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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 23 September 2021 at 4.30 pm in Council Chamber - City Hall, Bradford

Members of the Committee - Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP
Greenwood Humphreys Godwin Berry Iqbal	Hargreaves Glentworth Majkowski	Griffiths

Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP
H Khan Mir S Akhtar Lintern Mohammed	Sullivan P Clarke J Clarke	J Sunderland

Notes:

- This agenda can be made available in Braille, large print or tape format on request by contacting Governance Services 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.
- Anyone wishing to speak to any of the business items on the agenda must register to speak by emailing the Governance Officer farzana.mughal@bradford.gov.uk by midday on Tuesday 21st July 2021. They will then be advised on how you can participate in the meeting. If you have not registered you may not be able to speak.
- On the day of the meeting you are encouraged to wear a suitable face covering (unless you are medically exempt) and adhere to social distancing. Staff will be at hand to advise accordingly.

From:

Parveen Akhtar
City Solicitor
Agenda Contact: Farzana Mughal
Phone: 07811 504164
E-Mail: farzana.mughal@bradford.gov.uk

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The City Solicitor will report the names of alternate Members who are attending the meeting in place of appointed Members.

2. DISCLOSURES OF INTEREST

(Members Code of Conduct - Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

Notes:

(1) Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.

(2) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

(3) Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.

(4) Officers must disclose interests in accordance with Council Standing Order 44.

3. MINUTES

Recommended –

That the minutes of the meeting held on 28th July 2021 be signed as a correct record.

(Farzana Mughal – 07811 504164)

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.

(Farzana Mughal – 07811 504164)

5. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

Members are requested to consider how they wish to deal with referrals.

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

The following referrals have been made:

(i) Council – 13 July 2021

At the meeting of full Council on 13 July 2021 the following motion was considered and referred to the Health & Social Care Overview & Scrutiny Committee:

SUPPORT OUR LOCAL NHS HEROES

Resolved –

Council notes that:

- **The Covid-19 pandemic has highlighted the tremendous work of council and NHS staff. They all deserve to be properly and fairly rewarded for their efforts.**
- **Airedale NHS Foundation Trust created a wholly-owned subsidiary, AGH Solutions (AGHS), in 2018. Workers who were transferred over from the Trust into AGHS in 2018 remain on the NHS "Agenda For Change" (AFC) contract, while many new starters and indeed all staff (including those who were TUPED) that register on Bank (i.e. overtime**

shifts), are paid on the lower AGHS rates, despite doing the same job:

Example Pay Comparison (2020 - 2021)	
AGHS Grade A Pay	**NHS Band 2**
Basic Pay: £9.00ph	**Basic Pay: £9.89ph**
Saturday Pay: £9.00ph	**Saturday Pay: £14.14ph**
Sunday Pay: £9.00ph	**Sunday Pay: £18.29ph**

- **The GMB trade union entered into a formal dispute over pay, terms and conditions with AGHS in November 2020, after members repeatedly voted to reject the pay proposals submitted by AGHS, all of which have been significantly less than the NHS pay rates. Members are demanding that AGHS align all staff with the NHS AFC contract.**

Council believes that:

- **Equal work deserves equal pay.**
- **No one working in the NHS should receive less than the minimum pay, terms and conditions set out in the NHS AFC contract.**
- **The GMB demand for harmonisation is reasonable and fair.**

Council resolves to:

- **Publicly support the workers in their campaign at Airedale Hospital to achieve harmonisation between AGHS and NHS AFC pay, terms and conditions.**
- **Write to the board of directors of both AGHS and Airedale NHS Foundation Trust, informing them of our support for the staff in their campaign for equal pay and calling on them to agree to its reasonable and fair demands.**
- **Urge everyone to get round the table to talk to resolve this inequality.**
- **Refer the matter to Health & Social Care Overview & Scrutiny Committee.**

Action: Chief Executive (write to AGHS & Airedale NHS Foundation Trust) / City Solicitor (referral to Health & Social Care O&S Committee

(ii) Corporate Overview & Scrutiny Committee – 22 July 2021

At the meeting of the Corporate Overview and Scrutiny Committee held on 22 July a report was considered on the Full Year Performance Report:

FULL-YEAR PERFORMANCE REPORT

Resolved –

1. **That a further performance report be presented to the Committee which specifically focuses on:**

    - **Housing;**
    - **Jobs;**
    - **Crime and Safety.**

2. **This Committee requests that the Health & Social Care Overview & Scrutiny Committee considers a detailed report on childhood obesity across the District and the effectiveness of approaches being used to tackle childhood obesity.**

Action: Strategic Director, Corporate Resources Public Health Director

B. OVERVIEW AND SCRUTINY ACTIVITIES

6. INTEGRATED HEALTH AND CARE PARTNERSHIP ARRANGEMENTS FOR BRADFORD DISTRICT AND CRAVEN 1 - 10

The Integrated Care Partnership Board Programme Director will submit a report (**Document "C"**) which sets out a high level overview of the plans for the evolution of our integrated health and care partnership arrangements in Bradford District and Craven, and across the West Yorkshire and Harrogate Health and Care Partnership. These changes address the requirements of the Government's Health and Care Bill 2021.

Recommended –

That Members comment and note the report.

(James Drury - 07970 479491)

7. HOME SUPPORT LOCALITY CONTRACT: UPDATE AND COMMISSIONING INTENTIONS 11 - 22

The Strategic Director of Health and Wellbeing will submit a report **(Document "D")** which provides an update on the Home Support Locality Contracts post tender award and delivery, and an overview of the department's intentions to review the service.

Recommended -

That the report be noted.

(Jane Wood - 01274 43 7312)

8. £2M CONTRACT REPORT: SEXUAL HEALTH SERVICES REVIEW 23 - 30

The Director of Public Health will submit a report **(Document "E")** which provides with an update on the timeline for procurement of services and key steps in preparation for any tender; this also supports compliance with Contract Standing Orders (CSOs) pre-procurement requirements to report to Overview and Scrutiny Committee Contracts valued at £2m or above.

Recommended –

The Committee to consider detail presented and raise any queries or provide feedback regarding the work outlined.

(Caroline Tomes – 01274 437352)

9. SEXUAL HEALTH SERVICES 31 - 52

Director of Public Health will submit a report **(Document "F")** outlining recent data on the sexual and reproductive health of Bradford residents including the impact of COVID on sexual health service provision, outlines new developments on national sexual health policy and summarises key implications for local commissioning of sexual health services.

Recommended –

The Committee to comment and note the report.

(Caroline Tomes – 01274 437352)

10. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2021/22 53 - 56

The Committee receive a report **(Document "G")** of the work programme 2021/22.

Recommended -

That the Committee notes the work programme 2021/22 in **Appendix A**.

(Caroline Coombes – 01274 432313)

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Strategic Director Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 23 September 2021

C

Subject: Integrated health and care partnership arrangements for Bradford District and Craven

Summary statement:

This paper sets out a high level overview of the plans for the evolution of our integrated health and care partnership arrangements in Bradford District and Craven, and across the West Yorkshire and Harrogate Health and Care Partnership. These changes address the requirements of the Government's Health and Care Bill 2021.

James Drury
Integrated Care Partnership Board
Programme Director

Report Contact: James Drury
Phone: 07970 479491
E-mail: james.drury2@bradford.gov.uk

Portfolio:

Healthy People and Places

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

This paper sets out a high level overview of the plans for the evolution of our integrated health and care partnership arrangements in Bradford District and Craven, and across the West Yorkshire and Harrogate Health and Care Partnership. While these changes address the requirements of the Government's Health and Care Bill 2021, it is important to note that this is an evolution of existing, strong and well established local partnership arrangements.

The Health and Care Bill proposes that Integrated Care Systems (ICSs) are formally established as statutory bodies from 1 April 2022. This will mean that Clinical Commissioning Groups (CCGs) will be abolished with effect from 31 March 2022 and the majority of their functions will be delivered through these new statutory bodies. The ICS will also take on some of the functions currently undertaken by NHS England and NHS Improvement (NHSE/I).

ICSs will be comprised of an Integrated Care Partnership and an Integrated Care Board. It is anticipated that place based working will remain critical in the future and many of the ICS functions will be discharged through place based partnerships. Locally, we will have a West Yorkshire ICS with five separate places, mirroring the current CCG footprints.

National guidance is intentionally permissive, although there are an increasing number of specific requirements relating to the formation of the ICS, in the Bill and associated NHS guidance. There are fewer specific requirements for place based health and care partnerships. Therefore, each local partnership, in conjunction with the ICS, will determine the optimum local partnership arrangements. This paper provides an overview of the work being done locally.

2. NATIONAL AND REGIONAL DEVELOPMENTS

The Health and Care Bill, published on 6th July, reflects much of how we work in West Yorkshire & Harrogate Health and Care Partnership (WYHHCP), as set out in our Partnership Memorandum of Understanding (MoU). It recognises that collaborative working produces better health and wellbeing outcomes and a more effective approach to reducing health inequalities. We already have a mature partnership that has demonstrated its strength in our collaborative response to COVID. Health and Wellbeing Boards and the Partnership Board set strategic direction.

We have strong place arrangements, mature provider collaboratives and inclusive and transparent system leadership. We start from the basis that our existing arrangements are fundamentally sound and that we will align with what the legislation and statutory guidance requires, rather than be driven by it.

Within Bradford District and Craven we see these changes as a positive reinforcement to the way we have been working, most recently captured through our Act As One approach. A statutory ICS will be made up of a statutory NHS body – the Integrated Care Board(ICB) and a statutory joint committee - the Integrated Care Partnership (ICP) - bringing together the NHS, Local Government and partners. ICSs will be able to delegate significantly to place partnerships and to provider collaboratives.

The ICB will be directly accountable for NHS spend and performance within the system. As a minimum, the ICB board must include a chair and 2 non executives, the ICB Chief

Executive and clinical and professional leaders, and representatives from NHS trusts, primary care and local authorities. Others may be determined locally. Proposals for the membership of our ICB are currently being considered, and are expected to go beyond the minimum requirements of the Bill, reflecting the importance of place and inclusion of VCSE sector and citizen perspectives.

The Integrated Care Partnership (ICP) will be a wider group than the ICB and will develop an integrated care strategy to address the health, social care and public health needs of the system. The membership and detailed functions of the ICP will be for each ICS to decide.

Place-based arrangements between local authorities, the NHS and providers of health and care will be left to local areas to arrange. The statutory ICB will work to support places to integrate services and improve outcomes. Health and Wellbeing Boards will continue to have an important role in local places. NHS provider organisations will remain separate statutory bodies and retain their current structures and governance, but will be expected to work collaboratively with partners.

A duty to co-operate will be introduced to promote collaboration across the healthcare, public health and social care system. ICSs, NHS England and NHS providers will be required to have regard to the 'Triple Aim' of better health and wellbeing for everyone, better care for all people, and sustainable use of NHS resources.

The Integrated Care Board will take on the statutory functions from CCGs when they are abolished at the end of March 2022. They will be responsible for strategic planning, commissioning functions and be directly accountable for NHS spend and performance within the system, with its chief executive becoming the accounting officer for NHS money allocated to the NHS ICS body. The Board will be responsible for developing a plan to meet the health needs of the population within their defined geography, developing a capital plan for NHS providers within their health geography and securing the provision of health services to meet the needs of the system population.

As referenced above, under the legislative changes, CCGs will be abolished at the end of March 2022 and their functions transferred to the ICS. From April 2022, staff employed by the CCG will be employed by the ICS. This employment arrangement does not change the commitment that the majority of our Bradford District and Craven CCG staff will remain embedded in the local place based partnership.

High level ICS timelines include:

By the end of September 2021:

- Carry out the agreed national recruitment and selection processes for the ICS NHS body chair and chief executive.
- Draft proposed ICS operating model and governance arrangements, in line with the NHS England and NHS Improvement model constitution and guidance.
- Begin due diligence planning.

By the end of December 2021:

- Confirm designate appointments to ICS NHS body finance director, medical director and director of nursing roles and other board and senior level roles
- ICS NHS bodies and ICS Partnerships to be ready to operate in shadow form.

- Engagement on local ICS Constitution and governance arrangements for ICS NHS
- body and ICS Partnership.

By the end of March 2022:

- Confirm designate appointments to any remaining senior ICS roles.
- Complete due diligence and preparations for staff and property (assets and liabilities, including contracts).
- Submit the ICS constitution for approval and agree the 2022/23 ICS MoU with NHS England and NHS Improvement.

From April 1st 2022:

- Establish new ICS NHS body; with staff and property (assets and liabilities) transferred and boards in place.

