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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 16 February 2023 at 4.30 pm in Committee Room 1 - City Hall, Bradford

Members of the Committee – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRATS	Green
A Ahmed Godwin Humphries Jamil Wood	Coates Glentworth	Griffiths	Whitaker

Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRATS	Green
Akhtar Shabir Hussain Khan Lintern Mohammed	P Clarke Sullivan	Naylor	Hickson

VOTING CO-OPTED MEMBERS:
Susan Crowe - Bradford and Craven Co-Production Partnership
Trevor Ramsay - i2i Patient Involvement Network, Bradford District NHS Foundation Care Trust
Helen Rushworth - Healthwatch Bradford and District

Notes:

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
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- 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: **To:**
Asif Ibrahim - Director of Legal and Governance
Agenda Contact - **Asad Shah**
Phone: 01274 432280. E-Mail: asad.shah@bradford.gov.uk

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

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

2. DISCLOSURES OF INTEREST

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

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

Notes:

(1) Members must consider their interests, and act according to the following:

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

leave the meeting <u>unless</u> you have dispensation.

(2) Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.

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

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

3. MINUTES

Recommended –

That the minutes of the meetings held on 6 October 2022 and 19 January 2023 be signed as correct records (previously circulated).

(Asad Shah – 01274 432280)

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.

(Asad Shah - 01274 432280)

5. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

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

B. OVERVIEW AND SCRUTINY ACTIVITIES

6. RESPIRATORY HEALTH IN BRADFORD DISTRICT 1 - 20

Respiratory disease is an important cause of ill health and early death in Bradford District. The District performs relatively poorly compared to other areas in England. Recognising this, partners across the District, including the local authority and NHS, have prioritised respiratory health with the aim of improving health outcomes and reducing inequalities.

The report of the Director of Public Health (**Document "W"**) provides an overview of respiratory health in Bradford District and outlines what partners are doing to improve outcomes for people in the District. This is an update of a previous paper presented to this committee on 22nd November 2018.

Recommended –

That the committee to note and comment on the information provided in the report and to support ongoing work seeking to address the main challenges outlined. Support from senior stakeholders, decision makers and politicians will be necessary to address the issues related to the impact of air pollution and climate change in the health of Bradford population.

(Jorge Zepeda – 07816 082224)

7. UPDATE ON THE PERFORMANCE OF THE PUBLIC HEALTH 0-19 CHILDREN'S SERVICE (CURRENTLY HEALTH VISITING, SCHOOL NURSING AND ORAL HEALTH SERVICES) FOR BRADFORD DISTRICT 21 - 38

The report of the Director of Public Health (**Document "X"**) sets out in brief the demographics of the population of Children in Bradford District, then goes on to discuss the Public Health 0-19 Children's Service and give an update on the recent performance of the service. The paper comprises:

- Demographics
- The Healthy Child Programme
- The Public Health 0-19 Children's Service in Bradford District
- Performance of the Public Health 0-19 Children's Service
    - Health Visiting
    - School Nursing Developments

- School Nursing Performance
- Workforce

Recommended –

(1) Members are kindly requested to note the comments of the report and the progress made by BDCFT in the delivery of the Public Health 0-19 Children's Service.

(2) Members are asked for comments and feedback on the progress to date.

(Sarah Exall – 07855 177158)

8. HOSPITAL DISCHARGES AND INTERMEDIATE CARE 39 - 56

The Government have announced two grants relating to assisting the NHS with patients who are delayed in hospital in 2022/23. When receiving a budget related item in December 2022, Corporate Overview & Scrutiny Committee suggested that Health Overview & Scrutiny Committee received a report on how these monies were to be spent.

Bradford & District performs well when benchmarked with similar areas and in the NHS Yorkshire and North Region - and has a well-respected in-house council provision to enable people to leave hospital, when clinically ready.

In parallel, financial pressures within the council and the NHS have led to health and care partners to begin a joint review of our 'intermediate care' offer – which assists people on a short-term basis to either prevent a hospital admission or expedite a hospital discharge.

The report of the Strategic Director, Health and Wellbeing (**Document "Y"**) updates on how the Government grants are anticipated to be spent, an analysis of our current health and care intermediate care offer and detail on how that review will progress.

Recommended –

That the Committee comments on the proposals as part of the wider programme of transformation of intermediate care services in the district.

(Jane Wood – 01274 437312)

9. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2022/23 57 - 62

The report of the Director of Legal and Governance (**Document "Z"**) presents the committee's work programme 2022/23.

Recommended –

(1) That the Committee notes the information in Appendix A and considers any amendments or additions it may wish to make.

(2) That the Committee notes that the March meeting will take place on Wednesday 22 March 2023.

(3) That the Work Programme 2022/23 continues to be regularly reviewed during the year.

(Caroline Coombs – 01274 432313)

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Director of Public Health to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 16th February 2023

W

Subject:

RESPIRATORY HEALTH IN BRADFORD DISTRICT

Summary statement:

Respiratory disease is an important cause of ill health and early death in Bradford District. The District performs relatively poorly compared to other areas in England. Recognising this, partners across the District, including the local authority and NHS, have prioritised respiratory health with the aim of improving health outcomes and reducing inequalities.

This paper provides an overview of respiratory health in Bradford District and outlines what partners are doing to improve outcomes for people in the District. This is an update of a previous paper presented to this committee on 22nd November 2018.

Sarah Muckle
Director of Public Health

Report Contact: Jorge Zepeda, Senior Health Protection Manager
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E-mail: jorge.zepeda@bradford.gov.uk

Portfolio:

Healthy People and Places

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

Respiratory disease is a leading cause of dying early in Bradford district. Over 500 people die each year from respiratory disease and 25% of these deaths are preventable. The rates of asthma and chronic obstructive pulmonary disease (COPD) in the district are higher than the national average. Outcomes are linked to deprivation and the wider determinants of health with higher rates of hospital admissions from those living in most economically deprived wards.

Respiratory health is an NHS priority – it is one of the priority areas of the Core20PLUS5 approach to support the reduction of health inequalities which is implemented locally by Bradford District & Craven Health and Care Partnership. Bradford Council has implemented public health measures targeting determinants of respiratory health like the Clean Air Zone and the Tobacco Control Alliance.

In this paper we provide an overview of respiratory health in Bradford District and outline what the Council and partners are doing to improve outcomes for people in the district. This is an update of a previous paper presented to this committee on 22nd November 2018.

2. BACKGROUND

Respiratory disease can affect the airways and the lungs and impair breathing. This includes both acute conditions such as flu and pneumonia, and long-term conditions such as asthma and COPD. Respiratory disease affects one in five people and is the third biggest cause of death in England. Mortality from respiratory disease has been historically driven by lung cancer, pneumonia, and COPD with an average 500 people dying from respiratory-related disease each year in Bradford district. COVID-19 has become a significant cause of hospital admissions and death, accounting for over 1700 deaths in Bradford district since the start of the pandemic.

Incidence and mortality rates from respiratory disease are higher in areas of social deprivation. The most deprived communities have a higher incidence of smoking, exposure to air pollution, poor housing conditions and exposure to occupational hazards. Uptake of vaccines against respiratory infections (COVID-19 and flu) is lowest in those areas of the district.

Respiratory diseases are a major factor in winter pressures faced by the NHS and impose a high economic burden with an estimated £11 billion annually in direct costs only. Asthma and COPD are priorities for the NHS because they are associated with a significant part of the burden of respiratory disease. COPD is one of the priority clinical areas of the Core20PLUS5[1] approach to support the reduction of health inequalities, with leadership through the Bradford District & Craven Health and Care Partnership.

[1] Core20PLUS5 is a national NHS England approach to reducing healthcare inequalities at both national and system level. The approach defines a target population (the 20% most deprived areas of England) and identified 5 focus clinical areas requiring accelerated improvement.

Bradford Council has launched important initiatives to improve respiratory health, for example the Clean Air Zone which targets air pollution, and School Streets which prevents pollution near the school gates. The Council has also led the formation of Bradford District Tobacco Control Alliance hosting its inaugural meeting in November 2022. The Alliance is responsible for setting the vision and strategic direction of the district on tobacco control and smoking and will take a multi-agency approach reducing smoking prevalence within the District. We work alongside the UK Health Security Agency (UKHSA) to manage outbreaks of respiratory infections, particularly in care homes where individuals have a higher risk of complications and deaths. We support the NHS in joint efforts to improve uptake of vaccines and reduce inequalities in respiratory health outcomes.

3. REPORT ISSUES

In this section we provide a summary of four major factors contributing to poor respiratory health – chronic respiratory conditions, winter diseases, air pollution and smoking - followed by an overview of key programmes of the Council and partners in each of those areas.

3.1 Chronic respiratory conditions

3.1.1. Impact of COPD and asthma

Chronic obstructive pulmonary disease (COPD) is a common name for a group of lung diseases that cause progressive narrowing of the airways and breathing difficulty. It includes emphysema and chronic bronchitis and is more common in middle-aged or older adults who smoke. An estimated 3% of the UK population has COPD of which about a third goes undiagnosed. The disease is usually progressive, but symptoms can be reduced with proper treatment.

One of the main challenges in managing COPD is that many people are unaware that they have the condition. Late diagnosis has a substantial impact on symptom control, quality of life, outcomes, and cost. Often people are not diagnosed until the disease is at an advanced stage, with non-reversible changes to the lungs and airways. This is because people may not recognise symptoms that develop gradually or may think that the symptoms are normal or associated with age.

Asthma differs from COPD as it usually starts in childhood – it is the most common chronic condition among children. About 6.5% of the population have a diagnosis of asthma, and as with COPD a great number of individuals are not diagnosed. In asthma, the obstruction of the airways is due to inflammation, and it can usually be controlled or reversed with use of drugs. Long term, untreated asthma may cause structural changes in the lungs and airways similarly to COPD. In both conditions, symptoms can get temporarily worse (COPD exacerbations and asthma attacks).

While the main determinant of COPD is smoking (or passive exposure to tobacco smoke), asthma is multifactorial, and it is often difficult to find a single, direct cause.

