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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Agenda for a meeting of the Bradford and Airedale Wellbeing Board to be held on Tuesday, 28 November 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: 07814 073884
E-Mail: susan.booth2@bradford.gov.uk

To:

MEMBER	REPRESENTING
Rachael Dennis	Group Chief Executive, Incommunities Group Ltd
Foluke Ajayi	Chief Executive of Airedale NHS Foundation Trust
Dr Manoj Joshi	Chair of Economic Partnership
Robert McCoubrey	Chief Superintendent 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
Sarah Muckle	Director of Public Health, Bradford Metropolitan District Council
Iain MacBeath	Strategic Director Health and Wellbeing, Bradford Metropolitan District Council
Dr Sohail Abbas	Deputy Medical Director - NHS West Yorkshire Integrated and Strategic Clinical Director of Reducing Inequalities Alliance, Bradford Districts and Craven Health and Care Partnership and Deputy Medical Director NHS West Yorkshire Integrated Care Board.
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
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
Sam Keighley	Bradford Assembly Representing the Voluntary, Community and Faith Sector
David Shepherd	CBMDC Strategic Director, Place
Ben Bush	District Commander, West Yorkshire Fire and Rescue Service

Sughra Nazir	Representative of Council for Mosques
Dr Stewart Davies	Chair of Sustainable Development Partnership
Charles Dacres	Chair of Active Bradford
Elaine Applebee	Chair of the Health and Care Partnership
Charlotte Ramsden	Chair, Bradford Children's Trust
Will Richardson	Chair, Employment and Skills Board

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:***
Disclosable Pecuniary Interests	*Disclose the interest; not participate in the discussion or vote; and leave the meeting unless you have a dispensatior*
Other Registrable Interests (Directly Related) **OR** *Non-Registrable Interests (Directly Related)*	*Disclose the interest; speak on the item only if the public are also allowed to speak but otherwise not participate in th discussion or vote; and leave the meeting unless you have a dispensatior*
Other Registrable Interests (Affects) **OR**	*Disclose the interest; remain in the meeting, participate and vote unless the matter affects the financial interest or*

Non-Registrable Interests (Affects)	*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 publi knowing all the facts would believe th it would affect your view of the wider public interest; in which case speak o 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 12 September 2023 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. DISTRICT DIGITAL STRATEGY 1 - 16

Document "M".

6. VIOLENCE AGAINST WOMEN AND GIRLS STRATEGY 17 - 28

The report of the Community Safety Partnership **(Document "N")** will be submitted to the Board and provides Members with an overview of the District's strategic approach to addressing issues relating to the 'Safety of Women and Girls' (SOWG).

Recommended –

1. **That The Wellbeing Board is asked to support the Safety of Women Girls programme and individual Partnerships are asked to consider what actions can be taken to support the culture shift required to ensure the safety of Women and Girls across the District.**

2. **That further work will take place through the Wellbeing Executive and Partnerships to address any potential gaps in the response to the delivery of the SOWG strategy.**

3. **That as part of the ongoing consultation process to form a SOWG strategy, the Wellbeing board considers and offers direction that will further support the development of the strategy.**

(Michael Churley – 07582 100367)

7. CHILD DEATH OVERVIEW PANEL 29 - 108

The report of the Director of Public Health **(Document "O")** will be submitted and presents the Bradford Child Death Overview Panel (CDOP) and gives an overview of all deaths reviewed by the CDOP in the years 2021-22 and 2022-23, describes some of the actions undertaken by the partnership to reduce the risk of future deaths, and makes recommendations for further action.

Recommended –

That Board members be invited to review the recommendations and to reflect on how they may be able to contribute to their delivery.

Environmental risk factors:

1. **Services and planners of services should work together to ensure that families with children have opportunities to access all the financial assistance they are eligible for.**

2. **Ensure that women have good access to pre-conception health advice. This should not be limited to women seeking medical advice, but should be available to all women, regardless of pregnancy status.**

Service provision:

3. **Ensure that children and families in more socioeconomically deprived parts of Bradford have good access to services including maternity, health visiting, school nursing, social care, and education. This may include considerations of timing, location and transport to services, and of the language, both written and spoken, used to communicate messages and information to families.**

4. **Continue, learn from, and expand on the current work to increase cultural competency of the maternity and children & young people's workforce, with the aim to ensure that children and families from ethnic minority backgrounds have equitable access to culturally competent services.**

5. **Services and organisations must work to identify needs of children and families, and to refer to appropriate services as needed. Strong partnership working and referral pathways between services will be key to this.**

6. **CDOP must ensure strong partnerships with the Bradford Children's Trust and with the Safeguarding Partnership, and that the bodies are sighted on the findings and recommendations set out in this report.**

Individual risk factors:

7. **Work through schools, colleges and communities to educate children and young people on safety messages should be undertaken. This may include information on swimming safely, road safety, drug and alcohol messaging, and general hazard awareness.**

8. **Links should be strengthened between the suicide prevention board and the CDOP panel.**

9. **Continue the work on genetic literacy and culturally competent service provision through the Every Baby Matters steering group.**

10. **Promote universal messaging for all new parents on safe sleep. This should be consistent across services and professionals to ensure that advice is the same, whoever is delivering it.**

11. **Provide advice for parents on safety in and outside of the home.**

Process:

12. **The terms of reference and operation of CDOP should be regularly reviewed to guarantee continual quality improvement of the process, and to ensure that the meeting continues to model best practice.**

(Sarah Exall – 07855 177158)

8. BETTER CARE FUND 2023-24 QUARTER 2 REPORT 109 - 124

The report of the Better Care Fund **(Document "P")** will be submitted to the Board in order to:

1. Inform the Health and Wellbeing Board of the Quarter 2 position for the Better Care Fund 2023-24.

2. Provide assurance that the Better Care Fund Plan is meeting the national requirements and policies.

Recommended –

That the report be noted.

(Javeid Karim – 01274 431685)

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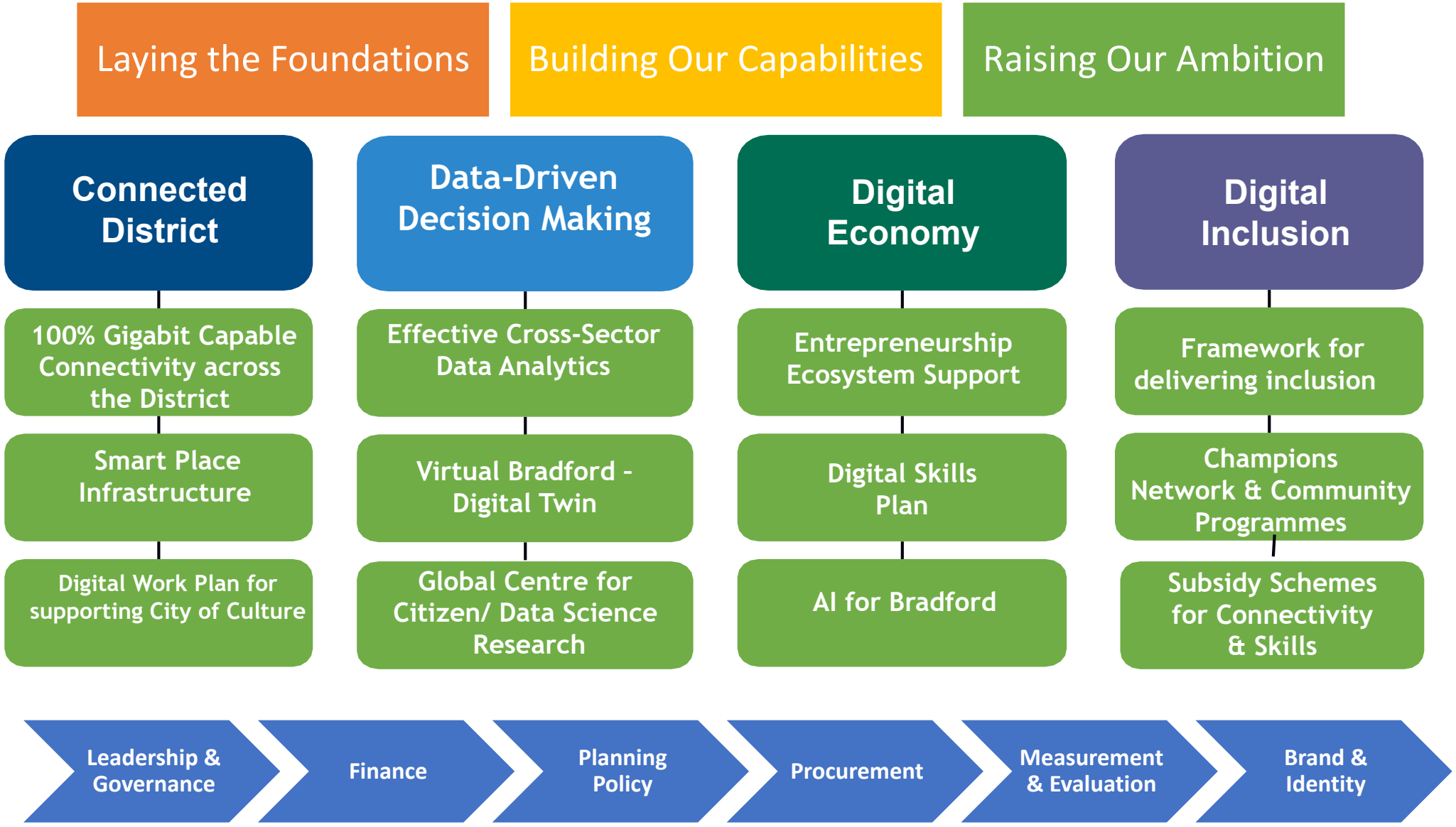
Digital Strategy for Bradford District
Update to Wellbeing Board
28th November 2023

Paul Wilson, Digital Lead, CBMDC

paul.wilson2@bradford.gov.uk

Aim: To support Bradford District's social and economic development in a sustainable way



Connectivity State of Play – November 2023

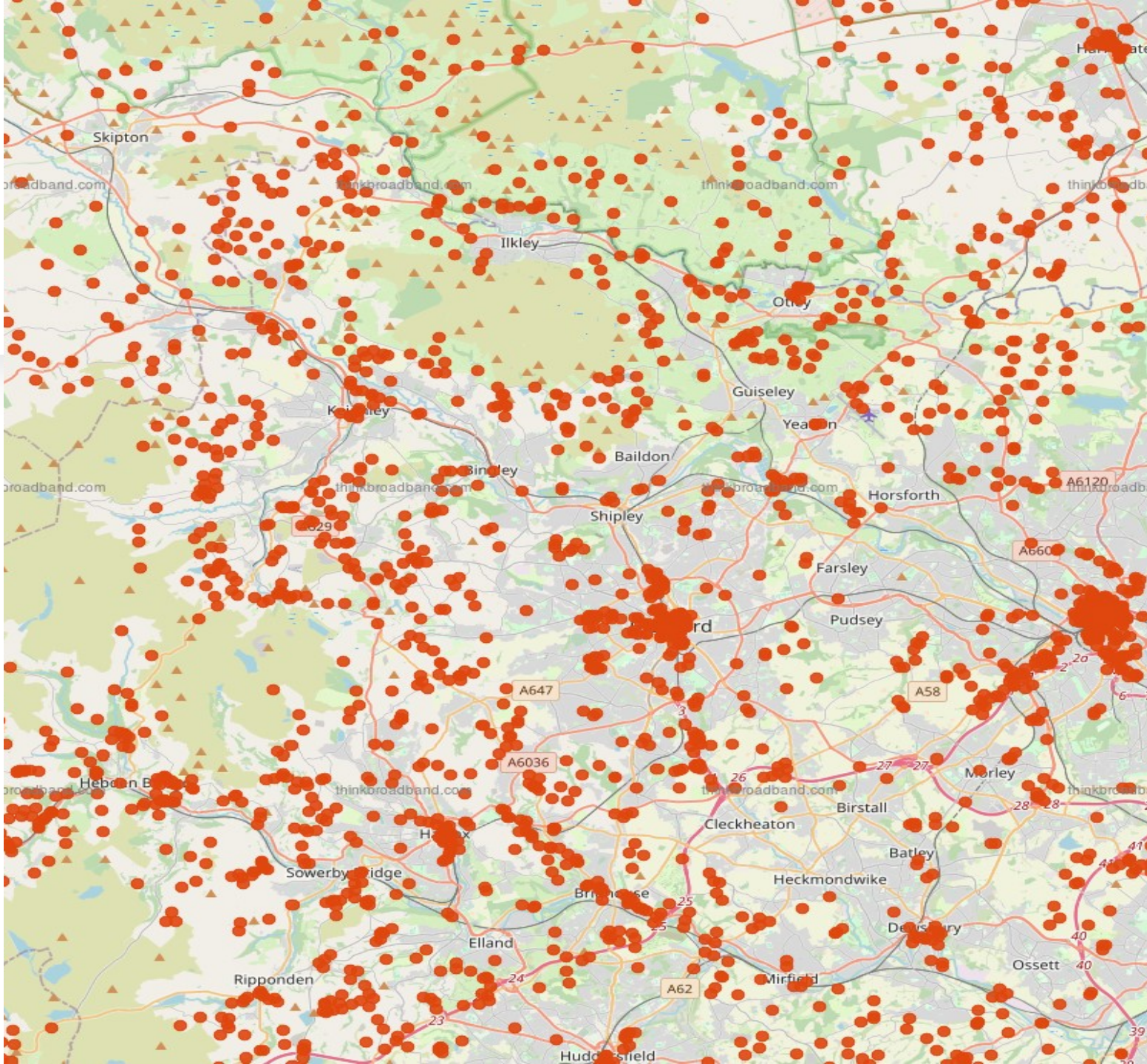
Area	FTTP/FTTH	Openreach	Alnets (Alternative Network Providers)	Gigabit	Below Legal USO (Universal Service Offering <10Mb/sec
England	57.67	35.51	29.82	79.69	0.65
Bradford District	62.71	24.55	41.36	90.86	0.30
Leeds	81.55	68.75	40.43	92.82	0.26
Wakefield	77.92	59.88	30.62	86.09	0.39
Calderdale	21.96	8.89	5.48	58.95	0.60
Kirklees	66.45	42.52	41.35	84.48	0.23
Sheffield	74.72	57.64	33.12	83.01	0.22
Newcastle	72.39	47.30	43.23	88.19	0.25
Liverpool	63.96	55.69	19.27	89.94	0.02
Manchester	67.69	29.27	40.66	83.68	0.19

The district has 90.86% of its premises with access to Gigabit capable connectivity leaving 9.14% still to gain this level of access. 62.71% (up from 40% 2022) of premises across the district have FTTP leaving 37.29% premises still to receive FTTP.

ThinkBroadBand Data November 2023

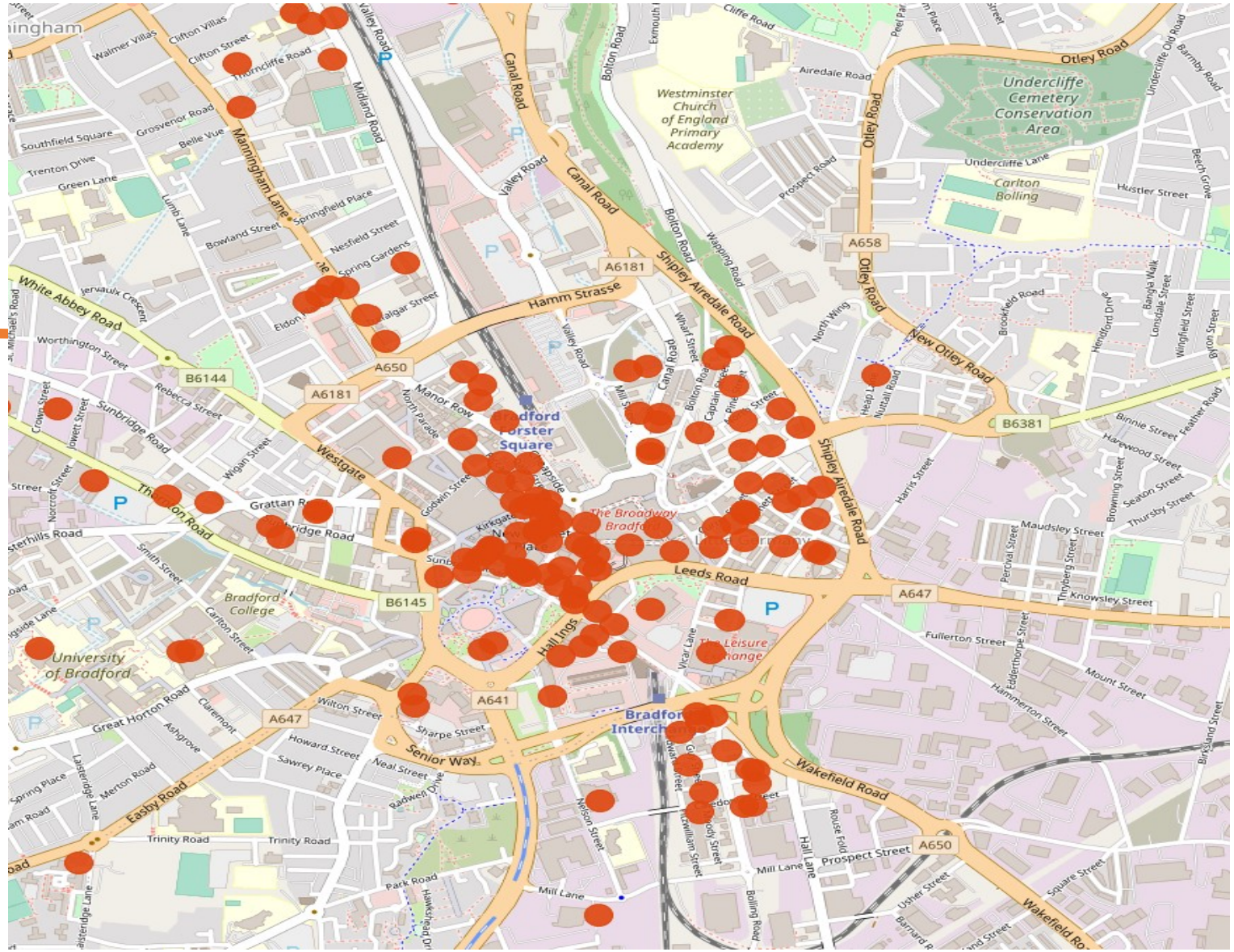
Postcodes with < 24Mb/Sec Broadband

- The aim now is to target those urban and rural “low spots/not spots”.
- Working with BDUK (DSIT), Bradford chosen as 1 of 4 pilots to engage with the Market to understand reasons for these underdeveloped areas.
- Engagement underway with expected funding via Voucher Scheme to address the issue.



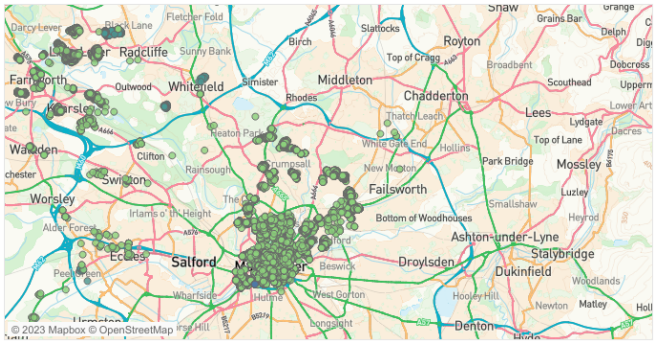
Bradford City Centre

- Postcodes < 24Mb/Sec
- Clearly work to do in the City Centre to ensure our businesses and communities have adequate connectivity.
- Does not take account of any commercially leased lines by businesses.

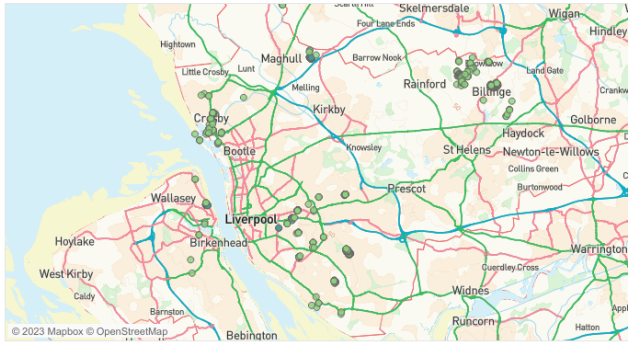


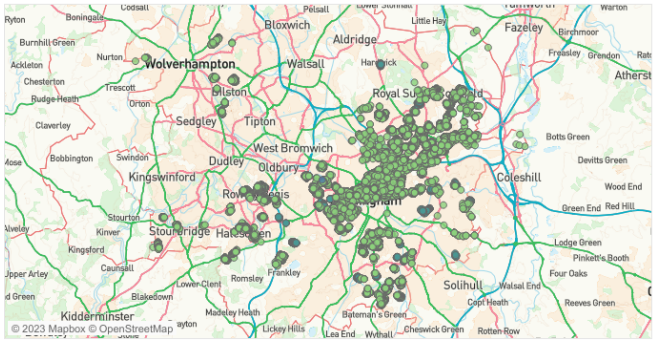
Building Digital UK

How big is the issue ?

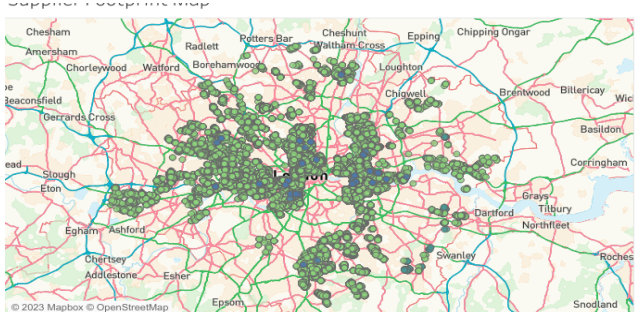


Manchester & Merseyside (Circa 120K Prems)

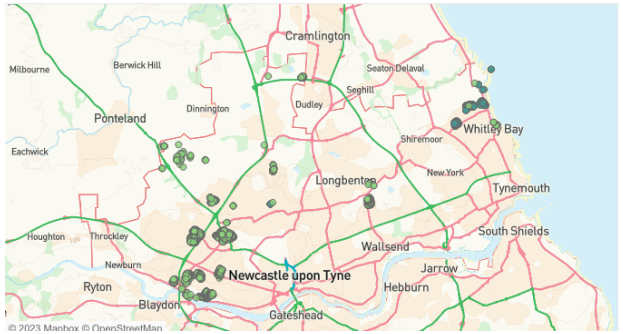




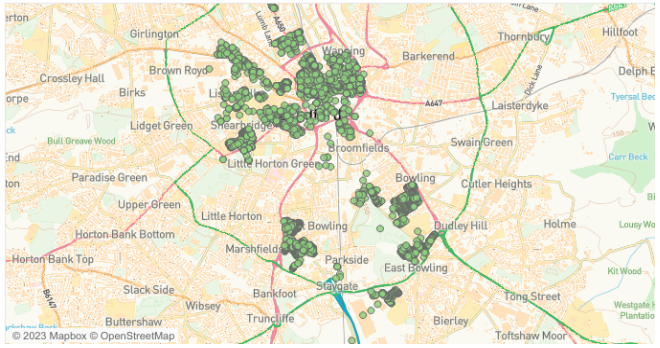
Birmingham and the Black Country (Circa 130K Prems)



London (Circa 650K premises)



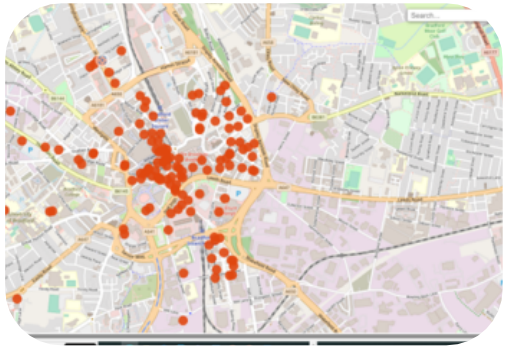
Newcastle and Tyneside(Circa 20K premises)



Bradford (Circa 5K Premises)

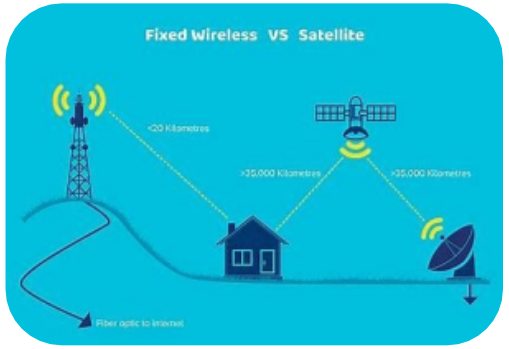
Based on these figures there could potentially be over 1 Million Urban premises that are sub superfast with no future plans to upgrade either through commercial build or public intervention.

