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Agenda for a meeting of the Bradford and Airedale Wellbeing Board to be held on Tuesday, 28 February 2023 at 10.00 am in the Banqueting Hall - City Hall, Bradford

Dear Member

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

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

Yours sincerely

Director of Legal and Governance

Notes:

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

From:

Asif Ibrahim
Director of Legal and Governance
Agenda Contact: Su Booth
Phone:
E-Mail:

To:

MEMBER	REPRESENTING
Christopher Kovacs	Bradford District Commander, WYFRS
Rachael Dennis	Group Chief Executive, Incommunities Group Ltd
Foluke Ajayi	Chief Executive of Airedale NHS Foundation Trust
Soo Nevison	CBAD representing the Voluntary and Community Sector
Dr Manoj Joshi	Chair of Economic Partnership
Robert McCoubrey	Chief Superintendant Bradford District, West Yorkshire Police
Councillor Susan Hinchcliffe	Leader of Bradford Metropolitan District Council (Chair)
Councillor Sarah Ferriby	Healthy People and Places Portfolio Holder, Bradford Metropolitan District Council
Councillor Abdul Jabar	Neighbourhoods and Community Safety Portfolio Holder, Bradford Metropolitan District Council
Councillor Imran Khan	Education, Employment and Skills Portfolio Holder, Bradford Metropolitan District Council
Councillor Alex Ross-Shaw	Regeneration, Planning and Transport Portfolio Holder, Bradford Metropolitan District Council
Councillor Sue Duffy	Children and Families Portfolio Holder, Bradford Metropolitan District Council
Kersten England - CBE	Chief Executive of Bradford Metropolitan District Council
Sarah Muckle	Director of Public Health, Bradford Metropolitan District Council
Iain MacBeath	Strategic Director Health and Wellbeing, Bradford Metropolitan District Council
Dr James Thomas	Clinical Lead, Bradford Districts and Craven Clinical Commissioning Group
Dr Sohail Abbas	Deputy Clinical Chair and Strategic Clinical Director of Population Health and Wellbeing, Bradford Districts and Craven Clinical Commissioning Group
Therese Patten	Chief Executive of Bradford District Care NHS Foundation Trust
Helen Rushworth	Manager, HealthWatch Bradford and District
Prof Mel Pickup	Chief Executive of Bradford Teaching Hospitals NHS Foundation Trust
Prof Shirley Congdon	Vice Chancellor, Bradford University
Dr Stewart Davies	Chair of Sustainable Development Partnership
Bishop Toby Haworth	Chair of Stronger Communities Partnership
Humma Nizami	Executive Director, Race Equality Network
Councillor Rebecca Poulsen	Leader of the Conservative Group and Opposition Member

Marium Haque	Strategic Director, Children's Services
Junaid Osbourne	Representative of Council for Mosques

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The Director of Legal and Governance 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 must consider their interests, and act according to the following:*

Type of Interest	You must:
<i>Disclosable Pecuniary Interests</i>	<i>Disclose the interest; not participate in the discussion or vote; and leave the meeting <u>unless</u> you have a dispensation.</i>
<i>Other Registrable Interests (Directly Related)</i> OR <i>Non-Registrable Interests (Directly Related)</i>	<i>Disclose the interest; speak on the item <u>only if</u> the public are also allowed to speak but otherwise not participate in the discussion or vote; and leave the meeting <u>unless</u> you have a dispensation.</i>
<i>Other Registrable Interests (Affects)</i> OR <i>Non-Registrable Interests (Affects)</i>	<i>Disclose the interest; remain in the meeting, participate and vote <u>unless</u> the matter affects the financial interest or well-being (a) to a greater extent than it affects the financial interests of a majority of inhabitants of the affected ward, and (b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest;</i>

in which case speak on the item only if the public are also allowed to speak but otherwise not do not participate in the discussion or vote; and leave the meeting unless you have a dispensation.

- (2) *Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*
- (3) *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.*
- (4) *Officers must disclose interests in accordance with Council Standing Order 44.*

3. MINUTES

Recommended –

That the minutes of the meeting held on 23 November 2022 be signed as a correct record (previously circulated).

(Su Booth – 07814 073884)

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.

(Su Booth – 07814 073884)

B. BUSINESS ITEMS

5. BRADFORD CITIZENS ALLIANCE

The report of the Bradford Citizens Alliance (**Document “H”**) will be submitted to the Board to provide an update on the work of Bradford Citizens young person’s action team and inform Members about the Alliance’ 4 areas for action.

4 areas for action:

- effects of racism
- mental health experience and support
- effects of disadvantage
- lost opportunities/LGBTQ+

Bradford Citizens is currently an alliance of 5 School Multi-Academy Trusts (BDAT, Beckfoot, Carlton, Dixons and Exceed), with other Trusts joining. The aim is to broaden this alliance among more schools, the University, faith groups, charities and trade unions.

Recommended –

1. **That the Board note the contents of this report and the views expressed by the Bradford Citizens Young People’s Action Team at the Wellbeing Board on 28th February.**
2. **That the Board takes note of the specific proposals brought by the Young People’s Action Team and responds appropriately at the Wellbeing Board on 28th February.**
3. **That the Board commits to working with the Young People’s Action Team to take forward/develop the specific proposals on Mental Health to improve services and provision across the District for ALL of Bradford’s children and young people.**

(Graham Brownlee, Bradford Citizens)

6. CHILDREN AND YOUNG PEOPLE'S PLAN

9 - 48

The report of the Strategic Director, Children’s Services (**Document “I”**) will be presented to the Board and presents the Bradford District Children and Young People’s Strategy for board review and approval. It sets out how the partnerships that support the health, wellbeing and development of babies, children and young people will work together to improve outcomes for Bradford District’s children and their families.

Recommended –

- 1) **That the Board adopts the Children and Young People’s Strategy 2023-2025 including any updated comments received from the Board.**
- 2) **That the Board agrees an implementation approach which includes the Bradford Children and Families Trust as a delivery partner for the strategy, and overseen by the**

Children, Young People's and Families Executive.

(Kate Welsh – 07811 503285)

7. CHILD FRIENDLY BRADFORD DISTRICT

49 - 58

The report of the Director, Public Health (**Document “J”**) will be submitted to the Board to provide an update on the Child Friendly District initiative and requests the approval of the board on the future naming convention and ongoing focus of the work.

Recommended –

- 1. That the naming convention of ‘Child Friendly Bradford District’ is adopted for our local Child Friendly initiative**
- 2. The primary focus of Child Friendly Bradford District is coordinating and developing our partnership approaches to giving children and young people more influence over public services in the district.**

(Richard Cracknell – 07890 971333)

8. REFRESH OF THE WEST YORKSHIRE PARTNERSHIPS' FIVE-YEAR STRATEGY

The report of the Director of Strategy and partnerships and the Associate Director of Strategy, NHS West Yorkshire Integrated Care Board (**Document “K”**) will be presented to provide members with a working draft of the West Yorkshire Partnership's five-year strategy and joint forward plan approach.

Recommended –

- 1. That the Board notes the work that has been undertaken across the Partnership as part of the refresh of the strategy;**
- 2. That Members comment on the current draft of the strategy, noting the further work to be undertaken and the development of a Joint Forward Plan to enable delivery of the strategy.**

(Shane Hayward-Giles)



Report to the meeting of Wellbeing Board to be held on 28th February 2023

H

Subject:

Bradford Citizens Young Persons Action Team

Summary statement:

This paper provides an update on the work of Bradford Citizens young person's action team.

EQUALITY & DIVERSITY:

Equality and diversity considerations have been regarded throughout this paper. By attending the wellbeing board the young person's action team specifically contribute to the equalities theme of **community and service design**, as they are welcomed to participate and contribute at this forum.

Report Contact: Graham Brownlee,
Senior Community Organiser, Bradford
Citizens/Citizens UK
Phone: 07572 780127
Email: graham.brownlee@citizensuk.org

1. SUMMARY

Bradford Citizens is grateful for the opportunity for young people to attend and give a presentation at the Bradford Wellbeing Board on 28th February 2023

- 5 MATs in Bradford have collaborated to form Bradford Citizens as an alliance working to bring a strong voice for young people in Bradford. This alliance is seeking to broaden its membership beyond MATs to a range of civil society institutions. Bradford Citizens is facilitated by Citizens UK.
- Young People from MAT Schools in Bradford have been working together to identify issues from their experience that can be tackled in order to improve their lives. Mental Health has come out as a priority and within this issue the young people have identified practical solutions which they would like to present as proposals to decision makers and partner bodies within Bradford.
- To this end a group of young people from different schools will give a presentation to the Health and Wellbeing Board and participate in a discussion on their proposals chaired by Cllr. Susan Hinchliffe.

2. BACKGROUND

Bradford Citizens is currently an alliance of 5 School Multi-Academy Trusts (BDAT, Beckfoot, Carlton, Dixons and Exceed), with other Trusts joining. The aim is to broaden this alliance among more schools, the University, faith groups, charities and trade unions. The alliance began in March 2021 with a school pandemic summit which was based on listening to 20,000 students in 18 schools. From these stories, we produced the Schools Pandemic Recovery Manifesto and developed actions in 4 areas: effects of racism; mental health experience and support; effects of disadvantage; lost opportunities/LGBTQ+. In April 2021 school students from Bradford participated in a virtual meeting with West Yorkshire mayoral candidates. Actions teams for each of the 4 areas have since identified the changes they want to see, with associated practical outcomes, and students have led meetings with civic leaders in the city.

In 2021/22 students have met with senior leaders including West Yorkshire Mayor Tracy Brabin West Yorkshire Mayor, Alison Lowe (Deputy Mayor (Police and Crime)), ACC Osman Khan, Therese Patten (*CEO Bradford District Care NHS Foundation Trust*), Kirsten England (CEO, Bradford MDC), Susan Hinchliffe (Leader, Bradford MDC), Toby Howarth (Bishop of Bradford) and David Scott (Corporate Affairs Director, Morrisons plc). Currently, we collaborate with Born in Bradford/Age of Wonder and have worked with the Alliance of Life Chances (Kathryn Loftus) to connect data with the lived experiences of children to win change. We also connect with Young in Covid.

In July 2022, Young People from Bradford Citizens presented at the 'Tackling Inequalities for our Children' event, held by Centre for Applied Education Research. We have also met with Richard Cracknell and Kate Welsh to coordinate with Child Friendly Bradford and the CYP Plan.

This process has given opportunity for co-production work with the health trust and school nurse team. In November 2022, Bradford Citizens held a second school summit which

involved 6,000 from 20 primary and secondary schools in a listening process. From this, 3 priorities were voted on: the cost of living, mental health and tackling racism.

The work applies the method of community organising through a 5-step change model – organising, listening, planning acting and evaluating. Through these steps young people gain skills in leadership, chairing meetings, negotiating and co-production.

Alongside prioritising the voices of young people, Bradford Citizens strengthens its member institutions to engage in civic life in a sustained and significant way.

It should be noted that young people are speaking for themselves and not on behalf of their school. Through listening we identify internal solutions (those within the schools/member institutions) and external solutions (those that sit within the wider society of Bradford).

3. OTHER CONSIDERATIONS

Issues:

The specific mental health issues that have been identified by the students are:

- Young people as wellbeing ambassadors
- Accessible trained mental health staff in schools
- Support for talking about mental health
- Educating parents/carers
- Self-awareness and body image issues.

In the presentation to the Board these will be presented by the young people in specific detail with practical proposals. It is planned that this will take the form of a 15-20 minutes' presentation by the young people, with 10-15 minutes response and discussion.

4. FINANCIAL & RESOURCE APPRAISAL

None arising

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

None arising

6. LEGAL APPRAISAL

None arising

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

None arising

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

None arising

7.3 COMMUNITY SAFETY IMPLICATIONS

None arising

7.4 HUMAN RIGHTS ACT

None arising

7.5 TRADE UNION

None arising

7.6 WARD IMPLICATIONS

None arising

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

7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

This report is entirely based on the views of young people from across the District. Bradford Citizens have listened to 20,000 students to date in 24 schools and are summarising here the views of the students on Young People's Mental Health. We will be presenting specific and practical proposals to the Board which will have a direct impact on improving Mental Health services and provision for young people. Looked After young people are included as part of the listening process in the schools that are members of Bradford Citizens, but no specific data or issues for this group of students have been collated.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

None arising

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

n/a

10. RECOMMENDATIONS

1. That the Board note the contents of this report and the views expressed by the Bradford Citizens Young People's Action Team at the Wellbeing Board on 28th February.
2. That the Board takes note of the specific proposals brought by the Young People's Action Team and responds appropriately at the Wellbeing Board on 28th February.
3. That the Board commits to working with the Young People's Action Team to take forward/develop the specific proposals on Mental Health to improve services and provision across the District for ALL of Bradford's children and young people.

11. APPENDICES

Bradford Citizens briefing note

12. BACKGROUND DOCUMENTS

n/a

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Paper to the Bradford and District Wellbeing Board 28th February 2023

Bradford Citizens is grateful for the opportunity for young people to attend and give a presentation at the Bradford Wellbeing Board on 28th February 2023

Summary:

- 5 MATs in Bradford have collaborated to form Bradford Citizens as an alliance working to bring a strong voice for young people in Bradford. This alliance is seeking to broaden its membership beyond MATs to a range of civil society institutions. Bradford Citizens is facilitated by Citizens UK.
- Young People from MAT Schools in Bradford have been working together to identify issues from their experience that can be tackled in order to improve their lives. Mental Health has come out as a priority and within this issue the young people have identified practical solutions which they would like to present as proposals to decision makers and partner bodies within Bradford.
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Background

Bradford Citizens is currently an alliance of 5 School Multi-Academy Trusts (BDAT, Beckfoot, Carlton, Dixons and Exceed), with other Trusts joining. The aim is to broaden this alliance among more schools, the University, faith groups, charities and trade unions. The alliance began in March 2021 with a school pandemic summit which was based on listening to 20,000 students in 18 schools. From these stories, we produced the Schools Pandemic Recovery Manifesto and developed actions in 4 areas: effects of racism; mental health experience and support; effects of disadvantage; lost opportunities/LGBTQ+. In April 2021 school students from Bradford participated in a virtual meeting with West Yorkshire mayoral candidates. Actions teams for each of the 4 areas have since identified the changes they want to see, with associated practical outcomes, and students have led meetings with civic leaders in the city.

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This process has given opportunity for co-production work with the health trust and school nurse team. In November 2022, Bradford Citizens held a second school summit which involved 6,000 from 20 primary and secondary schools in a listening process. From this, 3 priorities were voted on: the cost of living, mental health and tackling racism.

The work uses applies the method of community organising through a 5-step change model – organising, listening, planning acting and evaluating. Through these steps young people gain skills in leadership, chairing meetings, negotiating and co-production.

Alongside prioritising the voices of young people, Bradford Citizens strengthens its member institutions to engage in civic life in a sustained and significant way.

It should be noted that young people are speak for themselves and not on behalf of their school. Through listen we identify internal solutions (those within the schools/member institutions) and external solutions (those that sit within the wider society of Bradford).

Issues

The specific mental health issues that have been identified by the students are:

Young people as wellbeing ambassadors

- Accessible trained mental health staff in schools
- Support for talking about mental health
- Educating parents/carers
- Self-awareness and body image issues.

In the presentation to the Board these will be presented by the young people in specific detail with practical proposals. It is planned that this will take the form of a 15-20 minute presentation by the young people, with 10-15 minute response and discussion.

Next steps

- The Mental Health Action Team from the schools, is finalising its presentation on 23rd February.
- The Team will attend the Wellbeing Board on the 28th February to give its presentation and participate in the following discussion.
- The Team hopes to work with Board members to follow up on these proposals and emerging opportunities to secure tangible change.

Graham Brownlee, Senior Community Organiser, Bradford Citizens/Citizens UK



Report of the Strategic Director, Children's Services to the meeting of Wellbeing Board to be held on 28th February 2023

I

Subject:

Children and Young People's Strategy

Summary statement:

This report presents the Bradford District Children and Young People's Strategy for board review and approval. It sets out how the partnerships that support the health, wellbeing and development of babies, children and young people will work together to improve outcomes for Bradford District's children and their families.

EQUALITY & DIVERSITY:

The Children's, Young People and Families Executive (CYPF Executive), along with its district partners, is committed to ensuring that all our children and young people have equity of access to the support available to meet their needs, that they are treated fairly, that services and provision meet their diverse needs, and that they have opportunities to meet with children and young people from different backgrounds and have opportunities to benefit from services and activities either offered to all, or those available to meet their specific needs.

Data and evidence has shown that inequality experienced by babies, children and young people can have an enduring negative impact into and throughout adulthood. A main focus of this strategy is to reduce the impact of inequality on babies, children and young people's lives and life chances.

Marium Haque
Director of Children's Services

Portfolio:

Children's Services

Report Contact: Kate Welsh
Phone: 07811 503285
E-mail: kate.welsh@bradford.gov.uk

Overview & Scrutiny Area:

n/a

A full equality impact assessment is being produced.

1. SUMMARY

This paper provides an update on the development of a new Children and Young People's Strategy (CYP Strategy) for Bradford District, building on the themes within the interim plan (published in 2021). The draft Children and Young People's Strategy is contained in appendix 1.

Our ambition is to create a **child-friendly, co-produced, partnership-led Children and Young People's Strategy for Bradford District.**

2. BACKGROUND

An interim Children and Young People's Plan for the District was in place to the end of 2022. A working group composed of partners' representatives from across the partnerships has worked on the development of this new child-friendly, co-produced, partnership-led plan for the District. The work is closely linked to our commitment to Child Friendly Bradford as well as the need for improved partnership-led governance and accountability arrangements for children, young people and families across Bradford District.

Bradford District Children and Young People's Strategy 2023-2025

The strategy sets the following vision:

“For the happy, healthy development and success of our babies, children and young people. For them to grow-up in safe and supportive: families, homes, communities, education establishments, leisure and outdoor spaces.”

The draft Children and Young People's Strategy 2023-25 has been informed by children and young people, partners and other stakeholders. It has drawn on statistical data and research provided through our research partners to develop its ambitions, outcomes and priorities.

Children's voices form the heart of the strategy. Their likes, dislikes, and ideas for improving their lives, both now and in the future are the drivers for the ambition and priorities in the strategy. The strategy has been developed with the close involvement of Child Friendly Bradford, the Youth Service and Bradford Citizens.

A working group made up of colleagues from across the district has worked collaboratively to develop the strategy, a full list of partners can be found in the Methodology and Consultation Summary in the draft strategy.

The priorities of the CYP Strategy are informed by these four themes, each integral to the lives of babies, children and young people. Our ambition for each theme is set out in the relevant part of the strategy and the priorities are as follows:

Education priorities:

- 1) Improved partnership working between preschool childcare, schools, statutory services and the voluntary and community sector that prioritises the needs of the child and family

- 2) Ensure that all children have the opportunity to: enjoy learning and school, have good attendance, and that those who need additional support can, and do access it
- 3) Ensure that children are ready for the next stage (Early Years, Primary, Secondary or Post 16) by improving educational outcomes and access to 'skills for life' education; in particular, for pupils who have SEND, are disadvantaged, are care experienced or who have other vulnerabilities, and that for these groups this carries through to support for their transition to adulthood.

Physical and mental health priorities

- 1) Ensure babies (and new mothers), children and young people have early access to, and a good experience of, wellbeing and mental health support
- 2) Improve families' access to affordable and healthy food
- 3) Ensure all children and young people can access active spaces and enhance opportunities to engage with sports and other physical activities to have fun and reduce sedentary behaviour.

Safe Homes, Places and Communities priorities:

- 1) Ensure that babies', children's and young people's homes, and their wider physical, social and digital environments are safe, clean and sustainable. Children are protected from all types of harm
- 2) Ensure children and young people have opportunities to have fun and enjoy their local leisure, social, and cultural opportunities
- 3) Ensure that our children and young people have safe, clean, well-lit and accessible places and spaces where they can play, socialise and be physically active
- 4) Ensure our children and young people are confident to be themselves in different spaces and be supported to be safe and have a sense of belonging wherever they may be.

Skills Development priorities:

- 1) Ensure young people leave school with the right qualifications and skills, including life, social and independence skills, to pursue their chosen education, employment or training pathway and to live healthy, happy, fun, safe and fulfilling lives
- 2) Ensure all children, young people and families have access to digital resources, provision and skills. Services must also be tailored and accessible, according to need
- 3) Lift families out of poverty and into better paid work through targeted skills improvement and employment support.

The guiding principles of the strategy are:

- Equality, Diversity and Inclusion.
- Safeguarding and Early Intervention.
- Child Friendly Bradford District: Giving children, young people and families a voice and influence.

- Research and evidence informed practice.
- Partnership working.

The strategy outlines how each of these principles will be operationalised by the partnership. There are also a series of impact statements that set out 'how we will know that we have made a difference'.

3. OTHER CONSIDERATIONS

The successful implementation of the strategy and associated delivery plans are rooted in partnership working, both within the council and with partners across the district. The CYP Strategy is closely linked to the District Plan and council delivery plans and their priorities. The overarching aim of the strategy is to positively impact on babies, children and young people and their families; in particular, to minimise the impact of inequalities.

4. FINANCIAL & RESOURCE APPRAISAL

Once approved, there will be a need to launch the CYP strategy, this will require some communications support at the appropriate stage. The Council also intends to provide sufficient officer resource to lead the implementation of the CYP Strategy.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The implementation of the Children and Young People's Strategy will be overseen by the children's systems board, the Children, Young People and Families Executive.

6. LEGAL APPRAISAL

Not applicable

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

None

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

No greenhouse gas emissions implications arise from the recommended decisions.

7.3 COMMUNITY SAFETY IMPLICATIONS

There is a correlation between deprivation suffered by families within the district and areas experience the highest level of crime. Children and young people are

vocal in their desire to live in safe and welcoming communities. The partnership recognises the increased need for focus on linking to the prevention of poverty to outcomes for babies, children and young people, through the Anti-poverty strategy.

7.4 HUMAN RIGHTS ACT

None

7.5 TRADE UNION

No trade union implications arise from the recommended decisions in this report.

7.6 WARD IMPLICATIONS

None

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

None

7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

Looked After Children, Care Experienced young people, and those with Child Protection Plans or supported by Early Help are one of a number of groups most affected by poverty and reduced life chances. The strategy and its implementation will have specific measures to support children in care and care leavers.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

None

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

The CYP Strategy is currently in draft form; its content and priorities have been informed by engagement with a wide range of stakeholders and subject to extensive review and feedback from partners invested in its success. There is an accessible version of the strategy in development: an animation commissioned through Child Friendly Bradford. The Children, Young People and Families Executive (the children's systems board that reports to the Wellbeing Board) will have oversight of the implementation of the strategy and associated implementation plans.

10. RECOMMENDATIONS

It is recommended that the Wellbeing Board

- 1) Adopt the Children and Young People's Strategy 2023-2025 including any updated comments received from the Board.
- 2) Agrees an implementation approach which includes the Bradford Children and Families Trust as a delivery partner for the strategy, and overseen by the Children, Young People's and Families Executive.

11. APPENDICES

Appendix 1: Children and Young People's Strategy

Appendix 2: One-page version of the strategy

12. BACKGROUND DOCUMENTS

n/a

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Bradford District Children and Young People’s Strategy 2023-2025

For the happy, healthy development and success of our babies, children and young people. For them to grow-up in safe and supportive: families, homes, communities, education establishments, leisure and outdoor spaces.

DRAFT

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Foreword

By Cllr Duffy and Cllr Khan (Co-chairs of the Children and Young People and Families Executive) (to be developed once the rest of the content of the Strategy agreed by Wellbeing Board)

The Children and Young People's Strategy will be the overarching strategy for children and young people in the district.

Introduction

This strategy supports our collective district ambition to ensure all babies, children and young people have equity of access to the resources and support available to help them reach their full potential and our vision is for Bradford District to be a wonderful place for children to thrive, grow up, live and work.

It identifies the priorities for the Children and Young People and Families Executive (CYPF) and its partners to support babies, children and young people to be: happy and healthy, able to develop to their full potential, and have successful lives. The strategy covers people aged 0-25 years-old, and all public sector and voluntary and community organisations that support and work with: babies, children, and young people, and their families in our district.

Its overarching aim is to ensure, that no matter their background, family, personal or other circumstances, all babies, children and young people are able to develop to their full potential and have fair access to all the opportunities the district offers.

The ambitions and priorities have been developed through listening to the voice of children and young people; consultation with other stakeholders; data and other evidence; and harnessing the experience and expertise of key district partners, who will be delivering against its outcomes.

We will also ensure children and young people have opportunities to be involved in decision-making across the range of our district's strategic public sector partnerships, through the implementation of Child Friendly and building on what has gone before.

We will support children to be healthy and well, we will reduce inequalities in physical and mental health, social and emotional development and educational attainment and actively look to tackle discrimination, the normalisation of bullying and hate crime as these can have detrimental and adverse impacts on a child's long term opportunities and health.

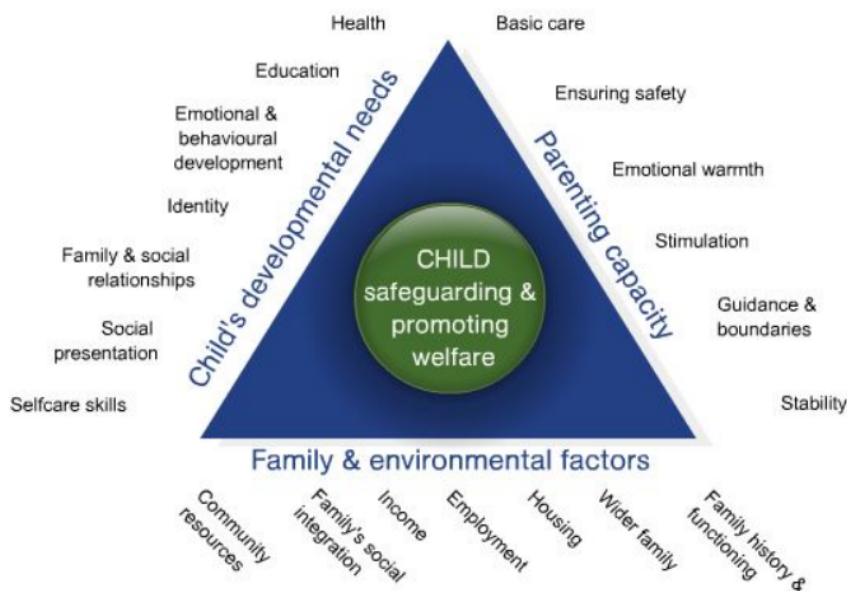
We will listen to how children and young people are doing in terms of their happiness, their health and wellbeing, their feelings about where they live, whether they feel they belong, their relationships with family, friends, people of different backgrounds and statutory services, such as health and the Police, their educational achievement and skills, and their hopes for adult life.

We will support children and their families to build resilience, to embed the Bradford Adversity, Trauma & Resilience Strategy and, more specifically, support babies, children, young people and their families to recognise and build on these factors.

Factors that promote resilience during childhood (see Figure 1) include: fostering a protective relationship with an adult caregiver where the adult recognises and

responds to the baby's/child's needs; developing social and emotional skills; accessing peer support; and participating in communities and activities.

Figure 1 Protective factors in childhood



Bradford District's success in securing the City of Culture 2025 is in large part due to the energy, creativity and commitment of our young people. Going forward, their continued involvement in the City of Culture and with our Child Friendly initiative will be key to both being successful and sustainable.

This Strategy sits within the context of the United Nations international human rights and the United Nation Convention on the Rights of the Child and the rights of children and young people with disabilities which are encompassed in the United Nations convention on the rights of Persons with Disabilities.

In seeking to meet the needs of and in designing services for children and young people, partners are asked to consider the values, principles and priorities set out in this document.

Whilst this strategy will have a clear action plan to tackle identified issues, the Children, Young People and Families Executive (CYPF Executive) and partners will also champion babies, children and young people in other district arenas, such as: Wellbeing Board, the district's Anti-Poverty Co-ordination Group, Sustainable Food Partnership, Start for Life, Living Well, and through links with the West Yorkshire Health and Care Partnership's priorities for children, young people and families, etc. This will ensure that a wider set of challenges can be addressed and enable children and young people to focus on their happiness and success.

The action plan to be developed alongside this strategy aims to ensure delivery against its outcomes and priorities.

About Bradford District

Nearly a third of our population is aged under 20, making us one of the youngest districts in the UK. We are also diverse, with those from ethnic minority backgrounds

also forming a third of our 546,400 strong population, and with more than 150 languages being spoken within the district.

Geographically, our district includes the city of Bradford itself, the large town of Keighley and a number of smaller towns and village, many with their own strong and distinctive identities.

Outstanding landscapes complement historically important architecture alongside a rich heritage and vibrant contemporary cultural scene. Ilkley Moor, Haworth and Brontë Country, Saltaire World Heritage Site and the National Science and Media Museum in Bradford city centre, amongst a host of other sites, attract 10m visitors each year.

We are one of the best connected cities in the UK internationally and the scale, diversity and productive potential of our district is reflected in its strong, broad-based, innovative and entrepreneurial business community, which is part of an overall local economy worth in excess of £9.5bn.

The district has a strong and committed network of voluntary and community organisations with an estimated 30,000 regular volunteers and 100,000 occasional volunteers. The spirit of our communities is a tangible asset that we want to build on to develop and deliver our shared objectives.

Public services and the voluntary and community sector in the district have a strong track record of working together in mature and effective partnerships and its work to bring communities together and promote participation is among the most innovative to be found anywhere in the world.

We have excellent assets to help us support our children and young people to be happy, healthy, and to develop to their full potential, such as: the expertise of Born in Bradford, award winning youth and social cohesion projects; such as The Linking Network, integrated careers and vocational skills programmes, the University of Bradford's achievement as the number one UK University for social mobility, fantastic programmes such as the Bradford for Everyone Programme (one of five integration pilot areas in the country), Better Start Bradford, ActEarly, JU:MP, the regions first Adversity, Trauma and Resilience Programme and the Department of Education's Priority Education Investment Area programme to tackle attainment in the district.

