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Agenda for a meeting of the Corporate Overview and Scrutiny Committee to be held on Thursday, 30 June 2022 at 5.00 pm in Committee Room 1 - City Hall, Bradford

Members of the Committee – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT	THE BRADFORD SOUTH INDEPENDENTS
Azam Nazir D Green Akhtar Arshad Hussain Mohammed	Nazam Loy	Sunderland	J Clarke

Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT	THE BRADFORD SOUTH INDEPENDENTS
Dearden Hussain Salam Wood Tait Lintern	F N Ahmed Clarke	Knox	Majkowski

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:

Bryn Roberts – Interim City Solicitor
Agenda Contact: Jane Lythgow
Phone: 01274 432270
E-Mail: jane.lythgow@bradford.gov.uk

To:

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

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

2. DISCLOSURES OF INTEREST

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

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

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

Notes:

- (1) Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*
- (2) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.*
- (3) Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.*
- (4) Officers must disclose interests in accordance with Council Standing Order 44.*

3. MINUTES

Recommended –

That the minutes of the meeting held on 10 March 2022 be signed as a correct record (previously circulated).

(Jane Lythgow – 01274 432270 / Yusuf Patel - 01274 434579)

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.

(Jane Lythgow – 01274 43270 / Yusuf Patel - 01274 434579)

5. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

The following referral has been made to this Committee up to and including the date of publication of this agenda.

AMENDMENTS TO THE CONSTITUTION - CONTRACT STANDING ORDERS AND FINANCIAL REGULATIONS - Previous reference: Minute 57 Governance and Audit Committee (2021/22)

The Governance and Audit Committee, at its meeting on 21 April 2022, whilst discussing amendments to the Constitution – Contract Standing Orders and Financial Regulations, resolved, amongst other things:

(1) That the Social Value Procurement Policy be referred to the Corporate Overview and Scrutiny Committee for consideration when the policy is reviewed.

The Committee is asked to note the referral listed above and decide how it wishes to proceed, for example by incorporating the item into the work programme, requesting that it be subject to more detailed examination, or refer it to an appropriate Working Group/Committee.

(Jane Lythgow – 01274 432270 / Mustansir Butt – 01274 432574)

B. OVERVIEW AND SCRUTINY ACTIVITIES

6. COUNCILLOR CALL FOR ACTION - ANTI-SOCIAL BEHAVIOUR IN THE BRADFORD 2 AND BRADFORD 10 AREAS

Members are reminded that any Member may refer any local government matter to the relevant Overview & Scrutiny Committee. In

considering whether to refer a matter, the Member must have regard to any guidance issued by the Secretary of State.

A Call for Action been received from a Member regarding anti-social behaviour in the BD2 and BD10 areas as detailed below:

“Following a number of incidents of antisocial behaviour and vandalism in the Eccleshill ward over the past year. I am now requesting that you take steps to implement a Councillors Call to Action as set out in the Councils Constitution.

With Bus services, Swimming Pool, businesses and residents in the BD2 and 10 areas regularly subjected to vandalism, anti-social behaviour and threats of violence. There has been little impact from interventions from the Police and other agencies to date.

Previous multi agency meetings have failed to bring everyone together and months on from the last such meeting the problems persist today.

Residents are suffering from regular withdrawals of services and reputational damage as a result of the behaviour of a small minority. I believe that there is no other choice left than to take this step”.

The request does comply with constitutional requirements (Part3E Paragraph 4).

The Member will be invited to attend the meeting to make representations as to why it would appropriate for the Overview & Scrutiny Committee to exercise its functions in relation to the matter.

The Committee is requested to consider and determine the request for an inquiry and if it determines to exercise its functions in relation to the matter refer it to the appropriate Overview & Scrutiny Committee. In this case that would mean retaining the matter itself as the Corporate Overview & Scrutiny Committee considers all Safer and Stronger Communities matters.

Members are requested to consider and determine the request for an inquiry into anti-social behaviour in the Bradford 2 and Bradford 10 areas of the District.

**7. WELFARE ADVICE SERVICES ACROSS THE DISTRICT -
PROCUREMENT OF A CONTRACT OVER £2M IN VALUE**

1 - 12

Members will be aware that contracts with a total estimated value and above must be reported to the relevant Overview and Scrutiny Committee. Reports must be provided at an early stage of the process once a draft procurement strategy and specifications have been developed for consideration by Members.

The report of the Director of Public Health, (**Document “A”**) outlines, for Members’ information, existing Welfare Advice services across the

district as funded by Bradford Council; details current delivery systems and recommends that a new procurement process is instigated to identify future service options and needs.

Recommended –

That the contents of Document “A” be noted and the release of the contract for procurement under the Council’s standing orders be agreed.

(Sarah Possingham – 07582 100244)

8. ALCOHOL AND DRUG SERVICES ACROSS THE DISTRICT - PROCUREMENT OF A CONTRACT OVER £2M IN VALUE

13 - 82

As Members are aware contracts with a total estimated value and above must be reported to the relevant Overview and Scrutiny Committee. Reports must be provided at an early stage of the process once a draft procurement strategy and specification have been developed for consideration by Members.

The report of the Director of Public Health, (**Document “B”**) outlines, for Members’ information, the position of Alcohol and/or Drug services in the district the intention to commission those services under section 7.2.1 (Part 3G) of the Council’s standing orders in relation to contracts of over £2million in value.

Recommended –

That the contents of Document “B” be noted and the release of the contract for procurement under the Council’s standing orders be agreed.

(Sarah Possingham – 07582 100244)

9. END USER COMPUTER EQUIPMENT - PROCUREMENT OF A CONTRACT OVER £2M IN VALUE

83 - 98

As Members are aware contracts with a total estimated value and above must be reported to the relevant Overview and Scrutiny Committee. Reports must be provided at an early stage of the process once a draft procurement strategy and specification have been developed for consideration by Members.

The report of the Director of Finance, (**Document “C”**) is provided to advise Members of the forthcoming procurement exercise for the supply of End User Computing equipment with a value in excess of £2 million. Members are advised of the intention to commission those services under section 7.2.1 (Part 3G) of the Council’s standing orders prior to the commencement of the procurement process.

Recommended -

That the contents of Document “C”, including the intention to proceed to an Open Tender for the appointment of an End User Computing provider be noted, and the release of the contract for procurement under the Council’s standing orders be agreed.

(Dominic Barnes-Browne – 07812 486694)

10. DRAFT WORK PROGRAMME

99 - 118

The Chair of the Corporate Overview and Scrutiny Committee will submit a report (**Document “D”**) which includes proposed items for the Corporate Overview and Scrutiny Committee DRAFT work programme for 2022/23. The Committee is asked to consider which items it wishes to include in the work programme.

Recommended –

- (1) Members consider and comment on the areas of work to be carried forward into this municipal year.**
- (2) That Members consider any detailed scrutiny reviews that they may wish to conduct.**
- (3) That the work plan for the committee be approved.**

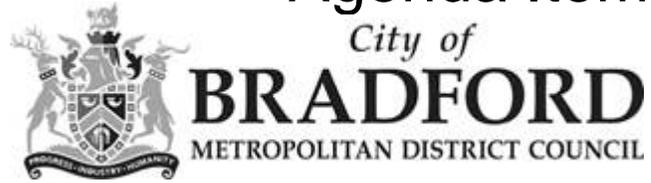
(Mustansir Butt - 01274 432574)

11. DATES OF FUTURE MEETINGS

Members are asked to note the schedule of meetings for the Committee for the remainder of the municipal year 2022-23. The meetings will be held at 1700 hours on the following dates:

21 July 2022
15 September 2022
13 October 2022
10 November 2022
8 December 2022
12 January 2023
9 February 2023
9 March 2023
6 April 2023

(Mustansir Butt - 01274 432574)



Report of the Director of Public Health to the meeting of Corporate Overview and Scrutiny Committee to be held on 30th June 2022

A

Subject:

The following report outlines the position of Welfare Advice services in the district and advises of the intention to commission these services under section 7.2.1 of the Council's standing orders in relation to contracts of the value of over £2million

Summary statement:

The following report outlines existing Welfare Advice services across the district as funded by Bradford Council, details current delivery systems and recommends that a new procurement process is instigated to identify future service options and needs

EQUALITY & DIVERSITY:

The district is facing unprecedented economic conditions as a result of the COVID pandemic and the wider national and international economic climate. As such there are expected to be reductions in household earnings and access to stable and suitably paid employment opportunities as well as a steep rise in inflation, fuel costs and the overall cost of living.

Bradford district already has a high proportion of low income households, the above is therefore expected to exacerbate debt problems and drive more families and single people towards welfare benefits in order to balance household budgets and maximise income. Many of these residents live in areas of multiple deprivation and come from communities with specific cultural, faith and religious backgrounds and therefore are likely to be adversely impacted by the new economic climate. Additionally, there is a specific service aimed at people with complex and long term health conditions, many of whom will experience greater difficulties due to their health status.

Sarah Muckle
Director of Public Health

Portfolio: Health and Social Care

Cllr Ferriby

Report Contact: Sarah Possingham
Phone: 07582 100244
E-mail: sarah.possingham@bradford.gov.uk

Overview & Scrutiny Area:

Corporate

1. SUMMARY

The following report outlines the position of Welfare Advice services in the district and advises of the intention to commission these services under section 7.2.1 of the Council's standing orders in relation to contracts of the value of over £2million

2. BACKGROUND

2.1 Commissioned WA services in Bradford are delivered through five separate contracts. Four are constituency based (Shipley and Keighley are combined) and one is for people with long term and/or complex health conditions.

2.2 There are four lead providers who employ a combination of sub-contractors and/or partners to support service delivery. These are; Bradford and Airedale Citizens Advice Bureau and the Law Centre, Equality Together, Family Action and St Vincent De Paul/CHAS. (*For full details see Appendix 1*)

2.3 The service was commissioned in 2016/17 for a period of 4 years plus one. In 2020/21 contracts were extended by 1 year to end on the March 31st 2023. A new commissioning process has started to identify and source future services.

2.4 There may be facility to extend the existing contracts for a further 3-6 months to allow time for a more robust new procurement process to be delivered and for the outcome of transformation pilots to be evaluated.

3. OTHER CONSIDERATIONS

3.1 Transformation Pilots

3.1.1 In 2018/19 a consultancy firm; FutureGov was employed to explore demand factors in respect of commissioned Welfare Advice services and the relationship between these and those of the Council's own Customer Contacts services. The work identified contact patterns relating to case management in welfare advice services; repeat visits and considered the roles and expertise of both the Council's Customer contacts services and welfare advice services. See appendix 2 for FutureGov report diagram.

3.1.2 The report findings supported greater integration between the two services; to streamline and improve access and manage rising demand with the intention of resolving customer queries more efficiently. To move this forward officers and welfare advice providers came together to develop a pilot programme to test outcomes and explore any efficiencies this approach could bring. As work was moving towards pilot implementation the COVID pandemic changed the landscape and delayed the roll out.

3.1.3 In 2018/19 access to welfare advice services was almost entirely through 'face to face' and 'walk in' routes. There were also a range of 'sessions' offered, based in Children's Centres, community buildings, hospitals, specialist agencies, (mental health & alcohol and drug projects) etc. as well as direct access 'drop ins' and appointments in local community centres and office bases, both locality, town and city centre based.

3.1.4 During the pandemic, routes into service changed to comply with national restrictions; protecting the public and staff alike. Access was by telephone and digital routes in the main. The impact was that numbers coming into service overall dropped. On examination this was impacted by the changes in access systems, the hiatus in court services and tribunals (mainly placing complex cases into abeyance) and also influenced by the support

systems introduced by the Treasury nationally (e.g. the £20 per week top up for Universal Credit claimants and Furlough). Service usage figures are rising now and although digital and telephone access is still place and many of the community based projects have recommenced face to face.

3.1.5 The Pilot work recommenced in late 2021. One of these is operational, working between the Council's Customer Contact services and Bradford and Airedale Citizens Advice Bureau and Law Centre (CAB) in Britannia house, using a fast track appointment system through a 'tablet' for those customers identified as having debt issues. There are further three starting shortly utilizing opportunities for joint work based in Keighley Library, Shipley Library and Eccleshill library to test the assumptions made. All four will require time to embed and demonstrate learning outcomes. There is a small steering group for these which meets fortnightly.

3.2 Commissioning Programme

3.2.1 To take forward the commissioning programme an interdisciplinary Project team led by Public Health has formed and meets monthly. Members include representation from Children & Young People's services, Neighbourhoods, Corporate services, Housing, Revenues and Benefits, Adult Services, Anti-poverty Policy leads, Domestic Abuse and Sexual Violence, Libraries and Health Colleagues.

3.2.2 This team reports to the Council's Transformation Steering Group, chaired by the Director of Corporate Services, with membership from the Directors of Place, Public Health and Finance.

3.2.3 To date the Project team has conducted an initial needs analysis; mapping service delivery, demand, clarifying existing service use and exploring new ways of working. Additionally, consultation and involvement work has started to understand more about needs and service use. This has included conducting a public survey and running a stakeholders' event.

3.2.4 The survey was advertised in February 2022, asking the public about their experiences of using WA services and what was needed for the future. This went out online via the Council's website and information and links were sent out across a range of local organisations. To facilitate a wider reach, it was made available in printed format as well. Over 450 returns were received and the responses showed that there was a keen interest in these services for the future.

3.2.5 Survey Outcomes

- The most common area where respondents sought for help/ information was around benefits (e.g. Universal Credit, Personal Independence Payments etc.), with other half of respondents selecting this option (52.1%). This was followed by debt/ financial issues (26.4%). Only 4.4% of respondents sought for help/ information around trading standards
- The most commonly used service was the Citizens Advice Bureau, with 24.4% of respondents using this for help. This was followed by Bradford Council, with 14.9% of respondents turning to the Council for help.
- The majority of people sought this help via telephone

- The majority of respondents described themselves as having English as their first language however 27.15 said it was not
- The majority of people responding to the survey were women and the majority were aged 45-54 years (20.6%). The second most represented age category was 35-44 year olds (19.5%). 16.9% of the respondents were aged between 18-24 years, making this the third most represented age category in this survey. Only 1.8% of respondents were aged 75+.
- Over half of the respondents described themselves as White English/ Welsh/ Scottish/ Northern Irish/ British (51.2%). The second most represented race/ ethnicity was Pakistani Asian/ Asian British (18.8%)

3.2.6 Stakeholders Event

A stakeholders' event was held on the 12th May, this was 'in person' at Margret Macmillan Towers and over a 150 people from a wide mailing list of people/agencies were invited. 50 people from more than 30 organisations attended. The half day event included presentation of the needs work, the survey outcomes and several workshops asking participants to consider the following;

- What is essential to the delivery of 'good' welfare advice services?
- Where and how should they be delivered
- Service limitations-role, expertise, staffing, capacity, delivery
- What/who are key partner/ and partnerships
- How can we ensure quality services –performance management/outcomes

3.2.7 Feedback from the workshops are below;

Performance Management: participants felt this needed to be consistent across providers, measure outcomes, include customer input and feedback as well as retaining Advice Quality Standards.

Customer focus: There was a feeling that services needed to be timely and based in locations and delivered at times suitable for the customer inc 'out of hours', at places where vulnerable people go. They should be able to cope with multiple issues and there was a strong feeling that translation and language skills were paramount

Training & sustainability: Attendees felt that communication needed to be improved and that staff training and support was needed. There were suggestions of developing a Community Advice Network and developing apprenticeships and supporting local volunteers. Concern was expressed that staff teams were already stretched and that there was a danger of staff leaving and/higher sickness levels due to this

Publicity / marketing: As above communication was seen as the key here as well as increasingly using social media and other digital options to reach younger populations

Expert triage: was agreed as a must in all services so that services could filter people effectively, resolve on first contact where possible and assist people to self-help where right and appropriate

Efficiency: It was felt that services needed to focus on filling gaps in support from national provided services (tap into national services for online info, telephone advice provision), be

targeted at areas of highest need and extend to the use of facilitated technology to enable virtual face-to-face from trusted settings and for vulnerable people in less-deprived localities

3.2.8 Bradford's diverse communities mean that translation, interpretation and skills across staff teams is important to making sure that all people who need it can access services. Across the existing providers there are staff from a range of cultural, language and faith backgrounds which is positive, however it should be noted that these needs in the population are fluid and with that comes the requirement to use formal translation and/or interpretation services regularly.

3.3 Interdependencies

WA advice services have a number of interdependencies which need to be explored further to understand how best to invest the finances from the Council. These are the following;

- How welfare advice and local community based services; children's hub's, psychosocial hubs and localities planning work together is important to ensure good access and target services towards those in most need.
- Other commissioned welfare advice, such as those funded through the 'Redressing Inequalities in City-RIC's' need be understood better. Work is needed to maximise the impact across these and any new Council welfare advice services programme
- The specialist service for people with complex and/or long term health conditions offers some hospital based services as well as ones connected with Adult social care. Closer working with the Hospital Trusts, Primary Care and Adult social care needs to be explored
- New needs for welfare advice services in maternity services and/or through health visitors have been identified recently and links are being made to understand this better
- The Council's statutory duties under Homelessness and Housing legislation and funded welfare advice services need to be better integrated to enhance prevention and early intervention options.
- Debt work is a key component of welfare advice services, relationships to Government funded debt services and the Credit Union are important to cement.
- The Department of Work and Pensions (DWP) provide employment support and return to work services, how these relate with funded welfare advice services should be examined further
- The role and siting of independent welfare advice services operating in the district needs to be understood to avoid duplication

4. FINANCIAL & RESOURCE APPRAISAL

The budget for welfare advice services is £2 million pounds and Council budget proposals in 2022-23-24 do not include changes to this.

Additional funding was granted in 2019- 2020-2021 in recognition of the extra needs of the district's residents due to COVID and its economic impacts. This supported new IT equipment and increased staffing levels. This funding has now ceased.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

A clear Governance structure has been created to ensure that Welfare Advice services and subsequent procurement programming is managed efficiently. As noted above this

consists of the multiagency Welfare Advice Project Team and reporting to the Transformation Steering Group.

6. LEGAL APPRAISAL

6.1 The Council has a statutory obligation in regards to the delivery of these services, and the existing contracts may not be extended any further and remain in compliance with legislation. There is a requirement therefore to commission services.

6.2 In order to meet the legal framework in procuring these contracts, the procurement must be carried out in accordance with the Council's contract standing orders and public contracts legislation. The services must be subjected to competition to secure a compliant, economically advantageous and fair contract. The time required to meet procurement processes means that the new procurement must be authorised and commenced well in advance as set out in this report.

6.3 The implications of non-compliance with the legislative requirements would be the risk of a successful procurement challenge, judicial review, or a complaint to the local government ombudsman. The preparation for the new procurement as anticipated in this report will mitigate the likelihood of these risks crystallising and ensure the Council procures the contracts through a robust process.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

Welfare advice is delivered from a variety of bases across the district. These include community centres and City/Town centre options. As such they add to wider networks of services and where possible act together to reduce customer journey times and support more joint work

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

During the pandemic service operated predominately digitally and as paperless as possible using scanned documentation to manage case work. This continues to be the case wherever possible.

7.3 COMMUNITY SAFETY IMPLICATIONS

None

7.4 HUMAN RIGHTS ACT

Welfare advice services offer support and help pertaining to a wide range of issues which impact on an individual's Human Rights. These include housing law; landlord and tenant in relation to maintaining one's home; immigration advice for those seeking asylum and/or relocating to the United Kingdom, support to manage debt and support to access welfare benefit entitlements. As such they contribute to the following rights within the act;

- To liberty and security
- Respect for private and family life
- To a fair trial

Welfare Advice report 2022-06-30

- Prohibition of discrimination

7.5 TRADE UNION

There is a considerable workforce employed via the five contracts and individual organisations will maintain their own trade union agreements

7.6 WARD IMPLICATIONS

Current Welfare Advice services are aligned to existing ward and constituency boundaries. 4 of the 5 contracts are delivered this way and include community based service delivery

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

The Area co-ordinators are part of the Welfare Advice Project team and input according to their needs and those of their respective neighbourhoods

7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

Welfare advice services serve some of the most vulnerable communities in the Bradford district. As such they are often seen as early intervention for families with children who may be struggling to manage pressured budgets. Prior to the pandemic it was a requirement that all area based services offered session in the Council's Children's centres. This is slowing restarting but subject to staff availability.

There is work being considered to extend digital access options for welfare advice services through key services such as children's social care and health visitors however this has not commenced at the point to writing this report

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

The outturn information required from this contract is subject to GDPR requirements. As such the Council's receives anonymised data only.

As effective whole service support can require cross referral to other specialist agencies those accessing services are expected to agree the transfer of relevant data at point of entry.

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

1 To read and note the contents of this report and agree the release of the contract for procurement under the Council's standing orders

Pros:

Gives officers the views of committee members to influence and support commissioning processes

Will allow officers to continue moving forward with the commissioning programme

Will allow officer to continue to manage the pilot work, using outcome from this to influence

Welfare Advice report 2022-06-30

future service delivery

Cons:

Activity in the pilots may not be forthcoming to impact on procurement

2 To read and note the contacts of this report only

Pros: Gives officers the views of committee members to influence and support commissioning processes

Cons:

May delay procurement processes

10. RECOMMENDATIONS

1 To read and note the contacts of this report and agree the release of the contract for procurement under the Council's standing orders

11. APPENDICES

Appendix 1: List of existing contracts and costs by provider and including subcontractors and/or delivery partners

Appendix 2: Pyramid Diagram drawn up to demonstrate the repeat hierarchy of contact made into services, included in the FutureGov report 2019

List of current contracts, lead providers and their partners/sub-contractors

Provider	Sub-contractors	Contract	Contract costs 2021-2021-2023	Short term uplift cost per lead provider ending 2021-03-31	Short term investment from PH grant staff costs only 2021-2022
Family Action	Karmand advice centre, West Bowling advice & training centre	Bradford East	£370,472.44	£60,701.00	£23,450.00
St Vincent's De Paul (CHAS)	Bradford and Airedale Citizens Advice Bureau and Law Centre	Bradford South	£255,978.25	£43,768.00	£31,768.00
Bradford and Airedale Citizens Advice Bureau and Law Centre	Girlington advice centre, Manningham advice centre, Foundation Housing	Bradford West-including Bradford City centre	£745,420.02	£117,222.50	£92,222.50
Bradford and Airedale Citizens Advice Bureau and Law Centre	Windhill advice service, Bangladeshi Community Centre	Airedale-including Keighley, Shipley and Bingley	£472,098.60	£76,907.50	£58,407.50
Equality Together	Cancer Support, Age UK	Long term and complex health conditions	£213,386.36	£51,400.00	£26,400.00
		Total	£ 2,057,355.67	£349,999.00	£232,248.00

Columns in grey represent additional funding all of which has now ceased

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FutureGov findings¹

Working differently with residents

Here we outline some of the different ways residents can be better supported to help themselves. While creating the space and time for teams, drawn from the council and welfare advice providers, to focus on developing a joined up approach to delivering to the most vulnerable people.

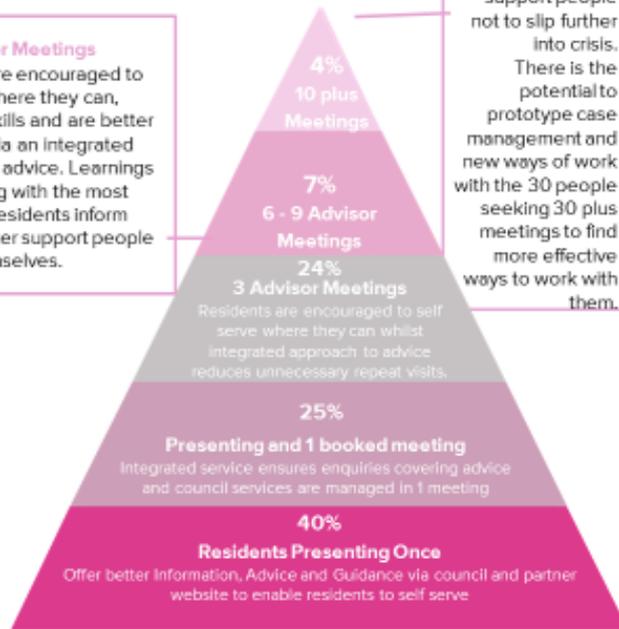
Introducing shared outcomes, strength based triage and codesign of services are central to realising these opportunities.

