix A

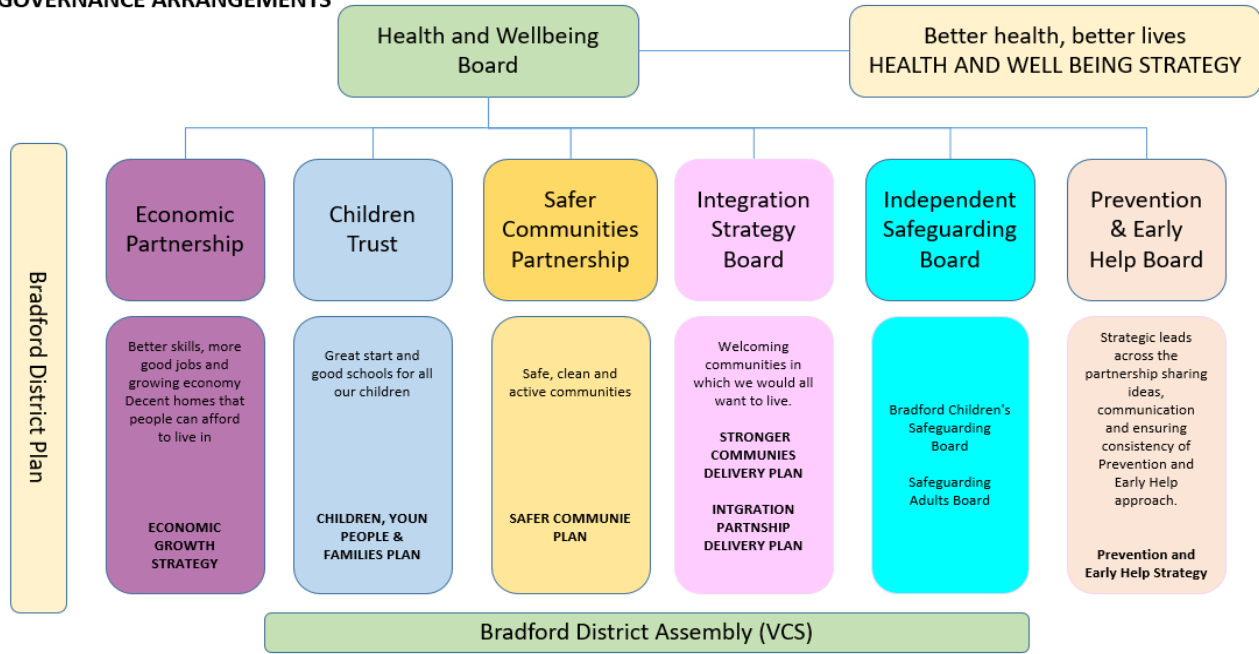
The Aims and Objectives listed in the mandate, were:

- Develop a system-wide vision and corporate principles and values for operating/delivery, aligned with wider partnership plans (e.g. Vision 2024).
- Develop an outcomes based performance framework that acknowledges the individual priorities of each partner but seeks to synergise the system approach in Bradford, underpinned by a commonly agreed framework for assessment of need.
- Undertake a review of existing governance, structures and networks at a locality level to rationalise the demands placed on organisations and to prevent duplication of activities. This will include considerations for the overall governance of Prevention and Early Help and the interconnectivity between its different elements.
- Develop how we map community anchors and seek to improve commissioning of community based preventative and early help solutions to maximise the local offer in conjunction with communities. Ensuring funds are used to meet the needs of those who require help, to enable support and grow capacity.
- Consider access points into the system, from informal advice through to targeted intervention.
- Review information sharing arrangements and processes to allow and support the sharing of information (subject to relevant legal gateway) to enable an effective system response to individuals who require enhanced levels of support.
- Identify the needs and opportunities for cross-system training to ensure a consistent effective response to the needs of our communities.
- Look at the opportunities for the alignment and co-location of place-based, cross-organisational teams. Supporting a 'shift to the left' and building strength and resilience.
- Develop a cross sector suite of sign posting options so that community members can help themselves. This will provide clear pathways of support for community members to enable development of sustainable solutions. It will also give ownership back to communities for them to support and make sustainable good life choice.

NB – the above is not a hierarchical order.

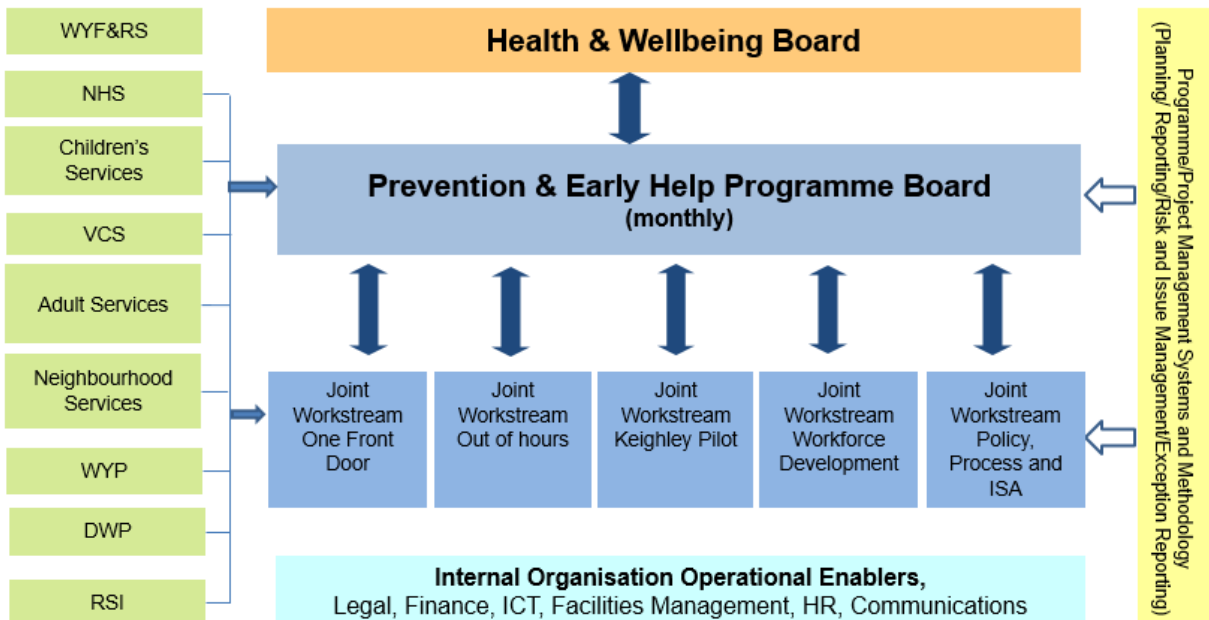
Appendix B

BRADFORD DISTRICT PARTNERSHIP GOVERNANCE ARRANGEMENTS



VO.2

Early Help & Prevention Programme Governance





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

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

Report Contact: Sadia Hussain
Health and Wellbeing Partnership Manager
Phone: 07929024881
E-mail: Sadia.Hussain@bradford.gov.uk

Portfolio:

Healthy People and Place

Overview & Scrutiny Area:

Health and Social Car

1. SUMMARY

- The Health and Wellbeing Board Chair's highlight report summaries business conducted between Board meetings. July's report includes an update on the Joint Strategic Needs Assessment and a progress report against the logic model.

2. Update from the Executive Commissioning Board

- 2.1 Work continues around the operational delivery of the Executive Commissioning Boards functions moving to the Integration and Change board. This was discussed at the ICB meeting in September 2019 and continues to be an agenda item for the ICB.

3. Update from the Integration and Change Board

- 3.1 The ICB (Integration and Change Board) met on 20th September and 18th October 2019. This update covers the key actions and decisions arising from these meetings. The next meeting of ICB will take place shortly before the Health and Wellbeing board on 15th November. The proceedings of which will be reported to the January meeting of the Health and Wellbeing Board.

- 3.2 The September ICB meeting considered the following:

- Public Health Peer Review – learning and actions arising
- The Bradford District and Craven Digital Programme – resources to support information sharing and shared care record
- Young peoples careers event focused on roles in the health and care sector
- Prevention and Early Help proposal
- Forthcoming CQC inspections across the system
- Health and care system contribution to shaping the 2040 vision
- Finance and Performance reports and forecasts at month 5
- Review of system programmes – draft recommendations

- 3.3 The October ICB meeting considered the following:

- Focus on safeguarding – systems, issues and connectivity
- Learning from Sheffield system-to-system visit
- Shared approach to system communications and engagement
- Programme resourcing for 2020/21
- Proposals for 'team to team' event with Leeds health and care system

4. Update on Logic Models.

Following a detailed discussions about logic models which took place in July 2019, a summary of the current progress made around logic models is below:

- There are 41 indicators monitored as part of the Joint Health and Wellbeing Strategy. Since the last update in July, new data on three of these indicators has been published.

- Smoking prevalence has further fallen from 18.9% in 2017 to 18.5% in 2018. Smoking prevalence, however, remains higher than the national average, and higher than our statistical neighbours.
- The suicide rate in Bradford District continues to fall, with 8.8 suicides per 100,000 population. This is lower than the national average, and is lower than many of our statistical neighbours. Our efforts continue to further reduce the number of suicides in the District; actions are set out in the Suicide Prevention Action Plan (see July 2019 Logic Model update to HWBB for further detail). We continue to monitor suicide data every quarter from West Yorkshire Police, which shows that men are 4 times as likely to die by suicide, and that recent unemployment is a key risk factor.
- Latest available data for IAPT recovery rates show a mixed picture. There are signs of improvement in Airedale, Wharfedale and Craven, and Districts CCGs, however, the same level of improvement has not been seen in City. This is recognised, and new approaches are being considered as part of the Reducing Inequalities in City Programme.

5. RECOMMENDATIONS

- That the Executive Commissioning Board and the Integration and Change Board updates be noted.
- That the board further discuss the progress made against logic models and consider the allocations of any actions as necessary.

6. APPENDICES

- Outcomes Report
- Outcomes Dashboard

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Connecting People and Place for Better Health and Wellbeing

Outcome Report: October 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
77.7 years

Most deprived ward in Bradford
73.7 years

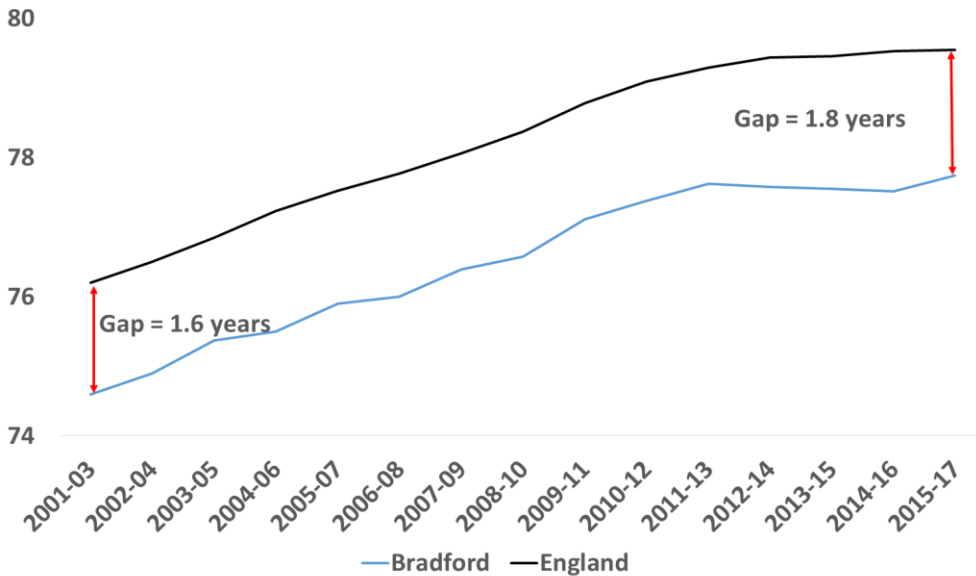
Gap in life expectancy

9.6 years

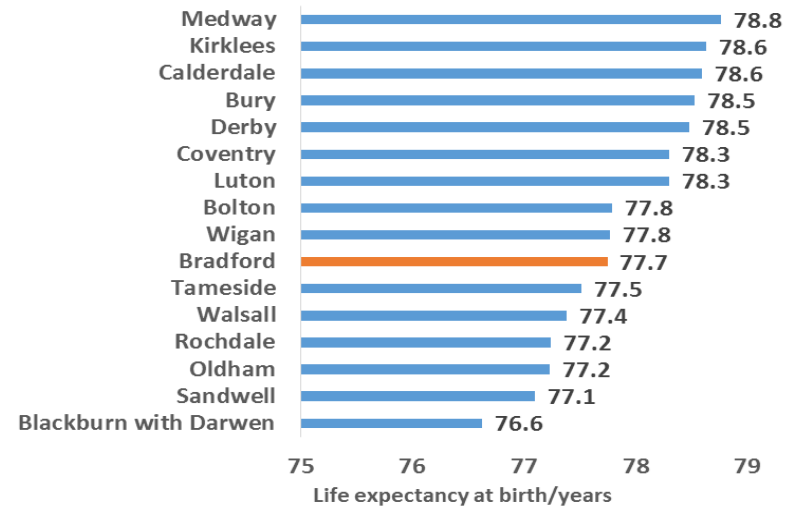
Least deprived ward in Bradford
83.3 years

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

Life expectancy at birth (years)



Life expectancy at birth (males) - similar Local Authorities



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

Life expectancy at birth– females

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

Latest value
81.6 years

Most deprived ward in Bradford
77.9 years

Gap in life expectancy



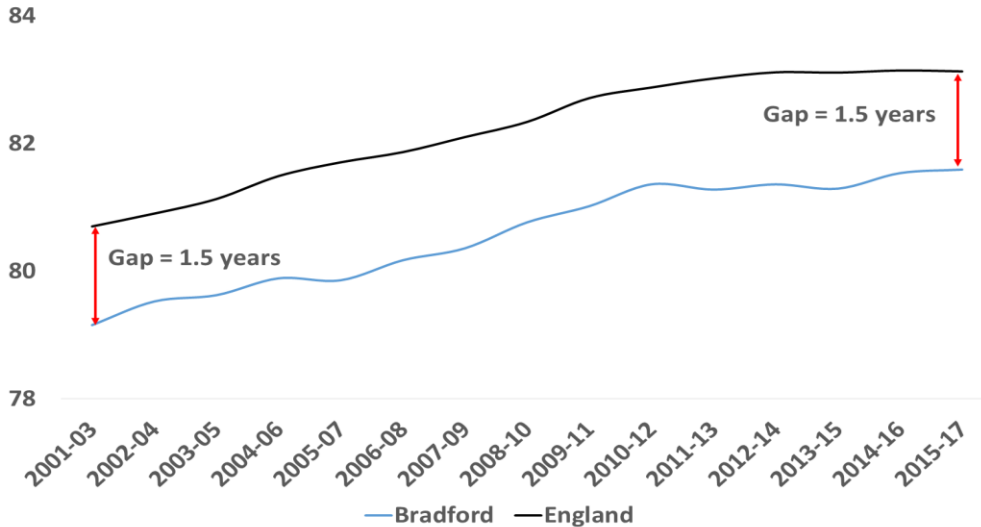
9.8 years

Least deprived ward in Bradford
87.8 years

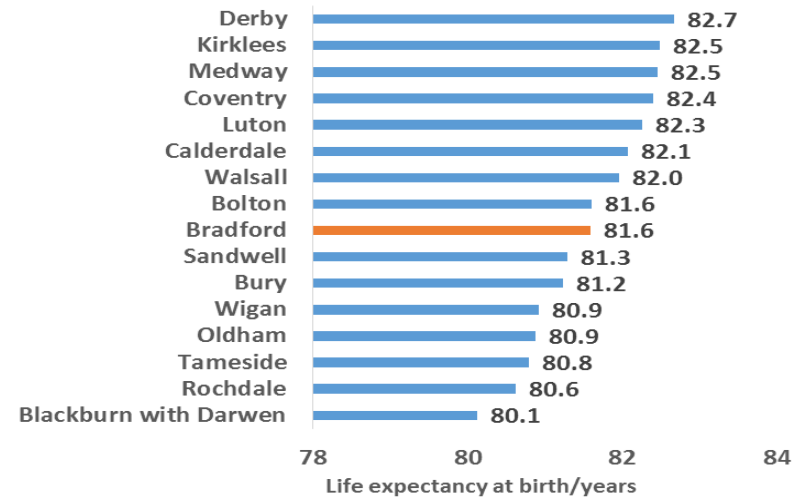
Year	National rank (ranked out of 150)
2001-03	128
2015-17	126



Life expectancy at birth (years)



Life expectancy at birth (males) - similar Local Authorities

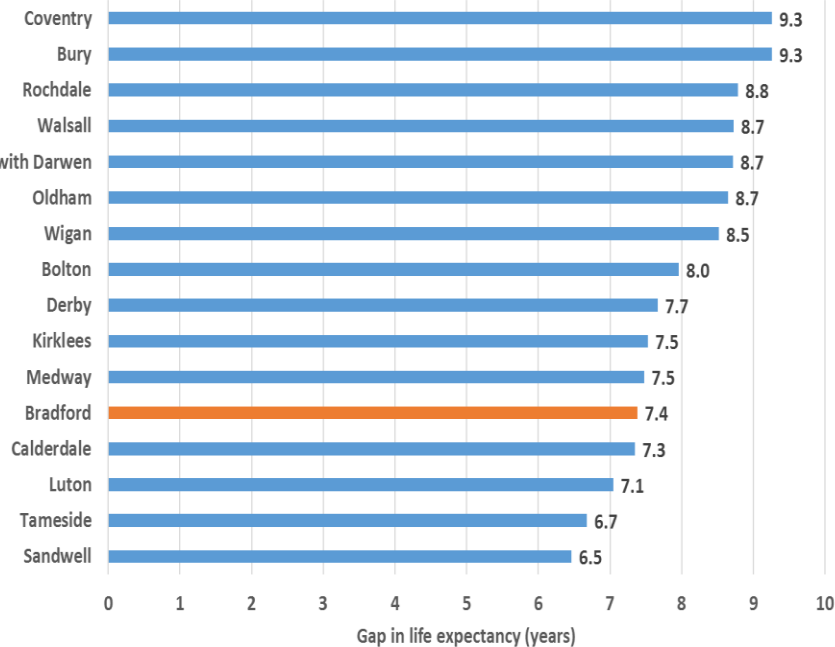


After a period of levelling off between 2012-12 and 2013-15, life expectancy at birth for females in Bradford District has risen slightly in recent years. However, the gap between Bradford District and the average for England remains the same. Bradford District has the second lowest life expectancy in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

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

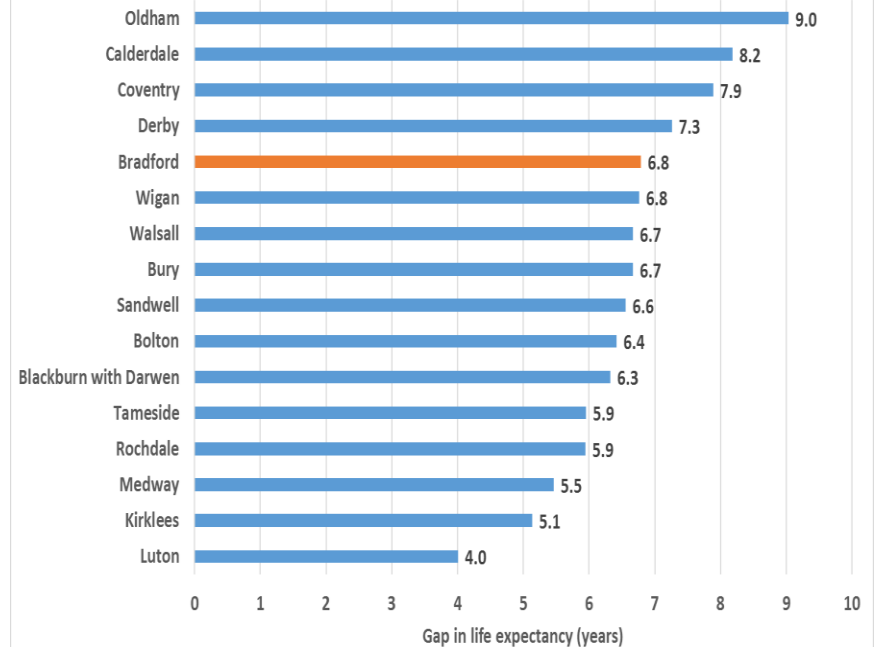
Males

Gap in life expectancy between the most and least deprived quintile of deprivation (2015-17) - similar Local Authorities