The challenges the District must overcome

There are also significant challenges to overcome if we are to achieve our ambition for our children and young people, such as:

Inequalities:

There are inequalities that exist within all our challenges. Inequalities can start early in life, in terms of the economic and social environment that children are born into. They can be exacerbated by varying levels of access and attendance in education, health-care, community and service settings, such as:

- Bradford District's rate of infant mortality is the 10th highest in England and the highest in Yorkshire
- Bradford District has the 4th highest rate of child poverty in the UK.
- Two in five children here grow up in poverty

- One in eight children have a diagnosable mental health disorder
- Bradford District is young and growing and it is expected that the onset of mental health difficulties will grow by 10 percent in the next 10 years
- One in five child deaths could be avoided if children living in the most deprived areas had the same mortality rate as those living in the least deprived
- Children living in the most deprived areas of the district are four times as likely to die as those in other areas
- A quarter of the district's 10-11 year- olds are obese.

To effectively close the health and attainment gap, a multi-faceted, determined and collective effort is required. Early interventions and prevention of poor health during childhood will be key, as will more focused support for the children, families, communities and groups who experience the most acute inequality and marginalisation.

Poverty: Whilst the district includes some of the wealthiest areas in northern England, it is also the fifth most income-deprived in the country. Some 266,000 people live in the poorest areas and nearly one third of our children currently live in poverty.

Education and skills inequalities: Progress in closing the attainment gaps in primary, secondary and Post 16 education has slowed. The gaps in educational attainment between the district and the national average are the same or worse than pre-pandemic. However, whilst the adult skills base remains relatively low, it is slowly improving. The most obvious and quickest way to lift families out of poverty is to ensure that adults are able to work, and that work is well paid, meaningful and with progression opportunities.

Move to a Children and Families' Trust: The rate of improvement by the Council in its provision of children's social care has led to the creation of Bradford Children and Families' Trust which is due to be operational from April 2023. Whilst considered positive, resources are being used to: manage the process, manage staff uncertainty, and to ensure partner organisations and all stakeholders are engaged.

The pandemic and its legacy: We also know that many of our children, young people and their families were negatively impacted through the Covid-19 pandemic – some saw their education suffer, others felt isolated, many experienced their mental health declining, many saw their families' standard of living reduce, experiencing stress and depression directly or through those around them. Some will have lost loved ones, or are experiencing long Covid, or are experiencing life with their parents, guardians or care-givers who are suffering from long Covid.

The pandemic also exposed and widened inequalities that were already there: with those families living on low incomes, those from minority backgrounds and those people and families living with disabilities, being more severely negatively affected than other groups.

Research¹ completed during the Covid-19 pandemic by Born in Bradford highlighted how a national health crisis could exacerbate inequalities. For example, an estimated one in three of families across Bradford District worried about their job security, one

¹ <https://www.bradfordresearch.nhs.uk/wp-content/uploads/2020/07/BiB-Covid-19-First-1000-Briefing-V2.0.pdf>

in four worried about paying their rent or mortgage during the pandemic, with one in 10 experiencing severe financial and food insecurity. Local research² during this time also exposed these key inequalities in our district:

- social, emotional and mental health impact
- educational disadvantage
- digital exclusion, and
- food poverty.

Cost of living crisis and the economy: The legacy of the pandemic, and other international events, has brought about the worst inflation in the UK for over 40 years along with the highest interest rates for 14 years. The stress and pressure experienced by our families, who were already experiencing low income, is increasing, and many families who were previously 'getting by' are now also facing hardship.

Resources: The district has high levels of need and demand for public services and a limited ability to raise income locally. This can lead to more resources being needed to manage crises rather than to develop and improve provision and support.

Our children and young people are our greatest asset, and if they are to have the opportunity to realise their full potential, we must all work together to ensure better life chances are secured for them.

² <https://www.bradfordresearch.nhs.uk/family-and-community-impacts-of-covid-19/>

What we have been told is important

By our children and young people

Education

What matters to our children and young people?

- Recognition of the pressures on young people, sometimes compounded by school, and its impact on wellbeing and mental health. Children want to enjoy lessons and learning.
- An emphasis on support to improve attendance and behaviour, including alternatives to punitive school behaviour policies such as isolation.
- A rich curriculum offer that recognises subjects such as art.
- Racism: children and young people told us that racism is a concern.
- Celebrating Bradford District's culture, history and future through City of Culture 2025.
- Offer from schools of more vocational education and better preparation for life and work. This includes teaching young people how to get the jobs that they want, more vocational education and better preparation for life and work.
- Having access to high quality, tailored and planned life skills development as well as careers advice and guidance. Aspirations are low because jobs are low paid.
- Employer recruitment practices should focus on competencies and skills not time or experience.
- Families lack resources to support young people and access to basic services such as transport and digital are limited by affordability.

Physical and Mental Health

What matters to our children and young people?

- Greater recognition of mental health issues and issues around identity, sexuality and race. Safe spaces in schools and the community for young people.
- More, better and earlier availability of support services for wellbeing and mental health. This includes ensuring schools train staff and students as ambassadors for mental health, and mental health first aiders.
- Young people know what good emotional support from their friends, families, communities and services should look like and want to be involved in designing services. Waiting times for mental health services are unacceptable. More community support, e.g. youth cafes, and opportunities for the arts.
- Some children and young people experience their environment and lives very differently to others: girls, and LGBTQ+ children and young people report lower levels of happiness, healthiness and safety than their peers. Young people aged 16+ years report lower levels of satisfaction with their physical and mental health than their younger peers. Children and young people in inner city areas report more dissatisfaction with the levels of crime, cleanliness and litter in their environment; those in towns or rural areas report fewer activities and opportunities.

“It’s harder for my mum to get meals together because stuff is too expensive.”

Safe Homes, Places and Communities

What matters to our children and young people?

- To live in clean and safe spaces, free from fear of crime and intimidation, and with more community action and cohesion.
- More affordable or free services in their local community; particularly youth services that develop their social networks and connections.
- Children want to be involved in their communities but don’t always know how to do this.
- Community hubs to support children and their families where they live, including access to learning resources, internet access and digital skills.

“Bigger children and teenagers sometimes go to the parks and they make me feel scared.”

- Children’s families and friends are very important to them. They want to live and thrive in safe and warm homes. When they leave their homes they want the whole community to take care of their environment. They want street lighting and to be able to safely move around either on their own or with friends.
- Young people report that they want clean streets, no litter and clean air. They want traffic to be reduced and drivers to take care and not speed.
- Parks and green spaces and playgrounds are very important to children and young people and meet a variety of needs. Teenagers want places to hang out with friends that are safe and accessible.
- Children and young people want to be able to shop and access services locally. They want affordable options in terms of what to do, what to eat and where to hang out.

Participation and Voice

What matters to our children and young people?

- Young people want more involvement in decision making and the opportunity to have a voice and influence by working directly with councillors and decision makers
- They want to see evidence that their voice has an impact and leads to change
- Young people with SEND tell us that they want to be more involved in decisions that affect them and be able to access information in the way they find easiest - this might be in person as well as online.

- Children and young people want adults and organisations to ensure their voices are heard before policies are formed and to “always tell us what you are doing for us and why. And to do this forever”.

Through Bradford’s Citizen Panel of young people and the Pandemic Recovery Summary we have also heard that:

- Wellbeing and mental health needs to be supported
- Racism impacts young people
- The cost of living crisis is impacting young people and their families

From younger children through their parents, service providers and other advocates:

- Access to good quality childcare and funded places for two year-olds for those that are eligible.
- Access to family hubs, health visitors, play and learn sessions, support for healthy weight and nutrition, speech and language development.

What our children and young people would like to change about schools:

- Pressure and stress from school impacts on health, mental health and wellbeing.
- They sometimes receive a hard time for attendance
- They struggle to enjoy lessons.
- Schools start too early and young people find it hard to concentrate.
- Issues around sexuality, identity and race not taken seriously enough.
- Struggle to assert individuality through hair, dress, uniform, etc.
- Cost of living crisis is affecting them
- The CYP Mental Health coalition raised concerns re. punitive approaches and subsequent impact on mental health and wellbeing

By our services, partners and professionals

What matters to our children, young people and families from the view of our services, partners and professionals

- There are increasing pressures on parents/carers. The cost of living crisis, on top of other crises, i.e. Covid-19 and the impact of mental health.
- Inequalities are getting worse.
- Children and young people are becoming isolated due to costs of IT and transport.
- Diagnoses, e.g. of autism, doesn’t always provide the support that is expected.
- The ‘snowball effect’ impact that the withdrawal of services can have on communities.

What our services, partners and professionals would like to change:

- There is a lack of support and capacity for mental health needs in the system. Waiting lists are too long.

- Better communication and joining up of services between all partners, this includes:
 - Ensuring that families are directed to the right services at the earliest opportunity
 - Ensuring children with SEND and their families access the Local Offer
 - English language skills development is needed by people born in the UK as well as those accessing ESOL
 - Expectations around information sharing for vulnerabilities and incidents should be standard for all partners, including the VCS
 - Reducing the burden on schools through better signposting to statutory services and VCS.
- Longer term plans and more sustainability to ensure:
 - Resources are maximised and shared more effectively
 - Services don't end suddenly and then restart, and
 - Risk of losing 'organisational memory' is reduced.
- Partnership working with schools - VCS organisations report that they cannot always have the right conversation at the right time with the right person
- Schools' inconsistent approaches to the VCS can mean delays or inconsistencies in the support provided to children and families
- A more joined up approach to supporting improving attendance for children and young people, including understanding the root causes of poor attendance and persistent absence
- Improving parental engagement in schools and their children's education and development
- Ensuring that the opportunities and risks of digital provision are understood. For example, mental and physical health promotion, protection from harm including gaming and gambling.

What the data and other evidence tells us

Other relevant quantitative and qualitative analysis is provided in Appendix 2: Data and Evidence Summary.

Our guiding principles

OUR THEMES

EDUCATION

PHYSICAL & MENTAL HEALTH

SAFE HOMES, PLACES & COMMUNITIES

SKILLS DEVELOPMENT

OUR VALUES

- PARTNERSHIP WORKING
- RESEARCH & EVIDENCE-INFORMED PRACTICE
- EQUALITY, DIVERSITY & INCLUSION
- VOICE AND INFLUENCE OF CHILDREN & FAMILIES
- SAFEGUARDING

OUR AMBITION:
Happy, healthy children

OUR OBJECTIVE:
Tackling inequalities

The Future

The strategy and action plan have been developed with regard to the following principles and Bradford District’s Shared Values, which are:

- We **RESPECT** ourselves, each other and our communities
- We **CARE** for each other and treat each other with kindness
- We **SHARE** ideas, resources, knowledge and skills as well as our challenges
- We **PROTECT** each other and the world we share so that we can be happy healthy and safe

Equality, Diversity and Inclusion

The Children's, Young People and Families Executive (CYPF Executive), along with its district partners, is committed to ensuring that all our children and young people have equity of access to the support available to meet their needs, that they are treated fairly, that services and provision meet their diverse needs, and that they have opportunities to meet with children and young people from different backgrounds and have opportunities to benefit from services and activities either offered to all, or those available to meet their specific needs.

Safeguarding and Early Intervention

Safeguarding is everybody's responsibility.

We want to ensure that our most vulnerable and marginalised children and young people are protected from harm, and that they and their families are provided with the services and support to enable them to secure their rights to maximise their potential. We recognise that many children's and families' needs are complex, that a lack of financial and other resources, and or language or cultural obstacles, can make it difficult for families to access support or care.

Intervening early, through recognised and effective Prevention and Early Help mechanisms is key to ensuring babies, children, young people and families are supported. Prevention and Early Help is a high priority both nationally and at a local level, and in Bradford District we are fully committed to going further in our Family Hubs Start for Life programme within Bradford District's Prevention and Early Help Strategy.

This is a collaborative approach, focusing on the first 1001 days and prevention and promotion of health, to avoid problems either before they happen or from getting worse. We will identify needs early but we also recognise that it's never too late for early help to make a difference.

We will promote healthy, open and honest relationships; within families, between families and the workers providing support, and across our partnerships. How people get along with and support each other is key, particularly to support each other through times of change and or difficulty. We recognise that fostering and building positive social connections are essential to everyone's wellbeing.

The babies, children and young people who are most in need in the district deserve better. Children must have outstanding social work support. We will work in partnership with families and agencies to safely reduce the number of children who are in care/subject to Child Protection Plans and the children in need, open to statutory services.

Child Friendly Bradford District: Giving children, young people and families a voice and influence

We have an ambition to put the voice and influence of children, young people and families at the heart of everything we do. In November 2022, we launched our Child Friendly Bradford District initiative. This approach, rooted in Article 12 of the United

Nations Convention of the Rights of the Child, states that children and young people should have a voice and influence when adults make decisions that affect their lives.

The district's Child Friendly initiative will seek to create an organisational culture where children and young people are informed of their rights and where services enable them to have a meaningful voice and influence, working restoratively with them as equal stakeholders and empowering them to have a sense of ownership over our district and the services they access.

In Spring 2022 as part of a Foundational Year working with UNICEF UK, we undertook a localities survey to inform the contents of this strategy. Working with partners in the Youth Service and Localities Teams, over 4,000 children and young people were asked face-to-face what their priorities were for the district. We have used these views to shape this strategy and will continue to work with them to enable them to have a voice and influence over the actions we will take to address these priorities.

A summary of what we have heard during our consultations can be found in the section above 'What we have been told is important' and in Appendix 2 - Evidence and Consultation Summary.

Child Friendly Bradford District

Our vision to create a more Child Friendly district is based on the underpinning principles of the United Nations Convention of the Rights of the Child. We have an ambition for all our children and young people to be aware of their rights and for the organisations across our district-wide partnership to help ensure these rights are met.

We want all our children and young people to have the opportunity to be active citizens who have a voice and influence. We want them to understand our systems of democracy and governance and to be empowered to work in partnership with us to help create better outcomes for them and their peers.

In a Child Friendly District, we will create a culture where we celebrate their achievements and will engage with a wide range of organisations to unlock new partnerships and create more opportunities to make our district a better place for children and young people to live and grow up in.

Voice and participation of children and families

We have engaged with children, young people, their advocates and practitioners to ensure the voice of the child is reflected in this strategy. Some of what we have heard can be found in the section above 'What we have been told is important' and in Appendix 1: Methodology and Consultation Summary. We have also talked to some families and family practitioners.

We also engaged with over 700 families to help shape the new 'Good Food strategy' and 'Physical Activity strategy'. These two strategies play a key role in contributing towards the 'physical and mental health' ambition of the Children and Young People's Strategy.

The Children, Young People and Families Executive (CYPF Executive) and its partners welcome the district's Child Friendly Initiative. We will support and work

closely with it as a way in which the voice and participation of children and young people can continue, that they can influence how this strategy is implemented, and that children and young people are able to effect change locally.

Research and evidence informed practice

This strategy has been informed by a wealth of research findings and other quantitative and qualitative evidence: Appendix 2 provides a summary of this research and evidence along with a list of its sources.

The Children, Young People's and Families Executive (CYPF Executive) and its partners will continue to seek and make available evidence to inform practice and will continue to engage with and draw on evidence from ActEarly, Born in Bradford, Better Start Bradford, Public Health, Centre for Applied Education Research, the Alliance for Life Chances, etc. It will also participate with the district's new Council-led Health Determinants Research Collaboration (HDRC).

The collaboration, spanning research, university and public sector organisations, will research the causes and impact of health inequality with the aim of informing local, regional and national policy to tackle the impacts of this inequality.

The CYPF Executive will support HDRC and will ensure it considers its findings in its strategies, plans and actions.

Partnership working

Partnership has been crucial to development of this strategy. It has been developed in partnership with children, young people and families. It has also been developed collectively by a range of strategic partners covering the local authority, police, health, education (early years, primary, secondary, tertiary, higher education), voluntary sector, and private sector.

Partnership working will be critical to the success of this strategy. All partners will have crucial roles in developing, supporting, embedding, evaluating and challenging this strategy. Specific actions will be outlined in the action plan developed to implement this strategy. We need to build on the strengths and assets that individual partners bring and support them and challenge them appropriately.

However, to really make a difference for children and young people, agencies, organisations, teams, departments, and services must act collectively and be "acting as one". The collective ownership of this strategy needs to be maintained and enhanced. There is more to do to develop, deepen, and strengthen partnership working. Inspections have recognised that there is still much to do in improving and developing how partners work together. There is also much to do in ensuring partnerships are equitable and effective, and genuinely deliver in the best interests of children, young people, and families. This includes ensuring:

- Partnership with children, young people and families is meaningful, comprehensive, inclusive and effective
- All the Districts' strategic partnerships are aligned to, and engaged with delivering this strategy
- Further strategies and planning take account of this strategy
- Areas of partnership practice are identified and built upon

- Barriers to effective partnership working and areas for improvement are addressed and identified.

Specific actions in the action plan aim to address improving and developing partnership working.

DRAFT

Themes, priorities and impact - Links to other strategies and plans



Themes and Sustainable Development Goals

The table below maps the Children and Young People’s Strategy’s themes to the United Nations Sustainable Developmental Goals.

UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS BY THEME

Children & Young People's Plan Theme	Sustainable Development Goals
Education	<p>4 QUALITY EDUCATION</p>  <p>Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.</p>
Physical & Mental Health	<p>3 GOOD HEALTH AND WELL-BEING</p>  <p>Ensure healthy lives and promote well-being for all, at all ages.</p>
Safe Homes Places & Communities	<p>5 GENDER EQUALITY</p>  <p>Achieve gender equality & empower all women and girls.</p> <p>11 SUSTAINABLE CITIES AND COMMUNITIES</p>  <p>Make cities & human settlements inclusive, safe, resilient & sustainable.</p> <p>16 PEACE, JUSTICE AND STRONG INSTITUTIONS</p>  <p>Promote peaceful and inclusive societies for sustainable development, provide justice for all and build effective, accountable and inclusive institutions at all levels</p>
Skills Development	<p>4 QUALITY EDUCATION</p>  <p>Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.</p> <p>8 DECENT WORK AND ECONOMIC GROWTH</p>  <p>Decent work & economic growth</p> <p>10 REDUCED INEQUALITIES</p>  <p>Reduce inequality within and among countries</p>

Education

Our ambition

We want all our children and young people to enjoy learning throughout the whole of their childhood, whether this is: in their home, pre-school or other educational establishment settings, digital settings, libraries, youth and community settings, parks and play areas, or other outdoor settings.

Each child should have the opportunity to reach their full educational potential regardless of their background or circumstances.

This strategy aims to ensure the learning and education of those children and young people who have special or additional needs, who are more vulnerable, or who are on the fringes of vulnerability, is supported and not compromised as a result of their vulnerability. This includes access to skills for life learning such as: sex and relationships, healthy lifestyles, citizenship and democracy, climate action and sustainability, and diversity and community cohesion.

We will ensure children and young people with special educational needs and disabilities (SEND) receive the support they require in school and at home, and to access other activities.

Priorities

1. **Improved partnership working between preschool childcare, schools, statutory services and the voluntary and community sector that prioritises the needs of the child and family**
2. **Ensure that all children have the opportunity to: enjoy learning and school, have good attendance, and that those who need additional support can, and do access it**
3. **Ensure that children are ready for the next stage (Early Years, Primary, Secondary or Post 16) by improving educational outcomes and access to 'skills for life' education; in particular, for pupils who have SEND, are disadvantaged, are care experienced or who have other vulnerabilities, and that for these groups this carries through to support for their transition to adulthood.**

Physical and mental health

Our ambition

We want all our children and young people to enjoy the best physical, emotional and mental health possible. For this they need to live in supportive and protective home, educational and community environments. We want them to have opportunities to develop habits and routines that will support their health throughout the whole of their lives.

For children and young people living in different circumstances and with different needs, this will mean taking different action. Therefore, we will tailor actions to ensure they are suitable and equitable across the range of circumstances, needs and settings that children and young people experience and occupy. As well as equity of opportunity we also aim for our children and young people to have equity of outcomes.

Our actions for positive and sustainable outcomes for children and young people are structured around the four pillars of Bradford District and Craven's health and care plan: Better Births, Prevention, Pathways and Services, and Complex Care. The work within these pillars reaches into the life and home of every family in the District; however, success is dependent upon effective partnerships and collaboration.

Priorities

- 1. Ensure babies (and new mothers), children and young people have early access to, and a good experience of, wellbeing and mental health support**
- 2. Improve families' access to affordable and healthy food**
- 3. Ensure all children and young people can access active spaces and enhance opportunities to engage with sports and other physical activities to have fun and reduce sedentary behaviour.**

Safe Homes, Places and Communities

Our ambition

We want all our children and young people to be safe and feel safe in all places and settings both within and outside of the district – including digital spaces. We want them to have the opportunity to have fun and enjoy themselves wherever they are.

We want them to be proud of their identity and to feel free and safe to express who they are, wherever they are.

We want our young people to have the opportunity to develop healthy intergenerational relationships within their own families, communities and those who provide services or work with them.

We also want them to have safe places they can go to remove themselves from harm, and to have people they can turn to for support at times appropriate to them.

We know that children and young people consider clean streets and lighting are important in making them feel safe, we will ensure that they are able to influence local decisions.

Priorities

- 1. Ensure that babies', children's and young people's homes, and their wider physical, social and digital environments are safe, clean and sustainable. Children are protected from all types of harm**
- 2. Ensure children and young people have opportunities to have fun and enjoy their local leisure, social, and cultural opportunities**
- 3. Ensure that our children and young people have safe, clean, well-lit and accessible places and spaces where they can play, socialise and be physically active**
- 4. Ensure our children and young people are confident to be themselves in different spaces and be supported to be safe and have a sense of belonging wherever they may be.**

Skills Development

Our ambition

We want all our young people to have opportunities to develop and gain the skills needed to attain decently paid and sustainable work and to live healthy, fun, safe, and fulfilling lives.

Regardless of their background or circumstances, we want them to be aware of what opportunities are available to them – both locally and further afield, the skills and education they need to enable them to take up those opportunities and how to access skills and educational support so that they have the opportunity to apply for work and careers that will meet their needs and aspirations.

We want to work with others, such as West Yorkshire Combined Authority, Department of Work and Pensions, The West and North Yorkshire Chamber of Commerce etc. to ensure the basics required to support our young people to make their aspirations a reality are in place, such as flexible recruitment practices, affordable transport, and opportunities to participate in relevant work experience.

Priorities

- 1. Ensure young people leave school with the right qualifications and skills, including life, social and independence skills, to pursue their chosen education, employment or training pathway and to live healthy, happy, fun, safe and fulfilling lives**
- 2. Ensure all children, young people and families have access to digital resources, provision and skills. Services must also be tailored and accessible, according to need**
- 3. Lift families out of poverty and into better paid work through targeted skills improvement and employment support.**

Impact Statements (How we will know that we have made a difference)

- Every child to start out with the foundations for good health and wellbeing throughout their lives. We will have a 0-5 prevention and early help offer for families from birth to starting school. This will offer integrated and high quality early years care for all. It should help families provide warm, supportive and nurturing environments and ensure access to early play and learning opportunities for all children, especially those most in need. Success here will lead to a higher percentage of children starting school with a good level of development and succeeding in school.
- More of our children educated in good or outstanding schools, with high attendance rates, increased educational attainment and, most importantly, a reduction in the educational attainment gap between the most and least advantaged.
- Our young people making successful transitions into adult life; to reach adulthood with a sense of belonging, purpose, wellbeing and the skills and resilience they need to succeed. This means higher numbers of young people in school getting access to vocational courses in schools, more apprenticeships, higher attainment at Level 3 and a reduction in the numbers of young people not in education, training or employment.
- Our young people enjoying healthy childhoods which lay the foundations for long and healthy adult lives. This means living in communities which promote healthy living and have services to support those in need. This will be reflected in lower

obesity rates, increased physical activity, better support services for young people with mental health problems and fewer families living in poor housing.

- Our communities to be safe, inclusive and sustainable. This will be reflected in lower crime rates, increased sense of community safety, better housing conditions, development of green spaces, parks and play facilities, the development of a full cultural engagement strategy and movement toward integrated local service provision.
- Our young people to have a voice through newly created and improved participation and engagement structures. These may include new political engagement forums for children and young people, such as: citizens' juries, local community impact assessments, a youth council and youth overview and scrutiny committee.
- Children and young people across the district will have access to positive, enjoyable and regular out-of-school hours' activities and opportunities.

DRAFT

Appendix 1: Methodology and Consultation Summary

Evidence gathering

Evidence to inform the objectives and priorities in the Strategy came from a number of sources, including:

- Bradford District's interim Children and Young People's Plan 2021
- Published data on the demographics and needs of Bradford District's children and families, e.g. LAIT, ONS data, DfE data on special needs, performance, attendance, exclusions, etc.
- Published data on the performance of local partners, e.g. City of Bradford Metropolitan District Council, school performance statistics
- Research undertaken by Born in Bradford and the Centre for Applied Education Research
- Local organisations' research with families, e.g. Better Start Bradford, National Literacy Trust, The Linking network
- Data from council-commissioned surveys of children and young people's views, e.g. public health surveys, localities surveys, etc.
- Local and national government policy and strategy documents, e.g. Our Plan for Bradford District 2021-25, the UK Government's Levelling Up white paper, DfE Priority Investment Areas
- Information underpinning the Child Friendly Bradford District initiative.

Engagement with children and families

We engaged with children, young people and families during summer 2022, supported by the Holiday Activities Fund (HAF):

- Better Start Bradford
- Bradford Libraries
- Sangat Centre Keighley
- Peak Tuition

Engagement with professionals and partners

The development of this strategy has been informed by collaboration and engagement with many partners and professionals across Bradford District. Some were directly involved in the working group and others were consulted on as part of the process of identifying priorities and updating the themes from the interim Children and Young people's plan 2021, those involved or consulted:

- Education Partnerships:
 - Carlton Bolling Academy
 - Dandelion
 - Motive8
 - Schofield Sweeny
- Bradford VCS Young Lives Forum:
 - AWARE - Airedale and Wharfedale Autism Resource
 - Barnardos
 - BD4 Community Trust

- Bradford Council
- Bradford District Museum and Galleries
- Carers' Resource - Bradford
- Community Action
- Dance United Yorkshire
- JAMES
- Play Bradford
- Step 2 Young People's Health
- The Linking Network
- JU:MP
- SAFE Bradford Taskforce
- Born in Bradford and Age of Wonder
- National Literacy Trust
- City of Bradford Metropolitan District Council's Children's Service teams, including Children's Social Care, Early Help and Prevention, Youth Service, SEND services, etc.; Public Health; Employment and Skills; Place, etc.
- Bradford Libraries
- Bradford Teaching Hospital NHS Foundation Trust
- Airedale NHS Foundation Trust
- Bradford District Care Trust
- Bradford District and Craven Integrated Care Board (ICB)
- West Yorkshire ICB
- West Yorkshire Police
- Consultation with partnership boards, including the Youth Justice Board, Prevention and Early Help, Children and Families Health and Care Board, SEND Strategic Partnership, Employment and Skills, etc.

Appendix 2: Data and Evidence Summary

The impact of inequalities on children and their families

- **Child poverty in Bradford District:** 38 percent of children under 16 live in low income families - 60,000 children. 47,000 children aged under 16 live in families classed as being in absolute poverty. 3rd highest percentage of children in relative poverty in the country and 2nd highest percentage in absolute poverty (before housing costs).
- **Persistent disadvantage:** Children who experience persistent disadvantage leave school on average 18-22 months behind their peers. A child has an 80 percent chance of passing maths and English at GCSE if they neither live in poverty nor require the support of a social worker. This figure drops to 65 percent when a child lives in poverty or needs a social worker.
- **Deprived areas and child protection plans:** Research has shown that children living in the most deprived areas are up to 10 times more likely to require a Child Protection Plan than their peers (so reducing the multiple stresses that poverty brings is key to our strategy).
- **Unemployment claimant count rates:** Bradford District has the 8th highest local authority claimant count unemployment rate in the country. It has the 3rd highest of all city authorities (after Birmingham and Wolverhampton). For young people, Bradford District has the 3rd highest rate in the UK of all local authorities and the 2nd highest of all city authorities (after Wolverhampton).
- **Life expectancy - low and high incomes:** There is a ten-year gap in life expectancy between the poorest and the wealthiest in our district. The poorest in our communities can expect to live 21 years of their lives in poor health.
- **Child death rates:** Rates of child deaths are roughly four times higher in the most deprived area than the least deprived areas. (and infant mortality is two-thirds higher than the average in England. The rate of child deaths for those from South Asian backgrounds is three times higher than from White ethnic backgrounds. Data analysis from Bradford District child death reviews show this excess is associated with a mixture of genetic and social factors.
- **Negative impact of poverty at birth:** National research has shown that even a transient experience of poverty at birth increases the risks of dying in early adulthood by 50 percent. For every one percent increase in child poverty, there was a 5.8 per 100,000 increase in infant mortality. Whole family wellbeing around birth is crucial, as children whose mothers were stressed in pregnancy are twice as likely to have mental health problems as teenagers.
- **Income related benefits and impact on mental health:** The prevalence of disorders such as anxiety and depression is twice as high in children living in households receiving income related benefits and three times as high for children living in households in receiving disability related benefit (NHS Digital 2017).
- **Toxicity of poverty:** National research shows living in persistent poverty is absolutely toxic for a whole range of children's health outcomes. These children have three to four times the risk of mental health problems, double the risk of obesity and double the risk of long-term chronic illness. Living in persistent poverty doubles the risk of death in early adulthood, death from suicide, accidents and cancers.

- **Obesity and our young people:** A quarter of 10 to 11-year-olds in Bradford District and Craven are obese.