Council Actions & Interventions to Accelerate Fibre & Mobile Connectivity

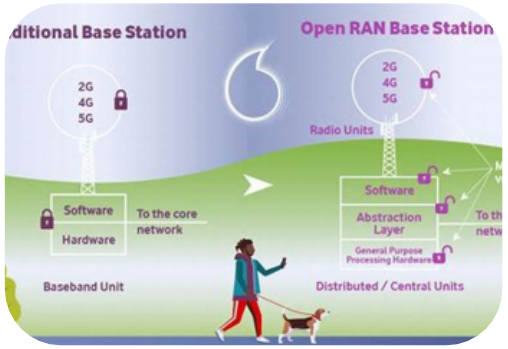


Continue focused engagement with Telcos, MNOs & Infrastructure Code Operators, mapping existing and future plans

Completion of a Small Cell Licence Agreement to provide controlled access to our street assets to MNOs



Satellite Connectivity for 12 Rural Villages – Proposal in Development



Council ducting to enable full fibre backhaul investment to small cell 5G OpenRan Network in Millenium Square – Proposal in Development

Top-up Voucher Scheme for local businesses & communities

IoT/LoRaWAN Expansion & Upgrade Programme to the Things Network

Continued Engagement with Market to develop CoC Plan and ensure readiness

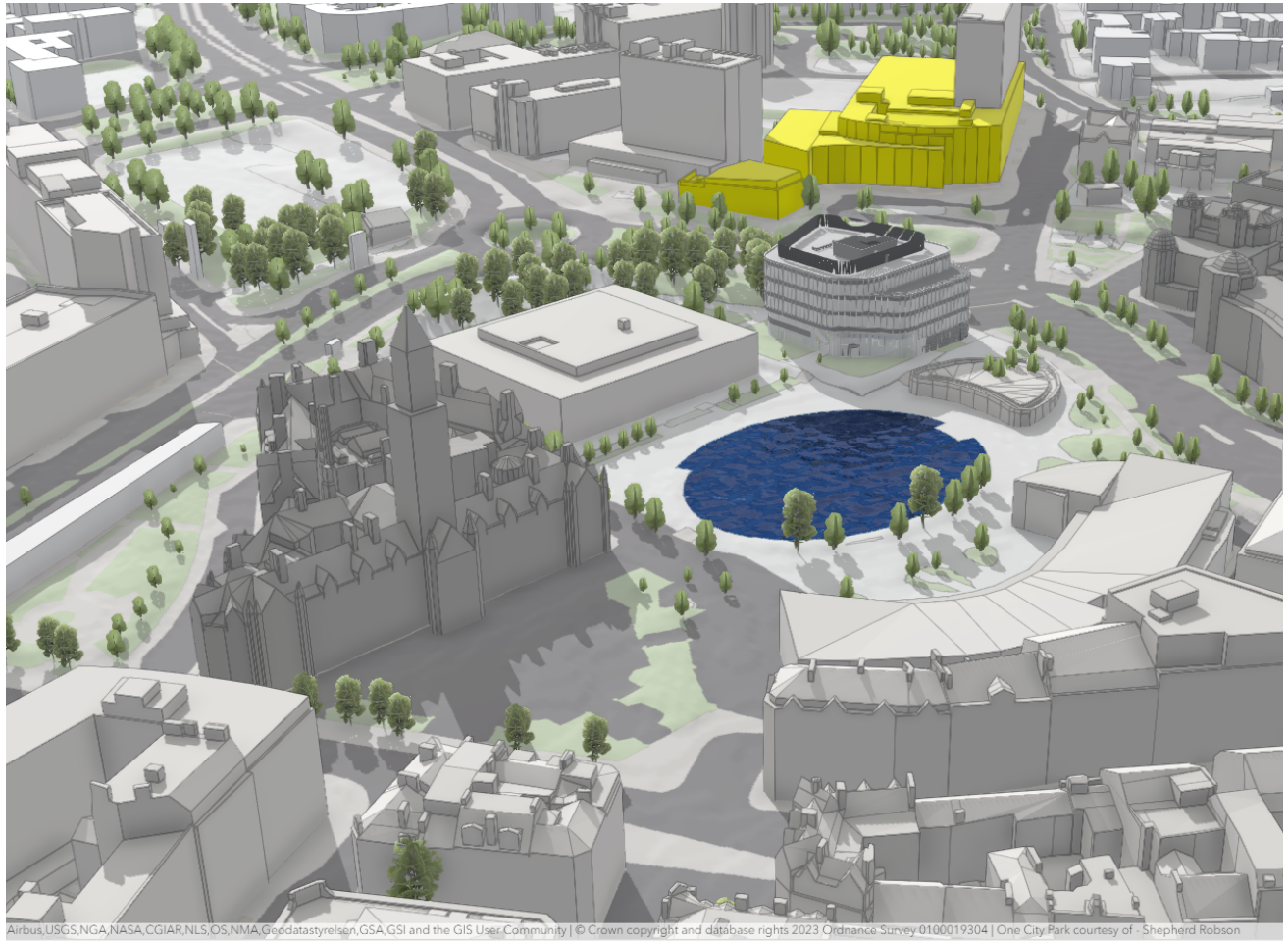
5G Innovation Region Bid – Alternative funding sought

Digital Inclusion Highlights

- **Raspberry PI** - Working with Raspberry Pi we secured circa 60 devices that were donated to refugees and asylum seekers children and young people. Ukrainian; Afghan and Syrian. Due to our speed of distribution we are first on the list for further donations.
- **Joint WYCA Gainshare application –** secured £135,000 pa for 2 years to fund a digital inclusion officer proposed April 1st start date to align with funding.
- **Good Things Foundation** - Encouraged 59 organisations to register with the GTF. Providing access to grant funding opportunities; immediate access to free Sim Cards and devices for distribution to individuals they support. 5,000 Sim Cards have been distributed. 10 organisations in Bradford secured £6,000 each to support them to deliver Digital Inclusion. This includes 5 libraries. We are now working with all recipients to develop a full wraparound support package including digital champion training etc
- **Digital Unite Platform** – training platform for digital champions, we have 50 licences funded by the NHS. 28 licences in use with over 500 people supported. In the process of allocating the remainder of licences to library staff and a community based organisation to help with a health focussed project. Work is ongoing with GP practices and social prescribers network.
- **Barclays Digital Eagles** –Digital Champion Training secured in closed Bradford Only cohorts. The first 30 people have completed the training in October, these are family navigators and business support staff in Family Hubs. Further cohorts are being planned. All champions completed citizen coin training so they can get rewards for the training and helping others.
- **Collaboration** - Programme Manager has done extensive networking and sits on a number of Boards including the Bradford and Craven NHS Digital Board; WYCA Digital Inclusion Steering Group; LGA Digital Steering group; British Academy Digital Forum etc. This provides opportunities for collaborative working and opportunities to showcase work in Bradford.
- **West Yorkshire Digital Inclusion Programme -** launched last week. The Bradford Digital Inclusion Programme contributes to the wider WYCA programme.
- **Contract Social Value** – now a key part of Council procurements. Virgin Media, most recent, providing twenty, 5-year business level internet connections. One has been allocated to the Valley Project in Holmewood, helping families to be digitally engaged. Work is in progress with the community partnerships to agree an application process and assessment panels. This will ensure a fair allocation across the district. This initiative will be launched early next year.
    - Further exploration of social value in NHS contracts is in progress. Assessing how we can maximise on opportunities by joining social value together strategically
- **Digital Inclusion Index** – collaboration with YemeTech on development of the index. Showcased in no. of forums gaining interest. VCSE organisations to be added and digital champions to enhance local information.
- **Bradford, Craven and Airedale reducing inequalities team** - Developed a matrix of need aligned to specific cohorts, now working up projects to deliver digital inclusion support
- **Digital Inclusion Programme Branding** – Outlines developed and final 3 or 4 will be used to engage with communities to select the best brand. This will then be used on a dedicated website and marketing materials/social media etc. the purpose of the site will be to have all digital inclusion support and advice in one place.

Virtual Bradford (Digital Twin)

- 3D digital model of Bradford city centre completed.
- Produced in collaboration with University of Bradford
- Data captured from drone aerial imagery + terrestrial photography and laser scanning
- Open data available for anyone to use
- Phase 2 - Saltaire World Heritage Site ongoing.
- Provides a basis for a digital twin of Bradford to display data driven modelling and near real time metrics
  Collaboration between Nottingham CC with CBMDC & UoB named partners on a recent £300k DLUHC funded PropTech Engagement grant secured to support sharing of knowledge and knowhow.
- Funding sought from WYCA Gainshare Capacity Building to fund the modelling of Southern Gateway Framework area.
  - This will allow the development and design to be democratised by providing stakeholders with 3D models of different designs to consult on.
  - Allow assessment of environmental impact, transport etc.



One City Park – BIM model courtesy Sheppard Robson

Virtual Bradford provides stimulus for Bradford as a leading clean growth city, supporting:

Investment ◈ Urban planning ◈ Architectural design ◈ Regeneration ◈ Disaster planning ◈ Modelling & Visualisation ◈ Data-driven decision making ◈ Public engagement ◈ Social inclusion ◈ Creative economy ◈ Educational resources ◈ Heritage ◈ Tourism ◈ Augmented Reality

What is AI for Bradford?

We invited companies based in the Bradford district to participate in an online survey to better understand the Artificial Intelligence (AI) adoption readiness and maturity level of businesses, and future needs of an AI for Bradford offer.

The findings from this survey will help gather insights that shape an investment case and plans to provide support to local businesses in identifying opportunities to deploy AI in their business setting, which will support increased productivity and growth. This support could include opportunity assessment, upskilling, knowledge transfer and potentially investment in tools and capability.

The City of Bradford Metropolitan District Council and the University of Bradford seek to establish an AI partnership within the Bradford district as a catalyst for establishing an innovation ecosystem for business in the region and drive knowledge exchange.

An ecosystem that will help establish maturity in our processes, better target inward investment for Bradford, identify use cases and collaborative opportunities that address societal challenges and boost business growth. That unified front door.

Develop plan based on results – e.g. consider AI Accelerator Programme.

Q&A

APPENDIX SLIDES

For reference

AI Industry Forum, UoB, Q&A Panel- CBMDC represented, positive feedback

5G Leeds-Bradford Regional Innovation Ecosystem

Building Capability

- Integrated Satellite, 5G, Fibre & LPWAN Network
- Leeds-Bradford 5G Capital Investment Fund
- Network of Leeds-Bradford 5G Innovation Labs/Test-Beds

Stage 1 Initial Use Cases

- Remote monitoring UTI, Fall & Assistance to reduce Hospital / GP visits
- Smart Meter Monitoring Water consumption patterns to inform Health Analytics & Alerts

Focus on Health

Stage 2 Establish Ecosystem

- Establish a 5G Ecosystem Sponsorship Board & Working Group
- Develop a 5G Strategy & Roadmap for the region
- Establish Capital Fund Investment Governance & Programme
- Map innovation pathways for each Living Labs & Testbeds to foster entrepreneurship & startups.
- Facilitate collaboration with Academic and Industry Partners
- Invest in Skills Development & Training as part of WY Digital Skills Partnership & embed within regional Digital Makers initiative
- Promote Use Case Development & Showcase Success Stories

Stage 3 Accelerate for Growth

- Focus on Advanced Manufacturing Sector
- Focus on Public Services

Vision

To establish Leeds-Bradford as a global leader in 5G innovation, where diverse sectors thrive through transformative 5G-enabled solutions. The creation of the Leeds-Bradford 5G Innovation Region will serve as a catalyst for promoting the development and accelerated adoption of 5G-enabled services in key sectors such as health, advanced manufacturing, and public services. This innovative ecosystem will be a beacon of technological progress, fostering collaboration and inspiring stakeholders to unleash the full potential of 5G for economic and social transformation.

Advancing Healthcare Solutions: Our initial focus is on the healthcare sector, harnessing the power of 5G and AI-enabled sensor-based technologies to revolutionise patient care. Our plan is to reduce demand into health & care settings and support independent living. Our 5G enabled services will focus on impactful, sustainable, and scale-able solutions that will tackle the demographic timebomb of increasingly ageing population, especially in underserved areas. The AI model will detect changes in a person's routine/behaviour and alert the support network for early intervention. This lifestyle monitoring coupled with AI will predict those who are at risk of catching Urinary Tract Infections (UTIs), together with associated falls, a significant cause of hospitalisations and more expensive healthcare. Additionally, we will work in partnership with Yorkshire Water on a comprehensive network of smart meters monitoring water consumption patterns to support early interventions on potential health issues.

Creating an Enabling Ecosystem: The Leeds-Bradford 5G Innovation Region will foster collaboration among businesses, academia, startups, and public entities. It will utilise the existing strong network of state-of-the-art 5G infrastructure and living labs, providing innovative spaces for testing and validating new ideas. Partnership collaborations will be encouraged, attracting investment from our local industry leaders seeking to capitalise on the region's 5G-driven potential. The region's strong support for research and development will attract top talent and become a hotbed for innovation. The region's attractiveness to investors will stimulate foreign direct investment, driving regional development and prosperity.

Focus on Local Sector Strengths: Ecosystem to focus on supporting growth opportunities in local sector strengths, in the design and manufacture of electronic systems, passive and active RF and microwave components, Synthetic Aperture Radar, Communications & Space where significant capabilities and opportunities for growth exist.

Appendix A: Leeds - Bradford Network of Innovation Labs, Test Beds & Research Centres

Helix Centre

- **Maker space, digital innovation lab**

Ingenuity 5G

- **State-of-the-art Innovation Hub**

Communications & Network Research Unit

- radio frequency engineering, mobile & satellite communications networks and applications.

The Alan Turing Institute

- Leading AI Research Institute

The Pollard Institute

RF & Microwave Research

The Institute for Communication and Power Networks

Optical Communications, Signal Processing & networking

The Technology Enabled Care House (TEC House)

- two storey house to showcase TEC offer

The Centre for Digital Innovations in Health & Social Care

- high quality, co-created applied research on digital health technologies

Rendulchintala Centre for Space AI

centre of excellence in Space AI Technology

Digital Health Enterprise Zone

- linking digital health businesses and health and social care partners with University expertise

Bradford Life Critical Project

- an open smart digital city and citizen observatory

Virtual Bradford

- Digital Twin Modelling

Health Technologies for Quality & Safety research group

- design and evaluation of health technologies

IoT Innovation Lab, UoB

- IoT / LoRaWAN / Sensor technology to deliver citizen value

The network represents the region's broader efforts to drive 5G innovation, accelerate the growth of the 5G ecosystem and driving the development of transformative technologies that can have a positive impact on local industries, communities, and individuals. It will foster innovation and serve as a platform for industry leaders, startups, academia, and technology enthusiasts to collaborate, experiment, and create new use cases for 5G networks. The key features and capabilities include collaborative spaces, technical support, prototyping, and testing, use case exploration, networking and partnership. It will create opportunities for the public to experience and experiment with 5G technology. The network will be involved in various projects and initiatives, including the development of 5G-enabled applications for industries like healthcare, entertainment, and manufacturing.
We will map each capability's innovation pathway on testbed accessibility, with a strong focus on validation, testing, implementing and scaling, on adoption/accelerating commercialisation, lead times, protocols and ability to enable business and other users to rapidly test innovations and get the data they need.

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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Community Safety Partnership to the meeting of the Wellbeing Board to be held on Tuesday 28th of November 2023

N

Subject:

This report provides the Wellbeing Board with an overview of the District's strategic approach to addressing issues relating to the 'Safety of Women and Girls' (SOWG)..

Summary statement:
The report identifies the national, regional, and local priorities, along with good practice in delivering an effective SOWG Strategy: It identifies a system thinking approach in addressing challenges. By acting collectively and taking a place-based approach we can work towards creating an environment where the safety of women and girls is a shared responsibility, contributing to the breaking down of barriers and the promotion of a culture that values and protects the well-being of all women and girls.

EQUALITY & DIVERSITY:

An equality impact assessment will be completed during the development of the SOWG Strategy. The strategy is directly linked to a key Equality, Diversity, and Inclusion (EDI) place-based objective of the Well-Being Board, which is to; *tackle the inequalities faced by women and girls, so they can thrive, and are free from violence, misogyny, harassment and discrimination at home, work, school or online.* Ensuring safety is key in achieving this objective.

David Shepherd
Strategic Director for Place

Report Contact: Michael Churley
Phone: 0758210367
E-mail: michael.churley@bradford.gov.uk

Portfolio:

Neighbourhoods and Community Safety.

Overview & Scrutiny Area:

Corporate

1. SUMMARY

1.1 This report provides the Wellbeing Board with an overview of the issues relating to the Safety of Women & Girls in Bradford District.

1.2 It focuses on the national, regional, and local agenda, data, and good practice in response to SOWG and recognises the need to think holistically and differently across the 'system' by taking a 'systems thinking' approach to meet the challenge. This will involve engaging key stakeholders across our 'Place' to develop insights on how we operate and work as a Place for the benefit of women and girls and what can be done meaningfully to transform harmful cultural norms and practices and create a widespread early intervention and prevention response that will reduce violence against women and girls in the long term.

1.3 By addressing the issues collectively, we can work towards creating an environment where the safety of women and girls is a shared responsibility, contribute to the breakdown of barriers and create a culture that values and protects the well-being of all women and girls.

1.4 The SOWG strategy also aligns with the Well-Being Board's commitment towards gender equality, as highlighted by the Sustainable Development Goals (SDG's) which range from women's political leadership to eliminating violence, trafficking, and discrimination. However, we recommend the focus of gender equality and empowering women and girls is reflected across all key programmes of work across our strategic partnerships.

2. BACKGROUND

2.1 Violence against women is first and foremost a violation of women's human rights.

2.2 The Government has recognised violence against women and girls as a national priority, and it has committed to a range of actions to protect women and girls from harm in strategies focused on tackling violence and domestic abuse (DA). The government has also introduced measures through legislation including the 2021 Domestic Abuse Act.

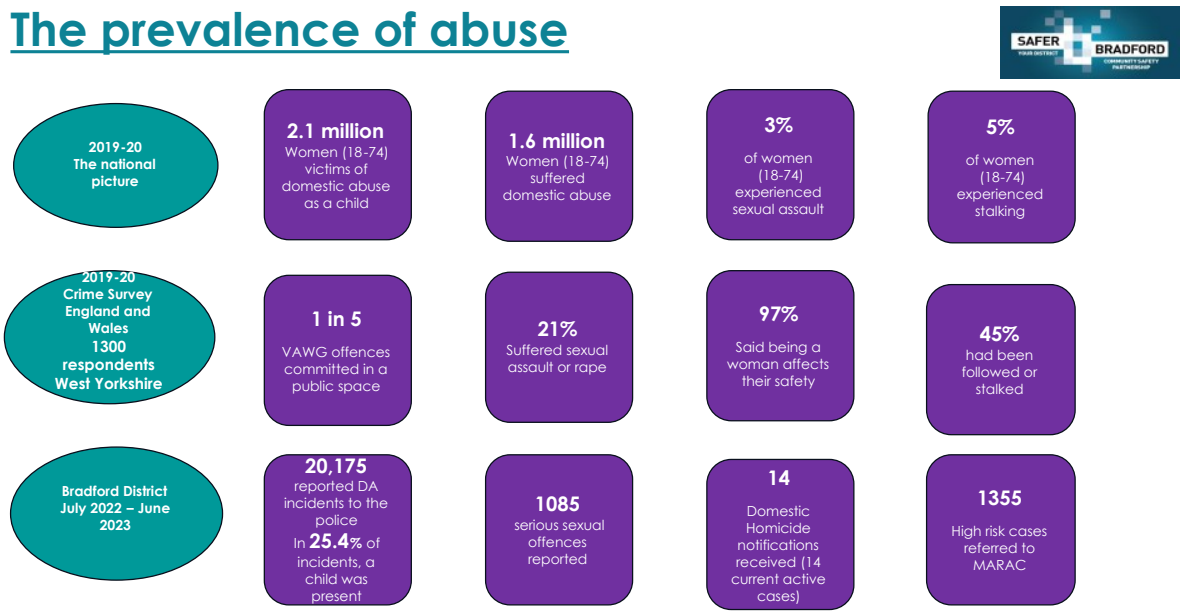
2.3 The World Health Organisation (WHO) defines Violence against Women and Girls (VAWG) as*: any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life.*

2.4 The United Nations identifies Domestic Abuse as: *abuse that is typically manifested as a pattern of abusive behaviour toward an intimate partner in a dating or family relationship, where the abuser exerts power and control over the victim. Domestic abuse can be mental, physical, economic, or sexual in nature.*

2.5 Life changing offences like rape, sexual assault, domestic abuse, stalking, harassment and so-called honour-based abuse disproportionately affect women and girls across West Yorkshire and in wider society nationally. It further disproportionately affects those from minoritized communities, for example, those with a disability or from a LGBTQ+ background.

2.6 The horrendous impact domestic abuse and sexual violence (DASV) has on victims, and their children led to the Domestic Abuse Act 2021 now acknowledging all children as victims if they see, hear, or experience the effects of DA. Research has shown that children living in households where DA occurs have an increased risk of developing acute and long-term physical and emotional health problems and trauma, which may, without the right support, perpetuate the cycle of violence.

2.7



2.8 There has been an increasing awareness that tackling the violence, intimidation and fear experienced by women will require a significant new preventative, early intervention, education, and awareness approach. This will drive the 'culture change' required to ensure that attitudes and understandings shift so that current high levels of violence become drastically reduced.

2.9 In response to the SOWG national plan the government has:

- Raised the maximum penalties for stalking and harassment.
- Ended the automatic early release of violent and sexual offenders from prison.
- Introduced new orders for stalking, preventing sexual harm, and female genital mutilation to better protect victims and those at risk.
- Introduced a mandatory duty for frontline professionals to report cases of FGM in children to the police.
- Strengthened the tools available to frontline professionals - including putting in place a range of statutory guidance, training, and online resources.

- Supported ongoing research and data collection to understand the prevalence and nature of violence against women and girls.

2.10 The statutory Relationships, Sex and Health Education (RSHE) curriculum has been designed to comprehensively address crucial topics such as domestic abuse, consent, fostering healthy relationships, and educating pupils on effective bystander intervention strategies. However, we understand in Bradford District not all schools are utilising the commissioned service offer, and there is a need for additional support for educational settings to ensure that these issues are being addressed.

2.11 National campaigns and initiatives have been launched including Ask for Angela where potential victims can seek early support raising their concerns to trained staff within the night-time economy, additional nighttime economy projects include taxi marshals, the roll out of Active Bystander training, Street Angels, and the Walk Safe App.

2.12 The West Yorkshire Mayor has embedded SOWG as one of her 10 pledges and this is incorporated within the Police and Crime Plan 2021-2024 and have launched the West Yorkshire Safety of Women and Girls Strategy which compliments the work of the West Yorkshire Police Violence Against Women and Girls Strategy.

2.13 Update on the ongoing SOWG consultation:

2.13.1 A consultation with 70 women across Bradford District from a range of backgrounds in 2022 identified key findings and recommendations, these include:

- Existing support for women facing domestic abuse and sexual violence does not address the broader issues that women experience daily.
- A significant need for more sessions where women from all faiths, backgrounds, and ethnicities can come together to share challenges and combat feelings of isolation.
- A "Safety of Women and Girls" role should be established to work alongside key partners and enhance the response to women's concerns and needs (see below)
- Further work on intersectionality, including additional consultation, research, and dissemination of findings, is necessary to identify specific areas of service delivery that require strengthening to combat violence against women and girls.
- The "Ask for Angela" initiative should be expanded beyond bars and clubs to include other places where all women can access safety, such as nail bars and hair salons.

2.14 In August 2023, utilising the UK Shared Prosperity Fund (UKSPF), Bradford Council appointed a SOWG lead on a fixed term contract for 24 months. One of the key priorities of the SOWG Lead is to work with key partners and the public to develop a District-wide SOWG strategy. The strategy will be aligned with the WY Mayor's SOWG Strategy but will also include elements that are specific to the needs of the Bradford District

2.15 In collaboration with a Professor of Sociology and Criminology at Bradford University a baseline survey has been developed, to gather valuable insights into the needs of the Bradford District in relation to the safety of women and girls. The surveys were aimed at anyone aged over 18 years, who lived, worked, or studied within the Bradford District. The total number of responses received was 706.

- 49% of respondents witnessed women being harassed in public by men or groups of men in the last year, with varying frequency.
- 91% of respondents agree that the safety of women and girls should be a top priority for Bradford Council and its Partners.
- The four highest-rated priorities for the local Safety of Women and Girls (SOWG) partnership include **engaging with men and boys** to challenge attitudes, **working with communities to raise awareness** and prevent abuse and violence, **increasing the prosecution of perpetrators**, and **enhancing education and awareness.**
- 84.4% of respondents believe that ensuring the safety of women and girls is everyone's responsibility, but 35% of participants identified the need for additional support to understand their role, suggesting the need for comprehensive offer which includes information, legal guidance, safeguarding knowledge, and active bystander training.

2.16 Primary & secondary schools, colleges, and Youth Services are engaging in tailor made consultations that are aligned to the Ofsted Framework specifically to RSHE, and Citizenship to ensure the voices of children and young people is heard and embedded within our local strategy. To date we have received a total of 868 responses and the key findings and recommendations are:

Primary:

- Children expressed feeling unsafe in unfamiliar situations, around loud noises, or when they sensed a lack of care from friends, siblings, or trusted adults.
- They emphasised the importance of protecting and treating women and girls with kindness and respect, like men and boys, drawing examples from films and stories.

Secondary / Further Education/ Youth Service:

- Young girls cited feeling unsafe when out alone at night, on public transport, and online, often due to bullying and discrimination.
- Young girls mentioned being harassed at school and on public transport by their peers, which was often dismissed as banter to avoid embarrassment.
- Many believed that social media, gaming, films, and the music industry negatively influenced attitudes and behaviour toward women and girls but could also be used positively to promote equality and respect.
- Empathy was highlighted as a key tool for changing the behaviour of men and boys (e.g., What if it was your sister?), with an emphasis on illustrating healthy and unhealthy relationship dynamics.

- Many young people agreed that RSHE was important but suggested it might be more effective if delivered by specific teachers or external professionals.

2.17 To ensure we are capturing the voices of all communities, and individuals, specific engagement sessions are planned in community spaces and in different languages. In addition, we are currently recruiting 10 young ambassadors from across the district to engage a broader cohort of children and young people to support the SOWG agenda and to drive a district wide behaviour change campaign.

2.18 Current SOWG response

2.18.1 The DASV Board Early Intervention & Prevention (EIP) Sub-group is coordinating a number of EIP projects and pilots which are providing positive outcome and outputs across the district, and these include:

- The EIP Perpetrator programme that utilises the 'Navigator Model which focuses on intensive support for repeat domestic violence perpetrators, showcases significant reductions in domestic abuse offenses. In the last year 16 cases have been taken by the post holder onto full navigation:
  - 7 have been successfully discharged in the 8 months of delivery with **a 94.9% reduction in offending from all 16 participants**. (police verified data).

2.19 The training offer across the district has been broadened with bespoke training developed for housing providers, council wardens, housing contractors, children's social care workers, and youth services, increasing understand and awareness across the district.

2.20 Localities pilots have started with Neighbourhood Services coordinating a local partnership response to DA&SV & SOWG in their prospective wards. Each ward is supporting the wider plan to:

- To engage in the 'Active Bystander'; 'Recognise and Respond' and 'Relationship Matters' training sessions which are available for the community partnerships.
- Engaging children and young people in healthy relationship workshops.
- Supporting schools around Operation Encompass which is a Police-led initiative that following a DA incident where a child/ren were present a notification is sent to the school safeguarding lead to ensure information is shared with the school and that the 'next Day' is better for children.
- Developing a Safe Spot in each ward.
- Safe Spot and Cut it Out campaigns launched in businesses, community, and faith settings. Both initiatives aim to offer victims a safe and secure place for them to contact one of the many helplines available
- Distribution of promotional materials, including contact cards; #NotOk.NeverOk posters.
- Further extend and embed 'Ask for Angela' campaign across the district.

2.21 Bradford District is covered by a Public Space Protection Order (PSPO) around the anti-social use of vehicles, managed by Bradford Council. The Order prohibits drivers from causing alarm, harassment, or distress whilst in their cars. Drivers seen engaging in verbally harassing persons on the street have received fines, under the

terms of the Protection Order.

2.22 Since February 2021, 18 PSPO operations have been carried out in the district. The Police have been working with the University of Bradford and the Council to increase our response to SOWG and further funding has been identified to support Police operations that challenge the harassment of women and girls from vehicles.

2.23 A mapping exercise has been undertaken identifying the RSHE offer in Bradford District and how schools are engaging with the commissioned services and the Pol-Ed programme. Schools who do not engage with the wider offer are being supported in doing so, and a primary school year 1 to year 6 RSHE module that aligns to the statutory guidance that focusses on addressing SOWG is being developed and will be offered across the district.

Next Steps

2.24 SOWG is everybody's business and to ensure effective change for Bradford District we are working with the place-based Strategic Equality, Diversity, and Inclusion Lead to run a 'Systems Thinking' workshop in January 2024 which will identify a more joined up approach, identify gaps or key areas for focus and plan for long term systemic change.

2.25 The systems thinking approach will focus on a zoomed in look at the journey of women and girls in our Place and access to services whilst a zoomed outlook will focus on how well we are coordinated and connected, joint up in our response and maximising the resources we already have. Traditionally, we have taken a separate and siloed approach to women and girls i.e around safety. However, we now need to take a more intersectional and holistic approach, as one set of inequalities only impacts another.

2.26 To ensure a long-term effective response to reduce violence against women and girls, we need to engage with men and boys. The commissioned early intervention navigator pilot project evidenced the importance of holding perpetrators to account while using trauma-informed engagement as a successful tool for long-term change. In addition to our perpetrator programmes, we need to increase the education of men and boys and enable the education sector to feel empowered and confident to drive this forward.

2.27 The Community Safety Partnership Domestic Abuse and Sexual Violence resources are currently aligned to our high-end acute response due to the need and demand across the district. These resources focus on managing the multi-agency risk assessment conferences that hear the most at-risk individuals of severe harm and death of DA and are supporting the coordination and implementation of our statutory Domestic Homicide Reviews. **We need a shift to increase our early intervention and prevention offers across the district across all systems** to ensure we can make the changes needed to increase the safety of women and girls in Bradford.

2.28 We plan to develop a cross system group that supports each partnership through their equality lens to contribute to SOWG in their respective work areas which will provide the golden thread response needed for Bradford, whilst linking directly with the

levelling up across place plan and working towards our sustainable development goals.