6 - 9 Advisor Meetings

Residents are encouraged to self serve where they can, learn new skills and are better supported via an integrated approach to advice. Learnings from working with the most vulnerable residents inform ways to better support people to help themselves.

10 plus Meetings

Joined up case management to support people not to slip further into crisis. There is the potential to prototype case management and new ways of work with the 30 people seeking 30 plus meetings to find more effective ways to work with them.



¹ FutureGov report 24/05/2019



Report of the Public Health to the meeting of Corporate Overview and Scrutiny to be held on 30th June 2022

B

Subject: Alcohol and Drug services in Bradford District

Summary statement:

The following report outlines the position of Alcohol and/or Drug services in the district and advises of the intention to commission these services under section 7.2.1 of the Council's standing orders in relation to contracts of the value of over £2million

EQUALITY & DIVERSITY:

Alcohol and/or drug services provide support and practical services for people from across the communities in Bradford district. The adverse use of alcohol and/or drugs effects some of the most vulnerable people in the district and as such can exacerbate health inequalities, contribute to anti-social behaviour and impact on the wider communities' sense of safety and security.

Sarah Muckle
Director of Public Health

Portfolio: Community Safety

Cllr Jabar

Report Contact: Sarah Possingham
Phone: 07582 100244
E-mail: sarah.possingham@bradford.gov.uk

Overview & Scrutiny Area:

Corporate

1. SUMMARY

1.1 The following report's purpose is to inform the Corporate Overview and Scrutiny Committee of the intention to procure services for alcohol and/or drug services in the Bradford district in accordance with the Council's standing orders, section 7.2.1 as they relate to contracts of over £2million in value.

2. BACKGROUND

2.1 Alcohol and Drug misuse and dependence can cause substantial health, social and economic harm to individuals, their families and the wider community. Drug treatment can reduce this harm and help individuals to recover.¹

2.2 ²Alcohol and drug treatment in England is commissioned by local authorities using the public health grant. They are responsible for assessing local need for treatment and commissioning a range of services and interventions to meet that need. The Public Health Grant Conditions make it clear that *"a local authority must, in using the grant, have regard to the need to improve the take up of, and outcomes from, its Alcohol and Drug misuse treatment services based on an assessment of local need and a plan which has been developed with local health and criminal justice partners"*.

2.3 Alcohol and/or Drug services in the Bradford district were last procured in 2016/17 as one integrated contract. The contract was awarded to Change, Grow, Live (CGL), a national organisation. To deliver the contract, CGL employed two local agencies, The Bridge Project and Project 6 as sub-contractors, who complement CGL's clinically based services, offering a range of recovery options and activities, community based support options and specific services for carers and/or significant others.

2.4 This contract has been extended to April 2023 and officers are working with partners in the Clinical Commissioning group and across relevant Council departments to identify future service needs and create appropriate commissioning systems to re-source these.

2.5 Services that form part of the contract are;

- Clinical and prescribing alcohol and drug treatment
- Detoxification, both inpatient and community based
- Hospital based services, specifically those based in Accident and Emergency (A&E) and joint work with Alcohol Care Teams
- Access to residential rehabilitation
- Harm reduction: needle exchange, health checks and vaccination services
- Services and pathways into multiple service needs such as mental health; housing; employment, education and training
- Recovery and diversionary activities; group work, carers and significant others care planning and pathways
- The Rough Sleeper's Drug and Alcohol Treatment Grant (RSDATG) Programme (short term)
- Specific services funded through the Probation service (short term)

2.6. The number of people in alcohol and drug misuse treatment services in Bradford during

¹ An evidence review of the outcomes that can be expected of drug misuse treatment in England PHE 2017

² [Public health grants to local authorities: 2021 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2021-to-2022)

2021-22 are 3559; of this number 2937 are opiate, non opiate and non-opiate and alcohol clients and 622 are alcohol only clients.

27% of those using Opiates and non-opiates are reported as living with a child under 18, whilst 33% of those using services for alcohol are reported as living with a child under 18.³

3. OTHER CONSIDERATIONS

3.1.1 Strategic Context-National and Local

There are a range of policies and strategies which underpin the provision of substance misuse services both nationally, regionally and locally. National leadership in policy and strategy terms is now beginning to re-emerge from the hiatus created by the impact of the austerity years which resulted in large public sector funding reductions and the recent COVID-19 epidemic.

3.2 National

In February 2019 the Government announced a national review into illegal drug misuse. This was conducted by Dame Carol Black, the Principal of Newnham College, Cambridge, who had previously provided expert advice to the Government on the impact of drug addiction. Delivered in two sections; parts 1⁴ and 2⁵, the findings were published in 2020 and 2021 respectively. These focus on the current position of drug services, the impact that funding reductions have had and make 32 recommendations for future service and policy action. Amongst these is a call for new investment into the sector, urging the redevelopment and renewal of future drug services. They also include the need to rebalance service delivery, placing those with the 'lived experience' at the heart of strategy and service delivery whilst emphasising the need for a 'whole systems and recovery' approach.

3.2.1. As a result of this review the Government developed a new substance misuse strategy in December 2021. Other countries of the United Kingdom such as Wales had already moved forward to prepare their new approach for 2019-22⁶.

3.2.2. The Westminster Government published its new Substance Misuse Strategy 'From Harm to Hope' in December 2021⁷. This ten-year policy incorporates the outcomes and 32 recommendations from the Dame Carol Black review and takes a wide ranging view to tackling illegal drug use across all sections of the community. Its three main priorities are:

1. Break Drug Supply Chains
2. Deliver a World Class Treatment and Recovery System
3. Achieve a Shift in the Demand for Recreational Drugs

3.2.3. This strategy recognises that the funding reductions from earlier years need to be redressed, more comprehensive and accountable partnership working should be developed, end to end recovery based services should be provided, new research launched and that the drugs trade be disrupted and stopped to reduce supply.

³ Parents with problem alcohol and drug use: data for England and Bradford 2019-2020 (ntdms.net)

⁴ Review of Drugs Part 1

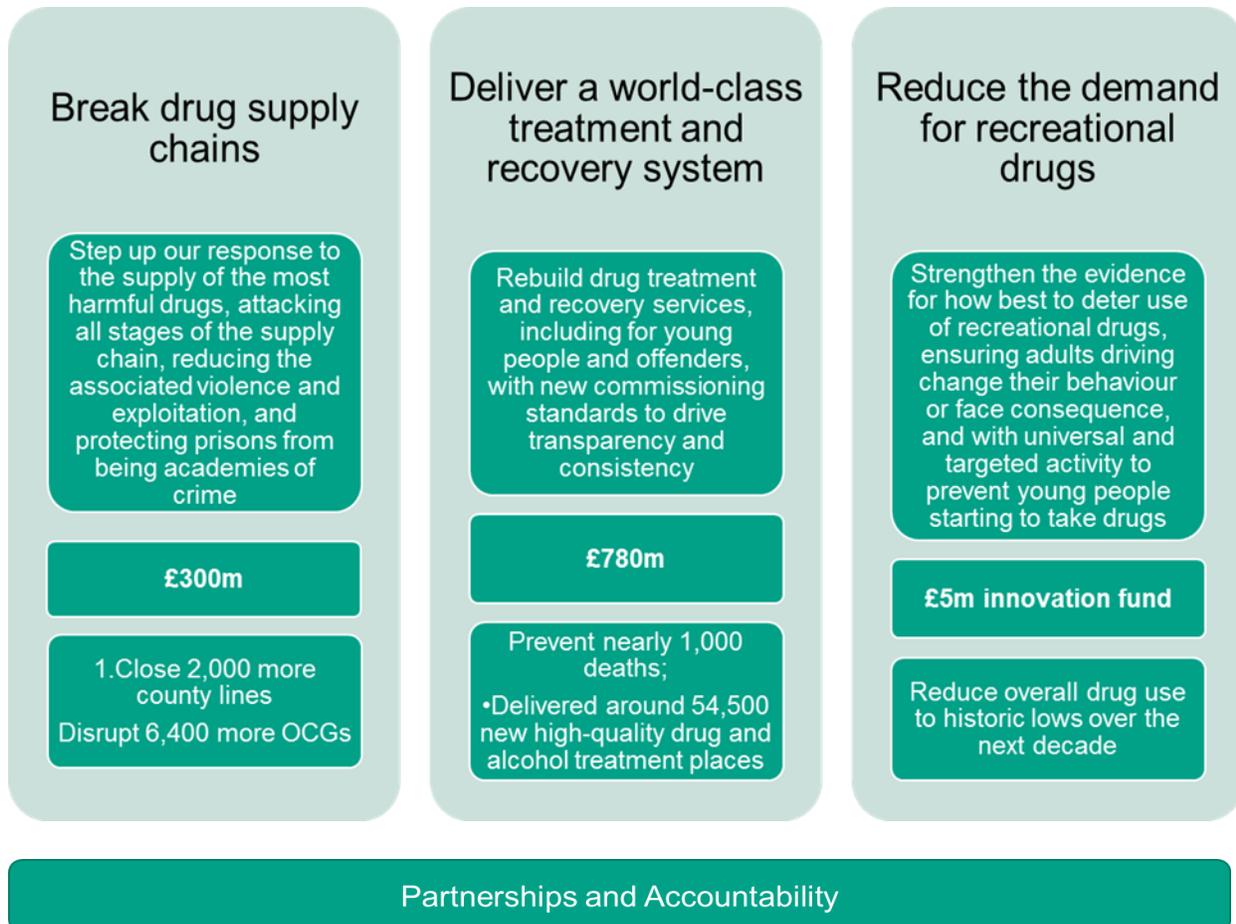
⁵ Review of drugs part two: prevention, treatment, and recovery, Brian Okumu

⁶ Working Together to reduce Harm [Substance Misuse Annual Report and Forward Look 2019](#)

⁷ From Harm to Hope A ten year drugs plan to cut crime and save lives

3.2.4 The 'Plan on a Page' below from the strategy lays out the detail of the three priorities above, noting the expected outcomes and the commitment to new invest investment planned under each.

Plan on a Page: National Drugs Strategy December 2021



3.2.5 The emphasis laid on the creation of whole systems and an approach to recovery that includes needs beyond addiction is welcome and accords with the findings from the needs work conducted in Bradford which are outlined later in this document.

3.3. Local Strategic Context

3.3.1 The Joint Health and Wellbeing Strategy

The Joint Health and Wellbeing Strategy-‘Connecting people and place for better health and wellbeing’ has four priorities, all of which are relevant to alcohol and drug treatment services⁸

Priority 1: Our Children have a great start in life. This has a focus on children’s health and wellbeing being shaped by the condition of the housing they grow up in, their neighbourhood and their family income. The place and the home and family environment where a child grows up has a significant impact on their wellbeing, and their life chances

⁸ The Joint Health and Wellbeing Strategy-‘Connecting people and place for better health and wellbeing’

during childhood and into their adult life. For those growing up in poverty and where the use of drugs and/or alcohol is an issue this can have a major impact on their life chances.⁹

Priority 2: People in Bradford District have good mental wellbeing. There are established links between mental health and drug and/or alcohol usage¹⁰.

Priority 3: People in all parts of the district are living well and aging well. Reference is made to the need to support healthy life styles and reducing smoking rates and alcohol consumption.

Priority 4: Bradford District is a healthy place to live, work and learn. Poor housing, low incomes and wider poverty obstructs the ability of individuals to break out of addiction. The most recent the strategy for drug treatment services published refers to the need to build a new treatment system incorporating all aspects of people's lives; wellbeing, citizenship and freedom from dependence¹¹

3.3 2The Bradford Council Plan¹²

The Council Plan is the overarching strategy for the Council and its role in public service across the district. Although all of the seven identified priorities are applicable, two in particular are relevant for alcohol and drug treatment services.

Better Health Better Lives, lays out the commitment to improving and supporting people's lives including physical and mental wellbeing.

Safe Strong and Active communities refers to all people and communities being able to participate and value their communities and being able the play a positive role in them.

Crime and the fear of crime is part of this, and with strong evidence to show the correlation between crime and drug use this is particularly relevant¹³.

3.3.3 Mental Wellbeing In Bradford District and Craven

In 2016 a new joint strategy bringing together all aspects of mental wellbeing was published for the district. This has recognised the impacts of drugs and alcohol on people's mental health and the higher instance of mental ill health in populations regularly using them. It correlates with the issues faced by those with multiple disadvantages and the additional call on services made by this population.

3.3.4 Adverse Childhood Experience (ACES)

In March 2021 the Bradford District published the first district joint strategy; ACE's, Trauma and Resilience. This details how adverse childhood experiences have the potential to impact across the life of those that have suffered and the strong relationship between ACEs and the risk of developing poor physical health, mental health and social outcomes. For some people using alcohol and drug treatment services recognition of ACE's and delivering services within a trauma informed approach can improve overall outcomes and support recovery.

⁹ NSPCC Parental Substance Misuse 3rd June 2021

¹⁰ Rethink Mental Illness Fact Sheet Drugs Alcohol and Mental Illness

¹¹ Putting Recovery First joint publication 2012 Depart of Education, DWP, HM Treasury, Home Office & Cabinet Office

¹² Bradford Council Plan

¹³ Review of Drugs-Evidence relating to drug use, supply, effects including current trends and future risks. Dame Carol Black Feb 2020

3.3.5 Bradford Homeless and Rough Sleeping Strategy 2020-25

In 2019 Bradford refreshed the wider Housing Strategy and as part of this programme developed a separate Homelessness and Rough Sleeping Strategy for the district. This is particularly relevant as links between homelessness and drug and alcohol use are strong. In the evaluation of the charity Crisis's Skylight services which support single homeless populations¹⁴ it was estimated that 27% of people using their services in 2013-15 had problematic drug and/or alcohol usage and two thirds cited drug and alcohol usage as leading to their homelessness.

The local homelessness strategy has 5 priorities all of which support and underpin alcohol and drug treatment services. In particular, early intervention to reduce instances of homelessness and help people retain their accommodation. Managing drug and/or alcohol issues whilst homeless is extremely difficult and unlikely to lead to effective recovery. Additionally, the strategic priority to tackle rough sleeping recognises that for people experiencing multiple disadvantages they can find themselves on a 'merry go round' of rough sleeping and poor housing, offending and reoffending as well and impacting drug and or alcohol use.¹⁵

3.4 Procurement Progress

3.4.1 A multi-departmental and agency governance system was set up in 2021 including a Project team and Oversight and Governance board.

3.4.2 A formal Business case is being completed and will be presented to both these and the Public Health Leadership Team (PHSLT) to ensure there is clear and strong oversight of the actions and rationale behind this work.

3.4.3 A needs analysis has been prepared to understand what future service/s should offer and delivery methodologies. This points to the need to extend services across, and within, the wider Bradford District, to redesign access routes and meet the needs of underrepresented groups. This includes people from some of the different ethnic, cultural and/or religious/faith groups, those from the lesbian, bi-sexual, gay, trans and queer (LGBTQ) populations and those with multiple disadvantages such as problematic alcohol and/or drug use and co-terminus mental and/or physical ill health.

3.4.4 Key needs work findings

The needs work conducted in 2021 has shown that Bradford district's services lagging behind some of the national averages. This is particularly evident when looking at

Prevalence figures;

The rate of crack users is twice the national average, the rate of opiate users is also significantly higher and there is a high proportion of alcohol users estimated as not in treatment. (see appendix 3 for full details)

Treatment Figures;

The numbers of opiate clients that are more likely to be treatment for 12 weeks or more or have completed treatment is consistent with national average.

However, the numbers of non-opiate clients and alcohol and non-opiate clients are below

¹⁴ Crisis Skylight Evaluation 2017-York University

¹⁵ Surviving the Revolving Door & Multiple needs sustaining what works

national average.

There is a significant number of people entering treatment with a mental health issue, the highest of which is in those presenting for alcohol and non-opiate use, this reflects the national position. A significant number of which were receiving support for this from their GP's which is higher than the national average.

There is a higher number of people starting a new treatment episodes identified as being in regular employment, than those unemployed and not seeking work.

Hospital admissions

Hospital admission rates for drug related conditions has increased over the years and has remained higher than England's average, this includes those seeking help for alcohol issues and those with a primary diagnosis of poisoning by illicit drugs.

Criminal Justice

Adults who successfully engage in community based treatment following release from prison is below the National average as are successful completions as a proportion of criminal Justice clients of all in treatment

Drug and Alcohol Related Deaths

Deaths related to drug misuse has decreased gradually from 35 deaths in 2018 to 29 deaths in 2020 but the death rate remains higher than England's average

Domestic Violence and Abuse (DASV)

80% of cases presenting to MARAC were adjudged to have an alcohol dependency and were not in treatment at point of referral

Domestic Violence Act 2021 coming in to force and new guidance to drug and alcohol services will require national reporting systems collect data re DASV

3.4.4.1 Officers are working with the existing provider to tackle the above issue which have been impacted by past funding restrictions and in part by COVID and the pandemic. Any new contract will have specific requirements and monitoring outcomes designed to make considerable changes in delivery and performance.

3.4.5 Consultation and involvement

To support the work above a consultation and involvement programme was developed and run in 2021. A consultancy firm, Lime was employed to deliver this and it consisted of the following;

- A stake holders event held virtually
- A survey was made available to for the public and aimed at GP's and other NHS services
- Two face to face meetings were held with service users and significant others and/or carers (one in Keighley and one in Bradford).

3.4.6 The key outcomes from all the consultation activities are listed below

- There is a positive response to the individuals delivering the services
- There is a general lack of awareness among members of the general public of what drug and alcohol services are available
- Users are committed to the course of treatment provided

- There is a lack of communication between the various agencies, involved in service users' treatment and support
- Accessing services is seen as a problem, not just when starting out or seeking treatment but at any stage in the treatment
- Regular contact, daily routine and being with other people in similar situations are essential parts of recovery
- Service delivery needs to be service user-led and not service-led
- Clinical interventions cannot be at the expense of other evidence based practice
- Well trained staff and volunteers offering the voice of lived experience are integral to the service

For more detailed information, please see the full report which can be found in appendix 1

3.5 Dependencies

Alcohol and Drug services are inextricably linked to issues of physical and mental ill health. Early intervention and specific tailored alcohol and/or drug services can and do reduce the impact of these on services provided by the Local Authority (Adult and Children's services, Community Safety), the National Health Service (NHS) and West Yorkshire Police.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 The Council has investment from Public Health Grant of approximately £5 million into Alcohol and/or Drug services. New funding has been granted by the Office of Health Improvement and Disparities (OHID) of £9,228,621 as Supplementary Grant for the next three years to 2025.

See annual breakdown in Appendix 2

4.2 As part of this additional funding monies have also been made available for the costs of detoxification needs, both inpatient and for residential rehabilitation of £445,854. These funds will remain with the Council however pathways into services will be through contracted services and other key partners

4.3 The Council has also bid successfully for funding from the Rough Sleepers Drug and Alcohol Treatment Grant (RSDATG) of £461,090.50 annually to 2025.

4.4 The total investment proposed for these services to April 1st 2025 is £7.2 million annually. Beyond this date the additional funding available may finish in which case contract terms will reflect the need to reduce services to operate within the changed funding envelop.

4. There are upwards of 200 people employed via this contract in a range of differing roles, TUPE will apply under any new contract terms.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

To ensure strong governance the Substance Misuse Oversight and Governance Board was created in 2021, to take reports and discuss issues regarding the programme. This has clear terms of reference and meets monthly.

The Project team also has terms of reference and meets fortnightly to manage the work required.

6. LEGAL APPRAISAL

6.1 The Council has a statutory obligation in regards to the delivery of these services, and has obligations to meet in their delivery under the external funding provided. There is a requirement therefore to commission services.

6.2 In order to meet the legal framework in procuring these contracts, the procurement must be carried out in accordance with the Council's contract standing orders and public contracts legislation. This means that the contracts in place cannot be extended further without subjecting the services to competition. The time required to meet procurement processes means that the new procurement must be authorised and commenced well in advance as set out in this report.

6.3 The implications of non-compliance with the legislative requirements would be the risk of a successful procurement challenge, judicial review, or a complaint to the local government ombudsman. The preparation for the new procurement as anticipated in this report will mitigate the likelihood of these risks crystallising and ensure the Council procures the contracts through a robust process.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

Alcohol and Drug services aim to support individuals to tackle their addiction and rebuild their lives. The new services will have the advantage of specific funding to support people's access to employment, training and education opportunities as well as wrap around recovery, including stable housing and personal support. This supports more sustainable communities.

The specialist services delivered for those with addiction/s and who are homeless and/or sleeping rough through the RSDATG are designed to support populations which are on the margins and who can be responsible for antisocial behaviour. Supporting this group can help create more sustainable communities for the future.

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

Services are currently delivered from several inner city and town centre buildings which may not be in use under other circumstances. There is no guarantee that this will continue once a new contract is awarded however the need to have bases in close proximity to public transport and in inner city and town locations remains.

The impact of the pandemic moved alcohol and drug services towards digital options and at points closed face to face access routes. These are now reopened however digital support options and paperless case management systems remain a feature in service and will continue under new contract arrangements where appropriate.

7.3 COMMUNITY SAFETY IMPLICATIONS

National Picture

7.3.1 The illicit drugs market in the UK is worth almost £10 billion a year, with 3 million users and a supply chain that has become increasingly violent and exploitative. Drug deaths are at an all-time high and drug addiction fuels many costly social problems, including homelessness and rising demands on children's social care. The drugs market is driving most of the nation's crimes: half of all homicides and half of acquisitive crimes are linked to drugs. People with serious drug addiction occupy one in 3 prison places. There are an estimated 300,000 opiate and crack users and too many people are in and out of treatment for years or even decades, without turning their lives around for good.

7.3.2 Nearly half of acquisitive crimes (excluding fraud) are estimated to be associated with drug use. Research using linkage between treatment and CJS data systems has demonstrated that treatment can reduce drugs users offending (for all crime types) by 23%

7.3.3As noted above, Alcohol and/or Drug services impact on Community Safety matters in a number of ways. It is not uncommon for people who are intoxicated to cause issues which impact on the Bradford Policing plan and more generally in relation to crime and disorder.

7.3.4The Bradford Picture

Criminal Justice (CJ) referrals have declined in Bradford since 2017, from 27% down to 16%. Nationally, 22%% of referrals come from a Criminal justice pathway, however there has been significant national disinvestment in CJ pathways over recent years.

7.3.5 There was significant investment through the Drug Interventions Programme (DIP) and CGL have continued to provide CJ interventions within police custody. It is felt that under the new contract and with renewed investment this can be improved, fostering stronger relationships between key agencies such as the Police, Prisons, Liaison and Diversion services and Council services such as Adult and Children's Social Care.

7.4 HUMAN RIGHTS ACT

The following rights apply to the delivery of Alcohol and Drug services;

- The right to a fair trial –support provided through the Criminal Justice systems for those offenders who have addiction issues can ensure that they are better represented in court proceedings
- The right to liberty and security –support for those with addiction can reduce anti-social behaviour therefore preserving the wider communities' sense of security and safety
- The right to private and family life-support offered includes access to welfare advice, housing, employment and training. This is fundamental to the process of recovery and supports individuals to rebuild their lives

7.5 TRADE UNION

There are no direct Trade Union impacts for the Council, services are expected to maintain their own employee consultation and involvement systems as applicable

7.6 WARD IMPLICATIONS

None

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

It is proposed under the new contract terms to require any new provider to strengthen relationships between the Area Co-ordinators' offices, Community Partnerships and emerging neighbourhood hubs. This will have the dual outcome of developing new and more comprehensive treatment pathways for people needing to access these services and fostering stronger ties for those existing treatment into community based support options

7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

7.8.1 Young People

There is a specific service funded by PH Grant for young people using alcohol and/or drugs called 180. This is not part of the wider Alcohol and Drugs contract in this report. As part of the progress and development of the new National Drug Use Strategy it has received additional support from the new supplementary grant from OHID to increase its activity and reach across the district.