Females

Gap in life expectancy between the most and least deprived quintile of deprivation (2015-17) - similar Local Authorities



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

Healthy life expectancy at birth – males

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

Latest value
60.4 years

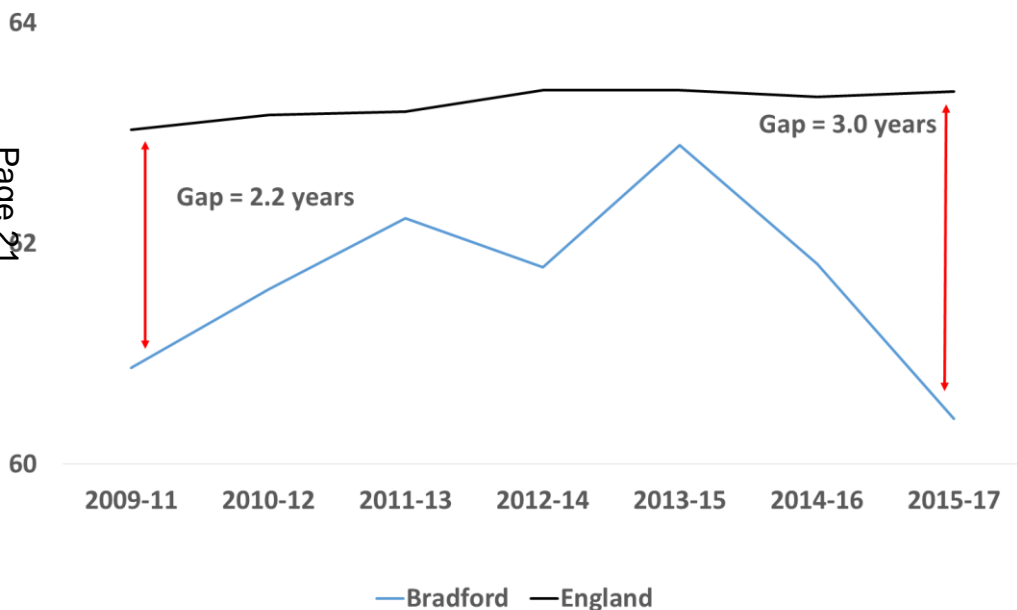
Healthy life expectancy at birth
60.4

Years of 'poor' health
17.3 years

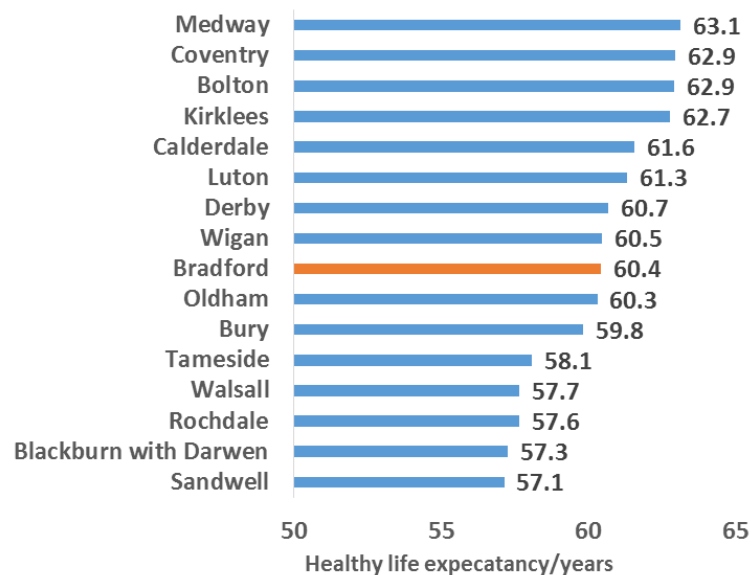
Life expectancy at birth
77.7 years

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

Healthy life expectancy at birth (years) - males



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



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

Healthy life expectancy at birth – females

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

Latest value
59.0 years

Healthy life expectancy at birth
59.0 years

Years of 'poor' health
22.6 years

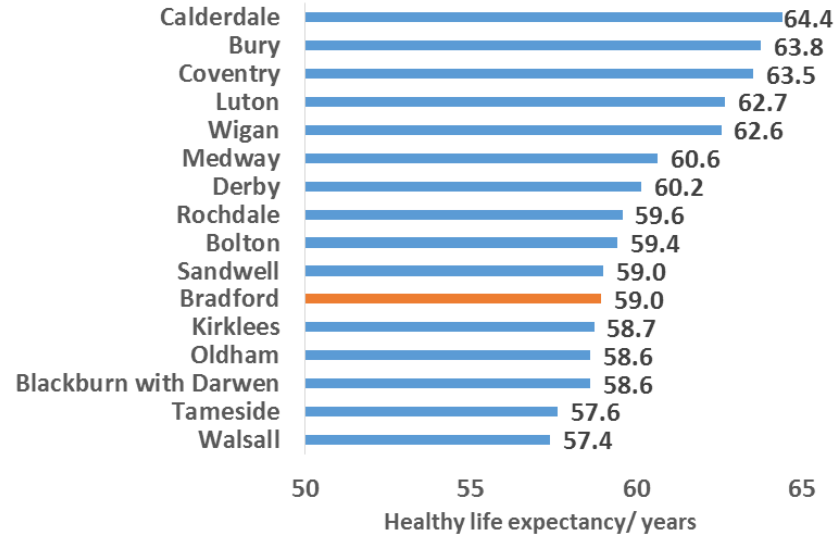
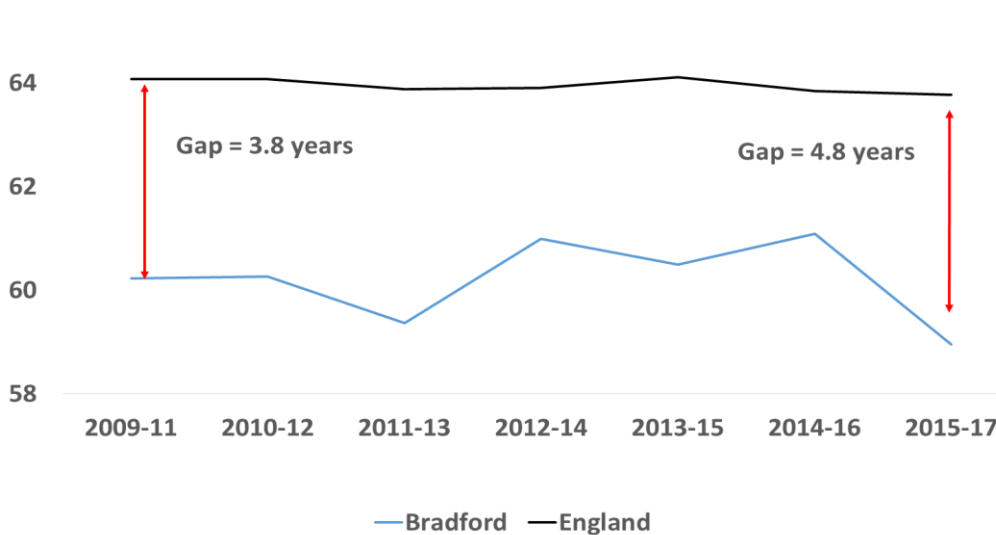
Life expectancy at birth
81.6 years

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

Healthy life expectancy at birth (years) - females
66

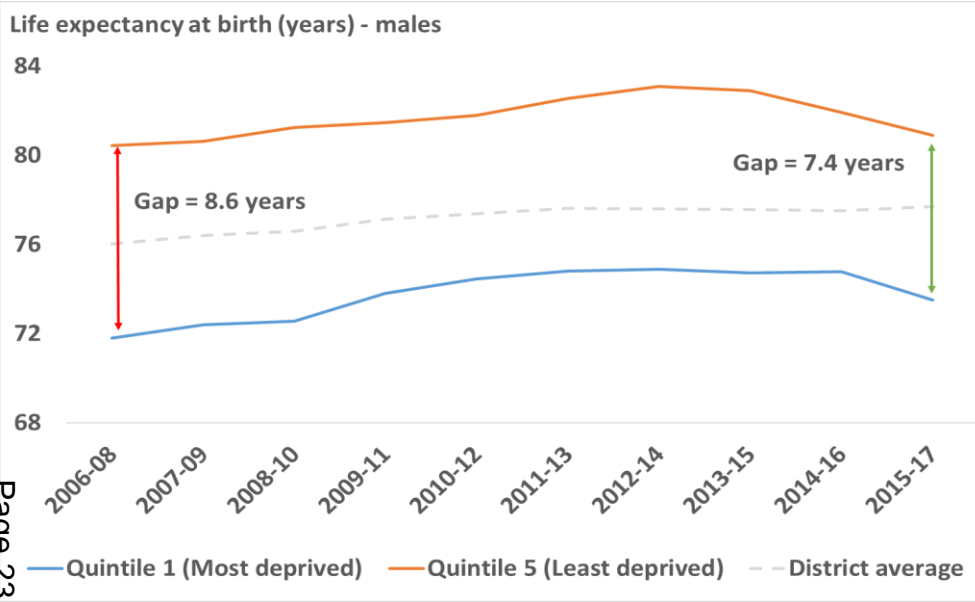
Healthy Life Expectancy at Birth (females) - similar Local Authorities

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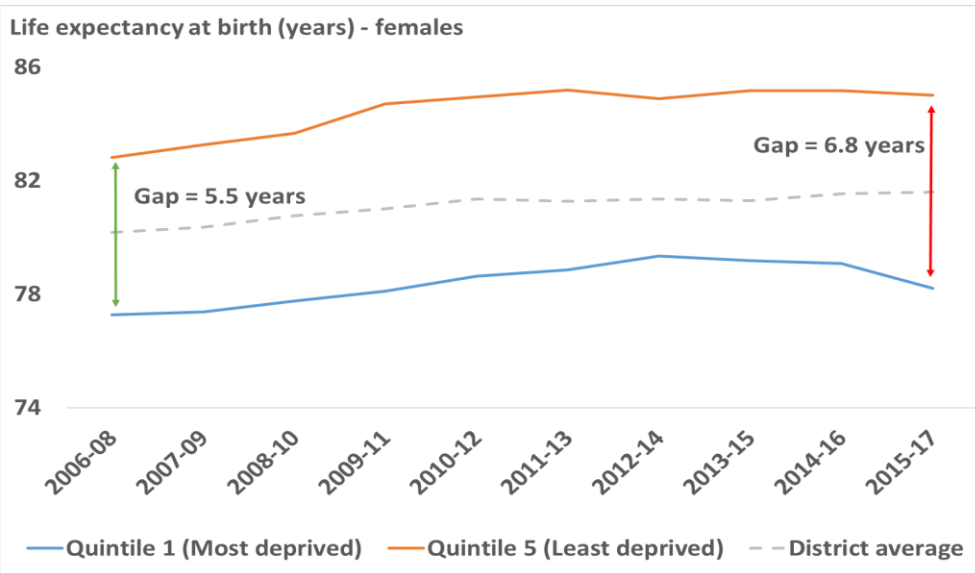


Healthy life expectancy in Bradford District has fallen in 2015-17 to the lowest figure recorded since 2009-11 and the gap between the district and England has widened. When compared to its statistical neighbours, Bradford District has the sixth lowest healthy life expectancy of these Local Authorities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

Health inequalities – Life expectancy at birth (time trends)



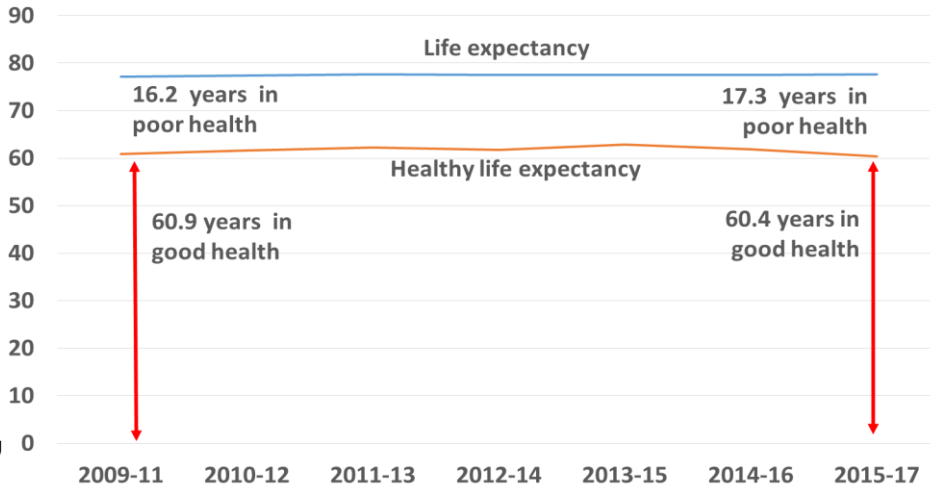
The gap between how much longer a male born in the least deprived areas of Bradford District and a male born in the most deprived areas has narrowed over the last 10 years from 8.6 years to 7.4 years. This reduction, however, was mainly seen between 2009 and 2011, with life expectancy levelling off in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



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

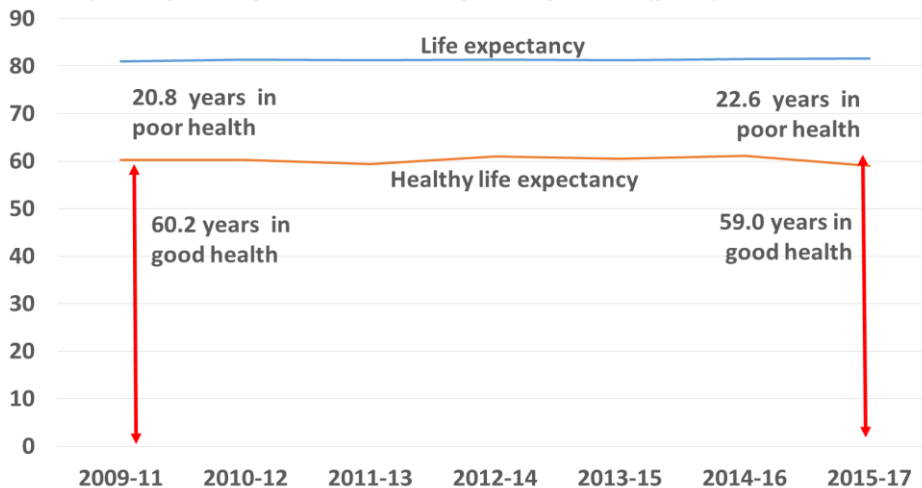
Health inequalities – healthy life expectancy and life expectancy (time trends)

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



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

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



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



Outcome 1: our children have a great start in life

How will we know that we have made a difference?

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

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

*** NEW DATA PUBLISHED**

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

Latest values (2017/18)

Bradford District
66.8%

Regional average
69.5%

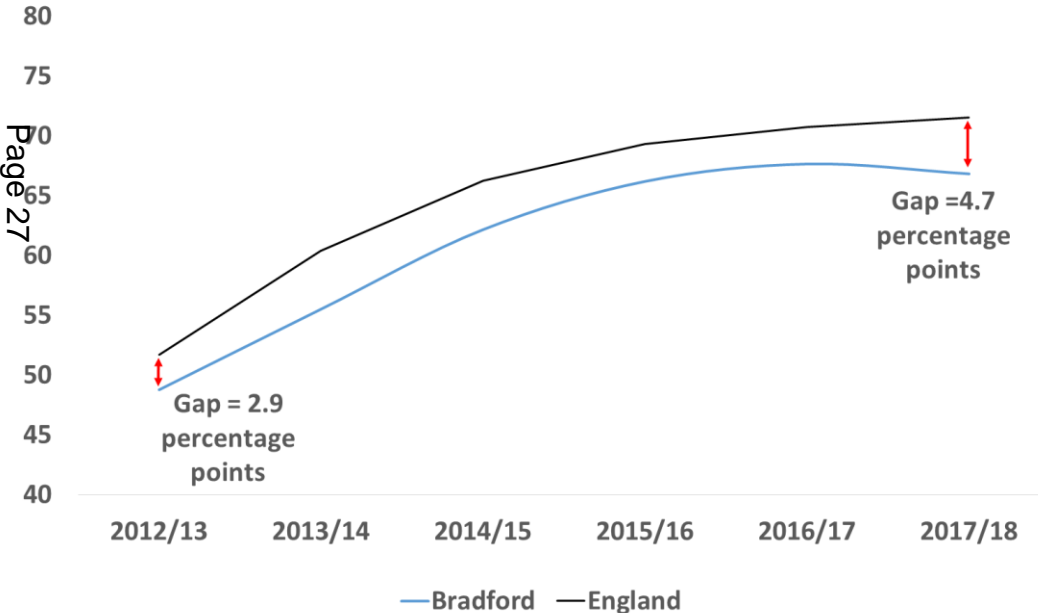
England average
71.5%

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

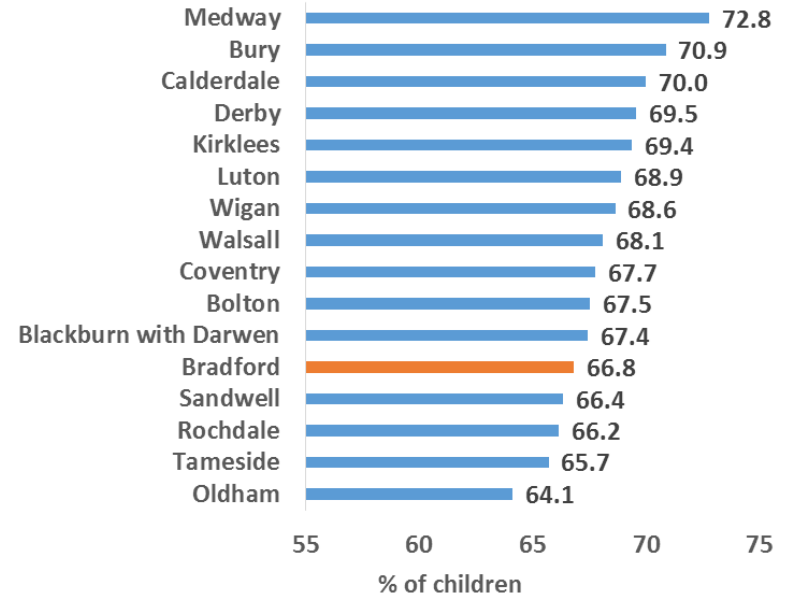
Year	National rank (ranked out of 150 County & Unitary LAs)
2012/13	96
2017/18	138



% of children achieving a good level of development at reception



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



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

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


Latest values (2017/18)

Bradford District
43.5

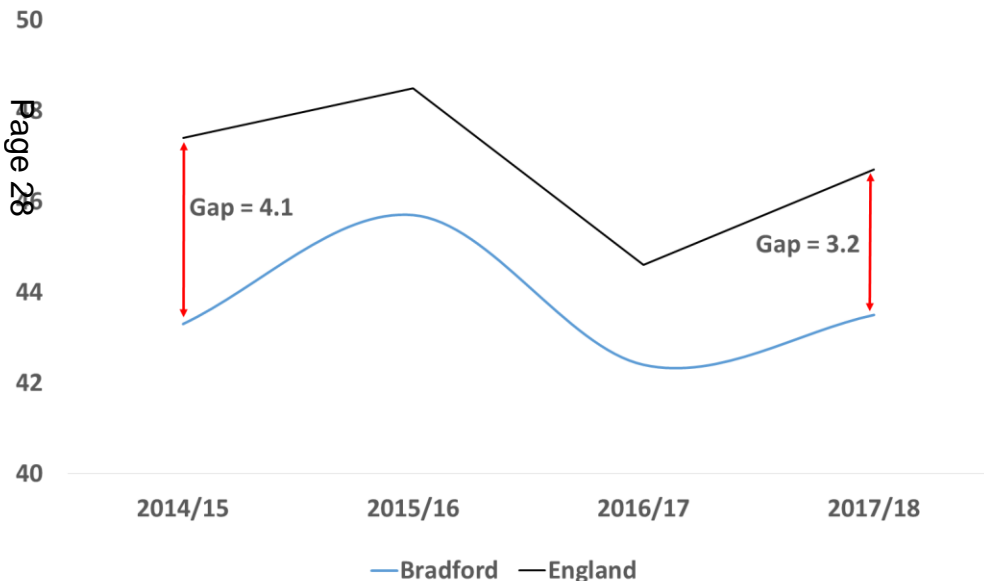
Regional average
45.3

England average
46.7

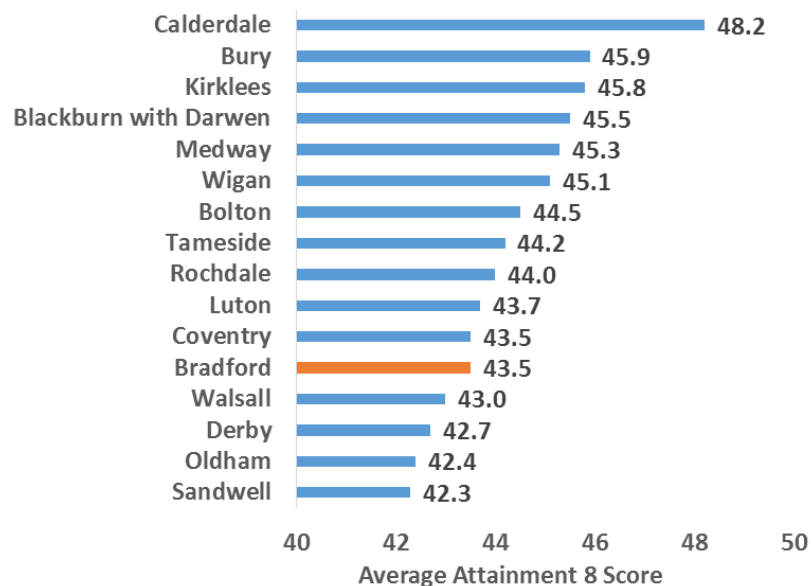
Learning ensures that children develop the knowledge and understanding, skills, capabilities and attributes that they need for mental, emotional, social and physical wellbeing now and in the future.