3. OTHER CONSIDERATIONS

3.1 Each Partnership area to consider what 'culture change' would look like

4. FINANCIAL & RESOURCE APPRAISAL

4.1 The SOWG coordinator post is currently funded via the UKSPF funding until March 2025. During this time the SOWG Bradford Strategy will have been published and it is hoped that it will be embedded across the systems. There is currently no indication of any further funding aligned to SOWG for the district outside of 'Safer Bradford' (District Community Safety Partnership).

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 The SOWG strategy will report to the *Domestic Abuse and Sexual Violence Board* governance arrangements. Further oversight will be offered by safer Bradford and district EDI structures.

6. LEGAL APPRAISAL

6.1 Aspects of the Community Safety Partnership Board's work is governed by the Crime and Disorder Act 1998 and associated guidance.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

7.1.1 To drive the necessary change, there are clearly a range of initiatives and work that will need to be encompassed in mainstream provision across sectors, for example in Education and EDI.

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

7.2.1 No greenhouse gas emissions are apparent within the context of this report.

7.3 COMMUNITY SAFETY IMPLICATIONS

7.3.1 Implementation of the Community Safety Plan is expected to positively impact community safety across the district.

7.4 HUMAN RIGHTS ACT

7.4.1 There are no Human Rights Act implications apparent.

7.5 TRADE UNION

7.5.1 There are no issues arising from this report.

7.6 WARD IMPLICATIONS

7.6.1 The safety of women and girls is everybody's responsibility, and even though certain ward areas will experience an increase in Police reports and crimes against women and girls, the SOWG strategy must be embedded within all the ward and locality plans across the district.

7.7 IMPLICATIONS FOR CORPORATE PARENTING

7.7.1 It is recognised that looked after children can be more vulnerable to specific crime types and appropriate Corporate Parent leads should be kept up to date with trends and concerns in relation to community safety via the Community Safety Partnership structure.

7.8 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

7.8.1 There are no trade union implications apparent.

8. NOT FOR PUBLICATION DOCUMENTS

8.1 None

9

10. RECOMMENDATIONS

10.1 The Wellbeing Board is asked to support the Safety of Women Girls programme and individual Partnerships are asked to consider what actions can be taken to support the culture shift required to ensure the safety of Women and Girls across the District.

10.2 Further work will take place through the Wellbeing Executive and Partnerships to address any potential gaps in the response to the delivery of the SOWG strategy.

10.3 As part of the ongoing consultation process to form a SOWG strategy, the Wellbeing board considers and offers direction that will further support the development of the strategy.

11. APPENDICES

12. BACKGROUND DOCUMENTS

12.1

- Domestic Abuse and Sexual Violence Strategy https://www.saferbradford.co.uk/media/jozhjrwi/bradford-dasv-strategy-21-24.pdf
- WY Safety of Women and Girls Strategy West Yorkshire Safety of Women and Girls Strategy
- Serious Violence Duty Serious Violence Duty - GOV.UK (www.gov.uk)
- Police and Crime plan Police and Crime Plan 2021-2024

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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

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

O

Subject:

Bradford Child Death Overview Panel Annual Report, 2021-22 to 2022-23

Summary statement:

The Bradford Child Death Overview Panel (CDOP) annual report gives an overview of all deaths reviewed by the CDOP in the years 2021-22 and 2022-23, describes some of the actions undertaken by the partnership to reduce the risk of future deaths, and makes recommendations for further action.

EQUALITY & DIVERSITY:

The report focuses on risk factors for child death, and on how to reduce these. The recommendations aim to reduce inequalities that exist in the district for individuals, families and communities.

Sarah Muckle
Director of Public Health

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Portfolio:

Public Health

Overview & Scrutiny Area:

Children's Services

1. SUMMARY

The death of a child is a profoundly devastating event which affects parents, siblings, and communities. The Bradford Child Death Overview Panel (CDOP) treats every death reviewed with respect and compassion, and this report is dedicated to all families, friends and loved ones of the children and young people in this report.

The Child Death Overview Panel is a multi-agency group brought together to systematically review all deaths in children and young people from birth up to the age of 18 years to understand how and why children die in the district. In particular, the CDOP looks for factors contributing to a child's death that may have been modifiable, and where shared learning could reduce the chances of a recurrence of the circumstances around that death. This report gives an overview of all deaths reviewed by the CDOP in the years 2021-22 and 2022-23, describes some of the actions undertaken by the partnership to reduce the risk of future deaths, and makes recommendations for further action.

2. BACKGROUND

The Bradford CDOP was first established in 2008 by the Bradford Safeguarding Children Board (BSCB), to meet national statutory requirements. Guidance for CDOP panels is provided by the Department for Health and Social Care and the Department for Education and is based on statutory guidance set out in "Working Together to Safeguard Children". The Bradford CDOP service is jointly funded by CBMDC and WY ICB (Bradford District and Craven place).

The report covers: introduction to CDOP and the processes followed, outline of the demographics of children and young people in Bradford, demographics of children and young people reviewed by Bradford CDOP in the reporting period, causes of death, risk factors, and modifiable factors related to child deaths in Bradford, local actions over the past year to reduce the risk of child death, and recommendations for the future.

The last annual report was presented to Wellbeing Board in June 2022.

3. OTHER CONSIDERATIONS

Please refer to the full report in background documents.

4. FINANCIAL & RESOURCE APPRAISAL

No issues identified.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

This report will be presented to and discussed at several Boards and meetings across the partnership to consider learning and actions that ca be taken from the annual CDOP paper. The report aims to support decision-makers in their role in understanding the risks and needs of babies, children, young people and families in Bradford district when making decisions and commissioning services.

6. LEGAL APPRAISAL

No issues identified.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

No direct implications.

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

No direct implications.

7.3 COMMUNITY SAFETY IMPLICATIONS

Please see the full report in background documents.

7.4 HUMAN RIGHTS ACT

Please see the full report in background documents.

7.5 TRADE UNION

No direct implications.

7.6 WARD IMPLICATIONS

The report references differences in the risk of child death among different communities in Bradford DIstrict. Due to suppression of numbers below 5, individual wards are not discussed. However, it is recognised that there are a number of factors such as experiencing poverty and multi-faceted inequalities that can increase the risk of child death. Please see the full report in background documents for further details.

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

Not applicable.

7.8 IMPLICATIONS FOR CORPORATE PARENTING

The report has implications for corporate parenting, as the recommendations describe system-wide activity to reduce the risk of death among children and young people in Bradford. Please see the full report in background documents for further details.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

No issues arising. No personally identifiable data is included in the report. All numbers

below 5 have been suppressed.

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

Wellbeing Board members are invited to comment on and endorse the paper and recommendations below.

10. RECOMMENDATIONS

The recommendations below, and the full paper set out as a background document, are applicable to a wide range of policy-makers, decision-makers, commissioners and services in Bradford. They will be of particular interest to those working with babies, children and young people, but the implications should be considered by all partners working in Bradford district.

Board members are invited to review the recommendations and to reflect on how they may be able to contribute to their delivery.

Environmental risk factors:

1. Services and planners of services should work together to ensure that families with children have opportunities to access all the financial assistance they are eligible for.

2. Ensure that women have good access to pre-conception health advice. This should not be limited to women seeking medical advice, but should be available to all women, regardless of pregnancy status.

Service provision:

3. Ensure that children and families in more socioeconomically deprived parts of Bradford have good access to services including maternity, health visiting, school nursing, social care, and education. This may include considerations of timing, location and transport to services, and of the language, both written and spoken, used to communicate messages and information to families.

4. Continue, learn from, and expand on the current work to increase cultural competency of the maternity and children & young people's workforce, with the aim to ensure that children and families from ethnic minority backgrounds have equitable access to culturally competent services.

5. Services and organisations must work to identify needs of children and families, and to refer to appropriate services as needed. Strong partnership working and referral pathways between services will be key to this.

6. CDOP must ensure strong partnerships with the Bradford Children's Trust and with the Safeguarding Partnership, and that the bodies are sighted on the findings and recommendations set out in this report.

Individual risk factors:

7. Work through schools, colleges and communities to educate children and young people on safety messages should be undertaken. This may include information on swimming safely, road safety, drug and alcohol messaging, and general hazard awareness.

8. Links should be strengthened between the suicide prevention board and the CDOP panel.

9. Continue the work on genetic literacy and culturally competent service provision through the Every Baby Matters steering group.

10. Promote universal messaging for all new parents on safe sleep. This should be consistent across services and professionals to ensure that advice is the same, whoever is delivering it.

11. Provide advice for parents on safety in and outside of the home.

Process:

12. The terms of reference and operation of CDOP should be regularly reviewed to guarantee continual quality improvement of the process, and to ensure that the meeting continues to model best practice.

11. APPENDICES

Bradford Child Death Overview Panel Annual Report 2021-22 to 2022-23

12. BACKGROUND DOCUMENTS

CDOP Annual Report presentation (accessible via online agenda page)

Appendix A

Bradford Child Death Overview Panel Annual Report 2021-22 to 2022-23

Report authors:

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Joanne Holt (Public Health Intelligence Specialist, CBMDC)

Published:

November 2023

The death of a child is a profoundly devastating event which affects parents, siblings, and communities. The Bradford Child Death Overview Panel treats every death reviewed with respect and compassion, and this report is dedicated to all families, friends and loved ones of the children and young people in this report.

Contents

1. Introduction

The Child Death Overview Panel (CDOP) is a multi-agency group brought together to systematically review all deaths in children and young people from birth up to the age of 18 years in order to understand how and why children die in the district. In particular, the CDOP looks for factors contributing to a child's death that may have been modifiable, and where shared learning could reduce the chances of a recurrence of the circumstances around that death.

The Bradford CDOP was first established in 2008 by the Bradford Safeguarding Children Board (BSCB), in order to meet national statutory requirements. Guidance for CDOP panels is provided by the Department for Health and Social Care and the Department for Education, and is based on statutory guidance set out in "Working Together to Safeguard Children" [1]. The Bradford CDOP service is jointly funded by CBMDC and WY ICB (Bradford District and Craven place).

1.1 Review process following the death of a child

When a child who is a resident of Bradford dies, the events surrounding their death are discussed in a number of meetings, depending on the circumstances. In addition to the meetings and stages outlined in

Linked to the process following the death of a child, the Bradford and Airedale Sudden Unexplained Death in Childhood (SUDIC) Team have now completed a number of Rapid Response Investigations in children and young people presenting with Acute Life Threatening Events (ALTE). There are future plans for also reviewing the data pertinent to these cases.

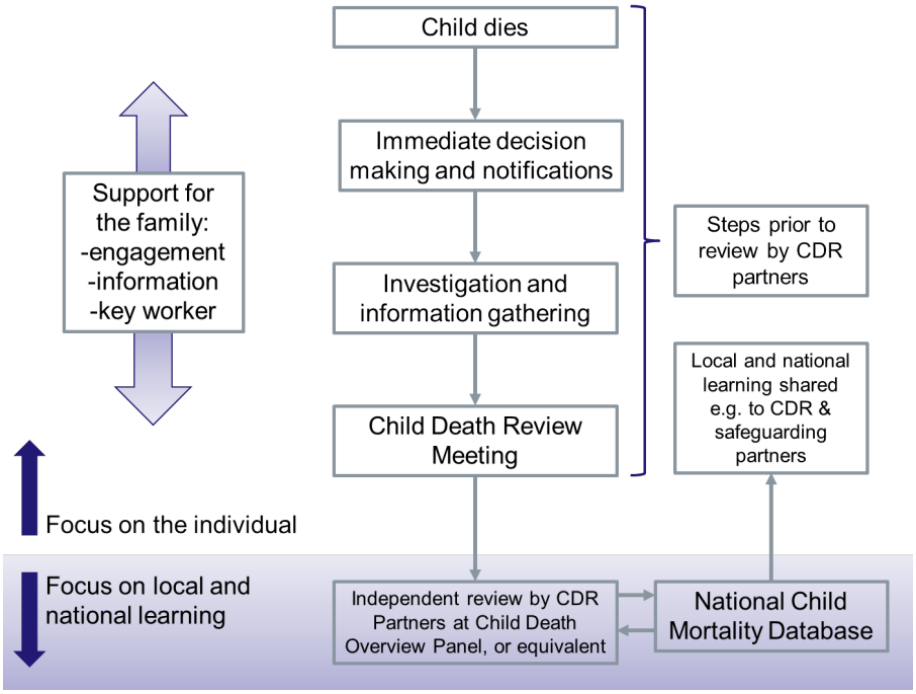
Figure 1, below, a death may also be discussed at a coronial investigation, joint agency response, NHS serious incident investigation, and in paediatric/ obstetric/ neonatal meetings, if it meets the criteria for one or more of these.

Discussion at the Child Death Overview Panel is the last stage in a process of review by different groups. As set out in national statutory guidance, the CDOP meets as a multiagency group collating all other reports and information from other agencies and services with involvement in the child's life and death. Anonymous information about each child is then submitted to the National Child Mortality Database [2], which collates the

information and produces reports about numbers of deaths from different causes in local, regional, and national areas.

Linked to the process following the death of a child, the Bradford and Airedale Sudden Unexplained Death in Childhood (SUDIC) Team have now completed a number of Rapid Response Investigations in children and young people presenting with Acute Life Threatening Events (ALTE). There are future plans for also reviewing the data pertinent to these cases.

Figure 1: process following the death of a child (reproduced from *[1]*)



This database system allows for regions to compare their own findings against those of neighbouring regions and the rest of the country. This means that we can both identify any locally-specific issues, and also pool data with other areas to generate more robust recommendations. For this reason, this annual report will be slightly different to previous reports, in having both comparison and pooled data with other areas to allow for different learning to be identified.

1.2 Methods

The data in this paper are taken from two separate reports (not publicly available), supplied by the National Child Mortality Database:

1. Deaths reviewed by Bradford CDOP between 1st April 2022 and 31st March 2023;
2. Deaths reviewed by Bradford CDOP and other regional CDOPs between 1st April 2019 and 31st March 2022, for which more detailed information is available from the regional data review.

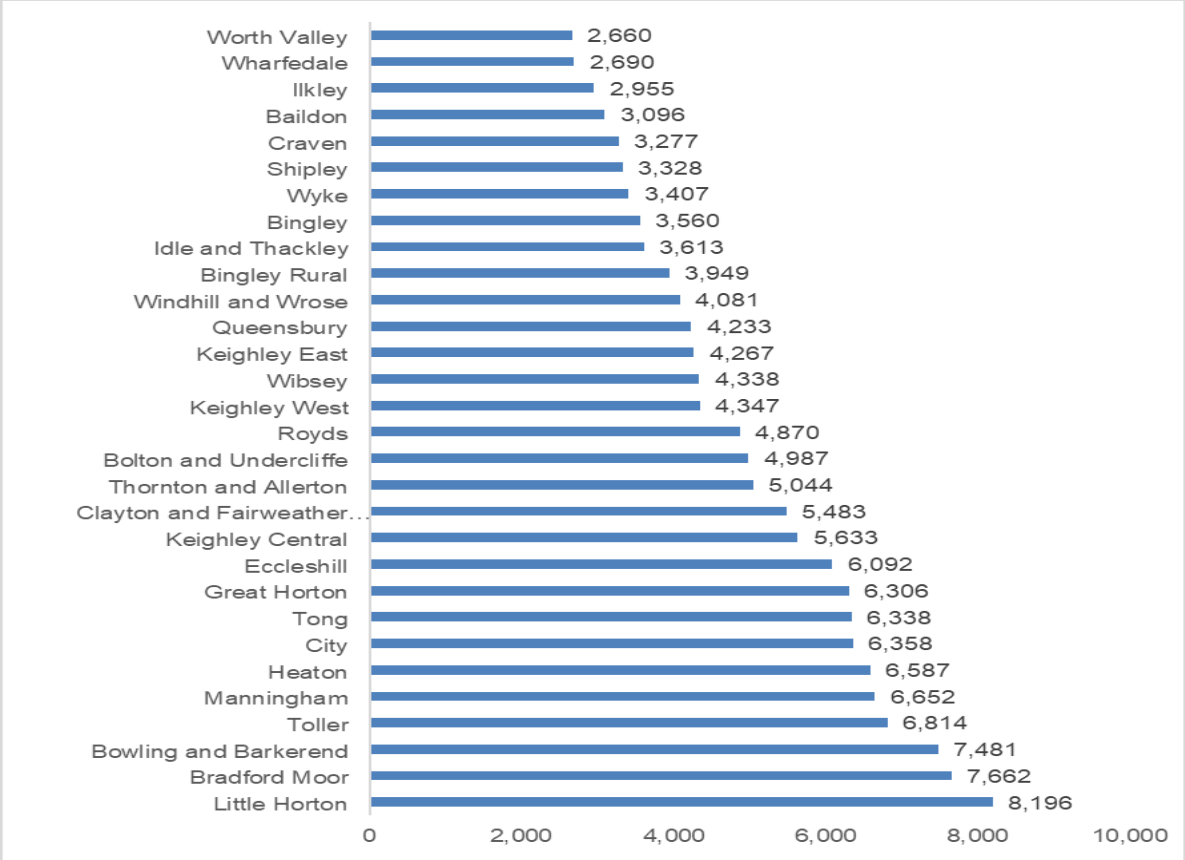
Unless otherwise specified, all data are taken from these two documents. Where numbers of children with a particular demographic are lower than 5, these will be presented within an aggregated category or redacted for the purposes of this paper.

2. The population of children and young people in Bradford

Bradford is now the seventh largest local authority in England in terms of population size after Birmingham, Leeds, Cornwall, Sheffield, Buckinghamshire and Manchester. This is a fall of two places in the last decade. Bradford has the 3rd highest number of 0-15 year olds in the country, at 117,100 after Birmingham and Leeds.

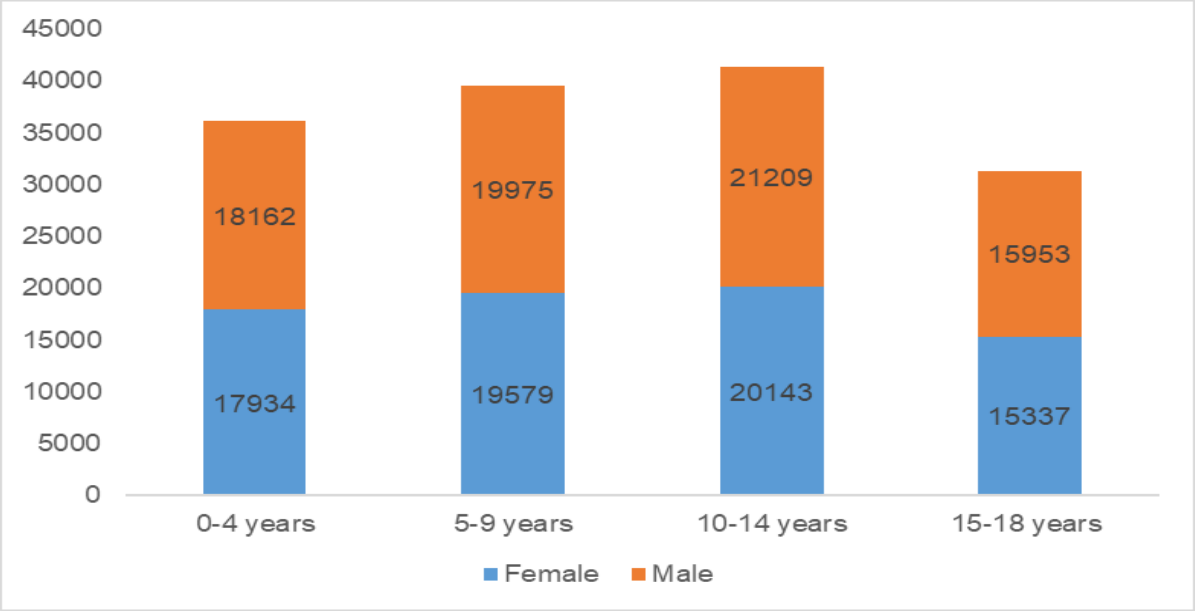
In 2021, it was estimated they were 148,291 children and young people in the Bradford district aged between 0–18 years. Little Horton had the highest number of children and young people (8,196) aged 0-18 years with Worth Valley the lowest at 2,660 [3] (Figure 2).

Figure 2: Population aged 0-18 years in Bradford by Ward, 2021 *[3]*



In Bradford there are roughly equal numbers of female and male children, with 49.2% of the 0-18 years' population being female and 50.8% male [3] (Figure 3).

Figure 3: Population aged 0-18 years in Bradford by age group and sex, 2021 *[3]*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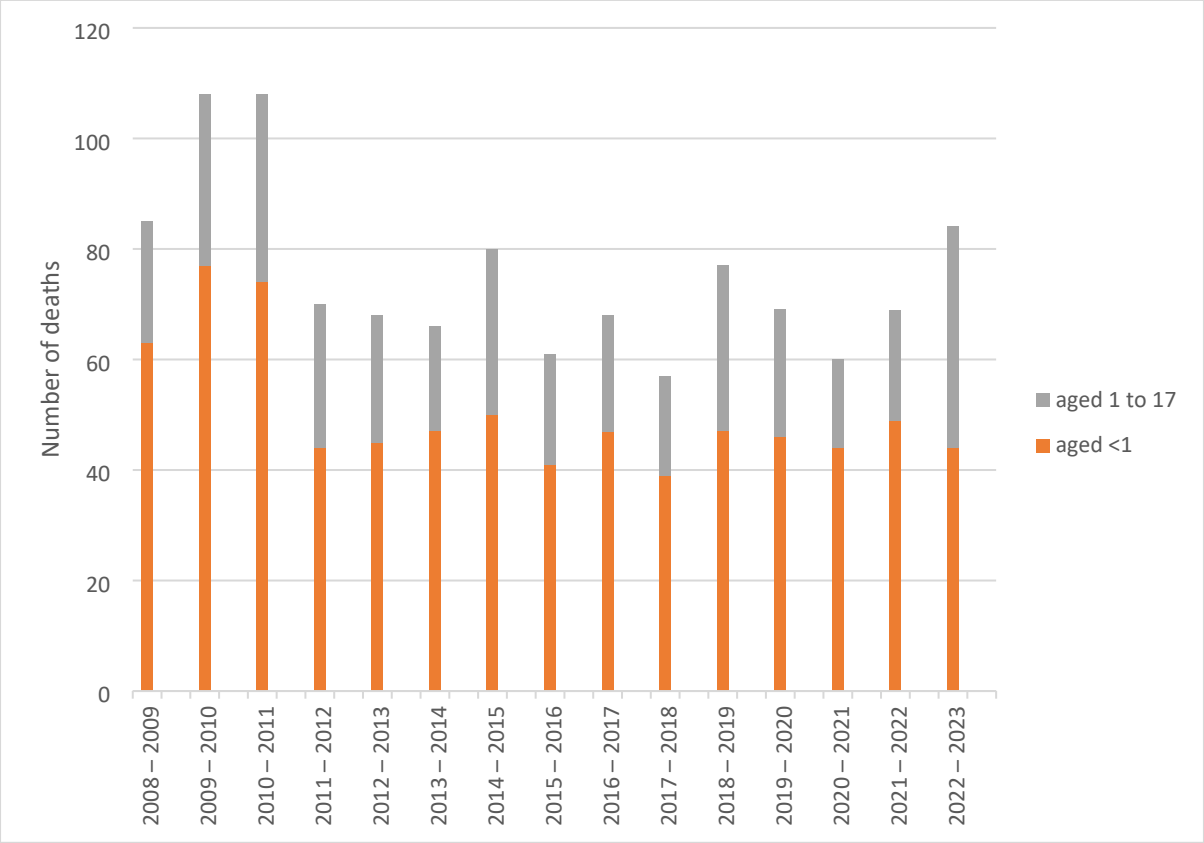
19579
20143
15337
0-4 years
5-9 years
10-14 years
15-18 years
Female
Male

3. Child Deaths reviewed by CDOP

In the most recent year of 2022-23, a total of 84 deaths occurred among children from birth to 18 years of age. Since the inception of the CDOP process, the number of deaths among children in Bradford has been fairly stable following a relatively high number of deaths in the years from 2008 to 2011. The year 2022/23 saw a small increase in the number of deaths compared to the previous few years, mostly accounted for by an increase in the number of deaths among children aged 1 to 17 years (Figure 4).

Figure 4: Number of deaths of children and young people occurring between 2008-09 to 2022-23, in Bradford



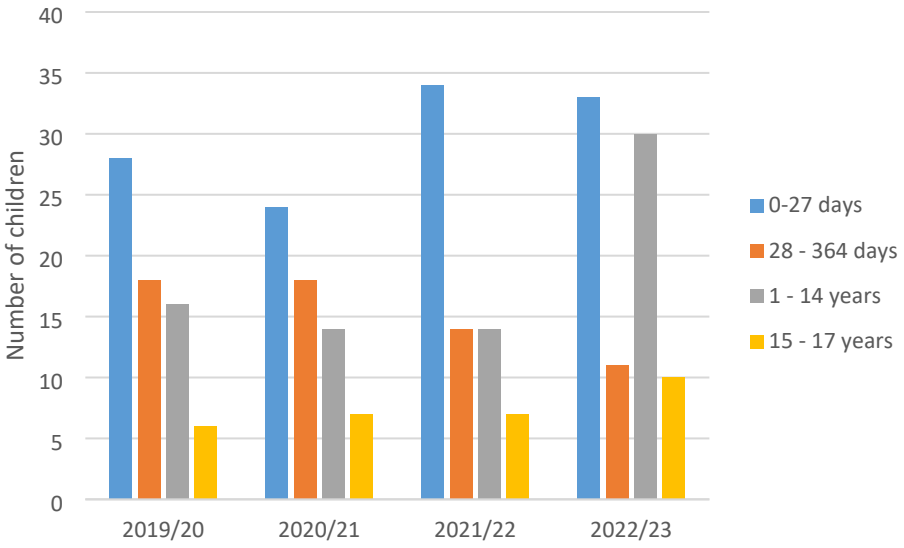
The majority of deaths in 2022/23 were of infants between birth and 27 days of age. This is similar to the pattern seen in previous years. However, there was an increase in the past year of older children dying in the district, in particular those aged 1-14 years (Figure 5). Because numbers are, statistically speaking, small, it is not possible to draw definitive conclusions about the cause of this increase.

However, since 2020, there have been questions about the impact of the COVID-19 pandemic and lockdowns on child mortality. Looking into this subject, a recent paper based on NCMD data [4] found that following a fall in child mortality in England during the first year of the pandemic in 2020/21, in the year 2021/22 mortality returned almost to pre-pandemic levels. The authors stated that “there was still a net reduction in deaths despite this, with 4% fewer deaths over the 3-year period than would have been expected. Reductions in child deaths during the pandemic were seen across much of the population, notably in reductions

of deaths from infection and underlying conditions, with reductions most noticeable in rural areas".

In addition, the authors found that: "disruption to health care services, and potentially later diagnoses or underdiagnosed conditions, appear not to have had a measurable impact on mortality. For most groups the benefits seen in 2020 to 2021 of a reduction in deaths from infectious agents has also disappeared (again without a rebound to high levels), but for the oldest children, where no initial benefit was seen, risks of death are now well above prepandemic levels." This was particularly the case for deaths due to trauma.