7.8.2 Children and Safeguarding

As the following table demonstrates, during 2019-20 Bradford had a significantly higher proportion of opiate clients (27%) and non-opiate clients (27%) who live with children under 18 than compared to the benchmarked average (opiate clients – 18%, non-opiate clients – 17%).

¹⁶Proportion in treatment who live with children under the age of 18 – 2019-20

	Bradford %	Benchmark %
Opiate clients	27%	18%
Non-opiate clients	27%	17%
Alcohol clients	33%	46%
Alcohol and non-opiate clients	13%	18%

Source: PHE Parents with problem alcohol and drug use 2019/20

7.8.3 This information is collected at the point of assessment when entering services, and is used to ensure appropriate safeguarding measures are put in place when risks are identified.

7.8.4 Services have strived to become more family orientated, and have worked hard to break down some of the myths held within the treatment population around parenting and risk of children being taken into care.

7.8.5 A point to note is that, with the enhanced assessment process undertaken by all

¹⁶ [Parents with problem alcohol and drug use: Data for England and Bradford, 2019 to 2020 \(ndtms.net\)](#)

service users entering treatment, collecting information regarding children is extremely important. There is a possibility that the reason the reported proportion of service users living with children is higher than the national average, is due to the high quality of data collection in the district. That being said, given the research and evidence base regarding the negative impact of alcohol and drug misuse upon the family, children and young people, these statistics are of concern.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESSMENT

The outturn information required from this contract is subject to GDPR requirements. As such the Council's receives anonymised data only. The provider/s return their detailed information to central government and this is aggregated and included in the National Drug Treatment Management Systems (NDTMS) which is publically accessible.

As effective treatment can require cross referral to other specialist agencies those accessing services are expected to agree the transfer of relevant data at point of entry.

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

1 To read and note the contents of this report and agree the release of the contract for procurement under the Council's standing orders

Pros:

Gives officers the views of committee members to influence and support commissioning processes

Will allow officers to continue moving forward with the commissioning programme

Cons:

May cause some disquiet during any new contract implementation period

2 To read and note the contents of this report only

Pros: Gives officers the views of committee members to influence and support commissioning processes

Cons:

May delay procurement processes

10. RECOMMENDATIONS

1 To read and note the contents of this report and agree the release of the contract for procurement under the Council's standing orders

11. APPENDICES

Appendix 1 Full consultation and involvement report Lime Consultancy

Appendix 2 Outline of Supplementary grant allocations from 2022-25

Appendix 3 Needs Assessment Key Findings

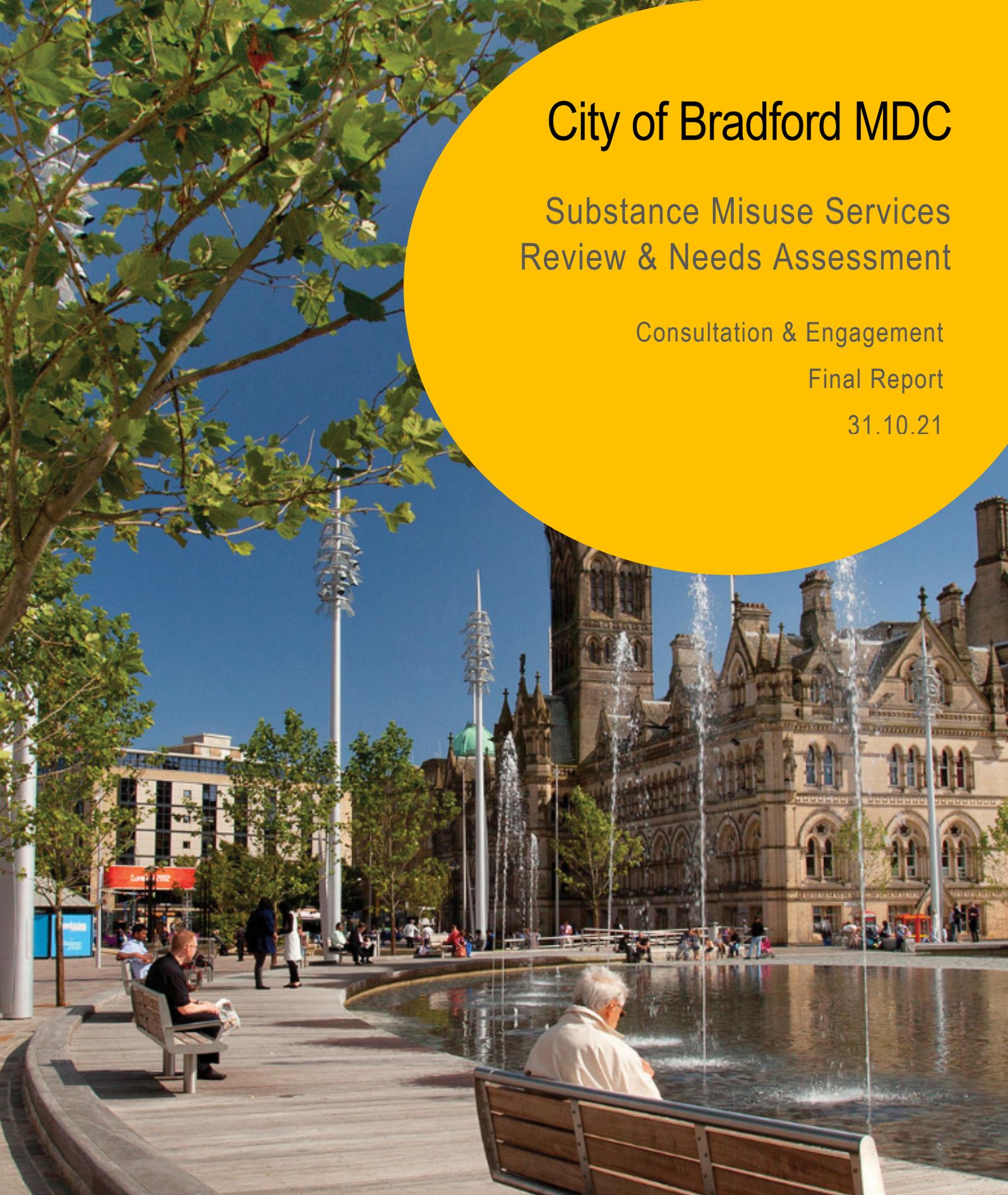
City of Bradford MDC

Substance Misuse Services Review & Needs Assessment

Consultation & Engagement

Final Report

31.10.21



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Executive Summary

Public Health Services in Bradford are currently undertaking a review of services for interventions for Substance Misuse Services (SMS). The purpose of the review is to understand the effectiveness of the current service provision through a needs gap assessment review. The review will help inform the decision-making process and business case regarding current services and next steps.

Bradford Council has engaged Lime to conduct consultation and engagement with service users, the general public and key stakeholders as part of the needs gap assessment review.

The **key objectives** of the consultation and engagement process are:

- To understand to what degree the consultee is 'invested' in the services; functionally and emotionally
- To ensure that services are designed to meet the needs of communities, now and in the future
- To provide evidence to inform a potential retender process
- To provide learnings that will help inform a future model for service delivery, to meet the needs of Bradford's communities

The focus within the Bradford Council Public Health team is to identify and understand:

- What is working well within the service
- How effective the services are for service users
- Where improvements can be made to the service

Consultation activities

In order to maximise the opportunity to have dialogue with as wide an audience as possible, giving voice to the general public, service user and stakeholders, including GPs a total of 3 online surveys, 2 focus groups and an online event were delivered. For the purposes of the consultation, stakeholders also include individuals and organisations directly or indirectly involved in the delivery of SMS.

Consultation reach

There were more than 290 individual participations across the five consultation and communication activities.

General public online survey:	76
Service user online survey:	113
Service user focus group:	22-24 (numbers varied as service users dropped in and out of the focus groups)
GP online survey:	27
Stakeholder online event:	53

Key learnings from the process

- There is a positive response to the individuals delivering the services
- There is a general lack of awareness among members of the general public of what drug and alcohol services are available
- Users are committed to the course of treatment provided
- There is a lack of communication between the various agencies, involved in service users' treatment and support
- Accessing services is seen as a problem, not just when starting out or seeking treatment but at any stage in the treatment
- Regular contact, daily routine and being with other people in similar situations are essential parts of recovery
- Service delivery needs to be service user-led and not service-led
- Clinical interventions cannot be at the expense of other evidence based practice
- Well trained staff and volunteers offering the voice of lived experience are integral to the service

Key areas of recommendation

The service user needs to be at the heart of all that we do – they need to help inform treatment and service models.

Working to a common goal – efficient and effective partnership working and information sharing.

People are at the centre of success – staff workloads need to be considered and the voice of lived experience valued.

Effective and efficient processes – technology to support communication and clear and consistent timelines.

Introduction

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Needs gap assessment in context

National perspective

Two key pieces of work have been undertaken at national level, which have expedited the need for a review of current Substance Misuse Services (SMS) commissioned by Bradford Council - the reform of the Public Health System and the review of the misuse of illegal drugs by Dame Carol Black. Current performance in respect of key performance indicators shows that successful completions are below regional and national averages. A key element of the consultation is to help understand why and what could make a difference in any future SMS model.

Public Health System Reform

From April 2021, integrated care systems (ICSs) were introduced to all parts of England. ICSs are partnerships between the NHS, local councils and the voluntary, community and social enterprise sector tasked with co-ordinating services that improve population health and reduce inequalities between different groups. Clinical commissioning group (CCG) functions and duties are being absorbed into the ICSs.

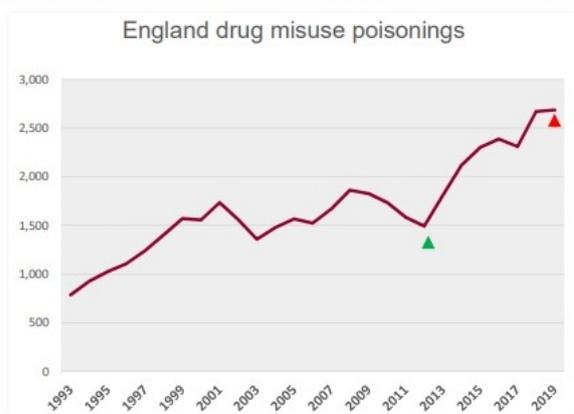
On 1st October 2021, the Office for Health Improvement and Disparities (OHID) came into effect, and Public Health England was formally closed. Substance Misuse now sits within OHID.

Dame Carol Black Review

Dame Carol Black was commissioned by the Home Office and the Department of Health and Social Care to undertake a two-part, independent review of drugs to inform the government's thinking on what more can be done to tackle the harm that drugs cause.

Part 1 identified why the review was needed; the capacity and quality of treatment have declined, and the prevalence of use and harm have increased.

- Since 2013 a significant increase in the number of opiate and crack users
- Since 2005 in London a sharp decline in estimated opiate and crack users, but prevalence in the North East has steadily risen
- Use of other drugs by adults has increased since 2012 after nearly ten years of decline
- Drug use among school-aged children has increased significantly
- Numbers in treatment are falling and prevalence is increasing, so the level of unmet treatment need among opiate users has increased
- The proportion of people completing treatment each year has decreased and the rate of people dying during treatment has increased significantly
- Only one in three of those needing treatment after release from prison go on to receive it



The second part of the report published on 8th July puts the spotlight on treatment and recovery and makes policy recommendations to Government with reference to funding, the commissioning of services and the accountability for the effective prevention, treatment, and support for recovering from substance misuse issues.

The main conclusion of the report is that the public provision currently in place for prevention, treatment and recovery is not fit for purpose, and is in urgent need of reform.

“Government faces an unavoidable choice: invest in tackling the problem or keep paying for the consequences. A whole-system approach is needed...”

Dame Carol Black Review Recommendations

The Dame Carol Black Review includes 32 recommendations falling to Government departments, local government, and other organisations to implement, with a clear intention that; *“these should be seen as a package of reforms that are interdependent and mutually reinforcing.”* These include:

- Improved systems of accountability of local areas to national Government
- Greater local partnership working
- Increase in size and professionalism of the workforce
- Holistic treatment and recovery package, including mental healthcare, housing and employment support
- All underpinned by additional investment

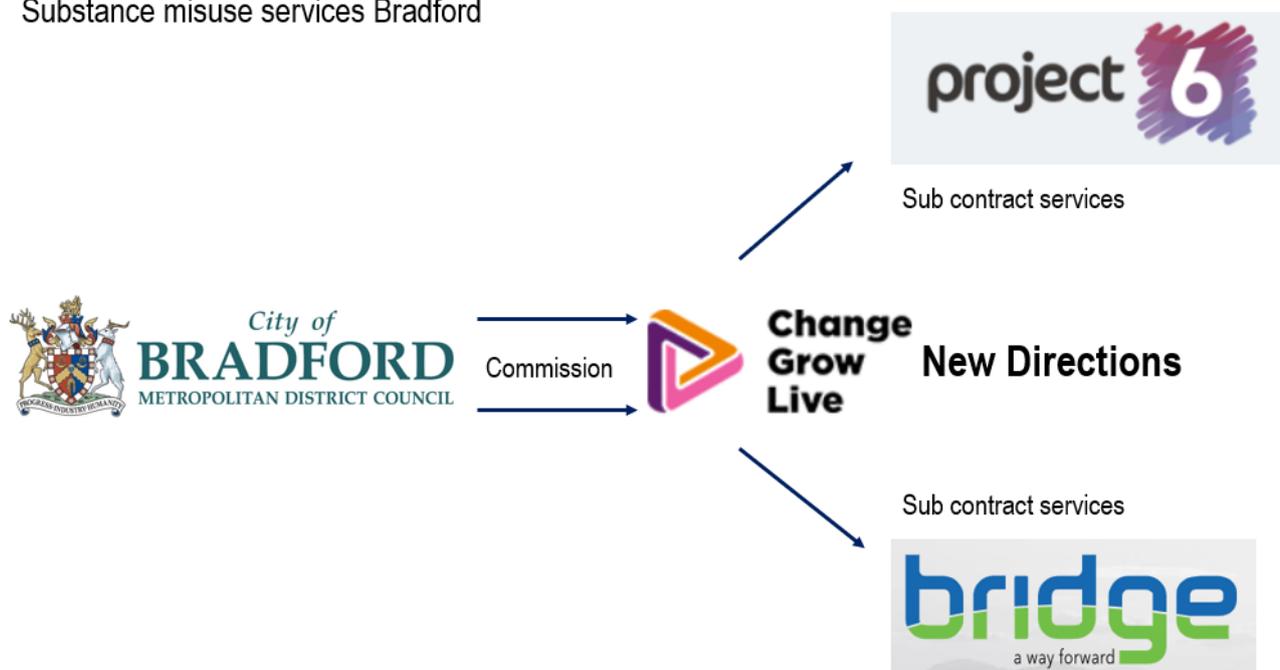
Needs gap assessment in context

Local perspective, where are we now?

Since 2018, the contract for substance misuse services (SMS) in the Metropolitan Borough of Bradford has been held by Change, Grow, Live (CGL), a national charity. CGL subcontract part of the service delivery to The Bridge (Bradford) and Project 6 (Keighley). In addition, prescribing services are delivered by community pharmacies and a further 30 pharmacies deliver needle exchange services.

It is useful to note that when considering services, stakeholders, the general public and service users regard the service provision as separate and distinct from each other eg CGL/New Directions; Project 6 and the Bridge, rather than seeing it as a single service.

Substance misuse services Bradford



Performance data

Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months.

(n) = number successfully completed and did not re-present / all in treatment

Baseline period: Completion period: 01/10/2018 to 30/09/2019, Re-presentations up to: 31/03/2020

Latest Period: Completion period: 01/10/2019 to 30/09/2020, Re-presentations up to: 31/03/2021

Comparison to England Red = Lower, Amber = similar, Green = Higher

	Baseline Period		Latest Period		Top Quartile range for Comparator LAs
	%	n	%	n	
Local opiate clients	4.2%	100/2363	3.5%	81/2303	5.35%-6.91%
National opiate clients	5.7%		4.9%		
Local non-opiate clients	25.4%	179/705	30.2%	195/646	37.96% - 53.03%
National non-opiate clients	34.2%		32.5%		
Local Alcohol Clients	20.4%	164/803	23.6%	174/738	N/A
National Alcohol Clients	37.9%		35.3%		

Successful completions as a proportion of all in treatment.

(n) = number of successful completions / all in treatment

Baseline period: Completion period: 01/04/2019 to 31/03/2020

Latest Period: Completion period: 01/04/2020 to 31/03/2021

	Baseline Period		Latest Period		Top Quartile range for Comparator LAs
	%	n	%	N	
					*National average
Opiate clients	4.1%	94/2308	3.1%	72/2291	4.96% - 8.66%
Non-opiate clients	28.8%	119/413	38.7%	146/377	41.30% - 54.55%
Alcohol	22.3%	168/753	23.1%	162/702	44.21% - 55.36%
Alcohol and non-opiate clients	22.2%	52/234	21.0%	57/271	37.32% - 54.92%

Time in treatment for opiate and non-opiate clients in treatment at the end of the reporting period.

(n) = number of clients in treatment for stated time period / all clients in treatment at the end of the reporting period

	Latest Period		National average
	%	n	
Opiate clients, under 2 years	37.1%	702/1893	39.4%
Opiate clients, 6 or more years	33.0%	624/1893	31.2%
Non opiate only clients, 2 or more years	14.9%	17/114	5.4%

Clients who were referred from custody to community SMS services on discharge.

	Latest period 01/01/20 to31/12/2020		National Average
	%	n	
Adults with substance misuse treatment need who successfully engage in community based treatment following release from prison	34.5%	96/278	37.4%

Spend on SMS has reduced by over 50% since its peak in 2012 and many of the specialist elements of the service offer have been lost eg housing and employment support.

Effects of Covid on the local SMS provision

In the year before the outbreak of COVID there were over 2000 opiate related deaths from poisoning in the UK.

The Covid pandemic has proven difficult and complex for those in treatment for alcohol and drug misuse. Many experienced:

- The suspension of support through face-to-face groups
- A lack of contact with keyworkers
- Isolation from family and friends

During Covid lockdowns, many pharmacies changed their prescribing schedules to reduce contact with those in substitute treatment, often providing two weeks or more supply of Methadone or other opiate substitute. This placed greater responsibility on the user to administer and manage their dosage.

An early and small scale evaluation of this change, undertaken by Bristol University and looking at a largely rural sample of users, has indicated positive results; showing that users have changed the time of day when they take their medication or split the dosage to suit their lifestyle and preferences. Under normal, non-Covid circumstances, the risks of undertaking such an experiment would have been too great but the Bristol findings may provide a guide to more self-management and involvement of those in treatment, in their own prescribing timetable.

Consultation approach

To contribute to the needs assessment, a layered consultation approach has been undertaken in order to maximise the opportunity for dialogue with as wide an audience as possible, giving voice to the general public, service users and stakeholders, including GPs. For the purposes of the consultation, stakeholders also includes individuals and organisations directly or indirectly involved in the delivery of SMS.

Audience	Consultation Approach
Stakeholders in Bradford & Keighley – directly and indirectly involved in delivery of SMS	1 x virtual consultation event 1 x virtual event follow up survey 1 x GP survey
Service Users – Bradford & Keighley	2 x focus groups – 1 in Bradford and 1 in Keighley 1 x service user online survey
General Public – Bradford & Keighley	1 x online survey

General public

Online survey

(See Appendix 1 for full survey results.)

Audience: Residents in the Bradford Council area

Aims - to understand:

- Current levels of awareness for the services
- Current perceptions of the services
- If the general public know how to access services or where to go to find out?

Distribution: The survey link was shared via the Council's website, a press release, Council social media and the Council's weekly newsletter

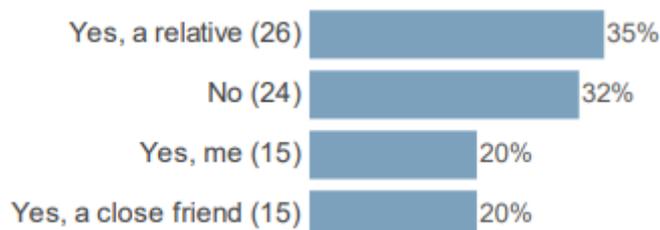
Number of respondents: 76

- 71% of respondents were female, 25% male and 4% preferred not to say
- The largest age category for respondents was between 45-54 years – 38%
- 79% of respondents were white

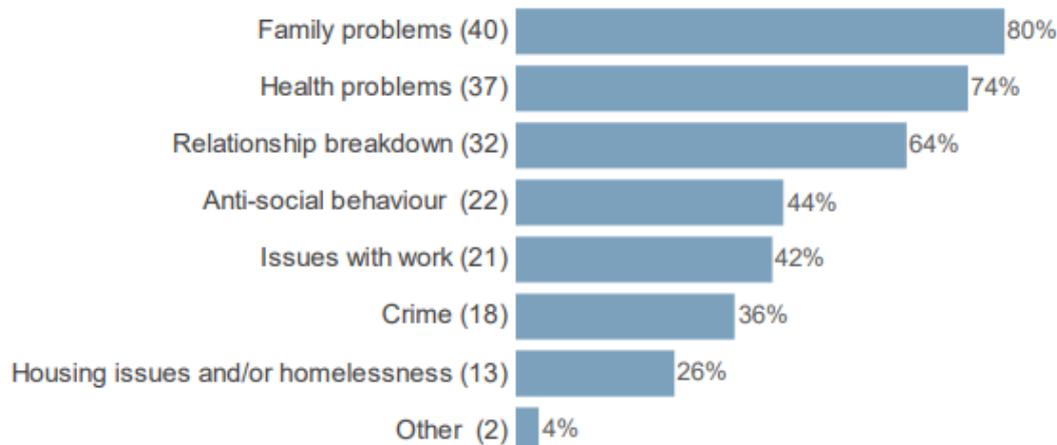
Headline Take Outs:

Q. Have you or someone you know ever had problems with drug and/or alcohol use?

75% of respondents responded yes

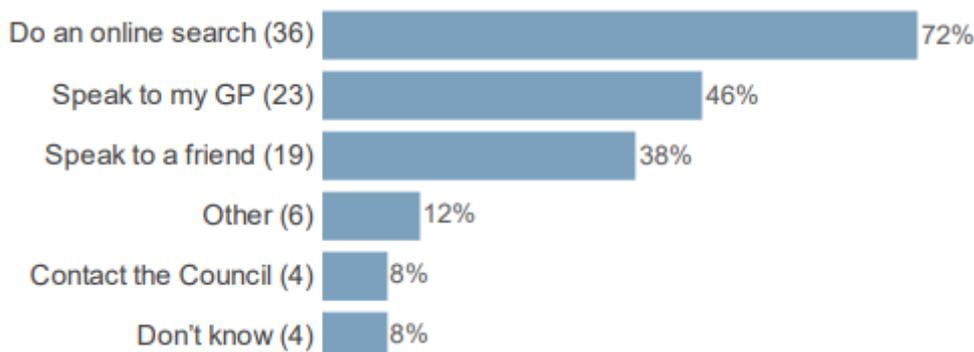


Q. Which of the following issues have you experienced because of your own or someone else's drug and/or alcohol use?



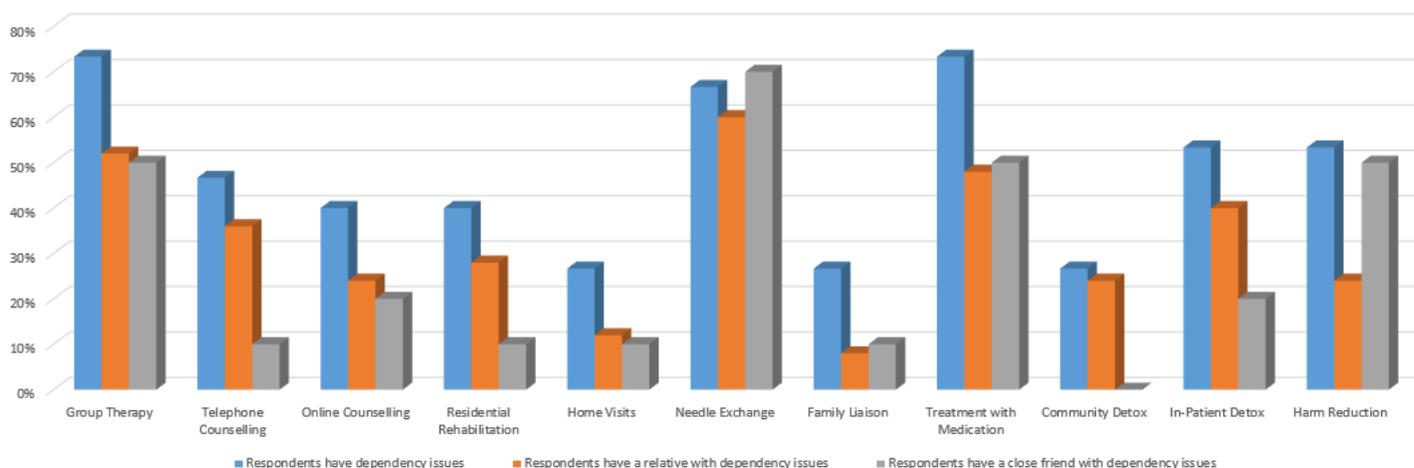
These figures illustrate that individuals often experience more than one issue caused by substance misuse and that relationships are the most affected.