Children and young people's health and wellbeing

- **Demand outstrips capacity:** Healthy Families at Home reports that capacity vs demand is high – number of referrals, take up of offer and retention within the intervention all higher than expected. The end result is large numbers waiting for service and due to length of intervention waiting time is up to one year.
- **Rising prevalence of childhood obesity:** Since COVID-19 (NCMP): across reception to year six the total prevalence of excess weight has increased from 31 percent in 2018/19 to 37 percent in 2020/21.
- **Deprived areas see increased rates of obesity:** Children living in the most deprived areas were more than twice as likely to be obese than those living in the least deprived areas. Bradford District is the 13th most deprived local authority area (out of 317) (2019 Indices of Multiple Deprivation).
- **District's children less active than their England peers:** In 2020/21 33.2 percent of children and young people in Bradford District were classed as 'less active', that is, they do less than 30 minutes of exercise per day compared to 32.4 percent of their peers in England.
- **Higher sedentary time:** The various Non-Pharmaceutical Interventions (NPIs) aimed at curbing the spread of COVID19 have also led to higher levels of sedentary time. i.e. Time spent sitting or stationary.
- **Factors contributing to excess weight:** Low levels of physical activity and high sedentary time are two contributing factors leading to excess weight, however we know it is also influenced by a wide range of other factors including; gender, how old we are, the genes we've inherited from our parents and grandparents, how we live our day to day lives, whether we're able to access healthy food or have a good network of friends, family or other support, and crucially where we live, work and play.
- **Low proportions of first feed breastmilk:** Bradford District was 59.3 percent in 2018/19 compared to England average of 67.4 percent ([Child and Maternal Health - Data - OHID \(phe.org.uk\)](https://phe.org.uk/child-and-maternal-health-data))
- **Special educational needs:** In 2021, approximately 19k 0-25 year olds in Bradford District had an identified educational health care plan or a special educational need supported by their school or setting.
- **Take up of immunisations:** In some wards one in four children are not up to date with their immunisations.
- **Poor oral health:** By age five, many of our children are starting to present with very poor oral health. Access to dentists is an issue locally as in 2017 only 42 percent of 0-4 year olds in Bradford District had seen a dentist in the previous 12 months (the England average was 38 percent).
- **Exacerbated mental health challenges:** There is mounting concern that the COVID-19 pandemic exacerbated existing challenges with mental health services. Even before the pandemic, the prevalence of mental disorders in

children and young people was increasing. The rate of probable mental disorder has increased in 5-16 year-olds, from one in nine in 2017, to one in six in 2020, nationally. In particular, demand for support for eating disorders has risen in the last few years, and self-harming presentations from young people at hospital is rising.

Children's Social Care

- **Rate of children in care:** Bradford District's rate of Children in Care is significantly higher than national or regional averages: 103 per 10,000 in 2022, compared with 70 per 10,000 in England and 81 per 10,000 in Yorkshire and Humberside. The rate in Bradford District rose dramatically between 2021 (94 per 10,000) and 2022; this reflects the level of need in the district and the impact of the challenges outlined in the body of the strategy.
- **Children in need:** Bradford District's rate of Children in Need is also higher than national or regional averages: 419.2 per 10,000 in 2022; however, this represents a slight decline on 2021, where the rate was 443.7 per 10,000.
- **Child protection Plans:** The number of children subject to a Child Protection Plan (CPP) in Bradford District in 2022 was 688, equating to a rate of 48.2 per 10,000. This is in line with the regional average of 48.5 but higher than the England average of 42.1. There has been a decline in the rate of children with a CPP in the district, and regionally and nationally since 2019.

Appendix 3: Proposed Outcomes Framework

Theme 1: Education

ID	Measure	Source
1.1	Early Years Foundation Stage: Percentage/number of children achieving a Good Level of Development and key groups	DfE
1.2	Key Stage 2: Percentage/number of pupils achieving reading, writing and maths at the end expected standard and key groups	DfE
1.3	Key Stage 4: Percentage/number of pupils achieving English and maths at grade 4+/5+ and key groups	DfE
1.4	Attendance and Persistent Absence rates and key groups	DfE
1.5	Suspension rates and number of permanent exclusions	DfE
1.6	SEND: Numbers of CYP being assessed for an EHCP in Bradford	DfE

Age of Wonder measures focused on School.

Theme 2: Physical and Mental Health

ID	Measure	Source
2.1	Breastfeeding prevalence at 6-8 weeks after birth - current method	NHS England
2.2	Reception: Prevalence of obesity (including severe obesity)	NHS Digital
2.3	Year 6: Prevalence of obesity (including severe obesity)	NHS Digital
2.4	Rate of children admitted to hospital for accidental and deliberate injuries (combined; per 10,000)	OHID
2.5	Rate of children admitted to hospital for accidental and deliberate injuries (combined; per 10,000)	OHID

Age of Wonder measures focused on Mental Wellbeing; Physical Health.

Theme 3: Safe homes, places and communities

ID	Measure	Source
3.1	First time entrants to the youth justice system	MoJ
3.2	Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act	DLUHC
3.3	Children in care	DfE
3.4	Children killed and seriously injured (KSI) on England's roads	DfT
3.5	Proportion police calls to domestic violence at home where child present	Police

3.6	Rate of child mortality (1-17 years) per 1000	ONS
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Age of Wonder measures focused on Socioeconomics and Health Behaviours; Identity and Discrimination; Environment.

Theme 4: Skills Development

ID	Measure	Source
4.1	16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known	DfE
4.2	Children in absolute low income families (under 16s)	DWP
4.3	Children in relative low income families (under 16s)	DWP
4.4	Proportion of 19 year olds achieving Level 3 qualifications	DfE
4.5	Proportion of adults qualified to Level 3 or above	ONS

Age of Wonder measures focused on Digital and Social Media; Socioeconomics and Health Behaviours.

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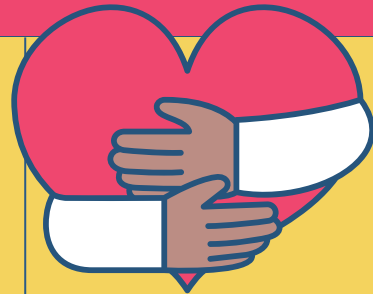
BRADFORD DISTRICT CHILDREN & YOUNG PEOPLE'S STRATEGY

OUR THEMES



1) EDUCATION

1. Improved partnership working between preschool childcare, schools, statutory services and the voluntary and community sector that prioritises the needs of the child and family.
2. Ensure that all children enjoy learning and school, have good attendance, and that those who need additional support can and do access it.
3. Ensure that children are ready for the next stage (Early Years, Primary, Secondary or Post 16) by improving educational outcomes and access to 'skills for life' education; in particular, for pupils who have SEND, are disadvantaged, are care experienced or have other vulnerabilities.



2) PHYSICAL & MENTAL HEALTH

1. Ensure babies (and new mothers), children and young people have early access to and a good experience of wellbeing and mental health support.
2. Improve families' access to affordable and healthy food.
3. Ensure all children and young people can access active spaces and enhance opportunities to engage with sports and other physical activities to have fun and reduce sedentary behaviour.



3) SAFE HOMES, PLACES & COMMUNITIES

1. Ensure that babies, children's and young people's homes, and the wider physical, social and digital environments are safe, clean and sustainable. Children are protected from all types of harm.
2. Ensure children and young people have opportunities to have fun and enjoy their local leisure, social, and cultural opportunities.
3. Ensure that our children and young people have safe, clean, well-lit and accessible places and spaces where they can play, socialise and be physically active.
4. Ensure our children and young people are confident to be themselves in different spaces and be supported to be safe and have a sense of belonging wherever they may be.



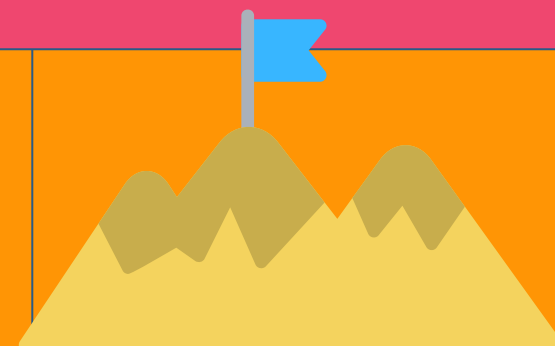
4) SKILLS DEVELOPMENT

1. Ensure young people leave school with the right qualifications and skills, including life, social and independence skills, to pursue their chosen education, employment or training pathway and to live healthy, happy, fun, safe and fulfilling lives
2. Ensure all children, young people and families have access to digital resources, provision and skills. Services must also be tailored and accessible, according to need.
3. Lift families out of poverty and into better paid work through targeted skills improvement and employment support.



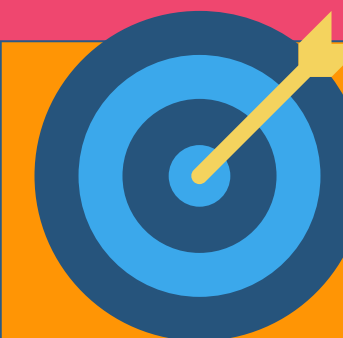
OUR PRINCIPLES:

- Partnership Working
- Research & Evidence-informed practice
- Equality, diversity & inclusion
- voice and influence of children & families
- safeguarding



OUR VISION:

Bradford to be a wonderful place for children to thrive, grow up, live and work.



OUR AIMS:

Ensure that babies, children and young people's socio-economic background and family circumstances do not hinder their development during childhood nor their life chances

The Future

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Report of the Director of Public Health to the meeting of Wellbeing Board to be held on 28th February 2023

J

Subject:

Update on the Child Friendly District initiative

Summary statement:

This paper provides an update on the Child Friendly District initiative and requests the approval of the board on the future naming convention and ongoing focus of the work

EQUALITY & DIVERSITY:

The initiative contributes to two of the four equalities themes as set out in the Equality Objectives and Equalities Plan 2021-25.

Specifically, it will help strengthen our collective approach to the equalities theme of **Community**; creating a district where more children and young people will feel that they **'belong, are understood, feel safe and are able to fully participate and contribute to the social and civic life of the district'**

In addition, a focus on children's rights and voice and influence contributes to the equalities theme of **Service Design**. Strengthening our approach to voice and influence will help us to **'ensure our services are designed in an inclusive and accessible way including co-production with local people'**

Equality and diversity considerations have been regarded throughout this paper

Sarah Muckle
Director of Public Health

Portfolio:
Children, Young People and Families

Report Contact: Richard Cracknell
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E-mail: richard.cracknell@bradford.gov.uk

Overview & Scrutiny Area:
Children's

1. SUMMARY

- Our foundational year working with UNICEF UK on the Child Friendly Cities & Communities programme concluded in December 2022. We are now applying the learning and development to continue our approach to embedding children's rights and to give children and young people more voice and influence over local services. Our ambition to create a more child friendly District underpins the new partnership Children and Young People's Strategy.

The Wellbeing Board is being asked to support a proposed new naming convention that reflects a localised approach and that differentiates us from the international UNICEF Child Friendly Cities programme.

We are also providing this update to update the Board on the recent, current and planned activities that will fall under the remit of the initiative - with a focus on the voice and influence of children and young people as a means of improving services and outcomes.

2. BACKGROUND

What is Child Friendly Cities?

Child Friendly Cities is a UNICEF Children's Rights framework for Local Government that is based on the United Nations Convention on the Rights of the Child (UNCRC), ratified in the UK in 1991.

"The programme aims to create cities and communities where all children whether they are living in care, using a children's centre, or simply visiting their local library have a meaningful say in, and truly benefit from, the local decisions, services and spaces that shape their lives."

UNICEF UK

It is important to note that some Local Authorities such as Warwickshire and Leeds also use 'child friendly' terminology but are not working in partnership with UNICEF, instead delivering their own local approaches to embedding children's rights.

The local timeline and context

A report was taken to the Health and Wellbeing Board on 28th January 2020 setting out our intention to work with UNICEF UK to become a part of their Child Friendly Cities and Communities programme. The report requested the support of the Board to pursue the initiative and the recommendations from the report were agreed in the meeting.

A programme lead for Child Friendly Programme was appointed in June 2021 and a partnership was developed with UNICEF UK. It was agreed that as we were during a period of organisational change, we would work with UNICEF UK to complete their Foundational Year before tacking a judgement on whether to proceed with the full 3-to-5-year programme

Our Foundation Year began in December 2021 and over the following months over

100 local stakeholders attended Children's Rights training and a "Child Rights Coalition" was established to shape the initiative. In May 2022 the Programme Lead left the post, recruitment took place in June with their successor starting in October 2022.

In the period between, the initiative was sustained by the Director of Public Health and the Children and Young People's Public Health Team who continued to work with UNICEF UK to meet the key mandated milestones within the Foundational Year. In December 2022, an evaluation meeting was held with UNICEF to assess our progress to date and to decide whether to continue with the full accredited programme.

At the review meeting UNICEF UK shared that; "Bradford Council is making good progress along the prescribed Child Friendly Cities journey" and that we "have shown a demonstrable and sustained commitment from senior leadership" with "support from across the council".

To build on this progress it was decided that Bradford District would adopt the approach taken by other Local Authorities such as 'Child Friendly Warwickshire' and 'Child Friendly Leeds' and continue working to embed the voice of children and young people - inspired by but not working within the UNICEF Child Friendly Cities and Communities Framework. This enables us to adopt an approach that works best for our local context and to be more pragmatic in terms of increasing the voice and influence of children and young people in the district as part of our wider improvement journey.

Our investment in a Foundational Year with UNICEF enabled us to bring together a local partnership of stakeholders ("The Child Rights Coalition"), provide Children's Rights training to nominated Child Rights Champions, provide Children's Rights training to over 100 wider stakeholders, conduct a Children's Rights Situational Analysis with 164 responses, recruit 'Child Right's Apprentices' within the Youth Service and to deliver a Discovery Day Launch Event on 23rd November 2022 at Valley Parade..

Over the Foundational Year and through a range of consultation activities our new 'child friendly' Children and Young People's Plan has been informed by the views of children and young people and the organisations who support them. We will continue to involve and work with children and young people on the next stages of the plan.

A competition to design a logo for the initiative was run with local primary schools and the finalists' entries were exhibited at the Discovery Day event. Children in attendance voted for their favourite entry with the winning design being from a Year Three child from St John's Primary School in Holmewood. The Council communications team have been working to turn the winning design into a digital logo and the Child Friendly team have been out to visit the school to meet the winner, with her school council invited to City Hall to take part in a local democracy workshop.

Our commitment to children and young people's voice and influence

As well as undertaking the UNICEF Foundational Year, we have an ongoing collective commitment to children and young people's voice and influence:

- In the **Council Plan 2021-25** under Good Start/Great Schools we state that *"the voice of the child is at the heart of all we do"*
- One of the three core values in the new draft **Children and Young People's Plan** is *"The Voice and Influence of Children, Young People and Families"*
- The Terms of Reference for the **Children, Young People and Families Executive Board** states that *"Ensuring the views and needs of children, young people and their families are sought and listened to is a core value"*
- The Terms of Reference for the **Children, Young People and Families Health and Care Partnership Board** states one of the Working Principles as *"Co-production with children and families should be at the heart of our work and our approach"* and a Core Purpose of the Board is stated as *"To ensure that the voice of children, young people and families is at the heart of informing the actions this board should take."*

Improving our approaches to children and young people's voice and influence has been identified as an area of improvement by inspectors in recent years:

- The September 2021 Ofsted monitoring visit highlighted our need to *"strengthen the participation and the voice and influence of children and young people"*
- The June 2022 Joint Area SEND Inspection stated that *"Leaders do not gather the voice of children and young people with SEND as much as they need to"*
- The November 2022 Ofsted inspection stated that *"Children's voice...is a relatively new development and is yet to have an impact on the quality of services"*

The networks and partnerships developed under the Child Friendly initiative will be an enabler to help address these areas of improvement.

Local assets

In Bradford District we have an abundance of local assets upon which we will build to become a more Child Friendly district:

- Large population of children and young people – the youngest in the UK,
- Commitment at senior leadership level, as evidenced by the inclusion of children's voice and coproduction as outlined in the strategies and policies above
- A new Children and Young People's Plan with 'voice and influence' as a key enabler across all four priority areas
- Children in Care Council and Care Leavers Council
- Social Care Participation Coordinator and Participation Officer posts
- Parent and Carers forums

- Involvement and Communications Team within the Bradford District & Craven Health and Care Partnership
- Born in Bradford & Age of Wonder
- WY Police Youth Information and Advisory Group
- Youth Justice Service Youth Engagement Group
- BDC NHS Foundation Trust Youth Involvement Group “Young Dynamos”
- BDC NHS Foundation Trust CaMHS Involvement Group
- Bradford Citizens
- Alliance for Life Chances
- The Linking Network
- Youth Service Young Ambassadors
- Young Lives Bradford
- Baildon Youth Council
- Keighley Youth Forum
- School Councils
- Healthy Minds and Youth in Mind
- City of Culture 2025

Post UNICEF naming convention

The specific terminology “Child Friendly Cities” is used by UNICEF as a denotation of Local Authorities working in paid partnership with them - or those who have already achieved Child Friendly status. Now we have completed our Foundational Year it is therefore necessary that we adopt a new wording to better describe our local ambitions as a partnership within the district.

In keeping with the naming convention adopted by other Local Authority Partnerships who are inspired by but not working within the UNICEF Framework, such as ‘Child Friendly Warwickshire’ and “Child Friendly Leeds”, we are proposing using “**Child Friendly Bradford District**’ as an inclusive way to denote the initiative and the umbrella of activities that may come to be associated with it. This suggestion is formed based on discussions with various stakeholders.

Child Friendly Bradford District forward plan

The forward plan for Child Friendly Bradford District is guided by the new (currently draft) Children and Young People’s Strategy. As a partnership we will work together to improve outcomes by focusing on the four priority areas of:

- Physical and Mental Health
- Safe homes, places and communities
- Education
- Skills

One of the key enablers written into the strategy that will help us improve outcomes across all these priorities is “the voice and influence of children and young people” and Child Friendly Bradford District will play an unlocking role in this by:

>Establishing a “Community of Practice” network for those who have youth voice and participation within their job roles.

>Developing a network of school councils from across the district, offering voice and influence opportunities to the learners and CPD opportunities to school staff. Schools have been contacted with 34 schools signed up. A Child Friendly “Pupil Voice” portal has been established on the Bradford Schools Online website

>Collating shared resources to enable the partnership to involve children and young people more consistently, efficiently and effectively. For example, shared approaches, toolkits and guidance around involving children and young people in the recruitment of staff or in the commissioning of services.

>Exploring the development of a more centralised Youth Voice structure to enable children and young people from across the district to come together to meet and work together with decision makers.

>Developing a partnership-based Voice, Influence and Change Strategy for the district that details how our organisations will enable children and young people to have a voice and influence.

>Delivering a series of workshops and events to enable children and young people to help us create youth-led action plans relating to the priorities identified in the Children and Young People’s Plan; *how* will we improve outcomes, what does good look like, what role can services play, what role can children and young people play?

>Providing training and development opportunities to elected members, senior leaders and the wider workforce on children’s rights and voice and influence

>Providing project-based support to increase the voice and influence of Children in Care and Care Leavers

>Providing project-based support to increase the voice and influence of children and young people with SEND

In addition to the work around improving our approach to children and young people’s voice and influence, under the Child Friendly District initiative we will also:

>Gather regular good news stories relating to children and young people and working with the Council’s Press Office to create press releases for the local media

3. OTHER CONSIDERATIONS

With the ongoing establishment of the Children’s Trust and the changes and reconfigurations taking place around this, we are intending to take a phased approach to rolling out Child Friendly Bradford District as a wider brand and further reference is included in the ‘risk management’ section below. The Child Friendly Programme Lead has been meeting with colleagues involved in the establishment of the Trust to ensure they are included in the future planning for Child Friendly.

4. FINANCIAL & RESOURCE APPRAISAL

The operational budget for the Child Friendly District initiative has been committed and allocated for five years from FY 2020/21. The budget is made up from a central contribution from the Local Authority with additional funding provided by the Health and Care Partnership. Budget savings have already been identified for the initiative.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The Child Friendly Bradford District initiative is governed through a stakeholder steering group that meets on a six-weekly basis. The Wellbeing Board provides overall Governance and through the Children and Families Executive Board we will ensure that our Child Friendly ambitions are aligned with our partnership approach to delivering on the new Children and Young People's Strategy.

The Board is also asked to consider any reputational risk in using "Child Friendly" as an overtly public facing brand whilst we are in a period of service improvement and reconfiguration.

6. LEGAL APPRAISAL

➤ None arising

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

➤ None arising

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

➤ None arising

7.3 COMMUNITY SAFETY IMPLICATIONS

The new Children and Young Peoples Strategy will form the basis of our partnership approach to improving outcomes for children and young people and helping us become a more Child Friendly District. One of the 4 priority areas within the strategy is "Safe homes, places and communities". "Feeling Safe" has been highlighted in the 2022 Localities Survey as a top issue for children and young people.

7.4 HUMAN RIGHTS ACT

The values and ethos of the Child Friendly initiative are built on embedding Children's Rights in public services

7.5 TRADE UNION

None arising

7.6.1 WARD IMPLICATIONS

Elements of the initiative may relate to Ward levels, primarily where children and young people are encouraged to have a greater understanding of an engagement with local government functions with the potential to take part in workshops with local councillors.

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

None arising.

7.8 IMPLICATIONS FOR CORPORATE PARENTING

The September 2021 Ofsted Monitoring Visit highlighted our need to “*strengthen the participation and the voice and influence of children and young people*”. Specific capacity within the Child Friendly initiative will be given to strengthening the voice and influence functions for children in care and care leavers and our approach to Corporate Parenting.

The Child Friendly initiative will also work in partnership with our Fostering Teams to support their work, including for Fostering Fortnight taking place this May and future work to be developed around Fostering Friendly employers.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

None arising

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

10. RECOMMENDATIONS

- That the naming convention of ‘Child Friendly Bradford District’ is adopted for our local Child Friendly initiative
- The primary focus of Child Friendly Bradford District is coordinating and developing our partnership approaches to giving children and young people more influence over public services in the district.

11. APPENDICES

None provided

12. BACKGROUND DOCUMENTS

➤ None provided



Bradford District Wellbeing Board

28 February 2023

Summary report

Item:	Refresh of the West Yorkshire Partnership’s Five-Year Strategy - Working Draft and Joint Forward Plan Approach
Report authors:	Ian Holmes, Director of Strategy and Partnerships, NHS West Yorkshire Integrated Care Board Esther Ashman, Associate Director of Strategy, NHS West Yorkshire Integrated Care Board
Presenter:	Shane Hayward-Giles, Rightcare Delivery Partner, NHS England North East & Yorkshire Region

Executive summary

In December 2019, the West Yorkshire Partnership Board approved the Five-Year Strategy for the Partnership, [Better health and wellbeing for everyone](#). This document was the culmination of a long period of public and partnership engagement and set out the vision, ambitions and ways of working for the partnership.

Since its publication, the context and focus for our work has changed significantly. While we have made good progress across a range of areas, the Covid-19 pandemic has meant that our partnership has necessarily needed to shift its focus away from our priorities to more immediate operational pressures. The scale of challenge has also increased in a number of areas, most notably the widening of inequalities. A current position against the 10 Big Ambitions is set out in Appendix A. In addition, the changing landscape of health and care brought about by the Health and Care Act 2022, has set out new ways of working together to achieve a truly integrated system.

In March 2022, the Partnership Board agreed an approach to refreshing the Partnership’s Five-Year Strategy and developing an improvement and delivery framework to affect its implementation. This approach has its foundations in places with the strategy being built from the five places’ Health and Wellbeing Strategies.

The strategy refresh has been undertaken using an inclusive approach. There has been the opportunity for all members of the Partnership and the wider system to be involved through a networked approach to engagement and open and transparent opportunities to be part of the dialogue. There has been the opportunity for effective challenge, enabling diversity of thought and keeping open minds and hearts. The work has been driven by a strategy design group which reflects the broad diversity of the Partnership and who have been working hard since April 2022, to develop ways in which the system can connect itself better and use tools to support an improvement ethos to ensure delivery of the strategy. Representatives from Bradford have been part of the design group undertaking this work.

In September 2022, an update on the work undertaken to date was taken to Partnership Board for both assurance of the work and agreement of the proposed changes in focus for the

strategy. This included comment provided by both the Bradford Wellbeing Executive and Bradford Partnership Board.

A working draft of the strategy is attached for comment, which is intended to retain the continuity of purpose that the Partnership previously set out, whilst recognising the changing context we live and work in. It is important to note that much work has been undertaken since this version was shared with Partnership Board in December, which will be included in the next version due to be shared with Partnership Board on the 7th March 2023.

The next phase of our work is the development of a five-year Joint Forward Plan (guidance is available [here](#)), owned by the Integrated Care Board and setting out delivery of the NHS elements of the Integrated Care Strategy. The Joint Forward Plan needs to meet three principles:

- Being fully aligned with the wider system partnership's ambitions
- Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments
- Being delivery focused, including having specific objectives, trajectories and milestones as appropriate.

As we continue with the NHS operational planning process, it is important that we ensure that the two processes align together and tell the story of how we will deliver the Strategy. The Operational Planning Guidance (available [here](#)) places at the centre the role of ICBs and systems in overseeing planning and delivery; its requirements are threefold, to continue:

- The recovery of services post-COVID including urgent care, elective care, cancer and primary care
- To continue to deliver the priorities set out in the NHS Long Term Plan
- To transform services in support of the above.

Our approach to the Joint Forward Plan and Operational Planning process will continue to be built from place and involve the whole system in its development. We expect that the place Joint Forward Plans will cover the three requirements set out in the Operational Planning Guidance as well as responding to local health and wellbeing strategies and the ICB strategy. We anticipate these plans, being developed to late draft by end-March 2023 and published by end-June 2023, providing the narrative to accompany the operational plans as well as the longer-term system ambitions. This process has been co-designed by members of the strategy design group and NHS England colleagues embedded within the Partnership. We will continue to bring together place and WY colleagues as the plans are developed, this will in turn inform our business planning process. This will determine the WY programme priorities and where there is value in working together in delivering the long-term ambitions.

There is a statutory duty placed on ICBs to consult on the Joint Forward Plan with the requirement to involve:

- The group of people that our NHS services have responsibility for - our 2.4m population
- Any other people we consider appropriate to consult, such as colleagues in health and care services.

The consultation activity started on the Tuesday 10 January, with the process involving a number of different methods across West Yorkshire and our five places. It includes a mixture of online and in person methods.

An important element of the strategy work has been to consider evaluation and how we will know that we have been successful in its delivery. Whilst much of the focus to date has been around national oversight metrics and those metrics through which we are currently measuring progress against the 10 big ambitions, the strategy design work seeks to enhance this further. It is proposed that moving forward we use an approach where we bring these together with a third element, 'the integrated care experience' to ensure that we are able to have an holistic richness to our information and can truly understand what is telling us about our system, the extent to which people feel their care is joined-up and seamless based on their own experiences interfacing with multiple different teams and organisations, what needs to change and what it needs to look like.

We know that there is already promising practice around gathering this information across the Partnership, not least in large scale transformation programmes, places and Local Authorities. Our work includes building on and implementing the recommendations from the Independent Review of Involvement and Good Governance Institute, where not already in place. This will involve where needed, a renewed focus, capacity and investment.

A final copy of the strategy will be presented to the March 2023 meeting of the Partnership Board for approval.

Recommendations and next steps

Members of the Bradford Wellbeing Executive are asked to:

- note the work that has been undertaken across the Partnership as part of the refresh of the strategy; and
- comment on the current draft of the strategy, noting the further work to be undertaken and the development of a Joint Forward Plan to enable delivery of the strategy.

Appendices:

Appendix A - 10 Big Ambitions Update document

Appendix B – West Yorkshire Integrated Care Strategy document

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10 Strategic ambitions - Update December 2022

Appendix A

Ambition 1 - Metric 1

We will increase the years of life that people live in good health in West Yorkshire and Harrogate compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and five months of life for women) between the people living in our most deprived communities compared with the least deprived communities by 2024.

These graphs show, for females and males at birth and age 65, the difference in life expectancy (in years) between the most and least deprived areas in each place. A lower value indicates less inequality in life expectancy.

On these graphs, a higher value indicates greater inequality.