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

Average Attainment 8 Score



Average attainment 8 score - similar local authorities



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
6.5%

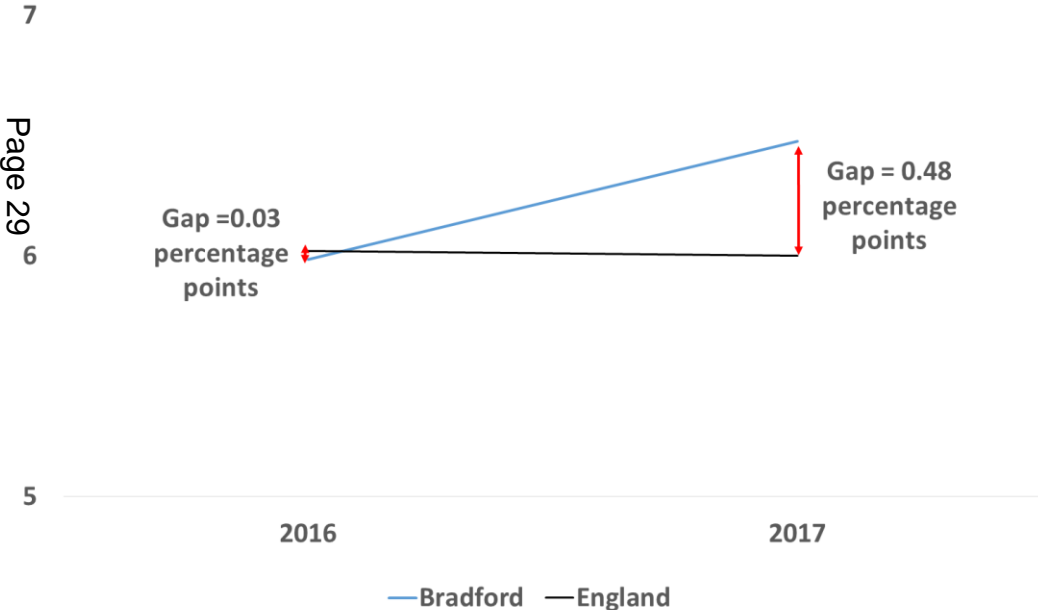
Regional average
5.8%

England average
6.0%

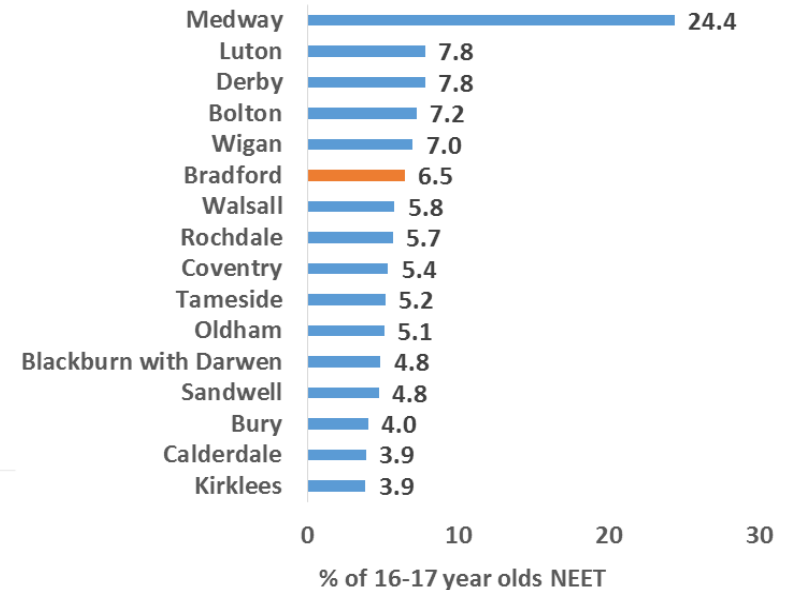
Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health and depression.

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

% 16-17 year olds NEET



% 16 - 17 year olds NEET- similar Local Authorities



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

% of children aged 5-16 who have been in care for at least 12 months whose SDQ

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

Latest values (2017/18)

Bradford District
36.7%

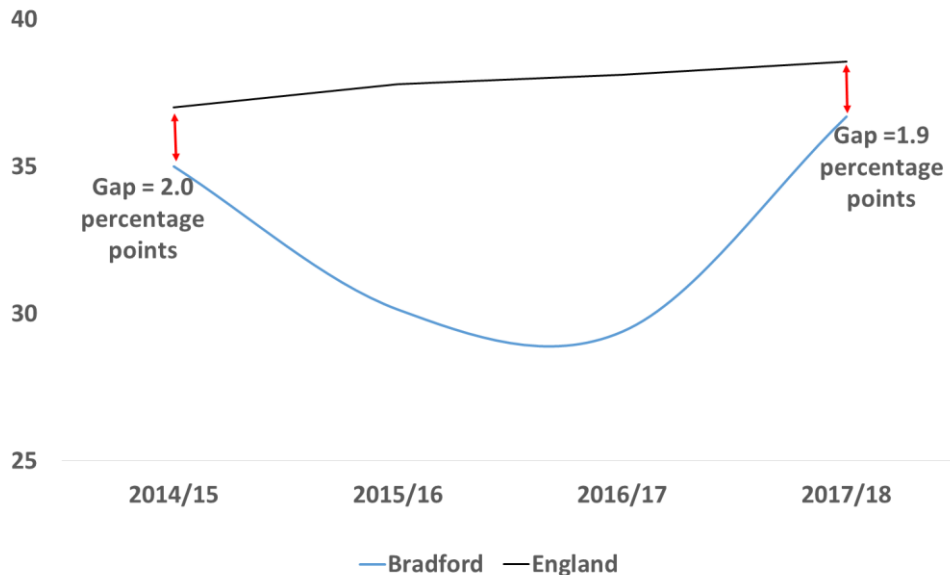
Regional average
42.7%

England average
38.6%

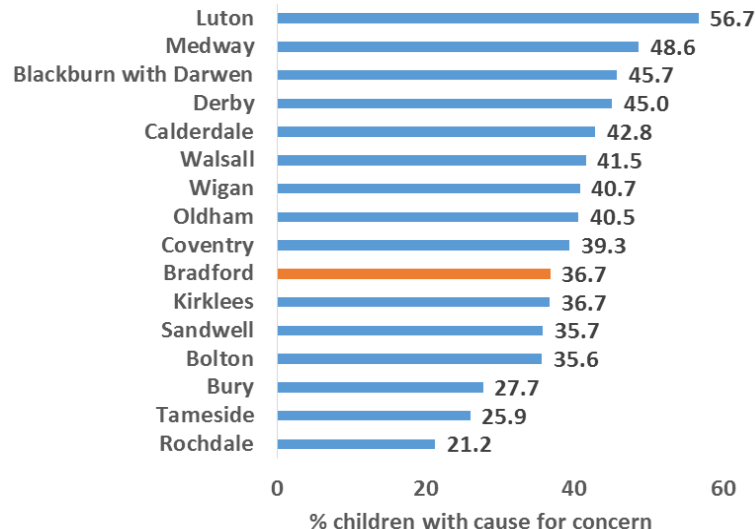
This indicates the proportion of looked after children in the area who are affected by poor emotional wellbeing. Data is collected by local authorities through a strengths and difficulties questionnaire (SDQ).

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

% of children where there is cause for concern



% of children where there is cause for concern
Similar Local Authorities



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%

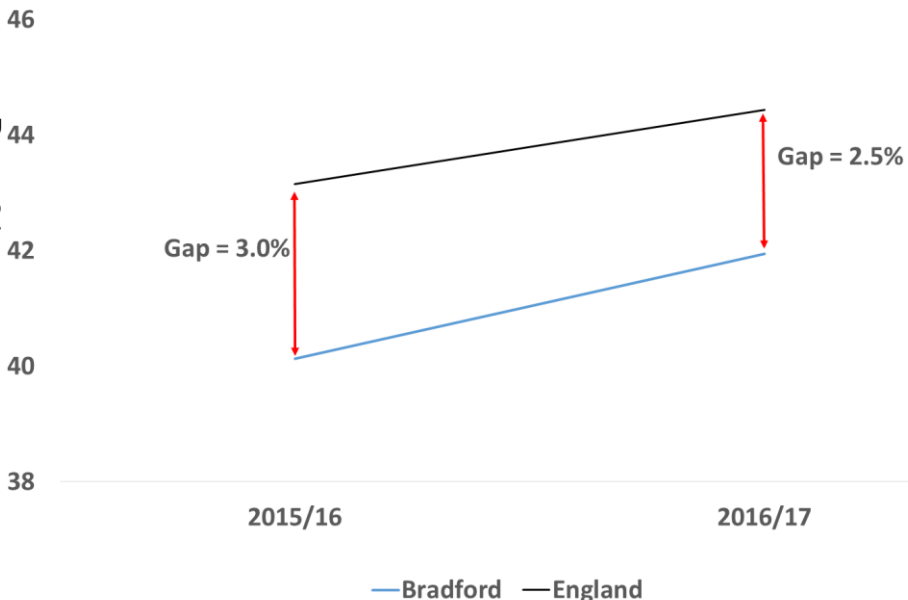
England average
44.4%

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

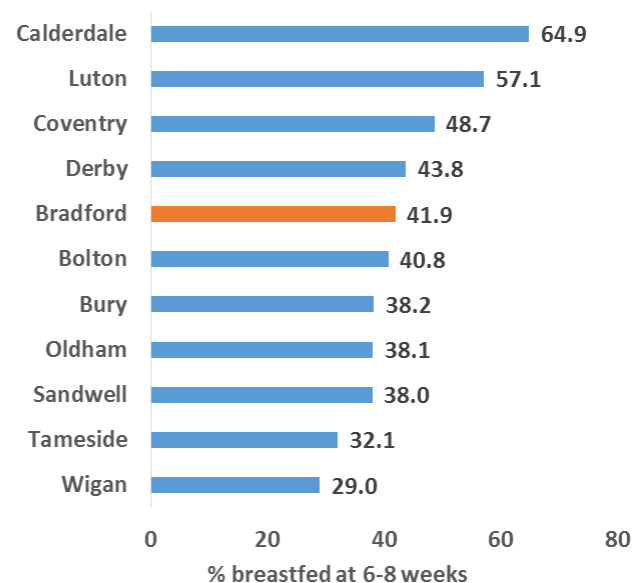
Year	National rank (ranked out of 150)
2015/16	42
2016/17	37



% of children breastfed at 6-8 weeks



% of children breastfed at 6-8 weeks - similar local authorities



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

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

Latest values (2017/18)

Bradford District
14.4%

Regional average
14.2%

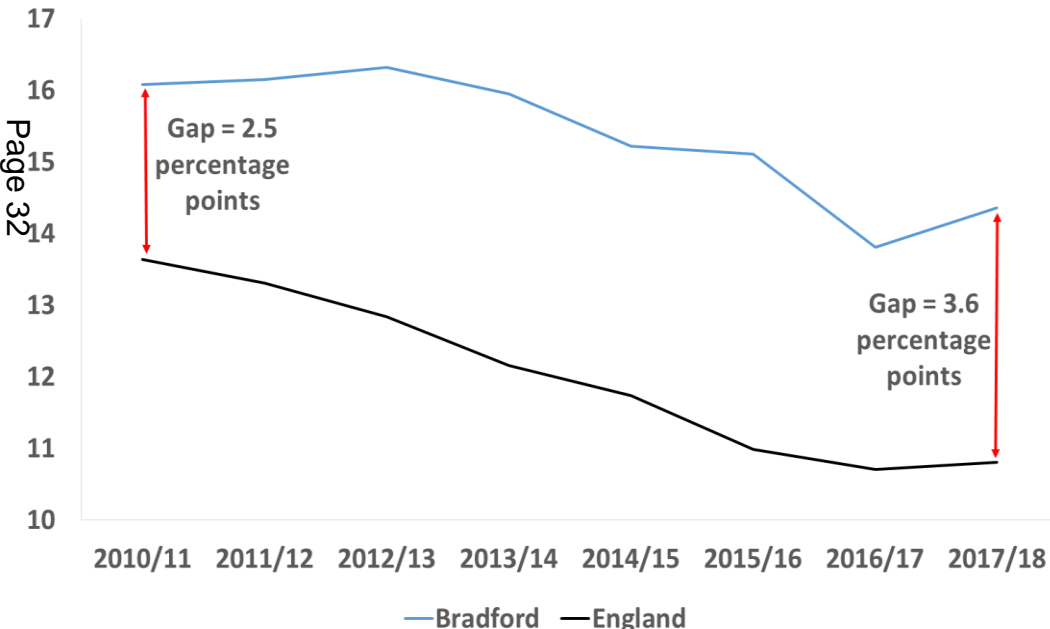
England average
10.8%

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

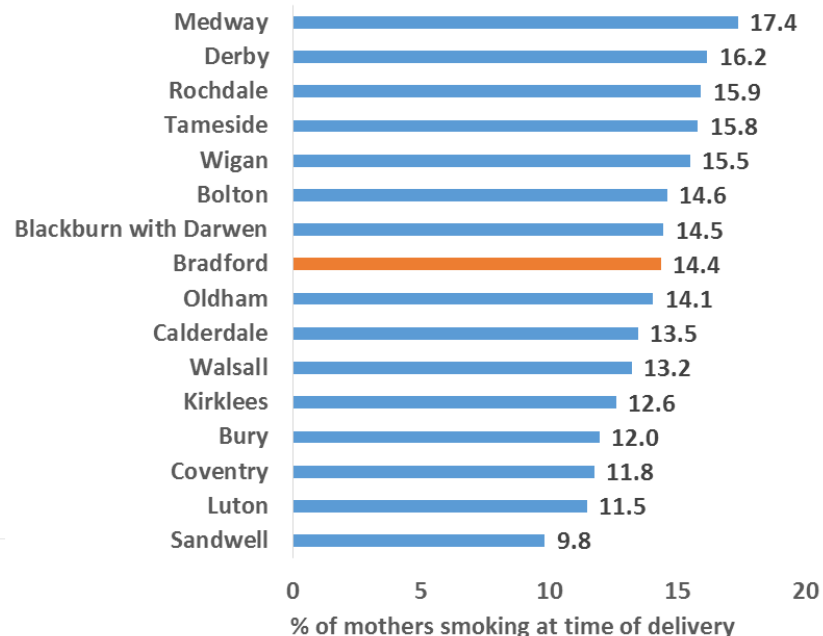
Year	National rank (ranked out of 150)
2010/11	91
2017/18	109



% of women who smoke at time of delivery



Smoking at time of delivery - similar local authorities



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

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


Latest values (2016/17)

Bradford District
60.2%

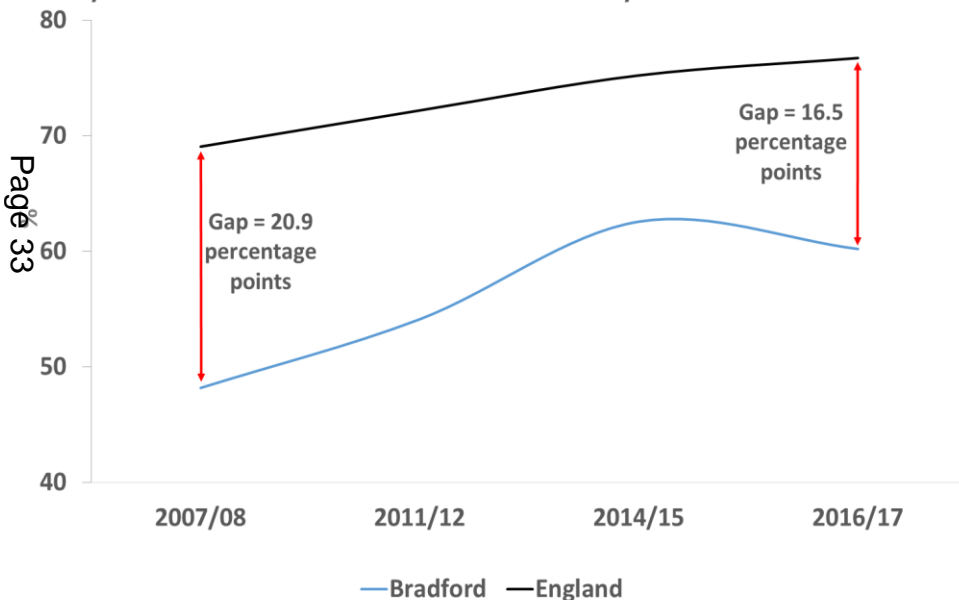
Regional average
69.6%

England average
76.7%

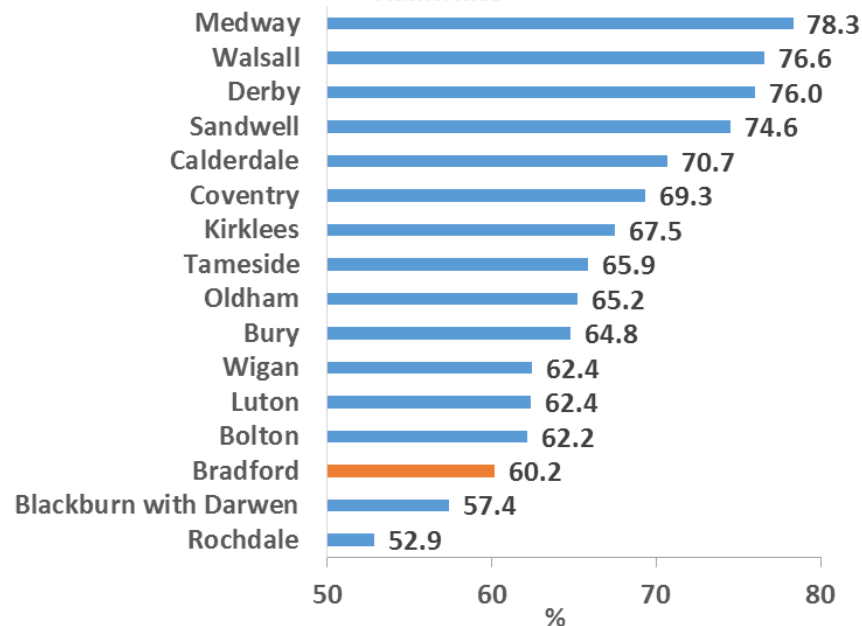
Evidence suggests that oral health varies with deprivation, with more deprived areas being less free from dental decay, though ward data is currently unavailable to support this