Risk factors for developing asthma include:

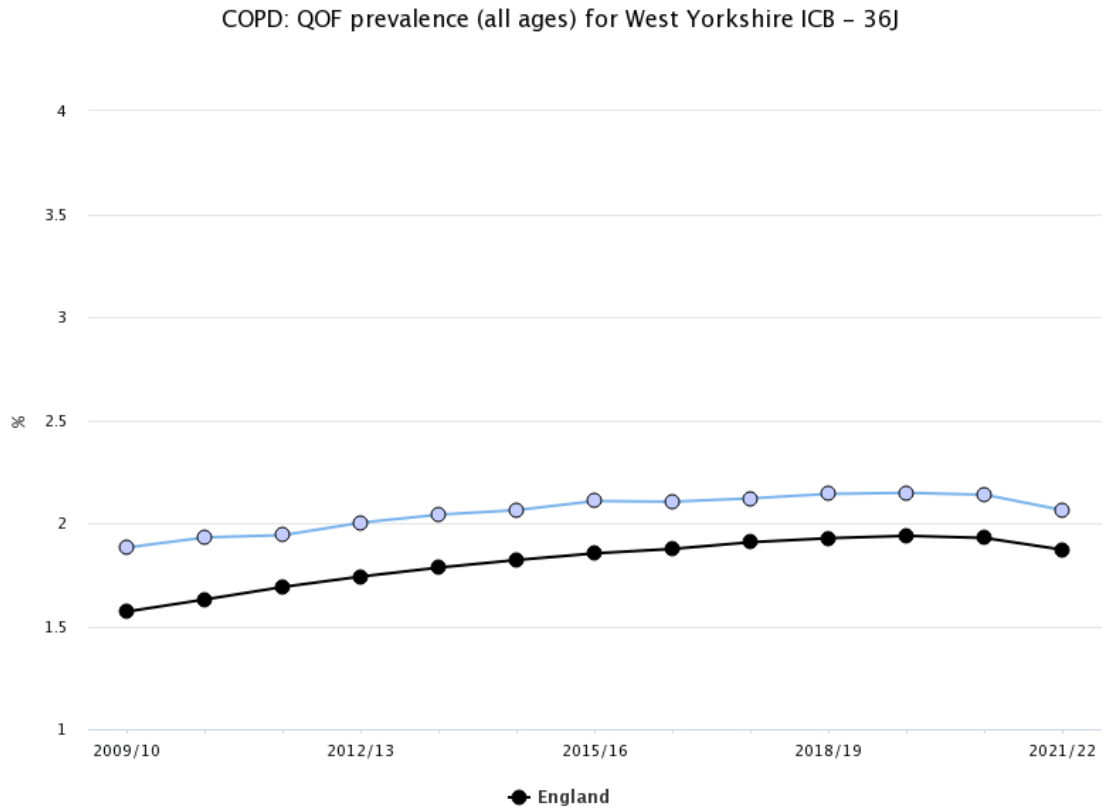
- A close relative with asthma
- Existence of other allergic conditions such as eczema and hay fever
- Exposure to air pollution
- Events in early life that affect the developing lungs like prematurity, exposure to tobacco smoke (including during pregnancy) and air pollution, viral respiratory infections
- Overweight or obesity

The same environmental factors that are involved in the primary development of asthma may increase the frequency and severity of attacks. Up to one third of the asthma cases in Bradford can be attributable to air pollution.

Data for Bradford District and Craven show that 13,407 individuals had a COPD diagnosis in 2021/22 which corresponds to 2.1% of the population. This is slightly higher than the national average of 1.9%. In the same period, 44,770 people aged 6 years or older were living with asthma, or 7.4% of the population, what is also higher than the national average of 6.5%.

Diagnosis rates for COPD have decreased since 2019/20 after 10 years of increase, which may be related to the impact of COVID-19 on NHS capacity and mortality patterns. Figure 1 below compares prevalence of COPD for England (black) and Bradford District (light blue) based on NHS data from the Quality Outcomes Framework, showing that rates of COPD in Bradford district continue to be consistently higher than the national average.

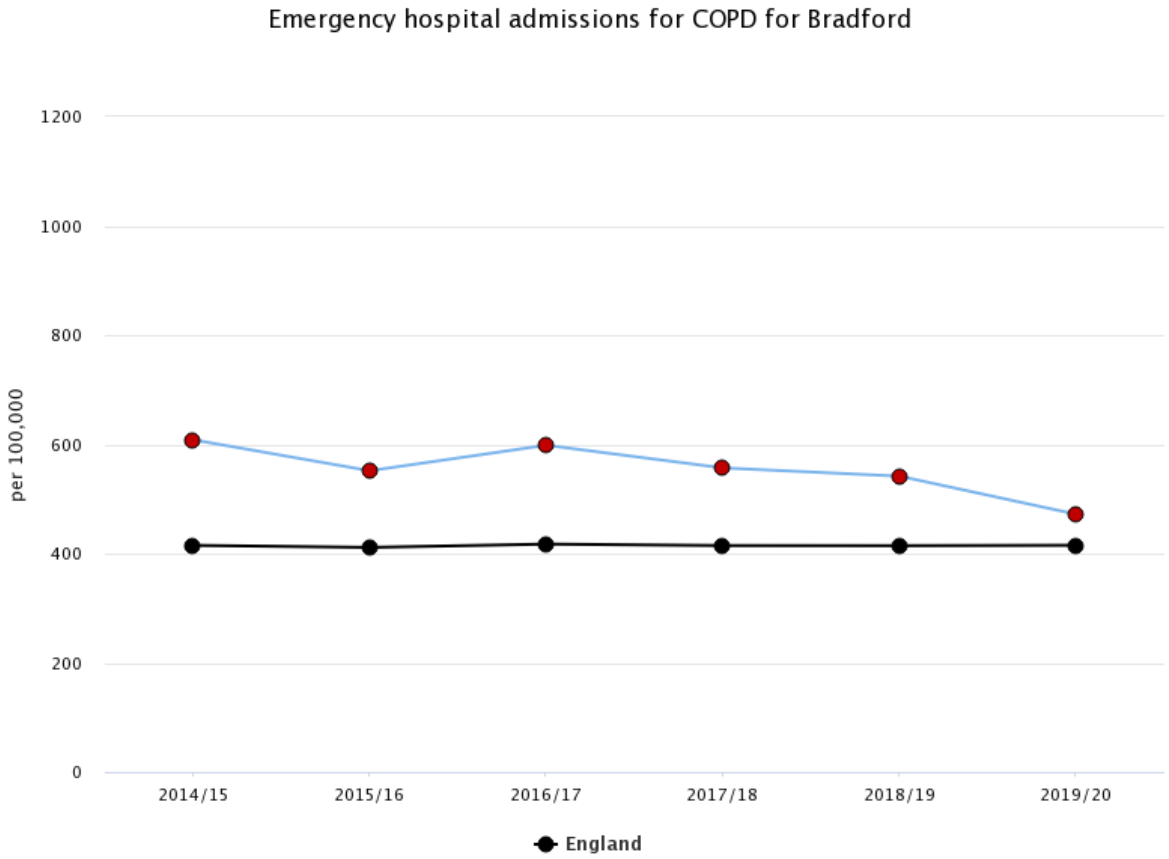
Figure 1: Prevalence of COPD in Bradford district and England



Source: fingertips.phe.org.uk

Hospital admissions for COPD for Bradford district were decreasing before the COVID-19 pandemic (latest data publicly available are for 2019/20). Figure 2 below shows the reduction in the difference between local and national rates over the years. Although the rate of hospital admissions for COPD in Bradford district continues to be significantly higher than the national average, data in 2019/2020 show that the gap was narrowing. In absolute numbers, there were over 1,200 hospital admissions a year for COPD exacerbations in Bradford District.

Figure 2: Hospital admissions for COPD for Bradford district and England



Source: fingertips.phe.org.uk

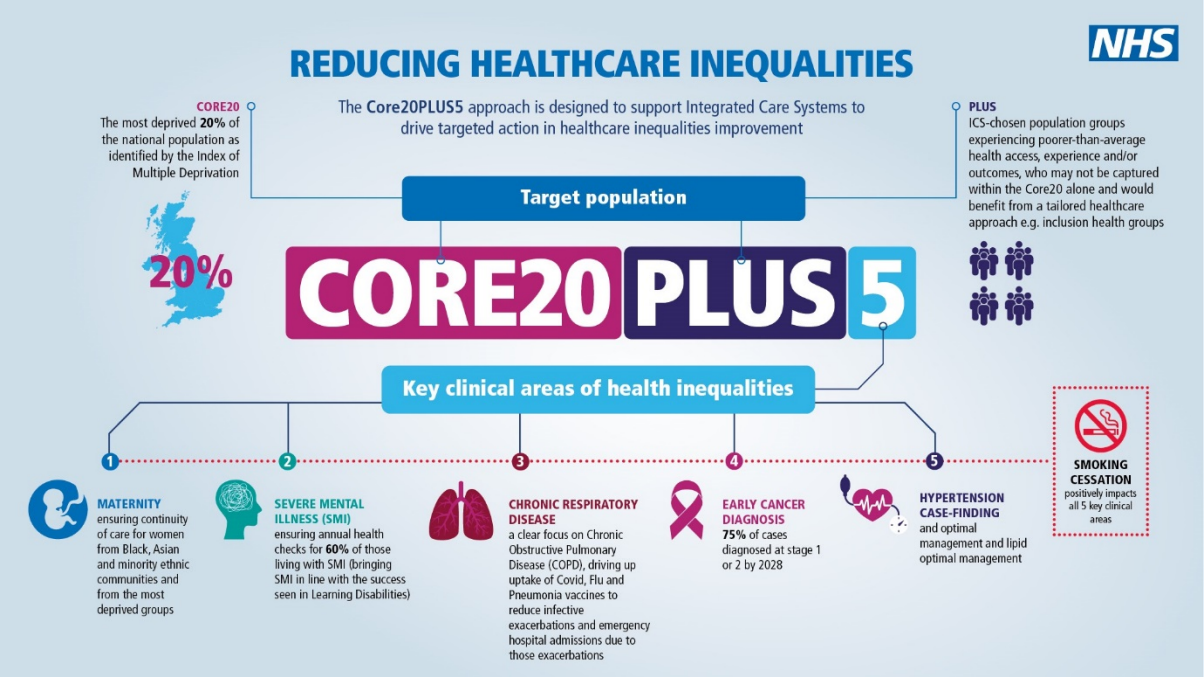
Data on admissions for asthma are calculated differently from those for COPD. In the 3-year period between 2019-2020 and 2021-22, there were 890 admissions for asthma in Bradford District. This corresponds to 172 admissions per 100,000, which is higher than the average for England (120/100,000)

3.1.2. The NHS respiratory programme

Most of the care for people with COPD and asthma is provided in primary care. Early identification and effective management can lead to improvements in symptom control and quality of life and reduce exacerbations and hospital admissions. The national approach for respiratory health, in line with the NHS Long Term Plan, aims to improve early diagnosis, guarantee access to the right medications, and increase access to respiratory rehabilitation services, ensuring that people have the support they need to best self-manage their condition.