72% of general public respondents would do an online search if they or someone they knew needed help with their drug and/or alcohol use, and 46% would speak to their GP. (It is worth noting here that 56% of GPs either agreed or strongly agreed with the statement 'Bradford's substance misuse services are easy to find online')



Awareness of services

Those who responded 'Yes' to awareness questions - by their relationship to dependency



Of Those Who Responded Yes to Awareness	Respondents have dependency issues	Respondents have a relative with dependency issues	Respondents have a close friend with dependency issues
Group Therapy	73%	52%	50%
Telephone Counselling	47%	36%	10%
Online Counselling	40%	24%	20%
Residential Rehabilitation	40%	28%	10%
Home Visits	27%	12%	10%
Needle Exchange	67%	60%	70%
Family Liaison	27%	8%	10%
Treatment with Medication	73%	48%	50%
Community Detox	27%	24%	0%
In-Patient Detox	53%	40%	20%
Harm Reduction	53%	24%	50%

In comparing awareness levels across respondents with a connection to dependency (have had dependency issues themselves, have a relative with dependency issues or a close friend with dependency issues), the services with the highest awareness were:

- Needle exchange (70% of respondents with a close friend with dependency issues were aware of the availability of needle exchange)
- Group therapy (counselling, AA, Mutual Aid, other group therapy)
- Clinical interventions/treatment with medication (73% of respondents with dependency issues were aware of group therapy and treatment with medication)

Those services with the lowest awareness levels across all three groups were:

- Family liaison (8% of respondents with a relative with dependency issues were aware of family liaison)
- Home visits
- Community detox (0% of respondents with a close friend with dependency issues were aware of the availability of community detox)

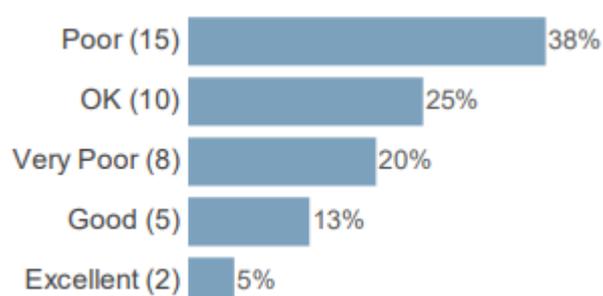
As you might anticipate, an average of awareness levels across the services drops the more distant the respondent's relationship with dependency:

- Respondents who have experienced dependency issues themselves are on average 44% aware of services
- Respondents with a relative who has experienced dependency issues are on average 32% aware of services
- Respondents with a close friend who has experienced dependency issues are on average 27% aware of services

Quality of services

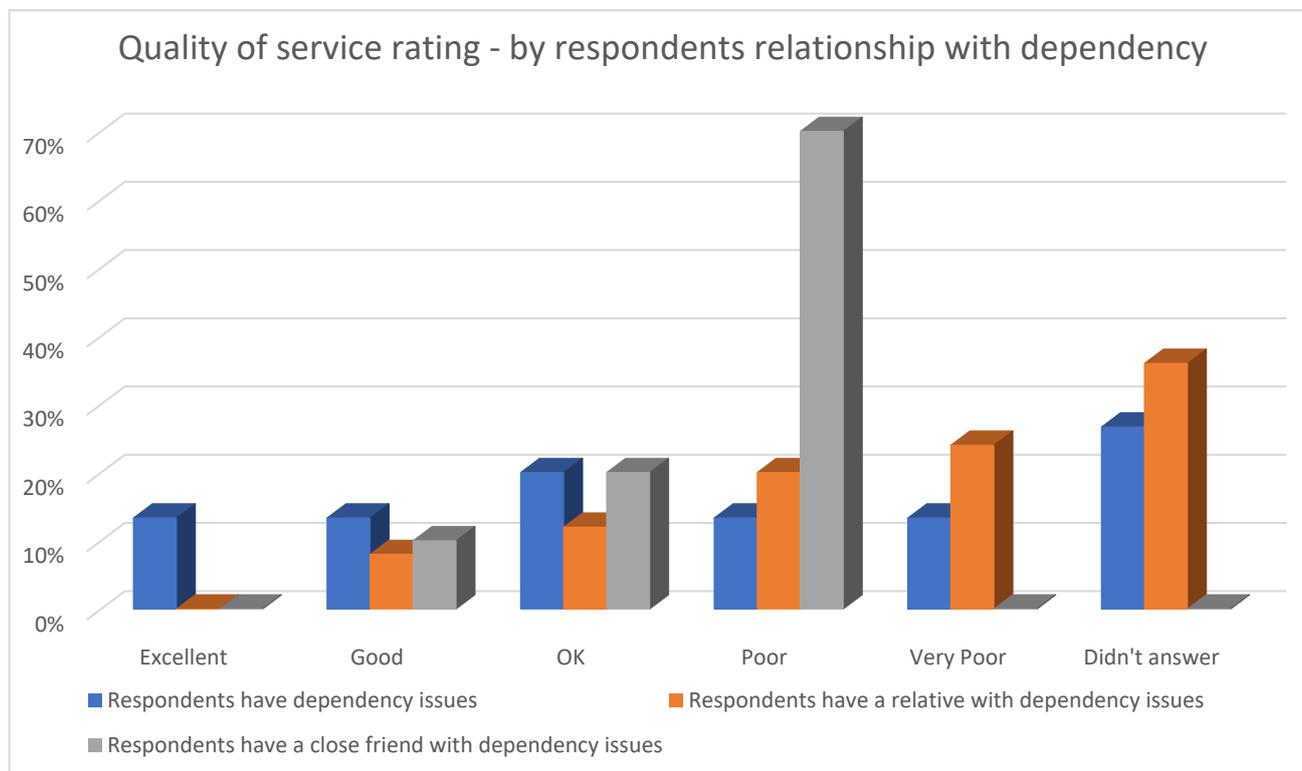
Q. Please rate your experience of using the drug and/or alcohol misuse services in Bradford (quality of service)

- Quality of service – 58% of all respondents rated services as either poor or very poor



- When broken down by relationship to dependency, 26% of respondents with dependency issues who responded to this question assessed the service to be good or excellent, and 26% assessed it as poor or very poor
- Of those respondents with relatives with a dependency issue, 8% said the service was good and 44% thought it was poor or very poor
- 10% of respondents with close friends said the service was good but 70% thought it was poor

Please rate your experience of using the drug and/or alcohol misuse services in Bradford. (Quality of service)	Excellent	Good	OK	Poor	Very Poor	Didn't answer
Respondents have dependency issues	13%	13%	20%	13%	13%	27%
Respondents have a relative with dependency issues	0%	8%	12%	20%	24%	36%
Respondents have a close friend with dependency issues	0%	10%	20%	70%	0%	0%



This suggests the respondents' likely need for support / relationship with the services influences their perceptions of quality. Those who were most positive being those who had dependency issues themselves, followed by family members. This echoes the sense of gratitude from service users and family, witnessed in the service user focus groups.

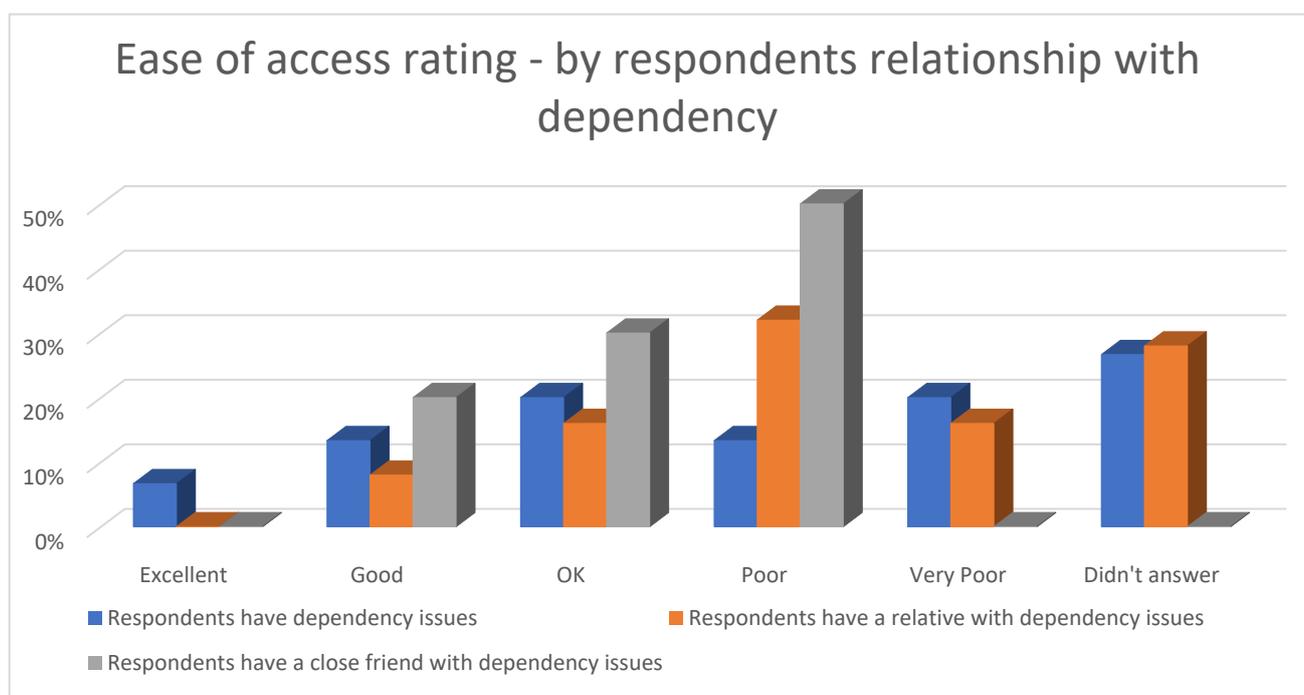
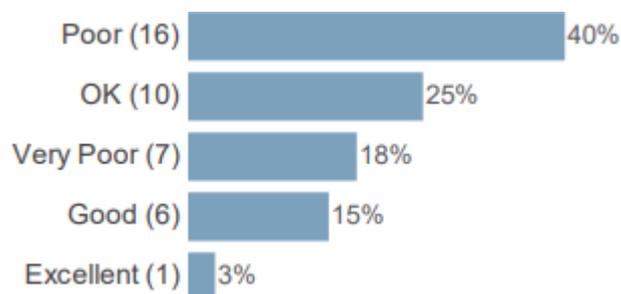
Sample comments on quality of service:

Positive	Negative
[As a carer of someone] all good advice and help, useful information	It was difficult to find the exact help we needed
Group counselling run by volunteers, excellent peer support	Too long to wait to get into treatment and a methadone script
[My son's] support worker was very good understanding	Services offered for a short term basis
Good sessions with service years ago	Poor consistency of support
	Workers not having time to listen
	Told not bad enough for support
	Took more than one attempt to receive the correct support

Ease of access

Q. Please rate your experience of using the drug and/or alcohol misuse services in Bradford (ease of access)

- Ease of access - overall 58% rated either poor or very poor



Please rate your experience of using the drug and/or alcohol misuse services in Bradford. (Ease of access)		Excellent	Good	OK	Poor	Very Poor	Didn't answer
Respondents have dependency issues		7%	13%	20%	13%	20%	27%
Respondents have a relative with dependency issues		0%	8%	16%	32%	16%	28%
Respondents have a close friend with dependency issues		0%	20%	30%	50%	0%	0%

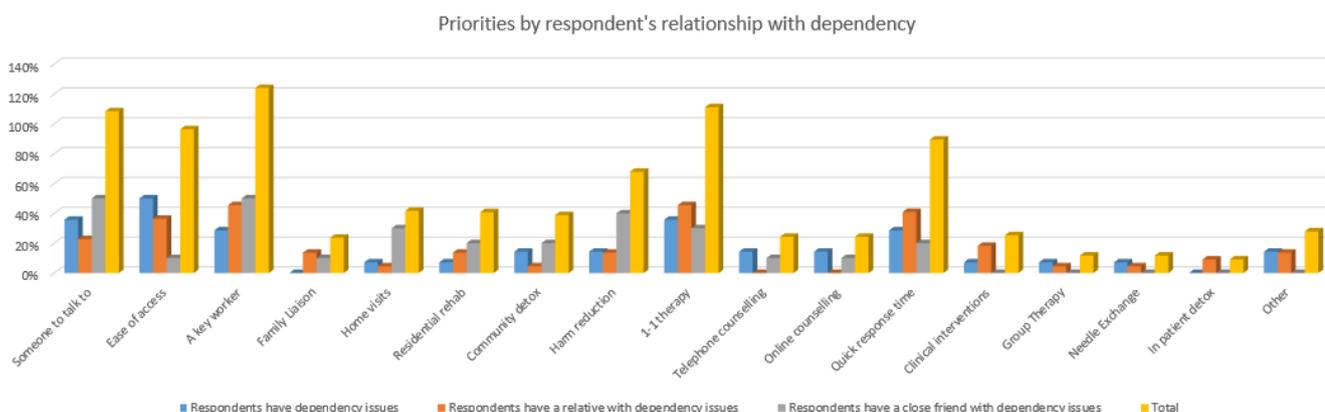
- When viewed by relationship to dependency, 20% of respondents with dependency issues rated ease of access as good or excellent and 33% assessed it as poor or very poor
- Of those with relatives with a dependency issue, 8% rated ease of access as good and 48% thought it was poor or very poor
- 20% of respondents with close friends with a dependency issue said ease of access was good, whilst 50% rated it as poor

As with Quality of Service, this suggests the respondents' likely need for support / relationship with services influences their rating of ease of access. Those respondents who were most positive and least negative were those who had dependency issues themselves.

Sample comments on ease of access of service:

Positive	Negative
Phoned and then got a referral form v good service	Had to wait a long time and should be tied in more with mental health services
Easy to access via online search	There appear to be insufficient services to meet the demand and knowledge of services and their location is patchy
Was warned about the potential lengthy waiting times but appointment offered sooner than expected	Difficult to access. Was easier when CGL had welcome groups. Covid has made it difficult to access. Workers always change at CGL. Not very consistent. Few face-to-face appointments
	Need much quicker access, maybe there are a lack of staff, but it takes far too long to get help when really needed

Q. If you, a close friend, or family member needed help for the effect of drug and/or alcohol misuse, what would be your top three priorities for service?



If you, a close friend or family member needed help for the effects of drug and/or alcohol misuse, what would be your top 3 priorities for services?	Someone to talk to	Ease of access	A key worker	Family Liaison	Home visits rehab	Residential	Community Harm	reduction	1-1 therapy	Telephone counselling	Online counselling	Quick response time	Clinical interventions	Group Therapy	Needle Exchange	In patient detox	Other
Respondents have dependency issues	36%	50%	29%	0%	7%	7%	14%	14%	36%	14%	14%	29%	7%	7%	7%	0%	14%
Respondents have a relative with dependency issues	23%	36%	45%	14%	5%	14%	5%	14%	45%	0%	0%	41%	18%	5%	5%	9%	14%
Respondents have a close friend with dependency issues	50%	10%	50%	10%	30%	20%	20%	40%	30%	10%	10%	20%	0%	0%	0%	0%	0%
Total	108%	96%	124%	24%	42%	41%	39%	68%	111%	24%	24%	89%	25%	12%	12%	9%	28%

Top three priorities by relationship to dependency:

Respondents with dependency issues

- Someone to talk to 36%
- Ease of access 50%
- 1-1 therapy 36%

Respondents with a relative with dependency issues

- A key worker 45%
- 1-1 therapy 45%
- Quick response time 41%

Respondents with a close friend with dependency issues

- Someone to talk to 50%
- A keyworker 50%
- Harm reduction 40%

Key learnings from the general public survey

It is interesting to note that of the 76 respondents, three quarters had either direct (themselves) or indirect (friend/family member) experience of using the services.

Regular appointments with the same support worker and a quick referral process is a constant throughout the consultation. The positive comments referencing quality and ease of access to the service are all 'people' related, whereas the negative comments relate to the service; speed of, accessibility to and availability.

- There is a positive response to the individuals delivering the services
- There is a general lack of awareness among members of the general public of what drug and alcohol services are available
- There is a lack of awareness that there is alternative / additional support, eg home detox, online counselling, family liaison
- There is a lack of awareness of advice and support that could prevent problems with drug and alcohol
- There is a poor perception overall of the quality of services delivered, in terms of ease of access (eg referral process and thresholds), consistency and regularity and physical access
- There is a positive response to the individuals delivering the services

Service users

Introduction

Engagement with substance misuse service users took place on two levels:

1. A bespoke service user survey
2. 2 x focus groups

Service user survey

(See appendix 2 for full survey results)

Audience: Service users in Bradford and Keighley

Aims - to understand:

- Their experiences of the services provided
- How they have found access to the services

Distribution: The survey link was shared with service users via services such as the Bridge and Project 6 and a number were completed by services providers working with services users to answer the questions.

Number of respondents: 113

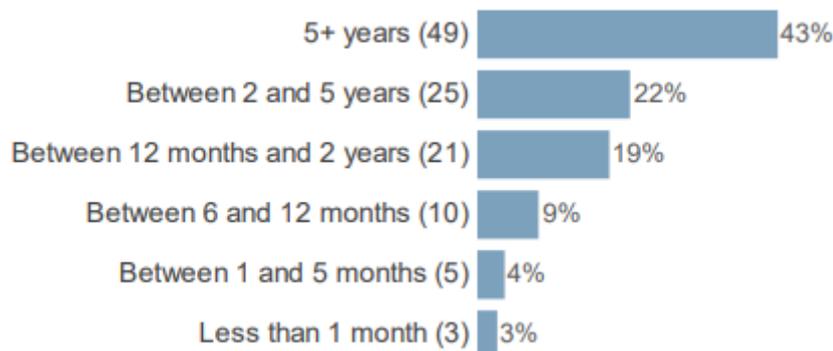
- 53% of respondents were male and 45% female
- The largest age category for respondents was 45-54 years – 38%; 32% were between 35-44 years of age
- 61% of respondents responded 'Yes' to having a disability or health condition (either a little or a lot); of which 75% selected mental ill health and 45% a physical disability
- 69% described themselves as single
- 81% of respondents were white

Headline Take Outs:

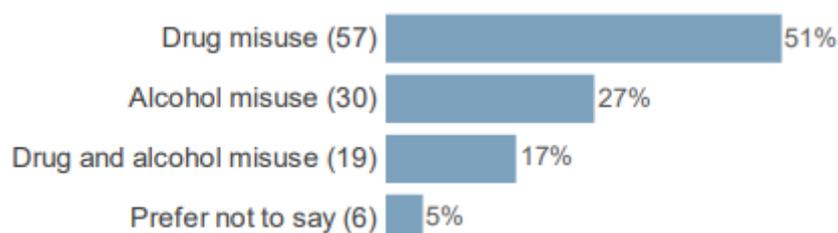
NB: the following are percentages of respondents who answered the question (this is not necessarily all of the 113 survey respondents, as some did not answer all questions).

Q. How long have you been using substance misuse services?

- 43% of respondents have been using SM services for more than 5 years

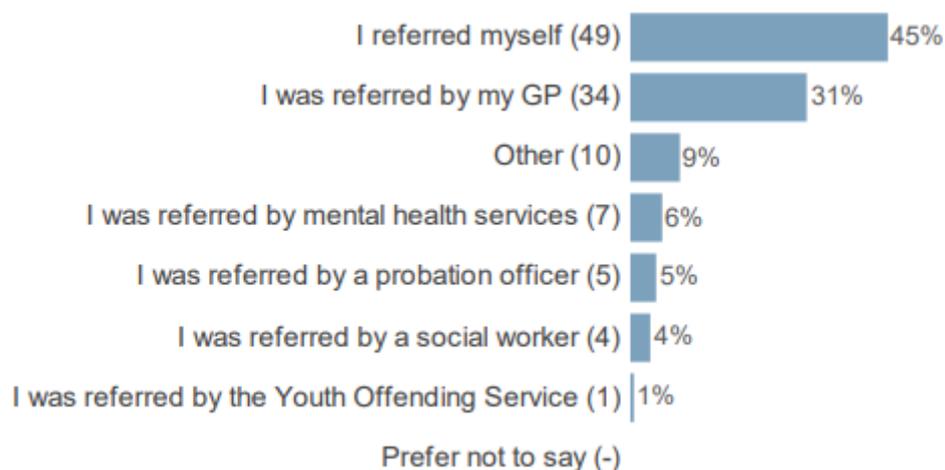


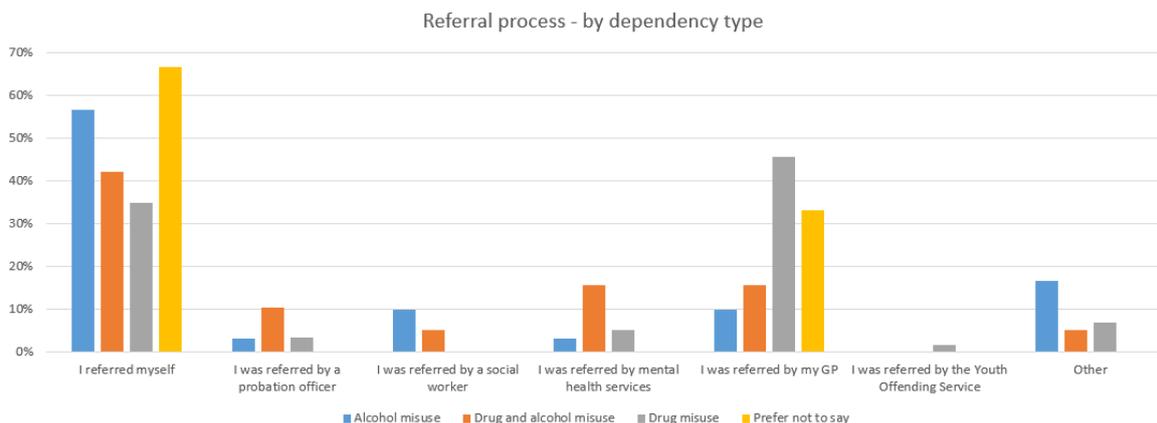
Q. Which of the following best describes why you accessed the service?