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

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



% of 5 year olds who are free from obvious dental decay- Similar Local Authorities



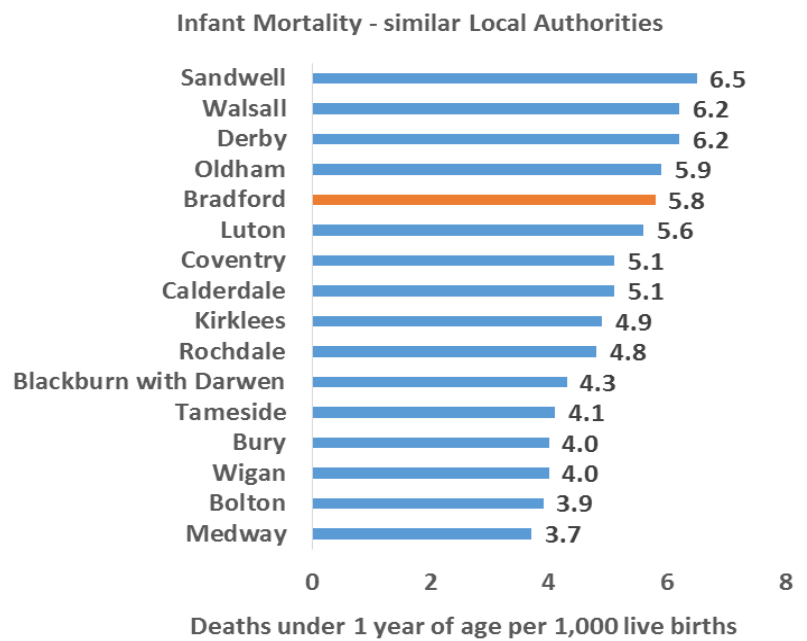
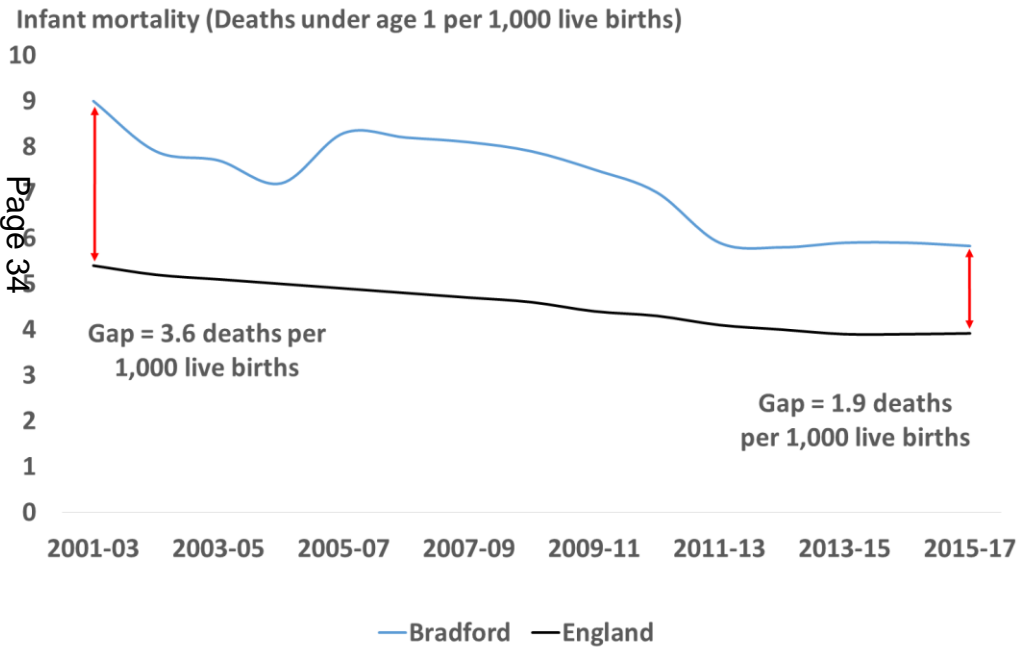
The % of 5 year olds who are free from obvious dental decay in Bradford District has generally increased since 2007/08. Although data for Bradford District is consistently lower than the average for England, the gap between the two has fallen to 16.5% from 20.9% in 2007/08. When compared to similar local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

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

Latest values (2017)

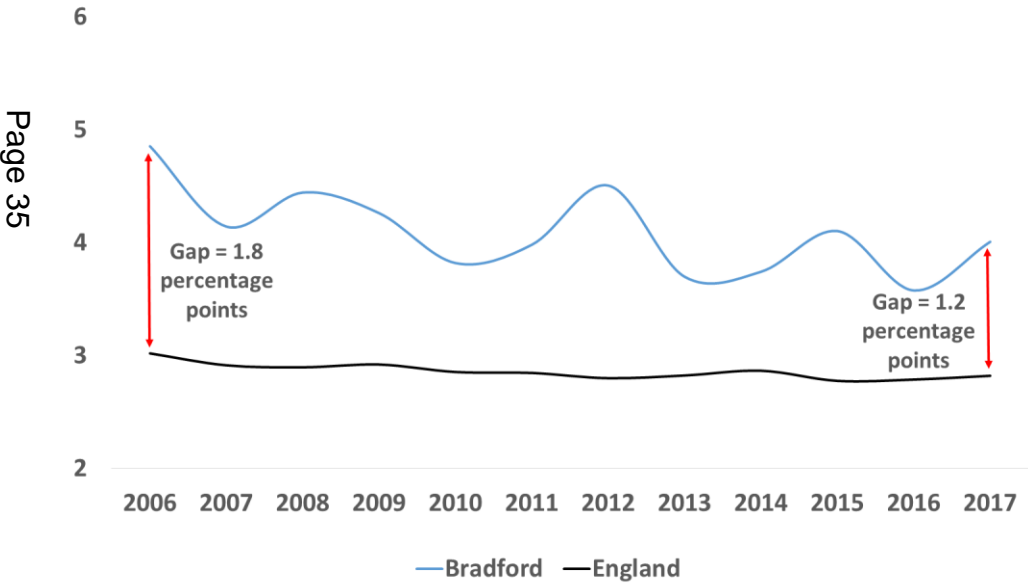
Bradford District 4.0%	Regional average 3.0%	England average 2.8%
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Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life

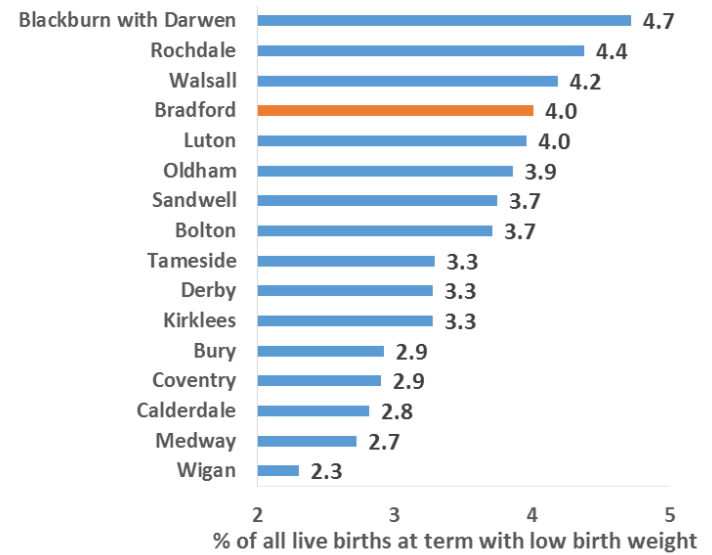
Year	National rank <small>(ranked out of 150 LAs)</small>
2006	147
2017	143



% of all live births at term with low birth weight



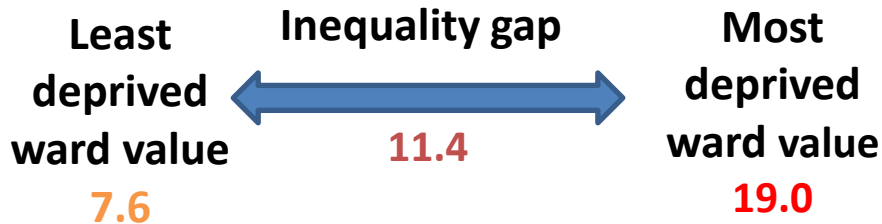
% of all live births at term with low birth weight- similar local authorities



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.

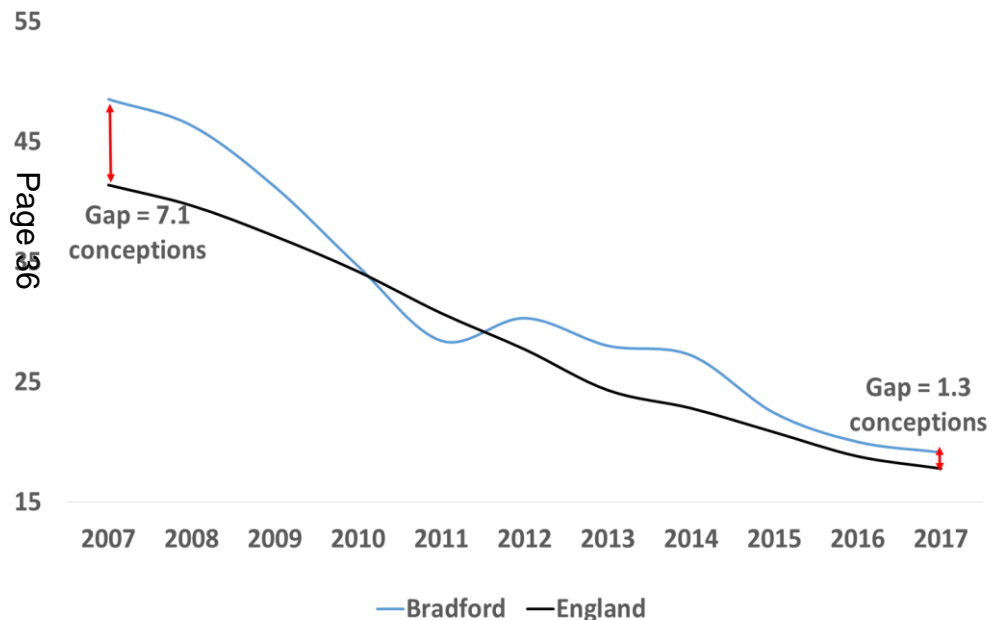
Teenage pregnancy - Rate of conceptions per 1,000 females aged 15-17

Latest value
19.1

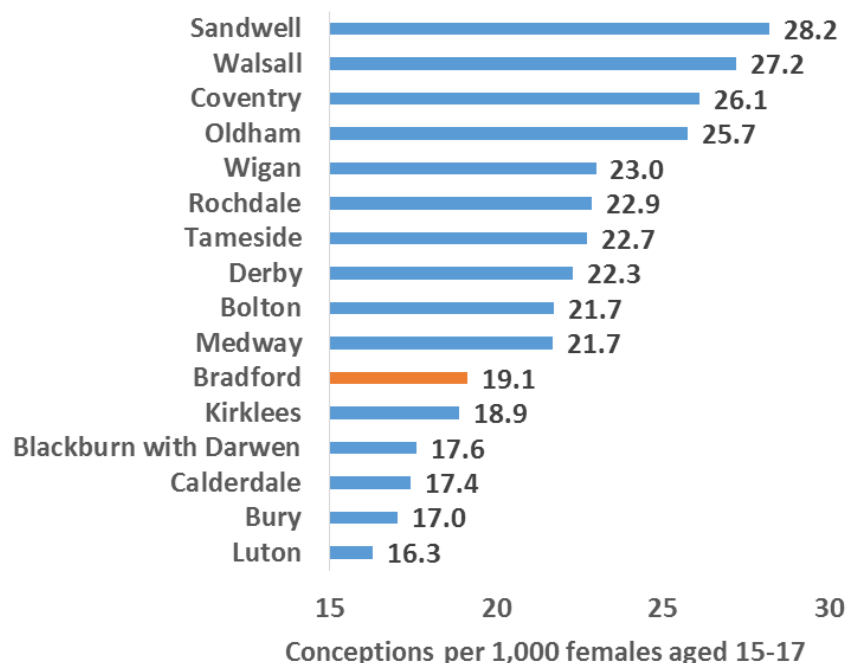


Year	National rank (ranked out of 150 LAs)
2007	97
2017	83

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



Under 18 conceptions - similar local authorities



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)

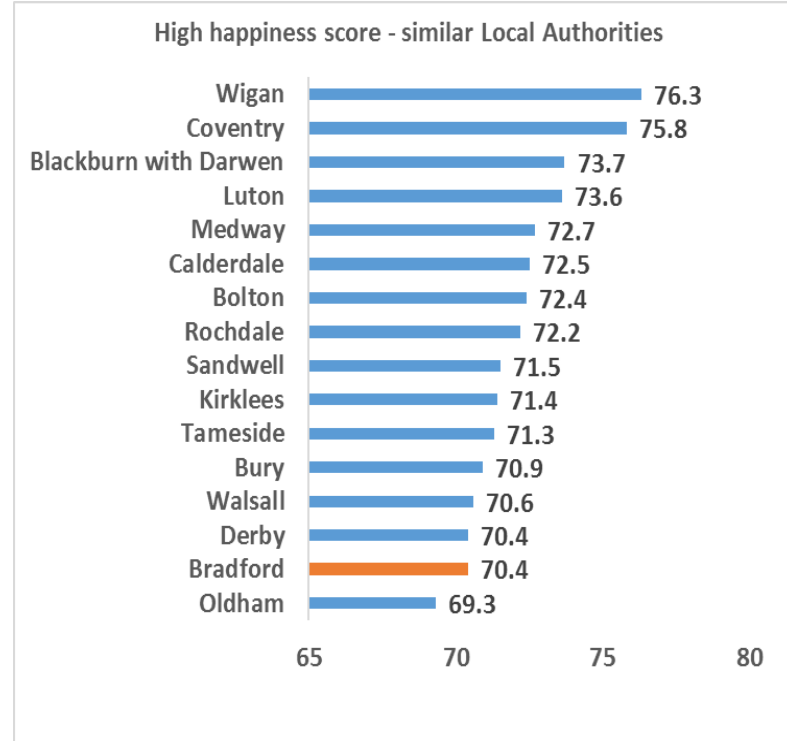
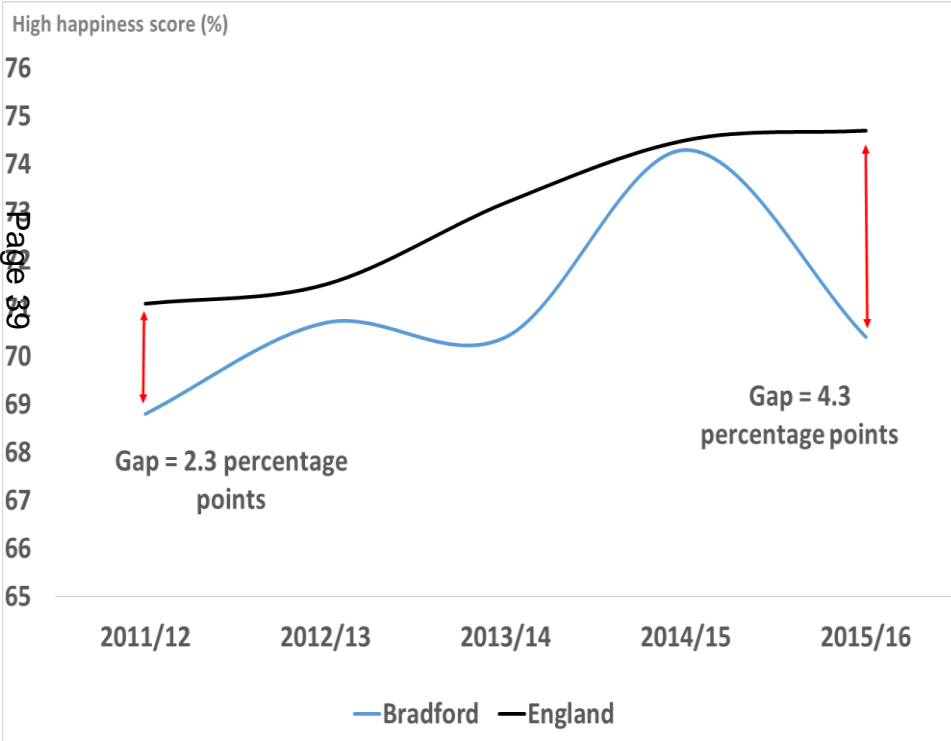
Bradford District
70.4%

Regional average
74.1%

England average
74.7%

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

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



Although Bradford District has on average seen its 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 its national rank fall and it performs less well compared to similar LAs.