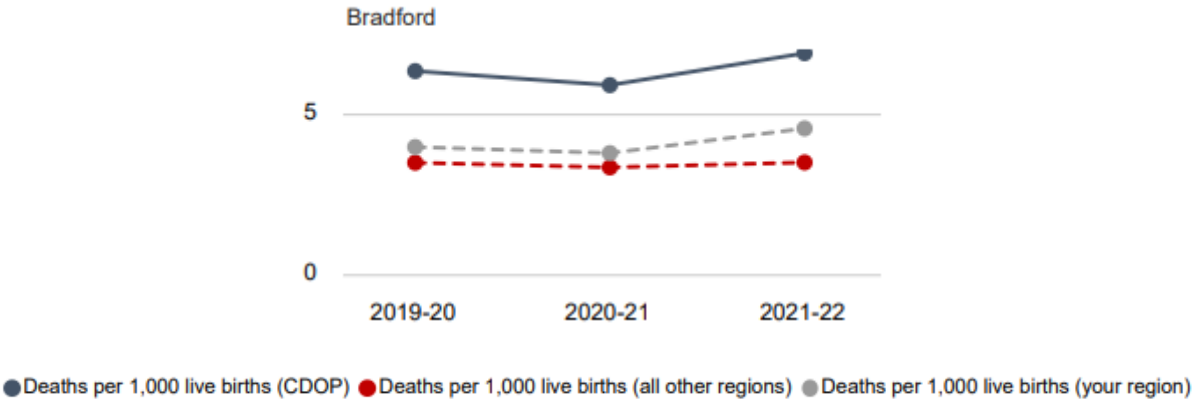
Figure 5: age group of deaths of children and young people occurring 2019/20 to 2022/23, in Bradford



As numbers of child deaths in each individual area are, in statistical terms, small, more detailed analysis can only be done by combining data from Bradford in the last year with other data. For some of the subsequent analysis, three years of data is used from the period from 1st April 2019 to 31st March 2022. For even more detailed analysis of some factors, data can also be pooled with the other CDOP panels in the Yorkshire and Humber region, allowing us to examine the impact of ethnicity and poverty on the risk of death in childhood. We are also able to compare rates of child death in Bradford with other nearby and national regions.

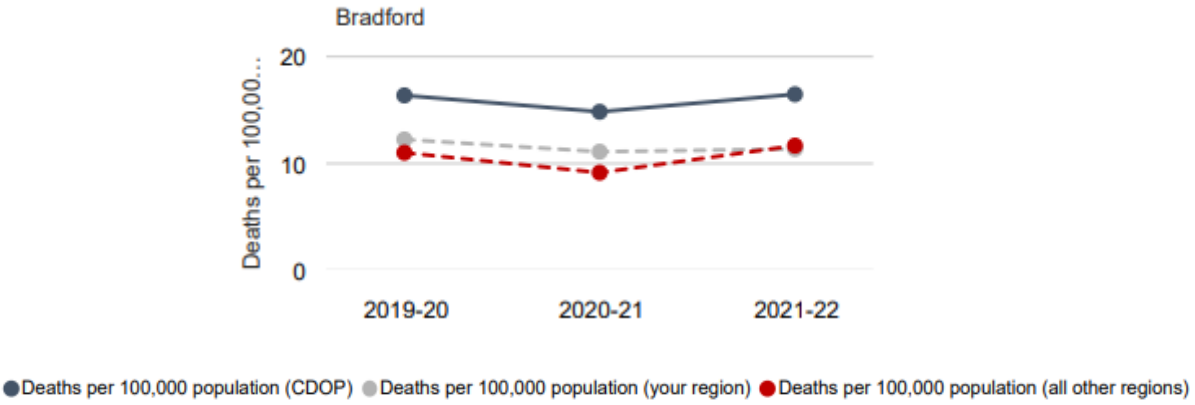
Compared to the regional and national averages, Bradford had a higher rate of infant deaths per 1000 live births occurring between 1st April 2019 to 31st March 2022, for all years 2019-2022. In line with most of the region, the rate of infant deaths fell slightly between 2019/20 and 2020/21, but rose again the following year. For 2021/22, there were approximately 7 deaths per 1000 live births, compared to fewer than 4 per 1000 in the rest of England (Figure 6).

Figure 6: Rate of infant (less than 1 year) deaths per 1000 live births in Bradford, Yorkshire and the Humber, and England, 2019/20 to 2021/22



Of those children aged between 1 and 17 years, a similar pattern is seen, with around 17 deaths per 100,000 children of this age group in Bradford, compared to around 12 per 100,000 children in England as a whole. Again, there was a slight reduction in the number of children dying from 2019/20 to 2020/21, followed by an increase in the following year (Figure 7).

Figure 7: Rate of deaths per 100,000 population of children aged 1-17 years in Bradford, Yorkshire and the Humber, and England, 2019/20 to 2021/22



3.1 Age and sex

In the year from 1st April 2022 to 31st March 2023, Bradford CDOP reviewed 42 child deaths. Half of these deaths (21) occurred in 2022/23 and the majority of the remainder in 2021/22, with smaller numbers of children reviewed dying in earlier years.

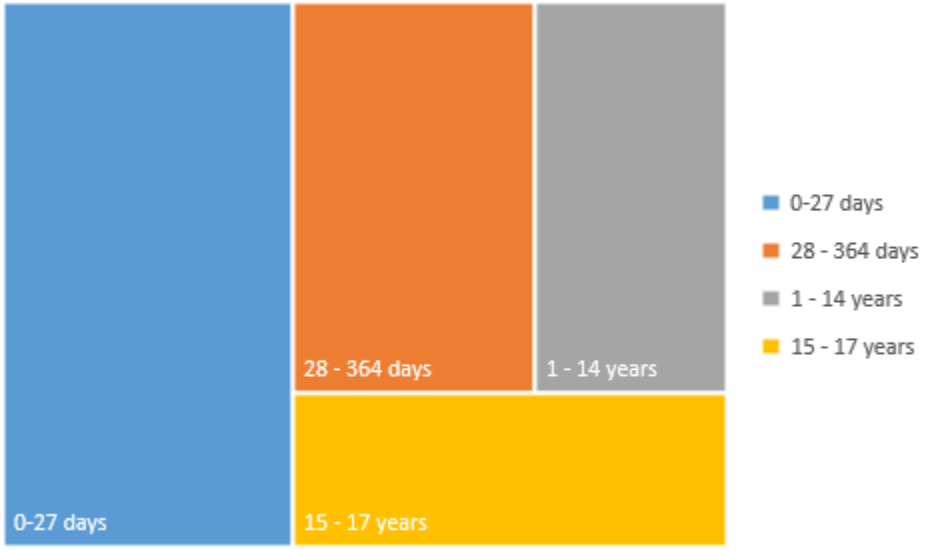
Of these children who died:

- 55% were male

- 45% female

The majority of the cases reviewed by CDOP over this period were aged less than one year, with a significant proportion in the first month of life: 40% were aged 0-27 days and a further 24% aged 28-364 days. The remainder of the children reviewed were aged 1-14 years (19%) and 15-17 years (17%) (Figure 8).

Figure 8: age at death of children reviewed by Bradford CDOP 2022 - 2023



For child deaths occurring between 2019-20 and 2021-22 in Bradford, the largest age category of child deaths (41.6%) was again among infants aged 0-27 days. This was followed by infants aged 28-364 days, at 25.9%, meaning that 67.5% of child deaths in Bradford for the period 2019/20 – 2021/22 were among children under 1 year of age. This is similar to the pattern seen across the rest of Yorkshire and the Humber.

3.2 Gestational age

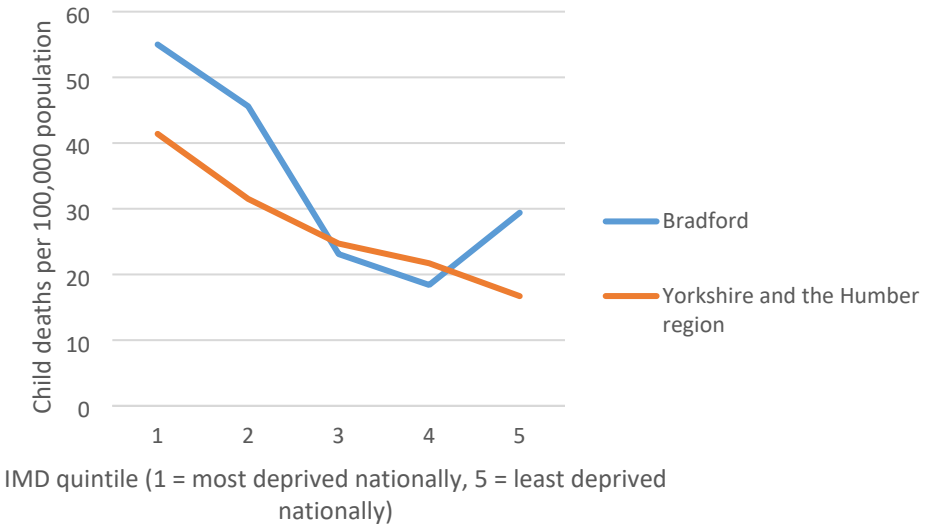
In Bradford, 22.5% of infants (below 1 year of age) who died over the three year period from 2019 to 2022 were born at 23 weeks gestation and below; 38.8% were born between 24-36 weeks; and 38.8% were born at 37 weeks or above. This is not substantially different to the pattern seen in other areas of the region.

3.3 Deprivation

As seen in previous years, there is a strong correlation between socio-economic status and child death: 84 of the 133 child deaths occurring in Bradford between April 2019 and March 2022 were among children from the most deprived fifth (quintile) of areas nationally. This is evident in the majority of CDOP panel areas across the region for deaths between 2019 and 2022, whereby there is a consistent fall in the rate of death for each quintile of affluence. In

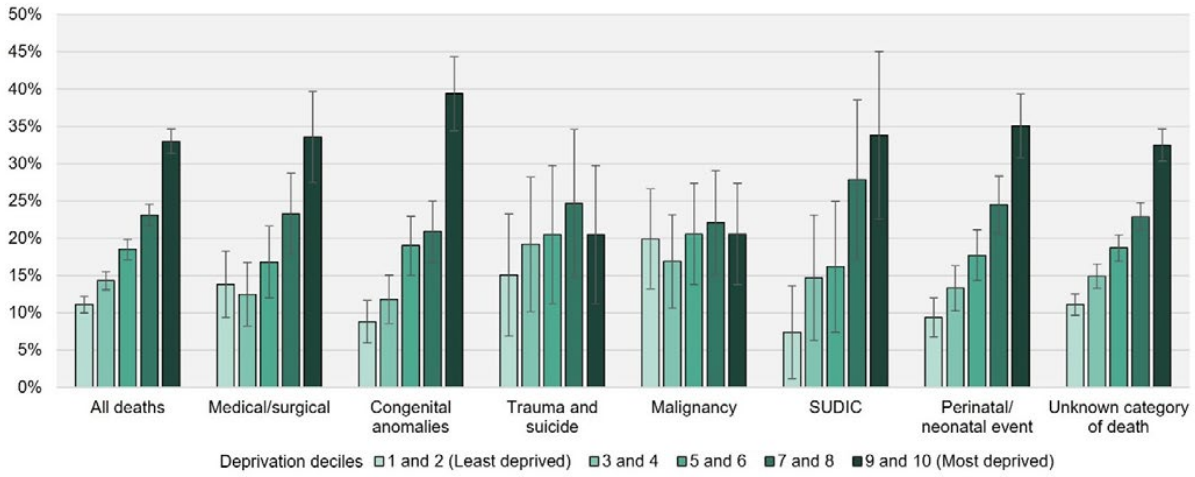
Bradford, the exception to this gradient is for the least deprived quintile (quintile 5), which shows a higher rate of child death than quintiles 3 and 4 (Figure 9). This is also seen in some other areas of the region. However, it is of note that there are very few deaths of babies, children and young people in this quintile, so due to statistically small numbers it's not possible to make inferences about what this means. When pooled with other CDOP panels in the region to work with larger, and therefore more statistically interpretable numbers, this anomaly disappears. In terms of the overall trend, the correlation between poverty and the rate of child death is strong.

Figure 9: Rate of child deaths per 100,000 population in Bradford and Yorkshire and the Humber by socioeconomic deprivation (IMD quintile), 3 year period (2019/20 to 2021/22)



A national exploration of the link between child death and poverty was undertaken by the National Child Mortality Database in 2021 [5]. This report identified a strong correlation between deprivation and the risk of childhood death for most causes of death, finding that on average, there is a relative 10% increase in risk of death between each decile of increasing deprivation (Figure 10). There was no evidence of an association between deprivation and the risk of death by trauma and suicide, or malignancy.

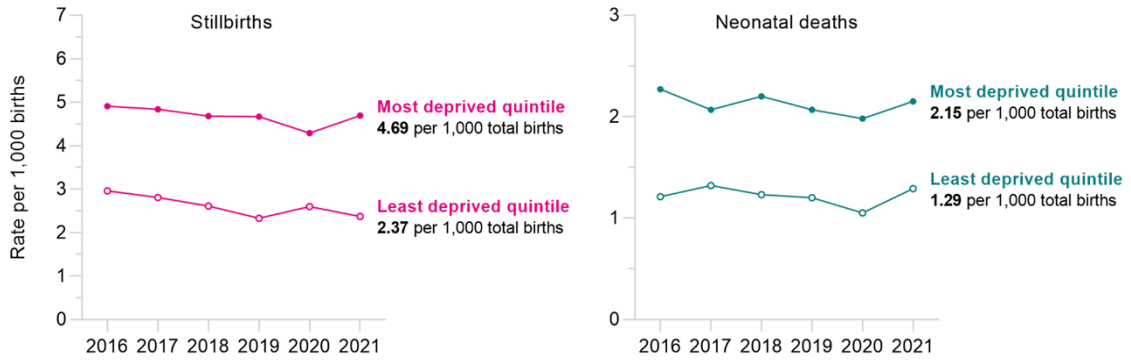
Figure 10: The proportion of national child deaths in each pair of deprivation deciles for all deaths and across each category of death, including 95% confidence intervals (reproduced from *[5]*)



The authors found a strong link between child mortality and deprivation, which is stable across area, age and other demographic factors. The report found that “over one-fifth of all child deaths may be avoided if the most deprived half of the population had the same mortality as the least deprived.” [5]

In addition, the most recent MBRRACE report, published in September 2023 [6], found a widening of inequalities in stillbirth rates and a consistent pattern of inequalities in neonatal death rates in the year 2021 (Figure 11).

Figure 11: Stillbirth and neonatal mortality rates by mothers’ socio-economic deprivation quintile of residence: United Kingdom, for births in 2016 to 2021 (reproduced from [6])



3.4 Ethnicity

More children of Asian or Asian British ethnicity were reviewed in CDOP than would be expected based on the Bradford population, with 24 of the 42 children (57%) reviewed in 2022/23 by CDOP being of Asian or Asian British ethnicity, compared to 46% of all children

in Bradford District. A smaller proportion of children from white backgrounds were seen compared to the proportion of children in the district.

When looking at data on ethnicity, more detailed analysis can be done by pooling data from across the region, and this is available for the period of 2019 to 2022 (Table 1). Across Yorkshire and the Humber, and in the rest of the country, babies from Asian and black ethnic backgrounds were more likely to die than babies of white ethnicities, in all years examined. Babies from Asian and black backgrounds were roughly twice as likely to die in their first year of life, compared to their white peers.

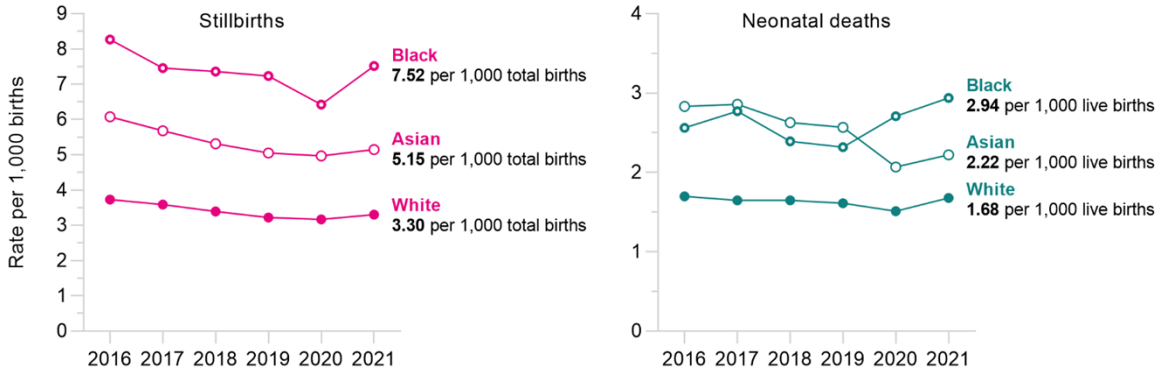
Table 1: Total number/rate of infant (under 1 year) deaths by ethnicity in Yorkshire and the Humber ("your region") compared to "all other regions" in England, 2019/20 to 2021/22

Ethnicity	2019-20	2020-21	2021-22	**Total**
Asian				
Number of deaths	47	37	55	**139**
Deaths per 1000 live births (your region)	6.5	5.0	7.4	**6.3**
Deaths per 1,000 live births (all other regions)	5.0	4.0	4.9	**4.7**
Black				
Number of deaths	9	8	11	**28**
Deaths per 1000 live births (your region)	5.5	4.9	6.7	**5.7**
Deaths per 1,000 live births (all other regions)	5.9	5.9	6.6	**6.1**
Mixed				
Number of deaths	15	7	11	**33**
Deaths per 1000 live births (your region)	5.5	2.7	4.3	**4.2**
Deaths per 1,000 live births (all other regions)	3.0	3.2	3.8	**3.3**
Other				
Number of deaths				**10**
Deaths per 1000 live births (your region)				**2.4**
Deaths per 1,000 live births (all other regions)				**3.1**
White				
Number of deaths	118	121	149	**388**
Deaths per 1000 live births (your region)	2.7	3.0	3.6	**3.1**
Deaths per 1,000 live births (all other regions)	2.7	2.7	3.0	**2.8**

It is not possible to examine the relationship between ethnicity and deprivation together with child death for Bradford, as the numbers are too small in each category for statistical comparison.

The finding associating risk of child death with ethnicity is seen across the country. Looking at neonatal death, national research in the 2023 MBRRACE report [6] shows that compared with white British groups, babies of black, Pakistani or Bangladeshi ethnicity have a higher incidence of stillbirth and neonatal mortality, with this inequality increasing in 2021, particularly for babies of black ethnicities (Figure 12).

Figure 12: Stillbirth and neonatal mortality rates by babies' ethnicity: United Kingdom and Crown Dependencies, for births in 2016 to 2021 (reproduced from [6])



One study estimates that after taking into account socioeconomic group, smoking, BMI, and other maternal factors, 1.2% of preterm births can be attributed to ethnicity [7]. This report found a cumulative effect of ethnicity and deprivation, whereby the combination of having an ethnic minority identity and living in a less affluent household increases the risk of neonatal death.

However, this may differ by cause of death: another study [8] of births in England and Wales reported a lower incidence of unexplained deaths in infancy, including sudden infant death syndrome (SIDS) among babies from Indian, Bangladeshi, Pakistani, white Non-British and black African backgrounds, compared to those from white British backgrounds. The same study found the highest incidence of unexplained death in infancy was in babies from mixed black-African-white, mixed black-Caribbean-white, and black Caribbean backgrounds.

There are a number of potential reasons which have been put forward in national reviews for the increased risk of neonatal and child death among babies from black, Asian, and other ethnic groups. These include:

- Likely relationship between ethnicity and the impact of poverty.
- Impact of structural inequalities and access to care.
- Increased incidence of some genetic abnormalities in babies from some communities.
- A 2022 NCMD report [9] identified poor communication (e.g., between services, interpreters etc.) as a modifiable factor in 4% (n = 64) of neonatal deaths reviewed, and identified barriers to communication as a recurring theme.
- A 2023 NCMD report [10], found a socio-economic gradient in the number of child deaths as a result of vehicle collision (more deprived groups have a greater risk), which may relate to living in areas with high density housing, high levels of on-street parking and lack of play places. [11]
- NCMD in 2023 also found differences in the risk of trauma, maltreatment and violence by ethnicity. More socioeconomically deprived groups generally have a greater risk; with a lower risk in South Asian children but higher in black/ black British groups.
- Nationally, children from black and black British backgrounds also have a higher risk of drowning compared to children from other ethnic backgrounds, with boys having a greater risk than girls. It has been suggested that this may relate to disparities in swimming education [12].

Nationally, the 2022 MBRRACE report [13] found that “only 5-6% of babies of black African, black Caribbean, Pakistani and Bangladeshi ethnicity were born to mothers living in the least deprived quintile compared to 22% of babies of white ethnicity. Conversely, 36-40% of babies of black African, black Caribbean and Bangladeshi ethnicity and 28% of babies of Pakistani ethnicity were born to mothers living in the most deprived quintile compared to 18% of babies of white ethnicity.”

This highlights the issues faced by many families of multiple disadvantage, with deprivation combining with ethnicity and the impact of structural inequalities to contribute to adverse outcomes. This also means that there is difficulty examining the individual effects of ethnicity and deprivation.

3.5 Cause of death

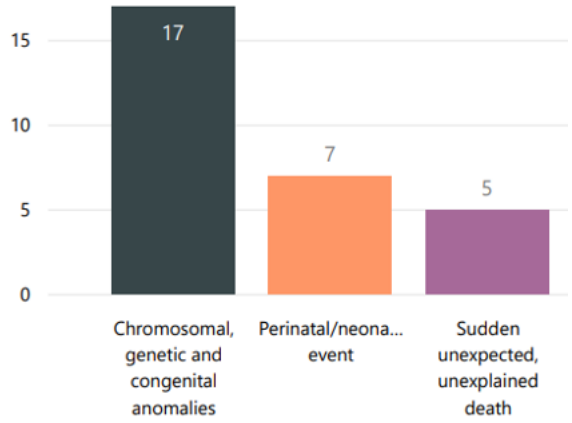
Causes of death for the purposes of the CDOP are divided into 10 categories:

- Category 1 = Deliberately inflicted injury, abuse or neglect
- Category 2 = Suicide or deliberate self-inflicted harm
- Category 3= Trauma and other external factors, including medical/surgical complications/error
- Category 4= Malignancy
- Category 5 = Acute medical or surgical condition
- Category 6 = Chronic medical condition
- Category 7 = Chromosomal, genetic and congenital anomalies
- Category 8 = Perinatal/neonatal event
- Category 9 = Infection
- Category 10 = Sudden unexpected, unexplained death

More detailed information about category definitions is located in Appendix 4.

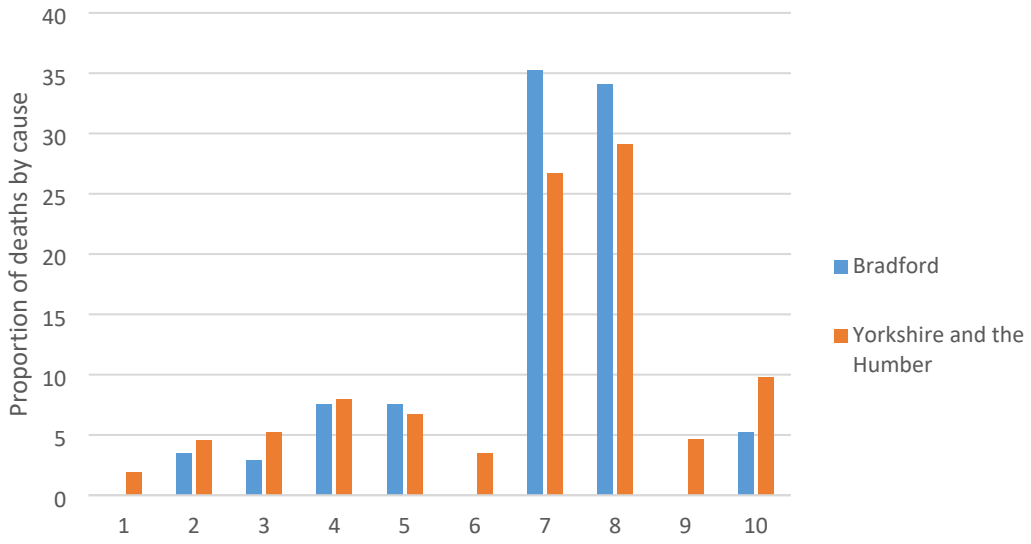
Across all age groups, the largest proportion of children who died and were reviewed by Bradford CDOP in 2022/23 (17 children) died due to chromosomal, genetic and congenital abnormalities, with perinatal or neonatal events and sudden, unexplained deaths the next highest categories (Figure 13). Very small numbers of children and young people died from other causes of death, including: acute medical or surgical conditions; chronic medical conditions; trauma and other external factors, deliberate injury or neglect, and suicide.

Figure 13: Causes of death for children reviewed by CDOP 2022/23 in Bradford (numbers below 5 have been excluded)



Comparing with the rest of the region for deaths reviewed by CDOPs in the period between April 2019 and March 2022, Bradford showed a similar pattern of causes of child deaths as the rest of the region. However, Bradford had a slightly higher proportion of deaths categorised as category 7 and 8 (chromosomal, genetic and congenital anomalies and perinatal/ neonatal event), and slightly fewer in category 10 (sudden unexpected, unexplained death) (Figure 14).

Figure 14: proportion of child deaths reviewed between April 2019 and March 2022 from different causes, Bradford and the region (numbers under 5 have been redacted)



There are a number of factors associated with an increased risk of genetic, chromosomal and congenital anomalies. In our Bradford district, we have communities who favour consanguineous marriage, which is a risk factor particularly associated with autosomal recessive conditions. The risk in the general UK population of a child being born with a congenital anomaly (defined as structural, chromosomal and genetic anomalies) is around 2 to 3% [14, 15]. The Born in Bradford (BiB) study (2007-2010) found that this risk was increased from 3% for the whole cohort to 5-6% for families in consanguineous unions [15].

Research has shown that there is much unmet need among families affected by increased genetic reproductive risk, for improved genetic services and communication of genetic information [16].

3.5.1 Evidence review: Trauma

Trauma is a relatively infrequent cause of death for children and young people in Bradford. Nationally, a thematic report [10] of child deaths due to trauma investigated the cases of 644 children and young people who died in England during 1st April 2019 and 31st March 2022. Of these deaths:

- 37 (6%) occurred while the child was abroad
- 211 were due to a vehicle collision
- 160 were due to violence or maltreatment
- 84 were due to drowning
- 47 were due to alcohol or drug poisoning
- 42 were due to accidental strangulation
- Falls, choking, fire and electrical incidents, animal attacks, and other traumatic events accounted for smaller numbers of cases.

3.5.2 Evidence review: Sudden and unexpected deaths

A second national thematic review [17] of babies, children and young people who died between April 2019 and March 2021 investigated 1,234 deaths in England occurring suddenly and with no immediately apparent cause.

The paper finds a link between deprivation and such deaths occurring in infants of under 1 year old, and a strong link with sleeping arrangements. Of the 127 sudden unexplained deaths among infants, 98% occurred while the infant was thought to be asleep, and 52% of these “occurred while the sleeping surface was shared with an adult or older sibling”. In addition, “Of the 124 deaths that occurred during apparent sleep, at least 75% identified one or more of the following risk factors related to the sleeping arrangements: put down prone (face down) or side; hazardous co-sleeping; inappropriate sleeping surface when sleeping alone; inappropriate items in the bed.”

For deaths of older children aged 1-17 years, sudden death was associated with a history of convulsions, and with living in a deprived neighbourhood. The majority of deaths in this category went on to be explained by other causes.

3.6 Modifiable factors

The presence of a modifiable factor contributing to the death of a child does not mean that the death was necessarily avoidable. However, by identifying factors contributing to the circumstances around a child’s death which could be decreased for the future, the risk of further such deaths may be reduced.

Of cases reviewed in 2022/23 by Bradford CDOP, modifiable factors were identified in 31%. This is lower than the England average of 39%. The proportion of deaths deemed to have a

modifiable contributory factor varied by cause of death, with some causes of death having a very high rate of modifiable factors involved, while others had a very low rate. For example, deaths due to sudden unexpected, unexplained death had very high rates of modifiable factors identified. Conversely, deaths due to malignancy; infection; perinatal/ neonatal events; chronic medical conditions; and chromosomal or genetic abnormalities all had low rates of modifiable factors identified.