A diagram of the draft proposed ICS governance arrangements is shown at Appendix C

Locally, as based on our current WYHHCP arrangements, subsidiarity will continue to be very important, with places continuing to take a major role in our partnership approach. The next section of the report sets out our approach to the further development of our place based partnership for Bradford District and Craven.

3. BRADFORD DISTRICT AND CRAVEN DEVELOPMENTS

Within Bradford District and Craven we have well established health and care partnership arrangements. The Wellbeing Board sets the overall direction, and coordinates action between each of our strategic partnerships to maximise our impact on all the factors that influence our social, economic, and environmental wellbeing. The Health and Care Executive Board is one of our strategic partnerships and leads the coordinated planning and delivery of our local health and care system, via our Bradford District and Craven Health and Care Partnership.

Our Bradford District and Craven Health and Care Partnership arrangements already include;

- shared system committees focused on quality, and finance and performance
- a clinical forum ensuring clinical and professional views are heard, and clinical leadership is embedded in all parts of our partnership
- Coordinated action on the critical enabling functions of our health and care system – our workforce, our use of technology, data, and our physical estate.
- Priority change programmes addressing access to care, mental health, childrens health and wellbeing and the illnesses which have the greatest impacts on the lives of people in our District.

A diagram of our existing partnership arrangements is shown at Appendix A

Our current partnership arrangements are underpinned by the Strategic Partnering Agreement (SPA), which documents the way we work together, how we reach decisions collectively, and confirms our shared ambition. The SPA was most recently reviewed and agreed via each organisation's formal decision making arrangements in March 2021.

This Autumn, we will update the SPA again to reflect the proposed partnership governance and decision making arrangements, ensuring alignment with the constitution of the West Yorkshire Integrated Care Board (ICB), and preparing for the anticipated changes in responsibility from the CCG to the ICB.

Our Partnership has long been an inclusive one, with direct participation in decision making groups by the voluntary, community, and social enterprise sector, the independent care sector, primary care, alongside large NHS and local government organisations. As we continue to develop our partnership, we are committed to ensuring we retain this breadth, and add to it, particularly to strengthen the voice of people who use health and care services. Our approach to this will be to connect with existing arrangements for public voice and participation, and to pay particular attention to diversity and inclusion.

It is also important that decision making in our partnership is open and transparent. We will ensure that meetings of the board of our local health and care partnership are held in public, and we will develop ways of working such as publishing papers in advance and potentially allowing public questions. All our BDCHCP decision making will of course continue to work with local Overview and Scrutiny Committee arrangements as we do now. This is in addition to any Joint Overview and Scrutiny arrangements which local authorities enter into with regards to the West Yorkshire ICS.

Since the publication of The white paper *Integration and Innovation: working together to improve health and social care for all* and the legislation, which will establish ICSs into statute, the ICS core team has ensured a route of engagement through the JHOSC at West Yorkshire and Harrogate. To date JHOSC has received updates at two public meetings and one developmental meeting. This has enabled elected members to be updated on, understand and scrutinise the White paper and the actions taken by the West Yorkshire and Harrogate Health and care Partnership to develop the future operating model.

The majority of decision making for Bradford District and Craven will be retained locally, with only those matters which we agree to be best discharged once for West Yorkshire being agreed by the ICB, in line with the subsidiarity principle which has underpinned the success of our ICS since its inception. To achieve this, we must demonstrate effective leadership, and governance arrangements for our Bradford District and Craven Health and Care Partnership.

Our proposed leadership arrangements are based upon the principles of distributed leadership as set out in our SPA. Each place based partnership must have arrangements which provide strategic leadership of place and ensure clear and aligned leadership and line management of place-based staff. Place based leadership arrangements need clear accountability and must offer transparency and management of conflicts of interest. Within Bradford District and Craven Health and Care Partnership we have chosen to appoint a Health and Care Lead for place who will not be employed full time by the ICS, but is employed by one of our local partner organisations. This is in line with our approach to place based leadership for the past three years, with the chief executives of all three local Foundation Trusts already having taken on additional system leadership responsibilities. We believe this approach offers the greatest fidelity to the principles of distributed leadership, with all members of the team taking collective responsibility, and putting the needs of the population of Bradford District and Craven first, above organisational interests.

The Executive Board reached a unanimous view that Mel Pickup, Chief Executive of

Bradford Teaching Hospitals NHS FT would be put forward as Place Leader. Our Partnership is explicit that this is a personal leadership position and not part of the Chief Executive of BTHFT role; and that the role is one of 'system convenor' and does not have direct authority or accountability for the individual organisations in place. Our Reference Group of Trust Chairs and Elected Members has also endorsed this recommendation. The formal appointment of Mel as our place based lead is subject to further process undertaken with the ICB, and will follow the appointment process for the ICB chief executive.

We are currently clarifying the system leadership roles of the other members of the Executive Board, and the supporting arrangements to ensure that all executives are able to deliver on their system leadership responsibilities, and that the BDC focused team whose employment will be held by the ICB have clarity of their leadership and line management arrangements. We are also establishing formal reviews over the next two years, to ensure we have the opportunity to improve our place based leadership and delivery arrangements as we learn through implementation.

Our proposed governance arrangements will be built upon the existing, strong, place based health and care partnership arrangements, as set out earlier in this paper. There will be a need to develop these further to enable decisions to be formally taken at place, following the end of the CCGs.

The Health and Care Bill and related guidance sets out a number of legal options for the formation of such place based partnership boards. Our governance teams, supported by professional legal advisors have evaluated the options and agreed with the Executive Board that the best way to establish our local Health and Care Board in readiness for April 2022 will be as a Committee of the Integrated Care Board. This is an initial proposal, which can be established relatively easily, but does not preclude the further development of the legal form for the partnership board, if required, over the next few years. For example, to create a joint committee of local statutory bodies.

It is noted that the assessment of relative benefits of each of the governance options is based upon the current draft of the Health and Care Bill, and this may of course be revised as a result of Parliamentary process, prior to being enacted as legislation.

The preferred option offers the following advantages:

- Ability to include a range of non-statutory partners as board members. Supporting our aim to retain a broad partnership and to increase participation in decision making.
- Ability to include in scope of the Board, any element of the responsibilities of the ICB which relate to Bradford District and Craven, including primary care. (All subject to agreement with the ICB).
- Easier and faster to establish than a joint committee.

All the potential options would retain close links to the Wellbeing Board, and the Health and Care Bill makes provision to ensure that the plans of the ICB and any place based partnerships within it, are responsive to the needs of local people as indicated by the Joint Strategic Needs Assessment and joint strategies, such as our District Plan in Bradford District. The Bill also provides for annual reports on delivery to be made to the Wellbeing Board, and annual review by NHS England.

Our partnership also includes Craven District Council and North Yorkshire County Council.

We are mindful of the process of local government reform which is underway in North Yorkshire, and we will continue to work with colleagues from Craven and North Yorkshire to ensure continued participation and connectivity to local government decision making, including the North Yorkshire Health and Wellbeing Board.

Programme delivery arrangements have been established to support the leadership and governance as set out above. We have a Programme Board which meets every two weeks and reports regularly to our Executive Board. Work is underway through work streams to take forward the key elements of our partnership development. These are: Assurance; Citizen engagement; Clinical and professional leadership; Collaborative commissioning; Communications and engagement; Digital and data; Governance; Inequalities alliance; Leadership and behaviours; Operational and financial planning; Quality and performance; and Vision and strategy.

In addition to these areas a separate programme has been established to oversee the CCG transition. This programme will oversee the close down of the CCG and the safe transition of staff and functions to the ICS. The CCG transition programme works closely with the partnership development programme, including through attendance at the programme board to facilitate effective collaboration and management of dependencies.

Both the CCG transition and place based partnership programmes, work closely with parallel streams of activity which are planning and implementing new ways of working for the West Yorkshire ICS. We are also working supportively with each of the other places in West Yorkshire as they develop their own local partnership arrangements. To assist each of us in creating compatible and high quality partnership arrangements, we are using a shared Partnership Development Framework to guide our development plans, and allow us to focus attention as required on specific aspects of our partnership.

An initial self-assessment using the partnership development framework will soon be available. We will then seek to engage widely to gain a broad range of perspectives, providing a rich analysis of our partnership development needs. We see this as an ongoing area of activity, revisiting the self-assessment periodically to check progress.

Work is progressing with all the activities described above. There will be further engagement, including with Overview and Scrutiny Committee in relation to the ICS Constitution, and local partnership arrangements, including the SPA. We anticipate the first meeting of our place-based Health and Care Partnership Board in ‘shadow form’ in November, in preparation for new statutory arrangements from April 2022.

4. FINANCIAL & RESOURCE APPRAISAL

There is no change to the NHS allocation to the Bradford District and Craven system as a direct result of the changes outlined. Allocations are set according to national formulae each year. The running costs of the CCG will continue to be available to support the system. This includes support provided once as an ICS as well as through each place partnership.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

As part of our place based partnership arrangements, the governance structure is being

revised to ensure our partnership is able to take on the delegated responsibilities from the Integrated Care Board of our ICS. The draft governance structure can be seen in Appendix B

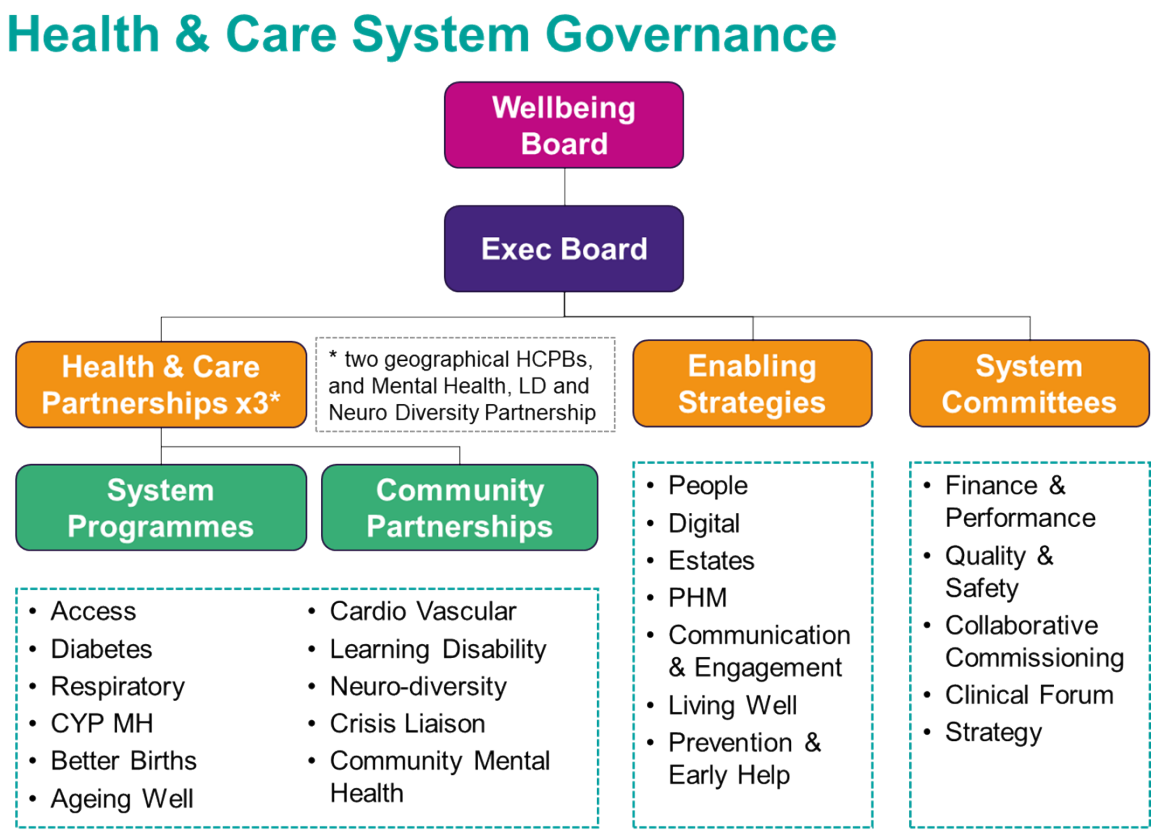
We have established a local system strategic risk register which is produced for the Health and Care Executive Board to support collective ownership and response of our partnership. It highlights seven themes: quality and safety; workforce; finance; digital; system development; regulation; and learning.