Regionally, the WY Integrated Care Partnership is committed to implementing the NHS CORE20PLUS5 approach to reduce health inequalities. This approach defines a target population (the 20% most deprived as defined by the national Index of Multiple Deprivation) and five clinical areas that require accelerated improvement. Chronic respiratory diseases are one of the key clinical areas, and the focus is on increasing uptake of COVID-19, flu, and pneumonia vaccines to reduce COPD exacerbations and hospital admissions in adults.

Figure. The NHS CORE20PLUS5 framework for reducing inequalities



There are signs of improvement for access and quality of care for people with COPD and asthma. For Bradford district, the proportion of patients with COPD who had a review in the last 12 months increased from 50% in 2020/21 to 69% in 2021/22, what is better than the national numbers of 45% and 60% respectively. Likewise, the proportion of patients with asthma that had a review in the last 12 months increased from 38% in 2020/21 to 62% in 2021/22 for Bradford, compared to 31% and 52% respectively for England.

Another indicator of quality of care for patients with asthma is the assessment of second-hand smoking status. Exposure to tobacco smoke is linked to poor control of symptoms and more asthma attacks and this assessment can trigger actions to support family members to stop smoking. There was an increase from 63% in 2020/21 to 73% in 2021/22 in the proportion of patients where such assessment was recorded in Bradford – still, these rates are higher than the national average.

3.2. Winter diseases

3.2.1 COVID-19, flu and other respiratory infections

Immunity from vaccines and previous infections has reduced the impact of COVID-19, but the pandemic is not over. We should expect to see outbreaks and waves of infection related to

new variants and/or cold weather. COVID-19 is circulating in the community alongside other respiratory pathogens like influenza and Respiratory Syncytial Virus (RSV). In recent years there has been less flu, in part due to the restrictions put in place to control COVID-19. This can facilitate the occurrence of multiple outbreaks and increase pressure over the NHS. One example of this scenario was seen nationally in December 2022 with a rise in admissions for flu and an atypical surge in severe infections caused by streptococcus A.

Bradford has had higher levels of COVID-19 infection and deaths than the national average. Risk of dying from COVID-19 is higher among deprived groups, older people, and people with chronic conditions like diabetes. Bradford also has lower uptake of COVID-19 vaccine than the national average. Some groups that are at a higher risk of infection and death such as those with long term conditions (including chronic respiratory diseases) also have lowest vaccine uptake. COVID-19 vaccine uptake continues to be monitored and discussed at the weekly steering group to shape services.

Uptake of the flu vaccine is good among older people and care home residents, but it is still below NHS targets among groups like children and pregnant women. Pregnant women are at increased risk of severe flu, and children are a key link in the transmission chain to vulnerable members of their families. Both groups have been prioritised within local Flu plans to increase uptake of the Flu vaccine.

3.2.2. Impact of cold weather

Cold weather can increase the risk of respiratory infections (like COVID-19 and flu) and exacerbate chronic conditions like COPD, asthma, and cardiovascular disease. Effects of the exposure to cold in the human body include suppression of the immune system, reduced capacity of the lungs to fight off infection, airway constriction and production of mucus in the lungs. Although lower temperatures have a more significant effect on health, the ill effects from cold homes are already seen when outdoor temperatures drop to around 6°C. Because temperatures in this range are much more common, this is when the greatest number of health problems caused by the cold occur.

There is enough evidence of the links between cold temperatures, fuel poverty, and respiratory problems. Cold weather affects more severely those in fuel poverty, and fuel poverty will increase due to the cost-of-living crisis and rise in energy prices. Estimates of the End Fuel Poverty Coalition project that up to 1 in 3 houses in West Yorkshire will be in fuel poverty by April 2023. A household is said to be in fuel poverty when its members cannot afford to keep adequately warm at a reasonable cost, given their income. Fuel poverty is impacted by income, energy prices and energy efficiency. This sum of factors will impact on the ability of vulnerable people to keep warm and stay healthy.

This risk is higher for people who are older, very young, or those who suffer from chronic conditions. As we age, our immune systems become weaker and less able to fight off viruses. We lose the muscle mass that helps us keep warm and moving about. The cold also makes chronic health conditions, which are more prevalent in older people, harder to manage and increase the risk of heart attacks, strokes, depression, and accidents at home. Locally, the public health commissioned service 'Warm Homes Healthy People' provides free independent energy advice for those who are at risk of fuel poverty, including those who are clinically

vulnerable. Additional support is available through the https://costoflivingbradford.co.uk/ website.

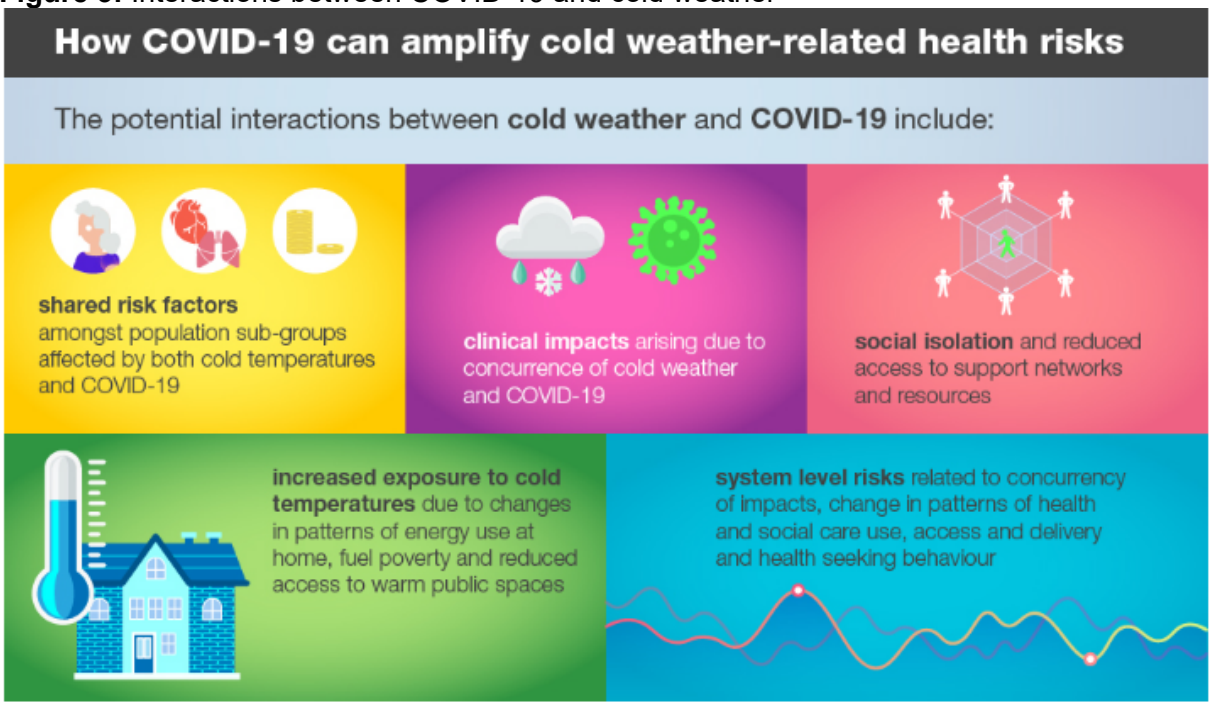
Factors that impact on people's ability to adapt to the cold may also impact their ability to reduce exposure to respiratory infections, for example through reduced ability to maintain good respiratory and hand hygiene. Particular groups at risk include:

- severe mental illness
- dementia and other causes of cognitive impairment
- disabilities
- being bed-bound
- being very young
- drug and alcohol dependencies

With more people gathering indoors, there is a potential for outbreaks of respiratory infections such as COVID-19, flu, RSV. Those who are co-infected with COVID-19 and flu are at risk of poorer outcomes, including increased risk of death. Overlapping symptoms may lead to misdiagnosis or late diagnosis in community settings.

There is a seasonal increase in the number of deaths during the cold months, what is called excess winter deaths. This reflects temperature, people spending more time together indoors, increase or worsening of respiratory diseases and other health conditions, and pressure on services. 13,400 more deaths occurred in the 2021 to 2022 winter period across the country compared with the average of the non-winter periods, and COVID-19 was the leading cause of death. Figure 3 shows how distinct factors can sum up to increase health risks for respiratory disease in winter.

Figure 3: Interactions between COVID-19 and cold weather



Source: Health matters: cold weather and COVID-19

3.2.3. Immunisation programmes and outbreak management

The COVID-19 and Flu vaccination programmes are led locally by our NHS partners, with weekly partnership review meetings, which council officers attend. Local delivery plans are in place, which include regular offer of both vaccines through GPs and pharmacies, onsite-vaccination of care homes residents and school-aged children, and community-based vaccine sites. In the review meetings uptake is monitored to direct action to reduce inequalities. During the 2022/23 winter, both vaccines were offered through pop-up clinics in winter wellbeing fairs for residents of areas with lower uptake.