Q. How did you become involved with the service?

- The highest percentage of respondents referred themselves to the service – 45%. This is evidenced in the focus groups where GP referral is shown to be difficult



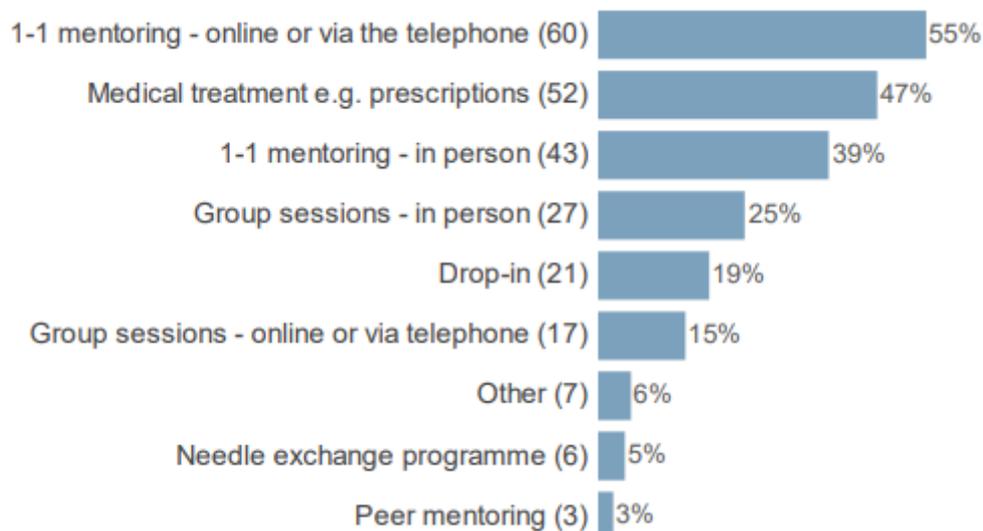


How did you become involved with the service?								
	I referred myself	I was referred by a probation officer	I was referred by a social worker	I was referred by mental health services	I was referred by my GP	I was referred by the Youth Offending Service	Other	
Alcohol misuse	57%	3%	10%	3%	10%	0%	17%	
Drug and alcohol misuse	42%	11%	5%	16%	16%	0%	5%	
Drug misuse	35%	4%	0%	5%	46%	2%	7%	
Prefer not to say	67%	0%	0%	0%	33%	0%	0%	

When considering the data by the service users' type of dependency, self-referral is the most selected route of access. GP referral is most evident amongst those struggling with drug misuse, and least evident for those with alcohol misuse.

Q. Which of the available services do you use?

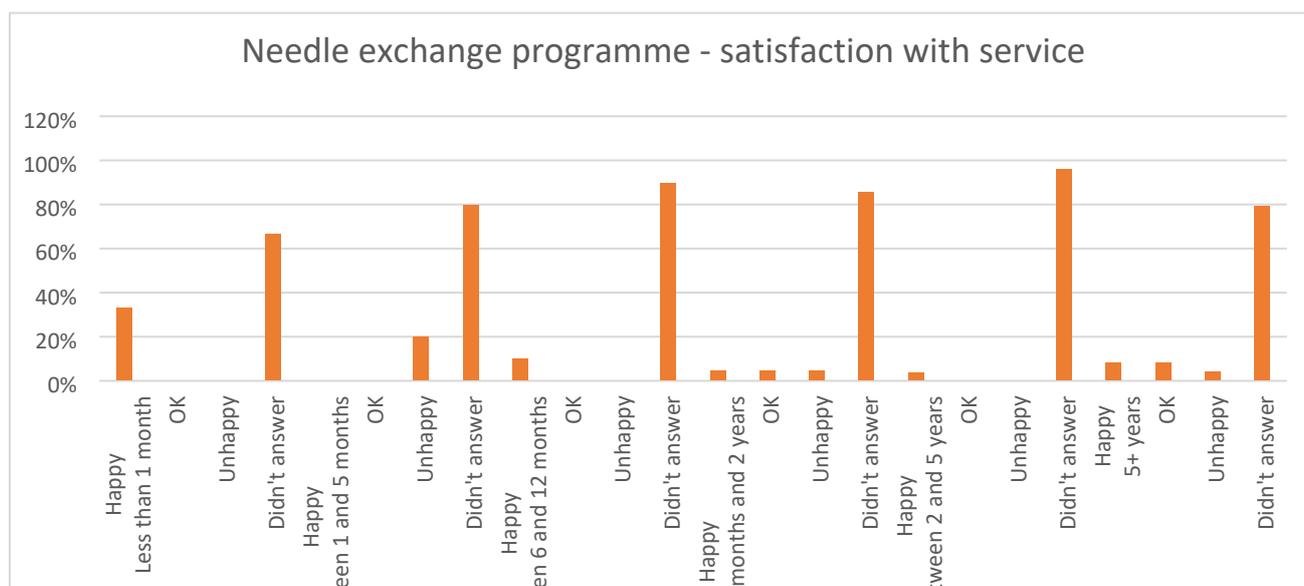
Respondents were able to select as many options as were applicable to them.



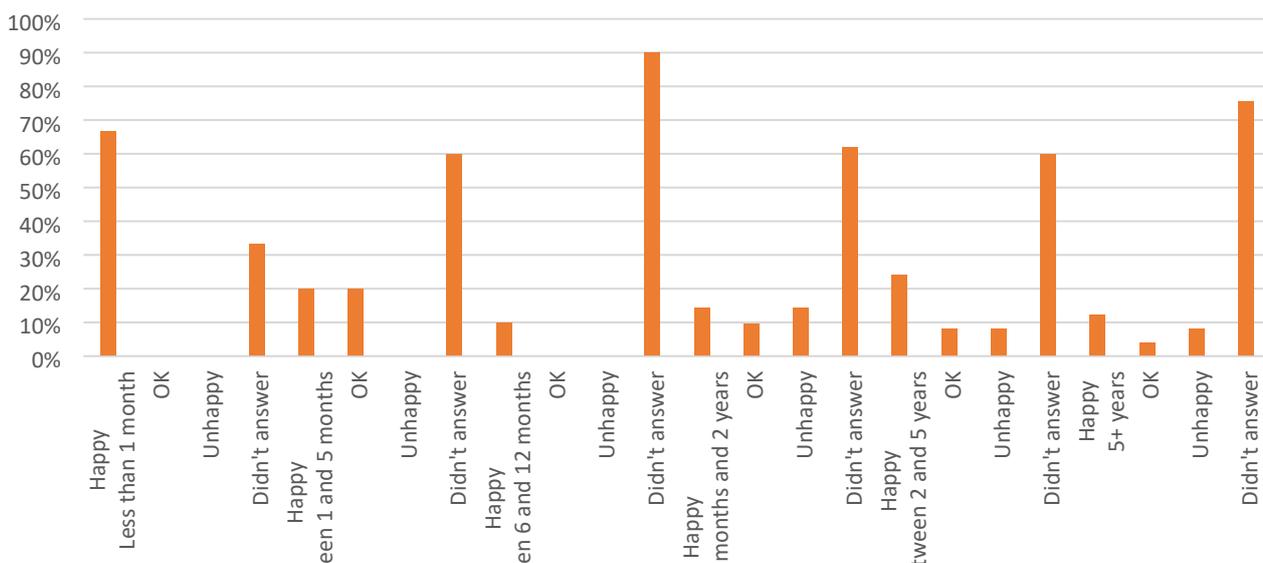
Q. How happy are you with the services used?

- Mentoring in person- 68% happy / 16% unhappy / 16% OK
- Mentoring online / telephone – 66% happy / 10% unhappy / 24% OK
- Group sessions in person – 57% happy / 20% unhappy / 23% OK
- Group sessions online or via telephone – 54% happy / 26% unhappy / 20% OK
- Drop in – 63% happy / 20% unhappy, 18% OK
- Needle exchange programme – 47% happy / 24% unhappy / 29% OK
- Peer mentoring – 40% happy / 45% unhappy
- Medical treatment – 57% happy / 26% unhappy / 17% OK

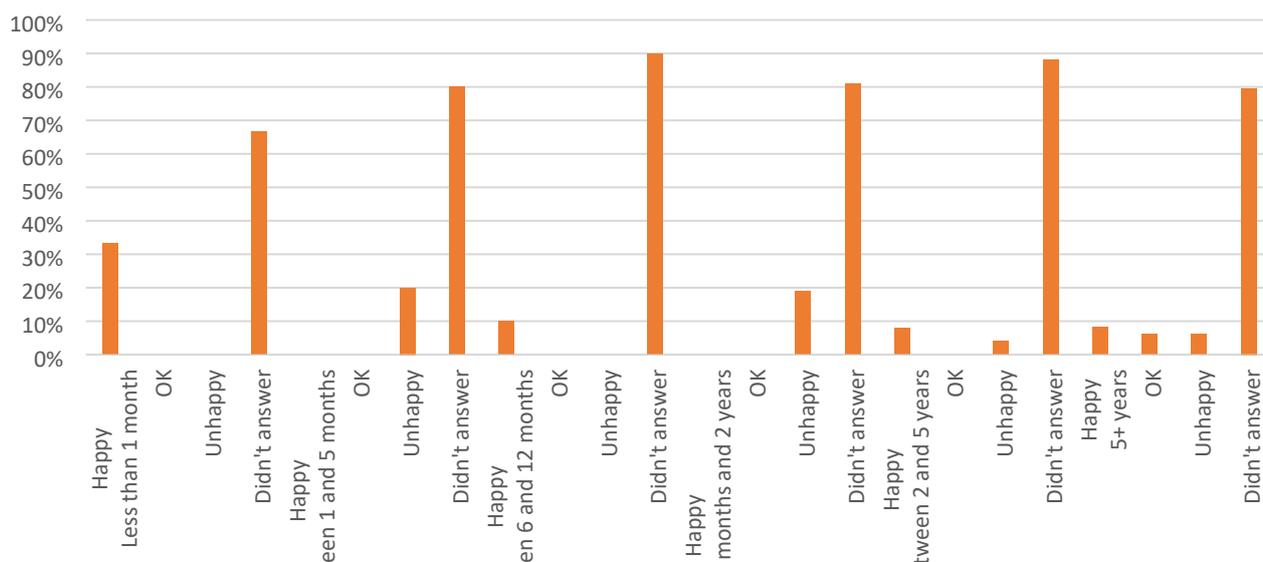
When viewing this data through the lens of 'length of time in services', data suggests that satisfaction with some services reduces over time, particularly after the first 5 months; in particular for the Needle Exchange Programme, Group Sessions (online or telephone) and Peer Mentoring. Further investigation would be needed to evidence the reasons for this.



Group sessions - online or via telephone - satisfaction with service



Peer mentoring - satisfaction with service



Sample comments about the services used and ways to improve the services:

Positive	Negative
Services I have used have been exceptional	I need more help with my mental health issues
Everything, staff, building, new timetable is all fantastic	I would prefer to have face-to-face than over the phone appointment
The service is great and has really changed my life been clean for 2 years	I have to collect my prescription weekly, but I asked if I could fortnightly due to commitments but was told absolutely not... This reminds me or makes me feel that I'm still an addict as you're not trusted to manage on your own
The 1-1 and group sessions have been excellent so far. They've given me hope when I'd got to such a point where things felt utterly hopeless	Why is NOTHING available once the prescription stops? that is THE MOST VUNERABLE time for relapse

Q. Do you agree with the following statements?

Statement	Agree %	Neither%	Disagree%
Getting access to/referred to the services was easy and straightforward.	78	9	13
I didn't have to wait long to be seen by the service.	70	12	18
It is easy for me to attend my clinical appointments e.g. prescriptions.	55	25	20
It is easy for me to attend my non-clinical sessions and appointments e.g. group or one-to-one talking sessions.	68	19	13
I can always speak to someone about my clinical (prescription) needs when I need help and support.	66	16	18
I can always speak to someone about my non-clinical (talking therapy) needs when I need help and support.	72	11	17
I am happy with the quality of support and treatment I have received.	75	8	18
I know who to contact in case of emergency.	86	6	8
The different services (e.g. social workers, mental health team etc.) talk to each other and work well together on my behalf, making my recovery as smooth as possible.	53	26	21

The services support members of my family that have been affected by my drug/alcohol misuse.	34	41	25
The service gives me the help and support I need and shares my recovery ambitions.	70	8	22
By working with my recovery worker, I have set clear goals for my recovery, which inspire me and help me on difficult days.	72	16	13
I feel committed to my treatment programme.	81	17	2
I have access to all the services I need as part of my recovery.	73	6	21
I would recommend the service to someone struggling with drug or alcohol issues.	83	8	9

Sample comments about the statements:

Positive	Negative
I enjoy drop in to mingle with peers in the same boat as me who I can relate to, and we support each other.	Because of Covid I really can't say much but I referred myself took 10 months to get into detox ... came out in November last year but coz of Covid no face-to-face no groups ended up relapsing and self-harmed ...
I'm happy with the service one-to-one support from recovery coordinator on phone and face-to-face.	I would like to hear from my drug worker at least once a fortnight or sometimes once a week at the moment I only hear from my worker once a month.
I think they are really good at what they do and very understanding.	Keyworkers were changed too often so there was little chance to build rapport.
Services I have used have been exceptional.	I would need and like group meeting or anything at this point. I Feel alone with my recovery.

Q. Do you think there are any gaps in the services provided?

- 33% Yes ; 33% No; 34% Don't know/unsure

Sample comments about gaps/improvements to the service:

More public awareness.	Dual diagnosis.	More therapists and services.
More groups to assist with triggers and handling relapses.	Prescription length.	More frequent appointments.
Help with travel costs.	Face-to-face appointments.	Would not have known where to turn if had not been referred by the court!
No aftercare.	Stopping drugs is easy, it's the maintenance that's hard.	Not enough groups or drop in sessions.

Key learnings from the service user survey

It is worth highlighting that the satisfaction levels for a number of statements for service users do not tally with anecdotal feedback taken from the focus groups and the virtual event, and seem to be at odds with each other. Further work (one-to-one interviews and/or focus groups) could be undertaken to gain further clarity around quality and satisfaction levels.

- Users are generally positive about the services provided
- Users are committed to the course of treatment provided
- The survey chimes with the face-to-face and virtual consultations with regards to access to mental health support as an ongoing issue

Service user focus groups

To add greater depth to our understanding of service user experiences, two face-to-face focus groups were held; one in Bradford and one in Keighley. Service users were invited to participate via the Bridge and Project 6.

Each focus group was between 1 to 1.5 hours long and followed an outline format of questions/prompts whilst still giving space for service users to share their experiences.

Both groups were well-attended with approximately 10-12 attendees in Bradford and 15-17 attendees in Keighley.

Attendees included service users who:

- Were dependent on different types of substances including opiates, legal highs and prescription drugs
- Were dependent on alcohol
- Had co-dependency
- Experienced mental health issues as well as dependency
- Were family members – partners and parents

Aims - to understand:

- Their experiences of the services provided
- How they have found access to the services

Headline take outs have been identified from the focus groups and then key issues and messages have been drawn out. In order to show the flow of the discussion and give voice to the service user experience, the two face-to-face consultations are grouped together.

Headline take outs:

- It takes a lot of courage to ask for help, at a point where service users have hit absolute rock bottom. That first experience is extremely important

“We can’t do this on our own, so from that first point of contact if we’re not getting that togetherness, we’re not getting nothing at all... you can’t do it on your own.”

“Hardest thing in life is to stop taking what you’re taking...it was my best mate, my soul mate, it was everything. I couldn’t function without my drugs it was everything and I didn’t know how to leave it alone, until I came into services.”

- The referral process to services does not always work; GPs need educating on substance misuse and the services available.

“It can be really hard though...my addiction was to prescription medication, so wherever you went it was ‘oh we don’t deal with that, we don’t deal with that’. My GP used to say ‘I just don’t know what to do with you.’”

“[not referred, handed A4 piece of paper with contact numbers on] ...but when your head is such a mess anyway to have the courage to put a call that was just straight to an answerphone anyway...”

- Getting a referral for support from a GP seems to be harder for service users who have an addiction to prescription drugs or alcohol, rather than opioid dependency

“I had to manage for ten years on a pretty much daily script from my GP. I was a nurse...I ended up in trouble with the police and it was the police and kind of the severity of where I was at that I got any help, so it’s pretty sad in a way because all they ever used to say was ‘oh there’s one person who deals with prescription medication and he’s really busy, he’s really full’...it’s like I had to get so bad before [I got help].”

“I waited two months for a doctor to call me back. I just wanted the prescription changing so I weren’t going up every day because Sunday chemist opens at 1pm...”

- The time from initial referral to being seen by CGL and getting a prescription is too long – anywhere from 6 weeks up to 3 months

A recovering addict who is now a volunteer shared that he sees new service users come in and they have to wait 6/7 weeks for a script. *“It’s a long time for someone who has come in and wants to get clean.”*

- Prior to referral and being ‘in the system’, it seems impossible for those with dependency to know where to start or how to find out what support is available

“I wanted help and I went into the doctors, and I asked for help I ended up going through the services to get my methadone but when I got my methadone, I didn’t get any direction. They just had me on my methadone, on my script and that was it...no direction. What is it I need to do to keep clean? That’s what everybody wants. We didn’t go for the medication; we want to know what it is that’s going to keep me off the drugs.”

“I got into recovery through the job centre, there’s a group of people there that kind of give a bridge between the job centre and recovery...and he mentioned the Cannabis, Spice and Legal Highs group...from there I found out about the Vault...once I got into one group I kind of found out about another one.”

- Although some services have good relationships and connections with the different organisations such as mental health, benefits etc, service users with comorbidity of alcohol and drug addiction often only receive support for their drug dependency
- Similarly, service users and keyworkers reported a lack of connectivity with mental health teams – commenting that mental health teams will not see them unless they have been in recovery for a specific amount of time. This is despite their issues being interlinked

“For mental Health services thumbs down, it’s a proper show. From housing point of view, we get a lot of referrals from Mental Health services, and they sort of say ‘well if they were moved or if this property were adapted for them, if they were in a better place...they’ll be fine. So, we move them, and we get them in there and we pull out because the housing need is met, but the mental health need is not met and then the housing fails, and it comes back round and it’s like that all the time.”

“...I begged for a mental health worker for her, and she got one allocated, but I think was discharged after 3 weeks.”

- A more joined up approach is needed – service users find retelling their story to different staff and organisations frustrating and difficult.

“If you called it by one name it would be a lot easier.”

- From the service user’s perspective, the biggest influence on their recovery journey is their regular connection with individuals – keyworkers, staff, volunteers and family. This includes the support given by fellow service users and peer mentors

“There was such a belief in me...I’m buzzing because I’ve never had that before...straightaway I was given that sort of trust.”

“My own personal journey, the people I’ve met, the support I’ve had I just feel utterly blessed because I would have been dead otherwise.”

- Consistent relationships that build trust and self-belief are important; being able to see the same members of staff, who know you and understand your needs

“If you miss a group for whatever reason, the two weeks seems such a long time if your keyworker is on annual leave, you do notice that gap. Building that trust and rapport with someone and being able to share your most horrible thoughts and feelings that led you to addiction in the first place...”

“I get it’s hard for them and it’s stressful dealing with people like me day in day out, so I get that but surely I should be more monitored surely. Not just left to my own devices.”

- It is important that support is given to family members as well as education/guidance to help them provide support
- It is important that the support provided gives service users a routine and structured day - classes, therapy sessions, educational sessions, a place to meet. This helps to give them to focus at the most difficult times in their recovery

“Joining like-minded people...something to get up for...”

“Needed somewhere to go...needed to be around people because left to my own devices I just wanted to use...”

- Dependency impacts on every aspect of a service user’s life. Services work best when they help the service user to rebuild ALL aspects of their life e.g.+ housing, court, benefits, mental health, jobs
- Once in recovery, service users are ‘signed out’ of the services. This leaves them left with no support, although they feel that their need for support has not come to an end and that they still need to have access to services

Key learnings from the service user focus groups

Through the service user focus groups and the stakeholder virtual event, those who have successfully 'completed' identified group meetings as very important to the recovery process. These groups do not have to be substance misuse related as long as they enable the service user to be with like-minded people, facing similar issues and building daily routines.

- Accessing services is seen as a problem, not just when starting out or seeking treatment but at any stage in the treatment
- There is a lack of communication between the various agencies, involved in service users' treatment and support
- There is not always a clear path or direction given for recovery

Key learnings from service user consultations

The service user survey and focus groups identified clear gaps and areas for improvement within the existing service provision, including gaps that existed both pre-Covid and currently. However, these consultations also highlighted aspects of the services that worked well pre-Covid and which service users feel are vital to the success of an individual's recovery.

Identifying gaps and improving services

1. Accessing services is seen as a problem, not just when starting out or seeking treatment, but at any stage in the treatment.
 - Starting out on the journey to recovery through treatment and support is a major step
 - Prior to referral and being 'in the system', it seems impossible for those with dependency to know where to start or how to find out what support is available
 - Service users talk of delays, no one phoning back and long timescales
 - Getting an appointment to take the first steps on the journey can take up to six weeks
 - The referral process to services does not always work; service users are often left to self-refer and GPs need educating on substance misuse and the services available
 - Access to treatment/detox is also raised as an issue
2. Lack of communication between the various agencies, involved in the service users' treatment and support
 - Access to mental health services is raised as a continuing issue
 - GPs require training to understand the emotional and mental health issues of treatment and support

- Different services are not joined up. This can leave service users undergoing treatment, i.e. methadone, to relapse into use
3. There is a feeling of lack of direction in their recovery
- Service users express that their treatment lacked a plan
 - Service providers have not devised a journey that service users can identify with
 - There is a problem accessing mental health support simultaneously to treatment
 - There is a lack of access to aftercare services
 - The prescribing system does not provide for flexibility to enable service users to take more responsibility
4. Regular contact, daily routine and being with other people in similar situations are essential parts of recovery. Covid restrictions have limited these opportunities.
- Service users expressed the value and importance of having a safe place to go
 - Group activities give focus and routine to the day
 - Whilst some service users were happy to speak to their key workers over the phone and others preferred face-to-face contact, what they wanted was regular, frequent contact

Stakeholders

Stakeholders were consulted via an online event, and there was also extended dialogue, together with service users, in the two focus groups. Local GPs were specifically consulted via a bespoke online survey.