6. RECOMMENDATIONS

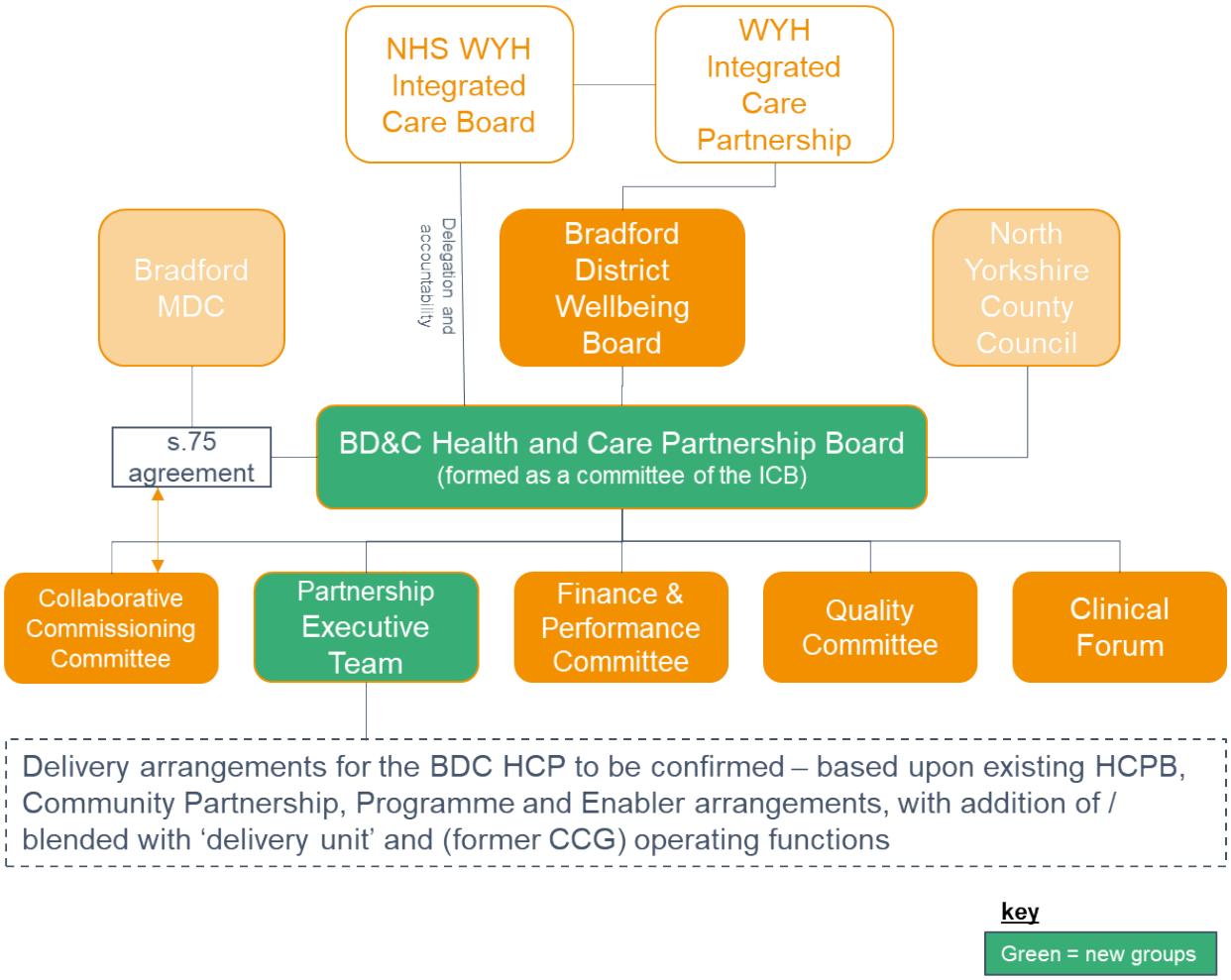
- That Members consider and comment on the report.

7. APPENDICES

- Appendix A - Existing Bradford District and Craven Health and Care Partnership governance



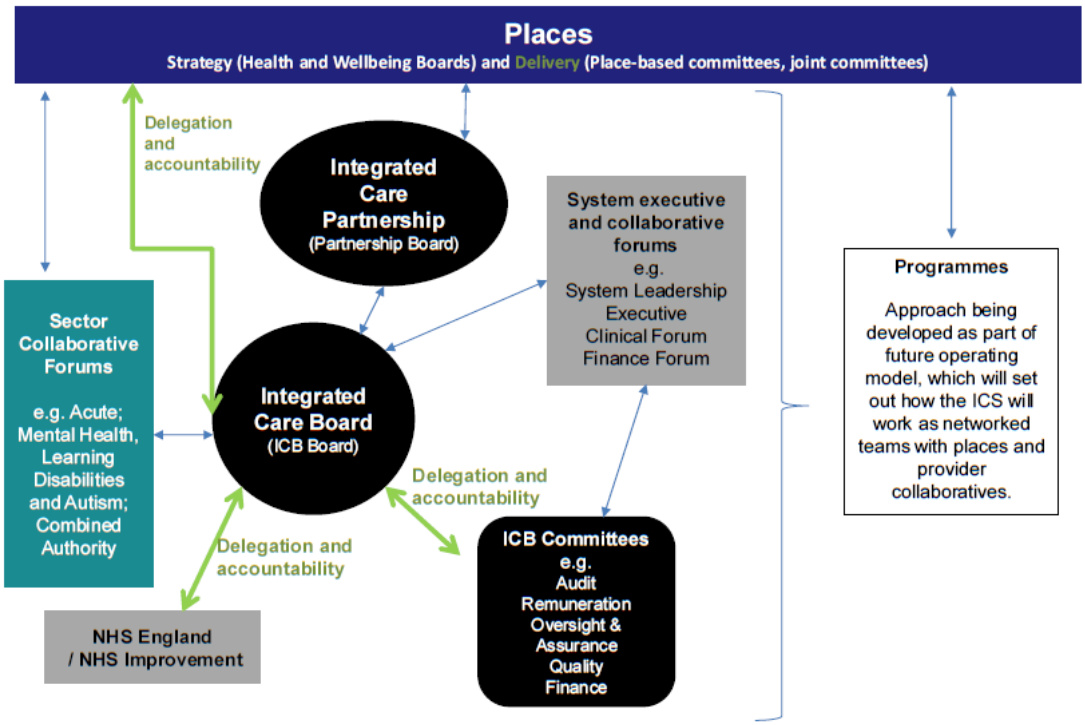
- Appendix B – Draft proposed Bradford District and Craven Health and Care Partnership governance



- Appendix C – Draft proposed West Yorkshire and Harrogate Health and Care Partnership governance

Item 32/21
Annex D

DRAFT Our Integrated Care System - a partnership of places, programmes and sectors



8. BACKGROUND DOCUMENTS

- None

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Strategic Director of Health and Wellbeing - Adult Services to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 23rd September 2021

D

Subject:

Home Support Locality Contract: Update and Commissioning Intentions

Summary statement:

This document provides an update on the Home Support Locality Contracts post tender award and delivery, and an overview of the department's intentions to review the service

Iain MacBeath
Strategic Director of Health and Wellbeing

Alex Lorrison – Commissioning Manager
alexandra.lorrison@bradford.gov.uk
Rominder Dhothar- Contract and Quality Assurance Manager
rominder.dhothar@bradford.gov.uk

Portfolio: Cllr Sarah Ferriby

Healthy People and Places

Overview & Scrutiny Area:

Health and Wellbeing

1. SUMMARY

Following a report to the meeting of the Health and Social Care Overview and Scrutiny committee on Thursday 12 July 2018, committee members requested a progress update in respect of the implementation of Home Support Locality Contracts within the District. This was scheduled for March 2020 but was delayed due to Covid. Services have now been in place for over 2 years and the landscape has changed considerably during this time. With contracts due to end on 31 March 2023, the department needs to now undertake a service review. This report therefore covers a wider remit than Councillors had originally requested.

2. BACKGROUND

Following the end of the Integrated Personalised Support and Care Framework (IPSAC) in September 2019, a new open tender process established the Home Support Locality Contracts. These were awarded on 28 January 2019 to twenty Providers in thirty-five areas across the Bradford District, commencing 1 April 2019. This included a twelve-month implementation period for provider organisations to encourage a smooth transition, where appropriate, between provider organisations. (Please see HOSC report dated 12/07/2018 for fuller detail).

The revised service specification, developed as part of the tender process, addressed some of the following known issues:

Staffing

Smaller service delivery areas, each with their own contract, were created to align the provision with internal operational localities. This aimed to expand the potential work pool by allowing for the recruitment of staff that may not drive.

Market stability

To develop a stable market for home support provision, a number of indicative hours per week, based on current/future usage were provided to organisations. It was recognised that the term of the contract should be long enough to afford provider stability.

Ethical Care

The new contracts set out to address the issue of very short call provision (15 minute visits) by phasing these out, in line with the Unison Ethical Care Charter which forms part of the new contracts

Hospital Discharge

Locality contract holders are required to meet all new ‘demand’ for service in their locality (i.e. new people being discharged from hospital with on-going support needs) within prescribed timescales. This will mean that people will be less likely to have to wait for services to commence, reducing hospital discharge delays and improving flow through care pathways.

Contract Award and Implementation

All areas were initially successfully awarded, however twelve locality areas then needed to be procured again due to regulatory concerns or changes to company arrangements. Also, regulatory issues have delayed the implementation in four locality areas. The lessons learnt from the current locality contract arrangement will be fully considered as part of the commissioning cycle and future tender, for example, the impact of regulatory issues on commissioned service providers and supply availability within set geographical areas.

Financial checks were undertaken on all bids received as part of the standard due diligence, with each bidders being allocated a financial limit. In some instances, this limit was subject to provision of a Parent Company Guarantee which was not always possible. This had an impact on the type of providers awarded contract, resulting in more contracts than expected being awarded to new Providers rather than local, established Providers. This approach will be reviewed as part of the new tender process.

The implementation of the contract also encountered some challenges. In order to transfer work to the new Locality contracts, the plan was for each of the 1900 service users to have an in-person review within the 12-month implementation period. This was to understand their current care needs with the aim of then being offered their choice of service arrangement, specifically;

- a Council managed service (the locality contract provider),
- remain with their existing provider through an Individual Service Fund 1 (ISF1) arrangement or
- take on a Direct Payment (DP) arrangement and employ a person/company directly.

Initially a team of 13 social care staff were identified, however each locality area took approximately two to three months to complete. Then on 2 October 2019, the reviews for existing service users were halted due to winter pressures and resource was diverted to where the immediate need was greater. At that time 350 out of 1900 people had been reviewed (8 out of 35 Localities) and been offered their choice of arrangement above and from that time providers could only focus on new people requiring home support services from the Council. This meant fewer hours were transferred to each Provider than originally indicated and a large number of people staying with the IPSAC Provider with an Individual Service Fund (ISF) agreement in place.

In addition, the delay and subsequent halt meant that Providers who had been relying on the outcomes data to facilitate a TUPE for staff could not do this, instead having to attempt to utilise their existing workforce (if they had one) or recruit new staff. This presented many providers with significant challenges alongside working to set geographical boundaries i.e. mobilising a workforce from one part of the district to another such as Bradford North to Bradford South with a concentration of people required to be supported in the area. For new providers to Bradford District it has essentially meant building their businesses from the ‘ground up’.

Once established however, locality providers working to the new contract arrangements have given positive feedback about the benefits experienced by working in concentrated areas such as significant travel time/mileage reduction, improved staff morale etc.

The Commissioning Team have worked closely with providers to address issues around staff recruitment and a number of initiatives have been to support providers. These have included social media campaigns to attract local people; home support staff recruitment fairs jointly organised with Skills House Bradford, local providers and council officers. Providers have recognised support afforded by the Council alongside their own measures and the initiatives will need to continue in order for providers to build on their local workforces.

In 2021/22 a 7.2% uplift was applied to contract home support rates in recognition of the need to improve the terms and conditions of staff in the sector. In a recent survey 97% of providers reported increasing staff wages as a result of this uplift. A survey is currently being conducted to understand further how this is supporting working towards the Ethical Care Charter.

Home Support Capacity Meetings are currently centred around service pressures but this has afforded improved collaborative working as we see increased demand on the overall home support sector.