The council has also worked to tackle misinformation and increase the public's confidence in the vaccines. A joint communications workgroup with NHS partners is in place and has produced messages co-promoting both vaccines and reinforcing the safety of the vaccines for all groups. Vaccination messages have been promoted in innovative ways, such as via traffic light signs and videos on the big screen in City Park featuring pregnant women talking about how safe the COVID-19 and flu vaccines are. Community champions have been trained to co-promote Flu and COVID-19 vaccines across the district, using evidence based behavioural science principles.

Tackling vaccine misinformation is the responsibility of everyone. Council officers support this by using an evidence-based approach (using what seems to work better to encourage vaccine uptake), using local data to identify areas of good practice and groups needing support, responding to community concerns through carefully crafted communications, and escalating issues to the relevant committees. Misinformation and inequalities go together, and these require on-going and long-term relationship building with communities.

Vaccines are the backbone of the current Government's strategy for living safely with COVID-19. Responding to the virus is now integrated within business as usual. We should continue to encourage safe behaviours like hand cleaning and respiratory hygiene which are longstanding ways of controlling spread of respiratory infections. Outbreaks of COVID-19 and flu are managed in collaboration between UKHSA, who leads ongoing COVID-19 response in England, and the Council's public health team.

The local plan for living safely with COVID-19 and other respiratory conditions including outbreak management was updated in 2022 and presented to the HSC Overview and Scrutiny Committee on 24 November 2022. The full report can be accessed here.

3.2.4. Cold weather advice and support

The sum of health hazards during the cold season requires a coordinated response across the public health system to ensure the health of Bradford population is secure and protected. People at risk from cold weather may also be vulnerable to respiratory infections and vice versa. This can be due to concurrence of clinical, environmental, and socioeconomic factors. The Council is working to identify those at greatest risk this winter, considering intersecting risks, and supporting vulnerable individuals to access existing resources to keep warm.

The Cold weather plan for England contains action cards for professionals, organisations, and individuals.

A set of key messages to keep safe and healthy during the winter was produced in Autumn 2022 and circulated to care homes, schools, warm spaces, leisure centres, and other venues where people usually gather indoors. Some examples of key messages are below:

- There is a delicate balance between protecting people from the cold, increasing fresh air indoors, and saving on energy bills. You can do all this at a time by opening a small window or vent sometimes during the day to bring fresh air in, and warming the spaces first, then ventilating.
- We understand COVID-19 and flu can be the last concern of people who are struggling to keep warm and fed. It's a difficult time for everybody. You can do a lot just signposting to this information: additional support to deal with cost of living; list of public warm spaces in Bradford; advice and support to warm your house.
- Managers and employers are in a unique position to support their staff and public to get vaccinated. You will have less work absences and protect customers and the local community. Have a look at these proven strategies to support vaccination: engage trusted community leaders; share information on the facts around vaccination; show your support to vaccines as a manager; focus on positive reasons for getting vaccinated; be clear with your staff about how you are facilitating vaccination.

A Cost of Living Support booklet and website was produced in partnership between Bradford Council, Community Action Bradford & District, and Bradford District and Craven HCP. The booklet contain advice on how to protect from cold, prevent respiratory infections, keep healthy, and provides a list of financial and other support schemes in place this year with respective links.

Additional sources of support to protect from the cold are signposted on the Council website:

- A directory of the network of Warm Spaces established in Bradford, which are safe places where anyone struggling to heat their home can gather together for free and spend time reading, studying or chatting with others.
- Link to the Warm Homes scheme which provides free independent energy advice for those living in the Bradford District area.
- Link to the Weather Ready campaign with advice to prepare for extreme cold spells.

3.3 Air pollution and adverse weather

3.3.1. Air pollution and hot weather

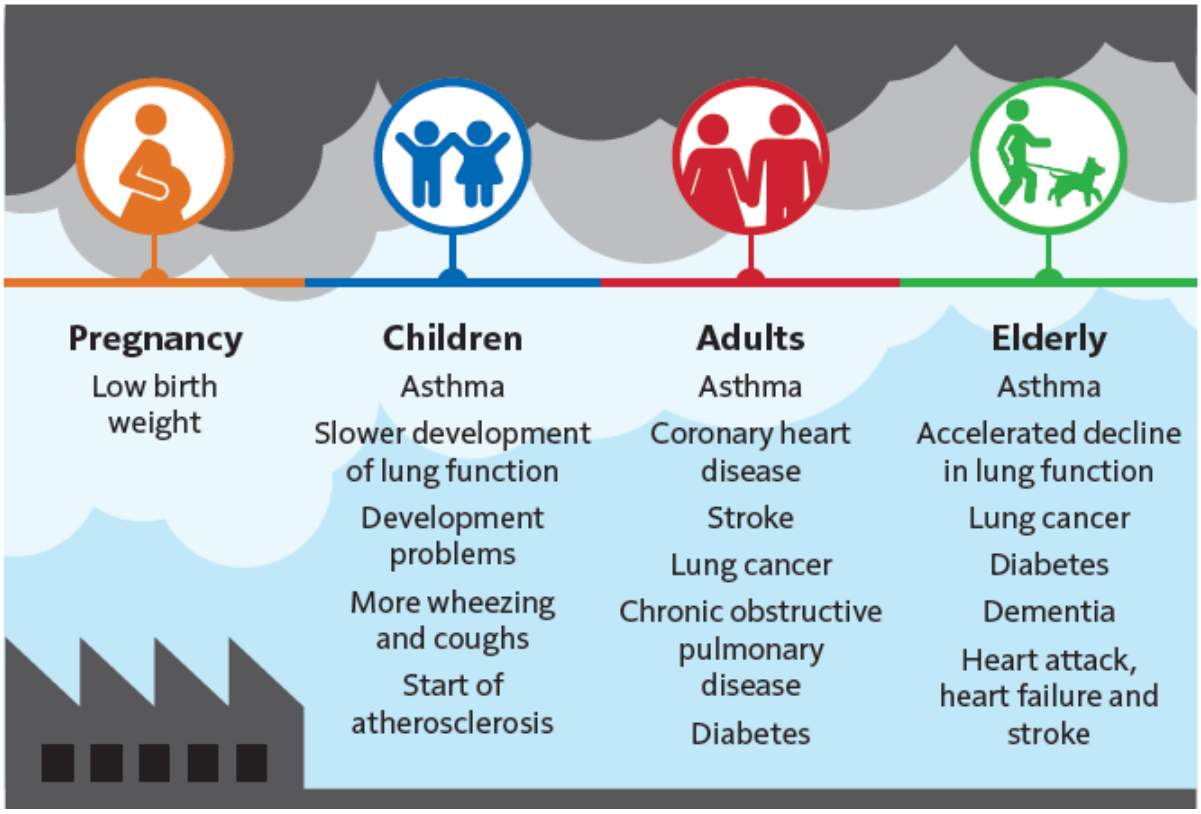
Air pollution impacts on lung development in children, cardiovascular disease, exacerbation of asthma and increased mortality. As individuals we have little control over the quality of the air we breathe, except (to some extent) in our own houses. Therefore, this should be treated as a societal problem, that goes even beyond the scope of public health.

Air pollution affects more people who live in urban, densely populated areas and those who are more susceptible to health problems caused by air pollution. Poorer communities are subject to a clustering of environmental risk factors that include greater air pollution, poor housing conditions and less access to high-quality green spaces. These factors exacerbate health inequalities.

Groups that are more affected by air pollution include:

- older people
- children
- individuals with existing CVD or respiratory disease
- pregnant women
- communities in areas of higher pollution, such as close to busy roads
- low-income communities

Figure. Consequences of air pollution over the life cycle



Source: Chief Medical Officer's Annual Report 2022 - Air pollution

Bradford Council has worked closely with communities, clinicians, and the Born in Bradford (BiB) research programme to study how air quality is affecting health of Bradford residents across the life course. Over 50,000 Bradford residents are actively involved in BiB cohort studies. BiB research has been able to show, for example, clear links between pollution and low birth weight of babies in Bradford (which in turn increases the risk of developing asthma), and a greater impact of pollution on health among the more deprived communities in Bradford.

3.3.2 Air pollution and the natural environment

Actions to improve, maintain and protect the natural environment can protect the respiratory health of Bradford residents through reducing the negative impacts of air pollution. As well as nature in rural areas, urban green and blue space are key to removing key air pollutants. Greenspace can also control the flow and distribution of air pollution. People's exposure can be substantially reduced through carefully positioned green infrastructure that incorporates the right type of vegetation, separates people from pollution by introducing barriers and extends the distance between the pollution source and individuals. Redesigning road and pavement

layouts, delivering well-designed urban greening schemes, and providing active travel routes through greenspace all help reduce exposure to air pollution and improve health. (Source: Improving access to greenspace: 2020 Review)

3.3.3 Air pollution and climate change

UK Climate Projections note we will have warmer and wetter winters, alongside hotter and drier summers. We will continue to take action to mitigate Winter Excess Deaths, however from 2080 we will expect numbers to reduce, whereas the impact of Heat Waves will increase in both frequency and severity.

Heatwaves increase health-related issues and deaths (excess seasonal deaths). There is a linear relationship between temperature and weekly mortality. There is also a social gradient to these impacts in which they are more severe in the more deprived. Part of the rise in mortality may be attributable to air pollution, which makes respiratory symptoms worse. The same population groups affected by high temperatures are more vulnerable to COVID-19, for example, older people and those with chronic conditions.

There are around 2000 heat-related deaths a year in the UK. Excess heatwave deaths in Bradford were calculated for the period 2012-2019 using data from the Met office and from the Primary Care Mortality Database. In total there were 46 heat wave days identified between 2012 and 2019, of which 16 (35%) were in 2018 when there were 37 excess deaths attributable to the hot weather.