Metric 1 - Inequality in life expectancy at birth - Female

Metric 2 - Inequality in life expectancy at birth - Males

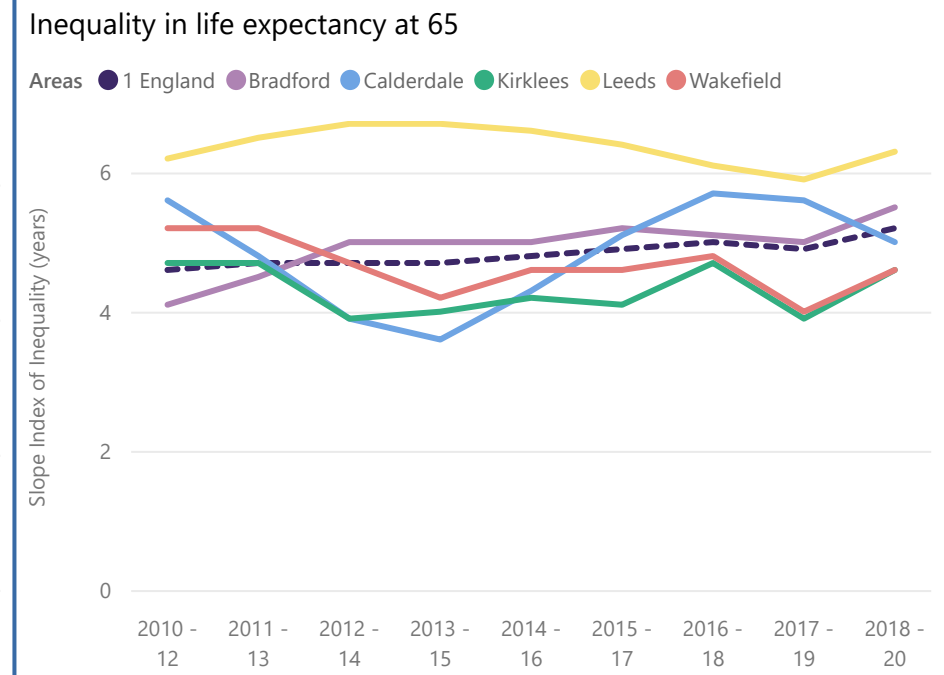
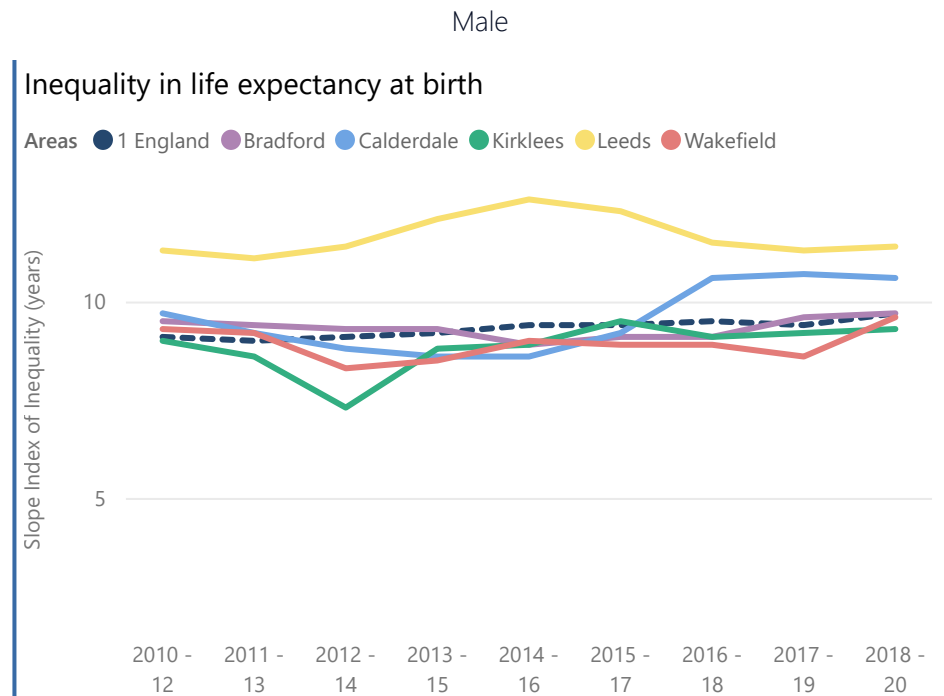
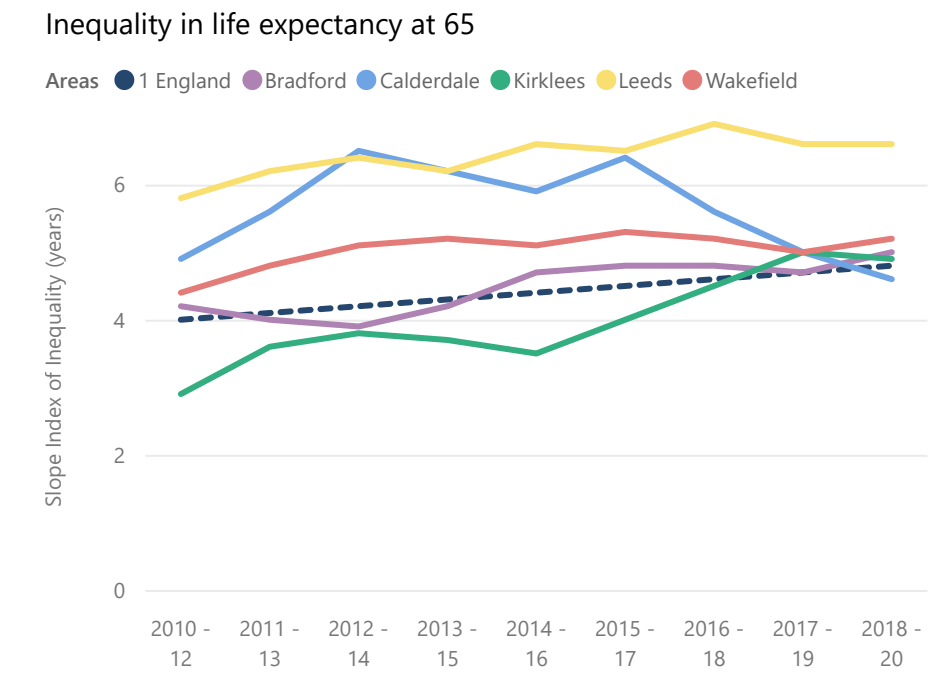
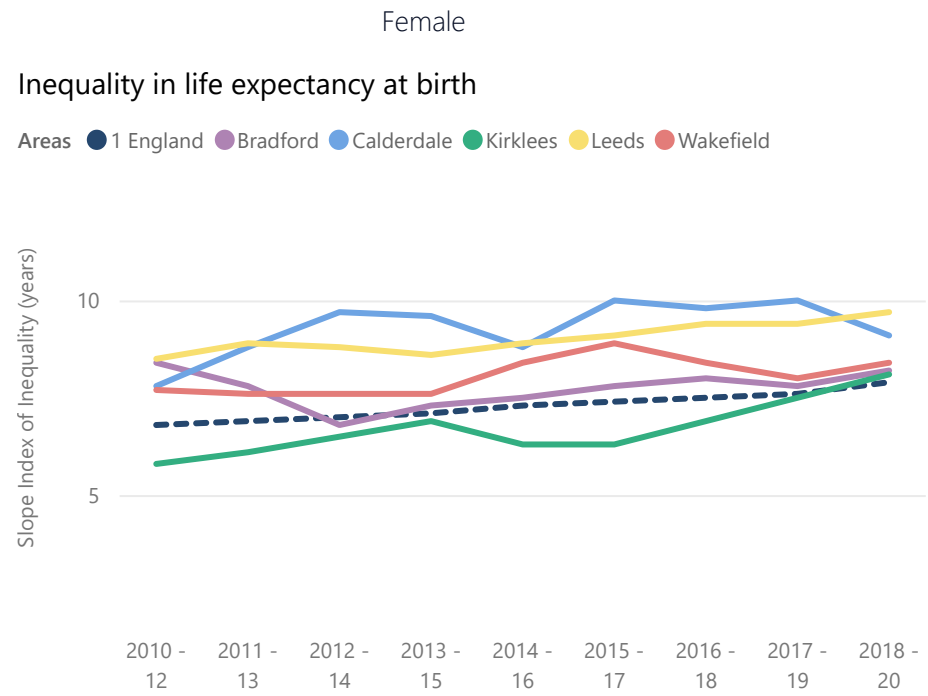
Metric 3 - Inequality in life expectancy at 65 - Female

Metric 4 - Inequality in life expectancy at 65 - Male

Data Sources

Figures calculated by Office for Health Improvements and Disparities using mortality data and mid-year population estimates from the Office for National Statistics and Index of Multiple Deprivation 2010, 2015 and 2019 (IMD 2010 / IMD 2015 / IMD 2019) scores from the Ministry of Housing, Communities and Local Government.

Extracted from Fingertips (OHID)





Ambition 1 - Metric 2

We will increase the years of life that people live in good health in West Yorkshire and Harrogate compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and five months of life for women) between the people living in our most deprived communities compared with the least deprived communities by 2024. These metrics relate to 2 of the 3 levels of disease prevention for 2 of the main causes of death in West Yorkshire - CVD and COPD:

Metric 1 - % of patients with CHD prescribed aspirin, APT or ACT.
Metric 2 - % of patients with COPD who have had influenza immunisation.

Data source
Calculated using Quality Outcomes Framework (QOF) data. NHS Digital. 2020/21. CCGs.
Extracted from Fingertips (OHID).

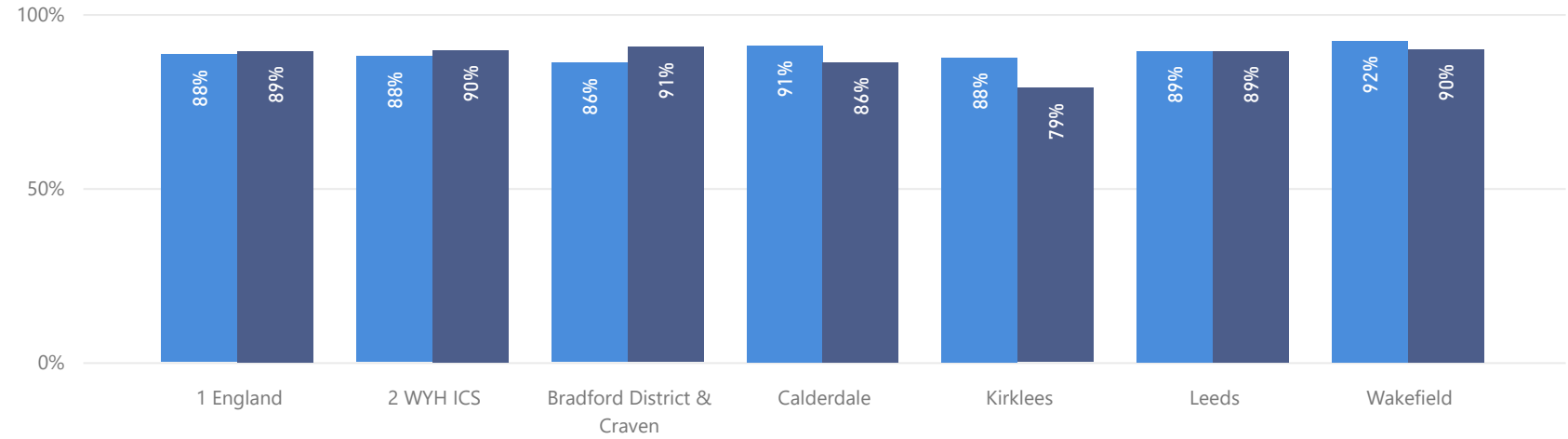
Least deprived decile is not always decile 10, and where unavailable the next decile has been used.

Cardio-Vascular Disease (CVD)

Tertiary Prevention

CHD prescribed aspirin, APT or ACT in last 12m

Least Deprived Decile Most Deprived Decile



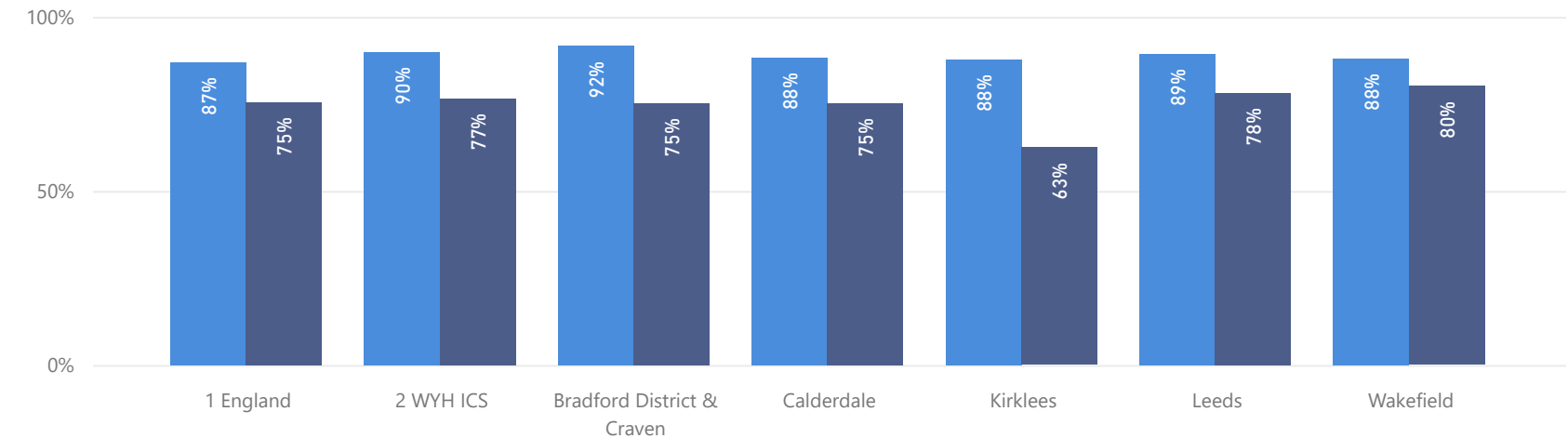
Timeperiod
2020/21

Chronic obstructive pulmonary disease (COPD)

Tertiary Prevention

COPD with Influenza Immunisation

Least Deprived Decile Most Deprived Decile



Ambition 1 - Metric 3

We will increase the years of life that people live in good health in West Yorkshire and Harrogate compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and five months of life for women) between the people living in our most deprived communities compared with the least deprived communities by 2024.

These metrics relate to the 3 levels of disease prevention for another main cause of death in West Yorkshire - Lung Cancer:

Metric 1 - Smoking prevalence in adults in routine and manual occupations (ages 18-64).

Metric 2 - % of lung cancer diagnosed at an early stage (stage 1 or 2). Cancer Alliance Data, Evidence and Analysis Service (CADEAS) data. 2018. Based on most and least deprived quintiles.

Metric 3 - Proportion of baseline levels of 1st treatments for lung cancer. CADEAS data. Mar - Dec 2020 vs Mar - Dec 2019.

Data sources

Annual Population Survey (APS). 2013 - 2019. CCGs. (Metric 1)
Extracted from Fingertips (OHID).

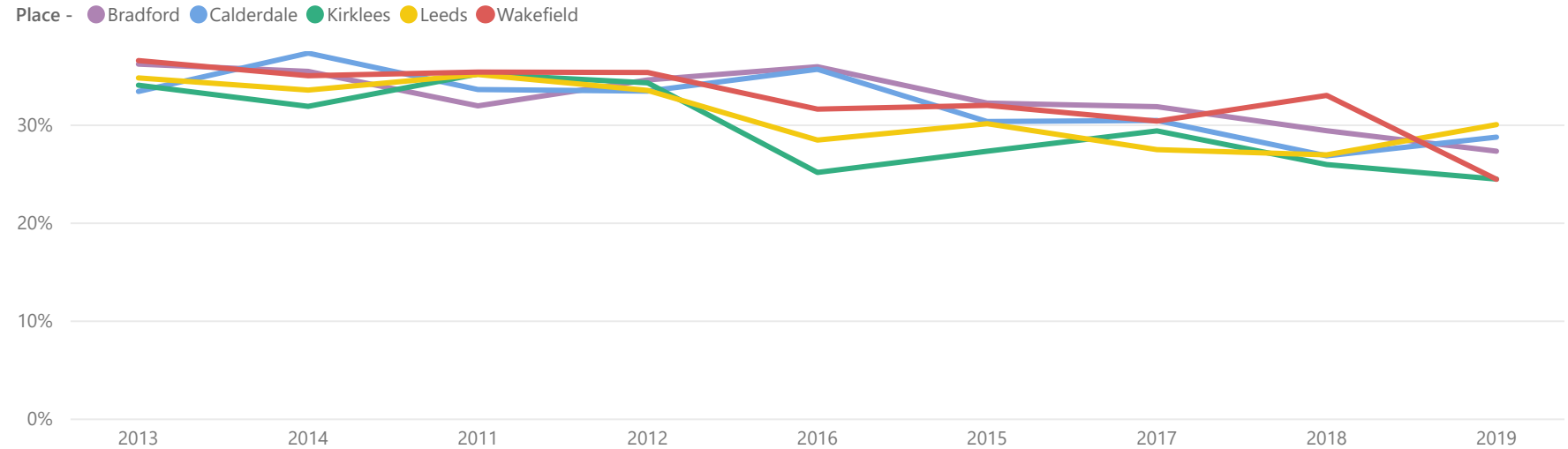
Cancer Alliance Data, Evidence and Analysis Service (CADEAS). 2019. (Metric 2).

Cancer Alliance Data, Evidence and Analysis Service (CADEAS). Difference between 2019/20 - 2020/22.

Lung Cancer

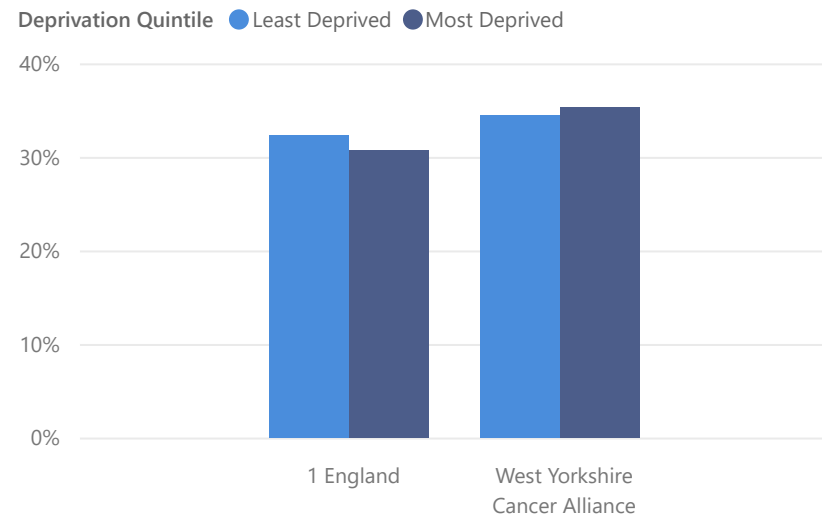
Primary Prevention

Smoking Prevalence in adults in routine and manual occupations (18-64)



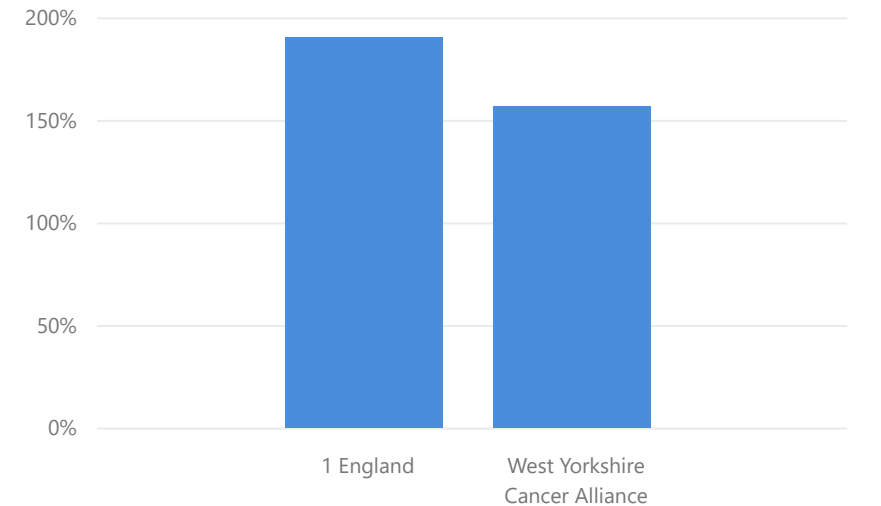
Secondary Prevention

% of lung cancer diagnosed at early stage



Tertiary Prevention

Proportion of baseline levels of 1st Treatments for Lung Cancer Mar - Dec 20 vs Mar - Dec 19



Ambition 2 - Metric 1

We will achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population by 2024 (approx 220,000 people). In doing this we will focus on early support for children and young people.

These metrics relate to the wider determinants of health such as housing and employment, and to primary prevention.

Metric 1 - Proportion of supported working age adults with learning disability in paid employment. PHE Fingertips. 2019/20. Local Authorities.

Metric 2 - Proportion of supported working age adults with learning disability living in settled accommodation. PHE Fingertips. 2019/20. Local Authorities.

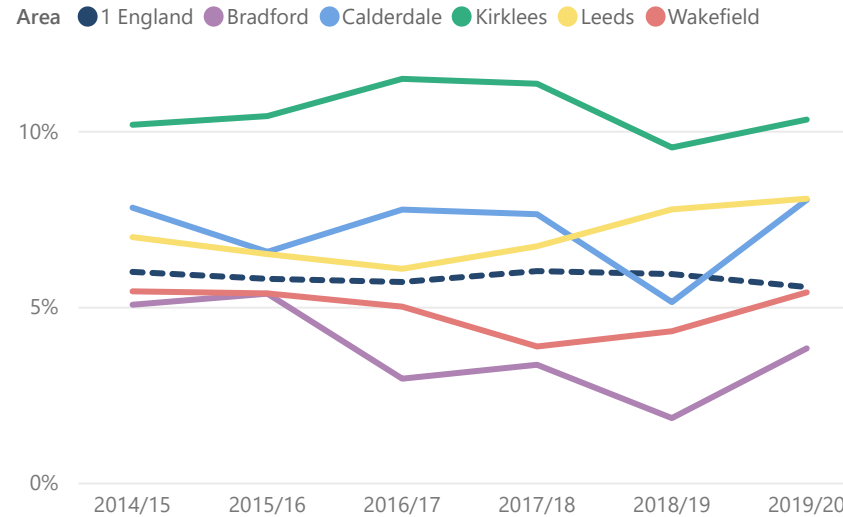
Metric 3 - Proportion of eligible adults with a learning disability having a GP health check. PHE Fingertips. 2018/19. Local Authorities.

Data sources

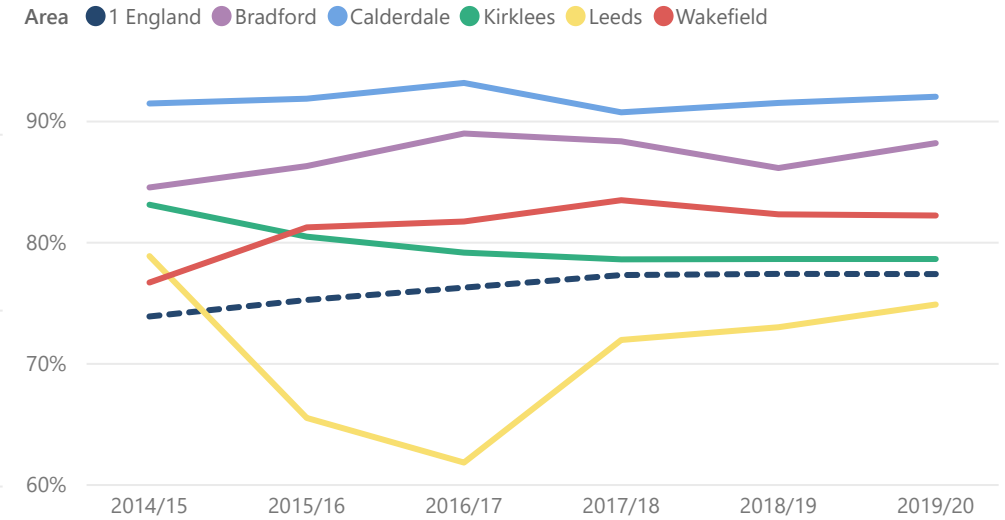
NHS Digital, Adult Social Care Activity and Finance Report, Short and Long- Term Care Statistics (Metrics 1 and 2)
NHS Digital, Learning Disabilities Health Check Scheme Statistics (numerator) and QOF data (denominator)
Extracted from Fingertips (OHID).

Determinants of Health

Employment - Proportion of supported working age adults with learning disability in paid employment from 2014/15 to 2018/9

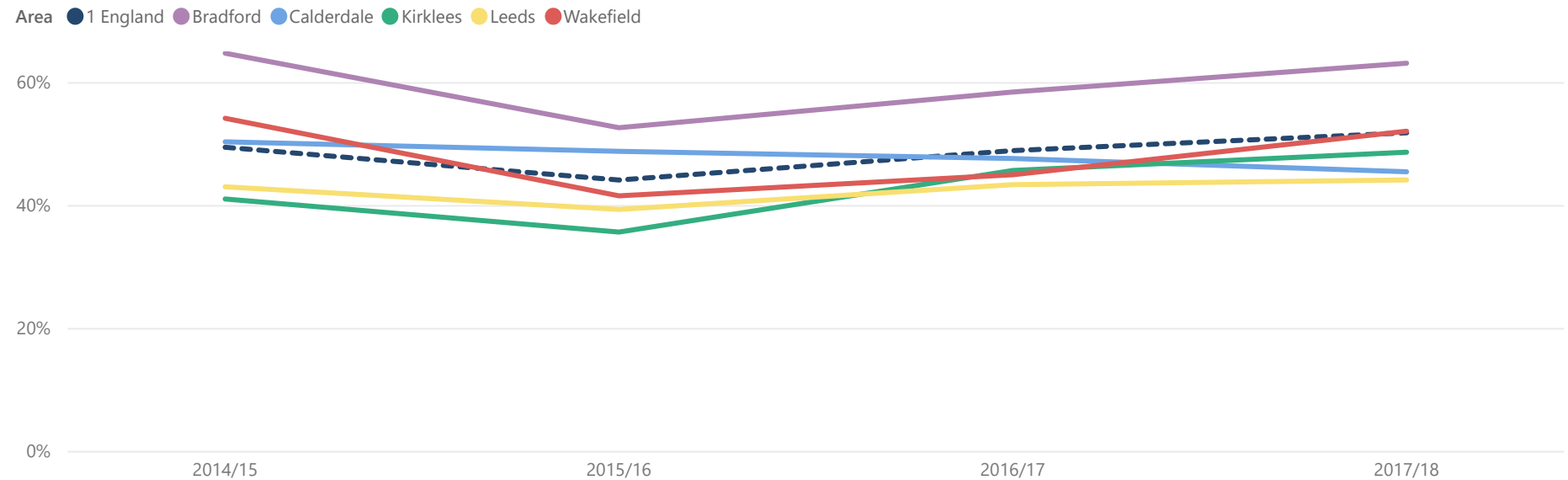


Housing - Proportion of supported working age adults with learning disability in settled accommodation from 2014/15 to 2018/19



Primary Prevention

Proportion of eligible adults with a learning disability having a GP health check - All ages



Ambition 2 - Metric 2

We will achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population by 2024 (approx 220,000 people). In doing this we will focus on early support for children and young people.

These metrics relate to primary care interventions linked to Cardio-Vascular Disease.

Metric 1 - Record of blood pressure check in preceding 12 months for patients on the Mental Health (MH) register in general practice.

Metric 2 - Record of Body Mass Index (BMI) in the last 12 months for patients on the MH register in general practice.

Data source for all metrics

Calculated using Quality Outcomes Framework (QOF) data.

NHS Digital. 2020/21. CCGs.

Extracted from Fingertips (OHID).

Cardio-Vascular Disease (CVD)

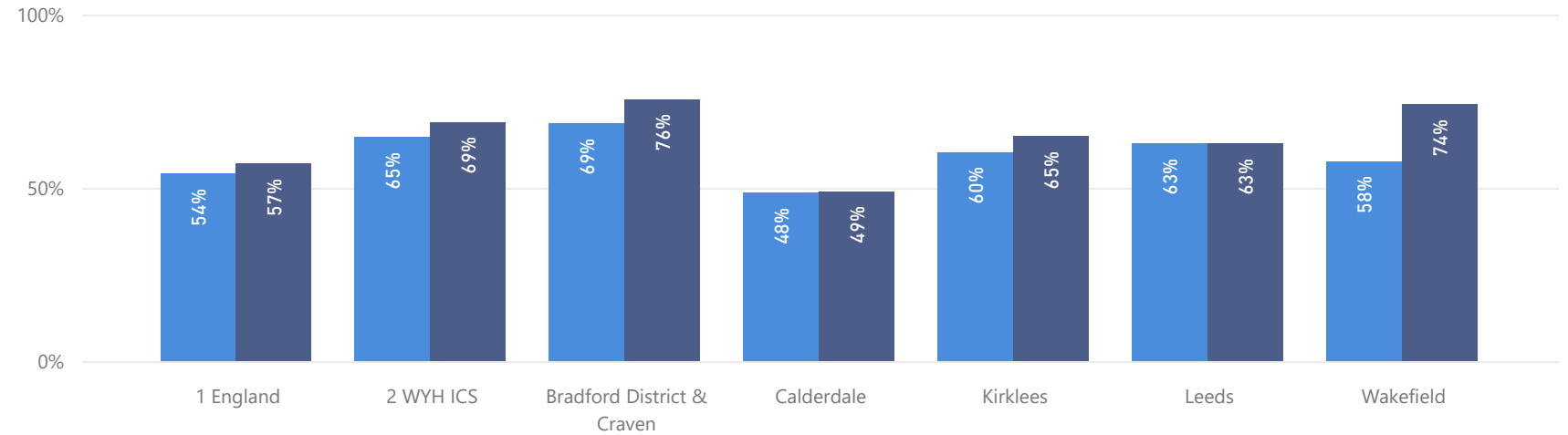
Timeperiod

2020/21

Secondary Prevention

Record of blood pressure check in preceding 12 months for patients on the MH register in general practice

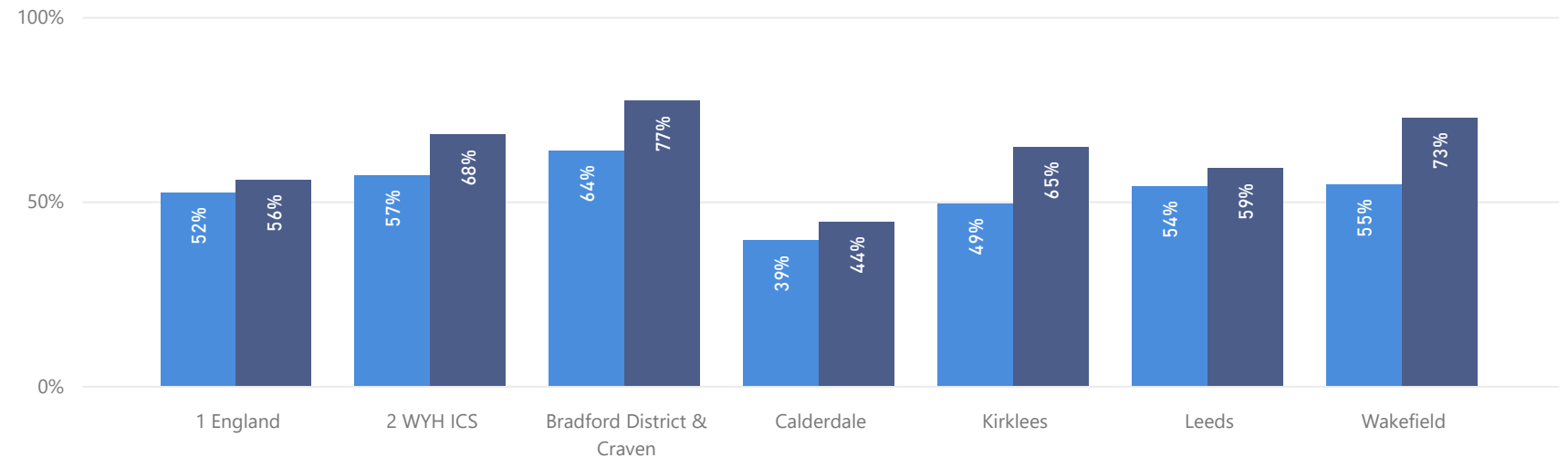
● Least Deprived Decile ● Most Deprived Decile



Primary Prevention

Record of BMI in the last 12 months for patients on the MH register in general practice

● Least Deprived Decile ● Most Deprived Decile



Ambition 3 - Metric 1

We will address the health inequality gap for children living in households with the lowest incomes. This will be central for our approach to improving outcomes by 2024. This will include halting the trend in childhood obesity, including those children living in poverty. These graphs show, for both reception and year 6, the proportion of children who are either overweight, obese or severely obese.