3. REPORT ISSUES

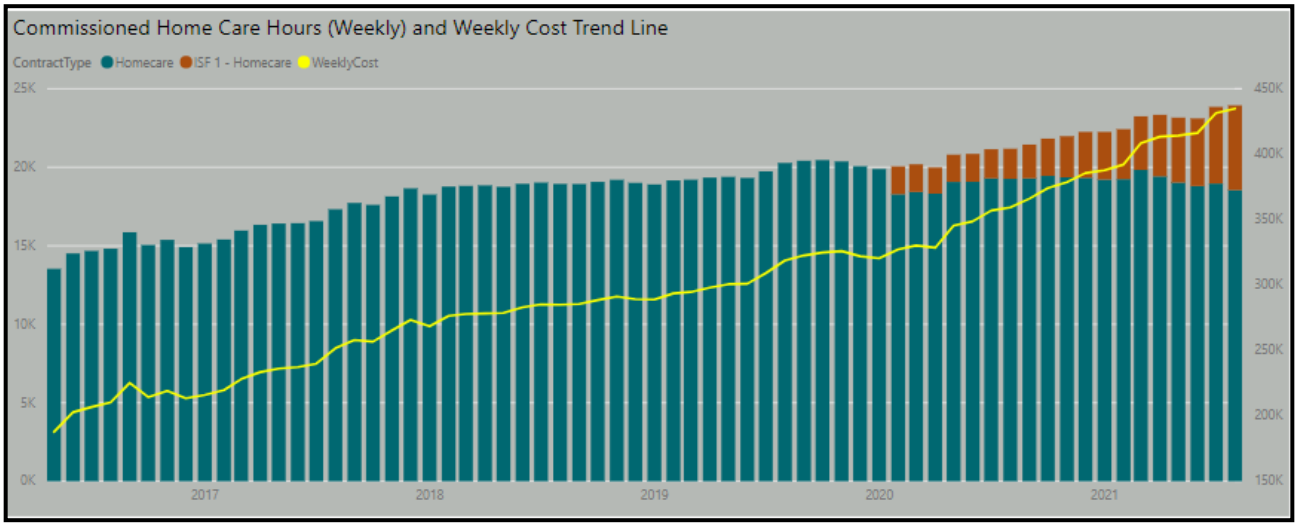
The report now attempts to look at the current position, the wider landscape and the next steps for home support provision in the Bradford District.

Current Position – Older People and Physical Disabilities

Approximately 1,500 older people and people with physical disabilities receive a total of 19,600 hours of home support from externally commissioned providers a week. 53% of the people, making up 44% of the hours, are supported through the Locality Contracts.

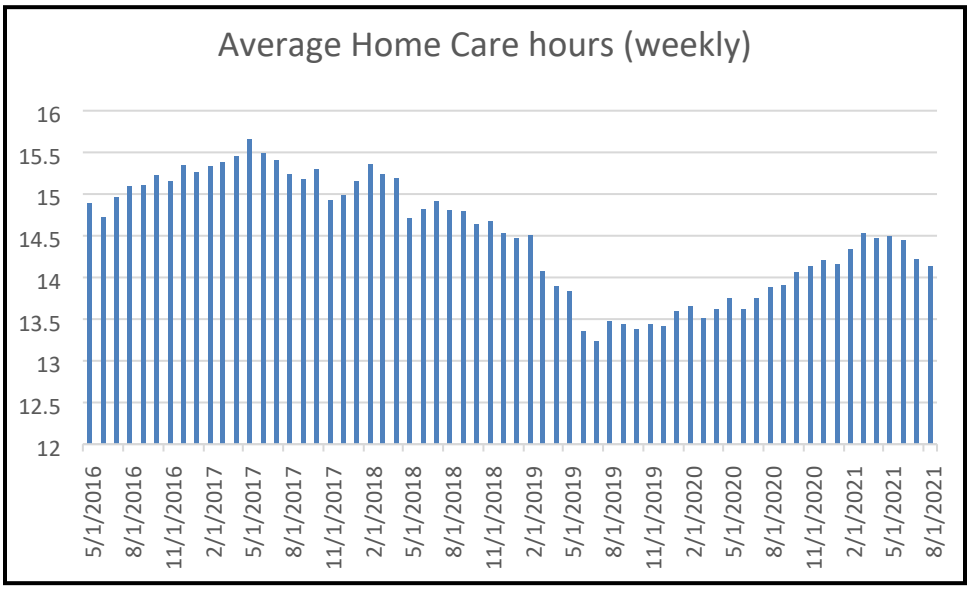
The number of requests from people to choose a specific provider has increased, this is largely where people have been placed with a Short Term Enhanced Provision provider (or ‘SPOT’ provision) rather than move onto a Locality Provider for their area of residence.

There has been a year on year increase in the total number of home support hours commissioned. This is reflected in the weekly cost of home support to the Council



Approximately 44% of all home support provision requires 2 carers per visit (known as 'double handed' visits)

On average each person receives 14 hours of support per week. The average size of packages has been increasing since the start on 2020, but are still below 2018 levels.



Wider Landscape

There have been significant changes to the wider landscape in the District since the contracts were tendered which have all had an impact on service delivery.

Re-ablement

The Locality contracts were put in place to pick up the long-term home support needs of people, including those being discharged from hospital. It was anticipated that the majority of these would have received some degree of re-ablement support from the in-house team BEST; however, since the Locality contracts started there has been a large rise in demand for home support re-ablement above the capacity levels that the service can meet.

A second service was therefore tendered. Known as STEP these services are designed to supplement BEST and have worked well to pick up the additional need in the district. However, they are not commissioned to work to the same standards as BEST, nor do they have access to the same level of resources. STEP services are currently being maximised to their capacity but due to the fluctuating levels of referrals and demand, Providers struggle further to recruit to the role. When they are also not able to meet demand, this is advertised to the wider external home support providers. This includes the Locality Contract providers but also the previous IPSAC Framework, and Spot contract providers. The Commissioning Team work with each STEP Provider to understand their individual challenges and put in place a recovery plan as need to minimise this as much as possible

The introduction of the STEP services has also impacted on the longer-term Locality contracts by reducing the number of packages that come through to them; often service users who have been through the STEP services but still need longer-term support often prefer to stay with the now-familiar STEP provider. The department is able to facilitate this choice (often through an ISF- see below) however this is a reduction in business for the Locality providers.

ISFs

ISFs have been a useful tool to facilitate service user choice where they wish to remain with their previous IPSAC provider. However, these are being maximised beyond the departments' initial intentions to use as a tool during locality contract implementation, and instead continue to be offered due to increasing pressures within re-ablement.

Discharge to Assess

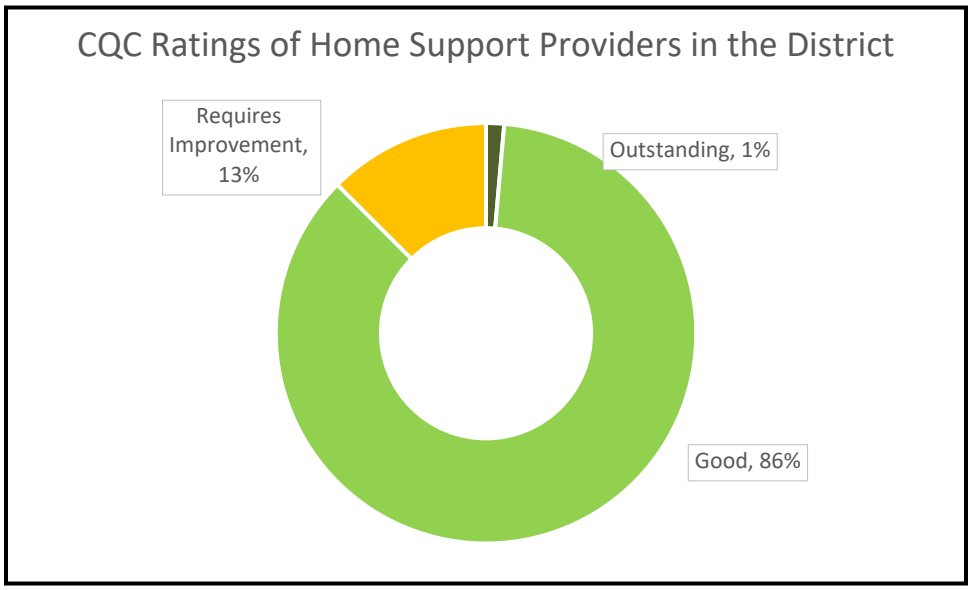
Earlier waves during the pandemic saw a decrease in the number of packages for Home Support, but with an increase in the complexity of the packages. We are seeing earlier discharges from hospital under DTA national guidance, with the result that those being discharged from hospital likely to have higher needs, resulting in an increase in package size and often double-ups. DTA processes have put significant pressure on Providers due to issues around the quality of discharge, ability to access service such as Occupational Therapy and larger of packages of support decreasing in size suddenly after DTA funding is ended. These issues act as disincentives for Provider to respond to DTA packages.

Sitting Service

During Covid-19 Timeout has only been able to offer a limited service. In most cases this has meant that people who have a current home support service have not been receiving their usual Timeout service (priority has been given to people who are receiving no other home support services) or new services have not been offered if home support is in place. BEST colleagues have identified that this has led to an increased demand for home support providers to deliver 'sitting services' to support carer breaks.

Quality

The majority of Home Support Providers (87%) working in the District are rated as Good or Outstanding by the CQC. There are no inadequate home support providers in the District. Inspections have been limited during the pandemic however activity has now restarted, with a number of providers expecting inspections imminently. This will help give an indication of the impact of COVID-19 on the quality of service provision.



Workforce recruitment and retention

Recruitment and retention has become increasingly challenging than before the pandemic[1]. Locally home care providers are reporting more competition with other sectors, with recruitment/retention generally against supermarkets, health/beauty, and the hospitality sectors.

Having staff who can drive is often essential to delivering services and maintaining capacity within provision. Due to the pandemic there is increase demand driving tests meaning availability is limited with dates being offered three to six months from booking.

Initiatives to support recruitment and retention are being planned ahead of autumn and winter when service pressures are expected to increase.

Home Support nationally

It is recognised nationally that Home Support it is critical to the longstanding strategic intention to enable people to 'age in place' and to deliver care as close as possible to people's homes, however for many years the home support market across England has been fragile with both large national providers and smaller local providers struggling to maintain business. The 'churn' seen in the Bradford market is reflected with nationally, with pre-pandemic 39% of local authorities having had experience of home support providers ceasing to trade.

[1] Home care worker recruitment and retention 'harder than ever before', UKHCA finds (homecareinsight.co.uk)

Key issues seen nationally are[2]:

- Difficulties recruiting and retaining staff
- Difficulties delivering in rural, diverse or deprived areas
- Insufficient funding
- Extensive growth in the need for home support (the DHSC have predicted a 57% increase in people needing support between 2018 and 2038)
- The lack of a long-term vision for social care

Next Steps
A full system-wide review of Home Support is being undertaken with a view to developing creative solutions to delivering good quality, effective and affordable home support with the District.

The review will take into consideration the full range of home support currently available in the District, and will co-produced with partners, providers, people who use services, their families and carers.

While this review will take place over the longer-term, with a target completion date of Summer 2022, it is recognised that in the short-medium term solutions must be found to address the immediate lack of capacity particularly in relation to re-ablement support. The intention is to develop trial approaches to address immediate need which can then feed learning into the review.

4. FINANCIAL & RESOURCE APPRAISAL

The Council has seen a recent significant increase in spend in home support provision linked to increased demand as described above.

The review will consider the necessary finance and resource needs in detail and make recommendations for future provision.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The sustainability of the home support market is a concern at both a local and national level. There is a big focus on supporting the market to be able to meet the support needs of people in the district in the work of the Commissioning & Integration section in the Department of Health & Wellbeing.

A review is needed which account the whole system around home support including Locality, ISF, DTA and reablement pathways.

[2] https://www.kingsfund.org.uk/sites/default/files/2018-12/Home-care-in-England-report.pdf; https://www.homecare.co.uk/news/article.cfm/id/1653300/More-home-care-staff-quitting; https://www.homecare.co.uk/advice/home-care-facts-and-stats-number-of-providers-service-users-workforce

6. LEGAL APPRAISAL

The procurement and implementation of Home Support services is to ensure the Council is meeting its statutory duties under the Care Act 2014, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Mental Capacity Act 2005, and to cater for future demand.

The Local Authority must also have regard to its public sector equality duties under section 149 of the Equality Act 2010 when exercising its functions and making any decisions.

7.1 EQUALITY & DIVERSITY

The Department undertook an Equality Impact Assessment as part of the re-commission of Home Support where requirements necessitate and was incorporated into the specific work/procurement plan. All work undertaken addresses issues of equality and diversity as they apply to protected characteristics groups.

7.2 SUSTAINABILITY IMPLICATIONS

The re-commissioning of home support services in contributing to sustainability strategies was considered as part of the tender process to ensure that the Departments functions and services maintain their capability and quality through the transition process and beyond.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

The proposal to create specific small geographical localities is proving successful in enabling provider staff visiting people to reduce the organisations carbon footprint and emissions from a reduction in the use of vehicles. Staff are now able and encouraged to walk between visits.

7.4 COMMUNITY SAFETY IMPLICATIONS

There are no community safety implications arising from this report.

7.5 HUMAN RIGHTS ACT

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

7.6 TRADE UNION

Officers have liaised with the Trade Union (Unison) in respect of the implementation of Unison Ethical Care Charter which forms part of the new contract arrangements.