Climate change will hit harder on low-income areas and the most vulnerable people, whose housing may be poorer quality, uninsulated, and unsuitable for extremes of temperature. Extremes of heat and cold impact negatively on many aspects of wellbeing and directly increase the risk of death of those with chronic respiratory diseases or at extremes of age.

3.3.4. Air quality: The Clean Air Plan

One of the five outcomes of Bradford District Plan 2021-25 is to act at all levels to address climate and environmental change. Priorities include investments and programmes to reduce air pollution, in line with the Bradford Clean Air Plan in development since 2018 (Breathe Better Bradford). In September 2022, Bradford launched a Clean Air Zone (CAZ), which is a defined area where targeted action is taken to improve air quality. Since September 2022, noncompliant commercial vehicles are charged a daily fee to enter the zone. Around 20% of the Bradford population live within Bradford CAZ, and 40% of the schools are in the area.

About 85% of the older commercial vehicles entering the city are registered outside the Bradford district. The revenue generated by the fines is ring fenced to further improve air quality. The CAZ includes exemptions and support packages for locally registered vehicles, a mitigation to avoid the impact that charging the taxi trade would have on families that were already on low incomes. With support from Council grants, 97% of taxis were upgraded to CAZ standard, and we now have the cleanest fleet in UK. All commercial buses were also upgraded.

Bradford Plan to reduce air pollution featured in the 2022 Annual Report of the Chief Medical Officer on Air Pollution as one among three examples of city-wide policies of success in England. The Clean Air Zone is part of the wider Clean Air Strategy for Bradford and aligns with many other projects being delivered locally, across West Yorkshire and nationally. The CAZ has captured the city's attention to problems with pollution, attracted other investments e.g., for new electric buses and charging points for electric vehicles, and enabled initiatives like the school streets. Research is ongoing to understand the impact of poor housing conditions and indoor air pollution on health and inform policies for reducing indoor pollution, for example by reducing pollution from solid fuel burning in residential areas.

3.3.5. Adapting to hot weather

Air pollution and hot weather form a perfect storm for those more vulnerable to respiratory disease. City dwellers are more exposed to extreme heat due to the Urban Heat Island effect (UHI) which is caused by a combination of factors: buildings, narrow roads, reduced vegetation, air pollution, traffic, domestic energy use and industrial processes. It can lead to city temperatures being up to 5 °C warmer than surrounding areas and is most pronounced at night when the impact of heat on health and wellbeing is greatest. This reinforces the need for whole system approaches to tackle the wider determinants of poor respiratory disease, like air pollution, scarcity of green spaces, and climate change leading to extreme weather.

The Heatwave Plan for England includes recommendations for activities by local authorities, and specifically for care home staff and social workers. Local authorities have strong links with their communities and are invaluable at disseminating key health messages through their channels.

In July, a heatwave led to an unprecedented Level 4 (major incident) alert for extreme hot weather in England. Public health, emergency planning and other partners from the Local Resilience Forum worked together with daily meetings to prepare the Council's services and the public to keep safe during those hot days. The Council adopted a comprehensive communications plan to disseminate public health messages to the public:

- The 'Hot Weather Advice' page on the Council's website was updated with localized advice and links to recommendations and action cards.
- An email with the website link was shared with partners, community contacts, relevant council departments and staff working directly with residents, and through the E-bulletin to care homes.
- All council social media accounts featured messages with a link to the webpage including suggested hashtags
- Messages were included on electronic roadside messaging signs across the district encouraging people to stay safe look out for others and pointing to the website.

3.4. Smoking

3.4.1 Smoking impact on health

Smoking is the most important cause of COPD and lung cancer, is a risk factor for asthma development and attacks, and is one of the key determinants of all-cause mortality e.g., by increasing cardiovascular disease and cancer. Exposure to second-hand smoke (passive smoking) also causes significant harm to both adults and children. Smoking is attributable to a number of diseases which lead to hospital admissions. The prevalence of smoking in adults and the hospital admissions attributable to smoking have been falling over time in England.

Between 2011 and 2021, the prevalence of smoking has reduced from almost 20% of adults to 13%. This number may be slightly different depending on the source, e.g., the prevalence of smoking for England in 2021 varies between 13% when measured by the Annual Population Survey and 15.9% when using NHS data from the Quality and Outcomes Framework (QOF). Regardless of the source used, Bradford District is following the national trend of reductions in tobacco smoking, however the district continues to have higher rates of smoking, smoking attributable admissions, and smoking related deaths than England.

Figure 4: Smoking prevalence for Bradford district and England

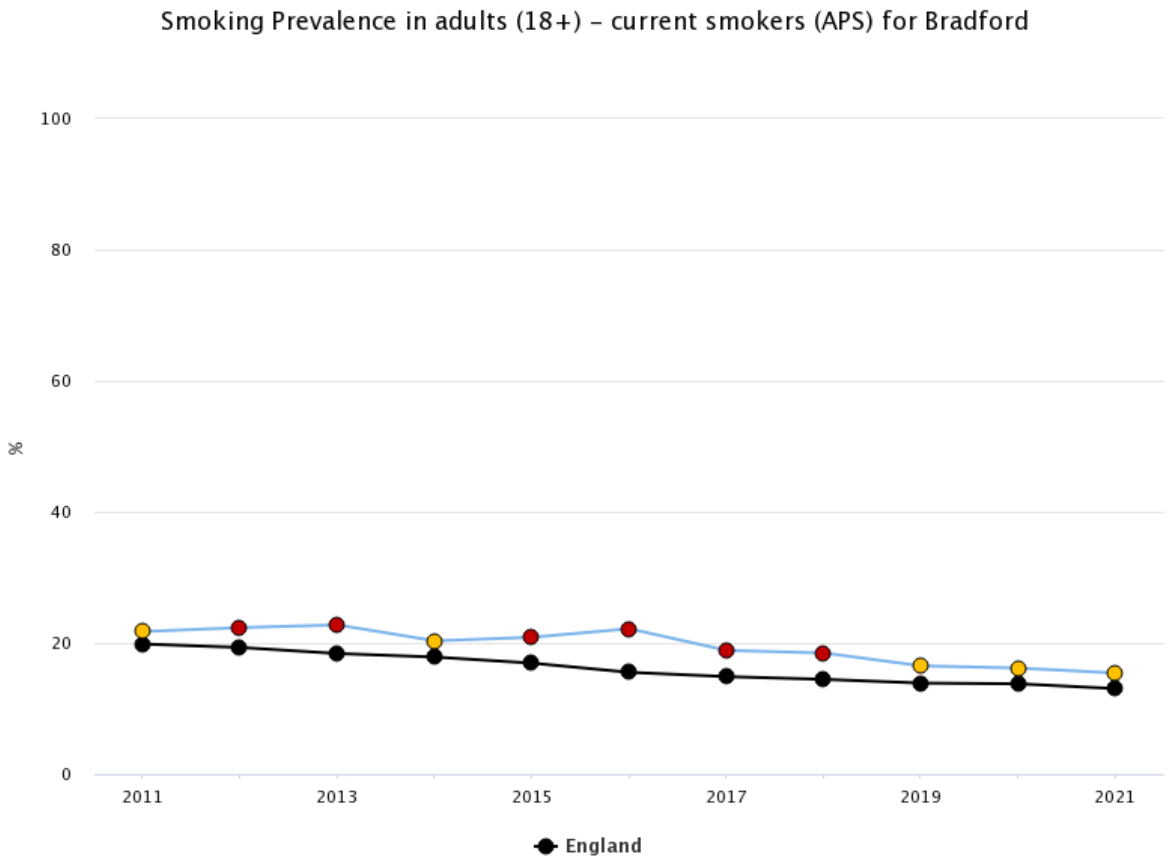
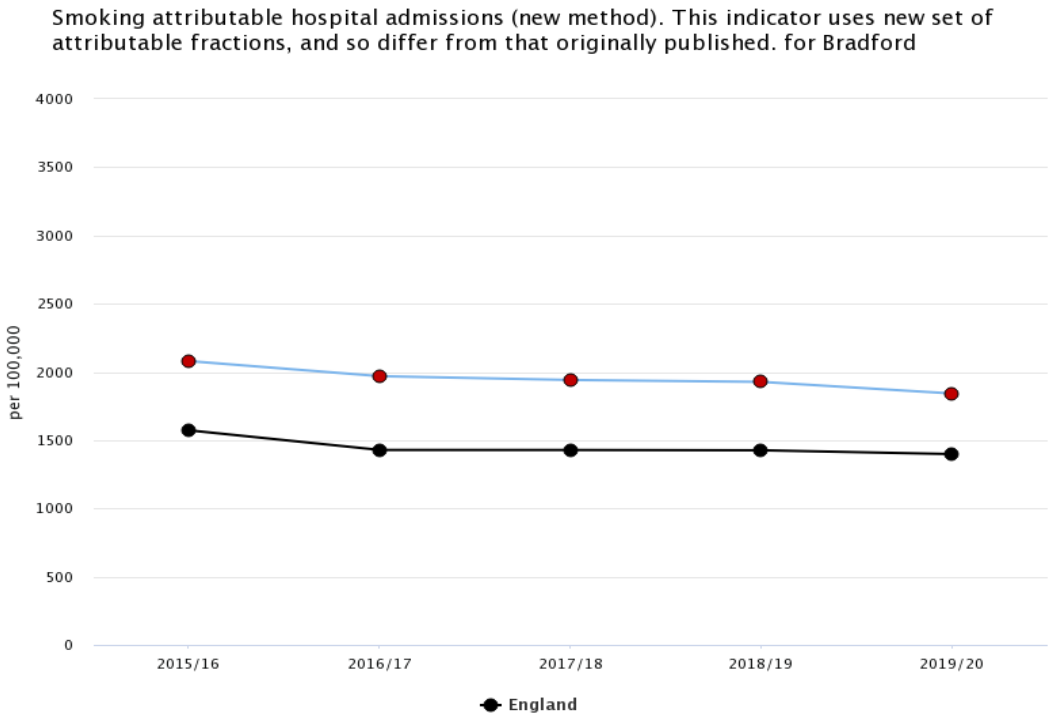
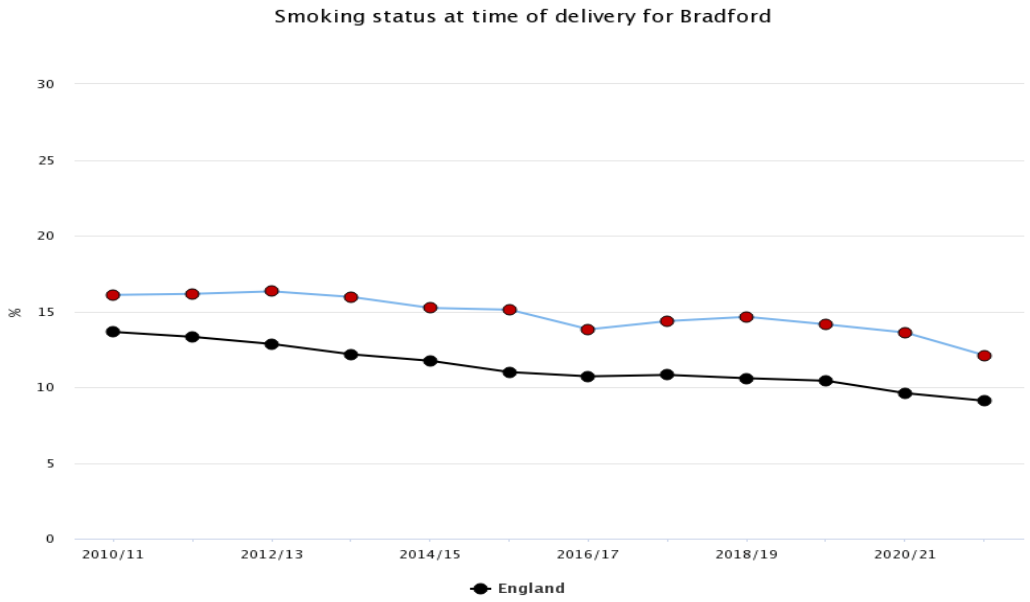