Metric 1 - Prevalence of Overweight Children - reception.

Metric 2 - Prevalence of Overweight Children - year 6.

Metric 3 - Prevalence of Severely Obese Children - reception.

Metric 4 - Prevalence of Severely Obese Children - year 6.

Data Source

NHS Digital, National Child Measurement Programme.

2010/11 - 2019/20. Local Authorities.

Extracted from Fingertips (OHID).

**Prevalence of
Overweight
Children**

- Bradford
- Calderdale
- England
- Kirklees
- Leeds
- Wakefield

**Prevalence of
Severely Obese
Children**



Ambition 3 - Metric 2

We will address the health inequality gap for children living in households with the lowest incomes. This will be central for our approach to improving outcomes by 2024. This will include halting the trend in childhood obesity, including those children living in poverty

This graph shows how the number of children living in relative low income families has changed between 2015 and 2020. There are now over 138,000 children living in those families, based on provisional 2020 data.

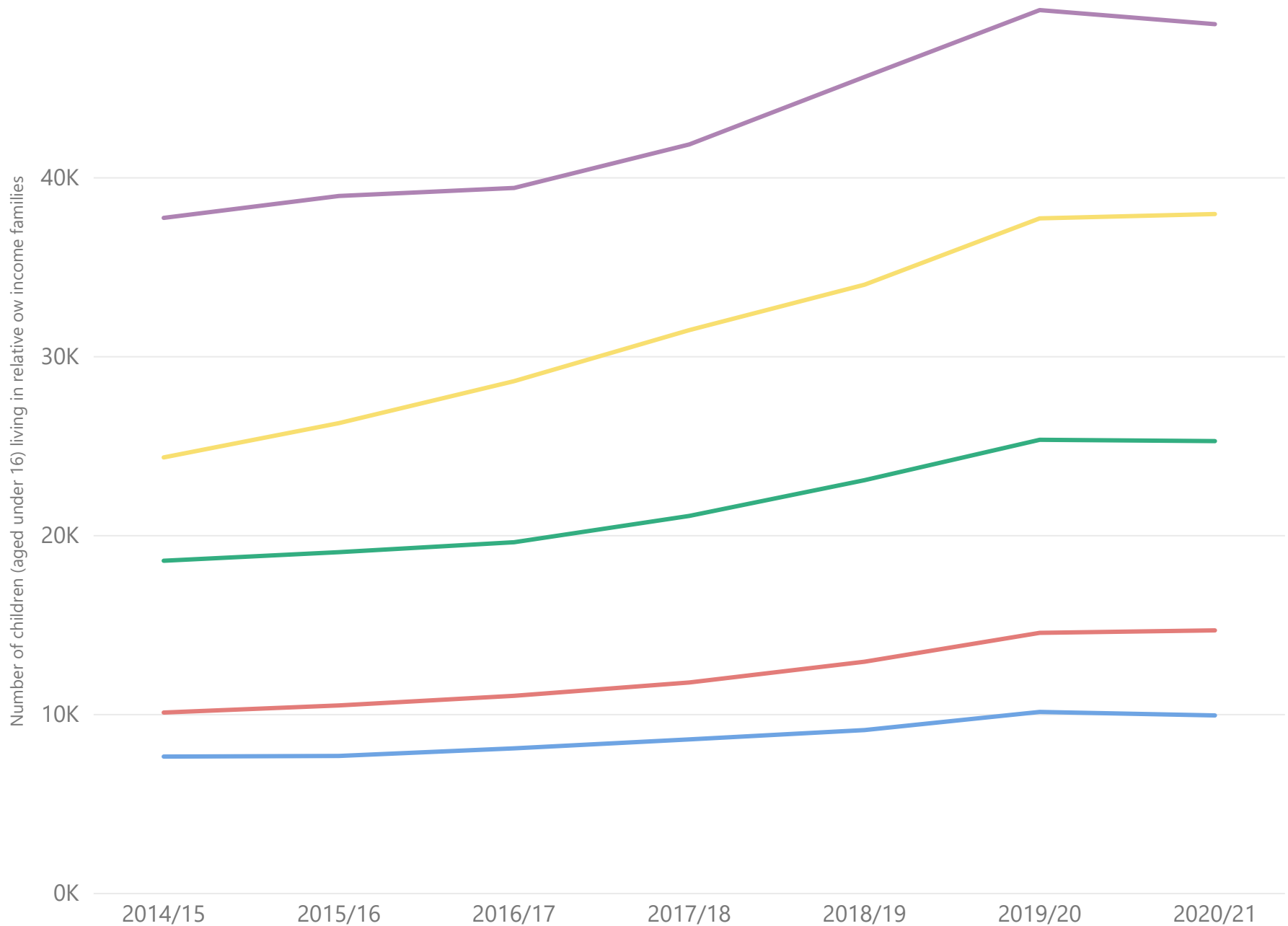
Metric 1 - Number of Children (aged under 16) living in relative low income families.

Data Source

The Office for Health Improvement and Disparities. 2014 - 15 - 2020 - 2021. Local Authorities. Extracted from Fingertips (OHID).

Number of Children (aged under 16) living in relative low income families

Place ● Bradford ● Calderdale ● Kirklees ● Leeds ● Wakefield



Ambition 4

By 2024 we will have increased our early diagnosis rates for cancer, ensuring at least 1,000 more people will have the chance of curative treatment.

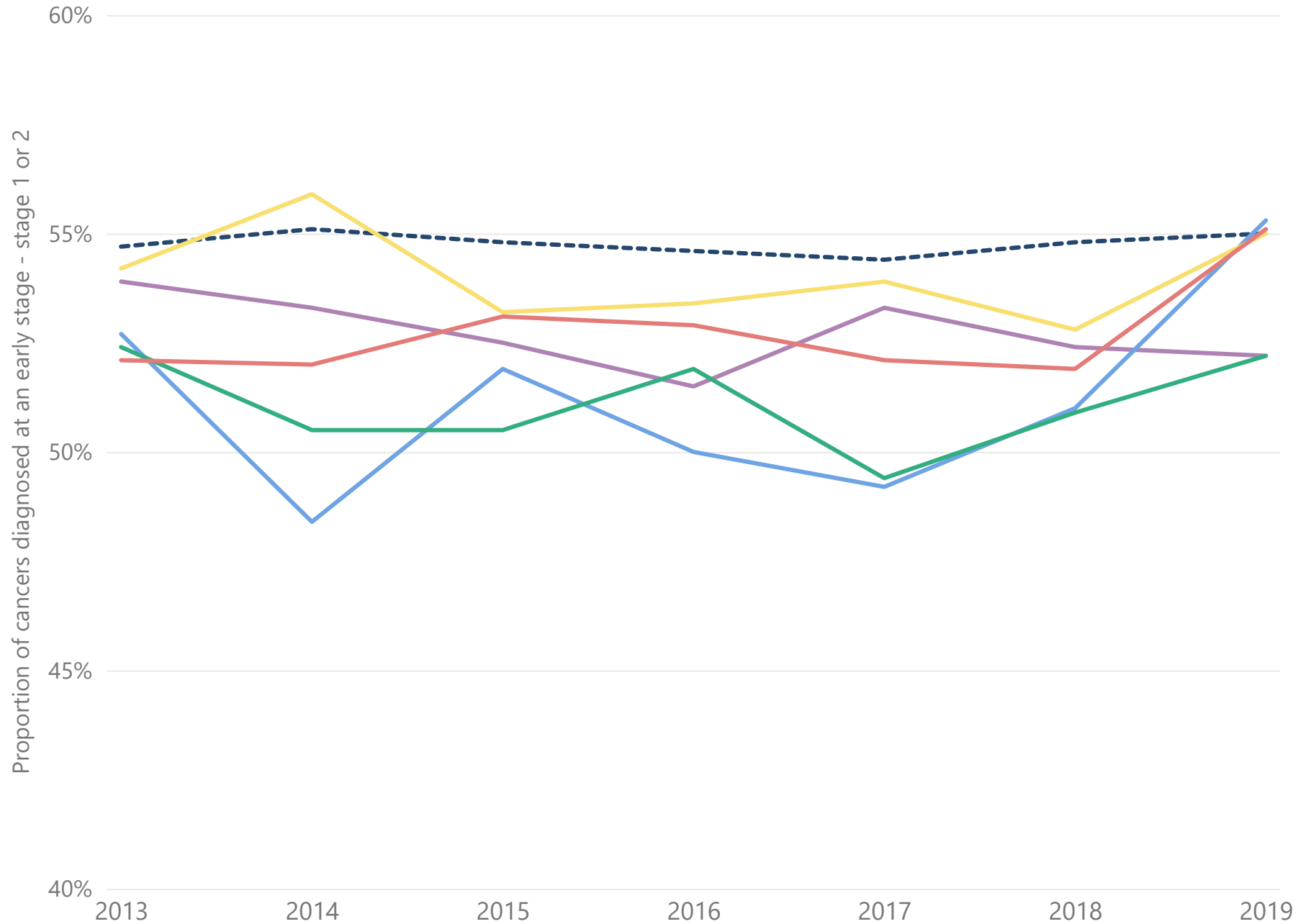
The overall proportion of cancers diagnosed at an early stage (either stage 1 or 2) was 51.9% in 2018. This is based on the latest published data.

Metric 1 - Proportion of cancers diagnosed at an early stage - stage 1 or 2.

Data Source
Cancer Alliance Data, Evidence and Analysis Service (CADEAS). 2013-2019. CCGs.

Proportion of cancers diagnosed at an early stage - stage 1 or 2

Place - ● 1 England ● Bradford District & Craven ● Calderdale ● Kirklees ● Leeds ● Wakefield



Ambition 5

We will reduce suicide by 10% across West Yorkshire by 2020/21 and achieve a 75% reduction in targeted areas by 2022.

In 2019 there were 277 suicides recorded in West Yorkshire, a 22% increase on the 2015 number of 227 suicides. There is a significant degree of variation in both numbers and change over time between the places in West Yorkshire, as can be seen from the graphs to the right.

Metric 1 - Number of Suicides.

Metric 2 - Percentage change in the number of suicides between 2014 -16 - 2018 -20.

Metric 3 - Age-standardised suicide rates per 100,000 population, standardised to the 2013 European Standard Population. ONS data. 3 year average, 2017-19. Local Authorities.

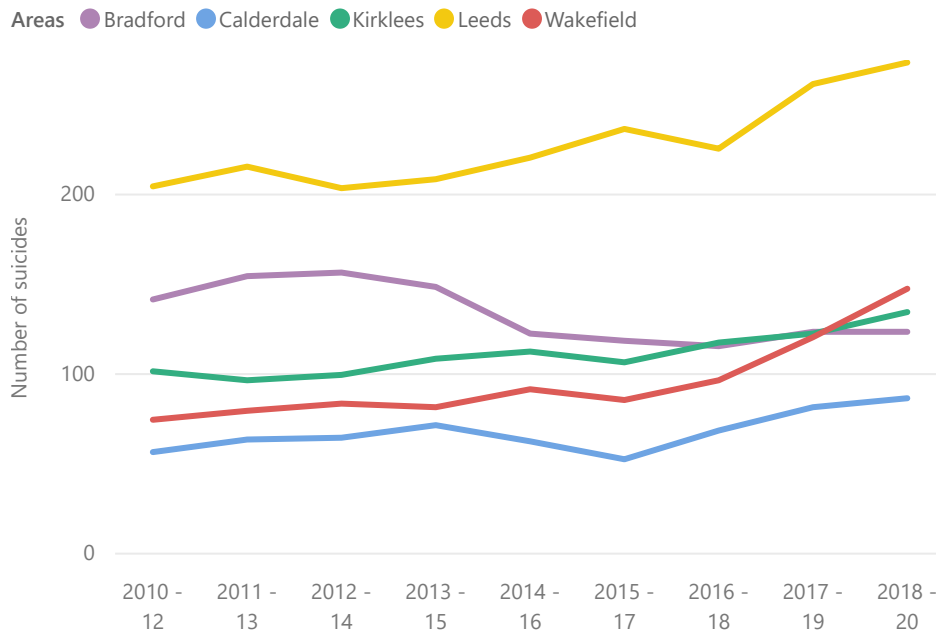
Metric 4 - % Change in age standardised suicide rate between 2014 -16 - 2018 -20.

Data source for all metrics

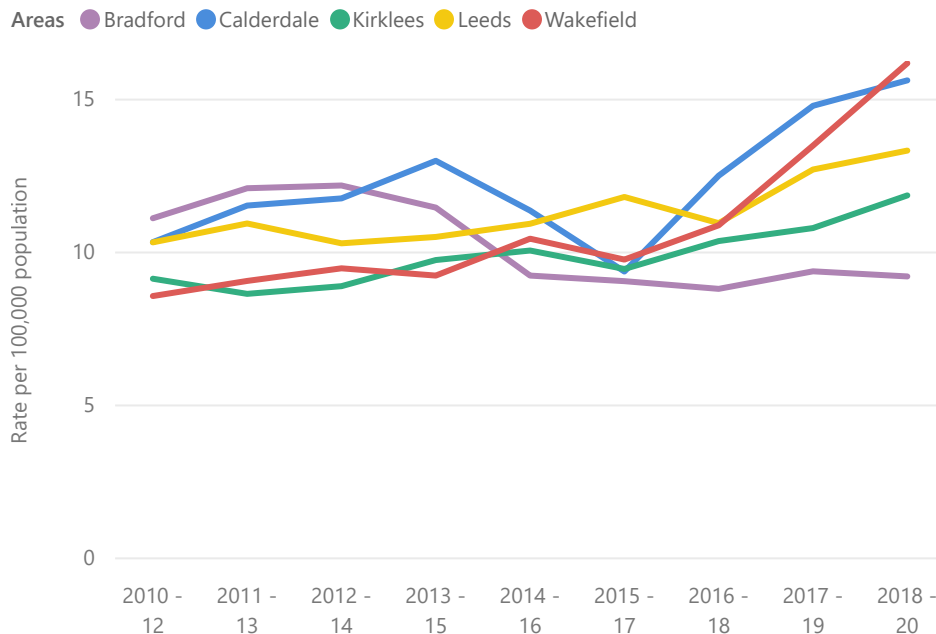
Office of National Statistics (ONS) data, 2010-12 - 2018-20. Local Authorities.

Percentages calculated using ONS data
Extracted from Fingertips (OHID).

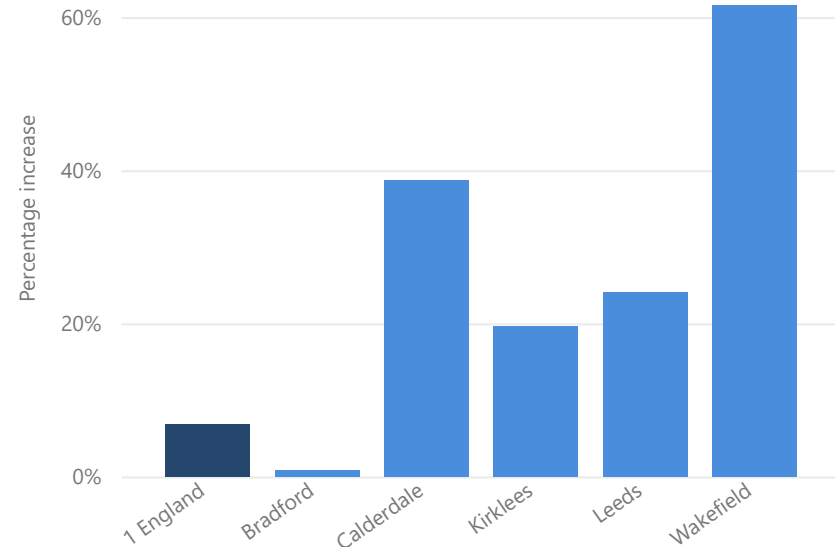
Number of Suicides



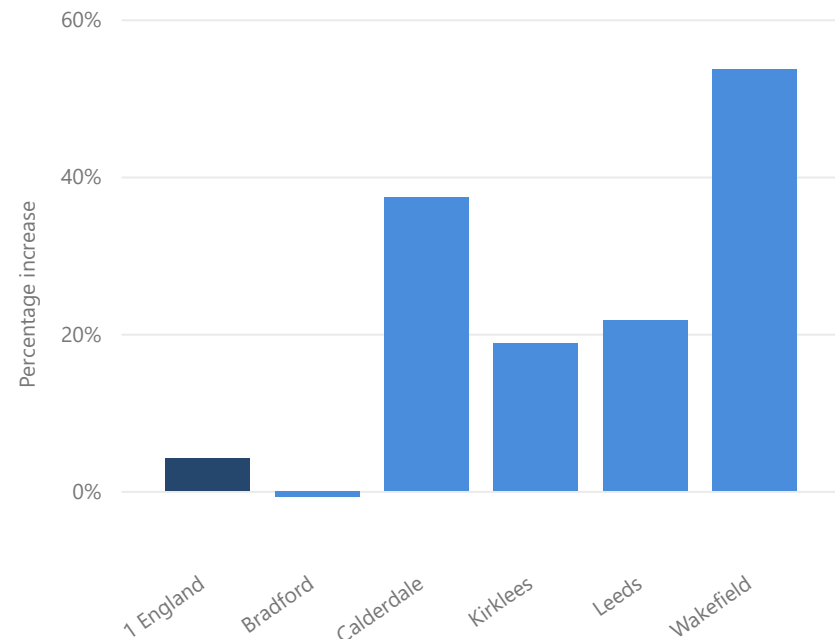
Suicide rates per 100,000 population



% change in number of suicides 2014-16 - 2018/19



% Change in age standardised suicide rate 2014-16 to 2018-20



Ambition 6

We will achieve at least a 10% reduction in anti-microbial resistant infections by 2024 by, for example, reducing antibiotic use by 15%.

The graphs to the right show the trends for key metrics related to antibiotic prescribing in both secondary and primary care.

Metric 1 - E. coli bacteraemia. 12-month rolling rate per 100,000 population. May 2021. CCGs.

Metric 2 - E. coli bacteraemia 12-month rolling rate per 100,000 bed days.

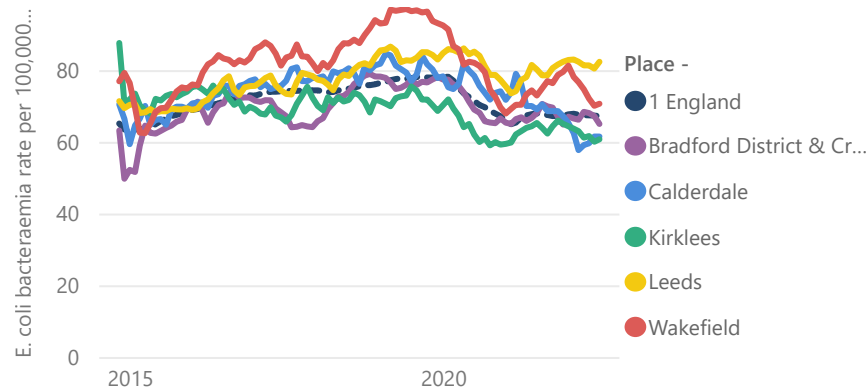
Metric 3 - Antibiotic Guardians per 100,000 population

Metric 4 - Twelve-month rolling total number of prescribed antibiotic items per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR-PU)

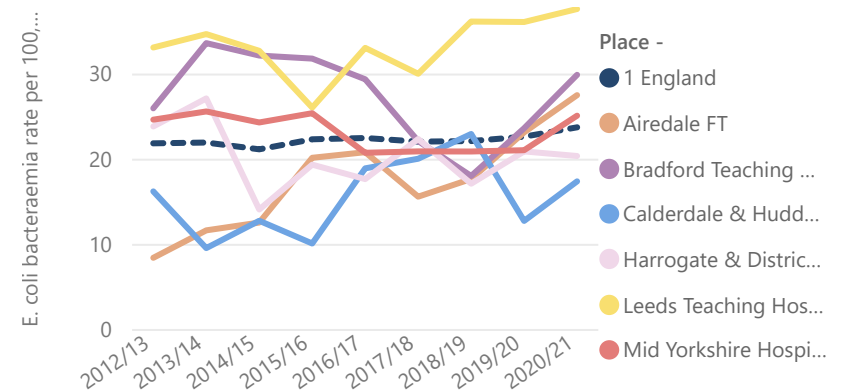
Metric 5 - Percentage of antibiotic prescriptions for lower UTI in older people meeting NICE NG109 guidance and PHE Diagnosis of Urinary Track Infection (UTI) guidance in terms of diagnosis and treatment.

Data source for all metrics, in order
HCAI Mandatory Surveillance Data (Metric 1, 2)
AntibioticGuardian.com
ePACT2 from NHSBSA
Quarterly Commissioning for Quality and Innovation (CQUIN) returns made to UKHSA by NHS Trusts
All extracted from Fingertips (OHID).

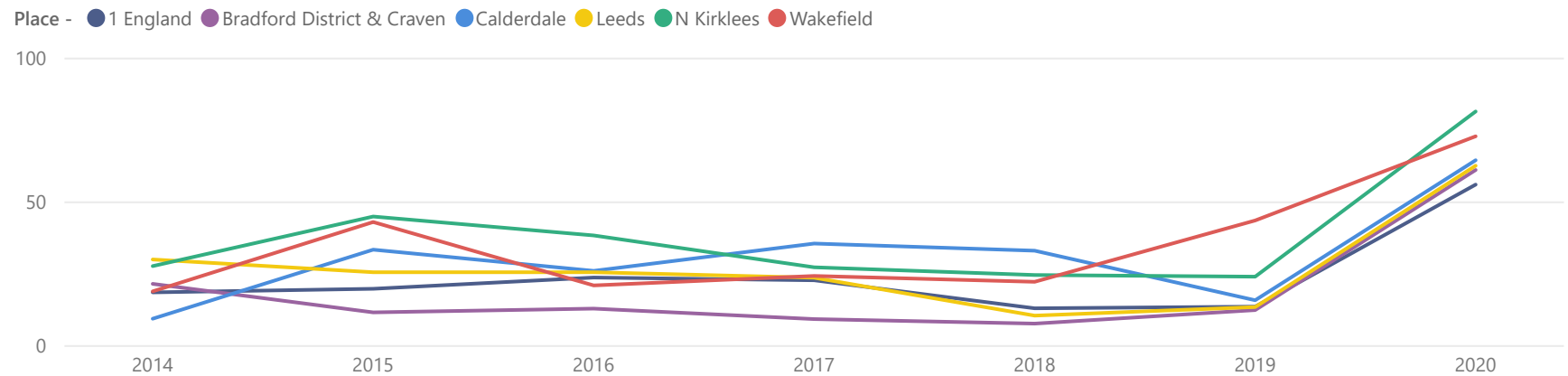
E. coli bacteraemia 12m rolling rate per 100,000 population



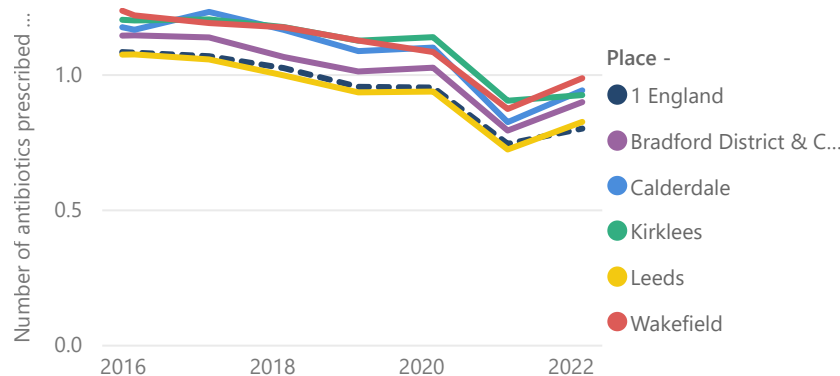
E. coli bacteraemia 12m rolling rate per 100,000 bed days



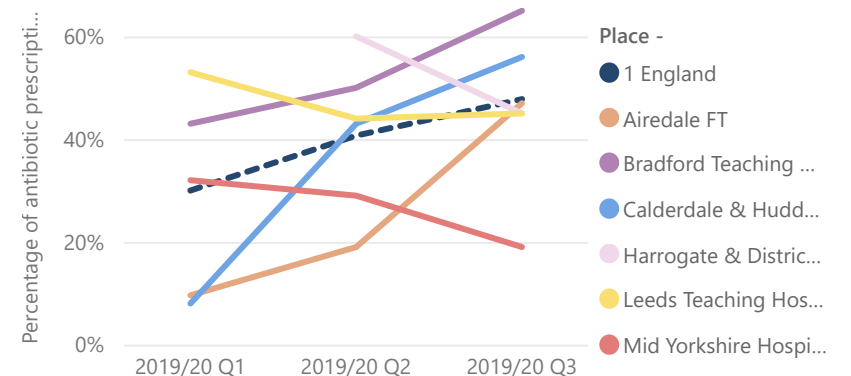
Antibiotic Guardians per 100,000 population



Twelve-month rolling total number of prescribed antibiotic items per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR-PU)



Percentage of antibiotic prescriptions for lower UTI in older people meeting NICE & PHE guidance



Ambition 7

We will achieve a 50% reduction in stillbirths, neonatal deaths, brain injuries and a reduction in maternal morbidity and mortality by 2025.

The graphs to the right show the trend in achievement for 4 key maternity metrics, including trajectories where applicable.

Metric 1 - Neonatal deaths per 1,000 births. Data source - MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries).

Metric 2 - Rolling 12 month in unit Neonatal deaths per 1,000 births. Data source - Yorkshire and Humber Operational Delivery Network Neonatal Dashboard.

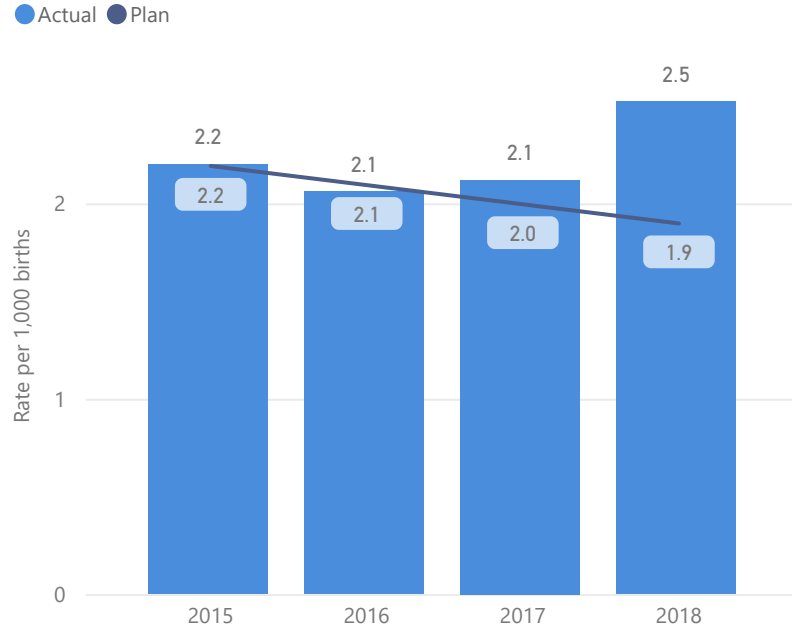
Metric 3 - Intrapartum brain injuries - Brain injuries per 1,000 live births. Data source - Neonatal Data Analysis Unit, Imperial College London.

Metric 4 - Rolling 12 month stillbirths per 1,000 births. Data source - Yorkshire and Humber Clinical Network's Maternity Dashboard.

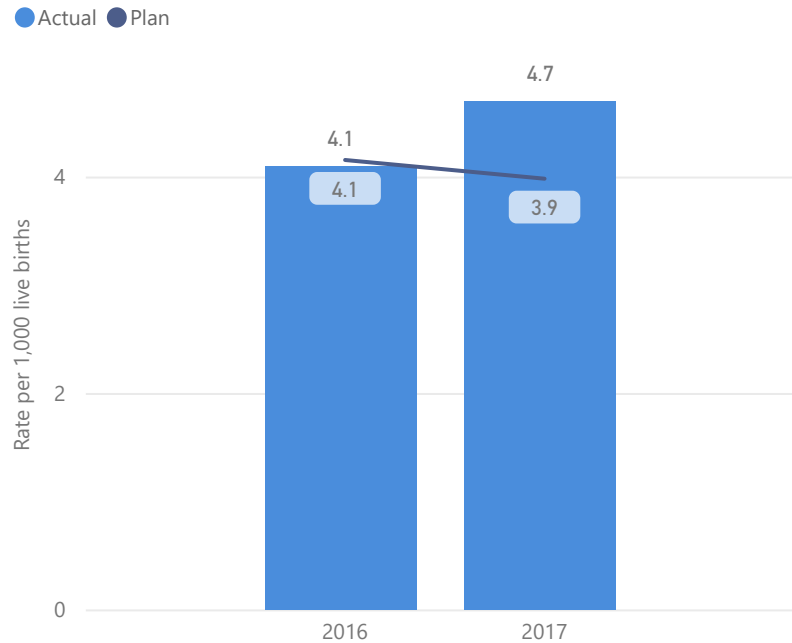
Data sources for all metrics

All data for West Yorkshire and Harrogate Local Maternity System (LMS). 2015-2022.