7.7 WARD IMPLICATIONS

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

7.8 IMPLICATIONS FOR CORPORATE PARENTING

There are no Corporate Parenting issues arising from the implementation of the Home Support Locality Contracts.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

Specific areas of GDPR and information security formed part of the tender and evaluation process. It is recognised that the transfer of personal data is significant.

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

This report provides an update for members in respect of the implementation and delivery of the Home Support Locality Contracts, the wider landscape and the current challenges. It does not incorporate any options that necessitate any decision.

10. RECOMMENDATIONS

There are no decisions required in respect of this progress report.

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

Documents specific to the Home Support Locality Contract were provided as part of the full report to the Health and Social Care Overview and Scrutiny committee on Thursday 12 July 2018.

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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Director of Public Health to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 23rd September 2021

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Subject:

£2m Contract Report: Sexual Health Services Review

Summary statement:

Local authorities are responsible for providing comprehensive, open access sexual health services. While they are able to make decisions about provision based on local need, there are also specific legal requirements ensuring the provision of certain services which are set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

The open access Integrated Sexual and Reproductive Health Service (ISRHS) commissioned by Bradford Council will need to be retendered for commencement in July 2022. In addition, a smaller contract for Community Based Sexual Health Outreach, Prevention and Support Services will also end and an option to retender will need to be considered.

This report provides members with an update on the timeline for procurement of services and key steps in preparation for any tender; this also supports compliance with Contract Standing Orders (CSOs) pre-procurement requirements to report to Overview and Scrutiny Committee Contracts valued at £2m or above.

Sarah Muckle
Director of Public Health

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E-mail: Jorge.Zepeda@bradford.gov.uk

Portfolio:

Healthy People and Places

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

1.1 The open access Integrated Sexual and Reproductive Health Service (ISRHS) commissioned by Bradford Council will need to be retendered for commencement in July 2022. In addition, a smaller contract for Community Based Sexual Health Outreach, Prevention and Support Services will also end and an option to retender will need to be considered.

1.2 This report provides members with an update on the timeline for procurement of services and key steps in preparation for any tender; this also supports compliance with Contract Standing Orders (CSOs) pre-procurement requirements to report to Overview and Scrutiny Committee Contracts valued at £2m or above.

2 BACKGROUND

2.1 Local Authorities are responsible for providing comprehensive, open access sexual health services. While they are able to make decisions about provision based on local need, there are also specific legal requirements ensuring the provision of certain services which are set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

2.2 This report is concerned with services in scope for commissioning and procurement by Bradford Council under the 2012 Health and Social Care Act 2012 whereby Local Authorities became responsible commissioner of the following open access mandated sexual health services:

- Sexually transmitted infection (STI) testing and treatment, chlamydia screening as part of the National Chlamydia Screening Programme and HIV testing;
- contraception, including implants and intra-uterine contraception and all prescribing costs, but excluding contraception provided as an additional service under the NHS GP contract;
- sexual health aspects of psychosexual counselling; and;
- any sexual health specialist services, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion, services in schools, colleges and pharmacies.

This means that services commissioned by the NHS are out of scope which includes:

- Most abortion services
- Sterilisation and Vasectomy
- Non-sexual health elements of psychosexual health services
- Gynaecology, including any use of contraception for non-contraception purposes
- Contraception provided as an additional service under the GP contract
- HIV treatment and care (including drug costs for post-exposure prophylaxis after sexual exposure)
- Promotion of opportunistic testing and treatment for STSs, and patient-requested testing by GPs

- Sexual health elements of prison health services
- Sexual Assault Referral Centres
- Cervical Screening
- Specialist foetal medicine services

The 2012 legislation also set out the responsibilities of what were then NHS clinical commissioning groups and also NHS England related to provision of GP and pharmacy services, the provision of abortion services and HIV treatment and care. These arrangements are undergoing changes that will be incorporated into the 2021 Health and Care Bill proceeding through parliament.

2.2 Open access services meeting this mandatory responsibility are provided currently by Locala Community Partnerships Community Interest Company. This main contract for Bradford Council ISRHS was tendered in 2014 with a five-year contract awarded with an option of extension for a further 2 years, which has been fully utilised; this means that current services need to be tendered and a contract awarded by July 2022 to ensure service continuity of mandatory services.

During the course of the Contract, additional services were added:

- Provision of pre-exposure prophylaxis (PrEP) which is medicine that people at risk for HIV take to prevent getting HIV from sex or injecting drug use;
- additional emergency hormonal contraceptive services (EHC) and;
- Development of a sub dermal implant removal service, removal of contraceptive devices located in the skin.

2.3 The current contract value for the Public Health sexual and reproductive health service for 2021-22 is £4,037,780 per annum.

2.4 Community Based Sexual Health Outreach, Prevention and Support Services are provided through a contract tendered in 2017 with the contract being awarded to MESMAC. This is a service for those who are at high risk of STIs and those living with HIV, with the provision of point of care testing for HIV and counselling and peer support groups for those living with HIV.

2.5 The value of this contract in 2021-22 is £219,996.

2.6 The combined current value of directly commissioned sexual health services, mandated and non-mandated, from the Public Health Ring-Fenced Grant in 2021/22 is £4,257,776.

3 REPORT ISSUES

3.1 Additional detail on current services and an update on progress against key sexual health measures that indicate sexual health and wellbeing for Bradford council is detailed in a separate report for overview and scrutiny members but key points from

that report include:

- The Covid pandemic has accelerated the implementation of online services that provide for postal testing of sexually transmitted infections, the provision of emergency hormonal contraception and the increased use of electronic means of communication for remote sexual health consultations;
- rates of testing for sexually transmitted infections (STI's) has increased as have diagnostic rates for STI's which indicates that there is an increasing prevalence of disease in the population with implications for future service capacity and focus;
- key indicators related to abortions and provision of long acting reversible contraceptives (LARC) indicate that a system focus across local authority commissioned and health commissioned services will be required to improve performance;
- There are national policy changes that impact on any procurement and the associated resource allocation to sexual health services commissioned by the council which includes:
    - Changes to the National Chlamydia Screening programme focus and priorities;
    - PHE Women's reproductive health programme which will change some of the national measures that provide local indicators on Bradford's sexual health and sets revised ambitions for securing good reproductive health;
    - HIV in the UK: towards zero HIV transmissions by 2030 which sets the direction for reducing inequalities between groups who have benefitted from progress in reducing transmission of HIV;
    - E-sexual and reproductive healthcare telemedicine which anticipates the consolidation of changes in modes of accessing sexual health services.

3.2 The national policy framework will need to be considered alongside key local policy matters and the financial circumstances of the Council.

- Bradford's Health and well-being strategy: Connecting people and place for better health and wellbeing 2018-2023

  This strategy sets out four main outcomes and sexual health and well-being makes a contribution to two of these; children have a great start in life and people in all parts of the District living well and ageing well.

- Interim Children and Young People's Plan 2021-2022

  This interim plan has key themes that sexual health services impact on which includes ensuring young people have better health and better lives by providing key services as young people become young adults. Furthermore, SHS have a role in ensuring young people are safeguarded and in particular being alert to sexual exploitation.

- West Yorkshire and Harrogate Health and Care Partnership: Better health and wellbeing for everyone

- Improving population health
- Reduce maternity morbidity
- Maximising self-care and digital
- Partnership commissioning.

3.3 The forecast timeline for procurement is phased into pre- procurement activity and the procurement phase including contract award and mobilisation is summarised in table 1.

3.4 The pre-procurement phase includes work currently being undertaken to review sexual health services and to assess data based on Bradford's key sexual health performance indicator measures (KPI's) and trends over time, to provide insight into current and future sexual health needs and service demands. The service review will also reconcile changes in national sexual health service policy priorities and assess service delivery that has been impacted by COVID to provide the basis for recommendations on future model of sexual health service provision.

3.5 A survey of Bradford residents has commenced which will provide insight into resident's views on services received and services required. Additional engagement is planned with key target populations through focus groups and with organisations who are concerned with sexual health services through a virtual stakeholder event which will provide more detailed insights into the operation of the current service model and inform any revisions to the service model going forward to tender. In addition, there will be some mystery shopping activity to provide insights into the experience of online access to sexual health advice, information and services.

Table 1 Recommissioning of Sexual Health Services timeline.

Pre Procurement Phase	
Service Review	20/09/2021
Sexual Health Needs Assessment	20/09/2021
Bradford residents engagement survey	23/8/21 - 17/9/21
Mystery shopper exercise	01/09/2021
Focused engagement with key populations (such as one to one interviews and small groups)	20/09/21 - 01/10/21
Engagement with stakeholders (virtual event) Follow up survey	14/09/2021 20/09/21-26/09/21
OSC report and presentation	23/09/2021
Health Protection Committee	27/09/2021
Business case	03/11/2021
Consultation with strategic boards and stakeholders	17/11/2021
Service Specification Development and consultation with stakeholders	15/12/2021
Service Specification sign off	21/01/2022
Procurement Phase	
Preparation of ITT documents	28/01/2022
Issue of ITT to Bidders	02/02/2022
Deadline for ITT clarification questions	10/03/2022

Return of submissions	14/03/2022
Evaluation of submissions.	16/03 to 13/04/2022
Standstill	18-28/04/2022
Contract Award	02/05/2022
Contract commences	31/07/2022

3.6 The data on sexual health and wellbeing addressed in the accompanying report and the policy and resource choices that need to be considered as a result of this alongside the options represented by new national policy, the imperatives of local policy and step changes in how services are accessed and delivered through digital services leads to some clear and challenging tasks in building a revised future operating model for sexual health services. This will need to be based on Council determinations to achieve changes in key population sexual health measures.

3.7 Procuring the future operating model will require a revised services specification and associated contract issues of service activity, quality, performance management and financial remuneration framework for tender and procurement.

3.8 Key tasks in developing this procurement strategy will include assessment of costs of delivery methods including the cost benefits of increasing digital access and the impact this has on current service configuration including; staffing in core services and the needs for both a central clinical setting and additional delivery settings. Furthermore, the procurement route for current sub contracted services including digital accessed STI testing and EHC and contraceptive activity currently undertaken in primary care will also need to be assessed.

4 FINANCIAL & RESOURCE APPRAISAL

4.1 There are no current plans to alter the total Public Health financial envelope for sexual health services in Bradford. Any planned procurement must therefore operate within this value which will be fully funded by the Public Health Ring-Fenced Grant.

4.2 Full assessment of cost will be part of business case development and will include consideration of priority status/need, required improvements and delivery model changes.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

A Sexual Health Review - Commissioning Oversight Group including partners from across the Authority and Clinical Commissioning Group (CCG) is in place to oversee the service review and development of service specifications with a view to having the new service in place by August 2022.

A risk log has been developed and actioned as part of the procurement process. This will be monitored and reviewed. All procurement activity will be undertaken in accordance with the Council's Constitution and all relevant legislation.

The necessary governance procedures will be followed in procuring the services and managing timescales, with progress reported to the Oversight Group.

6. LEGAL APPRAISAL

The Council's Contracts Standing Orders provide that details of contracts with an estimated value in excess of £2m are to be reported to the relevant Overview and Scrutiny Committee. The commissioning of Sexual and Reproductive Health Services as described in this report will be conducted in accordance with the Council's Contract Standing Orders, and all applicable procurement legislation. Public Health is working with the Council's Procurement Team to agree an appropriate sourcing option and to put in place the relevant project governance.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

The Local Authority must not discriminate directly or indirectly against any group or individual and is required to foster good relations.

An Equality impact assessment will be completed on the new service specification for sexual and reproductive health services.

7.2 SUSTAINABILITY IMPLICATIONS

There are no direct sustainability implications arising from this report at present

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

The proposal will not impact on gas emissions.

7.4 COMMUNITY SAFETY IMPLICATIONS

There are no direct community safety implications arising from this report at present

7.5 HUMAN RIGHTS ACT

There are no direct Human Rights implications arising from this report at present.

7.6 TRADE UNION

There are no direct Trade Union implications arising from this report at present

7.7 WARD IMPLICATIONS

The provision will be accessible across the district

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

Not applicable for this report

7.9 IMPLICATIONS FOR CORPORATE PARENTING

Sexual Health Services have a role in ensuring young people are safeguarded and in particular being alert to sexual exploitation.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

Not applicable for this report.

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

None applicable

10. RECOMMENDATIONS

Health and Social Care Overview and Scrutiny Committee is asked to consider detail presented and raise any queries or provide feedback regarding the work outlined.