Figure 5: Hospital admissions attributable to smoking – Bradford District and England



Smoking during pregnancy can affect both mother and baby heath before, during and after birth. The prevalence of smoking during pregnancy for Bradford district has reduced from 16% in 2010/11 to 12% in 2021/22. This percentage is higher than the average of 9% for England and still means 750 babies each year being exposed to tobacco in utero. Smoking or exposure to secondhand smoke during pregnancy is responsible for an increased rate of stillbirths, complications during labour, premature birth, miscarriages, birth defects and sudden infant death syndrome (SIDS). It also increases the risk of developing asthma and middle-ear infections after birth.

Figure 6: Smoking status at time of delivery (pregnancy) – Bradford district and England



3.4.2. Tobacco control and smoking cessation programmes

Bradford Council is a signatory since 2014 of the Local Government Declaration on Tobacco Control which is a public statement of a council's commitment to ensure tobacco control is part of mainstream public health work. The Council is a member of the Smokefree Action Coalition (SFAC), a group of over 300 organisations across the UK committed to ending smoking. We share and promote locally the Breathe 2025 vision for Yorkshire and Humber, a multipronged approach to prevent young people from taking up smoking in the first instance.

As founding members of the new Bradford and District Tobacco Control Alliance, the Council Public Health team will facilitate a comprehensive multi-agency forward plan to reduce the harm of tobacco in our communities. This includes actions to prevent uptake of vaping among young people and policies to create smoke free parks as well as support vaping as a form of treatment to quitters. The Council also supports the 'Keep it Out' programme jointly funded by WY local authorities to tackle illegal tobacco trade and reduce the harm that illegal tobacco causes. Available from a range of sources within some local communities, the sale of illegal tobacco seriously undermines the impact of other tobacco control measures and makes it easier for children to start smoking, enabling them to become addicted at a young age.

The Living Well stop smoking service extended its reach in 2021 to provide greater choice for quitters and now provides smoking cessation support through some GP practices and community pharmacies across Bradford district. The Service is delivered by NCSCT Level 2 trained practitioners and offers an evidence-based 12-week behavioural programme with access to pharmacotherapy to all smokers over the age of 12 residents in Bradford District. Expert advisors take a personalised approach to determine the best methods and aids to help people to quit for good. They also help people to manage cravings and explain how to use proven methods and treatment including NRT (nicotine replacement therapy).

The Living Well Service can be directly contacted by calling 01274 437700 or emailing stopsmokingservice@bradford.gov.uk. Support is also available through the NHS Better Health website.

E-cigarettes are significantly less harmful than cigarettes and are an effective aid for quitting, and many women who smoke during pregnancy are using e-cigarettes as an aid to quit or cut down. Resources to support health professionals working with pregnant women and information for pregnant women and families are available from the Smokefree Action website.

4. FINANCIAL & RESOURCE APPRAISAL

Tackling public health issues requires long term commitment and investment. Much of this already exists and is directed towards activity which will positively influence indicators in the Public Health Outcomes Framework. The Public Health service is grant funded by the Department of Health. There are no immediate financial issues arising from this report. Future investments in public health and urban planning may be needed to enable the Council to make a substantive contribution towards reducing the impact of the environmental determinants of respiratory health outlined in this report.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

None

6. LEGAL APPRAISAL

The provision of public health services to protect the population from respiratory disease and its determinants falls within the Council's responsibilities for public health under the provisions of the Health and Social Care Act 2012 and Health and Care Act 2022. Outbreak control and protection against environmental health threats are part of the statutory health protection function of local authorities. The Council collaborates with the NHS and UKHSA through partnerships and joint work agreements in areas like vaccination, control of communicable diseases, and public health advice for individuals and organisations. The provision of healthcare for patients with respiratory disease remains under the responsibility of NHS England.

This report does not raise any other specific legal issues.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

Equality assessments have been part of the development of the Council programmes described in this report eg Clean Air Zone and Living Well. The NHS respiratory and vaccination programmes have a focus on reducing inequalities in health outcomes in the related areas.

The work described in this report contributes towards the following Council's equality objectives: **1. Visibility, leadership and accountability** – through clarifying the Council's responsibilities and what we do to support our partners to improve respiratory health in Bradford district; and **3. Community** – through identifying resources and supporting communities to protect from respiratory infections and environmental hazards.

7.2 SUSTAINABILITY IMPLICATIONS

None

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.4 COMMUNITY SAFETY IMPLICATIONS

None

7.5 HUMAN RIGHTS ACT

None

7.6 TRADE UNION

None

7.7 WARD IMPLICATIONS

Although we had limited access to ward level data on the topics covered in this report, we know that the impact of respiratory disease varies across the district. Part of this can be attributed to variations in access and quality of healthcare including early detection and prevention what highlights the need for targeted work with the NHS, for example, to improve vaccine uptake. Respiratory health is also strongly influenced by exposure to environmental risk factors and the quality of the built and natural environment, what stresses the need for more cross-sector work and engagement with the different Bradford communities to address wider determinants of respiratory disease.

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

None

7.9 IMPLICATIONS FOR CORPORATE PARENTING

None

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

None

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

This report is for information and awareness. The options are to continue or not to support the programmes of work outlined.

10. RECOMMENDATIONS

We invite this committee to note and comment on the information provided in the report

and to support ongoing work seeking to address the main challenges outlined. Support from senior stakeholders, decision makers and politicians will be necessary to address the issues related to the impact of air pollution and climate change in the health of Bradford population.

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

Here is a list of key sources of additional information on the topics addressed in this report.

Breathe Better Bradford
Born in Bradford Breathes
Cold weather advice
Cost of living support
Advice for hot weather and heatwaves
NHS Respiratory programme
Living Well Smoking
Living Well with Asthma
Living Well with COPD
Living Well Schools
Healthy Places - Act Early
Warm Homes Healthy People - Groundwork

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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Director of Public Health to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 16 February 2023

V

Subject:

UPDATE ON THE PERFORMANCE OF THE PUBLIC HEALTH 0-19 CHILDREN'S SERVICE (CURRENTLY HEALTH VISITING, SCHOOL NURSING AND ORAL HEALTH SERVICES) FOR BRADFORD DISTRICT

Summary statement:

This Paper sets out in brief the demographics of the population of Children in Bradford District, then goes on to discuss the Public Health 0-19 Children's Service and give an update on the recent performance of the service. The paper comprises:

- **Demographics**
- **The Healthy Child Programme**
- **The Public Health 0-19 Children's Service in Bradford District**
- **Performance of the Public Health 0-19 Children's Service**
  - **Health Visiting**
  - **School Nursing Developments**
  - **School Nursing Performance**
  - **Workforce**

EQUALITY & DIVERSITY:

The Public Health 0-19 Children's Service is a universal service based on the evidence-based Healthy Child Programme, aimed at reducing inequalities and improving health and wellbeing. The Service works in the community, and is required to be accessible to every child in the District.

Sarah Muckle
Director of Public Health

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Portfolio:

Health and Wellbeing

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

Early support in infancy and childhood is known to improve life-long health and wellbeing. The Public Health 0-19 Children's Service in Bradford consists of Health Visiting, School Nursing, and Oral Health promotion, and delivers the national evidence-based Healthy Child Programme. This is aimed at improving the health, wellbeing and development of children aged from birth to the age of 19, and up to the age of 25 for young people with Special Educational Needs and/ or Disabilities (SEND). This paper provides an overview of the Health Child Programme and update on the performance of the current service, including progress against the recent additional investment.