General practitioner survey

(See Appendix 3 for full survey results)

Audience: GPs in the Bradford Council area

Aims - to understand:

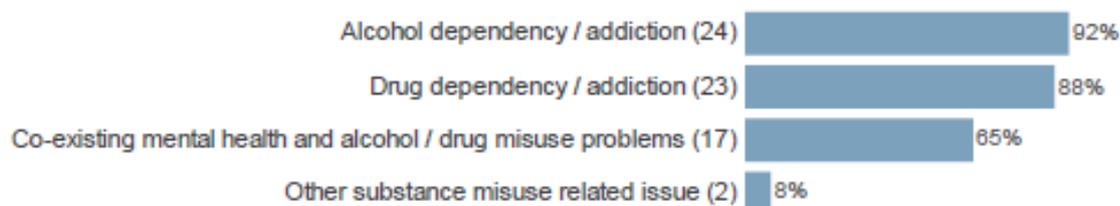
- Current perceptions of the services
- Whether the current service structure matches what they see as the current need in Bradford
- If there are any gaps, for example supporting earlier interventions
- If the services work for them when they make a referral
- If the thresholds for access to the service are set at the right level or are too high

Distribution: A link to the survey was circulated to GPs via inclusion in a weekly newsletter shared by the CCG

Number of GP respondents: 27

Where would you refer a patient for substance misuse services?	%
New Directions	96
Bridge Project	36
Project 6	32
BDCFT	24
Other	4

- 92% had referred patients for support and 92% for treatment. 8% selected 'Other' as their reason for the referral, identifying these as psychotherapeutic support/therapy, and family support
- 92% of referrals were for alcohol dependency/addiction, 88% for drug dependency/addiction, and 65% for co-existing mental health and alcohol/drug misuse problems



- If the respondent assessed that a patient was regularly drinking and/or using drugs too much but did not appear to have an addiction:
 - 70.4% would refer them to a specialist drug and/or alcohol agency
 - 63% would support them themselves as their GP
 - 59.3% would refer them to a voluntary sector organisation
 - 29.6% would refer them to online services
 - 22.2% would refer them to a healthcare professional in their practice or PCN
 - 3.7% selected 'Other'
- 56% either agreed or strongly agreed with the statement 'Bradford's substance misuse services are easy to find online'

Sample comments:

I don't think there is an easy web portal with information about all the services available

Services are difficult to find online due to everchanging names, reorganisation and referral criteria

- 42% neither agreed nor disagreed with the statement 'Information about the services available to patients is helpful and informative'; with 39% either agreeing or strongly agreeing
- 37% neither agreed nor disagreed with the statement 'The services available match the needs of my patients' 41% either disagreed or strongly disagreed compared to 25% who either agreed or strongly agreed

Sample comments:

The support is extremely rigid and does not reflect the often chaotic lives of these people

Services and pathways are confusing and often unclear of their offer / other services that might be more appropriate

- Respondents are divided with regards to thresholds for access to services. 19% neither agree nor disagree with the statement 'I think the thresholds for access to services are at the right level'; 35% either agreed or strongly agreed; and 46% either disagreed or strongly disagreed

Sample comments:

Support workers and recovery co-ordinators are wonderful and are an essential part of the service for our very chaotic patients, and more of this would be fantastic

When referring patients they are rejected, and some arbitrary threshold is held as the reason

- 48% either agreed or strongly agreed with the statement 'The referral process is simple and efficient'; compared to 34% who either disagreed or strongly disagreed

Sample comments:

Often the referral phone number for New Directions is not answered

I have had very positive experiences of referral to New Directions

The referral process for GPs seems to be just signposting for self-referral - it would be helpful if there was a form that could be filled in on GP Assist

- Only 20% either agreed or strongly agreed with the statement that 'Patient waiting times are short/timely', with 54% neither agreeing nor disagreeing
- 74% either disagreed or strongly disagreed with the statement 'I receive regular informative feedback about patient progress and treatment for referred patients' compared to 14% or either agreed or strongly agreed

Sample comments:

I have a close working relationship with Project 6 and refer to them regularly, with ease and get good reports from patients using their service

Should be on SystmOne. It's a risk that they are not and causes us work

It can be difficult to obtain information about our patients from CGL

The service was much better when they used system1. It allowed immediate sharing of information

Q. What aspects of the substance misuse services provided by New Directions, The Bridge Project, Project 6 and/or BDCFT (Bradford District Community Foundation Trust) do you feel work particularly well?

Sample comments:

Self-referral system for New Directions is very much valued from primary care.

Once someone is under the care of New directions/p6, they seem to get good support. The difficulty is the access in the first place - there seems to be fewer counsellors/support workers than there have been previously

Responsiveness - good at picking up referrals promptly when patient still motivated to change. Long term working with clients

Local services provide good levels of support for their registered clients. It's good that patients do not expect their GP to be involved in the treatment of their addiction.

Detoxification under New Direction has been more successful recently

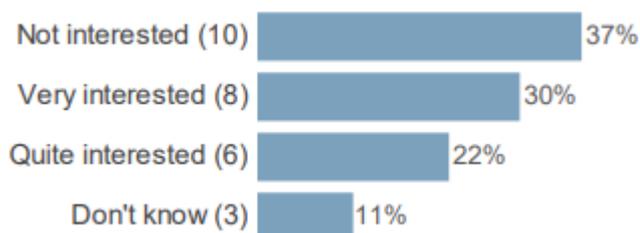
Q. Do you feel that there are any gaps in the current service provision?

- New Directions – 85% Yes / 15% No
 - The Bridge Project – 48% Yes / 52% No
 - Project 6 – 44% Yes / 56% No
 - Bradford District Community Foundation Trust – 67% Yes / 33% No
- When combined, an average of 41.75% of respondents felt that there are gaps in the current service provision compared to 39% who felt that there are no gaps

Sample comments:

<i>I think there is still a lack of support for patients with mental health AND substance misuse</i>
<i>The previous integration of Bridge project into SystemOne GP records was really useful: for example, it increased safety for prescribing. It is a real loss that we no longer have this, and I feel patient care has suffered</i>
<i>Better/regular communication with GP practice</i>

Q. How interested would you be in having additional training and increased involvement in a shared care model for substance misuse service users (for example, supporting low risk patients established in treatment with prescription needs and regular check-ups)?



Sample comments:

<i>A shared care model would require additional funding, resources and staffing into primary care. We could not deliver this on top of what we are already trying to deliver</i>
<i>Shared care approach would only work on a significant scale if supported by funding from CCG, for instance via the current funding for DMARD shared care (via local enhanced services funding)</i>
<i>There is absolutely no capacity for GPs to take on more work to take on regular checks ups and more prescribing to bolster a failing service</i>

Key learnings from the GP survey

- There is generally not sufficient communication and feedback, by providers on service user progress or problems once the GP has referred them
- GPs say that pathways to treatment are unclear and confusing
- There is an issue about the non-use of SystmOne as an online communication tool between GPs and providers
- 63% of GPs report that they would support a service user at their GP. This may restrict the service user's access to other services

Stakeholder event

(See Appendix 4 for full details)

A total of 53 individuals attended the online event on 5th October 2021, representing associated service providers within Bradford Council, CGL, Bradford College, The Bridge, In Communities (social housing provider), Project 6, Bradford NHS, West Yorkshire Police, Beacon Recovery, Victim Support, Horton Housing, Bradford District Care Trust, Centre Point, Justice.gov.uk and Inspired Neighbourhoods.

Following presentations outlining the national and local context, delegates went into break out rooms to discuss and share their views on four key discussion areas. The conversations were recorded, and the key points captured on Jamboards.

Key learnings

Reduced funding has put significant pressure on the services available to service users and the individuals who provide them. The need for safe and ethical medical prescribing services was recognised to be vital service provision, but all were clear that to increase the number of completions, the wraparound services and psycho-social interventions were equally as vital.

Key Topic 1 - Service Effectiveness

In Bradford, over a third (33%) of opiate service users have been in treatment for 6 years or more at the end of 2020/2021. Of 2308 opiate service users in treatment, only 81 (3.5%) successfully completed during the period October 2019 to September 2020, without re-presenting within 6 months (compared to national average of 5%).

Q. What do you see as the key issues preventing people from exiting treatment services earlier and successfully?

- Interventions need to match and meet the needs of the individual not the other way round
- Need to prioritise wraparound AND medical – not prioritise one over the other
- Groups are key to recovery
- We have to get it right from the start
- It is important to build trust in an individual and helping them to take responsibility and be accountable
- We need to enable individuals to have a vision for a different life
- Impact of reduced workforce and funding cannot be ignored

Key Topic 2 - Support Services

Review data indicates that access to housing by those in treatment would appear not to present a significant barrier but consultations with service users identified the quality of accommodation as a major concern. Some of the key findings from the Dame Carol Black report also identify that good quality accommodation is essential if someone is to succeed in treatment.

Q. How can partners across treatment and supporting services work to improve co-ordination and accountability for wider recovery outcomes?

- Need to focus on staff and volunteers and hold on to as many as possible
- If housing is not right, people end up back on the streets
- Mental health issues are high amongst service users
- Communication between services and working together as services is critical for successful outcomes

Key Topic 3 - Criminal Justice

The partnership's performance in terms of continuity of care between custody and community is below average; currently 34% of those referred from custody services to community treatment services make that transition, compared to national average of 38%.

Q. Why is this system not currently working? Where should we target efforts and support to improve treatment take up?

- Simple changes to current systems and process could be highly effective
- Communication between prison SMS and services once the individual has been released
- Longer scripts when released instead of bridging scripts

Key Topic 4 - Integration of Healthcare

Major change is happening in health care service delivery with new integrated care systems (ICS) and the Dame Carol Black review recommendations, such as protected budgets and greater local accountability.

Q. With this in mind, how can we influence change across the wider health and care system at this point? What should be the priority areas to focus on?

- Technology should be used to improve efficiency and share information between services
- Provide a holistic offer of care
- The service needs to be developed for the future and have a clear vision

Key learnings from the stakeholder consultations

- Efficient and effective communication across all services involved with users of substance misuse services is vital to successful outcomes
- Service delivery needs to be service user-led and not service-led
- Clinical interventions cannot be at the expense of other evidence based practice
- Access into the service needs to be easier and more timely
- Well trained staff and volunteers offering the voice of lived experience are integral to the service

Overall findings

There is evidence from service users that the substance misuse services have worked for them, once they have made contact with the provider and are being supported. This includes receiving treatment and regular contact with the provider. This has worked despite the impact of Covid and lockdowns.

“Project 6 – call in, speak to reception and you can see someone – they will refer you to whatever member of staff you need to go under.”

“I cannot fault Bridge, they helped me straight away.”

“CGL completely saved my life.”

Overwhelmingly it is the ‘people’ (support staff, mentors, volunteers) who have inspired the positive responses and feedback throughout the consultation, whilst it is the service (processes, timescales, access) where the focus of any negativity often lies.

What is working well:

- The interaction between provider keyworkers, practitioners and staff and service users
- The structure and routine that providers create for service users
- The trust between providers and service users
- The accessibility of provider staff, at the end of the telephone, or drop in – the surveys strongly assert this, but the focus groups and virtual event contradict this, suggesting that when the process works, it works well but lacks consistency. It also does not identify whether this is at the beginning of the relationship and with which element of the service provision
- The non-judgemental approach of provider organisations and staff
- Long term management for those in treatment to stay in treatment rather than relapse into addiction
- It is clear that once users are able to access and are interacting with the current substance misuse model at the Bridge or Project 6, they feel they are well supported by provider organisations, voluntary organisations and general practice/primary care

Where improvements could be made:

- It was reported in the virtual stakeholder consultation, that support workers have caseloads of 100 – 120 service users currently in treatment in Bradford, with staff saying that they feel they have become administrators and sign-posters. This is because their increased workload no longer allows them to deliver the meaningful work that makes the difference to the service users’ recovery’
- In the virtual event, it was flagged that the current model is a one size fits all approach, rather than one designed by and for people in Bradford and the local area

Areas of focus

The following points are a summary of the areas highlighted by all those participating in the communication and consultation process.

Putting the service user at the heart of all that we do

- Services need to meet the needs of the service user, rather than working to a one size fits all model
- Service user voice needs to inform future service model
- Services need to be accessible – hubs, satellite centres, outreach work
- Support groups and sessions are very important to the recovery process as they provide routine. They do not need to be substance misuse/therapy groups, they can be outdoor activities, local community clubs, café meet ups (eg the Vault) which give service users a daily routine and give them purposeful activities to occupy their day
- Service users would benefit from a clear recovery pathway and vision

Working to a common goal

- Services need to be holistic and treat the whole person; an integrated offering to include mental health, housing, jobs etc - providing skilled assessment/treatment without people having to navigate several services
- Service offer needs to be clear, transparent and accountable
- Communication and co-ordination between services needs to be prioritised
- The role of the GP needs to be given more focus– referral, support and information sharing
- Joined-up working between criminal justice partners and substance misuse services in advance of release – through the gate workers meeting clients on day of release, longer scripts instead of bridging scripts and peer support to help access support services on release
- Having a shared purpose for all stakeholders across the system and an understanding of where everyone is working to either support or achieve that purpose

People are at the centre of success

- Staff workload needs to be reviewed
- The value of volunteers with lived experience for service users should not be underestimated and they need to be supported
- Support for families impacted by addiction
- More work with hard to reach groups – south Asian communities, those who find it hard to engage with mainstream provision

Effective and efficient processes

- The referral process and access to the service is inconsistent in terms of thresholds, timescales and administration
- Covid evidenced positive changes eg extended scripts and online groups
- Separate funding streams for clinical and non-clinical to ensure one service is not prioritised over the other

Overall priorities

1. Accessibility

Getting into the system

“You have to be at rock bottom before they find you”

Being able to access services and to make first contact is an issue for service users. According to the service user survey, 45% referred themselves, ahead of referrals from GP's. In the GP survey only 39% believe that information about the services available is helpful.

The general public survey shows that they are unaware of some of the options, particularly harm reduction services, which could be preventative. The general public would also look online for help in the first instance, ahead of contacting a GP. Service users have also pointed to the need to publicise the service more effectively.

Service users say that when they make contact, they expect something to happen and often for weeks, nothing does. Service users also stated that there is no clear direction or pathway given for recovery. Subsequently there is no shared vision between those seeking treatment, the service providers, primary care, NHS and other voluntary and statutory agencies.

How access to services could be improved:

- Digital and social media presence to promote substance misuse services
- Promote the full range of services, home detox, telephone mentoring etc
- Tell the stories of successful users, who have benefitted from treatment, recovery and completion
- Improve communication between GPs and providers about new service users
- Ensure that providers give feedback to GPs on the progress or problems that referrals are having

2. Treatment

Understanding the process

“Getting clean, giving up the drugs that’s the good bit, it’s keeping off it.”

Once service users are through the referral process, many report delays in treatment sometimes waiting up to six weeks for an appointment. At a point when service users need it most, they are left without clear or managed expectations. This interface needs better management but even if timescales cannot be improved, users should be kept informed of progress. This could be done by text message or telephone for those with access.

In the virtual consultation, the input of the service user in the design and delivery of services was raised. Consistent with their ability to contribute, there is value in the involvement of service users in treatment plans.

Service users also report that when they have begun treatment, they cannot get an understanding of next steps from either their GPs or service providers. The journey they are on is not articulated to them and again they are left without clear or managed expectations. The journey needs to show the steps that need to be taken towards recovery and completion, including housing, volunteering, education and employment.

How treatment can be improved?

- Digital and mobile communication with those who have recently applied for treatment to keep them informed of progress
- Communication between agencies in prioritising new service users
- Training for GPs and other professionals to improve management of the emotional issues involved with undergoing treatment
- Better direction for those in treatment relating to next steps and ultimate goals

3. Services

Shared vision

“What we have at the moment is a service that people have to go to and that when people need support, it’s like a signpost. So, it feels like we have lost the whole system.”

Firstly, improvement in awareness of harm reduction and preventative services, and promotion of wellbeing and health lifestyles, could possibly reduce intake to the system. Service users in the survey register high levels of disability and/or mental health problems alongside their substance abuse. Working collaboratively with disability organisations, charities and social enterprises to raise awareness of substance misuse and early signs and symptoms, could also reduce entrants to the system.

Access to mental health services was also flagged as crucial by service users and GPs. A way to improve joint working would be dual diagnosis between GP and mental health services.

Improving service users' input into the design of their treatments, was also raised in the virtual consultation. This would increase trust and ownership between the service user and the provider as well as creating a more individual approach to treatment and a clear journey to recovery and completion for the service user.

How can services be improved?

- Digital and social media campaign to raise awareness of preventative services
- Joint working between providers and disability charities to raise awareness
- Increased role for the service user in the design and management of their treatment
- Improved access to mental health services for service users (including joint diagnosis)

Areas for further development and consideration

As we have worked through the key messages, learnings and findings of the substance misuse services consultation, we have identified a number of areas that we feel merit further development and consideration. We see these areas as equally valid to improve existing services or to inform a retender of services.

Communication

Effective and timely communication in order to improve the sharing of information across services and partnership working is a thread woven throughout the consultation process. A communication strategy and implementation plan to maximise and retain the engagement, investment and support of all those who have taken part in the assessment programme to date we feel would be an effective way forward.

Feedback

- All those who attended the service user focus groups in Bradford and Keighley have been given feedback from the sessions and delegates from the online event have been sent a post event round up together with the opportunity to provide additional feedback. There has however been no further communication with any of the survey respondents (general public, service users or GPs). There is a need and an opportunity to keep these individuals 'warm' to the work that is being done by sharing feedback or next steps

Obtaining additional insight

- The range of activities employed throughout the consultation process have all provided invaluable insights into the current service effectiveness, gaps and areas for improvement. They are however all limited in terms of the level of depth they can provide. For example we know that the majority of service users self-referred into the service, but we do not know how they came to follow that process, how easy the process was to follow and how they think it could be improved. We have an opportunity to further extend questions and explore key areas further through additional surveys (eg one directed to members of the public without experience of the service), focus groups or one to one interviews

SMS forum/panel

- The involvement with and response to the consultation process has shown significant investment from service users, general public and stakeholders alike. 35% of the 76 general public respondents; 56% of the 113 service user respondents and 44% of the 27 GP respondents have agreed to participate in future consultation. There is an opportunity to develop a substance misuse services panel to continue to have extended dialogue and have invested individuals be part of the modelling of future services. The equality and diversity sections of the surveys, show that a targeted approach to diverse groups is needed to create a balanced panel and the voice

of lived experience would also be integral to the group, but we now have a strong foundation from which to start to build.

Support services

Once a service user has accessed one service, it often follows they find out about other services either at a centre or through other service users. This is however an inconsistent and often frustrating system.

- A simple, 'single point of contact' website directory of services available to anyone with substance misuse issues living in the Bradford area, that can be accessed by the service user, friends and family, support workers and all partners
- Awareness building of services available for those with substance misuse issues and their families/friends

Service branding

Within the consultation process all respondents identified the service provision as three distinct organisations, despite the fact they all come under the remit and management of CGL/New Directions. Within the surveys the provision was also split into the separate organisation. In order for a more accurate assessment of services as a whole to be carried out and in order to present a united and less disjointed service, the provider needs to have a single identity eg New Directions, New Directions at the Bridge, New Directions at Project 6.

Community ownership

Funding issues and budget cuts are always going to be a challenge and so a change of approach needs to be considered whereby it is objective- and not solution-led and consequently not always constrained by local authority funding and straight lines.

- Investigate and understand the whole support landscape in Bradford and Keighley (not just BMDC commissioned services) in order to think outside the 'commissioned service box' to identify the range of support services out there and how they can be linked together. The voluntary sector in Bradford is very strong and perhaps creative, co-produced work would be possible. There are also a number of very small groups/charities (often incorporating volunteers) working in the Bradford area and they might form an aspect of a bigger matrix of support / mutual aid
- Consider how to build community capacity and ownership and upskilling

The Bradford Way

- The development of the “Bradford Way” a road map for the journey out of substance misuse to recovery and beyond
- The development of a Bradford model of treatment and recovery
- The inclusion of service users, primary care professionals and third sector providers in developing the Bradford Way model of treatment and recovery

Current provision

- Whilst staff from all parts of CGL have taken part in different aspects of the needs gap assessment and given invaluable input to the process, to provide greater context there would be value in understanding the issues and barriers they are facing, the learnings they have from Covid and the plans they have in place for post Covid
- A review of the current referral to service system to gain greater understanding of the process and identify what works well and where improvements can be made
- Further dialogue with GPs and CGL about the use of SystmOne or alternative information sharing software

Knowledge is power

- Understanding what current awareness and education programmes are in place for prevention and early intervention across schools, colleges and other organisations in the area. How can the service feed into existing programmes and where are the gaps?
- Harnessing the powerful voice of the lived experience and giving individuals with addictions something to aspire to – hope needs to be built
- Doing so would both acknowledge and build understanding that recovery can be a lifelong effort requiring the strength to break established life patterns and mind-sets, such as moving away from close networks of friends/family when these are not helpful, or the criminal behaviour, which can result from addiction. All of which takes courage and perseverance. In short - acknowledging that individuals who are committed to recovery are often courageous people struggling with multiple issues in their lives in order to be successful in living without drugs
- Some form of mentoring support for people transitioning between various levels of support (hopefully moving on from the intensive support of specialist services to less specialist and finally into regular community support networks so that people are reintegrated into “normal” activities/life)
- Development opportunities for volunteers with lived experience – identify alternative funding streams and/or services eg Princes Trust

Overall consultation reach

General public engagement

76 members of the public have participated in the consultation process via the public survey.

The vast majority of whom were female, and respondents ranged in age from the 25-34 years bracket to the 75-84 years bracket, but with 53% spanning 35-55 years. 40% described themselves as married and 31% single.

46% of respondents have a disability or health condition, which limits their ability to do things (either a little or a lot). Of those with a health condition, 59% reported a physical disability, 41% a mental health issue and 36% another substantial or long-term condition.

The demographic mix of respondents was limited: 79% described themselves as White (English, Welsh, Scottish, Northern Irish, British) and 83% described themselves as Heterosexual or Straight. From the perspective of the survey, this is likely to restrict our ability to identify any trends or learnings aligned to ethnicity or sexual orientation.

Of the 76 who responded, 15 (20%) had experienced problems related to drug or alcohol use themselves, 30 (55%) had a close friend or relative who had experienced problems, and 24 (32%) did not know anyone with drug or alcohol problems.

35% of respondents would be willing to participate further in the service review.

Service users

There were 113 respondents overall to the service user survey.

Unlike the general public survey, there was a greater balance between male and female respondents – 53% male and 45% female. 70% of respondents span the ages of 35-54 years, with 69% describing themselves as single and only 10% as married.

61% reported that they have a disability or health condition that prevents them from doing things (compared to 46% of respondents in the general public survey). Of those who reported a disability, 75% identified this as mental health (41% in the general public survey); 45% a physical disability (59% in the general public survey); and 27% another substantial and long-term condition (36% in the general public survey).

As with the general public survey, the majority of respondents (81%) classed themselves as White (English, Welsh, Scottish, Northern Irish, British), and the majority (85%) described themselves as Heterosexual or Straight. Again, this is likely to restrict our ability to identify any trends or learnings aligned to ethnicity or sexual orientation.

In addition to the survey, the focus groups were well supported by service users at varying stages of their journey, giving us the opportunity to learn from approximately 30 individuals across the 2 sessions. Focus group participants were not asked to provide any demographic profile information, keeping the situation more informal and to support discussion.

56% of service user survey respondents would be willing to participate further in the service review.

Stakeholders

The GP survey was completed by 27 respondents from across the 73 practices in the Bradford District & Craven CCG; all of whom reported having referred a patient to the SM services.

52% of respondents were either quite or very interested in having additional training and increased involvement in a shared care model for SMS; and 44% would be willing to participate further in the service review.

The virtual event held on the 5th October also reached out to stakeholder groups, with over 50 registrants who provide support for/to:

- Drug & alcohol dependency
- Domestic abuse and sexual violence
- Inclusion health groups
- Housing
- Homelessness
- Education
- Multiple needs and vulnerability
- South Asian women
- Mental health
- Young people
- Vulnerable groups
- Probation

It is important to acknowledge that whilst engagement has been strong particularly amongst service users, we have been unsuccessful in engaging hard to reach groups (specifically those from South Asian communities) and those not in services, who perhaps need to be.

Whilst the general public survey was open to all, the wealth of information garnered in the survey came from those who had a relationship to dependency.

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APPENDIX 2

Office of Health Improvement and Disparities additional supplementary grant settlement

	2022/23	2023/24	2024/25
Supplemental Substance Misuse treatment and Recovery Grant	£1,590,829	£2,606,557	£5,031,235
Inpatient Detoxification Grant	£148,618	£148,618	£148,618

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Alcohol and Drug services Bradford District needs assessment

Key Findings

Prevalence

- The rate of crack users in Bradford district (10.4 per 1,000 population) is twice the national average (5.1 per 1,000)
- The district's rate for opiate users (11.8 per 1,000 population), significantly higher than England's rate (7.4 per 1,000)
- Estimated prevalence rates of adults in Bradford dependent on alcohol (15.2 per 1,000 population) is also higher than national average of 13.4 people per 1,000 population
- A high 83% (4,945) of dependent drinkers in Bradford are not in treatment.; 50% (2,355) of OCU users; 52% (1,814) of crack users and 43%(1,700) of opiate users are not in treatment
- Opiates and/or crack prevalence is highest in the most deprived decile and lowest in the least deprived decile.
- Bradford district falls within the most deprived decile in the country
- There is a higher proportion of dependent drinkers in the most deprived decile (2.1%) in England than the least deprived decile (0.9%). The least deprived decile in England has a significantly lower percentage than Bradford District's (1.6%) which falls within 4th more deprived decile.