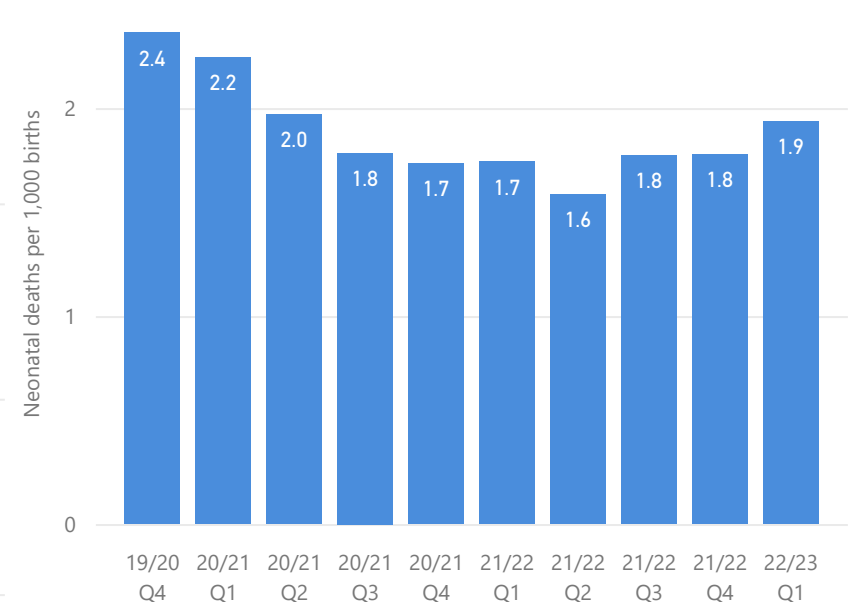
Neonatal deaths per 1,000 births



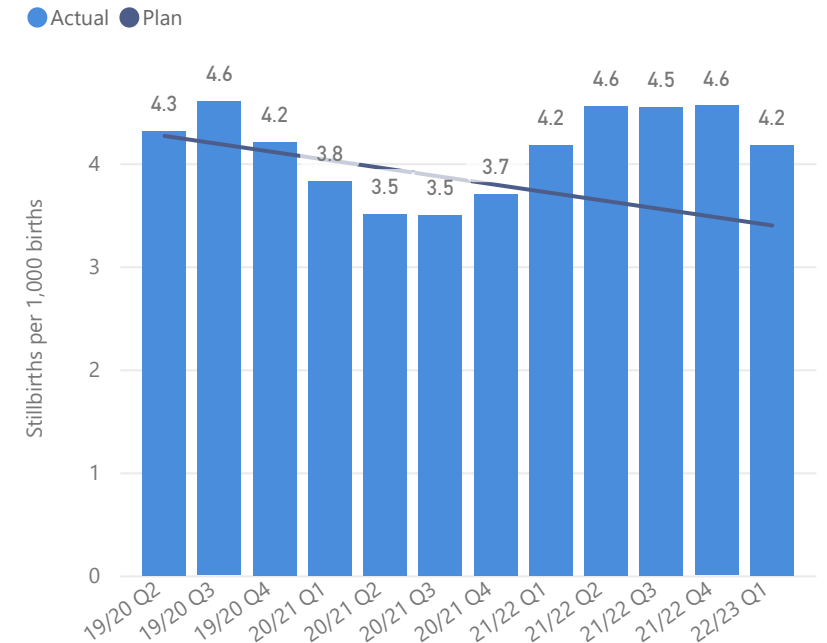
Brain injuries per 1,000 live births



Rolling 12 month in-unit Neonatal deaths per 1,000 births



Rolling 12 month stillbirths per 1,000 births

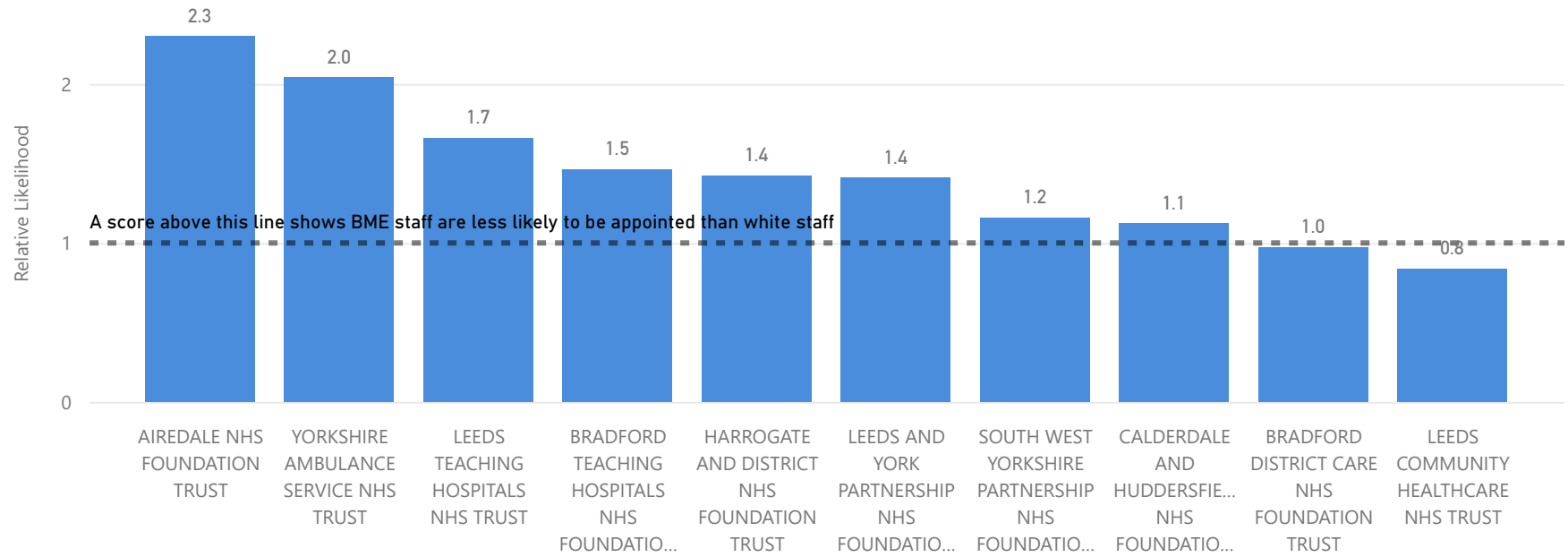


Ambition 8

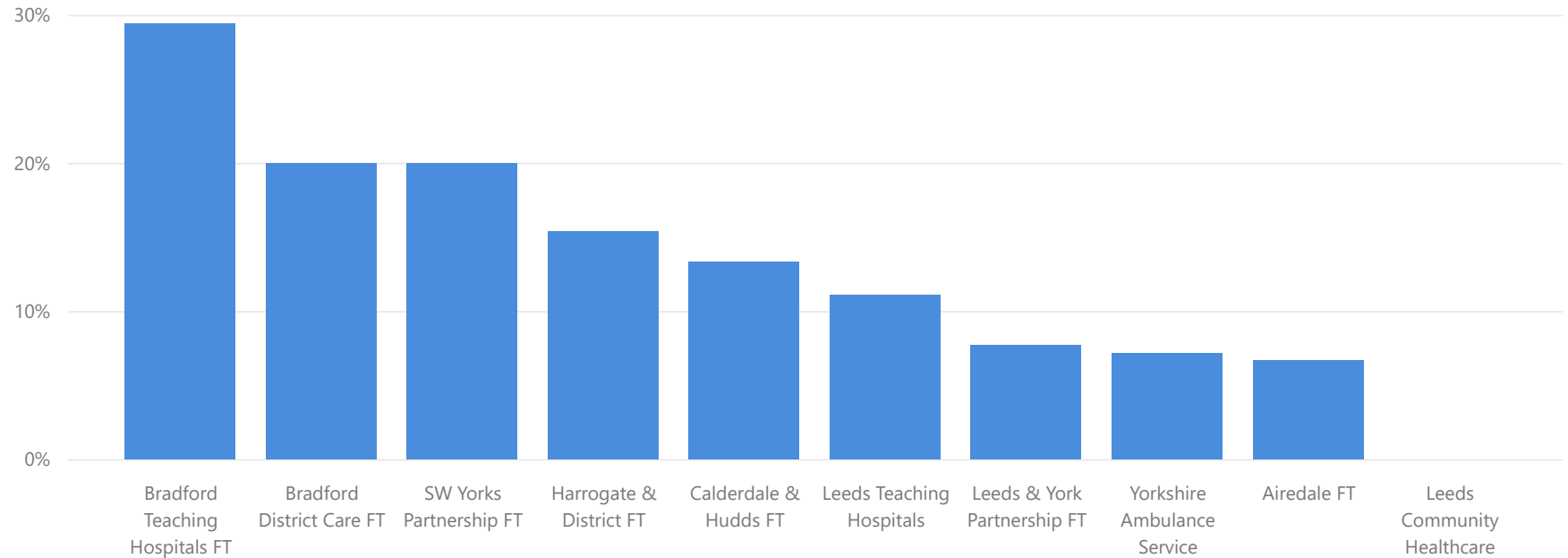
We will have a more diverse leadership that better reflects the broad range of talent in West Yorkshire and Harrogate, helping to ensure that the poor experiences in the workplace that are particularly high for staff from Ethnic Minorities will become a thing of the past.

The graphs to the right show how 3 key metrics relating to the experience of ethnic minority staff vary across NHS Trusts.

Relative likelihood of White staff being appointed from shortlisting compared to Black and Minority Ethnic staff



% of Total Board Members - Black and Minority Ethnic



Metric 1 - Relative likelihood of white staff being appointed from shortlisting compared to Black and Minority Ethnic (BME) staff .

Metric 2 - % of total Board members that are BME.

Data sources

NHS Staff Survey and NHS Workforce Race Equality Standard publications. 2021. NHS Trusts.

Ambition 9

We aspire to become a global leader in responding to the climate emergency through increased mitigation, investment and culture change throughout our system.

These metrics reflect NHS Trust and CCG achievement against several measures published as part of the Greener NHS Dashboard. Whilst these initial metrics focus on carbon reduction, the scope of the programme is system wide.

Emissions from building energy use - Organisations are placed into quartiles with other organisations of the same type e.g. Community Trusts are bench-marked against other Community Trusts.

Emissions resulting from electricity, gas, coal, oil, hot water and steam and water and sewerage use are included. 2018/19. Highest quartile = better performance. NHS Trusts.

Green Plans - does the organisation have an up to date, board approved Green Plan. 2019/20. NHS Trusts.

Sustainable Development Assessment Tool - score out of 100 of the organisation's most recent published assessment. Organisations are placed into quartiles with other organisations of the same type e.g. Community Trusts are bench-marked against other Community Trusts. December 2020. Highest quartile = better performance. NHS Trusts.

Metered Dose inhalers prescribed - proportion of prescribed inhalers that are Metered Dose inhalers. October 2021. 0. **Lower percentage shows a lower environmental impact.** CCGs.

Data Sources for all metrics
Greener NHS Dashboard.

Emissions from building energy use

Trust Name	Quartile
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	Mid-high quartile
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	Mid-high quartile
LEEDS COMMUNITY HEALTHCARE NHS TRUST	Mid-high quartile
YORKSHIRE AMBULANCE SERVICE NHS TRUST	Mid-high quartile
LEEDS TEACHING HOSPITALS NHS TRUST	Low-mid quartile
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	Lowest quartile
AIREDALE NHS FOUNDATION TRUST	Highest quartile
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	Highest quartile
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	Highest quartile
HARROGATE AND DISTRICT NHS FOUNDATION TRUST	Highest quartile
MID YORKSHIRE HOSPITALS NHS TRUST	Highest quartile

Measures and metrics to be agreed and updated following the Strategy Refresh meeting on the 2nd of November 2022

Sustainable Development Assessment Tool

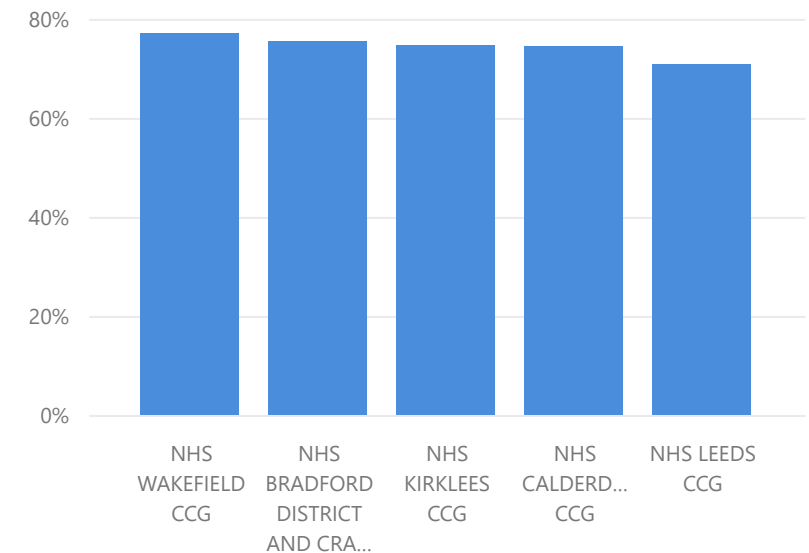
Trust Name	Quartile
YORKSHIRE AMBULANCE SERVICE NHS TRUST	Highest quartile
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	Lowest quartile
MID YORKSHIRE HOSPITALS NHS TRUST	Highest quartile
LEEDS TEACHING HOSPITALS NHS TRUST	Unpublished
LEEDS COMMUNITY HEALTHCARE NHS TRUST	Lowest quartile
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	Highest quartile
HARROGATE AND DISTRICT NHS FOUNDATION TRUST	Lowest quartile
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	Lowest quartile
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	Lowest quartile
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	Highest quartile
AIREDALE NHS FOUNDATION TRUST	Highest quartile

Green Plans

Trust Name	Plan Available?
AIREDALE NHS FOUNDATION TRUST	No data
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	No data
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	No data
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	No data
HARROGATE AND DISTRICT NHS FOUNDATION TRUST	No data
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	No data
LEEDS COMMUNITY HEALTHCARE NHS TRUST	Yes
LEEDS TEACHING HOSPITALS NHS TRUST	No data
MID YORKSHIRE HOSPITALS NHS TRUST	No data
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	No data
YORKSHIRE AMBULANCE SERVICE NHS TRUST	No data

Metered Dose Inhalers Prescribed

Percentage of Metered Inhalers by CCG - Oct 2021



Ambition 10

We will strengthen local economic growth by reducing health inequalities and improving skills, increasing productivity and the earning power of people and our region as a whole.

The graphs to the right show how three key economic indicators vary across Local Authorities in West Yorkshire and Harrogate, and how they compare with England.

Metric 1 - Median weekly earnings (£). 2021.

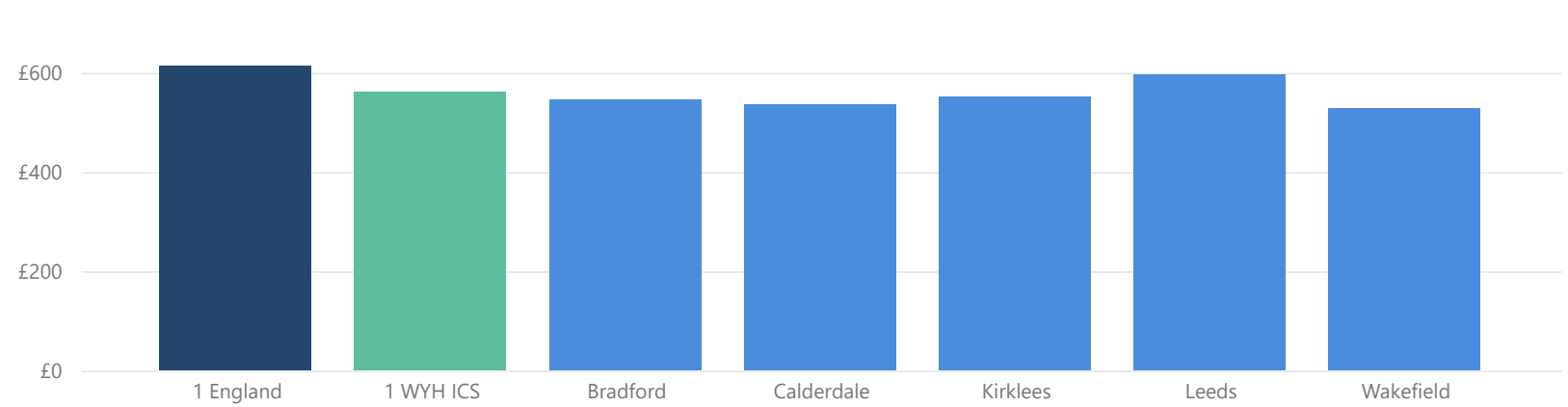
Metric 2 - 25th percentile earnings (£). 2021.

Metric 3 - Employment rate aged 16 - 64 (%)

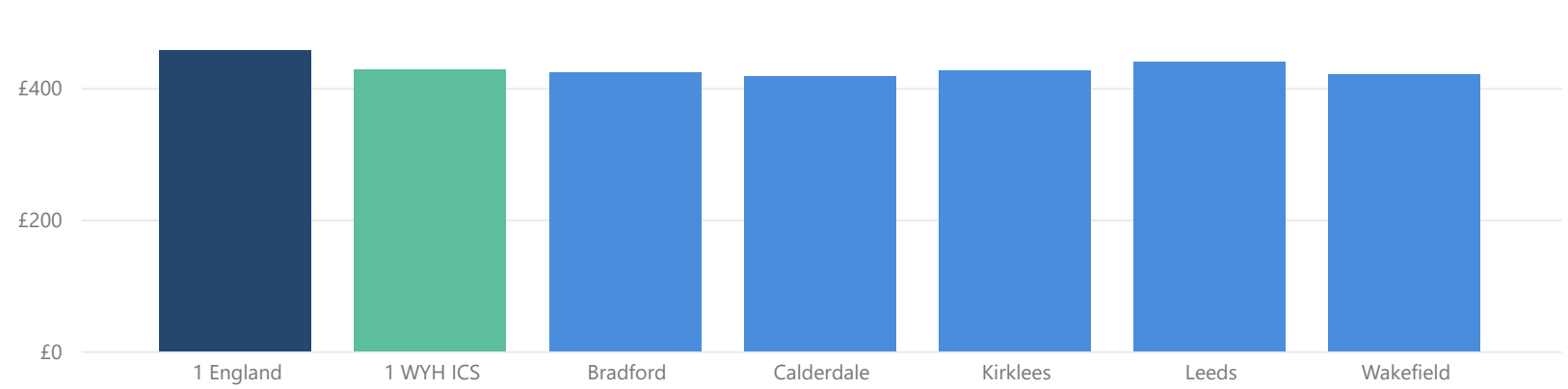
Data source for all metrics

NOMIS - Official labour market statistics from the Office of National Statistics (ONS). Local Authorities.

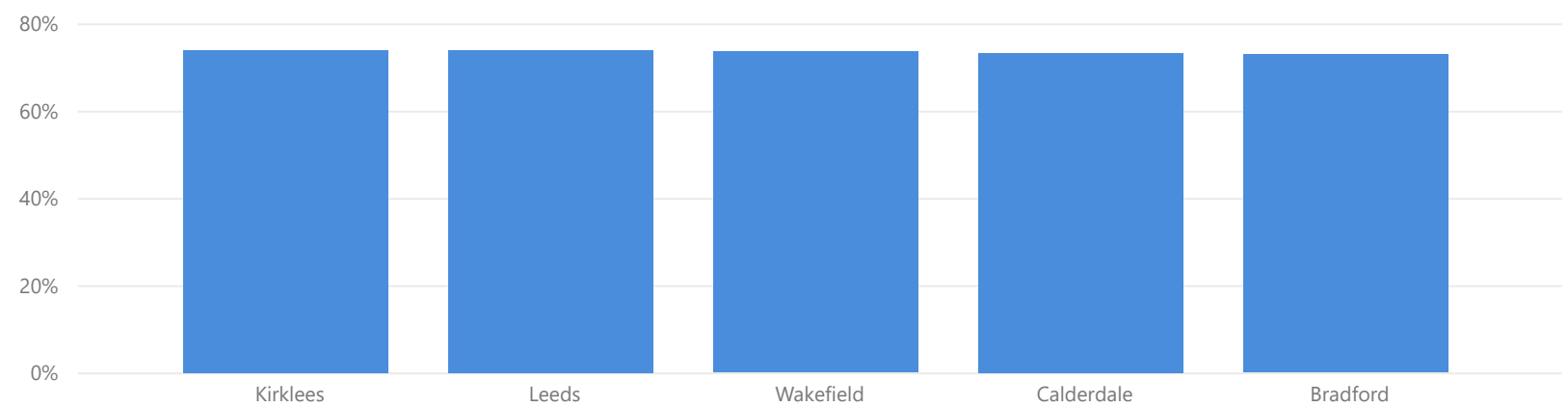
Median weekly earnings (£)



25th percentile earnings (£)



Employment rate aged 16 - 64 (%)



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West Yorkshire Health and Care Partnership

West Yorkshire Integrated Care Strategy

(Easy read, plain text, audio and BSL versions to follow on final draft)

Examples, case studies and infographics to be added and finalised

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Foreword (TO ADD):

Councillor Tim Swift (Chair of the Integrated Care Partnership)

Rob Webster (Lead Chief Executive for the Integrated Care System)

DRAFT

Introduction

Proud to be a partnership

Our Partnership has existed since 2016. It was established on the fundamental belief that working together towards common goals rather than competition is the best way to join up services to meet people's needs, tackle inequalities and improve outcomes.

Over this time we have built close collaboration with partners such as the voluntary and community sector, universities, the West Yorkshire Police, the Combined Authority and the housing sector. These partnerships allow us work together on the things that matter for peoples health and wellbeing. Our previous strategy was published in March 2020 and included our 10 big ambitions for health and care, delivery of which are dependent on the strength of these relationships.

During the COVID-19 pandemic we witnessed the best of the health and care service. We rapidly changed working practices so that we could safely treat people with COVID-19 whilst supporting peoples ongoing needs; we significantly increased capacity to deal with the peaks of infection and severe illness; and we delivered the biggest vaccine roll out in our country's history. All of our teams across the health, care and voluntary and community sector pulled out all of the stops to keep people safe and well.

The demand for health and care has been rising over time, as a result of an ageing population and more people with multiple long-term conditions. The pandemic further increased demand for health and care services, as well as disrupting what could be safely be provided to the risk of transmission. This now means the pressure on services is higher than ever. People who need an operation are waiting longer than any time in the past 15 years, and the accessibility of services such as primary care and urgent care is not as good as we would like it to be. These challenges will be further exacerbated by the significant pressure on funding and workforce pressure on the social care sector.

This is the challenge that our Integrated Care System must now address, by focusing on prevention and proactively supporting people to stay well at home; and secondly by arranging services in a way so that people receive care from the right people in the most appropriate setting. This will mean multidisciplinary teams working together to organise care around people and their families, and professional and organisational barriers being broken down.

Whilst these challenges are significant, we believe that collaboration at all levels in the system is the best way of tackling them. Our Partnership acts as a strategic influencing voice at regional and national levels for our populations who live, work or study in West Yorkshire in relation to health and wellbeing. This strategy describes how we will do this, and the ambitions we hope to achieve.

Integrated care partnerships

The Health and Care Act 2022 introduced new legislative measures that aim to make it easier for health and care organisations to deliver joined-up care for people. As part of the new statutory arrangements, the Act describes how 'Integrated Care Partnerships' (ICPs, for West Yorkshire this is our Partnership Board) will bring together a wider range of partners, not just the NHS, to develop a strategy to address the broader health, public health, and social care needs of people and communities.

['Joining up care for people, places and populations'](#), the government's proposals for health and care integration published on 9 February 2022 has signalled the importance of integrated 'place' level working towards a common set of locally agreed outcomes. This is something which is at the heart of our existing plan and the way in which we work as a Partnership.

The Health and Care Act also sets out how ICPs should develop an Integrated Care Strategy to set the direction of the system and to show how they intend to deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life.

The West Yorkshire Health and Care Partnership

West Yorkshire Health and Care Partnership (the Partnership) is a large integrated care system (ICS) that supports 2.4 million people, living in urban and rural areas. 770,000 are children and young people. 530,000 people live in areas ranked in the most deprived 10% of England. 20% of people are from minority ethnic communities. There are an estimated 400,000 unpaid carers, as many don't access support. Together we employ over 100,000 staff and work alongside thousands of volunteers.

Our ICS is made up many different organisations and collaboratives across West Yorkshire, including our Partnership Board which is the Integrated Care Partnership for West Yorkshire. It also contains the NHS West Yorkshire Integrated Care Board (WY ICB) which is the statutory NHS organisation responsible for developing a plan in collaboration with NHS trusts/foundation trusts and other system partners for meeting the health needs of the population. These are all supported by organisations working together across all services.

Our work begins in the neighbourhoods across West Yorkshire, keeping people, families, the health and care teams that support them within local communities at the centre of everything we do. Our five local places (Wakefield, Leeds, Calderdale, Bradford and Craven and Kirklees) support this work, coming together as partners in the place to meet the needs of local populations. An infographic of the system sets this out below:

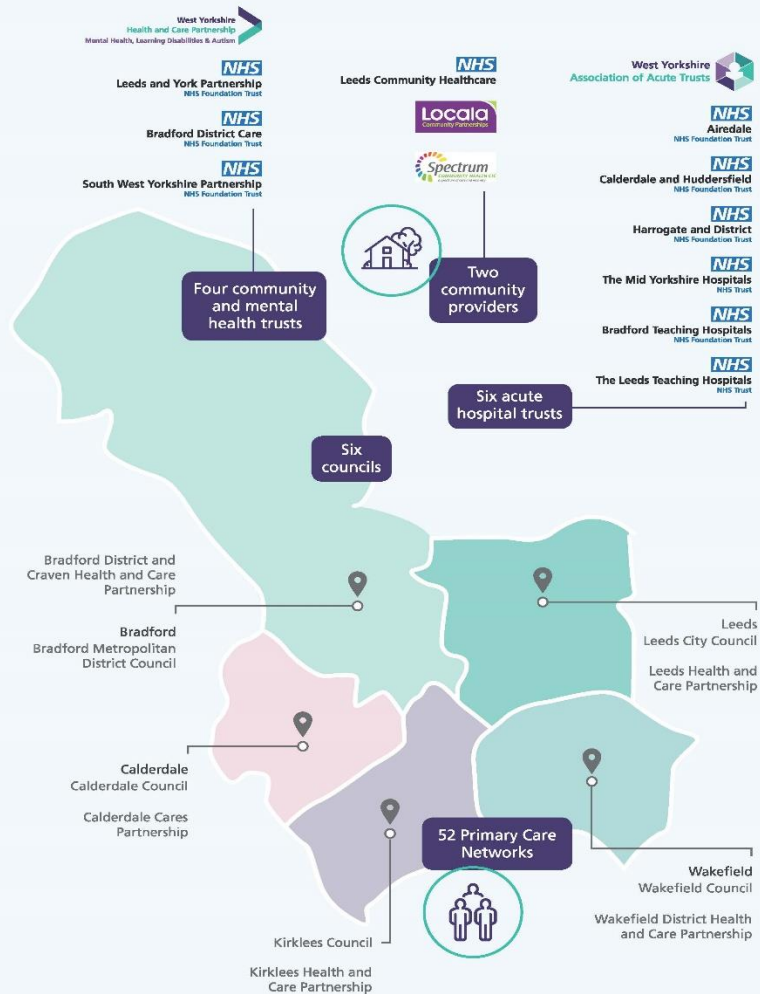
Our health and care landscape

Our councils



- 291 GP practices
- 547 community pharmacies of which 40 are online
- 277 dentists
- 431 providers of services in people's homes
- More than 442 care homes
- 11 hospices
- 255 optometrists
- 52 primary care networks
- Estimated 11,996 voluntary community social enterprise organisations in West Yorkshire

Figures accurate at November 2022.



Within the Partnership we have many partners working together across the NHS, local authorities, the voluntary community social enterprise sector (VCSE), Healthwatch, hospices, and wider public sector organisations. We come together to better join up integrate health and care, to tackle health inequalities and to improve health and wellbeing for everyone.

We also come together in partnership with some of our wider partners like the West Yorkshire Mayor, the West Yorkshire Combined Authority, Local Resilience Forum and universities to maximise resources, for example buildings, skills and expertise and to work together for a common purpose of reducing health inequalities we know exist.

The West Yorkshire Health and Care Partnership (our Integrated Care System), published '[Better Health and Care for Everyone: Our Five Year Plan](#)' in March 2020, setting out how we work together to give everyone in West Yorkshire the very best start and every chance to live a long and healthy life.

Since its publication, the context and focus for our work has changed significantly. Whilst we have made good progress across a range of areas in our strategy, the COVID-19 pandemic and cost of living crisis has meant that our Partnership has

necessarily needed to shift its focus away from our long-term ambitions, to more immediate operational pressures.

The scale of challenge has also increased in a number of areas, most notably the widening of inequalities, increasing levels of trauma and adversity and mental health difficulties and the ongoing impact of poverty.

Responding to this changing context, we have refreshed our existing five-year strategy to develop this new strategy. Putting people at the heart of the strategy, it is built from our Health and Wellbeing Strategies for our five places. These have been developed to respond to and are informed by their local Joint Strategic Needs Assessments (JSNA). This strategy sets out where there is opportunity and need to address an issue at a West Yorkshire level. We do this through our three tests:

- Sharing good practice across the Partnership
- Working at scale to ensure the best possible health outcomes for people
- Working together to tackle complex issues

Our vision

Our Partnership has an agreed vision for the future of health, care and wellbeing in West Yorkshire, where all partners are working together so people can thrive in a trauma informed, healthy, equitable, safe and sustainable society. We want to help people live well and stay healthy for as long as possible, and if they have mental health or physical problems, they can easily access services that meet their needs in a safe, sustainable and trauma informed way.

Places will be healthy. We will work in partnership to prevent ill health by improving the physical environment where people live and work. Places will be supportive of good health by having access to healthy green and blue spaces that provide safe spaces for outdoor activities and exercise and are biodiverse with good air quality. We aim for this to be the case for this and future generations.

You will have the best start in life so you can live and age well and die in the place of your choosing. We will work to make sure you are not disadvantaged by where you live, your background, gender or ethnicity. We will focus on supporting you to stay healthy and prioritise approaches of preventing trauma, adversity and ill health, delaying onset of disease and reducing the impact of long term-conditions.