Mental Wellbeing: High satisfaction score



Latest values (2015/16)

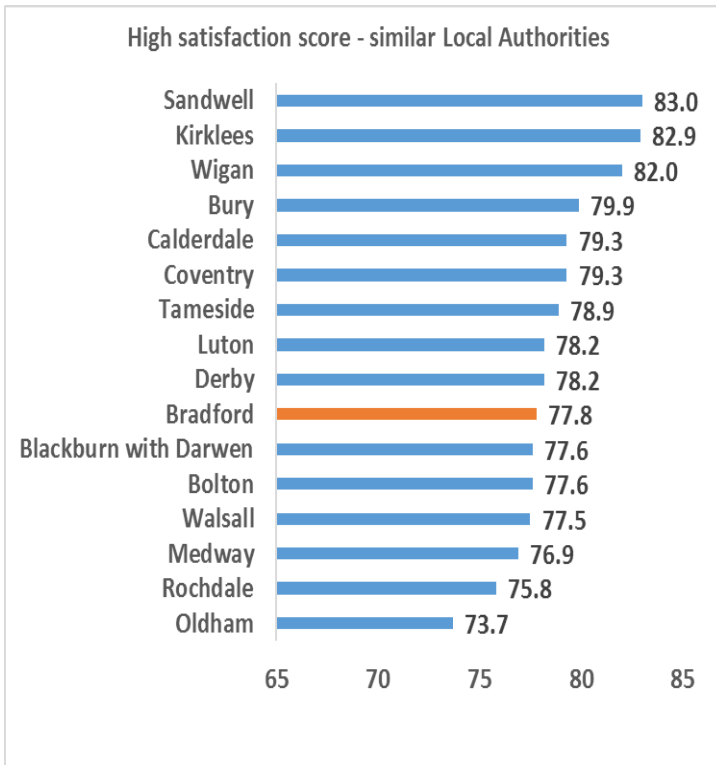
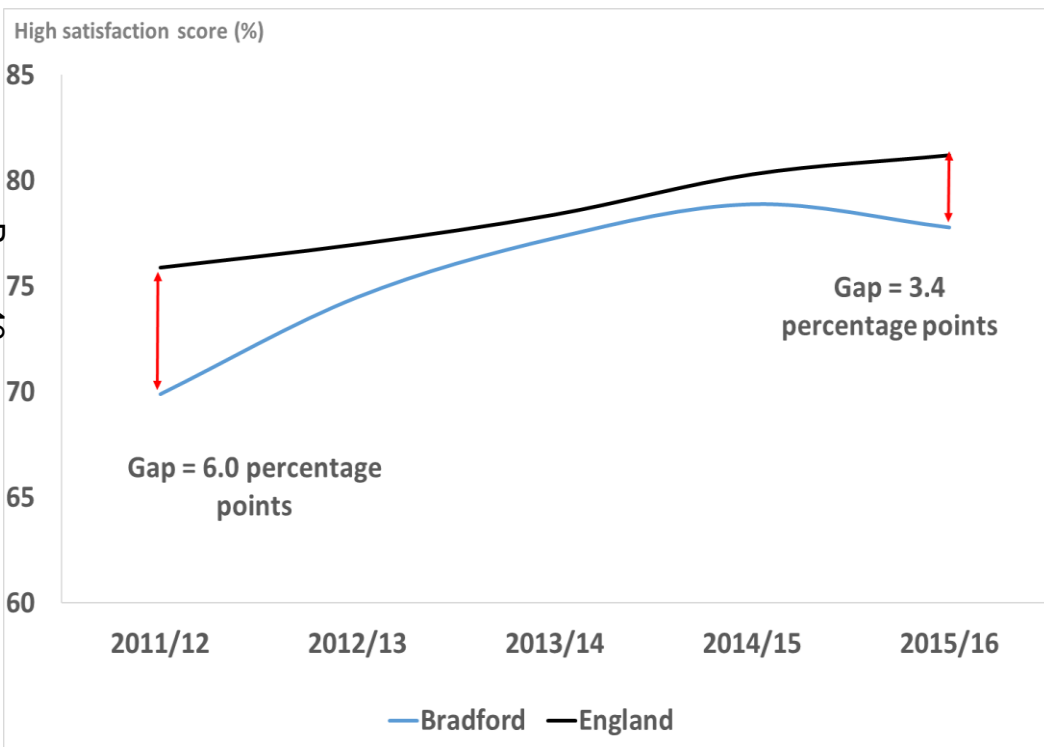
Bradford District
77.8%

Regional average
80.7%

England average
81.2%

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

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




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

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

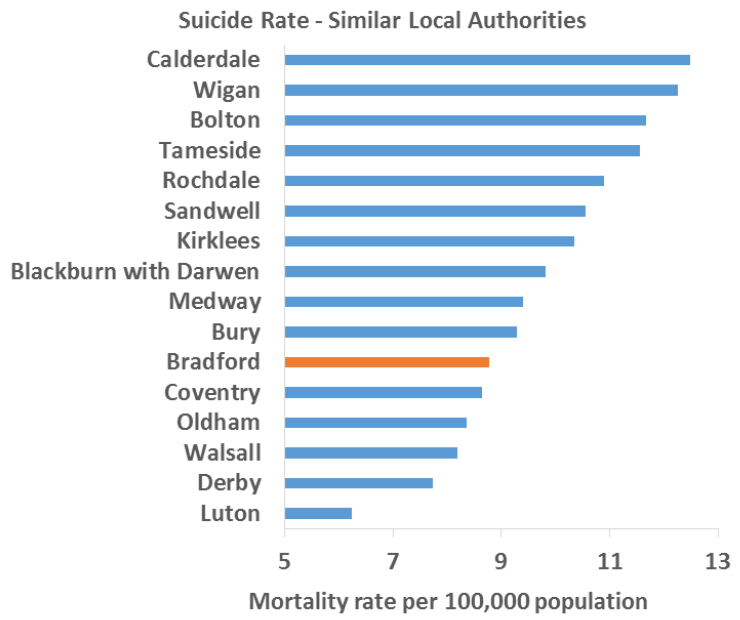
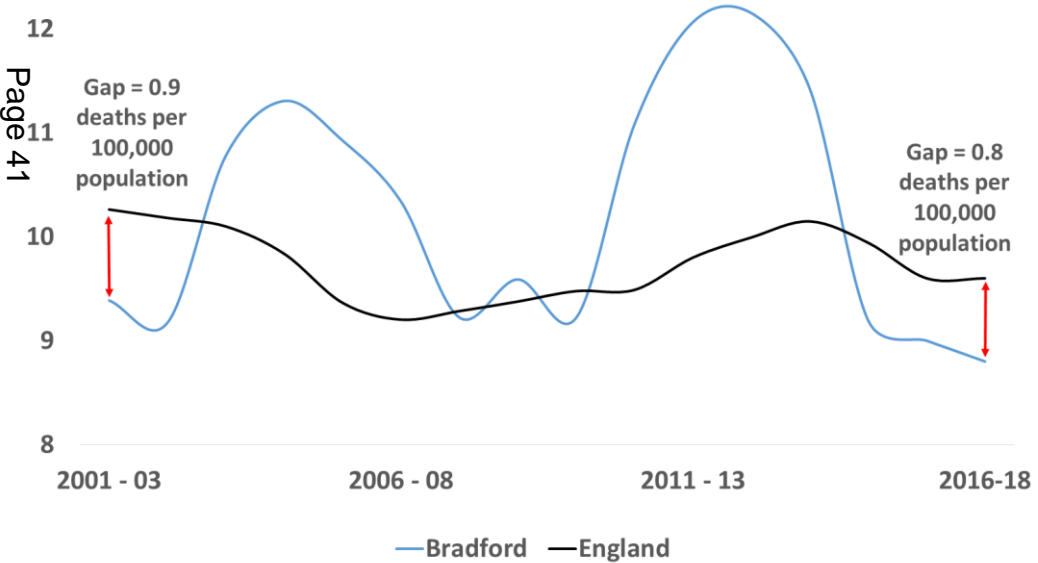
Latest values (2016-18), per 100,000 population

Bradford District 8.8	Regional average 10.7	England average 9.6
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Year	National rank (ranked out of 150)
2001-03	52
2016-18	51



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



Over the last 17 years the suicide rate in Bradford District has fluctuated; however for 2016-18 the suicide rate fell to 8.8 deaths per 100,000 population – the lowest rate ever recorded for the district. The gap between Bradford District and England has narrowed slightly in 2016-18 compared to 2001-03 to 0.8 deaths per 100,000 population. In comparison to similar local authorities, Bradford District has the 6th lowest suicide rate.

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

Latest values (March 2019)

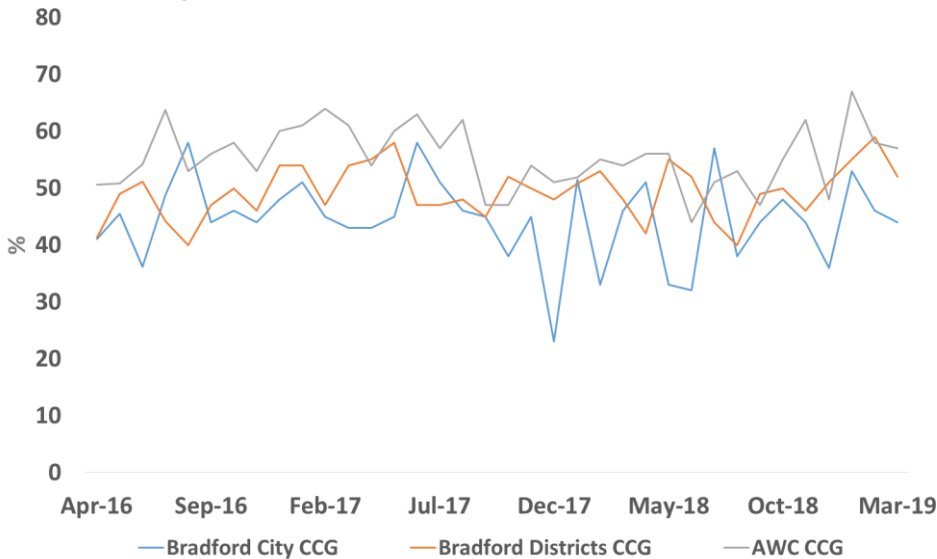
Bradford City
44%

Bradford Districts
52%

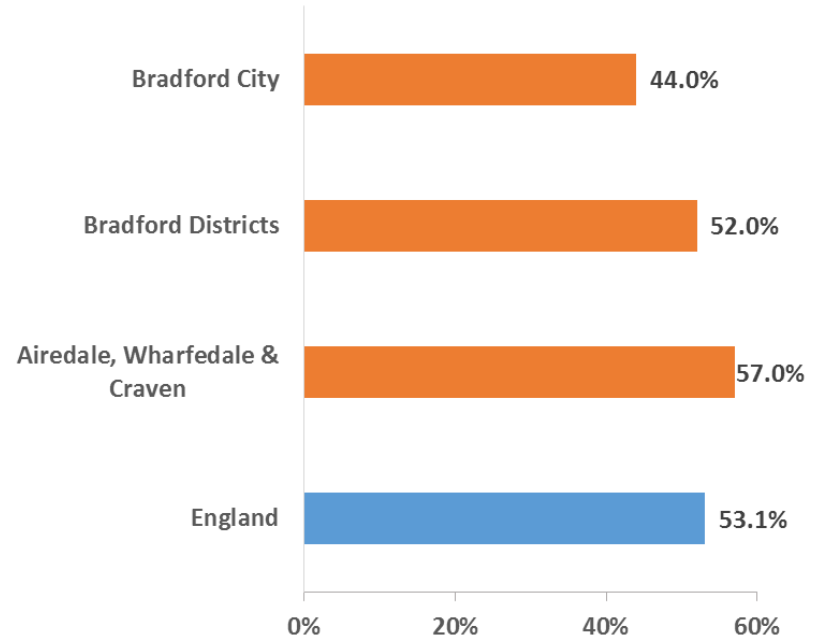
Airedale, Wharfedale & Craven
57%

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

IAPT Recovery Rate



IAPT recovery rates compared to national average, March 2019



For March 2019 Bradford City CCG has the lowest IAPT recovery rate out of the three CCGs – 44%. This is followed by Bradford Districts CCG on 52% and then AWC CCG on 57%. Bradford City CCG and Bradford Districts CCG have lower IAPT recovery rates than the national average, however AWC CCG has a higher rate.

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

61.0%

City CCG

53.9%

Districts CCG

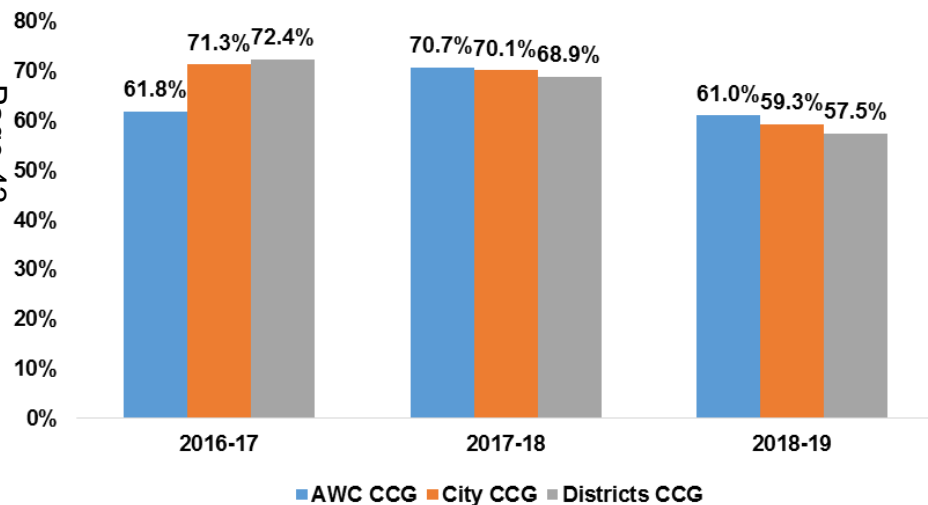
57.5%

England average

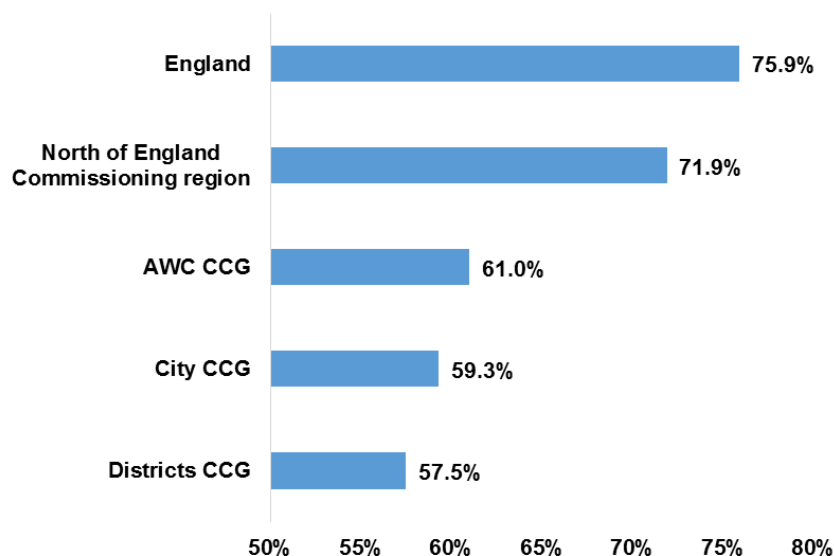
75.9%

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.

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



% of people experiencing a first episode of psychosis within 2 weeks of referral - 2018/19



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)

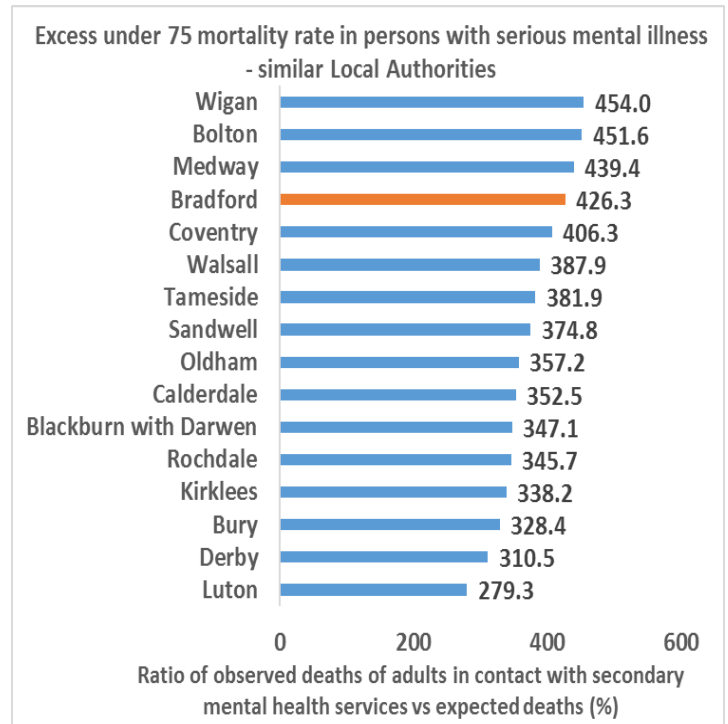
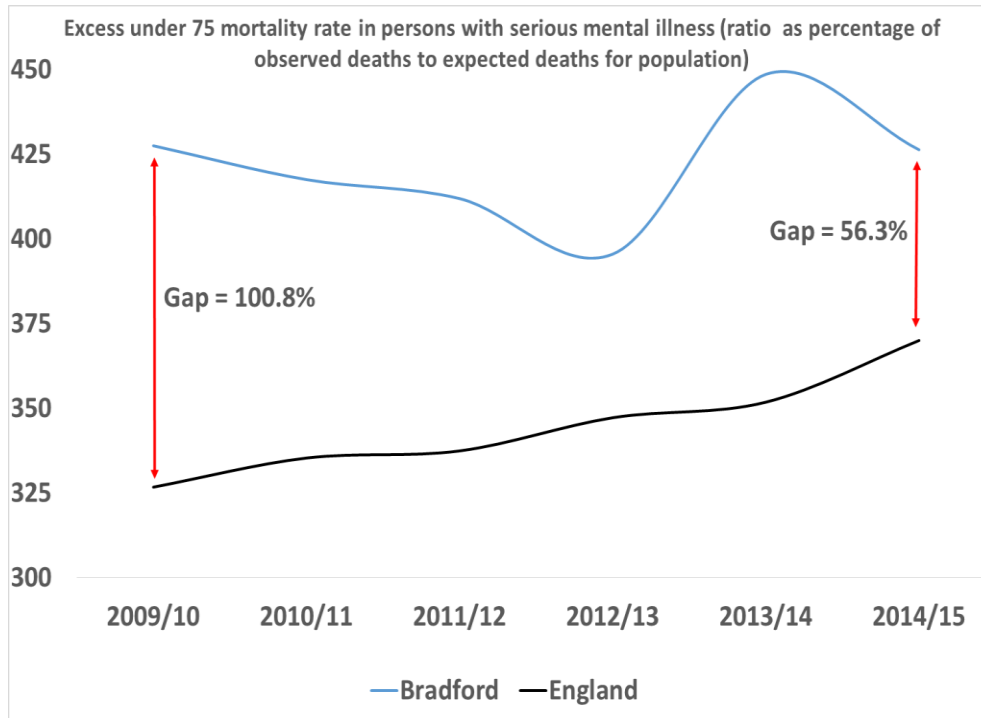
Bradford District
426.3%

Regional average
376.9%

England average
370%

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

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



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



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

How will we know that we have made a difference?