Treatment Data - Treatment Population

- Majority of treatment starts (1313 in 2020-21) continue to be self-referred, 891 (68%) self-referred or referred by family/friends; criminal justice accounted for 13% (175) compared to 12% nationally; Health Services and Social Care 10% - 126 (down from 16% 2019.20)
- The district has seen a 1.8% decrease in the number in structured treatment during 2020-21 (3641) compared to 2019-20 (3755) nationally this is a 2.3% increase.
- Majority of individuals in treatment are opiate users - 2291 (63%) with 702 (19%) alcohol; Nationally this is 51.4% and 27.7%.
- Majority are male 2533 - (69.6%) with 1108, female (30.4)
- 77.7% - 2830, SUs are White British, 2nd highest proportion are of Pakistani ethnic group 291 (8%)
- The largest proportion of service users accessing treatment are between 30 and 49 years old (2264 – 67.7%)
- As at 2020-21, 624 (33%) of opiate SUs in Bradford have been in treatment over 6 years or more compared to 31.2% nationally; average number of years in treatment for opiate users is 5.6 compared to 5.3 nationally.
- 14% (17/114) of non-opiate SUs have been in treatment over 2 years during 2020-21 against a national 5.4%; average years in treatment being 1.0 compared to 0.7 nationally

Treatment Data - Effective treatment

- Opiate clients are more likely to be treatment for 12 weeks or more or have completed treatment with 2020-21 reporting 95.7% (2205 / 2304) consistent with national average.
- Non-opiate clients and alcohol and non-opiate clients are below national average, with 76% (288 / 379) non-opiate clients in effective treatment compared to 86.7% nationally and 81.6% (222/272) of alcohol and non-opiate clients compared to 88.3% nationally.

Treatment Data - Successful completions

- In 2020-21, Bradford reported 168 alcohol clients successfully completed treatment and did not represent within 6 months - 23.9% of the 703 (168/703) alcohol clients in treatment (England 35.86%) and (71/2313) 3.07% for opiates (England 4.68%) and (199/651) 30.57% for non-opiate (England 33.59%)

Treatment Data – Outcomes Profile

- Whilst the district has seen improvements compared to 2019-20 for non-opiate (25.04%) and alcohol (22.15%) there has been no improvement for opiate users (3.86%).
- Bradford has a higher rate (81%) of individuals still using opiates at their 6 month treatment review when compared to national (67%).

Treatment Data – Harm Reduction

- Hepatitis C vaccination test and offer is below national at 34.2% against /44.9% national.
- Hepatitis B vaccination test and offer is also below national at 25.7% against 32.5% national
- HIV infections remain very low nationally and Bradford is below the average 0.5% (8 individuals) against 0.8% national
- Needle Exchange data in 2019 identifies from service user surveys that 52.7% of respondents were also in treatment

Treatment Data – Health & Wellbeing

- In 2020.21, between 65% and 72% of those entering treatment for substance misuse identified having a mental health need, in the previous year this was 58% - 70%
- Highest need is in those presenting for alcohol and non-opiate use, reflecting national position
- Of those identifying as having a mental health need in 2020-21, a significant proportion (70.2% against 58.8% nationally) reported receiving mental health treatment from their GP whilst already engaged with community mental health services reduced from 19.6% to 13.5%.

Treatment Data – Housing and Employment

- In 2019.20, 21.7% (335/1554) reported housing problems at the time of presentation, including urgent need and being NFA
- Treatment data for those starting a new treatment episode identified that 24.3% were in regular employment, 15.8% unemployed and seeking work and 319 (20.7%) unemployed not seeking work.
- In the same year, those working at least 10 days in the preceding 28 days before successful discharge is at 14.8% compared to 20% nationally.
- Those in volunteering and unpaid structured work compare favourably to national averages (7.1% against 2.6%), however very small numbers are involved.

Hospital Related Admissions

- The rate of hospital admissions for alcohol related conditions has increased over the years and has remained higher than England's average.
- Hospital admissions for mental and behavioural disorders due to the use of alcohol has continually since 2016/17 and is higher than England's average
- 72% of admissions for alcohol related conditions in adults were male, 28% female
- Hospital admission rates for drug related conditions has increased over the years and has remained higher than England's average,
- Admissions with a primary diagnosis of poisoning by illicit drugs has increased in the district to 235 (a rate of 45 admissions per 100,000 population) , higher than England's rate of 31 admissions per 100,000.

Criminal Justice

- Adults who successfully engage in community based treatment following release from prison is below the National average, 34.5% against 37.4%
- Criminal Justice referrals have declined since 2017, from 27% down to 16%. Nationally 22%% of referrals come from a Criminal justice pathway
- Successful completions as a proportion of criminal Justice clients of all in treatment demonstrates that Bradford is below national average performance for all client cohorts; non-opiate at 19.4% national 33.4%
- Liaison & Diversion service received 440 referrals in the period April to Aug 2021, of these 98 were for SM (22%), 4 referrals were made to treatment

Drug and Alcohol Related Deaths

- Deaths related to drug misuse has decreased gradually from 35 deaths in 2018 to 29 deaths in 2020 but the death rate remains higher than England's average
- Deaths from drug misuse has been higher in males (82.1%) than females (17.9%).
- In the period 2018-20, Bradford's rate for male deaths higher than England's rate but the female death rate from drug misuse for was lower than England's average
- Alcohol related deaths in Bradford district increased (224 deaths) and the district's rate (50 deaths per 100,000) is higher than England's average (46.5 deaths per 100,000)

- The death rates from alcohol-related conditions recorded in Bradford District has always been higher in males than females

Domestic Abuse and Sexual Violence

- Crime Survey data for England and Wales year ending March 2019, estimates 5.7% of adults (2.4 million) experienced domestic abuse in 2019.
- Police incident data (Bradford) Oct 2019 - Sept 20 shows a steady increase in instances of domestic abuse, in total 17,152 cases
- MARAC referrals made in Bradford from 2019 through to 2021 total 751
- 80% of cases presenting to MARAC were adjudged to have an alcohol dependency and were not in treatment at point of referral
- Domestic Violence Act 2021 coming in to force and new guidance to drug and alcohol services will require national reporting systems collect data re DV



Report of the Director of Finance to the meeting of Corporate Overview and Scrutiny to be held on 30th June 2022

C

Subject:

End User Computing Procurement

Summary statement:

This report is provided for information to advise members of the forthcoming procurement exercise for the supply of End User Computing equipment with a value in excess of £2 million, in line with the requirements of Contracts Standing Orders (CSO 7.2.1) prior to the commencement of the procurement process.

Chris Chapman
Director of Finance/S151 Officer

Portfolio:

Report Contact: Dominic Barnes-
Browne Head of IT
Phone: 07812 486694
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Browne@bradford.gov.uk

Overview & Scrutiny Area:

1. SUMMARY

- 1.1. This report provides information on the End User Computing (EUC) procurement that is about to commence. The existing contract is with Bechtle Direct Ltd which ends October 2022.
- 1.2. The procurement will be to appoint a suitably experienced and qualified provider to supply EUC Equipment. The contract will be for a 4-year term with 2 x 12 month extensions. This will include products such as Desktops, Workstations, Laptops, Tablets and Monitors.
- 1.3. The procurement process will be conducted in line with the requirements of the Public Contracts Regulations 2015 via an open tender process. An open tender has been chosen to ensure the Council can appoint a provider who can meet all of its requirements.

2. BACKGROUND

- 1.4. Within IT there is a known cycle of failure rate, high support call volumes and poor functionality based on the age of end user computing equipment and the sweating of assets. In August 2021, the IT Services Core Device Refresh Programme was approved by CMT which enables a 4-year refresh of end user devices for staff. Funding for this 4-year refresh cycle was approved at the Project Appraisal Group (PAG).

Historically IT have provided several device offerings including multiple devices for senior management (laptops, tablets, mobile phones etc.), the ability for staff to specify non-standard devices, mobile phone inconsistency and a break/fix replacement methodology. The diverse device offering with no planned refresh cycle has resulted in a poor customer experience, increased failure rate due to aged hardware, staff being provided with incorrect equipment to undertake their role, serious IT security issues and a loss of staff productivity.

A new fit for purpose, streamlined and modern device offering will now be provided by IT Services. This will consist of four offerings based on role requirements, not seniority. All devices will be refreshed during an ongoing 4-year refresh cycle. Only one device and mobile phone will be required per person and the latest software will utilise remote working and cloud services. This will improve the customer experience, reduce failure rate and incident calls, reduce security issues and will allow IT Services to properly support the EUC environment.

The four options are detailed below with further details available in Appendix A - IT Standard Device Offering:

- Option 1 – Desktop and android mobile phone
- Option 2 – Laptop and android mobile phone
- Option 3 – Specialist laptop and android mobile phone
- Option 4 – Tablet and android phone

- 1.5. The EUC procurement will support this 4-year Refresh cycle by contracting with a provider who can provision the hardware at a competitive price and keep the Council informed by sharing relevant technology roadmaps and organising sessions to showcase products or key related emerging technologies. The contract will be with a reseller partner but will ensure the Council still has a direct relationship with the hardware vendors such as Dell and Microsoft.

As an above threshold procurement, the tender opportunity will be advertised on Find a Tender and Contracts Finder. The tender submissions will be evaluated by a team from the IT Service Operations area and overseen by IT PMO. The evaluation will be weighted as 65% Price, 25% Quality and 10% Social Value. The emphasis will be on Price as the Council will be purchasing a list of devices which are known to meet the minimum technical specifications and have been approved by the Technical Design Authority (TDA).

Following the evaluation of tender submissions, a Tender Evaluation Report and Leader's Briefing Note will be produced which will be approved by the Director of Finance and Head of Procurement before being presented to the Leader. A 10-day standstill period will commence before contract award and signature.

3. OTHER CONSIDERATIONS

- 1.6. The timeline proposed for the offer to bid for the new contract is:

April-July 2022 – Preparation of tender documents
30th June 2022 - Report to the Corporate Overview and Scrutiny Committee
Early July 2022 – Tender launched
End of August 2022 – Evaluation of bids
Mid-September 2022 - Contract awarded

4. FINANCIAL & RESOURCE APPRAISAL

- 1.7. Funding for the IT Services Core Device Refresh Programme has been secured. £7.3m capital to support the 4-year refresh programme 2021-22, 2022-23, 2023-24 and 2024-25 for the IT Devices and Mobile Devices.

Further capital bids will be required for on-going refresh from 2025-26 onwards.

- 1.8. Hardware vendors, such as Dell and Microsoft, partner with third party resellers to provide IT hardware to customers like the Council. The vendors provide list price discounts to their partners. Discount levels can vary between resellers due to total aggregate spend and partner status. The Council will obtain the greatest discounts by working with a reseller as they have a greater buying power. The tender evaluation is heavily weighted on price to ensure the reseller with the best vendor discounts will be successful. This will ensure the best value for money for the Council.

1.9. By having a long term contract in place, the Council will avoid the costs of running separate procurements each time an order is required. The contract allows for hardware to be purchased from multiple vendors (Dell, Microsoft, Lenovo, liyama etc) without new procurement exercises needing to be undertaken throughout the year.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

1.10. There is a global shortage of IT components which has significantly impacted the supply of IT Hardware including laptops and monitors and lead to extended lead times for delivery. In order to mitigate this risk, hardware will be ordered in bulk to ensure there is stock available to align with the Refresh Programme timeline.

1.11. The reseller will work with the hardware vendors to manage any distribution issues, return of dead on arrival (DOA) devices and will co-ordinate deliveries to site.

6. LEGAL APPRAISAL

1.12. There are no legal issues arising out of this Report.

7. OTHER IMPLICATIONS

1.13. EQUALITY & DIVERSITY

1.13.1. The portfolio of devices can cater to all ability groups and the technology can be made bespoke for both hardware and software where specifically required.

1.14. SUSTAINABILITY IMPLICATIONS

1.14.1. The tender specification includes details of the Council's commitment to reducing its carbon footprint through promoting sustainable best practice and through working with providers who are actively taking steps to minimise the impact of their activities on the environment.

Additional information can be found in the following sources:

- Microsoft_Devices_Responsible_Sourcing_Report_FY21_FINAL
- Dell Technologies Carbon Footprint
- iiyama Product Eco Declaration

1.15. GREENHOUSE GAS EMISSIONS IMPACTS

- 1.15.1. By undertaking a tendering exercise, we will seek to minimise future environmental impact, through selection and contract management of suppliers who propose sustainable and environmentally friendly service provision.

Additional information can be found in the following sources:

- Microsoft_Devices_Responsible_Sourcing_Report_FY21_FINAL
- Dell NetZero Brochure

1.16. COMMUNITY SAFETY IMPLICATIONS

- 1.16.1. None

1.17. HUMAN RIGHTS ACT

- 1.17.1. None

1.18. TRADE UNION

- 1.18.1. None

1.19. WARD IMPLICATIONS

- 1.19.1. None

1.20. AREA COMMITTEE ACTION PLAN IMPLICATIONS

- 1.20.1. None

1.21. IMPLICATIONS FOR CORPORATE PARENTING

- 1.21.1. None

1.22. ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

- 1.22.1. Tender documents include the latest requirements of the General Data Protection Regulations (GDPR) and Data Protection Act 2018.

2. NOT FOR PUBLICATION DOCUMENTS

- 2.1. None

9. OPTIONS

- 2.2. **Option 1** - Proceed to an Open Tender for the appointment of an End User Computing Partner.

Advantages:

- Compliance with Public Contracts Regulations 2015 as an over threshold procurement
- Achieving best value via a competitive process
- Standardisation of device build
- Selection of a provider meeting all requirements including asset tagging and online order portal
- Relationship with Partner and Vendors over the contract term

Disadvantages:

- Staff time required to evaluate tender bids

2.3. **Option 2** – Purchase End User Computing Devices on an adhoc basis

Advantages:

- Choice of Partners may provide more flexibility

Disadvantages:

- Consistency of approved and tested hardware may not be available
- Pricing may not be competitive
- No agreed route to market
- No Partner benefits realised

10. **RECOMMENDATIONS**

2.4. Option 1 is recommended to proceed to an Open Tender for the appointment of an End User Computing provider.

11. **APPENDICES**

Appendix A - IT Standard Device Offering

12. **BACKGROUND DOCUMENTS**

- Microsoft_Devices_Responsible_Sourcing_Report_FY21_FINAL
- Dell Technologies Carbon Footprint
- Dell NetZero Brochure
- iiyama Product Eco Declaration

New IT Technology Offering



End User Devices – the IT kit



Productivity Tools – the systems
I use

What is the Modern Workplace Programme? *It's a programme of technology enhancements to enable Bradford Council to fully function using Microsoft 365 - a productivity toolset to help people and our organisation get more done.*



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End User Devices – the IT kit

Background

- Historically IT have provided Several Device offerings including :-
 - Workspace devices as the standard IT offering
 - Multiple Devices for Senior Customers (*laptops, iPad's, iPhone's etc.*)
 - Ability for staff to specify none standard devices
 - Mobile phone inconsistency (*iPhones, Android, brick*)
 - Break fix replacement methodology
 - Legacy software
- All this provides :-
 - Poor customer experience
 - Increased failure rate and call numbers
 - Incorrect equipment to undertake role
 - Inability to properly support the end user compute environment
 - Serious Security Issues
 - Loss of productivity





End User Devices – the IT kit

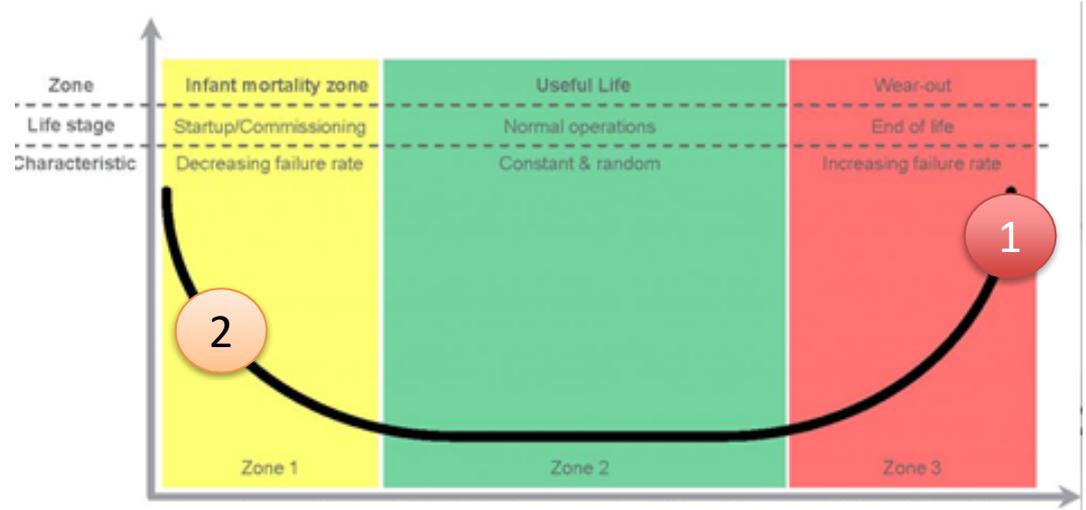
Within IT there is a known cycle of failure rate, high call volumes & poor functionality based on the age of equipment and sweating assets. This relates to both end user compute and core infrastructure.

Prior to April 2020, CBMC were at point 1 on the diagram above (*but investment had been secured by the FITP AD*).

We are now at point 2 in the model, as we decrease our aged equipment and move away from Workspace.

It is critical CBMC stay within the Green life span of the equipment to ensure service continuation and reduction in demand.

This is only achieved through a refresh cycle and good IT system management





End User Devices – the IT kit

- A new fit for purpose, streamlined and modern, device offering will now be provided by IT Services.
- This will consist of :-
 - Four Offerings, based on role requirements not seniority.
 - All devices refreshed during an ongoing 4 year refresh cycle.
 - Latest software utilising's remote working facilities and cloud services
 - Only one IT device and mobile phone required to undertake role
 - Devices will be ready delivered to home or the office on first day at work for new starters (*having received 10 days notice from recruiting manager*).
 - Refreshed devices will be managed through an annual refresh programme.
- The four offerings are :-
 - Option 1 – Desktop and Android phone
 - Option 2 – Laptop and Android phone
 - Option 3 – Specialist Laptop and Android phone
 - Option 4 – Tablet and Android phone



City of
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METROPOLITAN DISTRICT COUNCIL

Option 1 - Desktop & Android Phone

Lenovo M720q Desktop



Specification

- ✓ CPU - Intel I5 3.2Ghz
- ✓ Memory - 8GB
- ✓ Hard Disk - 256GB SSD
- ✓ Networking - 100M/1Gb LAN / Wifi / Bluetooth
- ✓ OS - Windows 10 20H2
- ✓ USB Ports - USB-C / 3x USB 3.1
- ✓ Other Ports - HDMI / Microphone / Headphone

Samsung Galaxy A32



Specification

- ✓ Display Size - 6.5" HD+ TFT
- ✓ Memory - 4GB
- ✓ Hard Disk - 64B
- ✓ Networking - Wifi/ Bluetooth / 4G

- ✓ Camera - HD Camera with Mic
- ✓ Dimensions - 164.2 x 76.1 x 9.1mm
- ✓ Weight - 205g

Suitability / Role Profile

This device is suitable for office based or full time homeworking roles.

Remote Access

Remote access not available as desk based.

Cost

£ 746

Replacement / Refresh Cycle

Every 4 years

How to order

[Bradnet link](#)

Peripherals included

- ✓ Desktop - Keyboard, Mouse,
- ✓ Phone - Screen protector, case, ear phones, charger

Option 2 - Laptop & Android Phone

Dell 54xx Series Laptop



Specification

- ✓ Display Size - 14" (1920x1080) Anti-Glare
- ✓ CPU - Intel i7 Core 4.8Ghz
- ✓ Memory - 16GB
- ✓ Hard Disk - 256GB SSD
- ✓ Networking - 100Mb/1Gb LAN/Wifi/ Bluetooth
- ✓ OS - Windows 10 20H2
- ✓ Camera - HD Camera with Mic
- ✓ USB Ports - USB x2 USB-C
- ✓ Other Ports - HDMI Display / SD Card reader

Samsung Galaxy A32



Specification

- ✓ Display Size - 6.5" HD+ TFT
- ✓ Memory - 4GB
- ✓ Hard Disk - 64B
- ✓ Networking - Wifi/ Bluetooth / 4G
- ✓ Camera - HD Camera with Mic
- ✓ Dimensions - 164.2 x 76.1 x 9.1mm
- ✓ Weight - 205g

Suitability / Role Profile

This device is suitable for the majority of Council roles, that require both office and remote working. ***This is the default option***

Remote Access

Remote access via either Wi-Fi or tethered from A32 phone

Cost

£ 1,058

Replacement / Refresh Cycle

Every 4 years

How to order

[Bradnet link](#)

Peripherals included

- ✓ Laptop – Charger, Case (*rucksack or Satchell*)
- ✓ Phone - Screen protector, case, ear phones, charger

Option 3 - Specialist Laptop & Android Phone

Lenovo P15 Series Laptop



Samsung Galaxy A32



Suitability / Role Profile

This is suitable for staff requiring access to CAD or high performance data needs, that require both office and remote working.

Remote Access

Remote access via either Wi-Fi or tethered from A32 phone

Cost

£ 2,500.00

Replacement / Refresh Cycle

Every 4 years

How to order

[Bradnet link](#)

Peripherals included

- ✓ Laptop – Charger, Case (*rucksack or Satchell*)
- ✓ Phone - Screen protector, case, ear phones, charger

Specification

- ✓ Display Size - 15" (1920x1080) Anti-Glare
- ✓ CPU - Intel I7 10th Gen Core 4.8Ghz
- ✓ Memory - 16GB-32GB
- ✓ Hard Disk - 512GB SSD
- ✓ Networking - 100Mb/1Gb LAN/Wifi / Bluetooth
- ✓ OS - Windows 10 20H2
- ✓ Camera - HD Camera with Mic
- ✓ USB Ports - USB x2 / USB-C x2
- ✓ Other Ports - HDMI Display / SD Card reader

Specification

- ✓ Display Size - 6.5" HD+ TFT
- ✓ Memory - 4GB
- ✓ Hard Disk - 64B
- ✓ Networking - Wifi/ Bluetooth / 4G
- ✓ Camera - HD Camera with Mic
- ✓ Dimensions - 164.2 x 76.1 x 9.1mm
- ✓ Weight - 205g

Option 4 - Tablet & Android Phone

Windows Surface Pro



Specification

- ✓ Display Size - xx" (1920x1080) Anti-Glare Touch Screen
- ✓ CPU - Intel I7 Core
- ✓ Memory - 16GB
- ✓ Hard Disk - 256GB
- ✓ Networking - 100Mb/1Gb LAN /Wifi/ Bluetooth 4G LTE
- ✓ Camera - HD Camera with Mic

Samsung Galaxy A32



Specification

- ✓ Display Size - 6.5" HD+ TFT
- ✓ Memory - 4GB
- ✓ Hard Disk - 64B
- ✓ Networking - Wifi/ Bluetooth / 4G

- ✓ Camera - HD Camera with Mic
- ✓ Dimensions - 164.2 x 76.1 x 9.1mm
- ✓ Weight - 205g

Suitability / Role Profile

This tablet offers all the capability of a laptop but with touch screen capability, excellent where notes needs to be taken with citizens

Remote Access

Remote access via either Wi-Fi or internal 4G SIM

Cost

£ 1,609.00

Replacement / Refresh Cycle

Every 4 years

How to order

[Bradnet link](#)

Peripherals included

- ✓ Tablet – Charger, Case (*rucksack or Satchell*), Pen
- ✓ Phone - Screen protector, case, ear phones, charger

Procurement Rules

- Corporate Services will provide the following to each Department which will be refreshed on a 4 year cycle:-

Option	Description	%
Option 1	Desktop & Android Phone	5%
Option 2	Laptop & Android Phone	70%
Option 3	Specialist Laptop & Android Phone	5%
Option 4	Tablet & Android Phone	20%

- This will include as standard the peripheral items listed on the data sheet.
- Should a department want to change the % e.g. decrease Option 2 and increase Option 4 the department will need to fund the difference.
- All Additional Peripheral items will need to be funded by the department.
- Leavers – Should a member of staff leave CBMDC and their devices not returned the department will be charged for replacement devices.
- IT will run an annual refresh program where named member of staff with a specific asset will be refreshed on a 4 year cycle.
- Should the department want to swap devices with other members of staff or cascade, IT may charge additional project time.