11. APPENDICES

N/A

12. BACKGROUND DOCUMENTS

N/A

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Director of Public Health to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 23rd September 2021

F

Subject:

Sexual Health Services

Summary statement:

Local authorities are responsible for providing comprehensive, open access sexual health services, alongside services provided by the NHS. While they are able to make decisions about provision based on local need, there are also specific legal requirements ensuring the provision of certain services which are set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

This report provides recent data on the sexual and reproductive health of Bradford residents including the impact of COVID on sexual health service provision, outlines new developments on national sexual health policy and summarises key implications for local commissioning of sexual health services.

Sarah Muckle

Director of Public Health
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Portfolio:
Healthy People and Places

Overview & Scrutiny Area:
Health and Social Care

1. SUMMARY

1.1 Bradford Council has responsibility for commissioning services that impact on residents sexual and reproductive health through the provision of open access sexual health services, in addition the NHS through NHS England and local Integrated Care Systems also have responsibilities that impact on local sexual and reproductive health which are set out in the Health and Social Care Act 2012.

1.2 Overview and Scrutiny Members were updated on sexual health 13th February 2020 and this report provides information on the most recent data reported and measured by Public Health England (PHE), the key public health implications of those measures and the contribution that the services commissioned by Bradford Council have on those measures. In addition, members will be informed of the impact of COVID on sexual health service provision and key national sexual health policy developments which will influence the re-procurement of sexual health services during 2022.

2. BACKGROUND

2.1 This report provides an overview of the sexual health and wellbeing of the population as measured through PHE Local Authority Sexual and Reproductive Health Profiles. The data reports key measures for Bradford District, based on the indicators and sub indicators compared against the England average and the associated trends in that data over time.

2.2 There are fifty-nine sexual health measures in total of which fifteen are considered key performance indicators (KPI's) and three appear in the Public Health Outcomes Framework (PHOF). A summary report is produced annually by PHE, the most recent being January 2021, the report provides data over time up to the end of the 2019 calendar year. it provides the most reliable snapshot and historical record of key data sets to inform understanding of need. This data provides a substantive basis for drawing inferences and making recommendations, it also is representative of data over time not impacted by Covid-19.

2.3 The sexual health measures that are reported are indicative of sexual health and wellbeing many of which directly relate to sexual health services commissioned by Bradford council. However, some indicators are concerned with services commissioned through the NHS and impacted by wider national and local policy and service provision.

2.4 Under the 2012 Health and Social Care Act 2012 Local Authorities became responsible commissioning of the following open access mandated sexual health services**:**

- Sexually transmitted infection (STI) testing and treatment, including chlamydia screening as part of the National Chlamydia Screening Programme and HIV testing;
- contraception, including implants and intra-uterine contraception and all prescribing costs, but excluding contraception provided as an additional service under the NHS GP contract;
- sexual health aspects of psychosexual counselling, and;

- any sexual health specialist services, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion, services in schools, colleges and pharmacies.

The legislation also set out the responsibilities of what were then NHS clinical commissioning groups and also NHS England related to provision of GP and pharmacy services, the provision of abortion services and HIV treatment and care. These arrangements will be incorporated into the 2021 Health and Care Bill proceeding through parliament.

3. REPORT ISSUES

3.1 A full list of all indicators and sub indicators along with their current figures are available in **Appendix A**. This shows current values, provides an indication of recent or previous years' trends where available and benchmarks our performance against the England and Yorkshire and Humber average. These indicators are up to date reports based on the most recent released data and show trends over time that exclude the period of the Covid pandemic.

3.2 The Key Sexual Health indicators for Bradford are shown in figure 1. This chart shows the fifteen key sexual and reproductive health indicators in Bradford compared to the rest of England; the local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average, the diamond shows the average for the Yorkshire and the Humber region.

Figure 1 Sexual and reproductive health key performance indicators for Bradford at glance

Indicator names	Period	LA count	LA value	England value	England lowest/worst	England highest/best
New STI diagnoses (exc chlamydia aged <25) / 100,000	2019	1,952	576.9	900.3	4,417.6	383.3
Syphilis diagnostic rate / 100,000	2019	35	6.5	13.8	168.4	1.8
Gonorrhoea diagnostic rate / 100,000	2019	428	79.3	123.5	1,112.2	19.8
Chlamydia detection rate / 100,000 aged 15 to 24	2019	853	1,252.4	2,043.4	1,135.8	5,582.9
Chlamydia proportion aged 15 to 24 screened	2019	8,309	12.2	20.4	8.6	50.4
STI testing rate (exc chlamydia aged <25) / 100,000	2019	46,349	13,698.4	19,654.1	7,713.1	77,719.1
New HIV diagnosis rate / 100,000 aged 15+	2019	14	3.3	8.1	47.4	0.0
HIV late diagnosis (%)	2017 - 19	25	46.3	43.1	76.2	20.0
HIV diagnosed prevalence rate / 1,000 aged 15-59	2019	459	1.5	2.4	13.7	0.6
HIV testing coverage, total (%)	2019	5,614	64.3	64.8	27.0	85.0
Total abortion rate / 1,000	2019	2,018	19.4	18.7	30.8	11.0
Abortions under 10 weeks (%)	2019	1,683	83.8	82.5	68.7	88.0
Under 18s conception rate / 1,000	2018	197	18.4	16.7	39.4	3.6
Total prescribed LARC excluding injections rate / 1,000	2019	5,040	48.4	50.8	7.8	85.4
Violent crime - sexual offences per 1,000 population	2019/20	2,092	3.9	2.5	1.1	5.1

Tables 1 and 2 show a simple summary of the fifteen KPI's; five indicators are better than the England average and three worse with two indicators where the gap is narrowing and six where the gap is widening or getting worse.

Table 1 Bradford Sexual and Reproductive Health Key Performance Indicators compared to England

Bradford Sexual and Reproductive Health Key Performance Indicators compared to England					
Sexual Health KPI's	Number of indicators	Significantly worse	Not significantly different	Significantly better	Different from England
STI	6	3		3	
HIV	4		2	2	
Reproductive Health	3		2		1 Lower
Teenage Pregnancy	1		1		
Wider determinants	1				1 Higher

Table 2 Trends for Bradford Sexual and Reproductive Health Key Performance Indicators

Trends for Bradford Sexual and Reproductive Health Key Performance Indicators					
	Number of indicators	Getting worse / gap is widening	No significant change	Getting Better / gap is narrowing	No trend data available
STI	6	4	1	1	
HIV	4		3	1	
Reproductive Health	3	1	2		
Teenage Pregnancy	1			1	
Wider determinants	1	1			

3.3 Key Performance Indicators

It is not possible in this report to present further comment and analysis on all fifty-nine sexual health indicators; therefore, this report focuses on the fifteen KPI's and references where other specific indicators support that comment. Appendix A provides the detailed tables published by PHE for these KPI's.

3.3.1 New STI diagnoses (excluding chlamydia aged <25 yrs.) / 100,000

Significantly better, getting worse

In Bradford 2019 a total 1,952 of new diagnosed STI's was recorded in people under 25 years of age (this number excludes Chlamydia, the most common STI) representing 69% of all newly diagnosed STI's in the overall population.

The diagnostic rate has risen from 474/100k in 2012 to 577/100k in 2019 (a 21.2% increase) and indicates that the testing gap, that needed to be closed, has resulted in the detection and treatment of more disease, however as the diagnostic rate is increasing this may indicate that more testing is required or that testing needs to be focussed on more high-risk populations. The 2019 rate compares to England 900/100k Yorkshire and Humber region 644/100k.

3.3.2 Syphilis diagnostic rate / 100,000

Significantly better, no significant change

There were thirty-five cases of Syphilis cases diagnosed in 20019 and the arte for Bradford at 6.3 per 100k compares to 13.8/100k in England and 6.3/100k in Yorkshire and Humber.

3.3.3 Gonorrhoea diagnostic rate / 100,000

Significantly better, getting worse

In Bradford 2019 the total number of new diagnosed Gonorrhoea cases) all

ages, was 428, resulting in a rate of 79/100k which compares to 123/100k England and 81/100k Yorkshire and Humber region. In 2012 the rate in Bradford was 30/100k. An increasing gonorrhoea rate is considered a key a measure for indicating increased prevalence of sexually transmitted infections in a population measuring. This data there has been a 163% increase in the Bradford population rate since 2012 and this increase will require further analysis within the district to identify tends in population risk factors associated with age, sex, ethnicity or risk-taking behaviour. It should be noted alongside the increased STI testing and diagnostic rates as representing overall increased prevalence of STI's in the population.

3.3.4 **Chlamydia detection rate / 100,000 aged 15 to 24 yrs. (PHOF indicator)**
Significantly worse, getting worse

Bradford has underperformed against this measure since 2012 with a detection rate of 1,252 per 100,000 in 2019 set against the target ambition in the national Chlamydia Screening Programme of detecting more than 2300/100,000. Screening and detection rates are significantly below England and Y&H rates and the lowest of all CIPFA neighbours. Increased diagnostic rates among over 25 years of age may reflect this low detection rate in younger people.

Of concern is the reducing rate of detection in women in this age range with a rate of detection in 2019 of 1,624/100k in Bradford compared to 2,715/100k in England and 2,983 in Yorkshire and Humber.

Undetected (diagnosed) of chlamydia and other STI's is considered to be a risk factor for pelvic inflammatory (PID) and it is noted that admissions for PID in Bradford are above national and regional averages.

3.3.5 **Chlamydia proportion aged 15 to 24 yrs. screened**
Significantly worse, getting worse

In 2019 the proportion of Young People fifteen to twenty-four year screened was 22% compared to 20.4 for England and 20.6% in Yorkshire and Humber. The screening arte has reduced each year since 2012. Local data will need to be further analysed to understand patterns of screening by age, sex, ethnicity and other demographics to provide insight into how to ensure targeted screening takes place, in particular when the revised chlamydia screening policy is implemented in 2022.

3.3.6 **STI testing rate (excluding chlamydia aged <25 yrs.) / 100,000**
Significantly worse, getting better

The STI testing rate is still significantly below the rate for England but has improved and the gap has closed to be more consistent with the average for Yorkshire and Humber rate. This has coincided with and improved STI diagnostic rate.

3.3.7 **New HIV diagnosis rate / 100,000 aged 15+ yrs.**
Significantly better, no significant change

The number of diagnoses fell considerably in 2019 compared to 2018 but it is not yet indicative of a trend so there is no significant change noted in the trend of new diagnosis yet.

Measures to achieve the national policy ambition of no new infections by 2030 include:

3.3.8 **HIV late diagnosis (%) (PHOF indicator)**
Not significantly different, no significant change

People presenting with HIV at a late stage of infection are considered to be late diagnosis and Bradford achieved a rate of 44.6% in 2019 of HIV diagnosis being made which is consistent with national averages and has maintained this consistency in recent years.

3.3.9 **HIV diagnosed prevalence rate / 1,000 aged 15-59 yrs.**
Significantly better, no significant change

The HIV diagnosed prevalence rate at 1.48 per 1,000 compares to 2.39/1,000 for England and 1.52/1,000 with the trend being of no significant change.

3.3.10 **HIV testing coverage, total (%)**
Not significantly different, getting better

HIV testing coverage of individuals eligible for a test at 64.35 in 2019 in Bradford compares to 64.1% in England as a whole and 62.6 in Yorkshire and Humber and has been consistent over a substantial period.

3.3.11 **Total abortion rate / 1,000**
Not significantly different, getting worse

The total abortion arte of 19.4 per 1,000 in Bradford is higher than for England at 18.7/100k but not a significant difference and is higher again than Yorkshire and Humber at 17.4/100k. The trend over time is increasing a 17.6% increase in the rate since 2012. This statistic is considered to serve as mark of a failure to access or an indicator of lack of access to good quality contraception services and advice, as well as problems with individual use of contraceptive methods.

An additional measure in the profile is the proportion of women under 25 years who have an abortion after a birth. This indicator provides intelligence on the contraception needs after a birth event as it shows the percentage of women aged under 25 years having an abortion who have previously had a birth. The rate in Bradford in 2019 was 36.4% compared to England (25.3%) and 30.4% in Yorkshire and Humber region This is a measure that impacts across the commissioning system, in particular access to contraception after a maternity event.

3.3.12 **Abortions under 10 weeks (%)**

Not significantly different, no significant change

Bradford rate of abortions undertaken before 10 weeks of gestation was 83% in 2019 improving year on year from the rate of 77% in 2012. This is consistent with both national and regional rates and improving trend. The earlier abortions are performed the lower the risk of complications.

3.3.13 **Total prescribed LARC excluding injections rate / 1,000**

Lower, no significant change

This statistic is presented by PHE as either higher, similar or lower as contraceptive choices need to suit individuals. The choice of contraceptive method is highly personal and sexual health services and primary care doctors will establish and respect that individual choice whilst also making sure that advice on effective methods is provided.