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

- % 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%

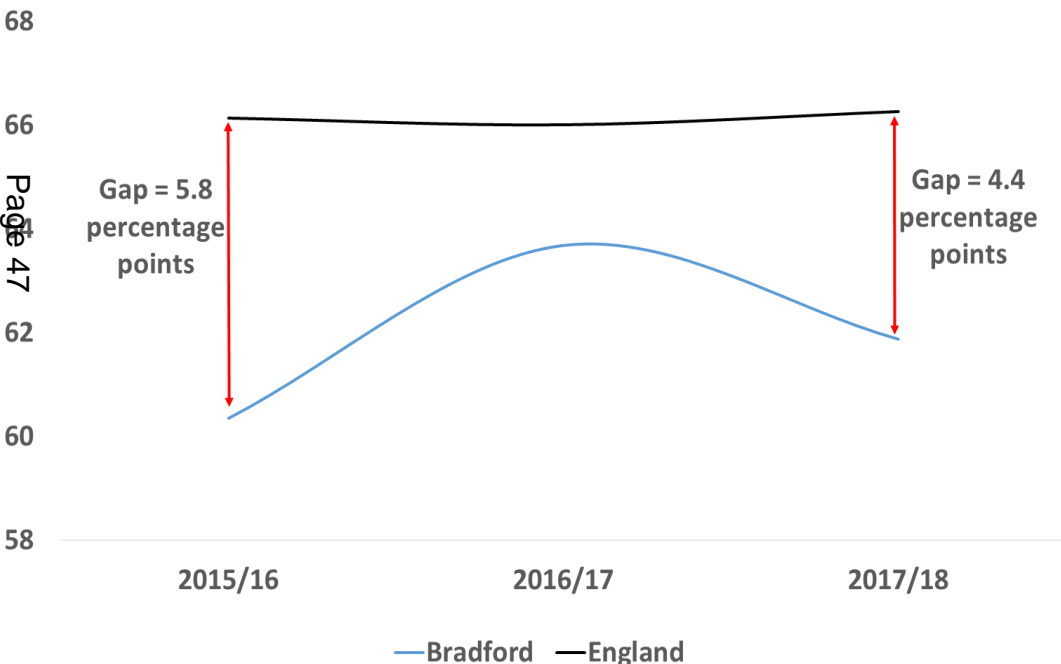
Regional average
64.0%

England average
66.3%

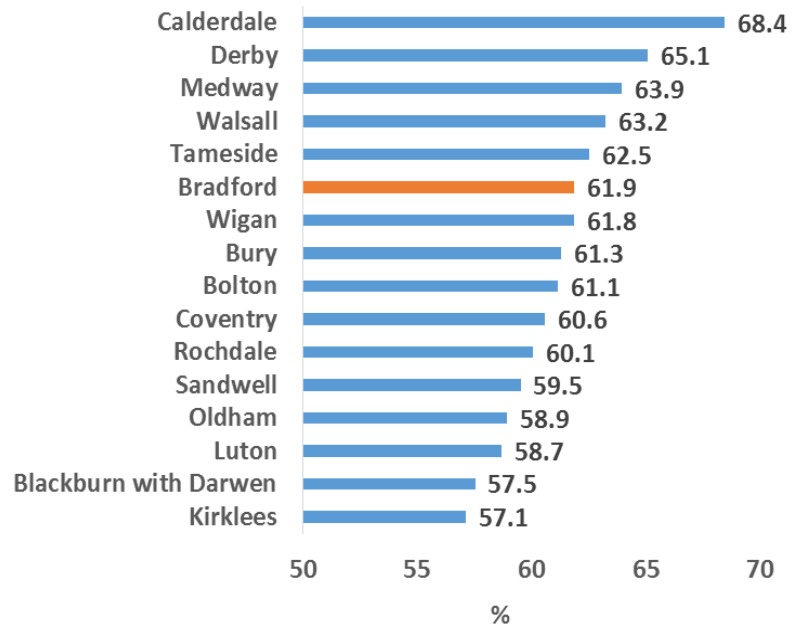
People aged 19 years and over doing at least 150 moderate intensity equivalent minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days

Year	National rank <small>(ranked out of 326)</small>
2015/16	132 
2017/18	111

Physically active adults



Physically active adults- similar local authorities



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
47.4%

Regional average
53.3%

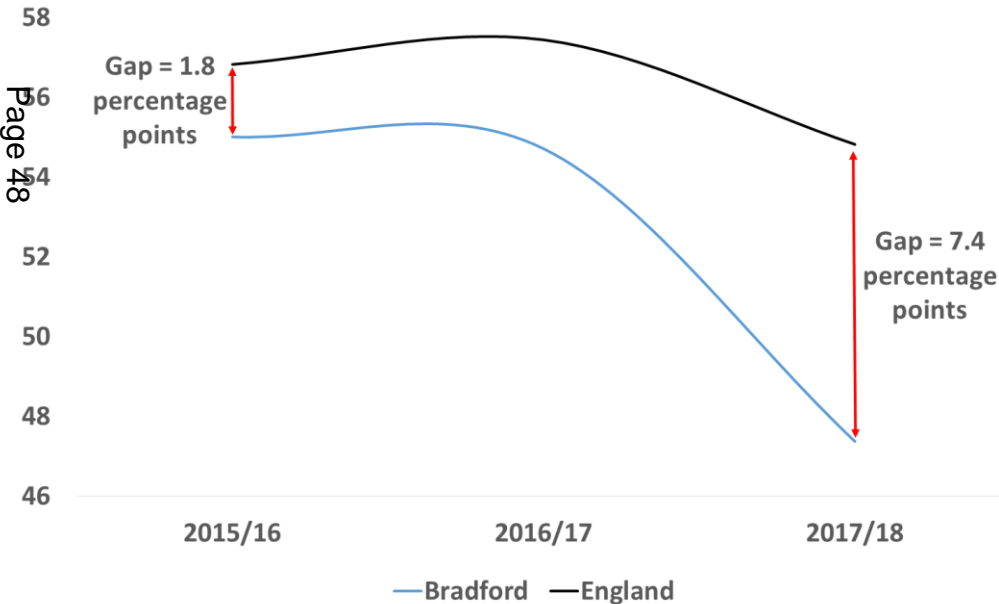
England average
54.8%

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

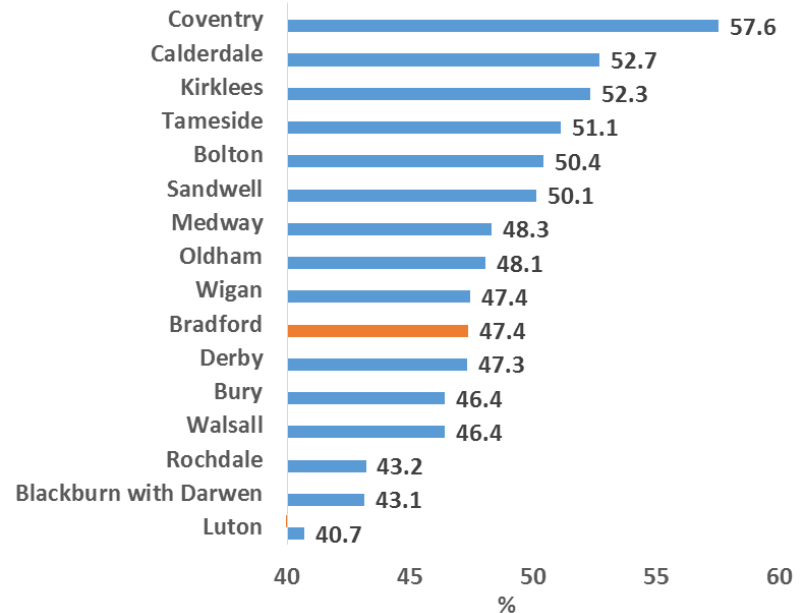
Year	National rank (ranked out of 150)
2015/16	92
2017/18	134



% of adults meeting the '5 a day' recommendation



% of adults meeting the '5 a day' recommendation- similar Local authorities



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
6.3%

Regional average
5.5%

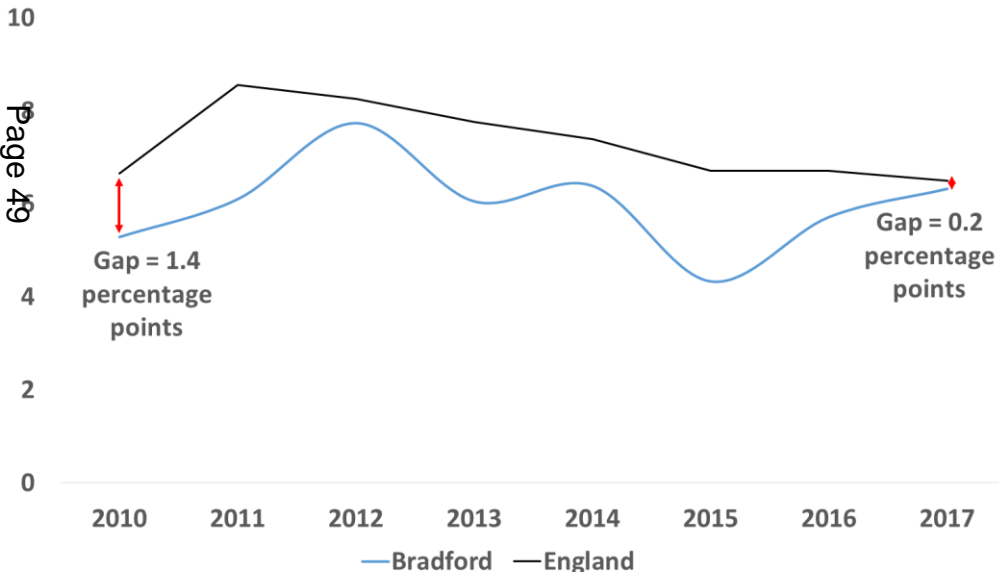
England average
6.5%

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

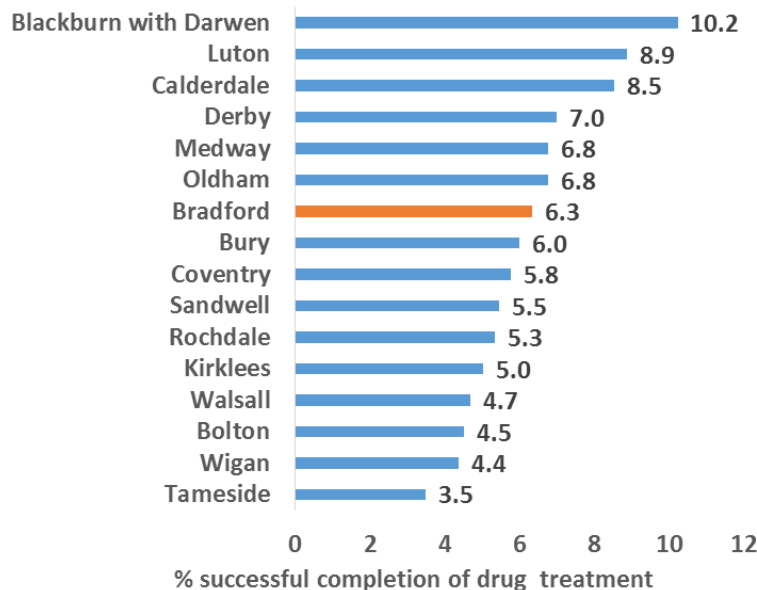
Year	National rank (ranked out of 150)
2010	116
2017	84



Successful completion of drug treatment - opiate users



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



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

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

Latest values (2017)

Bradford District
49.8%

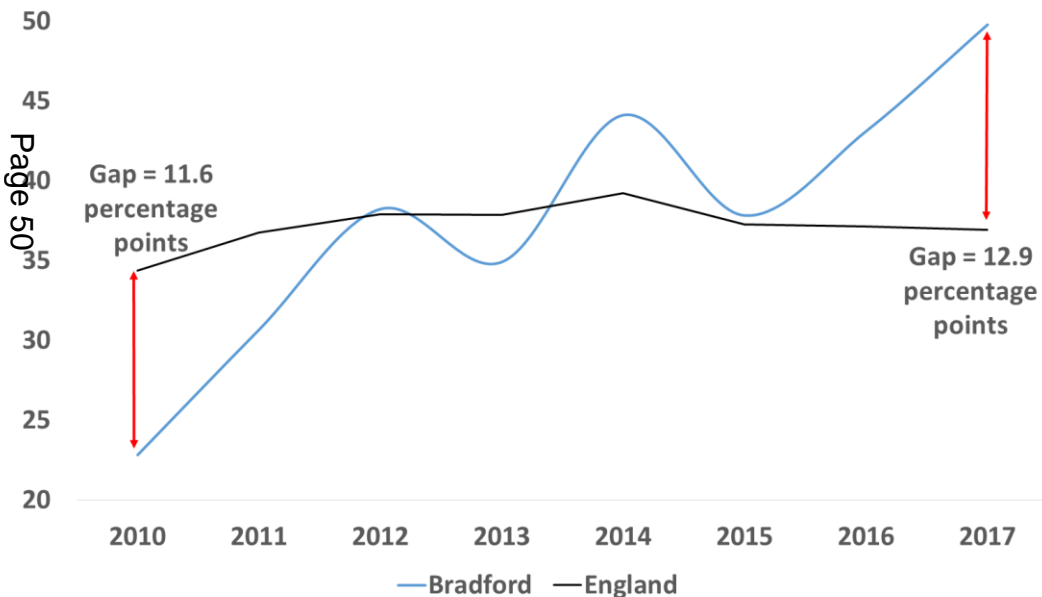
Regional average
37.7%

England average
36.9%

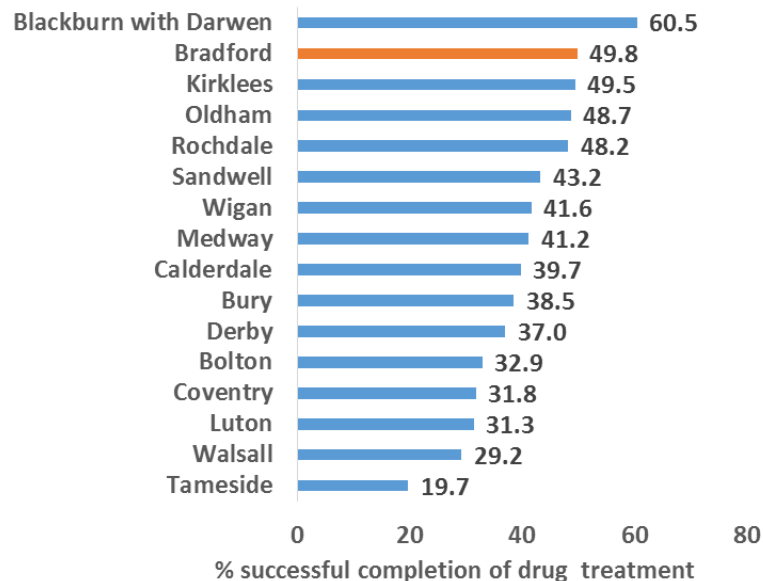
Individuals achieving this outcome demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced blood-borne virus transmission, & improved physical and psychological health.

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

Successful completion of drug treatment - non opiate users



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



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

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

Latest value
38.6%

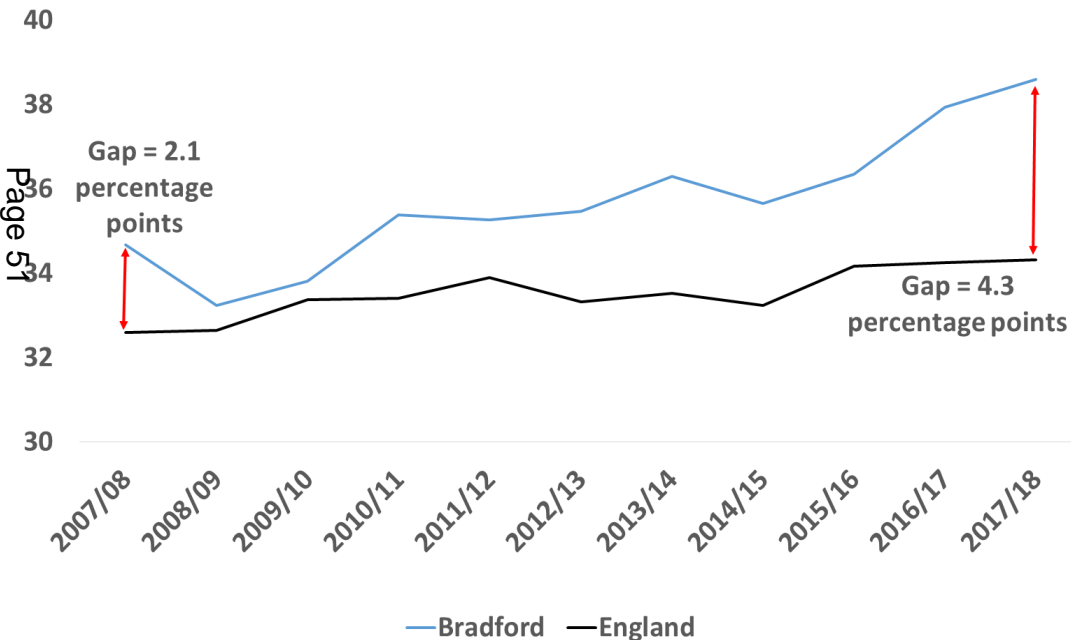
Lowest ward value
17.3%

Inequality gap
26 percentage points

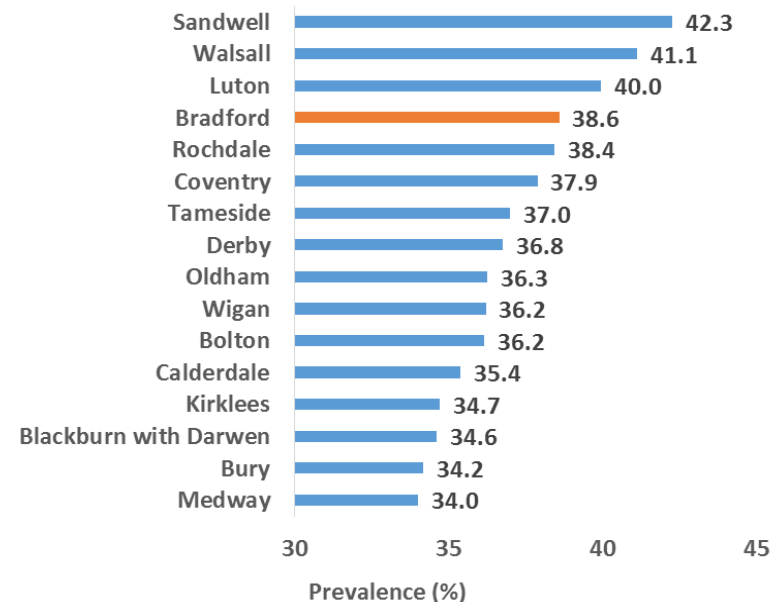
Highest ward value
43.3%

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

Prevalence of excess weight (%)



Prevalence of excess weight- similar Local Authorities



The prevalence of excess weight in Reception aged children has increased over the last 10 years and the prevalence is now at its 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 (2018)

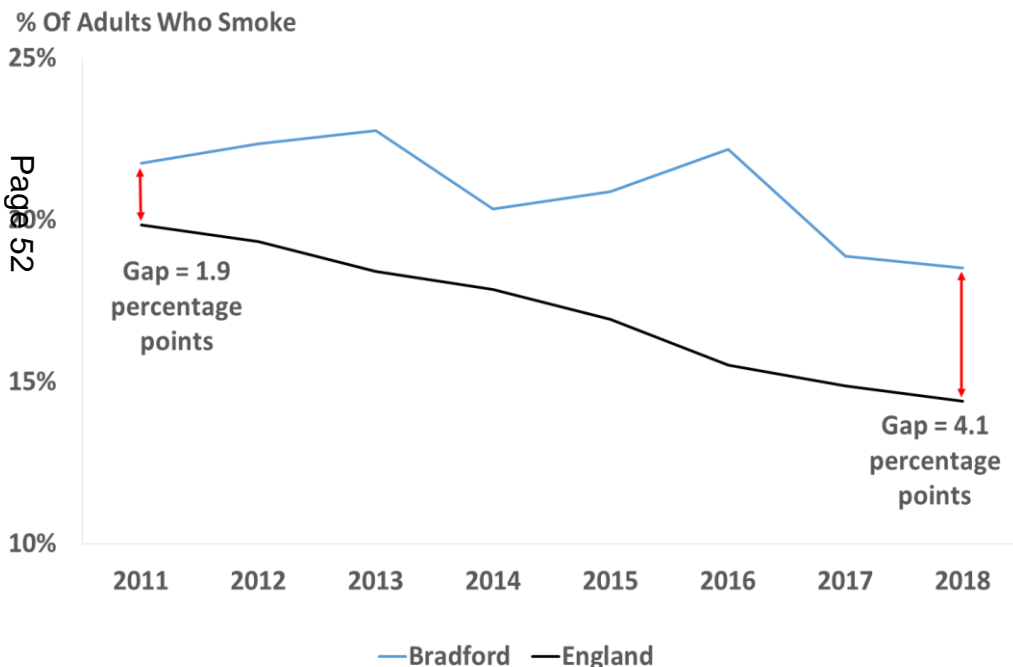
Bradford District
18.5%

Regional average
16.7%

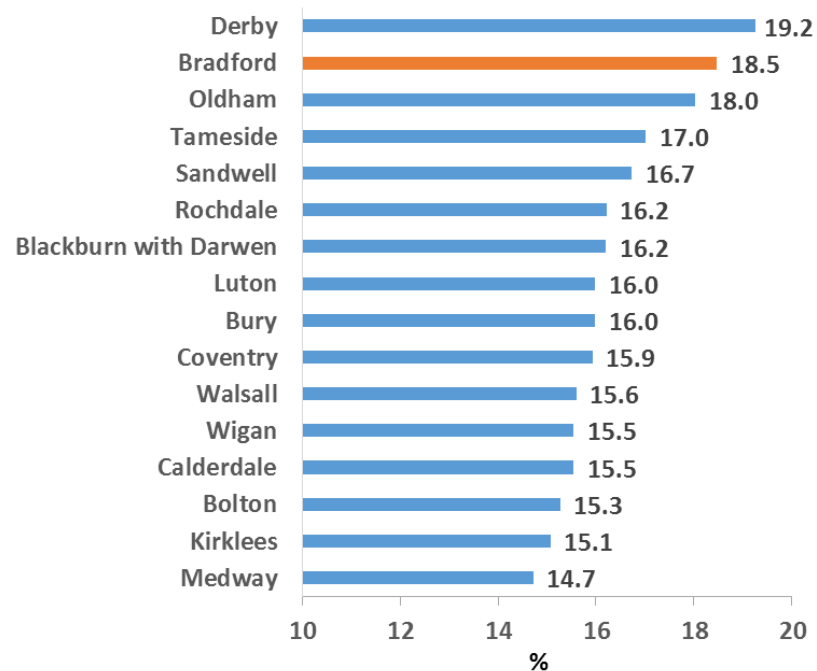
England average
14.4%

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
2018	128



Smoking Prevalence in Adults - Similar Local Authorities



The smoking prevalence in adults within Bradford District has remained similar in 2018 compared to 2017, falling to 18.5%. Despite this being the lowest prevalence on record for the district, the rate remains higher than the regional and national average. The gap between Bradford District and England has widened over time to 4.1 percentage points. In comparison to statistically similar local authorities, Bradford District has the second highest smoking prevalence in 2018.