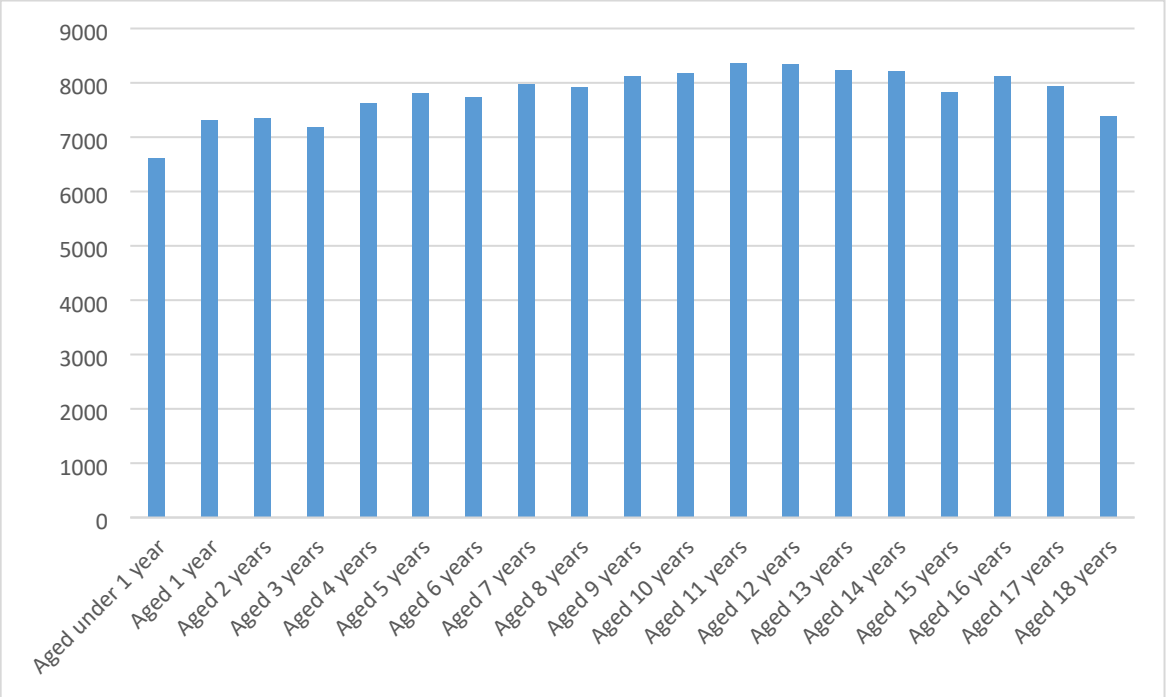
2. BACKGROUND

2.1 Demographics

In 2021, there were 6,828 live births in Bradford District. This figure has been falling slightly on average over the last few years, with 7,639 babies born in 2017. This reducing birth rate can be seen in the shifting age demographics of the District, with fewer infants and children in younger years than children and young people of older ages (figure 1).

The 2021 census identified 148,291 children and young people aged 0 to 19 in Bradford District.

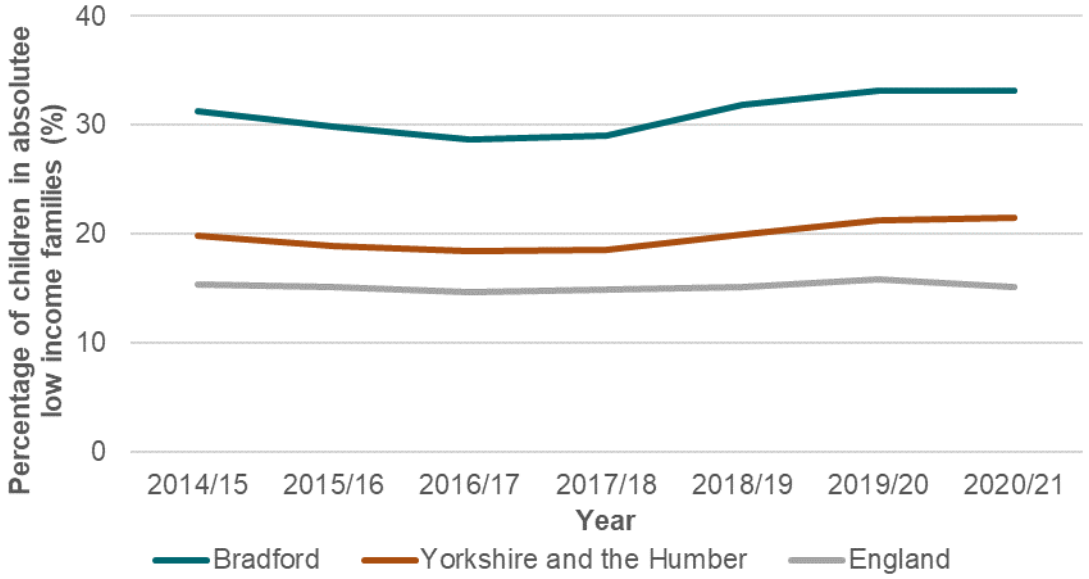
Figure 1: number of children by single year age, Bradford Districts, 2021 census.



Source: ONS Births in England and Wales: 2021

Income inequality and deprivation are strongly linked to health outcomes. In 2020/21, 33.2% of children under 16 years old in Bradford were living in absolute low income families[1]. This is more than twice the national average (15.1%) and higher than the average for Yorkshire and the Humber (21.5%). The proportion of children in Bradford in relative low income families has been increasing since 2017/18 and the gap has been widening from the national average (Figure 2).

Figure 2: Percentage of children under 16 in absolute low income families, Bradford, Yorkshire and the Humber, and England, 2014/15 to 2020/21.



Source: Fingertips, Office for Health Improvement and Disparities

2.2 The Healthy Child Programme

That children and young people in Bradford have the best possible start in life is vital to their future health and wellbeing, and that of the District as a whole. Strong evidence shows that intervening early in a child's life with support can improve physical health, mental health, and socioeconomic outcomes. This is particularly important for children from lower income households.

Evidence-based guidance is available to Local Authorities in the form of the Healthy Child Programme: a guide to commissioning of Health Visiting and School Nursing services for babies, children and young people aged 0-19 years, and their families. This guidance covers a number of statutory responsibilities of Local Authorities and Directors of Public Health. Within the guidance are two separate, but linked, elements: the 0-5 service, delivered by Health Visitors and their teams, and the 5-19 service, delivered by School Nursing teams. This includes five mandated health checks for young children, the National Child Measurement Programme (NCMP) and district wide Oral Health surveys. In

[1] Absolute low income uses the 60% median income threshold in 2010/11 and fixes this in real terms (in line with inflation). An absolute low income family is any family below this threshold before housing costs who have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year.

Bradford, the Public Health 0-19 Children's Service also includes the community children's oral health promotion service to improve the oral health of children and young people.

The Healthy Child Programme aims to:

- help parents, carers or guardians develop and sustain a strong bond with children
- support parents, carers or guardians in keeping children healthy and safe and reaching their full potential
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- promote oral health
- support resilience and positive maternal and family mental health
- support the development of healthy relationships and good sexual and reproductive health
- identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner
- make sure children are prepared for and supported in all childcare, early years and education settings and are especially supported to be 'ready to learn at 2 and ready for school by 5

Reproduced from Guidance Healthy child programme 0 to 19: health visitor and school nurse commissioning; gov.uk: https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning

2.3 The Public Health 0-19 Children's Service in Bradford District

Bradford District Care Foundation Trust (BDCFT) have held the current Contract for the Public Health 0-19 Children's Service since 1st August 2019. The new Contract was in early stages of delivery and transformation when the Covid-19 pandemic was declared, resulting in a significant impact on plans and delivery. The Service has experienced other challenges during the current contract, including a reduction in overall value of the contract in 2019, increasing safeguarding needs, and staffing challenges caused by recruitment issues and a national shortages of experienced health visitors and school nurses. This all led to significant challenges for the service in delivering some core public health and health promotion activities.

In order to address these challenges and to enable the service to focus on addressing and relieving the pressures within the School Nursing service in particular, Bradford Council took a decision to increase the investment in the Public Health 0-19 Children's Service by £1m for the financial year 2022/23. This additional investment becomes recurrent from April 2023, with the total financial envelope for the Service now £11,784,281 per annum. Projects developed by the Service under the new investment are discussed in detail in section 2.4.2, below.

Taking into account the increased budget and changes in the Healthy Child Pathway commissioning guidance, in addition to Public Health reviews of the Service, an updated Service Specification has been developed and agreed by Public Health and BDCFT, to be

implemented from April 2023. This maintains and strengthens Health Visiting and School Nursing Services, including the five mandated health checks, universal School Nursing offer, the National Child Measurement Programme (NCMP), and Oral Health promotion.

Mobilisation meetings have taken place throughout 2022 to provide the goverance and assurance required as projects were activated, providing a regular touch point between commissioners and operational managers. All performance continued to be reported via the established Contract Management Board. During 2022, the Service have delivered against detailed plans, and have improved their KPIs in a number of areas. Details can be found in section 2.4, but of particular note are the improvements in health checks for antenatal women and 2 to 2.5-year old children, and the increase in numbers of children screened for healthy weight and hearing impairment.