There were similar differences in the proportion of deaths with modifiable factors identified by age: children aged between 1 year and 10 years had a low proportion of modifiable factors contributing to their deaths, while children aged 11 and over had higher rates of modifiable factors identified. Children of Asian or Asian British background had a slightly lower chance of having a modifiable factor identified, while children of white ethnic background had slightly higher rates.

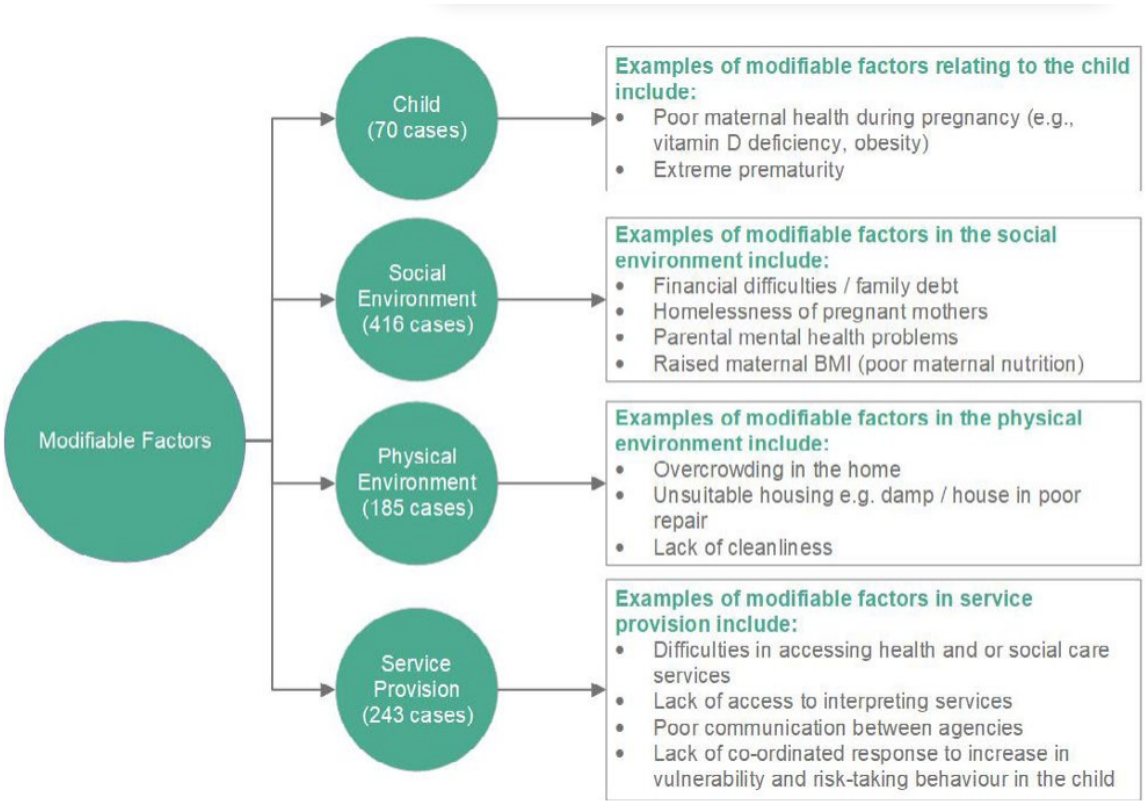
The number of deaths with modifiable factors identified in 2022/23 is higher than in recent years. Comparing with the rest of the region, between April 2019 and March 2022, modifiable factors were identified in 23% of child deaths in Bradford and 35% of cases in the region as a whole. Again, this was highly variable by cause of death, with a high rate of modifiable factors identified for categories 1, 2 and 3, and lower rates of identification of modifiable factors for other categories. This is consistent with the rest of the region. The locally provided NCMD data does not break down the data into specific modifiable factors.

In Bradford, over the last 2 years, a number of modifiable factors were identified. As each factor was uncommon by itself, a full breakdown won't be provided here. However, general themes could be identified:

- Factors related to co-sleeping and/ or the sleeping environment
- Factors related to the safety of the child's general environment
- Factors related to the control of long-term conditions of the child
- Factors related to maternal health in pregnancy

National evaluations of the NCMD data are able to explore modifiable factors in more detail. These factors are divided into four categories: factors relating to the child; their social environment; their physical environment; and service provision. An evaluation by the NCMD in 2021 [5] found that modifiable factors were identified in about 30% of all child deaths reviewed in their report. These were categorised as modifiable factors relating to the social environment (15.5%; e.g. homelessness, financial difficulties, maternal obesity), service provision (9%; e.g. communication barriers, lack of coordinated response), physical environment (7%; e.g. overcrowding in the home, unsuitable housing), and child (3%; e.g. extreme prematurity, maternal health during pregnancy) across all 2688 deaths reviewed (Figure 15); some deaths had more than one category of modifiable factors identified. At least 1 in 12 of all child deaths reviewed in 2019/20 had one or more factors related to deprivation identified at review.

Figure 15: Numbers and examples of modifiable factors identified by the 2021 NCMD report (reproduced from *[5]*)

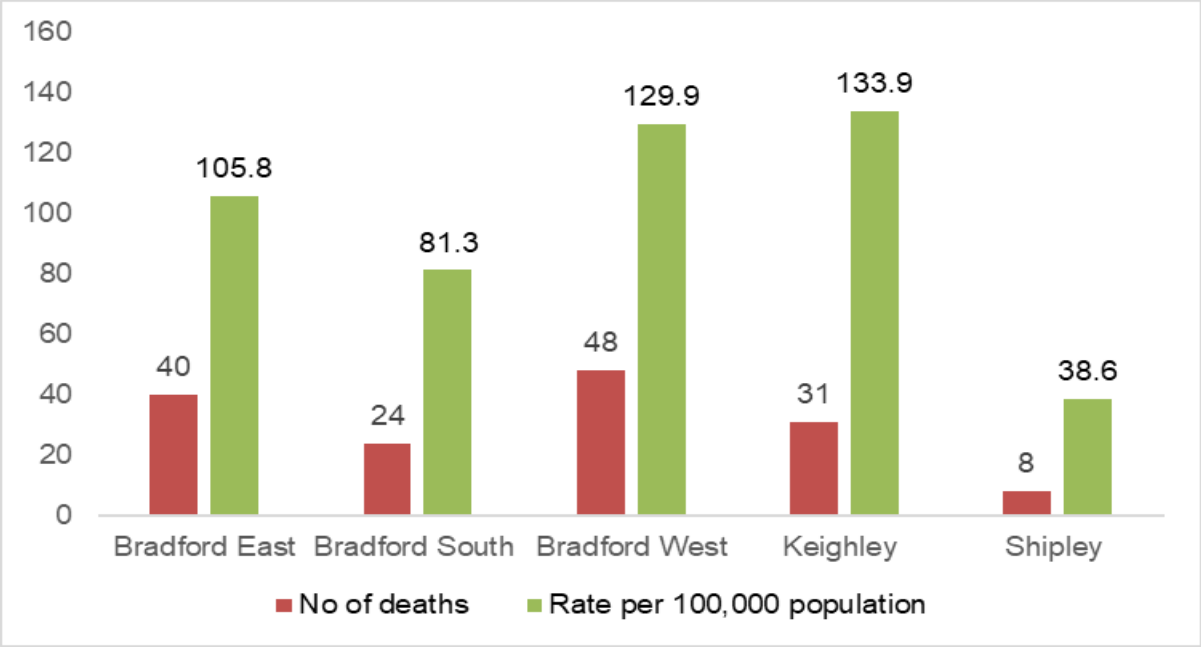


3.7 Geography

The last two year's deaths reviewed by CDOP are considered together for this part of the analysis, to enable local numbers to be pooled for analysis. Of the 151 deaths reviewed during 2021-22 and 2022-23 the highest number were in Keighley Central (16) then Manningham (15). Bradford Moor and City saw 13 deaths within each ward.

Comparing the rate of deaths of children from birth to 18 years per 100,000 population, Keighley has the highest rate at 133.9 per 100,000 followed by Bradford West at 129.9 per 100,000. Shipley had the lowest rate at 38.6 per 100,000 (Figure 16).

Figure 16: Deaths per 100,000 population, by Bradford District constituency, 2021/22 to 2022/23



4. Summarised National Publications

4.1 Ockenden Report

Published in March 2022, “the Ockenden report” [18] shared findings, and recommendations following the review of maternity services at The Shrewsbury and Telford Hospital NHS Trust. The review, led by Donna Ockenden, examined cases involving 1,486 families and 1,592 clinical incidents, and found that 201 babies and nine mothers might have survived had they received better care. The Ockenden Review found patterns of repeated poor care, and failures of governance and leadership, identifying over 60 actions for the Trust.

4.2 MBRRACE, 2023

The ninth annual perinatal mortality report [6] of the MBRRACE-UK collaboration analysed stillbirths and neonatal deaths in the calendar year 2021 in the UK. The researchers found that:

- Perinatal mortality rates increased across the UK in 2021 after 7 years of year-on-year reduction.
- For every 1,000 births in England, there were 3.52 stillbirths
- For every 1,000 live births in England, 1.6 babies died in the first 28 days of life
- In the UK in 2021, the stillbirth rates for babies born to mothers from the most deprived areas increased (from 4.29 per 1,000 total births in 2020 to 4.69 per 1,000 total births in 2021), and for babies of black ethnicity (from 6.42 per 1,000 total births in 2020 to 7.52 per 1,000 total births in 2021), leading to widening inequalities.
- In 2021, there were also increases in neonatal mortality rates for babies born to mothers from the most and least deprived areas, and for babies of black, Asian and white ethnicity, leading to sustained inequalities by both deprivation and ethnicity
- The most common causes of stillbirth were placental problems, congenital anomalies, cord problems, and infection. There remains a high proportion of stillbirths (33.3%) with an unknown cause of death.
- The most common causes of neonatal death were congenital anomalies, extreme prematurity, neurological, cardio-respiratory and infection.
- Congenital anomalies continue to contribute significantly to mortality rates, accounting for 9.3% of stillbirths and 32.6% of neonatal deaths.

4.3 Child death review data release, the National Child Mortality Database, 2022 [19]

The 2022 release from the NCMD covers 3,470 deaths occurring in 2021/22, and 2,724 deaths reviewed by local Child Death Overview Panels.

5. Local actions, 2022/23

A number of programmes and groups take place in the district to improve outcomes for children and young people in Bradford. Some of these are described below.

5.1 Every Baby Matters/ Health Inequalities

Several key actions have been undertaken this year in relation to prevention of modifiable factors and deaths of children and young people:

5.1.1 Preconception health

A Preconception Service “Fit for pregnancy” has been commissioned initially for a further 12 months via Innovation Funding. Early intervention at preconception stage promotes lower risk pregnancies and improved birth outcomes.

5.1.2 Sudden unexpected death in infancy (SUDI)

A safe sleep campaign “Every Sleep a Safe Sleep” has been developed at regional level to prevent SUDI, and is being promoted locally. This promotes evidence-based advice and the development of a risk minimisation tool. A safe sleep video has also been created in collaboration with parent education teams, which to date has been viewed 697 times.

Bradford Council has also received national government funding over the past 2.5 years in the form of the Household Support Fund, to deliver support with the cost of living direct to families and individuals in Bradford district. Partners agreed to use some of this funding to supply families of children with safe beds, bedding, and safety equipment. Families are referred by child health professionals when they are in need of these essential items and unable to afford them. From October 2022 to September 2023, a total of 821 families have been supported through this programme with the delivery of over 1,000 items of safe sleep equipment. In addition, 3000 room thermometers have been distributed to new parents during the winter months along with cost of living booklets.

5.1.3 Genetics

The Reducing Inequalities in Communities (RIC) genetics project commissioned WomenZone (Genetics in Communities) to increase genetic literacy among families and healthcare professionals in Bradford. The aim is to support the workforce to increase confidence, knowledge, awareness and skills to support all families with an increased risk of recessive inherited disorders. Womenzone have delivered several training workshops to different audiences within the community. Womenzone are using innovative methods to target key audiences, including at community events where engagement has been high. To date, 207 health professionals and 436 members of the community have received training and information to increase genetic literacy. In addition Genetics in Communities have developed specialist training for General Practises, to begin rollout in September 2023.

In a parallel project in 2022/23 Bradford Council Public Health received funding from NHS England for a Culturally Competent Genetic Services Project. The three-year funding aims to:

- Raise genetic literacy (strand 1)
- Educate and equip healthcare professionals (strand 2)
- Improve access to genomic services (strand 3)
- Continuously improve with national support (strand 4)

Various roles are being recruited to support implementation including a regional genomic associate, a project administrator, a Close Relative Marriage Midwife to work across the two maternity trusts in the district, and a Personalised Care Support Worker role.

These two projects are closely aligned to ensure an integrated approach with all the agencies involved.

5.1.4 Smoking in Pregnancy

Long Term Plan funding has been used in Maternity Services to provide smoking cessation support for pregnant smokers to quit. Smoking at the time of delivery (SATOD) in Bradford was 12.1% in 2021-22, down from 13.6% in the previous year [20]. However this rate remains higher than the 2017-2022 Tobacco Control Plan for England national ambition for SATOD of 6% or less – a smokefree pregnancy for all.

5.1.5 Hope for You

This new scheme is available to all expectant and new parents across the district. It provides telephone support with interpreting if required to enable families to identify and access financial assistance that they are entitled to. To Date approximately 300 families have received support to a total value of over £350k.

5.1.6 Next steps

Over the coming 12 months, plans for the Every Baby Matters workstream involve:

- Every Sleep a Safe Sleep: Plans to roll out a train the trainer model across the district to ensure each sector has a programme in place to train and support staff to share key messages to support families to make informed choices to minimise risks using the risk minimisation tool.
- Genetic Literacy Survey due to be delivered: to reach out to health care professionals across Primary and Secondary care, Adult and Children's services, Family Hubs etc., to gain an understanding of the genetic literacy of the workforce and inform future training requirements to further support the coordinated approach across the district to increase reproductive choices for families.
- NHS England Genetics programme: Employing a Personalised Care Support Worker to support families identified as high risk of a recessive inherited genetic disorder, to navigate the support services available to them across Bradford District and the Regional Genetics Centre
- Substance, alcohol and drug use – Every Baby Matters steering group working in a coordinated approach with partners to develop health professional training and accessible information for pregnant women, which will be localised and co-produced with individuals and families with lived experiences including those with Foetal Alcohol Spectrum Disorders (FASD).

5.2 Cultural Competency

A cross-sector steering group from the West Yorkshire Health and Care Partnership have been working on a project to develop and pilot delivery of Cultural Competency & Humility Training. The need for this training was highlighted through a training and learning needs analysis that was initially focused on the West Yorkshire Community Mental Health Transformation (CMHT) workforce. However, the partnership, in developing this work, has increased the scope to include the wider cross sector West Yorkshire Health and Partnership.

A local need was identified through Health Inequalities workstream of Bradford Health and Care Partnership's Best 1001 Days programme. The aim of the local project is to address disparities for all service users with protected characteristics, particularly those from black, Asian and minority ethnic populations who are disproportionately affected by poor perinatal outcomes. This was also in response to feedback and engagement with student midwives who reported a need to improve experiences of Equality, Diversity and Inclusion (EDI) whist on placement.

Six Individuals from across Bradford's partnerships have been identified to complete the train the trainer for cultural competency. These people will be able to deliver sessions as soon as they have completed the training, and we expect the sessions to commence from November onwards. Trainers are provided with a training package and there is the option to individualise the content to suit the cohort receiving the training. The expectation for the pilot is that each trainer delivers the session to a minimum of 10 delegates, but we hope to reach many more across all sectors and organisations in the district, with a particular focus on individuals who work with and support families in the perinatal period.

5.3 Suicide Prevention Action Group

Over the past year, several measures to reduce the rate of suicide in Bradford have been taken, many of which support children and young people:

- Development of our surveillance strategy for "real time suspected suicide" to identify suicide clusters and to offer specialist bereavement support to individuals affected by suspected suicide including family, friends, witnesses and organisations such as schools where relevant.
- Distribution of grants to support suicide prevention, with one organisation specifically working with children who have self-harmed or have had suicidal thoughts.
- Suicide prevention campaign via local sports teams, using the reach and community ethos of local sports teams to promote the prevention message "Check in with your mate".
- Development work on the "Check in with your mate" website including improving user accessibility and experience to local people to find reliable resources if they are worried about themselves or someone else at risk of suicide.
- An in-depth audit of coronial files where a conclusion of suicide has been reached is being undertaken in partnership with other local authorities in West Yorkshire to identify trends and any opportunities to support suicide prevention.
- A new self-harm and suicide prevention group for children and young people has been established at West Yorkshire level, with Bradford public health team a part of the group.
- Suicide prevention champions – launch of a new initiative designed to encourage people to become a champion in their workplace or community to encourage breakdown of stigma and share knowledge about where to get help.
- Training for system partners: a gold standard Provider has been commissioned to offer training to people across the district who may not see suicide prevention as their core business but have a key part to play in the prevention challenge. The training supports people to understand more about suicide, spot the signs of suicide and help individuals to make a safety plan. So far training has been arranged for Police, Primary care staff, and social care workers. This will continue into next year with plans to target women's perinatal services, people working with children and young people, drug and alcohol services and those working in the construction industry.

- 26 Community mental wellbeing grants have recently been awarded to community organisations to support residents in the district to improve their wellbeing over the winter months.
- Activities have been planned for world suicide prevention day to raise awareness and challenge stigma.

Over the coming year, further activities in progress and planned include:

- A “grab bag” style set of guidelines are in development to support schools in the event of a suicide that could affect their pupils or staff.
- We are in the process of commissioning a provider to review our current local policy and national guidelines to create an up to date user-friendly policy and guidance for professionals working with children and young people who have self-harmed.
- A children and young people’s mental health needs assessment is being undertaken to try and assess the mental health needs of children and young people in the District to support future planning and design of supportive services and interventions.
- A further round of wellbeing grants is being planned for next year with a specific focus on children and young people
- A sleep campaign is being planned for next year aimed at children and young people, families and adults. Sleep deprivation is linked to mental health crisis.
- Links with drug and alcohol services are being strengthened to identify ways of supporting individuals who use drugs or alcohol who may be at increased risk of suicide.
- Review of our local prevention strategy in line with the release of the new national strategy

6. Risks

Reductions in funding for public services over the past few years, in addition to the more recent cost of living increase, are already putting pressures on the system and on families. The link between child death and poverty means that this is a risk. In the coming 18 months, a number of external grants are due to end, further increasing the pressure on services. These grants currently include Start for Life; Better Start Bradford; and the Household Support Fund.

These funding streams have broad, valuable impacts across our population. Additionally, they all make a contribution to reducing child deaths through a reduction in risk factors, linking vulnerable families to support, and some specific actions as described above. Partners are working together on plans which are in place for the end of all short-term grants and funding streams to mitigate against the impacts as much as possible, and to make use of learning gained from each project.

7. Recommendations

The recommendations below are applicable to a wide range of policy-makers, decision-makers, commissioners and services in Bradford. They will be of particular interest to those working with babies, children and young people, but the implications should be considered by all partners working in Bradford district.

Environmental risk factors:

1. Services and planners of services should work together to ensure that families with children have opportunities to access all the financial assistance they are eligible for.

2. Ensure that women have good access to pre-conception health advice. This should not be limited to women seeking medical advice, but should be available to all women, regardless of pregnancy status.

Service provision:

3. Ensure that children and families in more socioeconomically deprived parts of Bradford have good access to services including maternity, health visiting, school nursing, social care, and education. This may include considerations of timing, location and transport to services, and of the language, both written and spoken, used to communicate messages and information to families.

4. Continue, learn from, and expand on the current work to increase cultural competency of the maternity and children & young people's workforce, with the aim to ensure that children and families from ethnic minority backgrounds have equitable access to culturally competent services.

5. Services and organisations must work to identify needs of children and families, and to refer to appropriate services as needed. Strong partnership working and referral pathways between services will be key to this.

6. CDOP must ensure strong partnerships with the Bradford Children's Trust and with the Safeguarding Partnership, and that the bodies are sighted on the findings and recommendations set out in this report.

Individual risk factors:

7. Work through schools, colleges and communities to educate children and young people on safety messages should be undertaken. This may include information on swimming safely, road safety, drug and alcohol messaging, and general hazard awareness.

8. Links should be strengthened between the suicide prevention board and the CDOP panel.

9. Continue the work on genetic literacy and culturally competent service provision through the Every Baby Matters steering group.

10. Promote universal messaging for all new parents on safe sleep. This should be consistent across services and professionals to ensure that advice is the same, whoever is delivering it.

11. Provide advice for parents on safety in and outside of the home.

Process:

12. The terms of reference and operation of CDOP should be regularly reviewed to guarantee continual quality improvement of the process, and to ensure that the meeting continues to model best practice.

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9. APPENDIX 1: Terms of reference of Bradford District CDOP

Purpose

The CDOP should undertake a review of all child deaths including unattended stillbirths (excluding medically attended stillbirths and planned terminations of pregnancy) from birth up to the age of 17 years 364 days in the local authority area. Through a comprehensive and multidisciplinary review of the child deaths, the Bradford District CDOP aims to better understand how and why children die across the Bradford District and use the findings to take action to prevent other deaths and improve the health, wellbeing and safety of children in the area. The CDOP will meet its function as set out in Chapter 5 of Working Together to Safeguard Children (2018).

Remit

CDOP will collect and analyse multi-agency information about each child with a view to:

- Review each child death (except medically attended still births and planned terminations of pregnancy) of children normally resident in the Bradford District
- To evaluate data on the deaths of all children normally resident in the Bradford District identifying lessons to be learnt or issues of concern
- To understand the cause of death and assess whether the death was preventable.
- Collect and analyse information about each child death with a view to identifying any case giving rise to the need for a serious case review
- To submit data to the National Child Mortality database (NCMD)
- To quality assure information presented and evaluated at the local Child Death Review Meeting
- To learn lessons regarding the death and causes of death in the Bradford District in order to establish if there are any trends/themes
- To learn any lessons about the professional and agency responses to child deaths
- To disseminate lessons and make recommendations to the Wellbeing Board and partner agencies on actions to take to prevent child deaths including guidance/protocols or procedures, raising staff awareness and community awareness campaigns
- To use the rapid response process to review unexpected child deaths
- Cases involving a criminal investigation will not be reviewed before the conclusion of proceedings, as with those cases where an Inquest is being conducted
- To produce and publish an annual report that is aggregated and anonymised

Accountability

The Child Death Overview Panel is responsible, through its Chair, to the Chair of the Wellbeing Board.

Membership

The agencies forming the core membership of the Group are:

- CBMDC Children’s Social Care

- CBMDC Education Services
- CBMDC Public Health
- Clinical Commissioning Groups
- Bradford Teaching Hospital Foundation Trust
- Airedale Hospital Foundation Trust
- West Yorkshire Police

The group may co-opt additional or specialist members as required for the purposes of specific pieces of work.

Operational arrangements

- The CDOP will be chaired by Public Health and will be directly responsible to the Wellbeing Board
- Meetings will be regarded as quorate or otherwise, in the light of material to be considered and decisions to be taken, at the discretion of the Chair
- Standing meetings of the CDOP will be held bi-monthly and additionally meetings held as and when required
- support will be provided by the Child Death Review Office located at Bradford Teaching Hospitals. Agendas and associated papers will be circulated at least 5 days in advance of the meeting
- Conflicts of Interest will be declared at each meeting regarding case involvement by panel members

Voice of the child

Bradford SCB is committed to listening to the views of children and young people who use services and benefit from our protocols. We will involve them wherever possible in identifying needs and in planning, developing and improving policy and training.

Reporting and Governance Arrangements

Through its Chair the CDOP will:

- Produce an annual report which will be:
    - Presented to the Well Being Board, the Childrens and Young People's and Family Partnership Board and the Act as One Better Births Programme.
    - Incorporated into the BSCB Annual Report
    - Published as part of the Bradford District JSNA
- Review the business/work plan annually
- Review the Terms of Reference every 3 years (unless appropriate to do sooner) and propose amendments to the Bradford District Well Being Board

Dispute

In the event of a dispute or conflict of interest arising between agencies across or within groups, which cannot be resolved, the Chair will draw this to the attention of the Chair for

appropriate action and the BSCB Escalation Policy for Resolving Professional Disagreements will be invoked.

10. APPENDIX 2: Definitions (preventable, modifiable and category of death)

Definitions used as cited in Statistical Release for Child Death Reviews: year ending March 2011 Dept. for Education July 2011:

1. Preventable/Potentially preventable death: Definition used from April 2008 to March 2010

Preventable – A preventable child death is defined as events, actions or omissions contributing to the death of a child or a sub-standard care of a child who died, and which, by means of national or locally achievable interventions, can be modified. Potentially preventable – A potentially preventable death with same definition as above.

2. Modifiable death: Definition from April 2010 onwards

A modifiable death is defined as “The Panel have identified one or more factors, in any domain, which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths”.

2.1 CDOP panel agreed from April 2016 to use the following definitions:

To decide if consanguinity is a risk factor and the case is to be deemed modifiable or non-modifiable:

I. If the parents are consanguineous and the child has a genetic condition which is identified for the first time and there is no previous history of similar conditions within the family, the case will be deemed to be NON MODIFIABLE
II. If the parents are consanguineous, the child has a genetic condition and the same condition has been diagnosed within the family in previous children or close relatives and it is the type of condition associated with consanguinity (autosomal recessive condition) then the case will be deemed MODIFIABLE

To decide if smoking, obesity and other lifestyle risk factors are to be deemed modifiable or non-modifiable:

If a lifestyle risk factor such as smoking or obesity is deemed on the evidence presented to have had a significant role in the cause of death in an individual child, then this will be identified as a MODIFIABLE risk factor.

11. APPENDIX 3: Ten categories for cause of death

Category 1 – Deliberately inflicted injury, abuse or neglect: this includes suffocation, shaking injury, knifing, shooting, poisoning and other means of probable or definite homicide; also deaths from war, terrorism or other mass violence; includes sever neglect leading to death

Category 2 – Suicide or deliberate self-inflicted harm: this includes hanging, shooting, selfpoisoning with paracetamol, death by self-asphyxia, from solvent inhalation, alcohol or drug abuse, or other form of self-harm. It will usually apply to adolescents rather than younger people.

Category 3 – Trauma and other external factors: this includes isolated head injury, other or multiple trauma, burn injury, drowning, unintentional self-poisoning in pre-school children, anaphylaxis and other extrinsic factors. Excludes deliberately inflicted injury, abuse or neglect (Category 1).

Category 4 – Malignancy; solid tumours, leukaemias and lymphomas and malignant proliferative conditions such as histiocytosis, even if the final event leading to death was infection, haemorrhage etc.

Category 5 – Acute medical or surgical condition; for example, Kawasaki disease, acute nephritis, intestinal volvulus, diabetic ketoacidosis, acute asthma, intussusception, appendicitis; sudden unexpected deaths with epilepsy.

Category 6 – Chronic medical condition; for example, Crohn's disease, liver disease, immune deficiencies, even if the final event leading to death was infection, haemorrhage etc. Includes cerebral palsy with clear post-perinatal cause.

Category 7 – Chromosomal, genetic and congenital anomalies; Trisomies, other chromosomal disorders, single gene defects, neurodegenerative disease, cystic fibrosis and other congenital anomalies including cardiac.

Category 8 – Perinatal/neonatal event; Death ultimately related to perinatal events, e.g. sequelae of prematurity, antepartum and intrapartum anoxia, bronchopulmonary dysplasia, post-haemorrhagic hydrocephalus, irrespective of age at death. It includes cerebral pals without evidence of cause, and includes congenital or early-onset bacterial infection (onset in the first postnatal week).