None Standard Devices

- The new device catalogue has been designed to cater for the Council needs, providing consistency, great performance, standard costing and enhanced IT support.
- Should a none standard device be needed, a business case will be required, and IT may need to charge for additional device support.

Apple vs Android

- We are moving away from Apple iPhone to Samsung Android devices for all.
- Benefits
 - Apple iPhone's are £120 more expensive and offer no additional functionality.
 - CBMDC Samsung phones have larger screen than CBMDC Apple phones.
 - Removal of iPhone will reduce telephony complexity and cost





Report of the Chair of the Corporate Overview and Scrutiny Committee for the meeting to be held on Thursday 30 June 2022

D

Subject:

Corporate Overview and Scrutiny Committee – DRAFT Work Programme 2022/23.

Summary statement:

This report includes proposed items for the Corporate Overview and Scrutiny Committee DRAFT work programme for 2022/23. The Committee is asked to consider which items it wishes to include in the work programme.

EQUALITY & DIVERSITY:

Community Cohesion and Equalities related issues are part of the work remit for this Committee.

Clr Nazam Azam
Chair – Corporate Overview and Scrutiny
Committee

Report Contact: Mustansir Butt
Overview and Scrutiny Lead
Phone: (01274) 432574
E-mail: mustansir.butt@bradford.gov.uk

Portfolio:

**Corporate
Community Safety**

Overview & Scrutiny Area:

Corporate

1. SUMMARY

- 1.1 This report includes proposed items for the Corporate Overview and Scrutiny Committee Draft work programme for 2022/23, which are attached as appendix 1 to this report. The Committee is asked to consider which items it wishes to include in the work programme.
- 1.2 A list of unscheduled topics is attached as Appendix 2 to the report.
- 1.3 Also attached as Appendix 3, is the resolution tracking document which shows the recommendations that the Corporate Overview & Scrutiny Committee made in 2021/22.

2. BACKGROUND

- 2.1 The Council constitution requires all Overview and Scrutiny Committees to produce a work programme.

3. OTHER CONSIDERATIONS

- 3.1 The Corporate Overview and Scrutiny Committee has the responsibility for “the strategies, plans, policies, functions and services directly relevant to the corporate priority about customer services and e-government, that improve the Councils ability to deliver, govern and change, community cohesion and all other corporate matters not falling within the responsibility of any other Overview and Scrutiny Committee.” (Council Constitution, Part 2, 6.2.1).
- 3.2 The remit of this Committee also includes:
 - the co-ordination of the discharge of the Overview and Scrutiny role within the Council and in relation to external bodies;
 - supporting the Executive through its contribution towards the improvement of the Council’s performance;
 - co-ordinating the development of the Overview and Scrutiny role within the Council.
- 3.3 Best practice published by the Centre for Public Scrutiny suggests that “work programming should be a continuous process”. It is important to review work programmes, so that important or urgent issues that arise during the year are able to be scrutinised. Furthermore, at a time of limited resources, it should also be possible to remove areas of work which have become less relevant or timely. For this reason, it is proposed that the Committee’s work programme be regularly reviewed by members of the committee throughout the municipal year.
- 3.4 The work programme as agreed by the Committee will form the basis for the Committee’s work during the year, but will be amended as issues arise during the year.
- 3.5 As well as this, Corporate Overview & Scrutiny members are currently undertaking a detailed scrutiny review into Domestic Violence across the District.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 None.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 None.

6. LEGAL APPRAISAL

6.2 None.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

None.

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

None.

7.3 COMMUNITY SAFETY IMPLICATIONS

A key priority of work for this Committee related to the Overview and Scrutiny of the strategies, plans, policies, functions and services directly relevant to the priority of Safer and Stronger Communities.

As well as this, the Corporate Overview and Scrutiny Committee is also the authority's Crime and Disorder Committee under the provisions of Section 19 of the Police and Justice Act 2006.

7.4 HUMAN RIGHTS ACT

None.

7.5 TRADE UNION

None.

7.6 WARD IMPLICATIONS

Work of this Overview and Scrutiny Committee has ward implications, but this depends on that nature of the topic.

7.7 IMPLICATIONS FOR CORPORATE PARENTING

None.

7.8 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

None.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

9.1 The Committee may choose to add to or amend the proposed items to be included in the 2022-23 work programme for the committee.

9.2 Members may wish to consider any detailed scrutiny reviews that it may wish to conduct.

10. RECOMMENDATIONS

10.1 That members consider and comment on the areas of work to be carried forward into this municipal year.

10.2 That members consider any detailed scrutiny reviews that they may wish to conduct.

10.3 That the work plan for the committee be approved.

11. APPENDICES

Appendix One – 2022-23 DRAFT Work Programme for the Corporate Overview and Scrutiny Committee.

Appendix Two – Unscheduled Topics.

Appendix Three – Resolution Tracking.

12. BACKGROUND DOCUMENTS

Council Constitution.

2021-22 Corporate Overview and Scrutiny Committee Work Programme.

Democratic Services - Overview and Scrutiny

Corporate O&S Committee

Scrutiny Lead: Mustansir Butt tel - 43 2574

Work Programme

Agenda Items	Description	Report Author	Comments
Thursday, 30th June 2022 at City Hall, Bradford. Chair's briefing 09/06/22. Report deadline 16/06/22.			
1) Commissioning of both Drug and alcohol services and welfare advice.		Sarah Possingham..	£2m Procurement - Constitutional requirement.
2) Welfare Advice Services.		Sarah Possingham.	£2m Procurement - Constitutional requirement.
3) Procurement relating to the End User Computing.		Keith Hayes.	£2m Procurement - Constitutional requirement.
4) Draft 2022-23 Work Programme.	Areas of work to be covered in this municipal year.	Mustansir Butt.	Also includes recommendations made by Corporate Overview & Scrutiny Committee in the last municipal year.
Thursday, 21st July 2022 at City Hall, Bradford. Chair's briefing 29/06/22. Report deadline 07/07/22.			
1) 2021-22 Annual Performance Outturn.		Ruth Davison.	
2) Finance Position Statement for 2021-22.		Chris Chapman/Andrew Cross.	
3) First Quarter Financial Position Statement.		Chris Chapman/Andrew Cross.	
4) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	

Corporate O&S Committee
Scrutiny Lead: Mustansir Butt tel - 43 2574
Work Programme

Agenda Items	Description	Report Author	Comments
Thursday, 15th September 2022 at City Hall, Bradford.			
Chair's briefing 25/05/22. Report deadline 01/09/22.			
1) Bradford District Anti-Poverty Co-ordination Group/Period Hygiene Poverty. Possingham.	Specifically focusing on recommendation from Thursday 16 the Council and its Partners, along with outcomes that have been achieved. Also to include the impact of the reductions in Universal Credit and other financial support that the Council has provided to residents, which is no longer available.	Kevin Brain/Michelle the mapping of anti-poverty work across Taylor/Sarah	Corporate Overview & Scrutiny Committee September 2021.
2) Stronger Communities Startegy.		Ian Day/Mahmood Mohammed.	Corpoarte Overview & Scrutiny Committee recommendation from Thursday 19 November 2020. Re-secheduled to June 2022 at the request of officers, as all the projects will not have been evaluated due to the loss of the evaluator.
3) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	
Thursday, 13th October 2022 at City Hall, Bradford.			
Chair's briefing 22/09/22. Report deadline 29/09/22.			
1) Bradford Council Workforce Development Strategy 2015-2021.	This Committee requests that the new Workforce Development Strategy be presented to this Committee in 12 months.	Anne Lloyd.	Corporate Overview & Scrutiny Committee Recommendation from Thusrady 16 October 2021.
1) Equalities.	Delivery of outcomes against the Equality Action Plan. Quarterly Equalities Performance Report.	Jenny Cryer/Khalida Ashrafi.	Corporate Overview and Scrutiny Committee recommendation from Thursday 14 October 2021.
2) The use of agency staff and contracted staff, in relation to the changing nature of their work and developmental opportunities.		Anne Lloyd.	Corporate Overview & Scrutiny Committee Recommendation from Thusrady 16 October 2021.

Corporate O&S Committee
Scrutiny Lead: Mustansir Butt tel - 43 2574
Work Programme

Agenda Items	Description	Report Author	Comments
Thursday, 13th October 2022 at City Hall, Bradford.			
Chair's briefing 22/09/22. Report deadline 29/09/22.			
4) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	
Thursday, 10th November 2022 at City Hall, Bradford.			
Chair's briefing 20/10/22. Report deadline 27/10/22.			
1) Armed Forces Covenant.	To report on progress and to also focus on: expected legislative changes; - Development in relation to the Armed Forces Hub; - The work being provided through the Health Service.	Gemma Paine. Impacts of the	Corporate Overview & Scrutiny Committee recommendation from Thursday 11 November 2021.
2) Second Quarter Financial Position Statement.		Chris Chapman/Andrew Cross.	
3) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	
Thursday, 8th December 2022 at City Hall, Bradford.			
Chair's briefing 17/11/22. Report deadline 24/11/22.			
1) Progress against the Hate Crime Scrutiny Review Recommendations.		Ian Day/Charles Dacres/Rifaquet Ali.	Deferred from the Corporate Overview & Scrutiny Committee meeting on Thursday 10 March 2022.
2) Safer Communities Plan Performance.	To also include quarterly performance report, including RAG rating.	Ian Day/Michael Churley.	Corporate Overview & Scrutiny recommendation from Thursday 9 December 2021.
3) Private Hire and Hackney Carriage Service - Finance and Performance.		Carol Stos.	Corporate Overview & Scrutiny Committee recommendation from, Thursday 9 December 2021.

Corporate O&S Committee
Scrutiny Lead: Mustansir Butt tel - 43 2574
Work Programme

Agenda Items	Description	Report Author	Comments
Thursday, 8th December 2022 at City Hall, Bradford.			
Chair's briefing 17/11/22. Report deadline 24/11/22.			
4) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	
Thursday, 12th January 2023 at City Hall, Bradford.			
Chair's briefing 22/12/22. Report deadline 29/12/22.			
1) District Plan.	Performance against the District Plan together with outcomes delivered, be presented to the Committee in 12 months. The consultation findings to also be presented to this Committee, when they are available.	Jenny Cryer/Sadia Hussain. The	Corporate Overview & Scrutiny Committee recommendation from Thursday 13 January 2022.
2) Gambling.	Progress against the gambling cross departmental action plan, be presented to January 2022. - Clear outcomes; - Educational awareness programmes being undertaken.	Sarah Muckle/Frances Towers/Sarah Exall.	Corporate Overview & Scrutiny Committee recommendation from Thursday 13 the Committee, which also includes:
3) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	
Thursday, 9th February 2023 at City Hall, Bradford.			
Chair's briefing 19/01/23. Report deadline 26/01/23.			
1) Third Quarter Financial Position Statement.		Chris Chapman/Andrew Cross.	
2) Implementation of Universal Credit across the District. Thursday 10	To also focus on the: February 2022. District; - Inclusion of historical data.	Jagdeep Kang/Jane	Corporate Overview & Scrutiny Committee O'Conner. recommendation from - Roll-out of Universal Credit in the

Corporate O&S Committee
Scrutiny Lead: Mustansir Butt tel - 43 2574
Work Programme

Agenda Items	Description	Report Author	Comments
Thursday, 9th February 2023 at City Hall, Bradford. Chair's briefing 19/01/23. Report deadline 26/01/23.			
3) Council Tax.		Jagdeep Kang/Jane O'Conner.	Corporate Overview & Scrutiny Committee recommendation from hursday 10 February 2022.
4) Business Rates.	To also focus on the impact of	Jagdeep Kang/Jane the Governments Business	Corporate Overview & Scrutiny Committee Rate Review. O'Conner.
			February 2022.
5) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	
Thursday, 9th March 2023 at City Hall, Bradford. Chair's briefing 16/02/23. Report deadline 23/02/23.			
1) ISG.	To also specifically focuses on the apprenticeship offer	Ben Middleton/Peter from ISG, for its	Corporate Overview & Scrutiny Committee Keeley. recommendation from Thursday
	disabled staff, supporting them to develop their skills and experience.		February 2022.
2) Prevent.	Progress and to also focus on outcomes delivered apprenticeship offer National from ISG, for its disabled staff, National Review.	Ian Day/Danielle King.	which also specifically focuses on the from projects. Review of the Findings of the Independent supporting them to develop Prevent Programme, be presented to this
	their skills and experience. Committee, when they are available.		
3) Quarterly Safer Communities Performance reporting.		Ian Day/Michael Churley.	Corporate Overview & Scrutiny Committee recommendation from Thursday 9 December 2021.
4) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	

Corporate O&S Committee

Scrutiny Lead: Mustansir Butt tel - 43 2574

Work Programme

Agenda Items	Description	Report Author	Comments
Thursday, 6th April 2023 at City Hall, Bradford. Chair's briefing 16/03/23. Report deadline 23/03/23. 1) Volunteering.	Focusing on an update on the impact of	Ian Day/Mahmood	Corporate Overview & Scrutiny Committee Mohammed.
Recommendation from Thursday 10	Programme and the ordinator to support volunteering across the District.		Volunteer Co- March 2022.
2) Work Planning.	There is a need to regularly review the work programme, in order to prioritise and manage the work.	Mustansir Butt.	

Democratic Services - Overview and Scrutiny

Scrutiny Committees Forward Plan

Unscheduled Items

Corporate O&S Committee

Agenda item	Item description	Author	Comments
1	Domestic Violence Scrutiny Review.	Mustansir Butt.	Ongoing.

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Democratic Services - Overview and Scrutiny

Report of All Outcomes for Corporate O&S Committee - 2021/22

Agenda item	Resolution	Outcome
Meeting date: Thursday, 22nd July 2021 in City Hall, Bradford		
1 2019-20 Annual Performance Outturn.	1 That a further performance report be presented to the Committee which specifically focuses on: - Housing; - Jobs; - Crime and Safety.	To incorporate into work programme.
	2 This Committee requests that the Health & Social Care Overview & Scrutiny Committee considers a detailed report on childhood obesity across the District and the effectiveness of approaches being used to tackle childhood obesity.	Referral to Health & Social Care Overview & Scrutiny.
2 Finance Position Statement for 2019-20.	1 The Corporate Overview & Scrutiny Committee reviewed and commented on the 2020-21 Finance Position Statement.	Members considered the financial position statement.
3 First Quarter Financial Position Statement.	1 The Corporate Overview & Scrutiny Committee requests that a report be presented to this Committee in relation to the use of the Corporate Risk Register as a live example in relation to the recent closure of the Childrens Care Home in the District, to also include reasons for this happening and identification of risks.	Examining the effectiveness of the Corporate Risk Register in "action".
4 Insurance Long Term Tender Agreement.	1 The Committee considered the report and endorsed the use of the YPO or CCS framework to procure a new Insurance Long Term Agreement from 1 April 2022 and also requests that Officers explore the costings in relation to cover for COVID.	Exploring costings in relation to COVID19.
5 Draft 2021-21 Corporate Overview & Scrutiny Work Programme.	1 The Committee amended and agreed the Draft Work Programme and included Customer Services into the 2021-22 work programme.	Members discussed and amended the work programme.
Meeting date: Thursday, 16th September 2021 in City Hall, Bradford		
1 Bradford District Anti-Poverty Co-ordination Group/Period Hygiene Poverty.	1 This Committee requests that the Anti-Poverty Strategy progress report in 12 months' time, specifically focuses on the mapping of anti-poverty work across the Council and its Partners, along with outcomes that have been	Mapping of anti-poverty work across the Council and its Partners.

Report of All Outcomes for Corporate O&S Committee - 2021/22 (continued)

Agenda item	Resolution	Outcome
1 Bradford District Anti-Poverty Co-ordination Group/Period Hygiene Poverty.	2 The report should also include the impact from the reductions in Universal Credit and other financial support that the Council has provided to residents, which is no longer available.	Reviewing the impacts from the reductions in Universal Credit and other financial support.
2 VCS Infrastructure Procurement Strategy.	1 This Committee requests that a completed and detailed specification, along with options and recommendations be presented to the Committee in early October 2021. 2 That the appropriate Strategic Director and Assistant Director, also attend the meeting in early October 2021, when this is re-considered by members.	Detailed specification along with options to be considered by members. Strategic Director to attend, to answer detailed questions from members.
3 Work Planning.	1 Members discussed and agreed the work programme.	Members agreed the work programme.
Meeting date: Tuesday, 5th October 2021 in City Hall, Bradford		
1 VCSE Infrastructure Procurement.	1 This Committee requests that the performance against the contract be included in the Stronger Communities update to this Committee.	Amendments to the Stronger Communities update.
2 Network Infrastructure Development for Bradford Council.	1 That the comments raised by members be considered as part of this procurement exercise. 2 This Committee requests that officers share the findings of the soft market testing exercise with members of this Committee.	Members considered the key aspects of the procurement process. Soft market testing exercise to be shared with members.
Meeting date: Thursday, 14th October 2021 in City Hall, Bradford		
1 Equalities Objectives.	1 This Committee requests that the delivery of the outcomes, in relation to the Equality Action Plan be presented to this Committee in February 2022. 2 That quarterly performance reports be presented to this Committee. 3 This Committee requests that a report be presented to this Committee in February 2022, in relation to the Stonewall Quality Standard and the process and costs associated with this.	Details of improvements and key outcomes delivered. To incorporate into the work programme. Members request to explore in details the process and costs associated with Stonewall and value for money.
2 Bradford Council Workforce Development Strategy 2015-21.	1 This Committee requests that the new Workforce Development Strategy be presented to this Committee in 12 months. 2 That a report relating to the use of agency staff and contracted staff, in relation to the changing nature of their work and developmental opportunities, be presented to this Committee.	Progress against the strategy and improvements. To incorporate into work programme.

Report of All Outcomes for Corporate O&S Committee - 2021/22 (continued)

Agenda item	Resolution	Outcome
3 Progress against the Managing Attendance Scrutiny Review recommendations.	1 The Committee thanked the officers for the work undertaken, in response to the Scrutiny Review recommendations.	Scrutiny Review recommendations implemented and completed.
4 Draft Fireworks Scrutiny Review.	1 The Committee agreed the findings and recommendations contained within the report and also agreed the following additional recommendations: - This Committee requests that the Leader write to events venues across the District, reminding them of their responsibilities in relation to fireworks being used by individuals who are hiring their premises for events; - This Committee requests that the Executive asks Council officers to undertake legal action with the powers available to them, where there is evidence against those individuals who are inappropriately using fireworks; - For Trading Standards to undertake test purchases of fireworks; - That key partners explore the use of barcoding fireworks.	Members approved the scrutiny review report and recommendations and also agreed further
5 Work Planning.	1 Members discussed and amended the work	Members amended the work programme.
Meeting date: Thursday, 11th November 2021 in City Hall, Bradford		
1 Armed Forces Covenant.	1 This committee requests that a further report be presented in 12 months, which also focuses on: - Impacts of the expected legislative changes; - Development in relation to the Armed Forces Hub; - The work being provided through the Health Service.	Members highlighted areas that requires further attention.
2 Second Quarter Financial Position Statement.	1 Members of the Committee thanked officers for the report and looked forward to receiving the Third Quarter Financial Position Statement.	Scrutiny of the Councils finances.
3 Impower Contract.	1 Councillors thanked officers for the report and the work undertaken.	No further actions required.
4 Work Planning.	1 Members agreed the consultation arrangements, in relation to the Domestic Violence Scrutiny Review.	Review of work programme and agreement over consultation for the Domestic Violence Scrutiny Review.
Meeting date: Thursday, 9th December 2021 in City Hall, Bradford		
1 Private Hire and Hackney Carriage Service - Finance and Performance.	1 That a further progress report be presented in 12	Further report on progress in light of members comments.

Report of All Outcomes for Corporate O&S Committee - 2021/22 (continued)

Agenda item	Resolution	Outcome
1 Private Hire and Hackney Carriage Service - Finance and Performance.	2 This Committee requests that a report relating to IT services and systems, including the support for standard systems used in the Council, along with more service specific IT support, be presented to this	Incorporate into work programme.
2 Safer Communities Plan Performance.	1 The Committee would like to thank all partners for the continuous work in this very important area.	Members acknowledged the work undertaken.
	2 This Committee requests that Quarterly Performance Reports, which include a RAG rating, be presented to the Committee.	Scrutiny of performance management in this area.
3 Work Planning.	1 The Committee discussed and amended the work programme.	Ammendments to the work programme.
	2 Members agreed to the holding a meeting with West Yorkshire Combined Authority Officers and West Yorkshire Mayor, in the New Year and to also invite members from the Regeneration and Environment Overview and Scrutiny Committee.	Meeing with the West Yorkshire Combined Authority, the West Yorkshire Mayor, Council Officers and members.
Meeting date: Thursday, 13th January 2022 in City Hall, Bradford		
1 District Plan.	1 This Committee requests that a report setting out performance against the District Plan together with outcomes delivered, be presented to the Committee in 12 months.	Scrutiny of performance.
	2 That the comments raised by members, be considered towards the development of the proposed performance indicators.	Development of performance indicators.
	3 That the consultation findings be presented to this Committee, when they are available.	Consideration of consultation findings.
2 Gambling.	1 This Committee requests that the progress against the gambling cross departmental action plan, be presented to the Committee in 12 months, which also includes: - Clear outcomes; - Educational awareness programmes being	Clearer details of outcomes delivered.
	2 The Committee requests that Bradford Councils Planning, Legal and Licensing teams work jointly to use all the powers available to them, if there are concerns over particular gambling premises, which could also be causing problems to communities as a result of gambling.	Imporved partnership working.

Report of All Outcomes for Corporate O&S Committee - 2021/22 (continued)

Agenda item	Resolution	Outcome
3 Work Planning.	1 The Committee discussed and amended the work programme.	Amendments made to work programme.
Meeting date: Thursday, 10th February 2022 in City Hall, Bradford		
1 Implementation of Universal Credit across the District.	1 This committee requests that a report be presented in 12 months, which focuses on the: - Roll-out of Universal Credit in the District; - Inclusion of historical data.	Effective implementation of Universal Credit across the
2 Council Tax.	1 That a progress report be presented in 12 months.	Further progress.
3 Business Rates.	1 This Committee requests that a progress report be presented in 12 months, which also focuses on the impact of the Governments Business Rate Review.	Impacts of the Governments Business Rate Review.
4 ISG.	1 The Committee endorses the current business strategy. 2 This Committee would like to keep an overview of this and requests that a progress report be presented in 12 months, which also specifically focuses on the apprenticeship offer from ISG, for its disabled staff, supporting them to develop their skills and experience.	Endorsement of Strategy. Effectiveness of the apprenticeship scheme.
5 Third Quarter Financial Position Statement.	1 The Committee commented on the Third Quarter Financial Position Statement and looked forward to receiving further reports.	Members commented on key aspects of the financial statement.
6 Work Planning.	1 The Committee discussed and amended the work programme.	Amendments to the work programme.
Meeting date: Thursday, 10th March 2022 in City Hall, Bradford		
1 Prevent Programme for the District.	1 This Committee requests that a further report be presented in 12 months, which also focuses on outcomes delivered from projects. 2 That the findings of the Independent Review of the National Prevent Programme, be presented to this Committee, when they are available. 3 The Committee expresses its concern in the delay relating to the findings of the Independent Review of the National Prevent Programme and the committee requests that they are informed of the reasons for the	Key outcomes from projects. Findings of the Independent National Review. To follow up.
2 Volunteering.	1 The Committee acknowledges the initiatives and volunteering that supports services to local	Acknowledgment of work undertaken to date.

Report of All Outcomes for Corporate O&S Committee - 2021/22 (continued)

Agenda item	Resolution	Outcome
2 Volunteering.	2 This Committee requests that a further report be presented in 12 months, which focuses on an update on the impact of the VCSE Service Improvement Programme and the Volunteer Co-ordinator to support volunteering across the District.	Impacts of the VCSE Service Improvement Programme.