There will be a culture of prevention across the partnership, making this everyone's business. This will include primary, secondary and tertiary prevention alongside the determinants of health and a focus on reducing health inequalities and the impacts of climate change.

If you have a long-term health condition **you will be offered trauma informed personalised support to self-care**. This will include peer support, technology and communities of support from people like you.

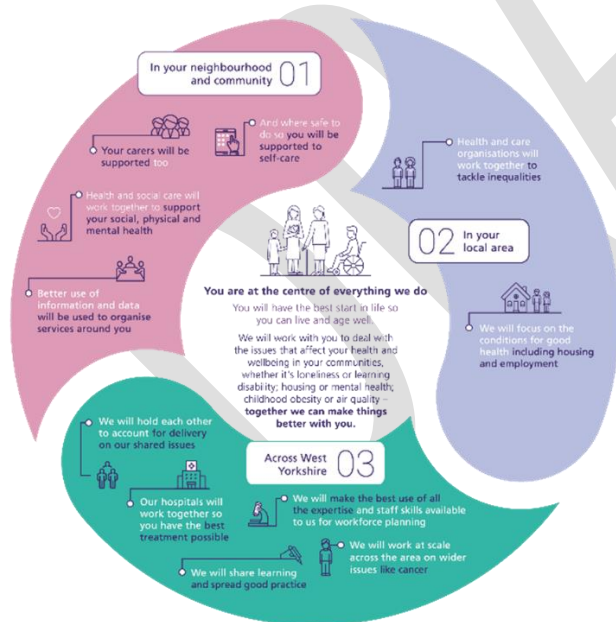
If you have multiple health conditions, **you will be in a team with your GP, community care staff, social services and voluntary and community organisations including community pharmacy working together**. This will involve you, your family and carers, the NHS, social care and community organisations. All working on what matters to you.

If you need hospital care, it will usually mean that your local hospital, which will work closely with others, will give you the best care possible.

Local hospitals will be supported by centres of excellence for services such as cancer, vascular (arteries and veins), stroke and complex mental health. They will deliver world class care and push the boundaries of research and innovation.

All of this will be planned and paid for once between the NHS, local councils and community organisations **working together and removing artificial barriers to care**.

Our people and communities will be involved in the design, delivery and assurance of services so that everyone truly owns their healthcare.



Our objectives and ambitions

What we've heard from people in West Yorkshire

Listening to what people and communities tell us is important to them has been central to the development of all work, including this strategy. As a Partnership we have a continual dialogue with the people of West Yorkshire, supported by Healthwatch partners as set out in our Involvement Framework and the work of our local places.

As part of the development of this strategy, a number of reports summarising what people are telling us is their experience of health and care have been produced. This includes a [Healthwatch Insight Report](#) published in August 2022, a [mapping report](#) published in May 2022 setting out involvement and consultation activity across West Yorkshire and lastly a further [mapping report](#) from across the Partnership which provides oversight of engagement in all other areas of work.

There are a number of themes which have been raised over the last year (2022) as a result of these discussions in relation to healthcare across West Yorkshire. The changing context has in many cases placed a new emphasis on some of the themes and more recently the cost-of-living crisis has been an escalating issue.

Access to primary care remains a key area of concern. Primary Care is considered the front door to the wider health and care service and many feel let down when they can't access their GP in a way that works for them. There is a deep concern that this has a detrimental impact on their health and wellbeing.

Access to dentistry services continues to be an issue raised for both children and adults. This is both in terms of being able to register with an NHS dentist and access to appointments and treatment when registered. It was also raised that access to urgent dental care was not as responsive as needed.

Of increasing concern is the **cost-of-living crisis** which continues to escalate and impact on peoples' lives. This impacts significantly on the ability to make choices that positively impact their wellbeing, such as accessing healthcare, undertaking activities that support mental wellbeing, eating healthy nutritious food and being able to live in warm, safe housing. These challenges are having a particular impact on those who are living with social disadvantage, serious illness, addictions and those people who are carers. We know that suicide rates rise during times of economic recessions and financial exclusion is a significant risk factor in suicide deaths.

There continues to be concern around **accessing support for mental health** in a timely manner, an issue which has increased with the impact of the pandemic. Of significant concern is access to support for our children and young people and the level of support for children who are waiting for assessment for, or have been diagnosed with, autism. Self-harm rates are rising, and the people we are supporting

with mental health issues are becoming more unwell, more quickly than they have previously.

We know that the pandemic has led to significant **delays in treatment**, particularly for planned care services and people are telling us that this is causing a deterioration in their physical, mental and emotional health. The impact of this is also extending to family members and carers.

The choice people have in **accessing care that is right for them** highlighted concerns about digital exclusion with many appointments and support moving to online. Many of our population do not have access to digital technology or have additional challenges in using it. This was particularly a challenge for people with learning disabilities

Negative experiences of **quality of care** are starting to emerge in some care settings. Whilst it is acknowledged that this is in part due to challenges arising from the pandemic in terms of staff shortages, it is still important to be treated with care and compassion. We know that children and young people from ethnic minority backgrounds and those in more deprived areas with diabetes have consistently poorer blood sugar control. We also recognise that there is a variation in access to digital technology such as continuous glucose monitoring.

The four strategic objectives of our Integrated Care System

Our strategy is centred around our four strategic objectives which set out the core purpose of our ICS. These are:

Our mission is to reduce health inequalities, for example if you're a child or young person living in West Yorkshire, you are more than twice as likely to live in a poorer area than the average England resident.

Manage unwarranted variations in care, for example timely identification of deterioration in the health of people with learning disabilities, can reduce unnecessary hospital admissions, promote health positively and reduce premature mortality.

Secure the wider benefits of investing in health and care, for example, NHS investment in supporting local independent social care includes £12million for councils to pay the national living wage in advance of the 1 April 2022, to help retain staff.

Use our collective resources wisely. With circa £5bn to invest in people and communities and as the largest group of employers across the area, we're ideally placed to develop good jobs for good health.

The Healthy Hearts project in Bradford was scaled up across West Yorkshire so that local places didn't need to develop their own approach to help reach more people at risk of heart attacks and stroke.

This initiative has seen almost 19,000 additional patients added to hypertension register and almost 15,000 additional people treated to ensure their blood pressure is within recommended limits.

Another example is that the Academic Health Science Network will launch 10 innovation schemes for cancer, beyond our PinPoint scheme.

Our ambitions for the people of West Yorkshire

Improving outcomes in population health and healthcare

We will increase the years of life that people live in good health in West Yorkshire

Health inequalities are avoidable and unjust differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worse off experiencing poorer health and shorter lives.

To achieve this ambition, we will take a trauma informed whole systems approach, that addresses the conditions people live in and recognises the importance of the wider determinants on the health and wellbeing of the population.

This will also require a strong focus on preventing trauma, adversity and ill health by addressing the root causes for health harming behaviours - including tobacco, alcohol, drugs and gambling, in a joined-up systems approach.

A focus on reducing health inequalities for the partnership will aim to address some of the preventable differences that contribute towards inequalities. Working as a partnership we will consider variations in; risk factors for ill health, early diagnosis and screening and access to effective support – all of which contribute towards inequalities in health outcomes.

We will aim for early identification of risk factors and long-term conditions so that we can act early and, prevent or delay onset or progression of different health conditions. We will also focus on key areas that contribute most to the years of life lost or lived in ill health, such as cardiovascular and respiratory diseases, cancer and suicide.

The work we are undertaking to mitigate the effects of poverty and the cost-of-living crisis will have an impact on quality of life, prevention of ill health and timely access to health and care services.

Access to good quality health and care services continues to be a challenge for the population of West Yorkshire as we recover from the pandemic. Whilst our primary care services continue to provide more appointments than pre-pandemic we know that public satisfaction with access to services has deteriorated significantly. We continue to work collaboratively to provide timely and appropriate services.

Our hospitals are also working hard to recover from the impact that COVID has had on our diagnostic and elective care services.

By 2024 we will have increased our early diagnosis rates for cancer

Our work on enabling the transformation of cancer services in West Yorkshire is coordinated at a system level, via the West Yorkshire and Harrogate Cancer

Alliance, which is hosted by the NHS West Yorkshire Integrated Care Board (WY ICB). Cancer Alliances are non-statutory bodies which bring together clinical and managerial leaders from different hospital trusts and other health and social care organisations, to transform the diagnosis, treatment, and care for cancer patients in their local area.

Our local Cancer Alliance has an ambition to bring local partners together to deliver better outcomes and focusses on being empathetic, being honest and driven, being people focussed (including a focus on the cancer workforce) and being role models for effective collaboration. They help to oversee the cancer components of the NHS Long-Term Plan and the merger between nationally set priorities for transformation and locally derived need.

They work on a co-production model with patients and service users to ensure that our priorities and ways of working are informed by the experiences of people who are using cancer services. This is critical to ensure that patient experience of care is treated with parity of esteem around what care is delivered.

The Cancer Alliance works together with colleagues across all our West Yorkshire places, and Harrogate, to ensure that we are taking decisive action across the cancer pathway. This includes improved primary and secondary cancer prevention; better population awareness; promoting earlier diagnosis; achieving better treatment access including to new therapies and innovations; and adopting a person-centred approach both to follow-up, and end of life care where needed. They also work closely with partners involved in delivering the other ambitions, so that our work is joined up and connected for the common benefit of the people we serve.

We are clear why work to transform cancer care is important. In the future, it is estimated that one in two people could be diagnosed with cancer in their lifetimes, with four out of ten cancers being avoidable if we can achieve changes to lifestyle including healthier weight; safe sun care; reduced tobacco consumption; avoiding alcohol and substance misuse; and acting on wider determinants of health status, including air quality. The burden of cancer is one of the most significant faced by the West Yorkshire ICB and will be across the duration of this and subsequent planning strategies. Overall, cancer outcomes remain poorer than international comparators, and are strongly associated with wider prevailing health inequalities experienced across West Yorkshire.

Progress against our cancer ambition since 2020 has been good but we know that the data we have is usually around two years in arrears.

We know that:

- The net number of referrals into our local cancer services, including reduced volumes during the acute phase of the pandemic has closed.
- Almost all reduced treatment activity has been recovered on the same measure.

- The number of patients coming forward and being assessed for cancer symptoms has grown significantly since 2018, as has the number of patients being treated for cancer.

We have also made some good progress with our partners on encouraging uptake of the bowel cancer screening programme through local awareness raising campaigns and the activities of our public health, screening, and primary care network partners. Cancers detected via screening programmes are often at an earlier stage (and are therefore commonly more treatable).

We will reduce suicide by 10% across West Yorkshire by focusing on health inequalities, achieving a greater understanding of impact of inequality on suicide, so that suicide prevention becomes everyone's business.

Every death by suicide is devastating and can have a lifelong impact, with each death impacting 135 people on average. Suicide is our biggest killer of both men under 50 and young people. Suicide is one of our partnership's wicked issues, with no easy solution that one person/organisation can complete on their own.

Office for National Statistics data shows that despite a focus on prevention in recent years, suicide rates have not reduced. We need to work together to do something differently if we want to change this picture over the next five years. In order to achieve our collective ambition on suicide prevention, all partners have a part to play.

Our vision is to collaborate and create a movement for change - this will make suicide prevention everyone's business. We have adopted a zero-suicide approach where we believe that even one death by suicide is one too many. We have collaborated on a [West Yorkshire suicide prevention strategy](#), which complements place-based suicide strategies and plans and has 13 core evidence-based themes on which we'll focus our work in the coming years:

We acknowledge that there are national and international factors, some of which are beyond our control, which may impact suicide rates. For example, Government policy, the economic climate and worsening poverty, widening inequalities and discrimination, harmful content online, the gambling industry and its regulation, and the climate crisis each have an impact. In order to mitigate these impacts, we need to:

- Invest in inclusive and preventative measures locally, including becoming a trauma informed system
- Ensure that suicide prevention is embedded across all organisations, eliminating stigma
- Build everyone's skills and confidence to recognise and address adversity and trauma, which is closely linked to suicide
- Improve and learn from evidence

- Provide inclusive and compassionate support for all people affected by suicide
- Support people with core risk factors for suicide

West Yorkshire Health and Care Partnership will work together to prioritise suicide prevention, creating a paradigm shift that makes suicide prevention everyone's business. Every organisation in the partnership will take demonstrable action on suicide prevention.

We will achieve at least a 10% reduction in anti-microbial resistant infections by 2024

We know that the Northeast and Yorkshire region has the second highest antibiotic rates in England. All parts of West Yorkshire are prescribing over the national target in relation to antibiotic prescribing. Whilst the number of people presenting with infection reduced during the pandemic, data is currently telling us that prescribing is now increasing back towards pre COVID 19 rates.

Whilst the burden of infectious disease is known to disproportionately impact vulnerable groups, the evidence base for the burden of antibiotic-resistant infections is sparse. However, we do know that rates of prescribing are much higher in highly deprived areas. We are working to understand this in order, to develop actions to redress this trend.

A priority for our strategy will be sharing expanding successful work in this area across West Yorkshire. The Leeds 'Seriously' campaign to raise awareness of antibiotic resistance is a good example of where positive campaigns can have success.

One of the main priorities for our WY Anti-Microbial Resistance Board is to reduce Gram-negative bloodstream infections caused by E. coli and reduce inequalities related to E. coli bloodstream infections. This work will be set out in our delivery plans.

We will achieve a 50% reduction in stillbirths, neonatal deaths, brain injuries and a reduction in maternal morbidity and mortality by 2025.

The West Yorkshire Local Maternity and Neonates System (LMNS) covers West Yorkshire and Harrogate and supports a number of Maternity Voices Partnership (MVP) groups across our system to transform our maternity services together. The MVPs are a team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care.

The LMNS has already implemented seven of the initial immediate and essential actions from the [Ockenden Report](#) and each trust is currently being measured against these. The remaining issues raised from the report will be considered alongside the Independent Investigation into East Kent Maternity Services report,

with a further set of recommendations expected to be published in the early 2023. The actions to address these recommendations will form part of the Joint Forward Plan to deliver this strategy.

We continue to work at place and West Yorkshire to address the workforce challenges for maternity and neonatal services.

Tackling inequalities in outcomes, experience and access

We will achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population.

On average, we know that people with serious mental illness (SMI) live 12-15 years fewer than someone without an SMI, and 4 in 5 deaths related to SMI are linked to common and preventable or treatable conditions such as heart disease, lung disease and cancer. For people with learning disabilities or autism, this gap is even bigger, with a difference of around 14-18 years compared to someone without a learning disability or autism. These deaths are often also caused by the same conditions. We also know that neurodiverse people and those with diagnosed and undiagnosed mental health problems are more likely to take their own lives, and that suicides contribute to the remaining gap in life expectancy not explained by those common physical health conditions.

The reasons this gap exists can be divided into two main groups - increased risk of physical health conditions because of different risk factors and medications, and poorer access to health care when it is needed. This is more simply explained by saying that people with SMI, learning disabilities and autism face a range of inequalities that negatively impact their health and lives.

There are many ways that as a Partnership we can start to address this. We can:

- Listen to the voices of our populations to understand where the biggest barriers to good quality health care are across West Yorkshire
- Use the numeric data we have more effectively to understand what conditions we could target to reduce inequalities
- Work to ensure that as many people as possible can access a high quality, meaningful physical health check and any ongoing care that is identified
- Work with our acute hospitals to ensure that factors such as SMI, learning disabilities and autism are taken account of when planning elective care

We plan to do all the above, and more, to actively work to reduce the life expectancy gap for people with SMI, learning disabilities and autism, and reduce the health inequalities faced by this population

We will address the health inequality gap for children living in households with the lowest incomes

Children and young people who experience adversity and trauma are at higher risk of poor physical/mental health and emotional wellbeing and adopting anti-social and health-harming behaviours including serious violence, poor attendance/exclusion at school and decreased educational attainment. As a result, WYH&CP and WY Violence Reduction Unit (WYVRU) have recognised this as an area where it is essential, we work together across the whole system ensuring combined actions to address these issues.

We will do this by working together to prevent and reduce the causes of trauma and adversity for children, young people and families who are vulnerable and experiencing complex needs, including households living in poverty.

Ensuring that children, young people and families in WY have access to and receive integrated support from a range of professionals across health, mental health, education, social care, youth justice, the police and the voluntary sector to ensure that their needs are met in a coordinated way.

We know that we need to ensure that better support is available for children and young people with complex needs/special educational needs and disabilities (SEND). In addition, providing consistent and equitable support for managing long term conditions and seamless transition into adulthood will be a key element of reducing health inequalities and providing the best start in life for our children and young people.

We will have a more diverse leadership that better reflects the broad range of talent in West Yorkshire, helping to ensure that the poor experiences in the workplace that are particularly high for Black, Asian and Minority Ethnic staff will become a thing of the past.

We see the diversity of all communities and colleagues as a strength to help inform the way we plan, design and commission health and care services for people living across West Yorkshire. We want to make sure that everyone is treated fairly and given an equal chance to access opportunities. Ensuring that we meet the needs of everyone to ensure that our population all have good outcomes.

We recognise and value individual as well as group differences, treating people as individuals and placing positive value on the diversity they bring because of a protected characteristic or cultural background.

Our strategy is also focused on making all groups of people feel included and valued within their society or community so that there isn't a negative effect on their health and wellbeing.

Our plans include delivering the actions for the Integrated Partnership of Sanctuary, development of the West Yorkshire health inclusion unit and continuing the great work across West Yorkshire led by partners across place.

Our delivery will value equality, diversity and inclusion at the heart of everything we do and through our Involvement Framework we will listen to people to ensure that we get this right.

Our fellowship and allyship programmes continue to be a success in contributing to the diversity of leadership across our Partnership. The fellowship builds on existing good practice and complements existing local and regional programmes to make sure that we have adequate representation of ethnic minority colleagues in our next generation of leaders. We know that there is more to do in embedding this in our organisations beyond the fellowship programme itself, supported in part through the roll out of the racial inequalities training.

Enhancing productivity and value for money

As part of our work to develop this strategy we have taken an approach to ensure that we use the process to help create the way we want health and care to look like in the future. We have done this by building system leadership through the process, ensuring that we can better integrate all our work in a way which enhances productivity, value for money and most importantly improves health and wellbeing outcomes for our people.

Through our work we have embedded an improvement ethos, connecting our system to more of itself to ensure that we can identify where there are issues in transitions and gaps in care. We know that in developing our plans to deliver this strategy, through being connected and integrated in this way, we will be able to use our resources to maximise outcomes for our population.

Our enabling strategies such as finance, people, digital and estates will also support the best use of our resources in a way which will support us to deliver this strategy collectively ensuring value for money for our population.

Supporting broader social and economic development.

We aspire to become an industry leader in responding to the climate emergency through increased mitigation, investment and culture change throughout our system.

We are already seeing the impact of climate change on the health and wellbeing of our population, with people living with vulnerabilities or living in more deprived areas experiencing disproportionate harm. It is also felt through long term health conditions such as respiratory and cardio-vascular disease. Air pollution is currently the 8th leading risk factor for death and contributes to approximately 40,000 premature deaths per year in the UK. Climate harms are felt first and most keenly by those who are already experiencing inequality and vulnerability.

We know that excess plastics in the environment have a significant impact on our health, as does building antibiotic resistance due to drugs in our watercourses. There are also wide-reaching impacts on physical health, mental health and wellbeing as a result of significant weather events.

As a Health and Care system, we need to also adapt to the impact of climate change now and in future. This requires a whole system response which includes considerations for supply chains, estates, transports, how we deliver care, housing, planning of the physical environment – so the whole system becomes resilient which is central to tackling health inequalities and enabling our population, including future generations, to live well.

As a partnership we're committing to making fundamental changes to the way we work, through increased investment, mitigation, and culture change throughout our health and care system. We want to create the conditions for all organisations and individuals across West Yorkshire to be empowered to take action on climate change in their day-to-day work. This includes how our staff get to and from work and how we support patients in accessing health care, and how we adapt to climate harms.

This will also support the achievement of the NHS Carbon Zero ambition by 2040. (2038 in West Yorkshire in line with our system partners the West Yorkshire Combined Authority and the 5 Local Authorities).

Our ['all hands in'](#) campaign was an important step in this work, using a system wide approach to behaviour change. The campaign supported our workforce to become more aware that their individual actions have a direct impact on sustainability and in decreasing carbon emissions, which collectively is a good thing for population health.

We will strengthen local economic growth by reducing health inequalities and improving skills, increasing productivity and the earning power of people and our region as a whole.

We know that economic activity has a significant impact on health and wellbeing. Having a purpose and a living wage contribute significantly to a sense of belonging and being able to live a life well. Both the pandemic and the cost of living crisis has significantly impacted on this for many people in West Yorkshire.

As an employer our workforce is our greatest asset and our ambition through the life of this strategy is to grow and retain our workforce. Exploring innovative ways of recruiting and training staff and creating new roles to deliver integrated health and care.

Our strategy aligns to the West Yorkshire Combined Authority Economic Strategy and its vision:

'West Yorkshire to be recognised globally as a great place with a strong, successful economy where everyone can build great businesses, careers and lives, supported by a superb environment and world-class infrastructure.'

An improving population health strategy

This strategy is poverty and trauma informed, and demonstrates a commitment made by our Partnership. Both have been strong themes coming out of our engagement with partners, staff people and communities.

Viewing West Yorkshire as a whole population gives us the opportunity to consider what action we can take to improve health and wellbeing for people living and working here as a partnership on a larger scale. Health status is determined by much more than health and care services alone. It is well established that the wider determinants of health (housing, work, education, social relationships and the local environment) contribute more than three quarters of the impact on our health and wellbeing, and direct healthcare less than a quarter. Working as a partnership will allow us to work together to more effectively address these wider causes of ill health.

Helping those facing the most inequality

Our [Independent Review](#) to tackle health inequalities for Black, Asian and Minority Ethnic Communities and Colleagues, highlighted a number of recommendations which are woven through this strategy and our Joint Forward Plan to deliver it. The COVID-19 pandemic has highlighted the impact of deep-seated and long-standing health inequalities faced by some of our communities.

What causes these inequalities is the subject of much debate. This can be linked to the deeper impact of wider societal inequalities beyond the operation of health and social care services. These include broader environmental, social and economic factors that exert a profound ability to shape health outcomes for communities. Structural racism and the impact that this has is a particular concern and we will continue to prioritise our work in this area and embed it throughout our programmes of work.

We are committed to targeting action around the recommendations of the review, including how we better support our own workforce, particularly around leadership development, reflected in our ambitions. You can see [examples of the positive difference we are making](#). There is still much to do.

Our most vulnerable people often face the biggest inequalities in health and our strategy is focused on trying to mitigate this. We have approximately 400,000 unpaid carers across West Yorkshire, many of whom we know don't access the support they may need. We know children and young people from deprived areas have more than twice the level of tooth decay than children from less deprived areas. We are working collaboratively with public health and local authority leads to discuss oral health provision across West Yorkshire. It is important to recognise the challenges our population face around health literacy and literacy in being able to plan to support people in the right way to make a change.

Many of our unpaid carers are young carers who can be invisible and are often not identified at school or in health settings so do not have access to the support that is there to help them. With their help we have developed an app which will help ensure they are able to help their loved ones whilst looking after their own physical and mental health coupled with working towards a bright and healthy future for themselves.

We know that often those without a voice or advocacy, can experience the most inequality, as highlighted in many national reviews over the last year. We have worked hard through the pandemic to provide the best support we can, for example prioritising those with a learning disability for elective care. Advocacy for children and young people can be even more difficult, we have established a West Yorkshire Youth Collective to help influence our top priorities and decision making. We know however that there is much more that we can do.

The people in West Yorkshire who are involved in serious violence, exploitation and the criminal justice system are at increased risk of additional social needs, inequalities and poor health and wellbeing. We know that the majority of people in the criminal justice system have experienced trauma and adversity, often in childhood.

Working with partners across West Yorkshire including the West Yorkshire Violence Reduction Unit, West Yorkshire Policing and Crime Team and NHSE Health and Justice team, we will provide support for people when they enter, during and leaving the criminal justice system. We will also provide support for their families and victims

Our population and demographics continue to change and it is important to listen to our place based joint strategic needs assessments in order to plan for them. It is also however, important that our system has the flexibility to be responsive at short notice when challenges arise.

Climate change

Our world is facing a climate change crisis and as a Partnership we are committed to taking collective and individual responsibility to take action against it, and adapt to change already taking place. We will do this through embedding sustainability in everything we do and changing the culture in West Yorkshire so that we build resilience to climate change across the system.

We will work towards creating a healthy, equitable and environmentally sustainable society and reduce the climate change impacts of healthcare through a high quality, equitable and environmentally sustainable health and care system. We will also reduce our vulnerability to climate change harms, focusing on prevention by building climate resilience among our partners and in our communities.

Poverty and cost of living

The rising cost of living is impacting both on the staff we employ and the wider population we serve. We have committed as a partnership to mitigate the impacts of poverty and the increased cost of living on the health and wellbeing of our population and workforce, including:

- Supporting people to have good mental health and wellbeing and taking a zero-suicide approach, making suicide prevention everyone's business
- Enabling the West Yorkshire voluntary and community sector to support people and communities most affected by poverty and increased cost of living
- Preventing serious violence, abuse and exploitation
- Responding to increasing levels of trauma and adversity
- Identifying opportunities to influence the increase of welfare/benefits and income from employment
- Working in partnership with our local places Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield to identify people whose health is at greatest risk from poverty and increased cost of living and targeting ways to reduce that risk

A trauma informed approach

The people in West Yorkshire who are involved in serious violence, exploitation and the criminal justice system are at increased risk of additional social needs, inequalities and poor health and wellbeing. We know that the majority of people in the criminal justice system have experienced trauma and adversity often in childhood.

Working with partners across West Yorkshire including the West Yorkshire Violence Reduction Unit, West Yorkshire Policing and Crime Team and NHSE Health and Justice team, we will provide support for people when they enter, during and leaving the criminal justice system. We will also provide support for their families and victims

As a health and care partnership we are committed to understanding and responding to the root causes of serious violence, violence against women and girls and keep our communities safe.

We know that some population groups face multiple complex disadvantages for a number of reasons, complicated further by also experiencing poverty or destitution and impact of poor air quality and poor housing. These populations groups are often referred to as inclusion health groups and include groups who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases). These experiences contribute considerably to increasing health inequalities and frequently lead to barriers in access to healthcare and extremely poor health outcomes, often much worse than the general population.

Inclusion health groups include people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery but can also include other socially excluded groups.

We have a special focus on supporting people experiencing multiple disadvantages to attempt to reduce some of the barriers they face and to improve their experiences and outcomes relating to healthcare, but also the quality of their lives. This will require working with a wide range of partners across the WY Health and Care Partnership to address issues linked to the wider determinants of health (including the quality of housing people live in, the places and communities they live in and relationships they have, as well as a sense of purpose through giving back to the community or being in good quality employment, and having sufficient financial resources to meet their needs).

West Yorkshire is pursuing the status of ICS of sanctuary. In West Yorkshire, we see our Migrants, Refugees and Asylum Seeker population as an asset to our cities, towns and communities not a burden. Providing a safe and welcoming place of sanctuary for individuals and families should be seen as an opportunity not a threat.

Improving population health fellowship [example in a text box]

Our Improving Population Health Fellowship programme is helping to embed this work throughout our partnership. The Fellowship launched in 2021 with 33 equity fellows and will continue for a second year expanding to include, trauma, adversity and resilience, suicide prevention and climate change fellows. Our fellows are receiving training, implementing their learning in work and embedding their thinking across the Partnership and in everything we do.

Health inequalities academy [example in a text box]

Our Health Inequalities Academy continues to work to bring together partners to explore progress and share learning on tackling health inequalities. Our recent celebration of the first year of the academy, highlighted the work taking place to improve the lives of the most disadvantaged people living in West Yorkshire. The aim of the academy is to support everyone working across the partnership, whatever their role, to understand the part we can all play in creating a more equitable system.

By acting as a forum to raise awareness and bringing people together, the Academy provides support and showcases interventions which are being implemented locally and can be adapted across the whole of West Yorkshire and beyond.

Personalised care

An important part of improving people's health and wellbeing is through better delivery of trauma-informed personalised care, with and alongside them. Personalised care means people have choice and control over the way their care is planned and delivered, based on 'what has happened to them', 'what matters' to

them and their individual strengths, needs and preferences. Our digital strategy aims to support personalised care through giving people the option to access and contribute to their own records and using technology to help them stay well.

This happens within a system that supports people to stay well for longer and makes the most of the expertise, capacity and potential of people, families and communities in delivering better health and wellbeing outcomes and experiences. As a result of personalised care, health and care is tailored to what matters to the individual, in the context of their whole life, such that personalised care can support programmes and systems to address inequalities in access, experience and outcomes.

Our ambition for personalised care is important in tackling inequalities for communities and people, especially those who don't always know how best to access the care and support they need. For example we know that people with learning disabilities die 15-20 years earlier than the general population, as do people with complex mental illness. We also know that children and young people from ethnic minority backgrounds experience poorer health outcomes, with higher asthma rates and obesity.

We also know that only 55% of adults living with long-term conditions feel they have the knowledge, skills and confidence to manage their health and wellbeing on a daily basis. Our continued approach to patient activation tools (which is a tool that assesses an individual's knowledge, skills and confidence to managing their own health and healthcare), personal health budgets, community-based support, shared decision making, personalised care and support planning all contribute to this.

Creative Health

Finding new innovative ways to support our population to have happier healthier lives is important to us in West Yorkshire and we want to have an active, vibrant, creative health sector. Our work to use creativity to support this is an important element of our work, it is proven to:

- Keep us well, aid our recovery and support longer lives better lived.
- Meet major challenges facing health and social care: ageing, long-term conditions, loneliness and mental health.
- Save money in the health service and in social care through building health producing and better connected communities.

We already have good examples of where we have made a real difference through using a creativity and health approach, for example our Calderdale Creativity and Health Programme working with South West Yorkshire Partnership Foundation Trust and Creative Minds. We know that expanding this learning could help us create stronger, healthier more resilient communities through working at a population health level. We know that it will support us in delivering targeted interventions addressing the greatest health disparities and importantly, be part of a transformation in the way health and care services look and work for all of our people.