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

Latest values (2017/18)

Bradford District
57.7%

Regional average
59.6%

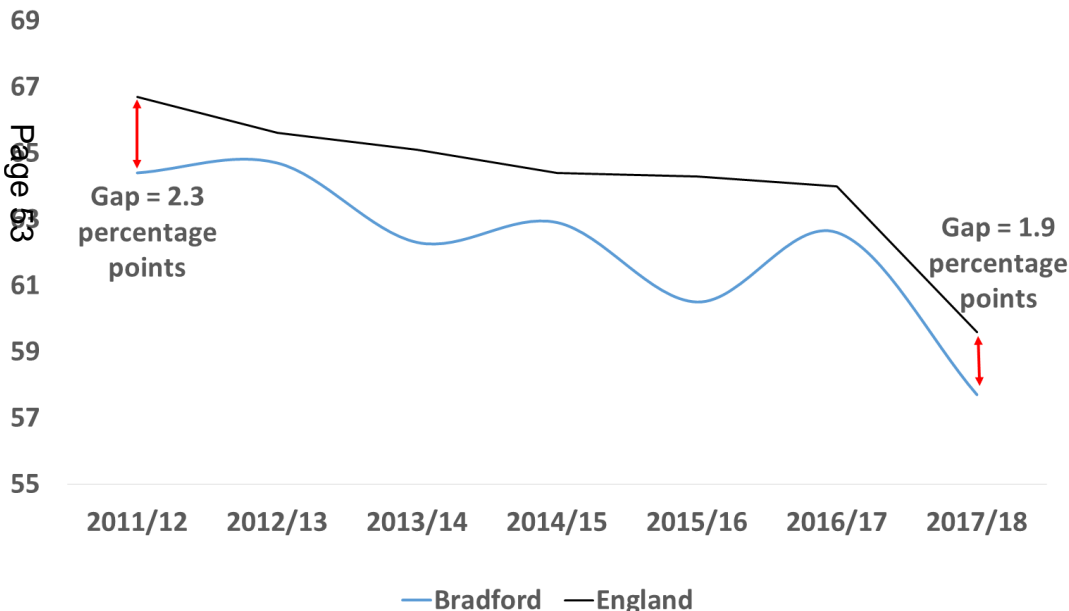
England average
59.6%

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

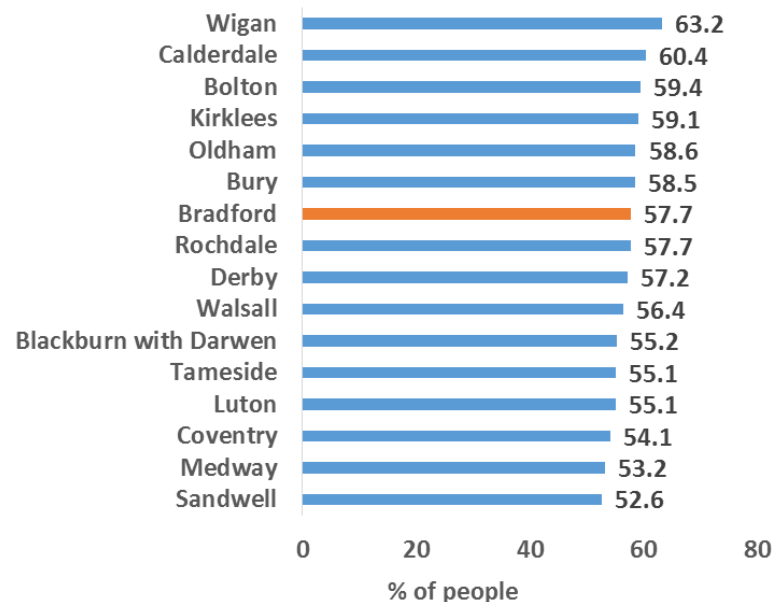
Year	National rank (ranked out of 150)
2011/12	105
2017/18	96



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



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



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

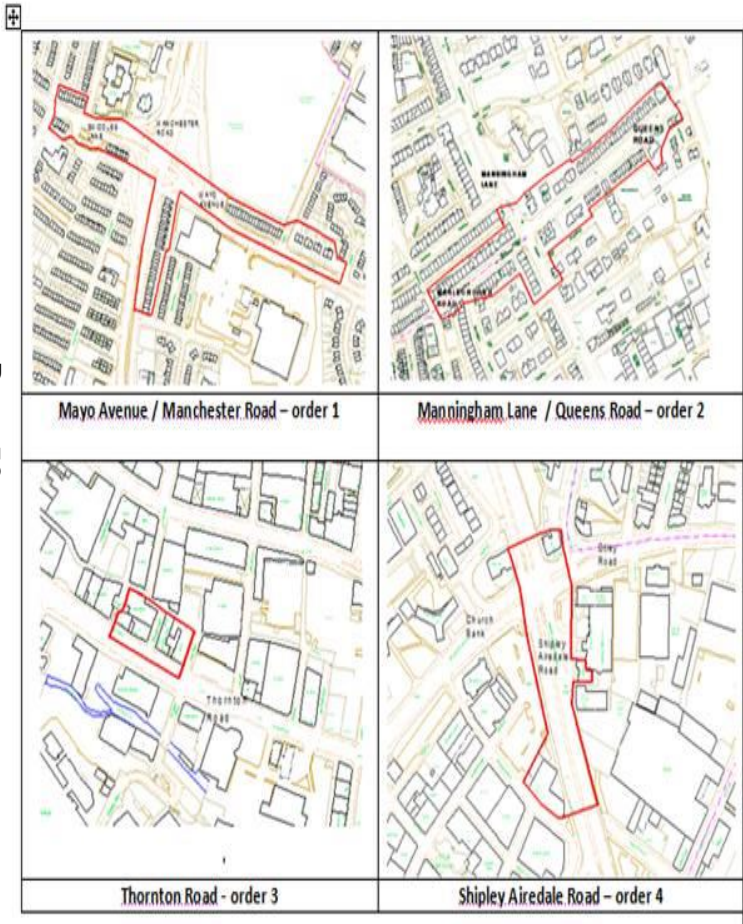
How will we know that we have made a difference?

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**

Bradford AQMAs



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

Shipley Airedale Road

The average concentration of NO₂ measured at Shipley Airedale Road over the last 5 years was 49µg/m³. There is some emerging evidence of a downward trend in NO₂ concentration in this AQMA but at present levels remain significantly above the 40ug/m³ objective level. Monitoring is continuing to assess the longer term trend in this location.

Mayo Avenue

The average concentration of NO₂ measured at this site over the last 5 years was 49 µg/m³. 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/m³ objective level.

Thornton Road

The annual average concentration recorded in 2017 was 30µg/m³ compared with a five year average of 42g/m³. If concentrations of NO₂ 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/m³ compared with 41µg/m³. The average concentration over the last 4 years was 39µg/m³. Concentrations of NO₂ at the real time monitoring site position are borderline with the objective but there are other relevant locations within this AQMA where the NO₂ 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
12.4%

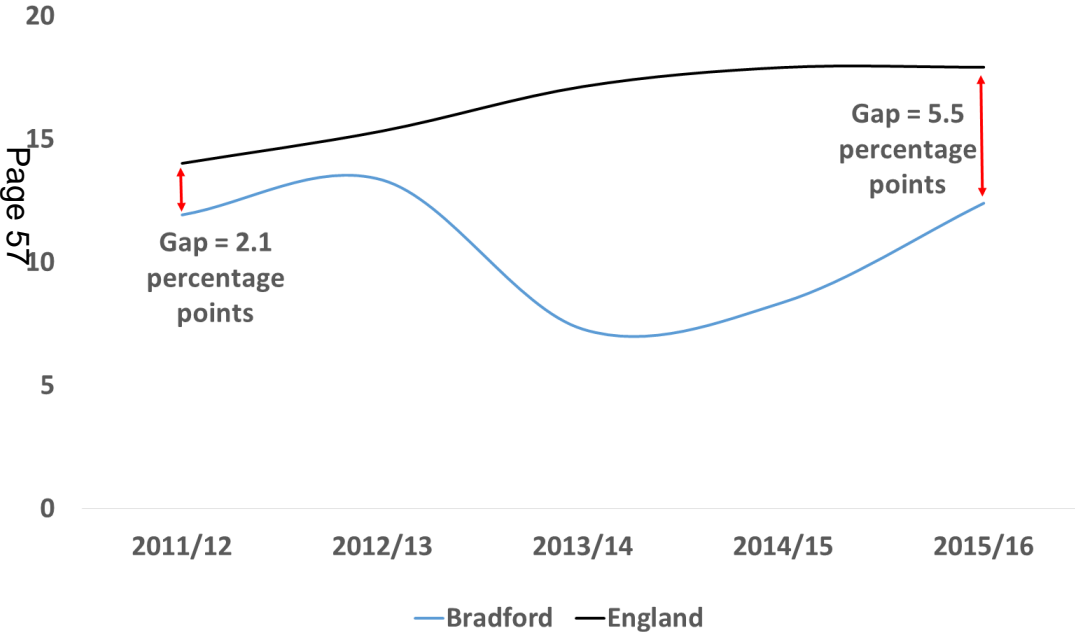
Regional average
17.5%

England average
17.9%

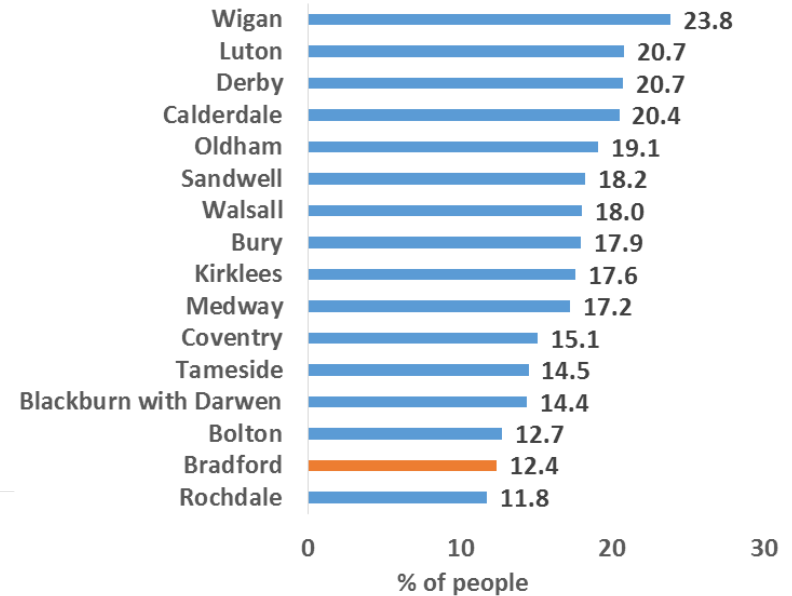
There is strong evidence to suggest that green spaces have a beneficial impact on physical and mental wellbeing.

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

% of people using outdoor spaces for exercise or health reasons



% of people using outdoor spaces for exercise or health reasons - similar local authorities



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

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

Latest values (2017/18)

Bradford District
68.1%

Regional average
73.5%

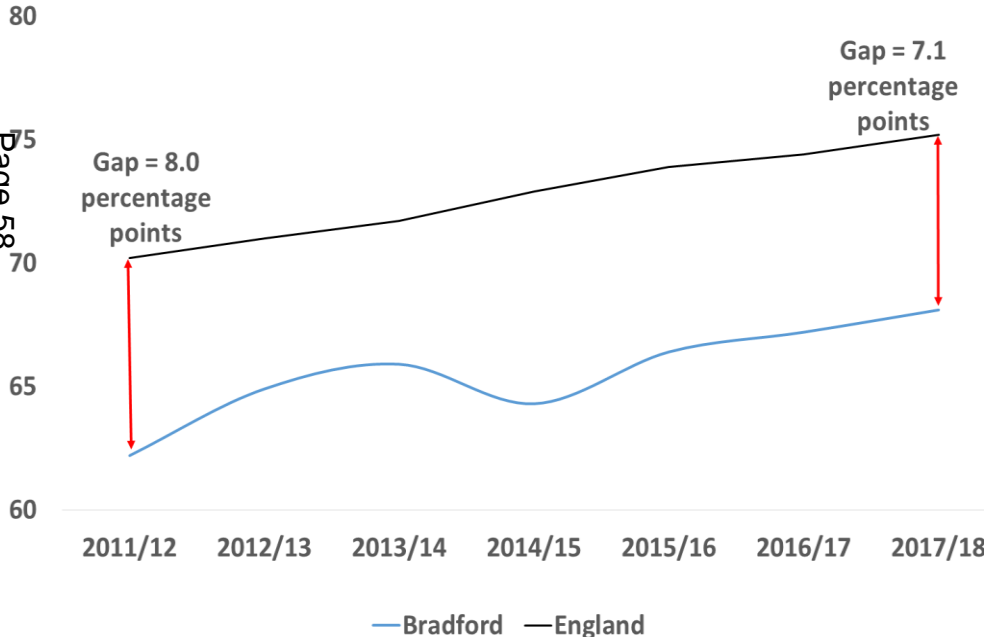
England average
75.2%

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

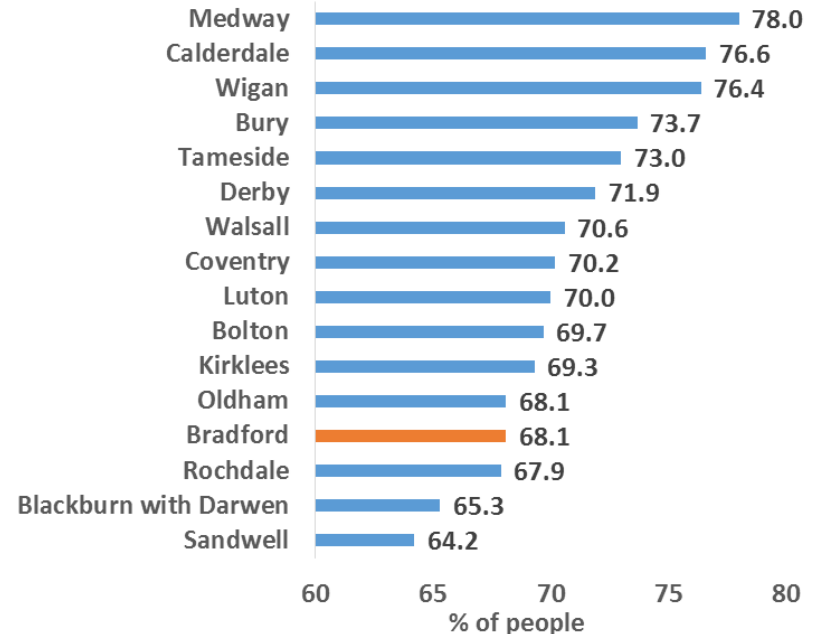
Year	National rank (ranked out of 150)
2011/12	136
2017/18	135



% of people ages 16-64 in employment



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



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

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

Latest values (2018)

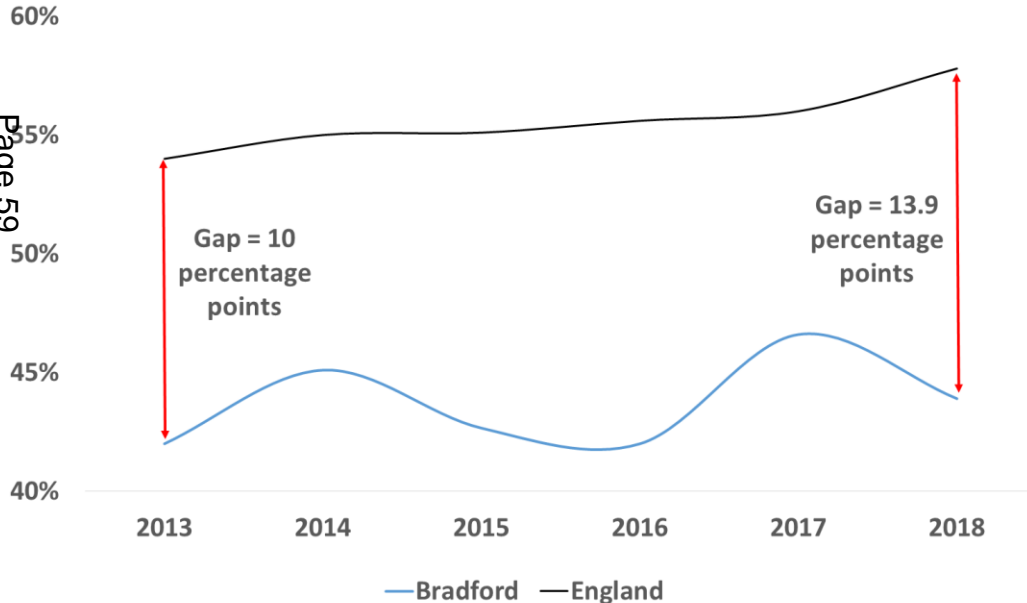
Bradford District
43.9%

England average
57.8%

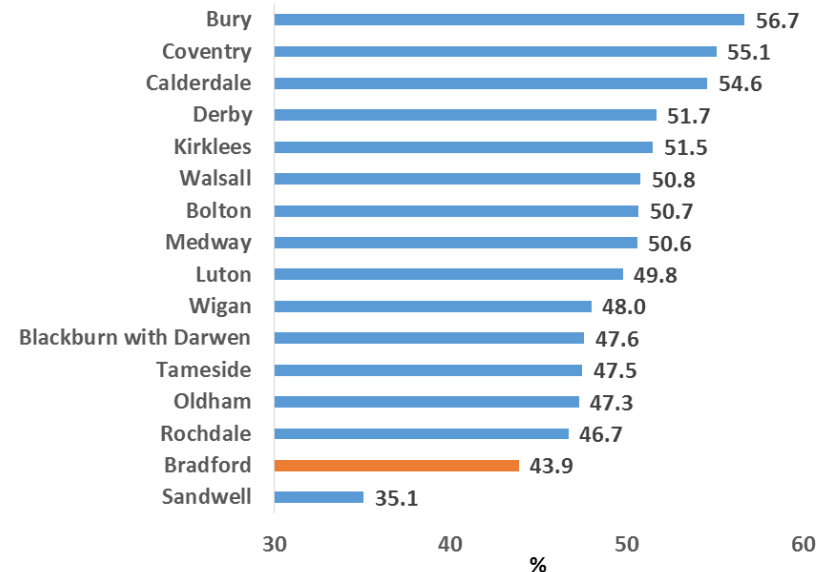
The links between employment and health and wellbeing are well established, with decent jobs having a positive impact on health. Skills are needed to help people get fulfilling employment.