Category 9 – Infection; Any primary infection (i.e. not a complication of one of the above categories), arising after the first postnatal week, or after discharge of a preterm baby. This would include septicaemia, pneumonia, meningitis, HIV infection etc.

Category 10 – Sudden unexpected death; where the pathological diagnosis is either 'SIDS' or 'unascertained', at any age. Excludes Sudden unexpected death with epilepsy (Category 5).

Bradford District and Craven
Health and Care Partnership
ACTasONE

Healthy minds

Proud to be part of the West Yorkshire Health and Care Partnership

Child Death Overview Panel:

annual report 2021/22 and 2022/23

Sarah Exall
Abbie Wild

The death of a child is a profoundly devastating event which affects parents, siblings, and communities. The Bradford Child Death Overview Panel treats every death reviewed with respect and compassion, and this report is dedicated to all families, friends and loved ones of the children and young people in this report.

Background

Deaths occurring in Bradford 2008/09 to 2022/23

Deaths reviewed by Bradford CDOP 2019/20 to 2022/23

Actions

Recommendations

Discussion

Background

Child Death Overview Panel (CDOP)

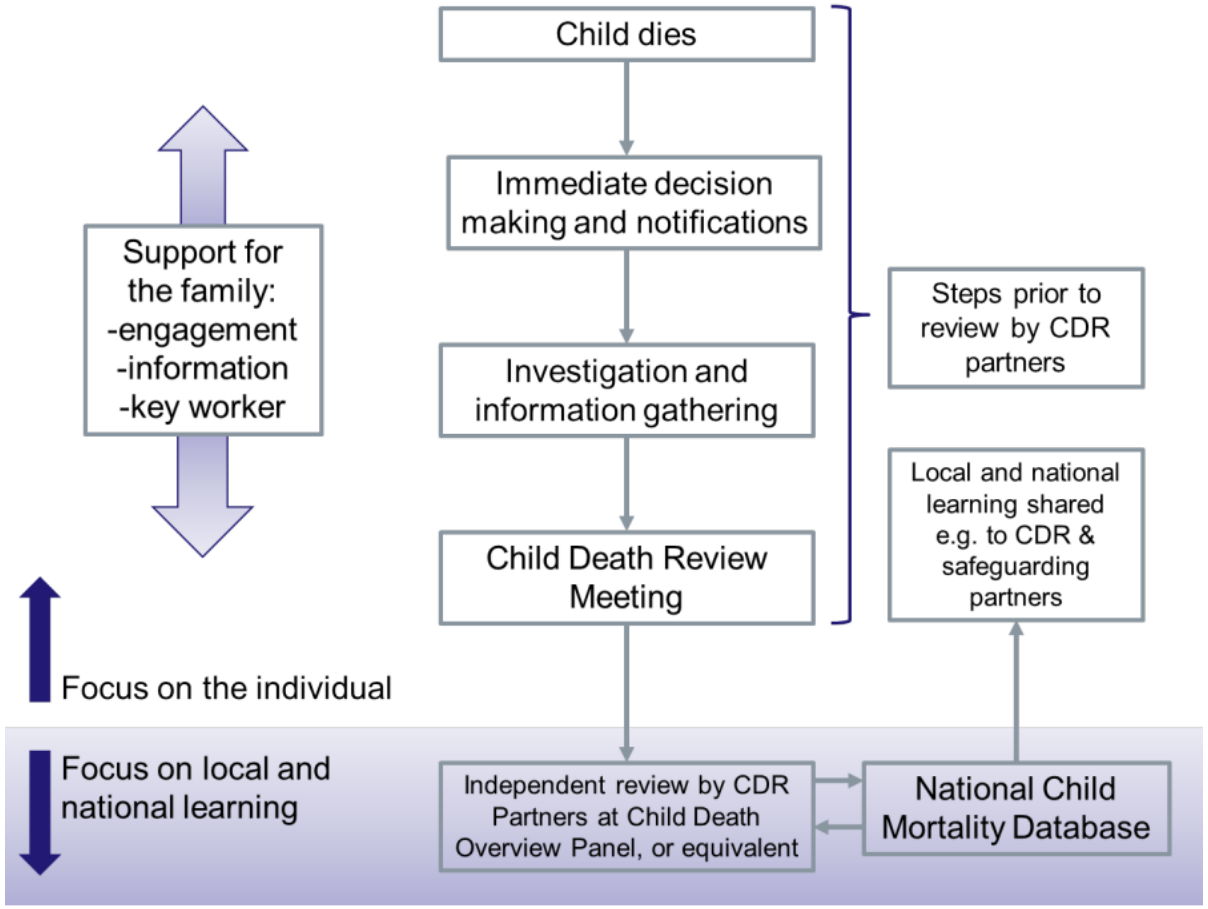
Multi-agency group first established in 2008 by the Bradford Safeguarding Children Board

Systematically reviews all deaths in children and young people from birth up to the age of 18 years in order to understand how and why children die in the district.

Looks for modifiable factors where shared learning could reduce the chances of a recurrence of the circumstances around that death.

Governance and operation is based on statutory guidance set out in “Working Together to Safeguard Children”

Review process

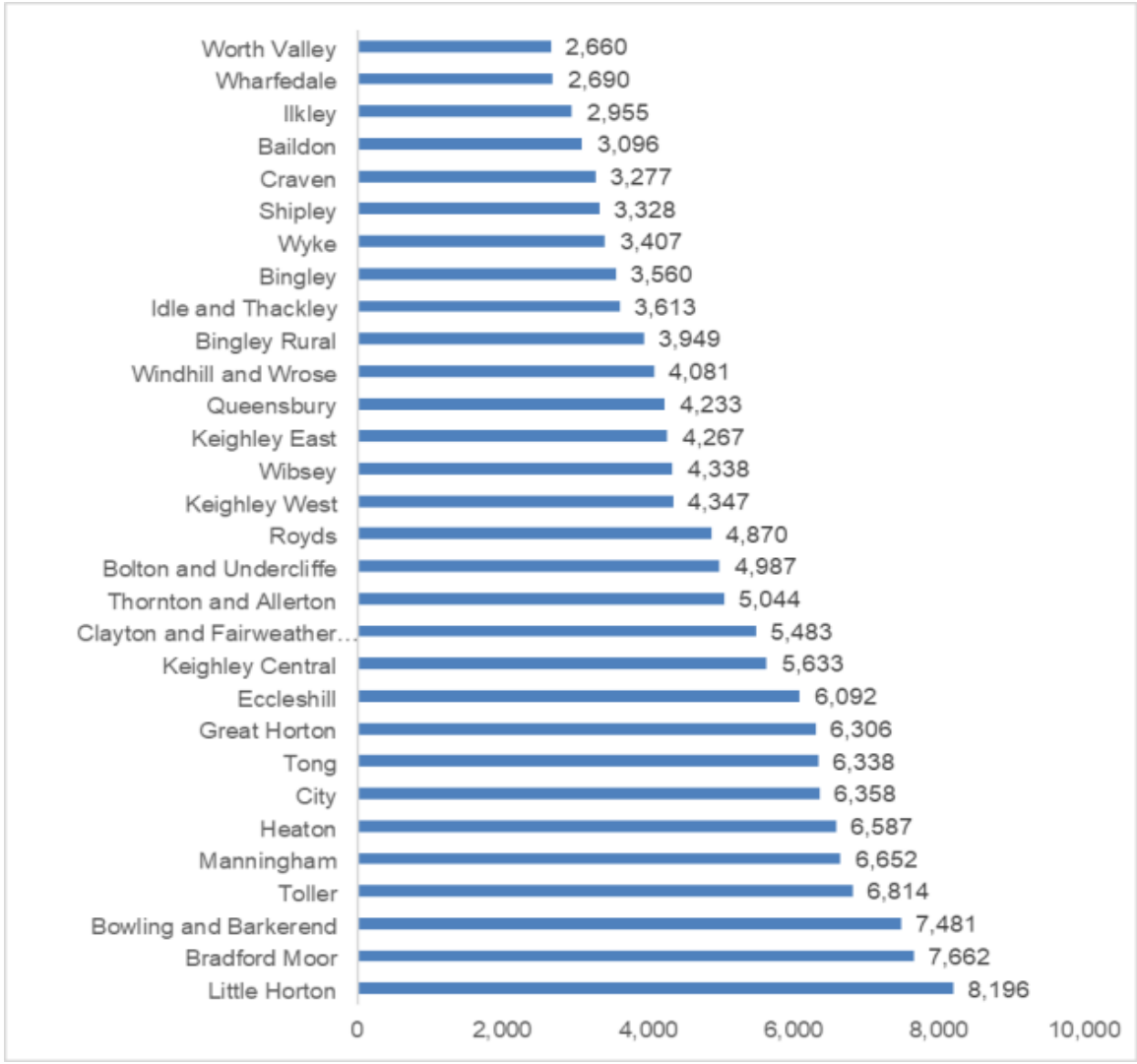


Child population of Bradford district

Bradford is the seventh largest local authority in England in terms of population size.

Bradford has the 3rd highest number of 0-15 year olds in the country, at 117,100.

In 2021, it was estimated they were 148,291 children and young people in the Bradford district aged between 0–18 years.



Deaths occurring in Bradford 2008/09 to 2022/23

Number of deaths of children and young people occurring between 2008-09 to 2022-23, in Bradford

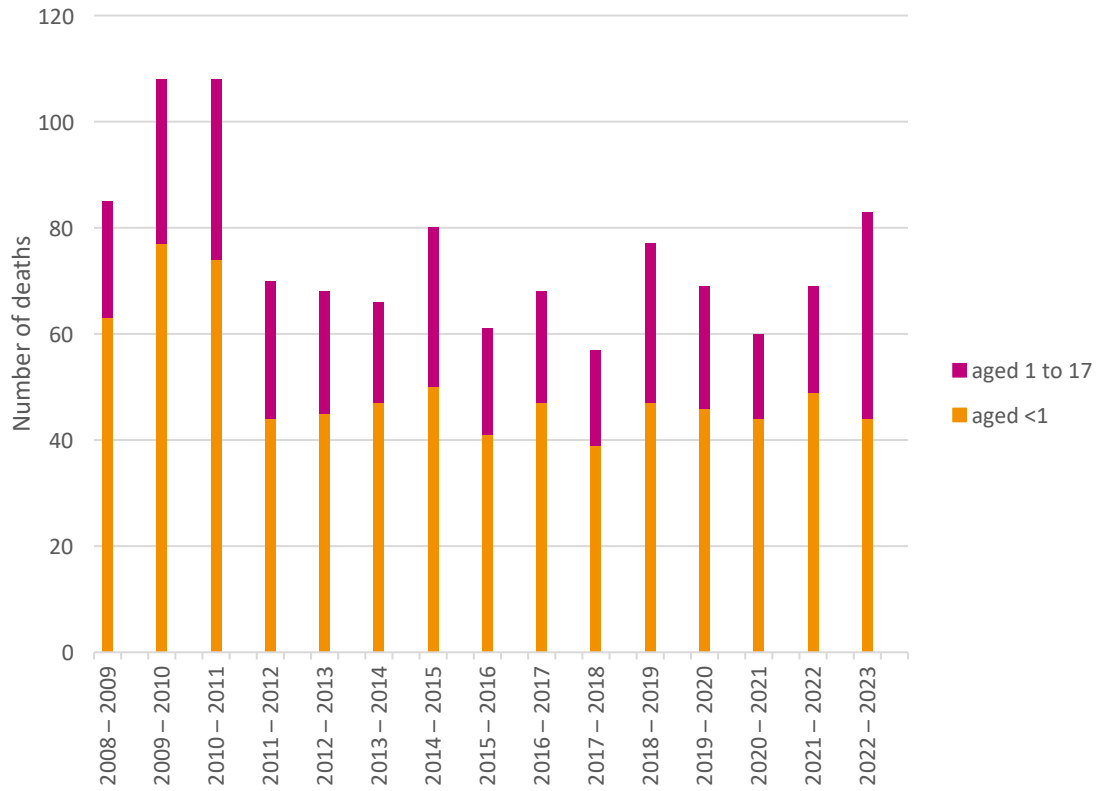
In 2022-23, 84 deaths occurred among children from birth to 18 years of age.

There was a small increase in the number of deaths compared to the previous few years.

Recent paper found that in England:

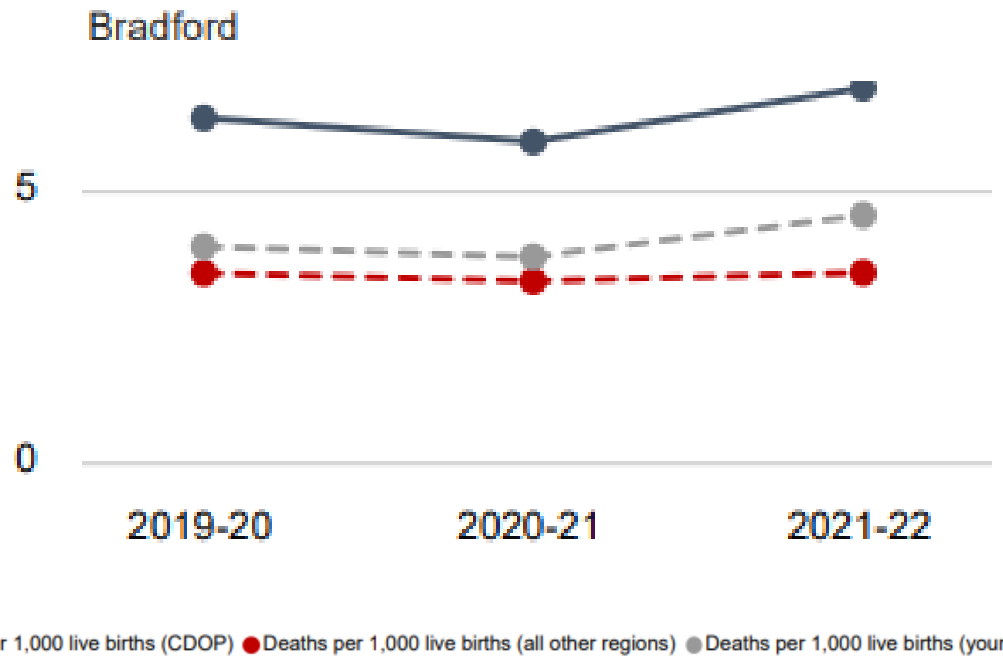
- Child mortality fell during 2020/21,
- In 2021/22 child mortality returned almost to pre-pandemic levels
- However, following the pandemic, the risk of death for older children, particularly due to trauma, increased above pre-pandemic risk.

Number of deaths of children and young people occurring between 2008-09 to 2022-23, in Bradford

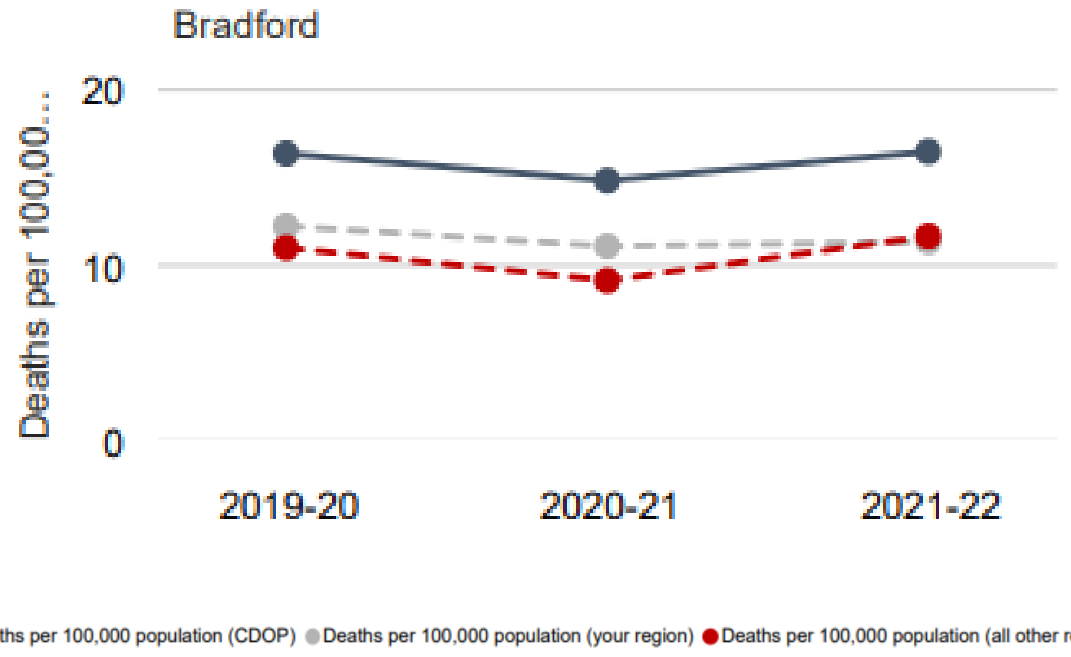


Rate of infant and child deaths in Bradford compared to the region

Rate of infant (less than 1 year) deaths per 1000 live births in Bradford, Yorkshire and the Humber, and England, 2019/20 to 2021/22



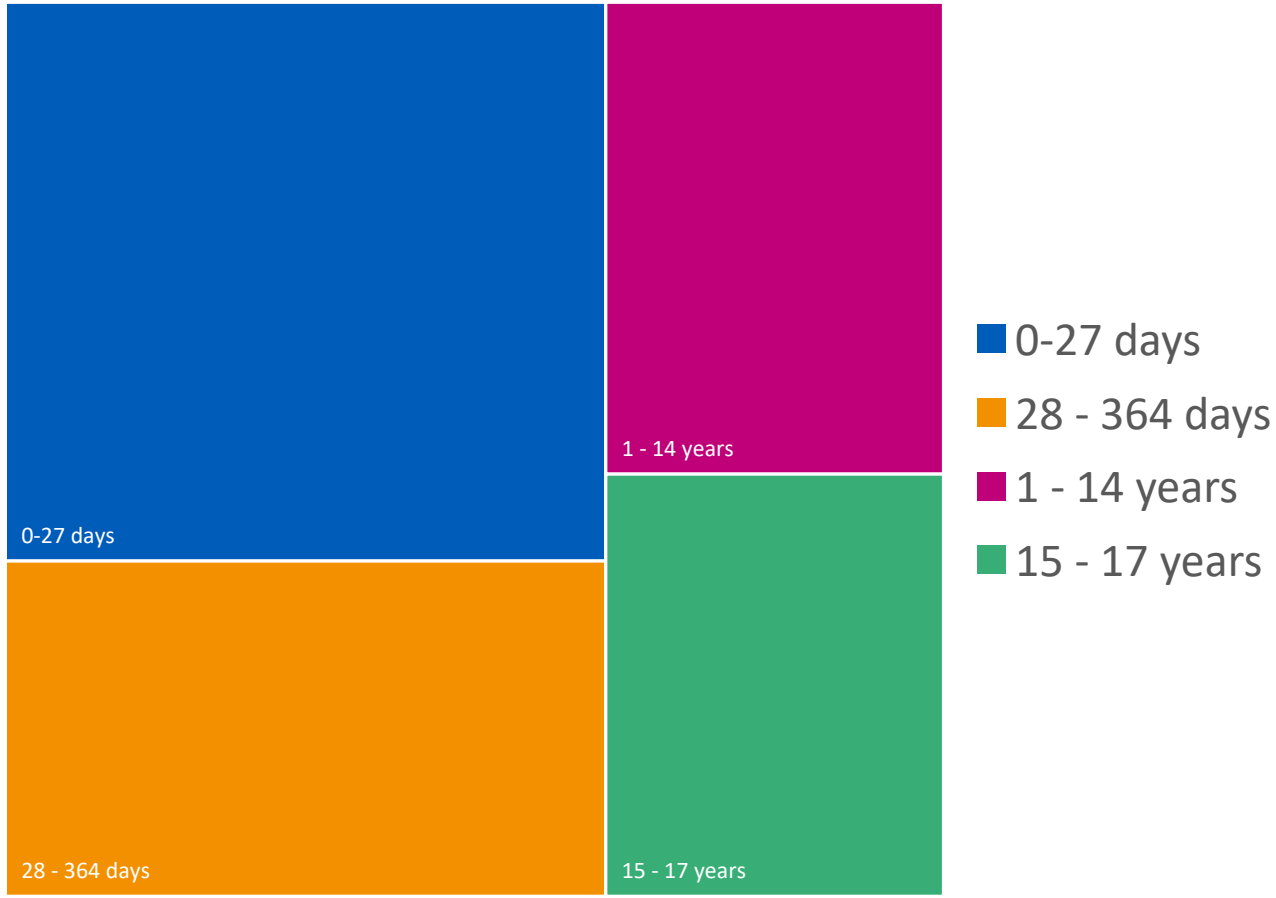
Rate of deaths per 100,000 population of children aged 1-17 years in Bradford, Yorkshire and the Humber, and England, 2019/20 to 2021/22



Deaths reviewed by Bradford CDOP 2019/20 to 2022/23

Age, sex and gestational age

Age at death of children reviewed by Bradford CDOP 2022 - 2023



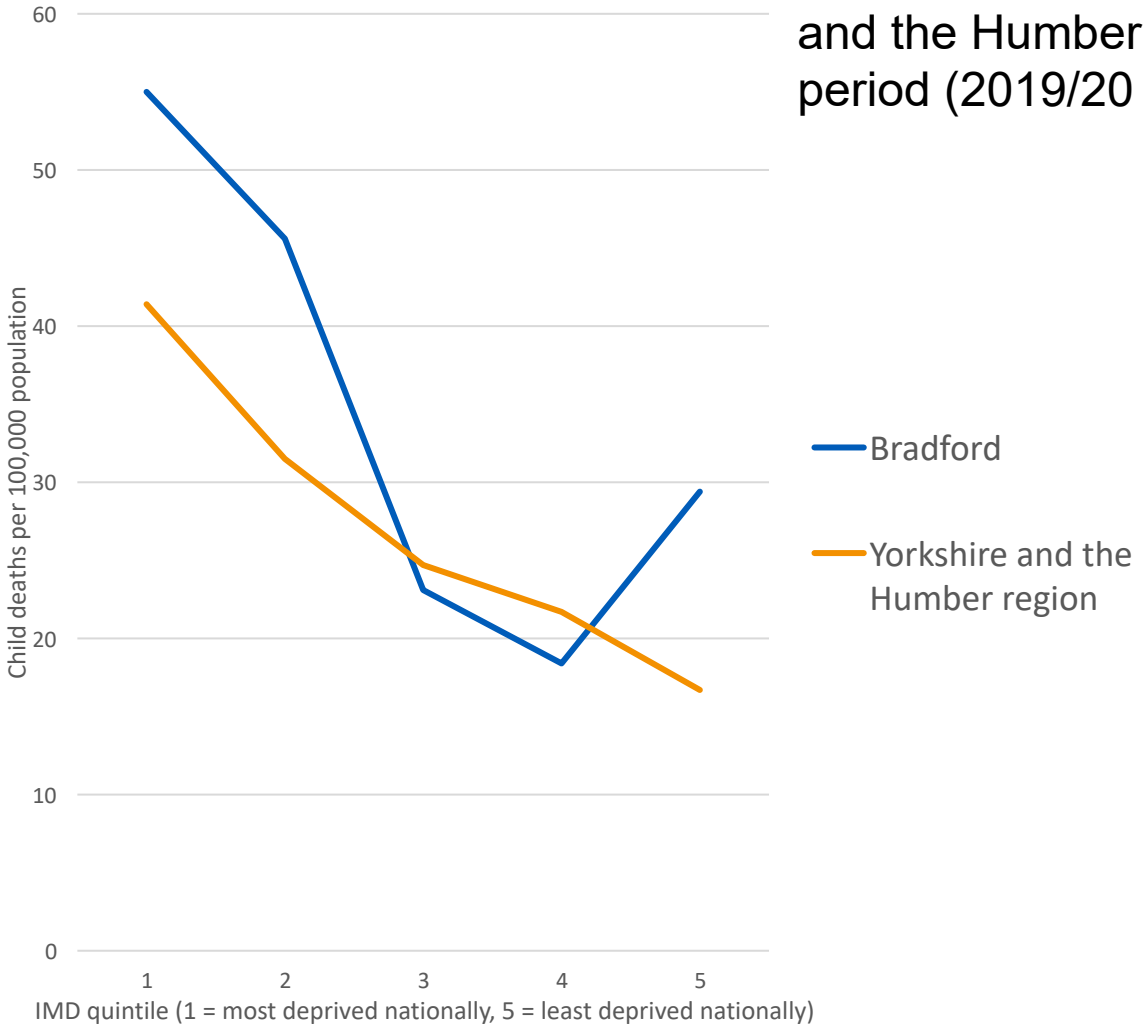
Of children reviewed by CDOP in 2022/2023, 55% were male and 45% were female

The majority (64%) were aged less than 1 year of life

In Bradford, 22.5% of infants (below 1 year of age) who died over the three year period from 2019 to 2022 were born at 23 weeks gestation and below; 38.8% were born between 24-36 weeks; and 38.8% were born at 37 weeks or above.

Deprivation

Rate of child deaths per 100,000 population in Bradford and Yorkshire and the Humber by socioeconomic deprivation (IMD quintile), 3 year period (2019/20 to 2021/22)



Strong correlation nationally between deprivation and the risk of childhood death for most causes of death: a relative 10% increase in risk of death between each decile of increasing deprivation.

There was no evidence of an association between deprivation and the risk of death by trauma and suicide, or malignancy.

Ethnicity

Ethnicity	2019-20	2020-21	2021-22	Total
Asian				
Number of deaths	47	37	55	**139**
Deaths per 1000 live births (your region)	6.5	5.0	7.4	**6.3**
Deaths per 1,000 live births (all other regions)	5.0	4.0	4.9	**4.7**
Black				
Number of deaths	9	8	11	**28**
Deaths per 1000 live births (your region)	5.5	4.9	6.7	**5.7**
Deaths per 1,000 live births (all other regions)	5.9	5.9	6.6	**6.1**
Mixed				
Number of deaths	15	7	11	**33**
Deaths per 1000 live births (your region)	5.5	2.7	4.3	**4.2**
Deaths per 1,000 live births (all other regions)	3.0	3.2	3.8	**3.3**
Other				
Number of deaths				**10**
Deaths per 1000 live births (your region)				**2.4**
Deaths per 1,000 live births (all other regions)				**3.1**
White				
Number of deaths	118	121	149	**388**
Deaths per 1000 live births (your region)	2.7	3.0	3.6	**3.1**
Deaths per 1,000 live births (all other regions)	2.7	2.7	3.0	**2.8**

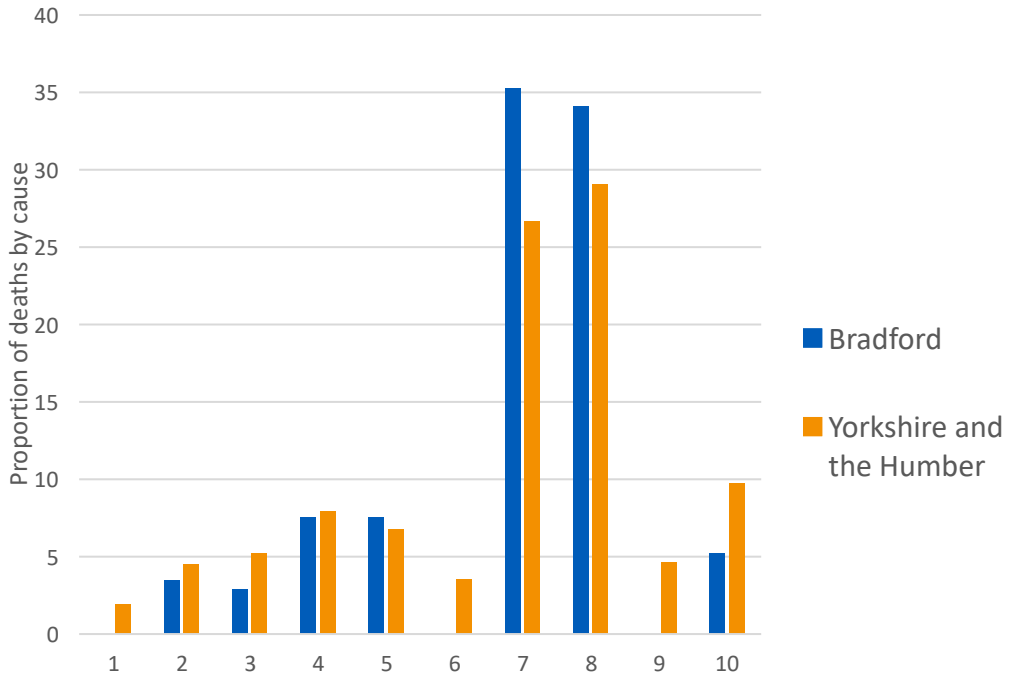
Total number/rate of infant (under 1 year) deaths by ethnicity in Yorkshire and the Humber ("your region") compared to "all other regions" in England, 2019/20 to 2021/22

57% of children reviewed in 2022/23 by CDOP were of Asian or Asian British ethnicity, compared to 46% of all children in Bradford District.