How we will work together to achieve this

Our principles

As a large Partnership, agreeing the way we work together is an important part of building on the strong foundations already in place since 2016. This involves building on our common purpose and vision, agreeing values through which we work and the behaviours that when demonstrated ensure that we deliver. It is important that we get this right to deliver our strategy.

We have a long history of working together in West Yorkshire to improve outcomes for our population which means that the new statutory arrangements are already building on a successful way of working. This is demonstrated through some of the West Yorkshire work we have undertaken together across the Partnership, for example national award winning campaigns such as '[Root out Racism](#)', '[Looking out for our Neighbours](#)' and the '[Check-in Staff Suicide Prevention](#)' Campaign.

We have agreed as a Partnership that:

- We will be ambitious for the populations we serve and the staff we employ.
- The Partnership belongs to us all, local government, NHS, VCSE and communities.
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.
- We will undertake shared analysis of problems and issues as the basis of taking action
- We will make decisions as close to individuals as possible – with work taking place at the appropriate level and as near to local people and communities as possible

Our mission, values and behaviours

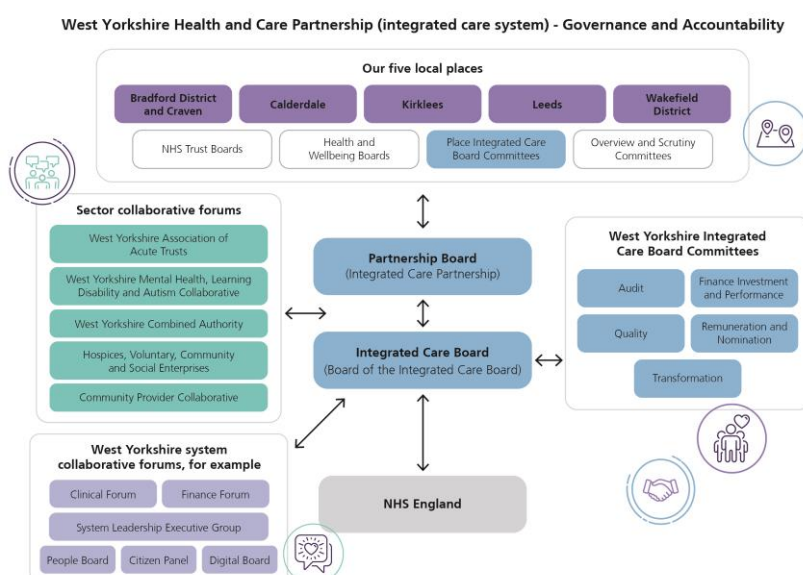
The way in which our Partnership will put these principles into action is set out in the diagram below:



The way we work has been demonstrated in being the Health Service Journal Integrated Care System of the year in 2021 and 2022, where leadership values across all health and care sectors was highlighted as a success of how we improve care for people and communities.

The way in which we organise ourselves to deliver better care for all

With the introduction of the new statutory arrangements following the Health and Care Act 2022, we have developed a new set of arrangements through which, we can ensure that we deliver our work for West Yorkshire people and communities. Details of these arrangements are available [here](#). An illustration of how these arrangements work and how the different elements of our Partnership fit together is shown in the diagram below:



Building from Neighbourhoods

Our strategy begins with individuals, families and in the local communities or neighbourhoods in which they live. The ability of integrated neighbourhood teams, working together in an increasingly integrated way across the breadth of health and care services, to meet the needs of our communities underpins our ambitions to improve outcomes and tackle inequalities. We know that in recent years we have seen increasing pressure across primary care, community health services, social care and within the voluntary sector. This has been largely due to a combination of increased demand for care resulting from factors including an ageing population with greater morbidity, changes in the nature of population needs following the pandemic, and increased pressures on the primary care and community workforce.

Since our original strategy was published in 2019, and often in the face of the pressures created by the covid pandemic, we have continued to see local teams and services within our neighbourhoods work more closely together – for example through primary care networks and other related models of community and locality working. This is better for our populations in terms of helping provide a more joined-up experience, more personalised to people's needs and that helps people stay healthier and well at home and close to home. More integrated working also creates further opportunities and rewarding roles for our staff. But we know this is an on-going journey and one that we will need to keep in focus and support together across the Partnership over the next five years.

For example, as we take on responsibility for pharmacy, optometry and dental services over the coming year, there is also an opportunity for us to also integrate these services further into our integrated neighbourhood model of working. Our Voluntary and Community Sector partners are already an integral part of the way we work in our neighbourhoods and there is valuable learning as to how other partners can integrate their work and their teams. This will then ensure that we have a diverse team representing not just traditional health and care but also wider determinants of health, to wrap around individuals and families providing the support they need.

Our ambition is that our neighbourhood teams will be supported in adopting population health management approaches to proactively identify and support people in their communities, helping to prevent ill health, reduce health inequalities, and being able to act earlier before people are at risk of poorer health and wellbeing outcomes. Our strategy also commits to ensuring that we are able to meet the workforce challenges (including investing in expanding and developing neighbourhood teams), capital requirements (to help ensure we have high quality facilities where teams can work together and further support local communities) and digital enablement to support the implementation of this approach.

Working in local places

Our Health and Wellbeing Boards have a long history of delivering real change in our local places and their representation reflects the breadth of contributors to health and wellbeing. They provide the strategic vision for each local place, working closely with the Place Based Committees of the ICB to oversee the delivery of the NHS elements of our Integrated Care Strategy.

Many of the Health and Wellbeing Board Strategies have been refreshed over the course of this year and they have all informed the development of this strategy. They all have a strong focus on tackling health inequalities through a life course approach, including giving people the best start in life, living well and having a good death. Many are based on the Sir Michael Marmot Report principles, a review of which is available on this [website](#).

Our Local Health and Wellbeing Strategies are available on local place websites.

- [Wakefield Health and Wellbeing Strategy](#)
- [Kirklees Health and Wellbeing Strategy](#)
- [Calderdale Health and Wellbeing Strategy](#)
- [Bradford Partnership Strategy](#)
- [Leeds Health and Wellbeing Strategy](#)

Our local places are delivering their Health and Wellbeing Strategies in partnership overseen by Health and Wellbeing Boards and their Place Committees of the NHS West Yorkshire Integrated Care Board. Starting with neighbourhoods they are bringing teams and staff together to deliver joined up health and care, This includes partners such as housing, Police, Fire and Rescue and the Department of Work and Pensions. Sharing learning and scaling up good practice across West Yorkshire is key, as is collaborating when it makes sense to deliver joined up health and care services between places and always intervening early to prevent poor health and wellbeing.

In many of our places integrated work begins with the leadership teams, with joint appointments at a senior management position. For example in Wakefield our place lead also undertakes the role of Adult Social Care Director and Director of Community Services in the hospital (Mid Yorkshire Hospitals NHS Trust). In Calderdale Local Authority Chief Executive is also the place lead.

This approach is also replicated in teams across local places and in some cases has been happening for many years. This has involved commissioning staff working in provider organisations and local authorities to ensure rich and varied skills and expertise in the planning and delivery of services. This way of working not only leads to better integrated care around the person but is also a more effective use of resources and a driver for a joined-up partnership culture.

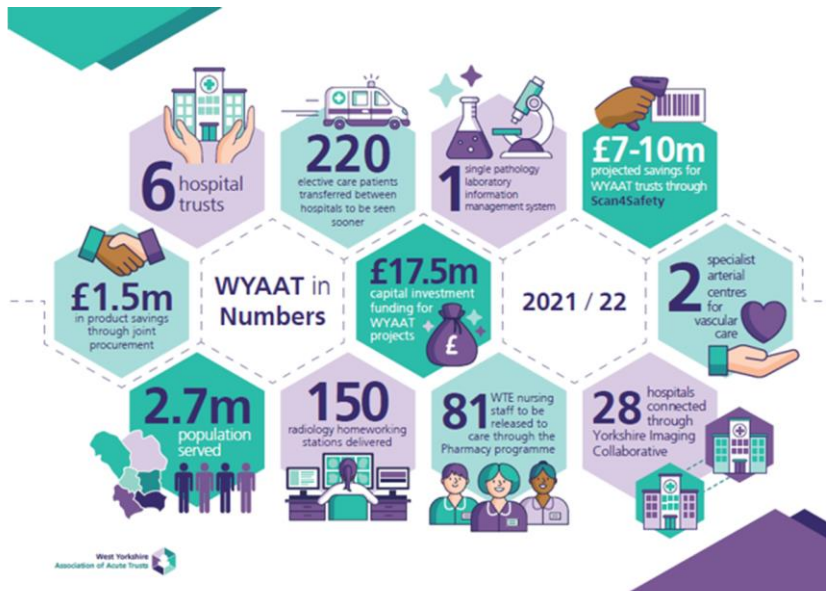
Often there is additional benefit in providers from across West Yorkshire working together as a team across a larger footprint (we call this provider collaboratives) in This is in addition to working together with other partners in their local places.

Working in collaboration at West Yorkshire level

Most of our work happens in our local places, communities and neighbourhoods, taking decisions and delivering integrated services as close to people and families. Sometimes however, there is real benefit in providers of services coming together (we call this provider collaboratives) across West Yorkshire to collaborate on agreed programmes of work. This work is in addition to working in collaboration with other partners within their local places.

West Yorkshire Association of Acute Trusts Provider Collaborative (WYAAT)

Our acute hospitals have worked together through WYAAT since 2016 providing a collaborative, partnership model of integrated acute and specialist healthcare across West Yorkshire. Their vision is to deliver outstanding, high quality acute and specialist healthcare for the whole population of West Yorkshire.



We know that the pandemic has had a significant impact on hospital services in the same way that it has elsewhere in our partnership. There are significant workforce challenges which we are seeking to resolve through our [WY People Plan](#) and we know that people are waiting longer than before the pandemic to receive hospital care.

In addition to the WY People Plan, WYAAT's developing strategy is aligned to our integrated care strategy in ensuring that we can collectively provide the best health and care for our population, whilst tackling health inequalities, as well as supporting sustainability and broader social and economic development. To ensure WYAAT is able to proactively collaborate where it makes sense to do so, the strategy contains five pillars:

- Workforce
- Service Delivery (clinical and non-clinical)
- Ways of working
- Recognising and reducing variation
- Estates

There are already a number of ongoing work programmes to deliver the strategic vision. For more information, please visit the WYAAT website [here](#)

Mental Health Learning Disabilities and Autism (MHLDA) collaborative

Our MHLDA Collaborative consists of our four mental health/learning disability trusts across West Yorkshire. It is designed to help drive forward the system changes that need to be made, remove barriers to integration and ultimately ensure that our resident population receive the best care and support that can be offered within finite resources.

Through the Collaborative, providers will share and learn from their experiences, including what has not gone well, offer peer support and challenge. Boundaries between services, organisations and across the provider/commissioner landscape will begin to blur focusing on becoming “one workforce” with a collective ambition.

We know that the pandemic has had a significant impact on mental health and this is now compounded by the cost of living crisis. As a collaborative much work has been undertaken over recent years to transform services and this will continue through the delivery of this strategy.

Community Health Services Provider collaborative

Our collaborative of Community Services Providers, which formed in 2021, has come together work collectively on shared issues that of common interest to the sector, such as enabling more healthcare to happen close to home, and where joint approaches or shared learning, such as in workforce development and service redesign, can add collective value.

The collaborative has an important contribution in delivery the strategy through both working together and with other partners, ensuring that community services has a clear and engaged stake in the direction and decisions

Hospice collaborative

In West Yorkshire we have an ambition that people will die well and have a good death. Our Hospice Collaborative is built from a powerful trust base and has strong relationships through which, it delivers a [manifesto for palliative and end of life care](#).

Through our strategy we plan to provide the very best palliative & end of life care for the population of West Yorkshire, which will be personalised, holistic, accessible, a good life to the end of life & a good death. We will provide Effective and personalised support for carers, families & friends and ensure access and inclusion of diverse communities across West Yorkshire.

We want to make sure that hospices are working in a seamless way with the NHS and palliative end of life care system, to meet the needs of patients, reduce unnecessary hospital admissions and enable patients to be discharged home or to the setting of their choice.

Working with NHS England

Services are planned for and provided at, a range of different footprints and whilst this is best carried out as close to the individual as possible, sometimes it is more appropriate to be carried out at a much larger footprint. When this is the case, we work with NHS England to do this on behalf of our people in areas such as health and justice, specialised services, dental, optometry and pharmacy services.

From April 2023 the NHS West Yorkshire Integrated Care Board will be taking on responsibility for the planning and delivery of dental, optometry and pharmacy services, details of which will be set out in our delivery plans.

Specialised Services

The Specialised Commissioning and Health and Justice Team are responsible for commissioning services across a diverse portfolio of care that is provided at specialist tertiary centres, within prison settings as well as in specialised inpatient mental health units across the region. These services are planned at a regional level due to low volume, complexity of the services, and the potential financial risk associated with provision.

Specialised services have an important part to play in the delivery of the long-term plan ambitions for Yorkshire and the Humber. Many of the specialised services which NHS England commission are part of broader pathways of care. Working in partnership with West Yorkshire ICB, South Yorkshire ICB, and Humber and North Yorkshire ICB, specialised commissioning will explore ways to deliver new service models to integrate specialised services into care pathways, focussing on population health for each ICB. We will do this through joint collaborative commissioning approaches as set out in the [Roadmap for integrating specialised services within Integrated Care Boards](#), published in May 2022. We will explore opportunities for more advanced integrated arrangements where these will support the delivery of outcomes for our population.

To optimise equity of access for specialised services, while ensuring care as close to home as possible, we will build on our current clinical engagement to expand new models of service delivery through network approaches, this will ensure that we can deliver care for our population while improving clinical governance and oversight. These successes will help us to develop networked solutions that are appropriate for the population of West Yorkshire.

Some of the joint priorities for 23/24:

Healthy Childhood (Maternity and Neonates)

- Work with the Northern Neonatal Operational Delivery Network (ODN) and Local Maternity Systems (LMS) to deliver the 5-year implementation plans for the ICS for the national Neonatal Critical Care Review, this will ensure delivery in the reduction in neonatal mortality. This will include plans for developing neonatal capacity, further developing the expert neonatal workforce and enhancing the experience of families through care coordinators and investment in improved parental accommodation.

Cancer

- Work with providers of Paediatric Radiotherapy Services and Cancer Alliances to develop new service model for Y&H that will ensure access to the best care and treatments.

Cardiovascular

- Review and assure plans for the delivery of mechanical thrombectomy for the ICS as set out in the Long-Term Plan and reduce the likelihood of disability from stroke.
- Work with the West Yorkshire Cardiac Network to deliver the national Cardiac Improvement Programme to improve patient pathways and quality of care. This includes reducing waiting times for Cardiac Surgery and improving the pathways for patients with Aortic Stenosis.

Other

- Develop an Adult Critical Care Transfer Service that will support best use of critical care capacity across the Yorkshire and the Humber patch, particularly in times of high demand for services.

Working with wider partners

We need to work effectively with partners outside of health and social care in order to make the most impact on health and wellbeing, as so much of good health is related to wider determinants of health such as employment, technology, policing, the economy the climate crisis

We have a long history of successful working in relation to wider determinants of health, for example through our work on health and housing. In some parts of West Yorkshire, we have successfully introduced housing advisors into hospital settings in order to ensure that we can begin to address people's housing needs as soon as they are admitted into hospital, therefore supporting the discharge process. We are also undertaking an assessment of the housing needs of people with Learning Disabilities, Autism and Severe Mental Illness to drive change in future planning decisions and ways of caring for people outside of hospital settings.

There are a significant number of large employers in a broad range of sectors across West Yorkshire. Taking a proactive approach to working with employers on health promotion and prevention will be mutually beneficial and more accessible for the population. Working with education and early years provisions to support children to have the best chances in live and outlook for their future is an important element of our wider working.

As a Partnership we are committed to working with both the West Yorkshire Combined Authority and the West Yorkshire Mayor on work which will in turn improve the health and wellbeing of our population. We know that employment,

housing and transport all have an impact on health and wellbeing and are all factors of concern in the cost-of-living crisis. We know that this is an issue for both our workforce and our population.

In delivering this strategy we aim to work more closely with our partners to tackle this, placing more focus on the action we can take. The [Mayoral Pledges](#) align well to this strategy and provide us with a good opportunity to focus our work around supporting broader social and economic development working on the factors that are important to our communities and our workforce. As a partnership we have opportunities to work more joint up with these wider stakeholders.

Delivering our strategy

How we involve our people

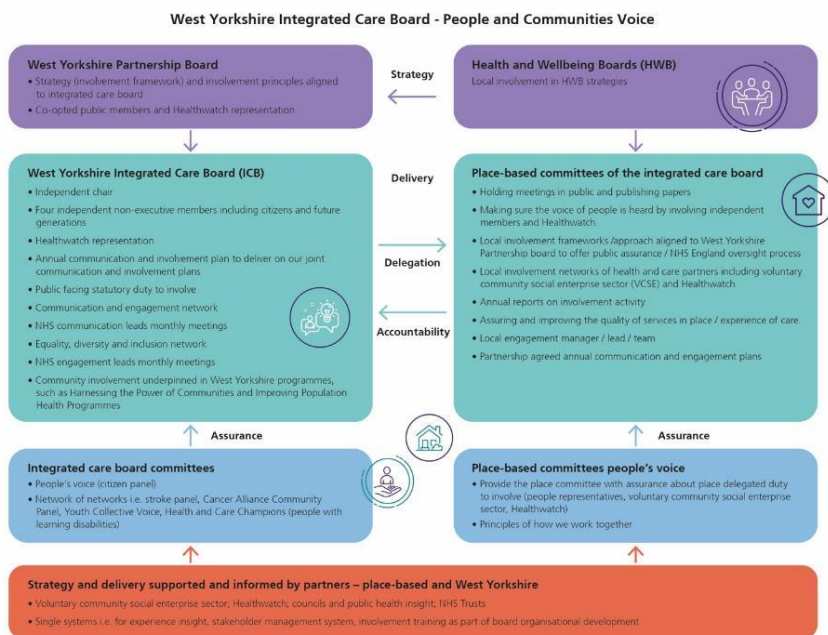
Our Partnership is committed to ensuring that our approach to involvement, in all its forms meets the needs of people living, working, and caring in West Yorkshire. No decision will be made about changes to health and care services that people receive without talking with and listening to people receiving those services or who may do in the future, about it first. It is important that people have their say to shape and improve local services and those provided on a wider geography.

Engaging with partners, stakeholders and the public in the planning, design and delivery of services is essential if we are to get this right. Wherever and whenever possible we will include meaningful involvement as part of our work. We want people to help us design, develop and improve services by sharing their views and experiences.

We know that the people we listen to and involve need to reflect the communities we serve. We know that many people are often not heard in our system and to ensure our services / commissioning meet the needs of all people we work creatively and accessibly to reach those whose voices / views / opinions are too often ignored or not sought. We have agreed principles of how we work together and with people and communities.

Our involvement framework describes our approach to involvement across West Yorkshire and how our engagement is helping us to tackle health inequalities. Through this approach we are able to ensure that we are putting the people of West Yorkshire at the heart of everything we do. We have used the involvement framework to guide us in the development of this strategy and this will be especially important in the development of our plans to deliver the strategy.

The way in which the people voice is heard in our system is outlined in the diagram below:



How we will develop plans to deliver: our Joint Forward Plan

To ensure as a Partnership we deliver this strategy, we will develop a Joint Forward Plan together which will be overseen and owned by the NHS West Yorkshire Integrated Care Board. This plan will set out how over the next five years we intend to deliver the ambitions we have set out in this strategy. The plan will also include national NHS ambitions including:

- Continuing to reduce the waiting times for people needing diagnostic or planned care (such as cancer treatments and orthopaedic surgery);
- Continuing to improve access to primary care services;
- Reducing demand for emergency care; and
- When people have an emergency or urgent need, they can be seen quickly by the most appropriate service.

In the same way that this strategy will be refreshed from time to time, our Joint Forward Plan will be reviewed each year. This will allow us to consider the progress made, what people are telling us about their health and wellbeing and how we might need to change our plans to respond to this. Using our involvement framework to support an ongoing discussion with people in West Yorkshire will be an important part of this work and will take place annually.

Our plans will be developed with a lens which will ensure that everything we do is developed and delivered in a way which will support sustainability and tackling climate change, mitigate the impact of poverty and respond to trauma.

We will publish our Joint Forward Plan on our website alongside information each year on the progress we have made. Our initial Joint Forward Plan will be published in April 2023 and if you would like to be involved in its development, please email westyorkshire.ics@nhs.net.

How we will plan for our workforce



Our people are our greatest resource, we are proud of their commitment to the people of West Yorkshire and the resilience they have shown through the Pandemic. The resilience shown over recent years in challenging times reflects their strength and compassion and as a Partnership we want to make sure that we are supporting them in the best way that we can,

In 2021 we developed our [West Yorkshire People Plan](#) which recognises the diverse nature of our partnership. It represents the full range of health and care sectors, including universities, those working and volunteering in the voluntary, community and social enterprise (VCSE) sector and unpaid carers. The Plan sets out the current challenges which the plan needs to address but also the ambition for our people. It sets out what we are doing now and what our future plans will include.

We know that the pandemic has brought huge challenges for our workforce and we continue to both adapt and learn from this to ensure that we can support our workforce now; plan to ensure that we grow a workforce for the future; build new ways of working and delivering care and build our partnership.

A key element of our digital strategy is centred around supporting our workforce. We will do this by providing the digital tools to enable efficient and effective working regardless of the location in which our workforce need to work.

Equality, diversity and inclusion

We see the diversity of all communities and colleagues as a strength to help inform the way we plan, design and commission health and care services for people living across West Yorkshire. We want to make sure that everyone is treated fairly and given an equal chance to access opportunities. Ensuring that we meet the needs of everyone to ensure that our population all have good outcomes.

We recognise and value individual as well as group differences, treating people as individuals and placing positive value on the diversity they bring because of a protected characteristic or cultural background.

Our strategy is also focused on making all groups of people feel included and valued within their society or community so that there isn't a negative effect on their health and wellbeing and so everyone can access the care they need.

Our plans to deliver will have valuing equality, diversity and inclusion at their heart and through our Involvement Framework we will listen to people to ensure that we get this right.

Clinical and professional leadership

Clinical and professional leadership is central to all of our work, helping us put the person at the centre of our decision making. The West Yorkshire Clinical Forum provides clinical leadership and expertise into all programmes of work. It is supported by networks of nurses, allied health professionals, pharmacists and medical directors from across the health and care system. The forum also provides clinical leadership to dental and optometry services. The development of this strategy has been informed by their voice.

Ensuring our services are of good quality

Listening to clinical leaders and people's experience of health and care is an effective way of us ensuring that our services across West Yorkshire are of good quality. We also work through our [Integrated Care Board System Quality Group](#) to ensure that we are delivering our statutory quality functions and strategic objectives in a way that secures continuous improvement in the quality of our services. It also provides valuable assurance for the delegation of some functions of commissioning.

Listening to our workforce and our people is also central to the way in which we design and deliver care and how we transform our services in response to their experience of providing and receiving care.

Safeguarding people

Our joined-up approach to safeguarding across our Partnership is based on arrangements within our five places and the statutory duties that organisations at place hold. Our Partnership's Safeguarding Committee spans these place arrangements to facilitate peer support and shared learning and an interface with NHS England and lead professional networks.

How we will use data and intelligence

In delivering this strategy, we will ensure that our decisions are data and intelligence informed. Much of the data will be built upon the Joint Strategic Needs Assessments in each place which look at the current and future health and care needs of local

populations. These are designed to inform and guide the planning and commissioning (buying) of health, well-being and social care services.

By bringing together our data alongside what our people and staff are telling us will support improving outcomes and reducing health inequalities for the population of West Yorkshire. This will not only ensure that we are able to tell a compelling story as to how our services are being delivered, but also help us consider where we can best focus our efforts on improving them.

To ensure that we are doing this in the right way, we need to make sure that we understand where this intelligence is in our system and how we can ensure that it is brought together to help our decision making on an ongoing basis. We will also gather and make sense of the data and intelligence we have, in the right place at the right time to ensure that we can improve efficiency and productivity.

In order to deliver the strategy and achieve our ambitions we will need to grow our analytical capacity and capability over the next five years, freeing up time to innovate and support our plans. We will be able to do this through shared learning and development and shared resources with an aim of all parts of the West Yorkshire system being able to contribute to, access and use, the best possible analysis of our information.

To deliver the strategy and the innovation we need to make a real impact on reducing health inequalities, we will look to constantly advance the technology we use. Building on our use of modelling to understand future demand and how we might innovate to meet the need. Our digital strategy sets out how we will use data to support decision making, design services and research to improve the health of our population. It also provides a direction of travel for how we will ensure the safe, secure and seamless flow of information between organisations to support care delivery.

Money and resources

In West Yorkshire, we have worked to a set of guiding values and behaviours which have ensured that decisions around how we allocate monies and manage financial risk have been made collectively together. We know that the budgets of all organisations within our partnership are going to be challenging over the coming years. All of these pressures run alongside the cost-of-living issues that people are facing across West Yorkshire, and the unequal impact on poorer communities. and that this will be felt at both system, organisation and individual level.

We know that demand for services is likely to increase across all ages. The impact on some sectors such as our VCSE has also been noticeable and has threatened their sustainability whether through reductions in grant funding or charity donations from the public alongside increased demand.

We have a strong history of working together across organisations and sectors to better use our resources to improve health and care. An example of where we have

made a difference through our collective action is the deployment of £1million into social care providers in 2021/22 to allow the early introduction of the national living wage for low-paid employees. This ensured early action to tackle the cost-of-living crisis whilst also supporting a more sustainable care workforce.

This work has been successful due to the way in which we work together across our partnership to a common vision, the level of trust we have and the relationships we have built. We will continue to do this over the lifetime of this strategy to ensure that we can use our resources to reduce health inequalities and improve health and wellbeing in our population.

We make our decisions as close to the individual as possible, starting our planning of services from places and communities. Our resources enable the delivery of plans at this level, ensuring that they are used effectively, efficiently and in new innovative ways where possible.

Our 2022-2027 [Finance Strategy](#) sets out our approach to how we will use our resources and make our financial decisions to support deliver of our strategy. It outlines the actions we will take to use our finance and resources in tackling health inequalities; managing unwarranted variations in care; using our collective resources wisely; and securing the economic and social benefits of investing in health and care.

Buildings and estates

To deliver joined up health care and new ways of working together we also need to look at how we make the most of our buildings (our estates). The way in which we work as organisations together across our Partnership helps us make the most of both our buildings and other assets available to us. We will look to use our estates effectively as an organisation and support our NHS Trusts to adapt to the new ways of working. Planning for future changes as more and more people become flexible and take positive advantages of hybrid working.

This work begins in our communities, using our estates to support bringing teams together to wrap around and support people, unpaid carers, communities and neighbourhoods. This extends beyond traditional health and care, looking at how we can use our estates across our wider partnership to truly integrate the way in which we work together. Our estates are led by the clinical strategy around the services that we provide.

Our capital and estates work are also important in supporting our organisations to deliver their services in a safe and effective way. In order to deliver this strategy we need to ensure that we are able to develop and prioritise bids for capital funding to ensure that we have high quality buildings which support us to deliver health and care safely, collaboratively and in an innovative way.

Through working together on capital, we been able to successfully bid for NHS England capital to support system-wide capital investments over recent years. This

has brought an additional £300m into West Yorkshire. We will work with WYCA to support investment within the region in economic and workforce development.

The way in which we will learn and develop

As a forward-thinking innovative partnership, we continue to develop and deliver innovative ideas and solutions to improve the health and wellbeing of the 2.4million people living across our area. We do this through working together with organisations from industry, universities, and public and VCSE partners, so that we can create a culture that uses 'innovation' to improve people lives. This helps to make sure people have the best start in life and every opportunity to live a long, happy, and healthy one.

Our partnership with the [Yorkshire and Humber Academic Health Science Network](#) provides us with a valuable opportunity to work with a range of professionals and organisations with expertise in a wide range of areas. Through this work we have been able to develop an Innovation Hub, one of two across Yorkshire and Humber.

One of the aims of the Innovation Hub is to support West Yorkshire to develop and foster our culture of innovation and improvement whilst highlighting areas of best practise and helping us to deliver on the systems innovation goals. Within the Innovation Hub, there is also a Digital Primary Care Innovation Hub, which supports our understanding and innovative work on issues facing primary care.

We also work closely with the Yorkshire and Humber Applied Research Collaborative which supports people-powered research that aims to tackle inequalities and improve health and well-being for our communities. With themes of healthy childhood, mental health and multimorbidity, older people and urgent care, this work provides us with an opportunity to both learn and commission work in these areas to support the delivery of our strategy and ambitions.

In the development of our plans to deliver our strategy, we will lean from both organisations to inform our plans and we also identify opportunities to use their expertise to help us understand areas where we have significant challenges.

There is also much we can learn from each other within West Yorkshire. We know that there is good work happening in neighbourhoods, places, providers, collaboratives and across West Yorkshire. We will continue to share and learn in a collaborative way to understand where we can implement good practice and innovation into our work to improve outcomes for our population.

The way in which we will use digital and technology

In West Yorkshire we are embracing technology to empower people to take control of their own health and care and continually improve the way we deliver services so we can be the best we can be. Our [Digital Strategy](#) sets our vision that:

‘People have a choice to use digital channels to access services and monitor their own health. Services are designed using evidence from data and our workforce can work from anywhere in the region and access the information that they need to care for the individual person.’

Our Digital Strategy also seeks to ensure that our services are designed using evidence from data and that our workforce can work from anywhere in the region and access the information that they need to care for the individual person. This will support us in our recovery from the pandemic and ensuring that people can access health and care and receive diagnoses at the right place and the right time.

An example of where we have made a difference is through our online GP consultation. Whilst we have continued to deliver face to face appointments over the last year, for those who have wanted to and been able to, the opportunity to access online GP consultations has been a valuable resource through the pandemic.

Useful information

Helpful publications & web links

Contact details

Availability in alternative formats

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