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

Working age population qualified to NVQ level 3 and above



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



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
1.3%

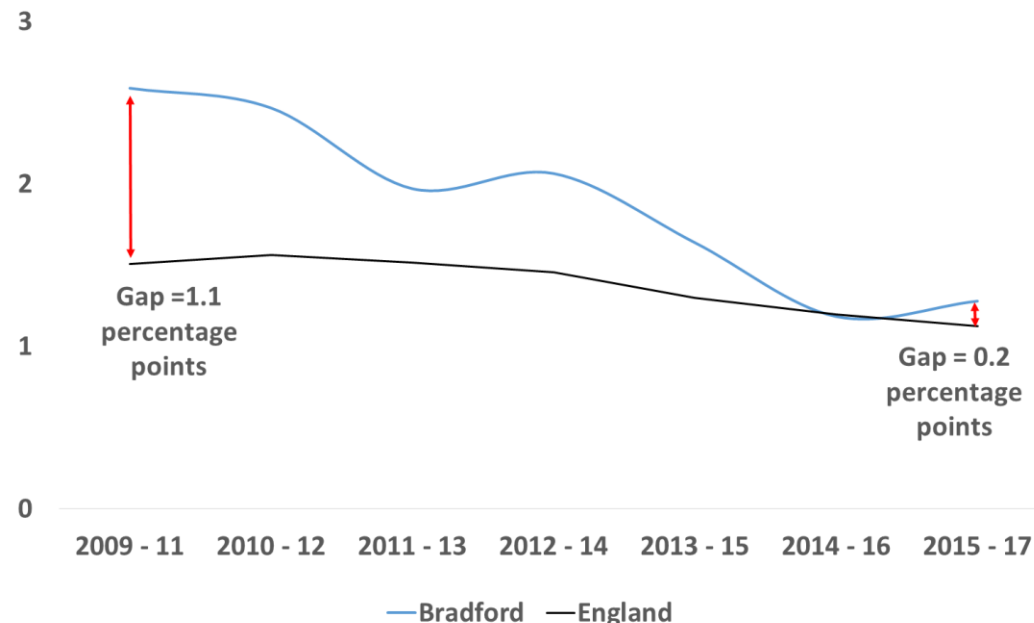
Regional average
1.3%

England average
1.1%

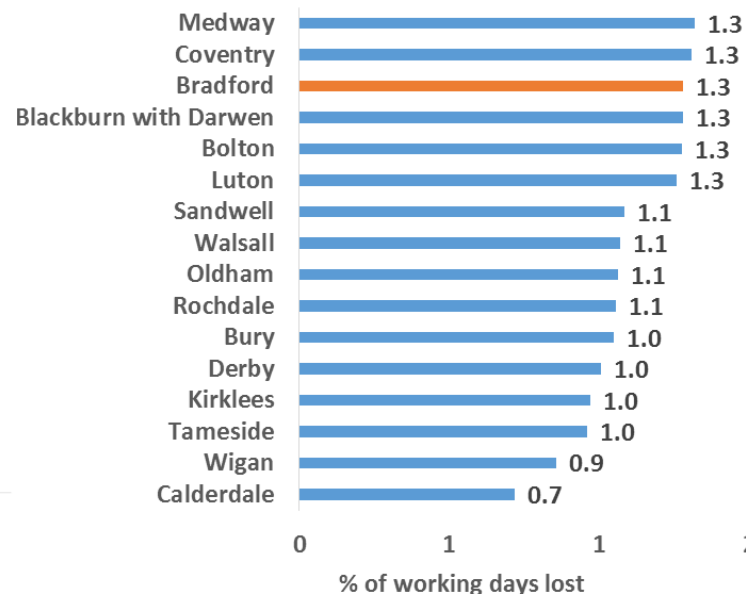
This measure provides an indication of the health and wellbeing of the working age population.

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

% of working days lost to sickness absence



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

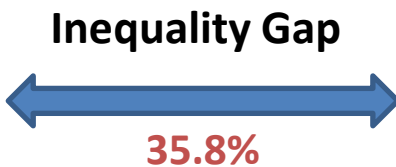


The percentage of working days lost to sickness absence in Bradford District has risen slightly to 1.3% since 2014-16. However the gap between the district and England remains narrower than it was in 2009-11. Bradford District has a higher percentage than the average for England and the same as the average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

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

Latest value
14.3%

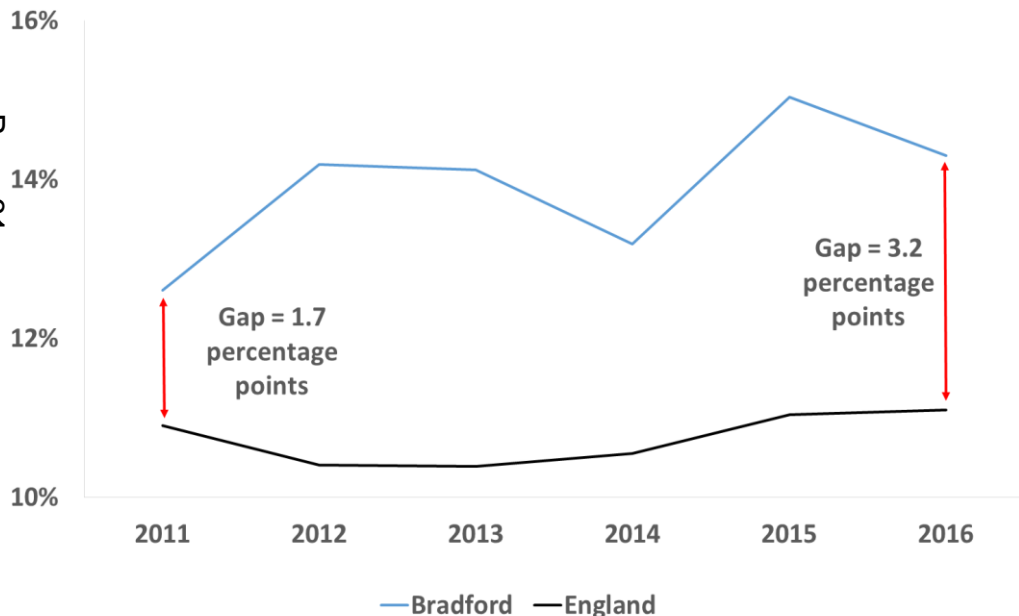
Lowest lower super output area value
4.0%



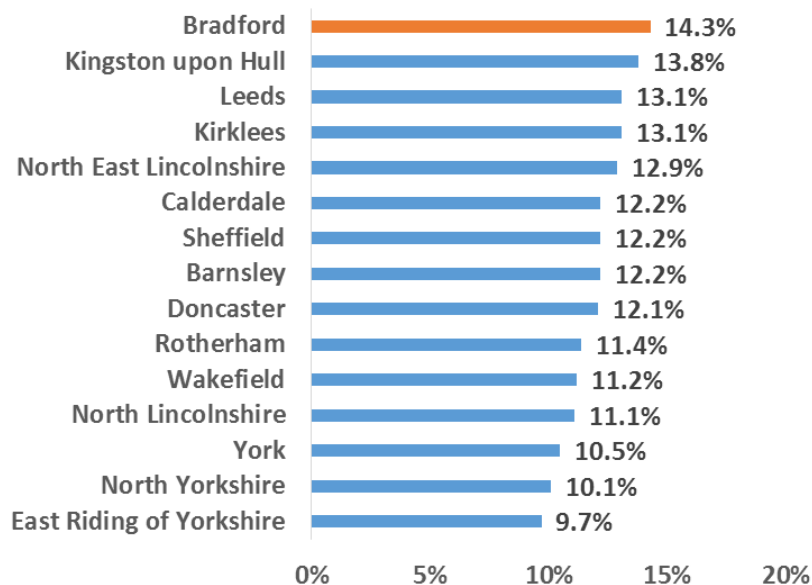
Highest lower super output area value
39.8%

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

Proportion of households that are fuel poor



Fuel poverty in Yorkshire and the Humber, 2016



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

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

Latest values (2015-17)

Bradford District
34.9

Regional average
45.7

England average
40.8

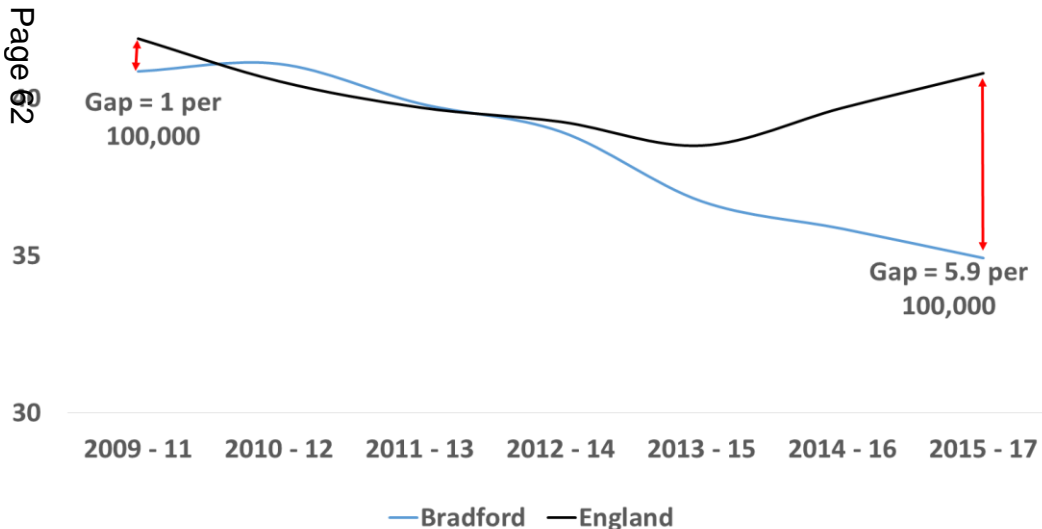
Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity. The need for safer roads is also linked to the recent public health strategy, and existing government-backed initiatives, to increase "active travel" and physical activity.

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

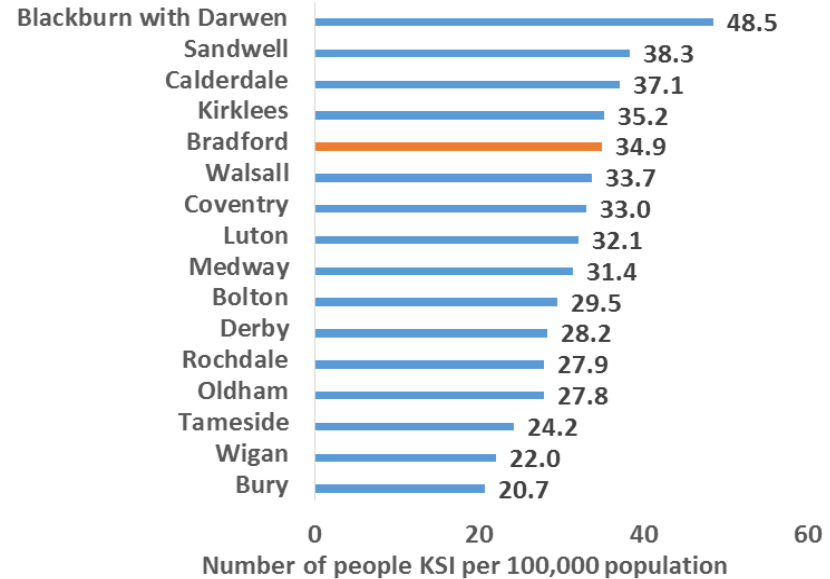


The number killed or seriously injured on our roads

Page 62



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



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

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


Latest values (2017/18)

Bradford District
61.1

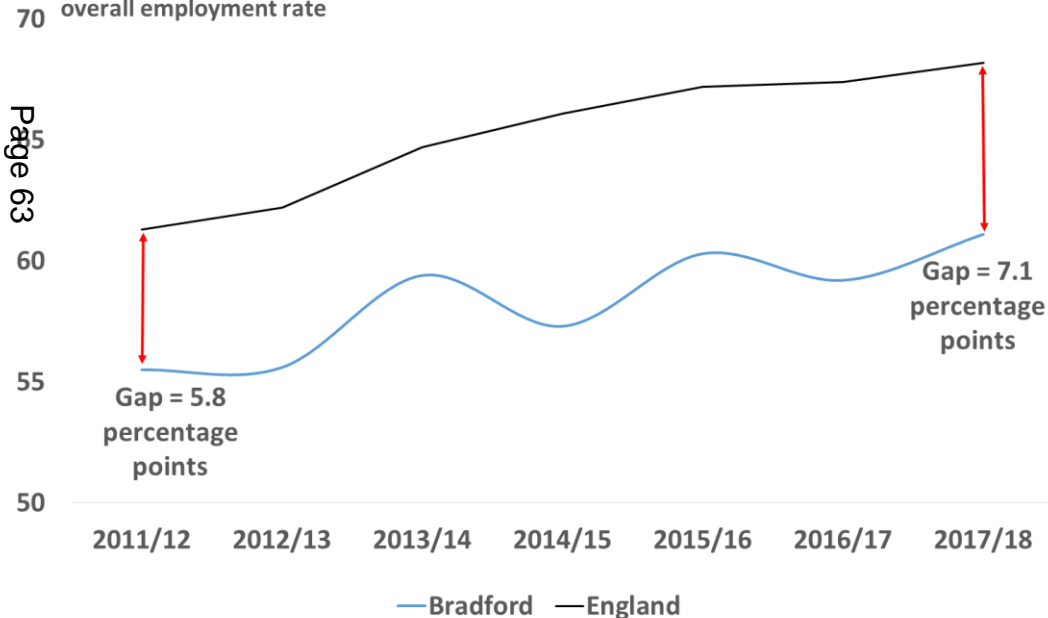
Regional average
64.5

England average
68.2

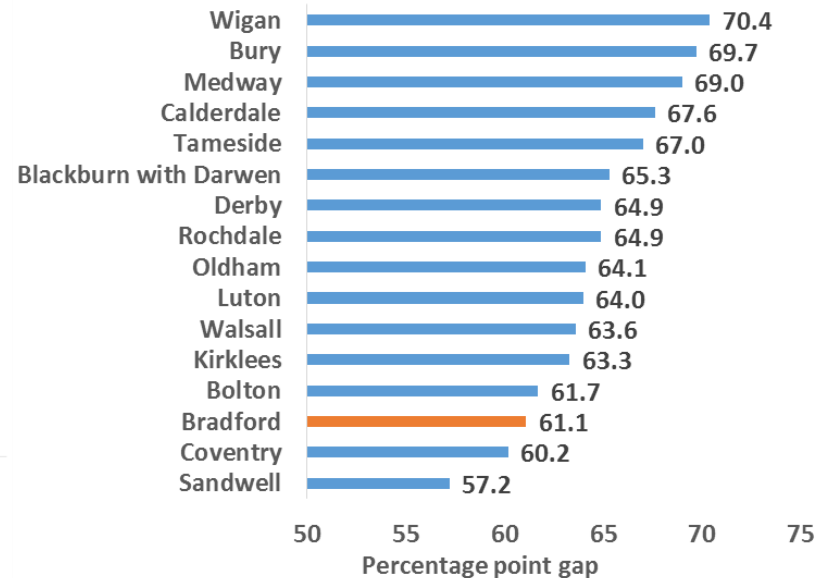
This is the % point gap between % of working age adults who are receiving secondary MH services & who are on the CPA recorded as being employed, & the % of all respondents in the LFS classed as employed.

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

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



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



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

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	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 indicators								
Life expectancy at birth - males	2015-17	77.5	77.7	↔	▲	Similar	Yellow	
Life expectancy at birth - females	2015-17	81.5	81.6	↔	▲	Similar	Yellow	
Healthy life expectancy at birth - males	2015-17	61.8	60.4	▼	▼	Similar	Red	
Healthy life expectancy at birth - females	2015-17	61.1	59.0	▼	▼	Worse	Red	
Inequality in life expectancy at birth - males	2015-17	7.6	7.4	↔	▼	Worse	Red	
Inequality in life expectancy at birth - females	2015-17	6.3	6.8	↔	▲	Similar	Yellow	
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	Yellow	
Average attainment 8 score	2017/18	42.4	43.5	↔	▲	Similar	Yellow	
% of 16-17 year olds NEET	2017	6.0	6.5	↔	▲	Worse	Red	
% of children aged 5-16 who have been in care for at least 12 months whose SDQ scores is cause for concern	2017/18	29.4	36.7	▲	▲	Similar	Red	
% of children breastfed at 6-8 weeks	2016/17	40.1	41.9	▲	▲	Better	Green	
Smoking at time of delivery	2017/18	13.8	14.4	▼	▲	Similar	Green	
% of 5 year olds who are free from dental decay	2016/17	62.5	60.2	▲	▼	Worse	Yellow	
Infant mortality	2015-17	5.9	5.8	↔	▼	Worse	Red	
Low birth weight of term babies	2017	3.6	4.0	↔	▲	Similar	Yellow	
Teenage pregnancy	2017	20.0	19.1	▼	▼	Similar	Green	
People in Bradford District have good mental wellbeing								
Mental wellbeing: high happiness score	2015/16	74.3	70.4	▲	▼	Similar	Green	
Mental wellbeing: high satisfaction score	2015/16	78.9	77.8	▲	▼	Similar	Green	
Suicide rate (UPDATED)	2016-18	9.0	8.8	▼	—	Better	Green	
IAPT recovery rate: AWC CCG (UPDATED)	Mar-19	47.0	57.0	▲	—	Similar	Green	
IAPT recovery rate: Badford City CCG (UPDATED)	Mar-19	45.0	44.0	↔	▼	Worse	Red	
IAPT recovery rate: Badford Districts CCG (UPDATED)	Mar-19	45.0	52.0	▲	▲	Worse	Yellow	
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	Red	
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	Red	
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	Red	
Excess under 75 mortality rate in persons with serious mental illness	2014/15	448.6	426.3	▲	▼	Worse	Red	
People in all parts of the District are living well and ageing well								
% of physically active adults	2017/18	63.7	61.9	▲	▼	Similar	Green	
% of adults meeting the '5 a day' recommendation	2017/18	54.7	47.4	▼	▼	Similar	Red	
Successful completion of drug treatment (opiate users)	2017	5.7	6.3	▼	▲	Similar	Red	
Successful completion of drug treatment (non-opiate users)	2017	43.1	49.8	▲	▲	Better	Green	
Child excess weight - Year 6	2017/18	37.9	38.6	▲	▲	Worse	Red	
Smoking prevalence in adults (UPDATED)	2018	18.9	18.5	▼	▼	Worse	Yellow	
% of people with a LTC who feel supported to manage their condition	2017/18	62.6	57.7	▼	▼	Similar	Red	
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	Red	
% of people aged 16-64 in employment	2017/18	67.2	68.1	▲	▲	Similar	Green	
% of working age population qualified to NVQ Level 3 or above	2018	46.6	43.9	▼	▼	Worse	Red	
% of working day week lost to sickness absence	2015-17	1.2	1.3	↔	▲	Similar	Yellow	
Fuel poverty	2016	15.0	14.3	↔	▼	Worse	Red	
The number of people reported killed or seriously injured on our roads	2015-17	35.9	34.9	▼	▼	Worse	Yellow	
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	Red	
Concentration of NO2 (µg/m3) in AQMAs - Shipley Area Road	2017	52.0	49.0	▼	▼	N/A	Red	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	2017	56.0	49.0	▼	▼	N/A	Red	
Concentration of NO2 in AQMAs - Thornton Road	2017	45.6	30.0	▼	▼	N/A	Red	
Concentration of NO2 in AQMAs - Manningham Lane	2017	41.0	39.0	▼	▼	N/A	Red	

Key	
	Trend data is getting worse OR trend data is showing no change and we are worse than our statistical neighbours
	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
	Trend data is getting better and we are similar or better than our statistical neighbours

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