A smaller proportion of children from white backgrounds were seen compared to the proportion of children in the district.

Regional and national data can explore inequalities in death rates by ethnicity in more detail.

Causes of death for deaths reviewed 2019 to 2022



Proportion of child deaths reviewed between April 2019 and March 2022 from different causes, Bradford and the region (numbers under 5 have been redacted)

Category 1 = Deliberately inflicted injury, abuse or neglect

Category 2 = Suicide or deliberate self-inflicted harm

Category 3= Trauma and other external factors, including medical/surgical complications/error

Category 4= Malignancy

Category 5 = Acute medical or surgical condition

Category 6 = Chronic medical condition

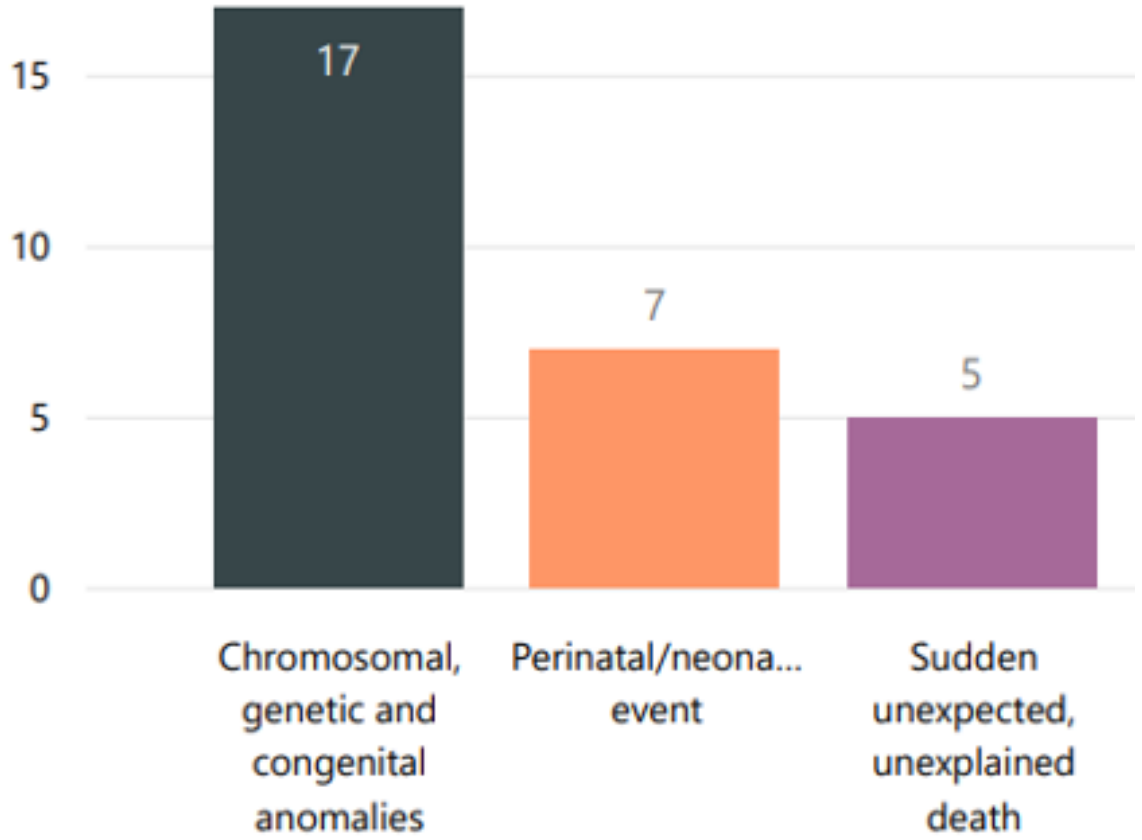
Category 7 = Chromosomal, genetic and congenital anomalies

Category 8 = Perinatal/neonatal event

Category 9 = Infection

Category 10 = Sudden unexpected, unexplained death

Causes of death for deaths reviewed 2022/23



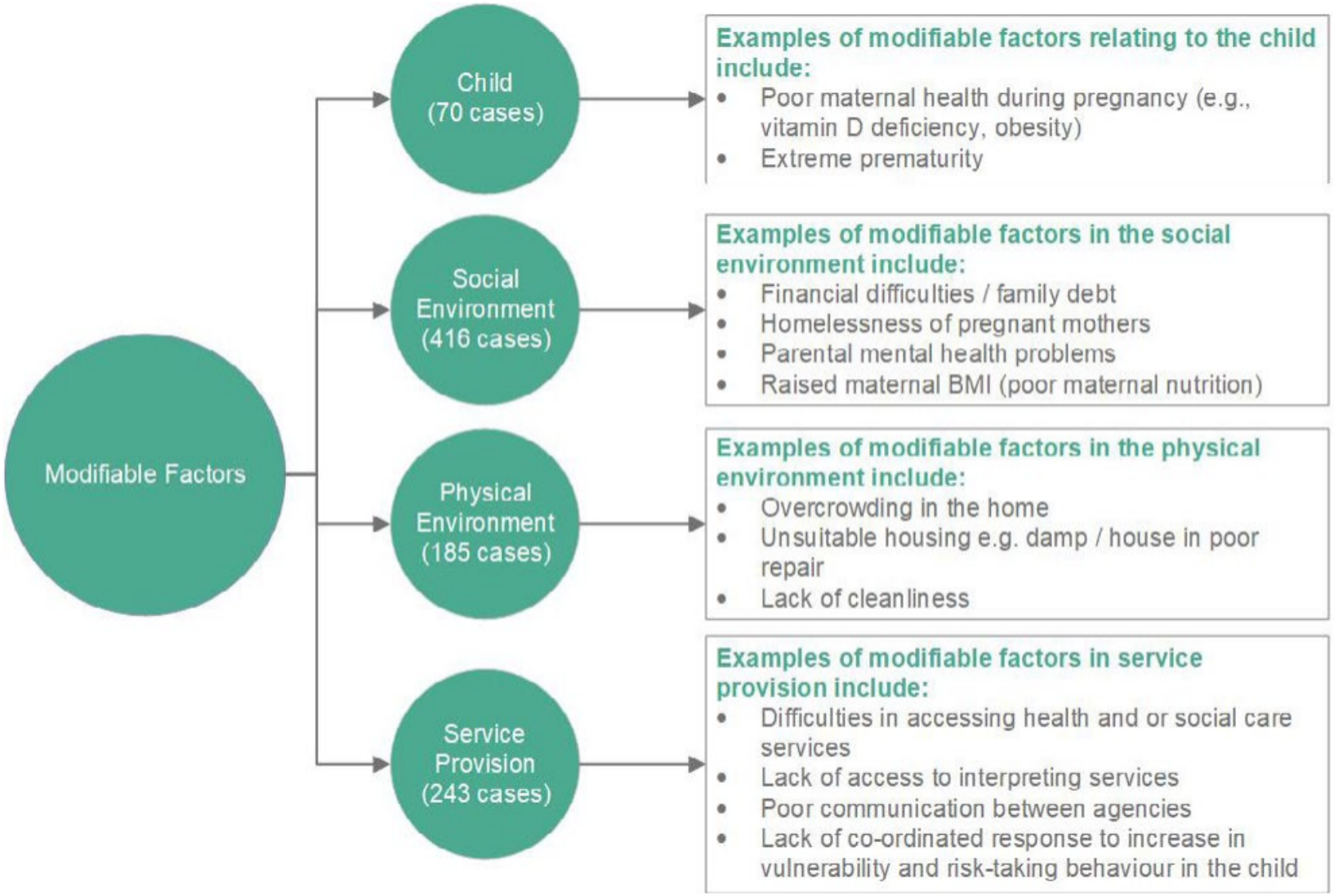
Causes of death for children reviewed by CDOP 2022/23 in Bradford (numbers below 5 have been excluded)

Modifiable factors

Of cases reviewed in 2022/23 by Bradford CDOP, modifiable factors were identified in 31%. This is lower than the England average of 39%.

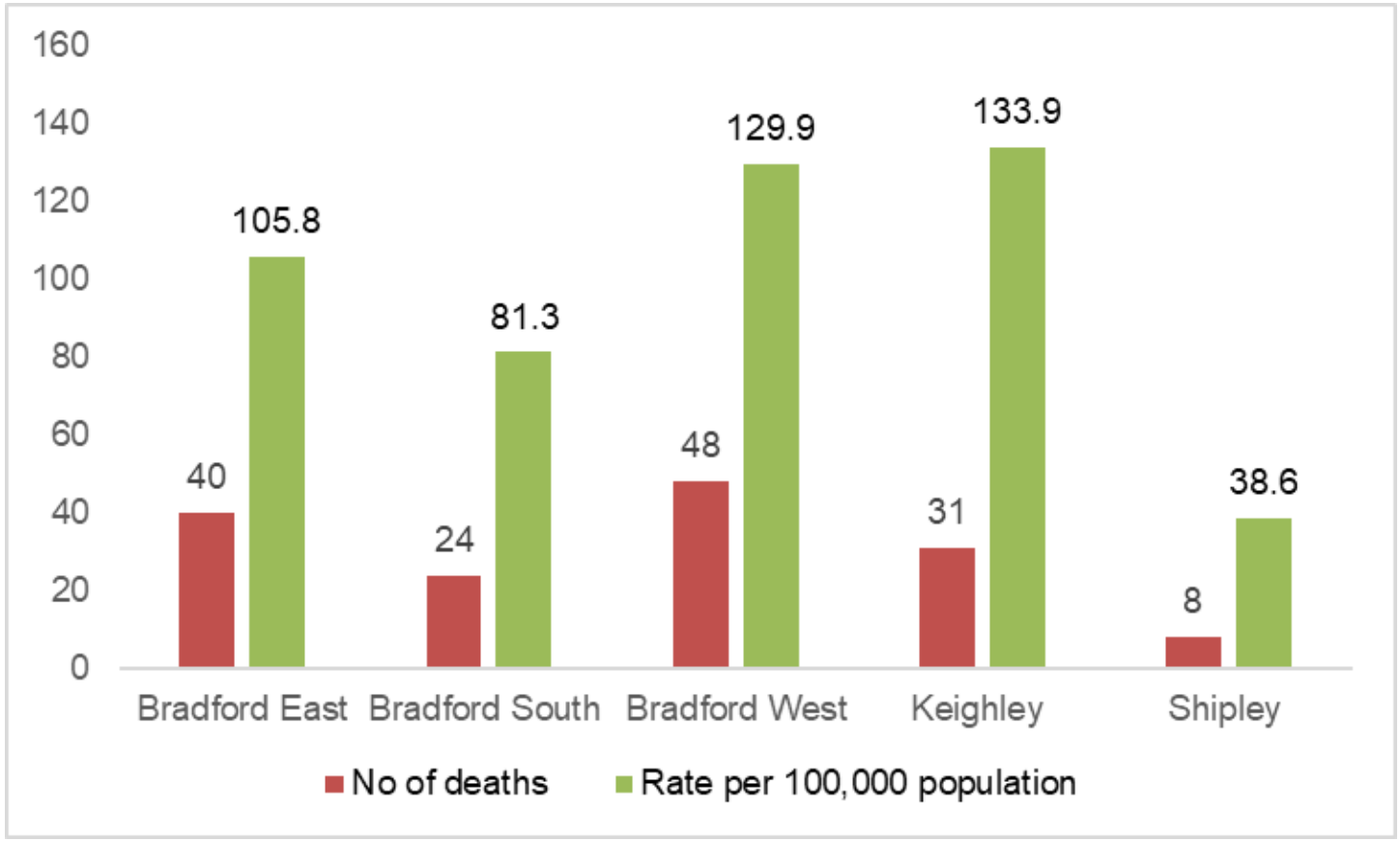
In Bradford over the last two years, modifiable factors related to the following themes were identified:

- Factors related to co-sleeping and/ or the sleeping environment
- Factors related to the safety of the child's general environment
- Factors related to the control of long-term conditions of the child
- Factors related to maternal health in pregnancy



Numbers and examples of modifiable factors identified by the 2021 NCMD report

Geographical distribution of deaths reviewed by CDOP, 2021/2022 to 2022/2023

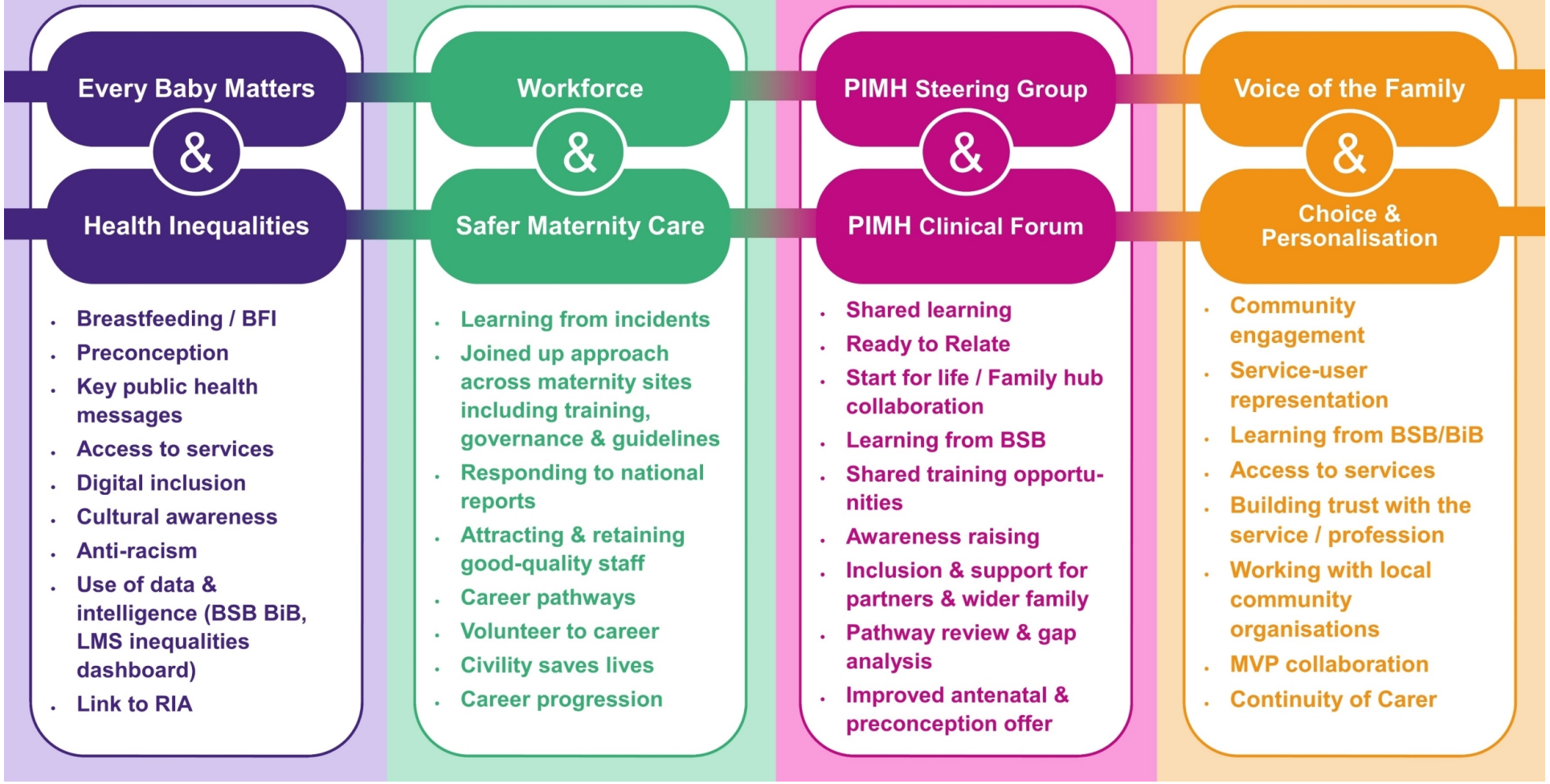


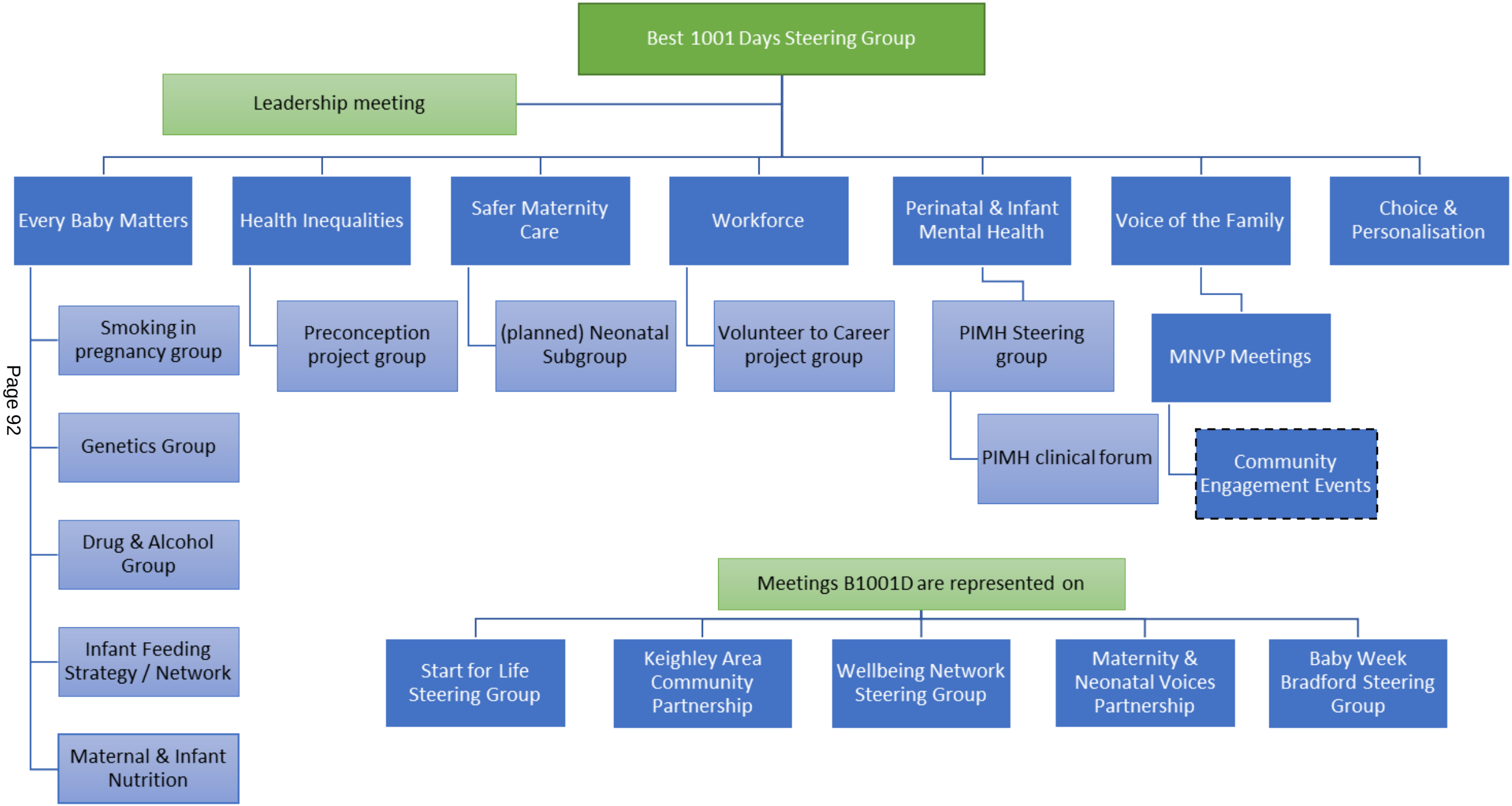
Actions

Best 1001 Days: Workstream Overview

The Best 1001 days programme is pillar 1 of the Healthy Children & Families priority for Bradford District & Craven. We work collaboratively across sectors and organisations, to achieve our vision:

"Working together to improve experiences & outcomes for pregnancy, birth & beyond across Bradford District & Craven"




Best 1001 Days Steering Group
Leadership meeting
Every Baby Matters
Health Inequalities
Safer Maternity Care
Workforce
Perinatal & Infant Mental Health
Voice of the Family
Choice & Personalisation
Smoking in pregnancy group
Genetics Group
Drug & Alcohol Group
Infant Feeding Strategy / Network
Maternal & Infant Nutrition
Preconception project group
(planned) Neonatal Subgroup
Volunteer to Career project group
PIMH Steering group
PIMH clinical forum
MNVP Meetings
Community Engagement Events
Meetings B1001D are represented on
Start for Life Steering Group
Keighley Area Community Partnership
Wellbeing Network Steering Group
Maternity & Neonatal Voices Partnership
Baby Week Bradford Steering Group

Best 1001 Days Dashboard Snapshot
October 2023

ACTasONE

39%

Increase in referrals to Family Action peer support service from Midwives & Health Visitors

207 Service users

436 Professionals

Received genetic awareness training

Booking by 10 weeks of pregnancy

Bradford **58%**

42% in 2022

Airedale **66%**

72% in 2022

67%

First feed breastmilk

National = 68%

49%

Breastfeeding at 6-8 weeks

National = 49%

Smoking at time of delivery

Q4 22/23 **9.2%**

13.8% 20/21

3000

Room thermometers distributed

20

Recruited to the Volunteer to Career pathway

196

Attendees at our Perinatal Mental Health clinical forum to date

Maternity Circles

2 implemented

4 planned

"Working together to improve experiences & outcomes for pregnancy, birth & beyond across Bradford District & Craven"

Health Inequalities & the 1st 1001 Days

ACTasONE

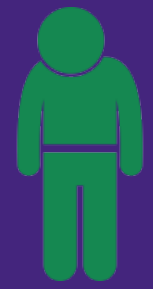
4x

Black, Asian and mixed ethnicity women are up to FOUR TIMES more likely to die in pregnancy

2x

Stillbirth is TWICE as likely in the most deprived areas

44,000



Children in Bradford district living in poverty

73%

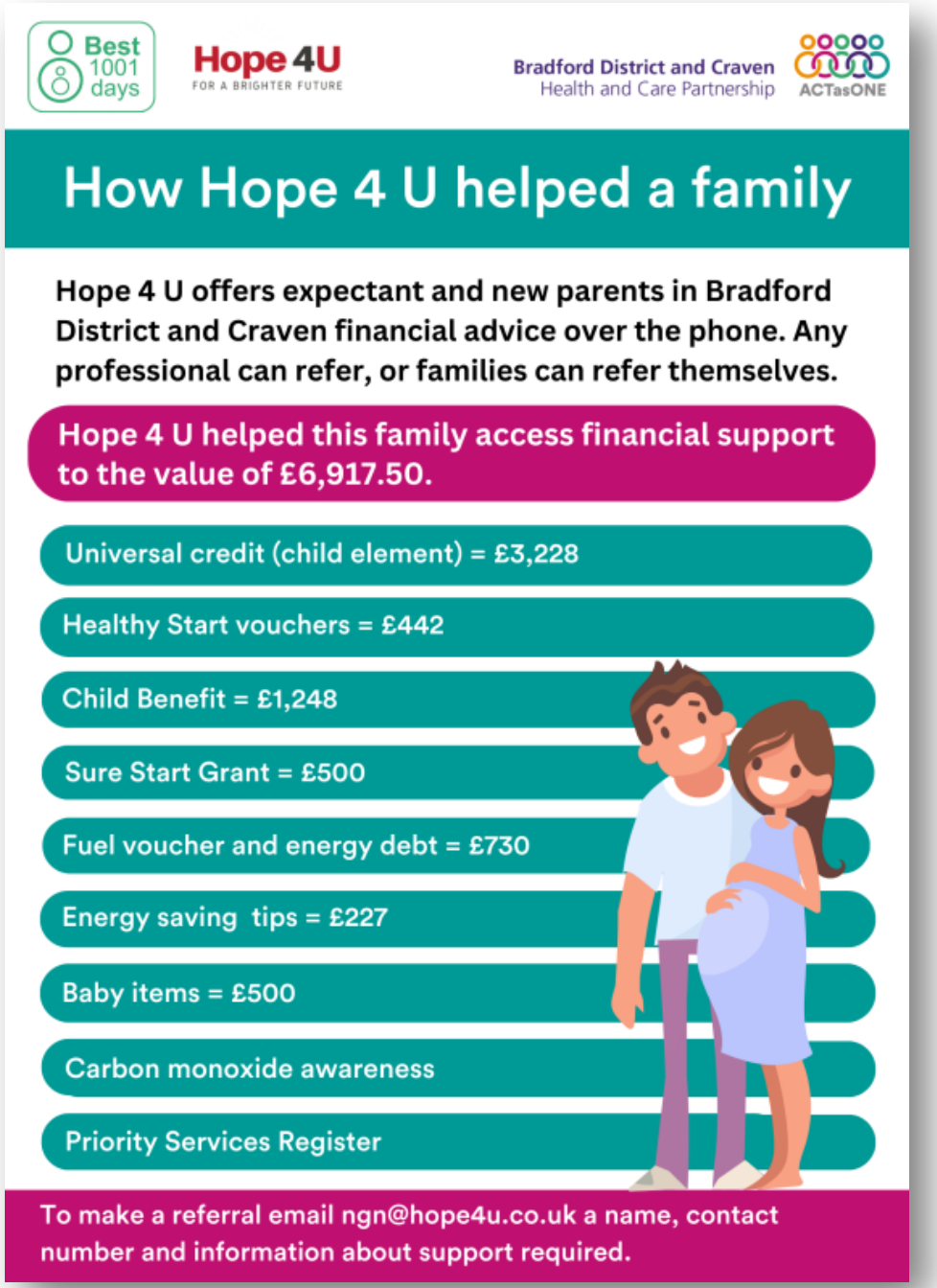
Neonatal death is 73% HIGHER in the most deprived areas

2.5x

Women in the most deprived areas 2.5 times more likely to die than those in the least deprived areas.

Every Baby Matters & Health Inequalities

"To ensure every woman is 'fit for pregnancy' and every baby has the best start to life with a focus on reducing health inequalities."



Hope 4 U Initiative

- Available to all expectant and new parents across the district
- Telephone support with interpreting if required to enable families to access financial assistance
- To Date approximately 300 families have received support to the value of over £350k

Safe Sleep

ACTasONE

- Around 70 health professionals and partners who work with parents and carers of babies aged 0-12 months joined the Every Sleep a Safe Sleep 'train the trainer'

- 3000 Room Thermometers distributed during the winter months along with cost of living booklets
- Safe beds, bedding and safety equipment delivered to over 800 families via Bradford Baby Bank on referral from a healthcare professional
- Safe sleep video created in collaboration with parent education teams, to date has been viewed 697 times

Genetic Awareness

RIC project – Genetics in Communities.