PHE advises that Long-Acting Reversible Contraceptives (LARC) methods, such as contraceptive injections, implants, the intra-uterine system (IUS) or the intrauterine device (IUD), are highly effective as they do not rely on daily compliance and are more cost effective than condoms and the pill. Implants, IUS and IUD can remain in place for up to 3, 5 or 10 years depending on the type of product and are considered the most effective of all.

An increase in the provision of LARC is a proxy measure for wider access to the range of possible contraceptive methods and should also lead to a reduction in rates of unintended pregnancy.

New national guidance sets out the case for increasing LARC provision in Primary care (fitting by GP's).

Table 3 shows statistics based on fitting of LARCS by sexual health services and also by GPs in primary care. Since 2014 the total number fitted has reduced leading to with an increasing proportion of fitting being undertaken by SHS from 2015.

Table 3 LARC fitting by SHS and GPs in Bradford 2014-2019

Year	SHS	GP	Total	Annual % change	% SHS fitted	% GP fitted
2014	1,578	4,146	5,724		28%	72%
2015	1,636	3,655	5,291	-8%	31%	69%
2016	1,750	3,134	4,884	-8%	36%	64%
2017	2,140	3,350	5,490	12%	39%	61%
2018	2,223	2,864	5,087	-7%	44%	56%
2019	2,040	2,999	5,039	-1%	40%	60%

3.3.14 **Under 18s conception rate / 1,000 (PHOF indicator)**
Not significantly different, getting better

Bradford has a delivered a continuous decrease in teenage conceptions over time rate with the rate in 2018 being 18.4 per 1,000 consistent with the national rate.

3.3.15 **Violent crime - sexual offences per 1,000 population**
Higher, no significant change

The rate of sexual offence per 1,000 is expressed without reference to better or worse than England averages. The rate in Bradford is 3.9 per 1,000 compared to 2.5/1,000 in England and 3.0/1,000 in Yorkshire and Humber.

Whether a sexual offence is declared at a sexual health service on presentation is not routinely captured in data for reporting purposes. However, sexual offences are likely to result in presentations at sexual health services a s result of the need for STI testing and assistance with contraception.

3.4 National Sexual Health Policy

3.4.1 **HIV in the UK: towards zero HIV transmissions by 2030.**
In January 2020 the UK government published this report which sets out the progress that has been made in identifying and treating HIV and the steps that will be taken to achieve zero transmissions by 2030. It notes the substantial reduction in new HIV diagnoses in the United Kingdom since a peak in 2014, with the decline particularly marked among gay and bisexual men (GBM) in whom diagnoses fell by 35% in 2018. However, more progress is needed to address undiagnosed and late diagnosis of HIV. This national challenge will need to be continued to be addressed locally in Bradford by services in targeting local populations and promotion of HIV testing through key local services including primary care.

3.4.2 **The National Chlamydia Screening Programme (NCSP)**

The NCSP which has been in operation since 2008 has been reviewed leading to substantive changes from 2022. The new national policy refocuses the screening programme from a generic population screening approach to the reduction of the burden and severity of Chlamydia by focussing in particular on young women's health needs who bear the main burden of untreated chlamydia rather than aiming to reduce infection in the overall population. In practice, this will mean that chlamydia screening offered in community settings, such as GPs and community pharmacies, will target young women only, for example through offering screening at contraceptive appointments. Services available at specialist sexual health services are to remain unchanged. Everyone can still get tested as needed, but men will not be proactively offered a test unless an indication has been identified, such as being a partner of someone with chlamydia or having symptoms.

3.4.3 **PHE Women's reproductive health programme**

This programme has now been published and sets out the following ambitions for women's reproductive health care:

- improve reproductive health-related quality of life,
- fulfilment of reproductive choice, and
- early identification of reproductive morbidity

The measures to be monitored will assess:

- psychosexual wellbeing;
- absence of violence;
- menstrual health;
- menopause health;
- contraception;
- unplanned pregnancy;
- abortion;
- pre conception care;
- infertility and fertility service, and;
- prevention of reproductive ill health.

Of particular emphasis is the focus on ensuring access to Long-Acting Reversible Contraceptives (LARC), especially in maternity and primary care settings, with a challenge to local systems not only local authority commissioners to increase this provision.

The creation of a new National Health Security Agency which will replace functions exercised by Public Health England in relation to health protection and communicable diseases including STI's is also expected to have some impact on the commissioning responsibilities of local authorities and the NHS in the long term, although there are no major changes expected in the short term.

3.4.4 **E-sexual and reproductive healthcare telemedicine**

A set of resources have been developed by PHE in conjunction with the British Association for Sexual Health and HIV (BASHH), the Faculty of Sexual and Reproductive Healthcare (FSRH) and Brook to support practitioners working in telemedicine during the pandemic. This builds upon national and local progress toward offering e-sexual health services online and through postal based provision. The range of options to support sexual and reproductive health is wider than local authority commissioned sexual health services and includes:

- online access to testing for sexually transmitted infections and the provision of postal testing
- access to general and emergency hormonal contraceptives
- provision of abortion at home products.

3.5 Covid-19 Impacts

Access to sexual health services have been impacted as a result of Covid and services have responded well and implemented innovative service adaptions to ensure access to key services.

The transition to online and postal sexual health services has accelerated as a result of Covid with an increasing range of services that can be offered through this service medium to improve sexual health. These innovations will have an impact on the type and range of service settings procured in the future including the composition of the sexual health workforce and service locations. Assessing the impact of these service changes on vulnerable, at risk or digitally excluded populations and modelling and costing these changes for future commissioning is a priority. STI testing is increasingly offered online and both emergency hormonal contraception and home-based abortions are facilitated by this service option.

The Community Based Sexual Health Outreach, Prevention and Support Service have also continued meeting service users need during COVID delivering services in new and flexible ways including a full range of support groups and access to safer sex products online. HIV and LBGT Training continued to be delivered to professionals via outline platforms and in person when practicable and safe. Face to face services have now recommenced in particular to those with a priority need.

3.6 Services Provided

The services currently commissioned by Bradford Council are summarised in **Appendix B.**

3.7 Relationship and Sex Education (RSE)

Provision of RSE by schools become mandatory in September 2020, Public Heath has commissioned two services within the district to deliver:

3.7.1 Relationships, Sex and Health Education (RSE) service in schools which

complements but does not duplicate or replace the PSHE provision and supports schools to sustain a good integral sexual health education programme in line with local and national best practice. This includes identifying RSE gaps and training need across the district, where required co- delivering with teaching staff using RSE modules which have been developed in years 7 to 10 and developing sustainable ways from within schools to delivery good quality RSE independently from September 2022.

3.7.2 Targeted RSE programme delivers the RSE curriculum to young people living in care and accessing specialist education provision, via a range of settings and tailored to the specific needs of the young people. This includes supporting and signposting young people into specialist services and schemes that are relevant to improving their relationships, sexual health, wellbeing and future aspirations. The service also delivers training in RSE to parents, foster carers, residential children's home staff and other key professionals in contact with young people in specialist provision, enabling these carers and professionals to feel more informed and better equipped to discuss RSE with children in care.

4. FINANCIAL & RESOURCE APPRAISAL

There are no financial and resource issues arising from this report.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

There are no risk management and governance issues arising from this report.

6. LEGAL APPRAISAL

There are no legal issues arising from this report.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

There are no equality and diversity implications arising from this report.

7.2 SUSTAINABILITY IMPLICATIONS

There are no direct sustainability implications arising from this report at present

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

There is no direct impact on gas emissions from this report at present.

7.4 COMMUNITY SAFETY IMPLICATIONS

There are no direct community safety implications arising from this report at present

7.5 HUMAN RIGHTS ACT

There are no direct Human Rights implications arising from this report at present.

7.6 TRADE UNION

There are no direct Trade Union implications arising from this report at present

7.7 WARD IMPLICATIONS

There are no direct ward implications arising from this report at present

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

Not applicable for this report

7.9 IMPLICATIONS FOR CORPORATE PARENTING

Not applicable for this report

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

Not applicable for this report if needed this will be undertaken in preparation for any tender and contract mobilisation.

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

Not applicable for this report

10. RECOMMENDATIONS

The committee is invited to note and comment on the report.

11. APPENDICES

Appendix A: Charts and tables of the sexual health KPI's referred to in paragraphs specific indicators. A selection of tables showing recent trends in the selected indicators mentioned in paragraphs 3.3.1 to 3.1.15

Appendix B: List of services commissioned by Bradford Council and provided by the Integrated Sexual Health Services provider (Locala). A small range of services are subcontracted by Locala and some outreach work is undertaken by MESMAC through a separate, small value contract.

12. BACKGROUND DOCUMENTS

- Local Authority Sexual and Reproductive Health Profiles: Public Health England https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/8000057/pat/6/ati/202/are/E08000032/iid/90742/age/1/sex/4/cid/4/tbm/1
- National Chlamydia Screening Programme (NCSP): Public Health England https://www.gov.uk/government/publications/changes-to-the-national-chlamydia-screening-programme-ncsp/changes-to-the-national-chlamydia-screening-programme-ncsp
- HIV in the UK: towards zero HIV transmissions by 2030; Public Health England https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/965765/HIV_in_the_UK_2019_towards_zero_HIV_transmissions_by_2030.pdf
- E-sexual and reproductive healthcare telemedicine https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940103/E-SRH_Framework_User_Guide_Issue2-October-2020.pdf
- PHE Women's reproductive health programme https://www.gov.uk/government/publications/phe-womens-reproductive-health-programme-2020-to-2021/womens-reproductive-health-programme-progress-products-and-next-steps

Sexually Transmitted Infections
New STI diagnoses (excl chlamydia aged <25) / 100,000

Recent trend: Increasing & getting worse

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2012		1,594	474	451	497	625	836
2013		1,504	448	426	471	673	852
2014		1,666	497	473	521	696	862
2015		1,471	438	416	461	623	841
2016		1,508	448	426	472	615	801
2017		1,621	482	459	506	611	798
2018		1,766	523	499	548	621	845
2019		1,952	577	552	603	644	900

Syphilis diagnostic rate / 100,000

Recent trend: No significant change

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2012		16	3.1	1.7	5.0	2.9	5.5
2013		17	3.2	1.9	5.2	3.7	6.0
2014		8	1.5	0.7	3.0	3.7	8.0
2015		20	3.8	2.3	5.8	3.7	9.4
2016		38	7.1	5.0	9.8	6.7	10.5
2017		37	6.9	4.9	9.5	7.4	12.2
2018		35	6.5	4.5	9.1	7.4	12.5
2019		35	6.5	4.5	9.0	6.3	13.8

Gonorrhoea diagnostic rate / 100,000

Recent trend: Increasing & getting worse

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2012		156	30	25	35	27	49
2013		167	32	27	37	38	56
2014		207	39	34	45	45	67
2015		200	38	33	43	45	73
2016		182	34	29	40	46	65
2017		225	42	37	48	53	78
2018		368	69	62	76	68	98
2019		428	79	72	87	81	123

Chlamydia detection rate / 100,000 aged 15 to 24

Recent trend: Decreasing & getting worse
Benchmarking against goal:
<1900 1900 to <2300 ≥2300

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2012		1,118	1,593	1,501	1,690	1,950	2,095
2013		1,076	1,545	1,454	1,640	2,178	2,088
2014		1,087	1,576	1,483	1,672	2,240	2,035
2015		960	1,393	1,307	1,484	2,047	1,914
2016		1,100	1,617	1,523	1,716	2,132	1,917
2017		1,023	1,514	1,422	1,609	2,261	1,929
2018		878	1,292	1,208	1,381	2,071	1,999
2019		853	1,252	1,170	1,339	2,200	2,043

Chlamydia proportion aged 15 to 24 screened

Recent trend: Decreasing & getting worse

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2012		13,545	19.3%	19.0%	19.6%	22.6%	26.9%
2013		12,298	17.7%	17.3%	18.0%	24.4%	25.5%
2014		12,972	18.8%	18.5%	19.1%	24.5%	24.5%
2015		10,865	15.8%	15.5%	16.1%	21.4%	22.7%
2016		10,025	14.7%	14.5%	15.0%	20.1%	21.0%
2017		9,415	13.9%	13.7%	14.2%	20.6%	19.8%
2018		8,746	12.9%	12.6%	13.1%	19.9%	19.9%
2019		8,309	12.2%	11.9%	12.5%	20.6%	20.4%

STI testing rate (excl chlamydia aged <25) / 100,000

Recent trend: Increasing & getting better

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2012		32,583	9,679	9,575	9,785	11,433	14,477
2013		32,762	9,757	9,652	9,863	12,685	15,432
2014		41,869	12,482	12,362	12,602	14,011	16,224
2015		37,067	11,034	10,922	11,147	12,748	16,457
2016		37,900	11,270	11,156	11,384	12,658	16,801
2017		39,040	11,602	11,487	11,717	13,209	16,779
2018		42,504	12,592	12,473	12,713	13,461	18,191
2019		46,349	13,698	13,574	13,824	14,031	19,654

HIV

New HIV diagnosis rate / 100,000 aged 15+

Recent trend: No significant change

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2011		36	8.8	6.2	12.2	8.4	12.8
2012		41	10.0	7.2	13.6	7.8	12.9

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2013		31	7.6	5.1	10.7	7.9	12.3
2014		32	7.8	5.3	11.0	8.1	12.9
2015		28	6.8	4.5	9.8	7.5	12.4
2016		21	5.1	3.1	7.8	6.1	10.5
2017		23	5.5	3.5	8.3	5.9	9.3
2018		37	8.9	6.2	12.2	6.4	9.0
2019		14	3.3	1.8	5.6	5.3	8.1

HIV late diagnosis (%)

Benchmarking against goal:
<25% 25% to 50% ≥50%

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2009 - 11		50	52.1%	41.6%	62.4%	53.0%	50.0%
2010 - 12		53	55.8%	45.2%	66.0%	52.6%	48.4%
2011 - 13		45	52.3%	41.3%	63.2%	50.5%	45.7%
2012 - 14		45	52.3%	41.3%	63.2%	48.7%	43.0%
2013 - 15		34	45.9%	34.3%	57.9%	46.8%	40.2%
2014 - 16		30	48.4%	35.5%	61.4%	45.6%	40.3%
2015 - 17		24	45.3%	31.6%	59.6%	48.5%	41.3%
2016 - 18		29	44.6%	32.3%	57.5%	49.7%	43.1%
2017 - 19		25	46.3%	32.6%	60.4%	51.3%	43.1%

HIV diagnosed prevalence rate / 1,000 aged 15-59

Recent trend: No significant change
Benchmarking against goal:
<2 2 to 5 ≥5

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2011		324	1.04	0.93	1.16	1.13	1.97
2012		349	1.12	1.01	1.25	1.19	2.06
2013		363	1.17	1.05	1.30	1.25	2.13
2014		375	1.21	1.09	1.34	1.28	2.21
2015		384	1.24	1.12	1.37	1.34	2.29
2016		399	1.29	1.16	1.42	1.40	2.33
2017		409	1.32	1.20	1.45	1.44	2.35
2018		438	1.41	1.28	1.55	1.47	2.35
2019		459	1.48	1.35	1.62	1.52	2.39

HIV testing coverage, total (%)

Recent trend: Increasing & getting better *artefact as a result of very high denominators

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2009		4,636	73.3%	72.1%	74.3%	69.3%	68.9%
2010		4,568	74.5%	73.4%	75.6%	69.3%	69.3%
2011		4,666	71.1%	69.9%	72.1%	71.9%	70.5%

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2012		4,741	73.1%	72.0%	74.2%	68.1%	70.3%
2013		4,511	71.0%	69.9%	72.1%	69.2%	69.6%
2014	*	6,469	41.7%	40.9%	42.5%	64.0%	68.3%
2015	*	5,199	41.3%	40.4%	42.1%	62.0%	67.3%
2016		5,443	60.2%	59.1%	61.2%	57.3%	67.4%
2017		5,986	66.8%	65.8%	67.8%	58.7%	65.4%
2018		6,128	64.6%	63.6%	65.5%	59.5%	64.4%
2019		5,614	64.3%	63.3%	65.3%	62.6%	64.8%

Reproductive Health
Total abortion rate / 1000

Recent trend: Increasing & getting worse

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2012		1,773	16.5	15.7	17.3	13.9	16.5
2013		1,787	16.7	15.9	17.5	14.6	16.6
2014		1,792	16.9	16.1	17.7	14.5	16.6
2015		1,717	16.3	15.5	17.0	14.4	16.7
2016		1,852	17.6	16.9	18.5	14.8	16.7
2017		1,771	16.9	16.2	17.8	15.7	17.2
2018		1,974	18.9	18.1	19.7	16.7	18.1
2019		2,018	19.4	18.5	20.2	17.4	18.7

Abortions under 10 weeks (%)

Recent trend: No significant change

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2012		1,356	77.0%	75.0%	79.0%	74.0%	77.5%
2013		1,395	78.5%	76.6%	80.4%	76.3%	79.4%
2014		1,410	78.9%	77.0%	80.8%	78.9%	80.4%
2015		1,374	80.2%	78.3%	82.0%	78.7%	80.3%
2016		1,508	82.1%	80.3%	83.8%	80.5%	80.8%
2017		1,429	81.3%	79.4%	83.1%	78.4%	76.6%
2018		1,588	80.9%	79.1%	82.5%	78.5%	80.3%
2019		1,683	83.8%	82.1%	85.3%	81.0%	82.5%

Total prescribed LARC excluding injections rate / 1,000

Recent trend: No significant change

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2014		5,724	53.9	52.5	55.3	56.4	50.2
2015		5,291	49.9	48.6	51.3	51.9	48.2
2016		4,884	46.3	45.0	47.7	50.7	46.4
2017		5,490	52.5	51.1	53.9	55.4	47.7
2018		5,087	48.6	47.3	50.0	56.9	49.5

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2019		5,040	48.4	47.0	49.7	57.5	50.8

Teenage Pregnancy
Under 18s conception rate / 1,000

Recent trend: Decreasing & getting better

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
1998		572	57.2	52.6	62.1	53.1	46.6
1999		509	50.6	46.3	55.2	51.0	44.8
2000		499	48.9	44.7	53.3	47.9	43.6
2001		498	47.4	43.3	51.7	47.1	42.5
2002		485	46.4	42.4	50.8	47.2	42.8
2003		466	45.1	41.1	49.4	47.1	42.1
2004		452	44.0	40.1	48.3	48.1	41.6
2005		529	51.6	47.3	56.2	48.9	41.4
2006		456	45.4	41.3	49.7	48.0	40.6
2007		491	48.5	44.3	53.0	48.3	41.4
2008		475	46.3	42.3	50.7	47.1	39.7
2009		430	41.2	37.4	45.3	43.5	37.1
2010		360	34.6	31.1	38.4	39.9	34.2
2011		302	28.4	25.3	31.8	33.8	30.7
2012		321	30.3	27.0	33.8	31.7	27.7
2013		299	28.0	24.9	31.3	28.5	24.3
2014		290	27.2	24.2	30.5	26.4	22.8
2015		241	22.4	19.6	25.4	24.3	20.8
2016		216	20.0	17.4	22.8	22.0	18.8
2017		205	19.1	16.6	21.9	20.6	17.8
2018		197	18.4	15.9	21.2	19.6	16.7

Wider Determinants
Violent crime - sexual offences per 1,000 population

Recent trend: Increasing

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2010/11		402	0.8*	0.7	0.9	0.8*	0.8*
2011/12		375	0.7*	0.7	0.8	0.7*	0.8*
2012/13		520	1.0*	0.9	1.1	0.9*	0.8*
2013/14		687	1.3*	1.2	1.4	1.1*	1.0*
2014/15		1,003	1.9*	1.8	2.0	1.6*	1.4*
2015/16		1,436	2.7*	2.6	2.9	2.0*	1.7*
2016/17		1,731	3.3*	3.1	3.4	2.3*	1.9*
2017/18		2,071	3.9*	3.7	4.1	2.9*	2.4*
2018/19		2,274	4.3*	4.1	4.4	3.1*	2.6*
2019/20		2,092	3.9*	3.7	4.1	3.0*	2.5*

Locala

Integrated sexual and reproductive health service

- Bradford city centre main clinic (hub) providing a fully integrated services for STI testing, Diagnosis and treatment and a full contraceptive service and delivering long acting reversible contraception (LARC)
- Spoke clinics: Bingley, Shipley, Keighley and Bowling Hall Medical practice
- Young People queue and wait clinics
- On-line STI testing, diagnosis and treatment; and online emergency hormonal contraception delivered through a sub contract with a national provider.
- The service subcontracts GP providers to deliver long acting reversible contraception (LARC) and some STI care
- 10 community pharmacies for the provision of emergency hormonal contraception
- C- Card services for free condoms to Young People under 25 years of age
- Removal of injectable contraceptive implants
- Partner notification
- Pre exposure prophylaxis for preventing HIV infection (PrEP)

Mesmac

- Preventative interventions to Individuals who engage in Risky Sexual Behaviours (RSB).
- Supports services including support groups to people living with HIV
- Early diagnosis of HIV and STIs through targeted assertive service provision through Point of care (POC) testing
- Targeted sexual health interventions to individuals who are at high risk of exposure to Human Immunodeficiency Virus (HIV) and other Sexually Transmitted Infections (STIs).
- Training for Professionals and Organisational Development

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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the City Solicitor to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 23 September 2021

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Subject: Health and Social Care Overview and Scrutiny Committee Work Programme 2021/22

Summary statement:
This report presents the work programme 2021/22

Parveen Akhtar
City Solicitor

Report Contact: Caroline Coombes
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Portfolio:

Healthy People and Places

1. Summary

1.1 This report presents the work programme 2021/22.

2. Background

2.1 The Committee adopted its 2021/22 work programme at its meeting of 28 July 2021.

3. Report issues

3.1 **Appendix A** of this report presents the work programme 2021/22. It lists issues and topics that have been identified for inclusion in the work programme and have been scheduled for consideration over the coming year**.**

4. Options

4.1 Members may wish to amend and / or comment on the work programme at **Appendix A**.

5. Contribution to corporate priorities

5.1 The Health and Social Care Overview and Scrutiny Committee Work Programme 2021/22 reflects the ambition of the District Plan for 'all of our population to be healthy, well and able to live independently for a long as possible' (District Plan: Better health, better lives).

6. Recommendations

6.1 That the Committee notes the information in **Appendix A**

7. Background documents

7.1 Constitution of the Council

8. Not for publication documents

None

9. Appendices

9.1 **Appendix A** – Health and Social Care Overview and Scrutiny Committee work programme 2021/22

Democratic Services - Overview and Scrutiny

Appendix A

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda	Description	Report	Comments
Thursday, 21st October 2021 at City Hall, Bradford **Chair's briefing 05/10/21 Report deadline 07/10/21**			
1) Access to Primary Care Services	Report to focus on access to primary care services (including face to face) include information on lessons learnt from the rapid introduction of digital delivery of services that has taken place during the Covid-19 pandemic	Parveen Akhtar, Associate Director of Primary Care - Bradford District and Craven CCG	Resolution of 22 Sept 2020
2) Adult Safeguarding	To include issues picked up as part of the scrutiny of Cynet Woodside	Rob Mitchell (Adult Services) / Helen Hart (CCG)	Resolution of 23 March 2021
3) Bradford Adult Safeguarding Board	Update on the Strategic Plan	Darren Minton	Resolution of 6 Sept 2018
Thursday, 18th November 2021 at City Hall, Bradford **Report deadline 04/11/21**			
1) Covid-19 update	To be scoped but could include: public health update, vaccination programme update; impact of 'Long Covid'; impact on health and social care services and backlogs	TBC	
2) Day Care Opportunities	Update on the contract and issues raised by the Committee in December 2020	Jane Wood / Rob Mitchell	Resolution of 9 Dec 2020
Thursday, 16th December 2021 at City Hall, Bradford **Report deadline 02/12/21**			
1) Mental Wellbeing	To be scoped	Sasha Bhatt	Resolution of 20 Oct 2020
2) Carers	Update - to include information on the review of the pathway for Care Act assessments for unpaid carers	Tony Sheeky	Resolution of 17 Nov 2020

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda	Description	Report	Comments
Thursday, 27th January 2022 at City Hall, Bradford			
Report deadline 13/01/22			
1) Better Births	Update on Better Births, one of the priority Act as One transformation programmes	TBC	
2) Public health commissioned 0-19 services	To include health visiting and school nursing	TBC	
3) Transitions between children's and adult services	Update	TBC	Last considered in November 2017
Wednesday, 23rd February 2022 at City Hall, Bradford			
Report deadline 10/02/22			
1) Act as One transformation programme	Update	Helen Farmer / Mark Hindmarsh	Resolution of 26 Jan 2021
2) Cancer / lung cancer	Update	TBC	Resolution of 4 July 2019 (was previously scheduled for April 2020 meeting that did not go ahead)
Thursday, 17th March 2022 at City Hall, Bradford.			
Report deadline 03/03/22			
1) Care Quality Commission	Annual update	Lorna Knowles	