Training workshops ongoing:

- 207 Health Professionals & 436 Members of the community have received training and information to raise genetic literacy to date

NHSE - Culturally Competent Genetic Services Project:

- Genetic project support administrator at Womenzone, Close relative marriage support worker at Bevan and close relative marriage midwife to work across both trusts.

Close links to preconception initiative.

WomenZone
empowering women

Preconception Initiative

- Successful bid for funding for LMNS innovation project
- Collaboration with Bevan Healthcare to extend and upscale their Starting Well initiative “1 Key Question” co-produced with vulnerable service users
- Focus on areas of need identified using health inequalities dashboard

Cultural competency

West Yorkshire Health and Care Partnership

6 Individuals from across place have completed train the trainer:

- VCS
- BTHFT
- Council
- BSB
- Breastfeeding Strategy

These individuals will be able to deliver sessions as soon as they have completed the training. They are provided with a training package and there is the option to individualise the content to suit the cohort receiving the training.

Suicide Prevention Action Group

Recent activity:

- Development of our surveillance strategy
- Distribution of grants to support suicide prevention
- Suicide prevention campaign via local sports teams
- A new self-harm and suicide prevention group for children and young people has been established at West Yorkshire level, with Bradford public health team a part of the group.
- Training for system partners
- Community mental wellbeing grants

Next steps:

- A “grab bag” style set of guidelines are in development to support schools in the event of a suicide
- Review of current local policy and national guidelines for professionals working with children and young people who have self-harmed
- A children and young people’s mental health needs assessment is underway
- A further round of wellbeing grants is being planned for next year with a specific focus on children and young people
- A sleep campaign is being planned for next year aimed at children and young people, families and adults.

Recommendations

Environmental risk factors:

1. Services and planners of services should work together to ensure that families with children have opportunities to access all the financial assistance they are eligible for.

2. Ensure that women have good access to pre-conception health advice. This should not be limited to women seeking medical advice, but should be available to all women, regardless of pregnancy status.

Service provision:

3. Ensure that children and families in more socioeconomically deprived parts of Bradford have good access to services including maternity, health visiting, school nursing, social care, and education. This may include considerations of timing, location and transport to services, and of the language, both written and spoken, used to communicate messages and information to families.

4. Continue, learn from, and expand on the current work to increase cultural competency of the maternity and children & young people's workforce, with the aim to ensure that children and families from ethnic minority backgrounds have equitable access to culturally competent services.

5. Services and organisations must work to identify needs of children and families, and to refer to appropriate services as needed. Strong partnership working and referral pathways between services will be key to this.

6. CDOP must ensure strong partnerships with the Bradford Children's Trust and with the Safeguarding Partnership, and that the bodies are sighted on the findings and recommendations set out in this report.

Individual risk factors:

7. Work through schools, colleges and communities to educate children and young people on safety messages should be undertaken. This may include information on swimming safely, road safety, drug and alcohol messaging, and general hazard awareness.

8. Links should be strengthened between the suicide prevention board and the CDOP panel.

9. Continue the work on genetic literacy and culturally competent service provision through the Every Baby Matters steering group.

Individual risk factors continued:

10. Promote universal messaging for all new parents on safe sleep. This should be consistent across services and professionals to ensure that advice is the same, whoever is delivering it.

11. Provide advice for parents on safety in and outside of the home.

Process:

12. The terms of reference and operation of CDOP should be regularly reviewed to guarantee continual quality improvement of the process, and to ensure that the meeting continues to model best practice.

Discussion

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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Better Care Fund of Bradford Metropolitan District Council to the meeting of Health and Wellbeing Board held on 28th November 2023

P

Subject:

Better Care Fund 2023-24 Quarter 2 report

Summary statement:

1. **To inform the Health and Wellbeing Board of the Quarter 2 position for the Better Care Fund 2023-24.**

2. **To provide assurance that the Better Care Fund Plan is meeting the national requirements and policies.**

EQUALITY & DIVERSITY:

The BCF is strongly underpinned with the ambition to tackle inequalities and promote the aims of the District Plan which include upholding the District's Equality objectives.

The BCF has set tackling inequality in health, wellbeing, outcomes, and access as the shared purpose because less equal societies fare worse than more equal ones, across everything from education to life expectancy. Health inequalities can only be mitigated through working in partnership, developing new integrated service offers between health and care at every interface that reflect the fundamentally changing nature of our population in coming years.

Councillor Susan Hinchcliffe
Chair, Bradford and Airedale Health and Wellbeing Board

Report Contact: Javeid Karim (Support & Integration Manager)
Phone: (01274) 43 1685
E-mail: Javeid.Karim@bradford.gov.uk

Portfolio:

Health and Wellbeing

Overview & Scrutiny Area:

Health and Wellbeing

1. SUMMARY

As part of the Better Care Fund (BCF) reporting requirements, Health & Wellbeing Board areas must submit quarterly reports which is signed off by the Health & Wellbeing Board (HWB). The BCF team announced the quarterly reporting on BCF metrics will resume in quarter 2 of 2023/24. Quarterly reports will be a requirement throughout 2023-2025, in line with the 2-year BCF plan. This periods report includes a Capacity and Demand refresh which builds on the earlier C&D submission in June 2023.

The Quarter 2 report for Bradford was submitted to the BCF team on 31st October 2023.

The quarterly reports monitor performance against the BCF national conditions and metrics. The quarterly report for this period includes refreshed Capacity and Demand projections across each discharge pathway. A Capacity and Demand report was submitted alongside the BCF 23-25 plans. All areas are required to refresh the C&D data on a quarterly basis for further analysis by the Department of Health and Social Care. The appendices provide an overview of the BCF metrics, the quarter 2 position and reflects the Capacity and Demand plans for Bradford.

Provisional data indicates that performance against all 5 metrics is currently on track to deliver the 2023/24 trajectories, with a range of actions and system wide work underway. The report summarises the performance throughout quarter 2 of 23/24 and will need to be signed off by the Health and Wellbeing Board.

2. BACKGROUND

The Better Care Fund (BCF) plans for 2023-25 were submitted in June 2023. The Better Care Fund team have confirmed the plans for Bradford have complied with the national policies and requirements. As part of the BCF requirements, all areas are required to submit quarterly reports which are signed off by the Health and Wellbeing Board.

The BCF quarterly report and the associated metrics have been assured by the System Finance and Performance Committee (formal assurance group), Partnership Leadership Team (committee of the Integrated Care Board) and the Planning and Commissioning Forum prior to submitting the report on 31st October. The above groups include representation from senior leadership across Local Authority and West Yorkshire Integrated Care Board to maintain and monitor the BCF activity. The groups have assured that the BCF is currently meeting its targets and there are further areas of working underway which is aimed at supporting better outcomes for patients/service users.

The quarterly report measures progress against five metrics for 2023/24:

- Admissions to residential and care homes.
- Unplanned admissions for ambulatory sensitive chronic conditions.
- Emergency hospital admissions due to falls in people over 65.
- Older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services.
- Discharge to usual place of residence.

Appendices 1 shows performance against the above metrics. Data indicated all metrics are on track to meeting the planned trajectories and we continue to meet the national conditions for the Better Care Fund.

Appendices 2 shows the updated Section 75 for the Better Care Fund. An updated Section 75 for the Better Care Fund is required, and forms part of the national conditions identified in tab 3.

We have various transformation and development projects at place that will contribute towards attaining positive outcomes for service users and further enhance our services in Bradford. This includes the new home support contract implementation and actions from the review of intermediate care. Following these projects, we hope to see continuous progression towards achieving the BCF metrics for 2024/25.

3. OTHER CONSIDERATIONS

Please refer to the appendix documents.

4. FINANCIAL & RESOURCE APPRAISAL

Financial requirements are within the body of the appendix documents.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The Health and Wellbeing Board is responsible for the overall governance of the Better Care Fund however operational delivery is provided through the Health and Care Partnership.

6. LEGAL APPRAISAL

The Health and Care Act 2022 required the establishment of integrated care boards (ICBs) and the creation of integrated care partnerships (ICPs). Integrated care partnerships bring together health, social care public health and wider voluntary, community, and social enterprise representatives.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

No Direct implications

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

No Direct implications

7.3 COMMUNITY SAFETY IMPLICATIONS

No Direct implications

7.4 HUMAN RIGHTS ACT

No Direct implications

7.5 TRADE UNION

No Direct implications

7.6 WARD IMPLICATIONS

No Direct implications

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

N/A

7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

N/A

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

N/A

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

No Options Provided

10. RECOMMENDATIONS

The Health and Wellbeing Board to note the receipt of the BCF Quarter 2 report for 2023-24.

11. APPENDICES

1. BCF 22-23 Year-end report (Appx A, will be circulated to Members separately)

BCF 23-25 Q2 Report - Bradford HWB.xlsx

2. Section 75 Better Care Fund (Appx B)

Schedule 1J BCF 2023-24.docx

12. BACKGROUND DOCUMENTS

1. BCF 2022-23 Planning Template (Full) (Appx C, will be circulated to Members separately)

BCF Planning Template 2023-25 - B

2. BCF 2022-23 Narrative (Full) (Appx D, will be circulated to Members separately)

Bradford Narrative.docx

BETTER CARE FUND SERVICE SCHEDULE

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

In line with the requirements of the Care Act 2014 and the NHS Act 2006, a pooled fund called the Better Care Fund (BCF) has been established, the operation of which is set out in this section 75 agreement. The aim is to facilitate the development of integrated health and social care services and to create flexibility between health and social care budgets to improve care for patients whilst making best use of resources.

The BCF provides a mechanism for joint health, housing and social care planning and commissioning.

It brings together ring-fenced budgets from NHS West Yorkshire Integrated Care Board (referred to as WY ICB) allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF).

The BCF Policy Framework sets out four national conditions that all BCF plans must meet to be approved. These are:

- A jointly agreed plan between local health and social care commissioners, signed off by the HWB.
- NHS contribution to adult social care to be maintained in line with the uplift to ICB minimum contribution.
- Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer.
- Implementing BCF Policy Objective 2: Providing the right care, at the right place, at the right time.

The BCF narrative plan 2023-25 alongside the Planning template 2023-24 responds to the BCF Policy Framework and BCF Planning Requirements 2023/25, enabling areas to agree plans for integrated care that meet the key policy objectives.

The Adult Social Care Discharge Fund (ASC DF) is pooled in to the Better Care Fund to tackle the delays in hospital discharge and reduce the number of patients that are occupying hospital beds but do not meet the criteria to reside. The discharge fund can be used flexibly on the interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care. The BCF planning template 2023-24 includes the areas of spend for the Adult Social Care Discharge Fund.

2 AIMS AND OUTCOMES

The overall aim and vision set out within the Better Care Fund Plan is to create a sustainable health and care economy that enables people to be healthy, well and independent.

In order to achieve this vision, we will:

- Promote self-care and illness prevention and improve the general health and wellbeing of the population of Bradford District and Craven
- Transform primary and community services and place the patient at the centre of their care
- Implement a 24/7 integrated care system across health and care economy- this is the particular focus of the BCF
- Develop and deliver a sustainable system wide model for urgent care services
- Develop and implement a system wide model for delivery of planned care interventions

Our ambition is to move to a system of resource allocation across the whole health and care economy and informed by level of need and population segmentation, collectively allocate resources at our joint

disposal to maximise value and outcomes for service users.

Our vision is of a health and social care system which empowers people including carers to take control, enabling them to set their own personal goals and to become the architect of their own support package with services which are responsive when people need care.

The care provided will be patient centred, co-ordinated and safe, meeting the needs of individuals and their carers. This presents an opportunity to rethink how we support people with long term conditions and the frail elderly, our largest groups of people requiring care (as evidenced through risk stratification and population segmentation), ensuring a consistency of offer seven days a week.

Care will be integrated around the needs of the individual, not organisations. Services will wrap around the person and be enabled by use of technology which will help accelerate achievement of personal goals. We will make optimum use of the resources available thereby ensuring effective use of the financial
resource.

When people have set their own goals they will be supported to achieve these, self-care will be the starting point and people will be empowered to engage in this. Care will be more proactive rather than reactive and ensure appropriate responses, including promoting health and wellbeing.
The health and social care system will use real time data to identify people who are likely to need more care and identify interventions that will maintain their wellbeing. This will decrease reliance on traditional high cost medical and social services and will free-up resources for re-investment and expansion in community services.

People who have complex needs, that need support from a number of professionals, will be supported by multi-disciplinary, multi-functional integrated teams which will agree a personalised care plan with the person, taking their goals and wishes into account. We are already implementing such models of care.

For the first time professionals will be able to share and access information through a shared IT system where one person, one record will become a reality. This will improve decision making and avoid the same questions having to be asked over again. Voluntary and Community Services will be involved in this health and care planning, so that more people can be supported in their local communities and build strong relationships that are empowering.

When needed, these multi-disciplinary integrated teams will work alongside other local agencies, such as the police, housing, faith organisations, leisure services and education, to address an individual's needs in a way that is encompassing and centred around their unique circumstances.

Enabling home care services and rehabilitation support will be available to help people be safe and competent in their own homes. Where appropriate, technology will be used to support the delivery of care in people's homes. This integrated approach will enable people to be more independent, for longer. People's care will be coordinated by a Lead Practitioner who will be the most relevant member of staff involved in the person's care for example a nurse, therapist, social care worker, GP or voluntary worker. The default setting for the delivery of integrated care will be the person's own home. When people do need to go into hospital, the people who support them in the community will be in contact with the hospital team and, keeping the patient and their wishes at the fore, agree a package of support that will enable the quickest possible return home.

Intermediate care services, such as community nursing and occupational therapy, will work alongside enabling home care services to get people back on their feet and enjoying life in a way that is right for them. For those who cannot recover, care at the end of life will respect each person's individual wishes. Given the growing ageing population, increasing public expectations, challenging financial outlook and the opportunities technology brings, we need to seize this opportunity to do something radically different to better meet the needs of our local community. By working together to meet the challenges we face, we can ensure that we continue to benefit from the best health and social care, sustain our communities and empower more people to enjoy fulfilling lives.

Our ambition as commissioners is to develop commissioning, contracting and payment models that enable services and systems to transform and integrate, delivering high quality, safe, local outcomes-focused services, seven days a week.

The Better Care Fund 2023-25 has the following metrics which it must meet:

Policy Objective 1: Provide people with the right care, at the right place, at the right time

Metric	2023/24	2024/25
Discharge to usual places of residence	✓	✓
New: discharge metric ahead of winter 2023 (TBC)	✓	✓
New: proportion of people discharged who are still at home after 91 days	✖	✓

Policy Objective 2: Enabling people to stay well, safe and independent for longer

Metric	2023/24	2024/25
Admissions to residential and care homes	✓	✓
Unplanned admissions for ambulatory sensitive chronic conditions	✓	✓
The proportion of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services	✓	✓
New: emergency hospital admissions due to falls in people over 65	✓	✓
New: outcomes following short-term support to maximise independence	✖	✓

Additional NHS performance metrics (as identified in the NHS Oversight Framework) include:

- Occupancy at Virtual ward – percentage capacity occupied (S128a)
- Percentage of beds occupied by patients who no longer meet the criteria to reside (S124a)

We will continue to develop our services and our BCF plan to fulfil the requirements of the funding and adhere to the government guidelines regarding the reporting expectations of the BCF. We will make changes where required by the BCF team to maintain compliance with the guidance.

3 THE ARRANGEMENTS

The Better Care Fund Scheme will be treated as a Pooled Fund with Aligned Budgets and lead commissioning arrangements. The Partners have worked together to agree the purpose, aims and outcomes for the Better Care Fund which shall be delivered in accordance with each individual scheme specification. adherence

4 FUNCTIONS

CBMDC and the WY ICB will use the BCF to facilitate the development of integrated health and social care services and to create flexibility between health and social care budgets to improve care for patients whilst making best use of resources.

The functions which may be exercised under this agreement are:

- The prescribed NHS functions of the ICB under regulation 5 (a), (b), (ba), (bb), bc) and (c) of the NHS Bodies and Local Authorities (partnership arrangements regulations 2000 (SI no 617 of 2000)

The Health related functions of the Council prescribed under regulations 6 (a), (aa), (b), (k) (l) and (m) of the aforementioned regulations.

5 SERVICES

A number of services will be provided under the BCF scheme. Access arrangements will be as set out in the individual service specifications.

Services provided within the Better Care Fund are as follows:

- Prevention and Early Intervention

- Intermediate and Integrated Care and Support
- Grants and Adaptations
- Support for Carers
- Community and Domiciliary Care
- Equipment and Assistive Technology
- Other

A detailed breakdown is included in section 7 below.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

Each Scheme within the Better Care Fund schedule shall operate under Lead Commissioning arrangements. Respective Lead Commissioners for each scheme are detailed in section 7 below.

Schemes joint commissioned under the lead commissioner arrangements, will include all elements of the commissioning cycle, from the identification of need at a population level through to the monitoring, review and quality assurance of provision. Joint commissioning will also include market shaping and market management, the development of fee structures and provider negotiations, tendering, contract and relationship management and proactive quality improvement activity.

Other schemes are a contribution towards budgetary costs within that area. Commissioning for these areas will be outside the remit of the Better Care Fund and budgetary control responsibility for the day-to-day management of these services within budget remains with the relevant budget holders within the partner organisation which is spending the money.

Scheme leads are responsible for leading and coordinating the development of new activities and developments which may change patterns of spending. Lead Commissioners will undertake the work in accordance with normal operating procedures of their own organisation.

Contracting Arrangements

The Lead Commissioner shall have the authority to agree the form and details of each contract for commissioned services using reasonable terms within their normal operating procedures with the aim of managing risk to all parties to this agreement. At the termination of this agreement, contracts will remain with the Lead Commissioner of the scheme as set out in the Expenditure Plan.

Contracts shall only be assigned to the other party on the agreement of both parties.

Access

Eligibility of individuals for access to particular services shall be set out in the service specification in the contract for that particular service. Material changes to eligibility shall not be made without consultation with the other party.

7 FINANCIAL CONTRIBUTIONS

Financial Year 2022/2023	WY ICB contribution	Council Contribution
Pooled Fund BCF	£44,326,746	£28,525,429

Financial Year 2023/2024	WY ICB contribution	Council Contribution
Pooled Fund BCF	£46,835,641	£28,525,429
Discharge Funding	£3,443,000	£3,279,003

Financial Year 2024/2025	WY ICB contribution	Council Contribution
Pooled Fund BCF	£49,486,538	£28,525,429

Discharge Funding	£5,342,000	£5,443,145

Financial resources in subsequent years to be determined in accordance with the Agreement

Table 1 – Overall funding contributions:

BCF Funding Contribution	2023/24	2024/25
Minimum NHS (ICB) contribution	£46,835,641	£49,486,538
Disabled Facilities Grant	£5,137,133	£5,137,133
Grant allocation for adult social care (improved Better Care Fund).	£23,388,296	£23,388,296
Local Authority Discharge Funding	£3,279,003	£5,443,145
ICB Discharge Funding	£3,443,000	£5,342,000
Total	**£82,083,073**	**£88,797,112**

Table 2 - Detail of the schemes funded via the Better Care Fund:

BCF, iBCF and ASC DF Schemes

WY ICB Schemes	BCF (£)	
	2023/24	2024/25
Virtual Ward	4,963,263	5,244,184
Community Equipment	1,745,208	1,843,987
Assistive Tech	1,816,491	1,919,305
Residential Placement – Nursing Home	2,304,839	2,435,292
Early Supported Discharge	756,444	799,259
Re-ablement Services	1,534,079	1,620,908
Collaborative Care Team	527,608	557,470
Intermediate Care Beds – Bed Based intermediate Care with Rehab	8,172,299	8,634,851
Total	**21,820,231**	**23,055,256**

LA Schemes	BCF (£)		iBCF (£)	
	2023/24	2024/25	2023/24	2024/25
Equipment	1,287,500	1,360,400	1,500,000	1,500,000
Enablement	7,017,300	7,414,500	3,030,000	3,030,000
Care Act Assessments	1,918,900	2,027,500	2,458,100	2,458,100
Carers	1,230,000	1,299,600		
Maintaining Social Services	3,111,710	3,287,782	6,365,500	6,365,500
MAST	288,000	304,300		
Direct Payments			254,600	254,600
Residential Placements – Care Homes	7,902,800	8,350,100		
Residential Placements – Nursing	2,259,200	2,387,100	3,315,000	3,315,000
Maintaining Social Services – Learning Disabilities			6,465,096	6,465,096
Total	**25,015,410**	**26,431282**	**23,388,296**	**23,388,296**

DFG	Total (£)	Notes
Disabled Facilities Grant	5,137,133	This is the amount prescribed annually

Discharge Fund Schemes	LA (£)		WY ICB (£)	
	2023/24	2024/25	2023/24	2024/25
Home Support	3,279,003	5,443,145		

Pathway 3			460,000	2,210,000
North Yorkshire County Council			123,000	129,000
Re-ablement Services			2,860,000	3,003,000
Total	**3,279,003**	**5,443,145**	**3,443,000**	**5,342,000**

Total BCF Funding	**BCF (£)**		**iBCF (£)**	
	2023/24	**2024/25**	**2023/24**	**2024/25**
Total BCF excluding DFG and Discharge Fund	46,835,641	49,486,538		
Total BCF including DFG	51,972,774	54,623,671		
Total BCF including DFG and Discharge Fund	58,694,777	65,408,816		
Total iBCF			23,388,296	23,388,296

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

Management of the Pooled Fund:

- Finance report – submitted quarterly to the WY ICB and the BCF national team. This is signed and approved by the Health and Wellbeing Board
- Annual report from Planning and commissioning Forum to the Partnership Leadership Executive

(2) Management of the Pooled Fund

For the purposes of this schedule, lead commissioners for each area set out in section 7 will act as a 'Pooled Fund Manager'. The Pooled Fund Manager shall have the following duties and responsibilities:

- the day to day operation and management of the Pooled Fund;
- ensuring that all expenditure from the Pooled Fund is in accordance with the provisions of this agreement and the BCF expenditure plan;
- maintaining an overview of all joint financial issues affecting the Partners in relation to the services and the Pooled Fund;
- ensuring that full and proper records for accounting purposes are kept in respect of the Pooled Fund;
- ensuring action is taken to manage any projected under or overspends related to the Pooled Fund in accordance with this Agreement;
- preparing and submitting to the Partnership Board quarterly reports and an annual return covering the financial position of the Pooled Fund and the performance metrics relating to the schemes, together with such other information as may be required by the Partnership Board to monitor the effectiveness of the Pooled Fund.
- the Partners agree to provide all necessary information to the Pooled Fund Manager in time for the reporting requirements to be met.
- preparing and submitting reports to the HWB as may be required by it and any relevant National Guidance, including the quarterly reports referred to in section 10 of this schedule;
- any other duties and responsibilities agreed by the Partnership Board.

(3) Audit Arrangements

What Audit arrangements are needed?	Financial auditing arrangements will be in line with the Lead Commissioner's financial policies and procedures. The Host Partner shall be responsible for preparing the annual return for the Better Care Fund as determined by National Guidance. If National Guidance requires this return to be

	subject to external audit, the Host Partner shall arrange this. The Partners shall comply with relevant NHS finance and accounting obligations as required by relevant Law and/or National Guidance.
(4) Financial Management	
Which financial systems will be used?	The financial management systems of the lead commissioner organisation will be used.
What monitoring arrangements are in place?	Monitoring arrangements for the overall BCF programme shall be followed as set out by the Planning and Commissioning Forum. Monitoring of individual schemes shall be at the request of the board.
Who will produce monitoring reports?	The lead commissioner will produce reports as required. The Support & Integration Manager (BCF lead) will prepare reports on behalf of the board for submission to any external monitoring process.
What is the frequency of monitoring reports?	TBA
What are the rules for managing overspends?	N/A
Do budget managers have delegated powers to overspend?	See part 16 of this schedule.
Who is responsible for means testing?	N/A
Who will own capital assets?	N/A
How will capital investments be financed?	N/A
What management costs can legitimately be charged to pool?	N/A
What re the arrangement for overheads?	N/A
What closure of accounts arrangement need to be applied?	N/A

9 VAT

The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

Which Partners VAT regime will apply?	The VAT regime of the relevant Lead Commissioner will apply.
Is one Partner acting as 'agent' for another?	NA
Have Partners confirmed the format of documentation, reporting and accounting to be used?	NA

10 GOVERNANCE ARRANGEMENTS

Relevant reporting shall be prepared and coordinated by the commissioning leads as appropriate, in line with the reporting requirements set out by the Planning and Commissioning Forum, Bradford Health and Wellbeing Board and the requirements Better Care Fund Reporting requirements set out in the BCF Policy Framework.

11 NON FINANCIAL RESOURCES

Council contribution	Details	Charging arrangements	Comments
Premises	NA	NA	NA
Assets and equipment	NA	NA	NA
Contracts	NA	NA	NA

Central support services	NA	NA	NA

WY ICB Contribution	Details	Charging arrangements	Comments
Premises	NA	NA	NA
Assets and equipment	NA	NA	NA
Contracts	NA	NA	NA
Central support services	NA	NA	NA

12 STAFF

The Support & Integration Manager (BCF Lead) will be made available to provide support to both parties, with respect of preparation and coordination and submission of any planning and reporting requirements set out nationally in relation to the better Care Fund.

Bradford Council and West Yorkshire ICB will make available respective service leads and finance leads in order to appropriately undertake these tasks.

Where joint commissioning is taking place under a lead commissioner arrangement, the other party will make available appropriate staffing resources in order to effectively commission services.

13 ASSURANCE AND MONITORING

The arrangements covered by this schedule shall be monitored and assured by the Lead Commissioner, in accordance with the individual monitoring requirements of each area of commissioning activity. Monitoring and assurance will take the form of quantitative and qualitative assessment, provider reporting, formal contract meetings, and proactive and reactive activity.

Commissioners will ensure that service outcomes are in line with the broader strategic outcomes of The Better Care Fund Plan, and that monitoring, and assurance activity demonstrates the extent to which the outcomes are being achieved.

Reporting of performance and the achievement of outcomes will be to the Planning and Commissioning Forum, in a form and frequency determined by the Planning and Commissioning Forum.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council	Jane Wood	Assistant Director of People Commissioning & Business support	Britannia House	01274 437312	Jane.wood@bradford.gov.uk
WY ICB	Helen Farmer	Priority Director for Access to Care	Scorex House	07932 946494	Helen.Farmer@bradford.nhs.uk

15 INTERNAL APPROVALS

In accordance with the Planning and Commissioning Forum Terms of Reference and the constitutions and Schemes of Delegation of Bradford MBC and West Yorkshire ICB.
16 RISK AND BENEFIT SHARE ARRANGEMENTS
The risk of financial underspend and overspend shall be borne by the Host Partner for each relevant scheme within this agreement. The exception being where BCF is making a contribution to a service which has a dedicated schedule within this agreement. In this circumstance the primary schedule for that service will apply, e.g. BACES.
17 REGULATORY REQUIREMENTS
Commissioner to ensure regulatory and registration requirements are met for individual service.
18 INFORMATION SHARING AND COMMUNICATION
The Council and WY ICB will shall share and supply information in respect of the services as each party may reasonably require.
19 DURATION AND EXIT STRATEGY
General provisions for the termination of the Agreement are set out in section 22 of the Agreement. Those termination provisions will also apply to Individual Schemes within this Agreement where both parties agree to such a partial termination. However, where either party does not agree to the partial termination then the Individual Scheme will either need to be terminated in its entirety or continued in its entirety.
20 OTHER PROVISIONS
NA

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