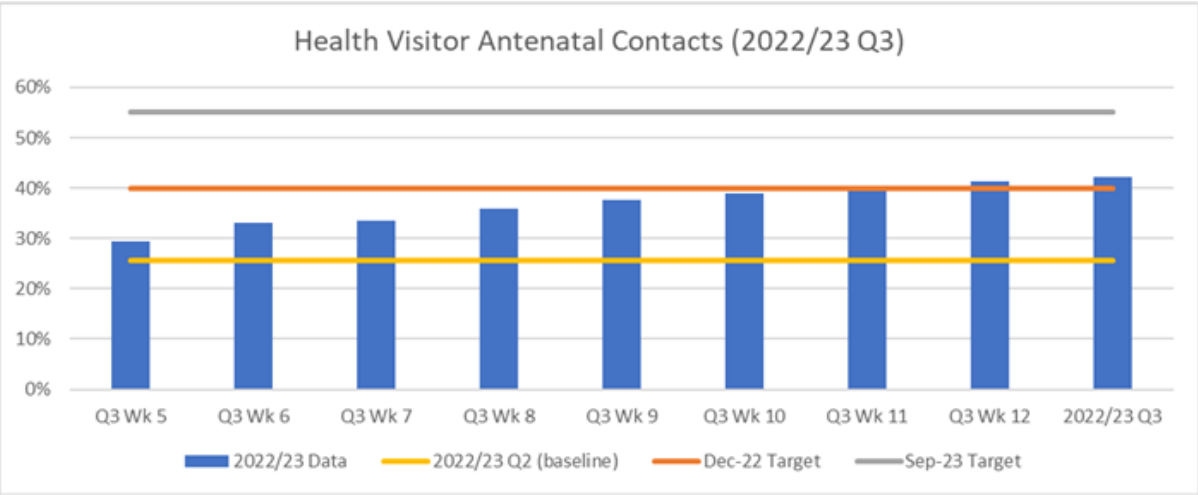
2.4 Performance of the Public Health 0-19 Children's Service

2.4.1 Health Visiting

Antenatal Review

The first health check in the Healthy Child Programme is the antenatal check undertaken after 28 weeks of pregnancy and before birth. The 2022 Ofsted inspection of services for children with Special Educational Needs and Disabilities (SEND) highlighted the antenatal contact as an area for improvement as part of Improvement area 3 of the Written Statement of Action. In response, the Service has a clear improvement plan and performance is reviewed weekly. Figure 4 below shows the significant and improved position of the Service against this mandated contact, with the 40% improvement trajectory for December 22 already met and surpassed.

Figure 3: Proportion of pregnant women receiving antenatal contacts from the Health Visiting Service, 2022/23



New Birth Review

The percentage of births that receive a new birth review within 14 days of the birth, by a Health Visitor, face to face has slightly dropped at the end of Quarter 3 in 2022-23, in part

as a result of staff sickness within the Service. The current performance stands at 93.2% against a KPI of 95%. This was however respectively 96.9% and 96.5% in the last 2 quarters.

To mitigate any further risk of this performance reducing the service will be reviewing the New Birth Review on a weekly basis alongside the Antenatal Reviews.

6-8 Week Review

This KPI is set at 95% of babies who receive a review by the Health Visiting team at 6-8 weeks. Current performance for Quarter 3 2022-23 is 95.1%.

Percentage of Babies Totally or Partially Breastfed 6-8 weeks after birth

The service has achieved and exceeded the KPI of 42%, with 52.5% of babies totally or partially breastfed in Quarter 3 of 2022/23.

Maternal Mood

New mothers are routinely offered maternal mood screening following the birth of their babies.

- KPI 4b – the percentage of Mothers screened for maternal mood at 6-8 week review. Target 90%. The service achieved 83%
- KPI 5 – the percentage of Mothers who are screened positively receiving a maternal mood assessment (PHQ – 9 and or GAD -7) by 6-8 weeks. Target 90%. The service achieved 88.7%
- KPI 6a – the percentage of Mothers who are screened for maternal mood at 3-4 month review (Whooley and GAD– 2). Target 90%. The service achieved 82.6%

Compliance against the above KPIs continues to sit within the ranges of 80-90%. Dip samples have revealed that the main issue impacting performance here is the correct data entry. To mitigate this risk a transformational project is being undertaken to re-design the data entry platform for the Public Health Nursing service.

12 Month Review

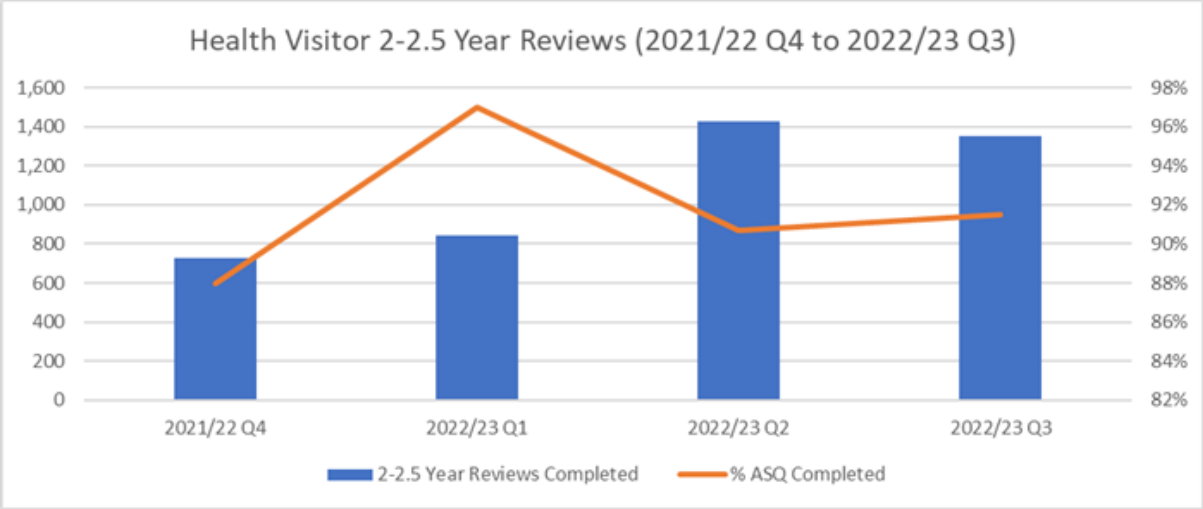
In quarter 3 of 2022/23, 96.2% of babies were offered a 12-month health review by the age of 12 months, against a target of 90%.

2 to 2.5-year Review

Before entry to pre-school, every child is offered a health check to examine their health and development. The 2 to 2.5-year review is another area identified in the Ofsted SEND inspection, and as such is now part of the Improvement area 3 of the Written Statement of Action. There is a clear improvement trajectory for this contact. The Service has a clear improvement plan and performance is reviewed weekly. Figure 4 shows the improving

position of the service against this mandated contact.

Figure 4: Children receiving Health Visitor assessments age 2 to 2.5-years.

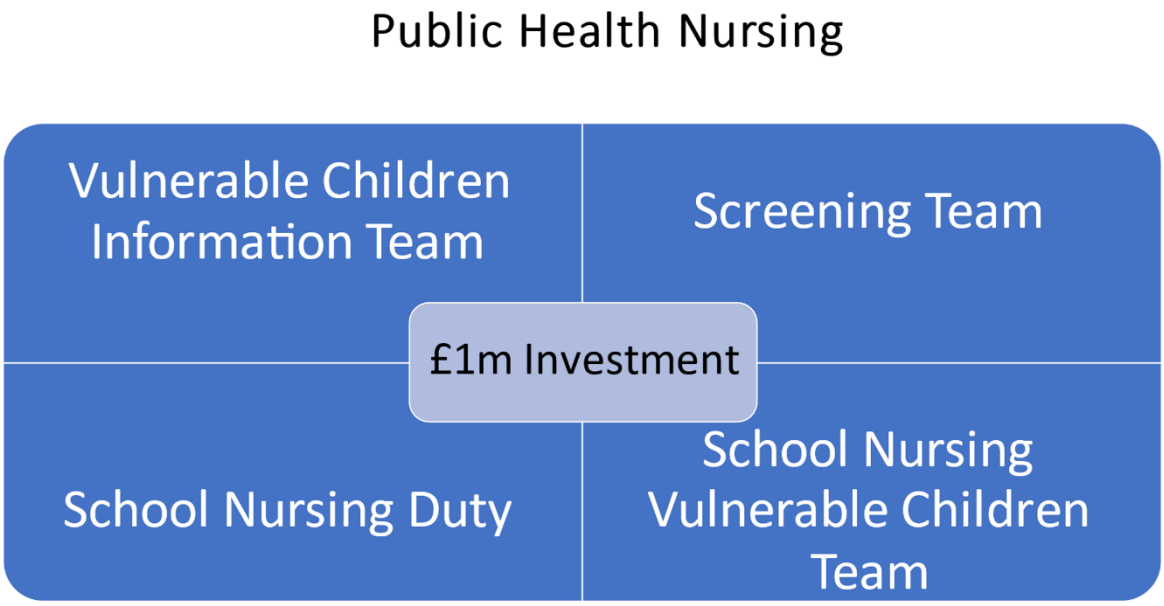


In the latest reporting quarter, the service achieved 91.5% against a KPI of 90%.

2.4.2 School Nursing developments

The additional investment in the Public Health 0-19 Children's Service has allowed the School Nursing Service to transform ways of working in order to improve outcomes for children and young people. Four projects were mobilised against the £1million investment (figure 5).

Figure 5: mobilisation of new ways of working within the Public Health 0-19 Children's Service



Thanks to additional investment, the universal Healthy Child Programme for School Nursing has been enhanced. The capacity release from the four projects described above has been re-aligned to the universal offer. This will allow the School Nursing service to significantly scale and develop its offer in a phased approach from January 2023.

The investment monies into the Vulnerable Children Information Team and the School Nursing Vulnerable Children Information Team specifically will ensure that the School Nursing Service continues to be a good partner with regards to its statutory safeguarding responsibilities, attending relevant meetings and sharing appropriate information.

Team satisfaction has also increased as options are available for colleagues within the service. School Nursing staff with a passion for Safeguarding have been able to move to this area of work and skill up. Others who prefer delivering the healthy child programme are able to do so.

a) The Screening Team

The Screening Team are responsible for delivering

- the National Child Measurement Programme (NCMP) for children in Reception and Year 6 of primary school
- Audiology screening to identify hearing impairment in children in Recption class.

Employing a designated team to deliver these projects has allowed the service to improve screening programme performance and to release capacity for the Community Nursery Nurse workforce in School Nursing. This ensures that the School Nursing team are able to deliver their core universal, preventative work in schools to improve the health and wellbeing of students.

b) Vulnerable Children Information Team

This team was originally established by BDCFT and funded from non-recurrent monies within the service. The investment from Public Health enabled the team to be retained on a permanent basis.

This team are responsible for providing Public Health nursing input to acute Strategy Discussion meetings for children at risk of immediate and signficant harm. This is a statutory requirement which previously the service had struggled to meet. It involves responding to meeting requests, reviewing a child's clinical record, attending the meeting and contributing to the multi-agency decision-making to regarding a child's safety. Clinical records are then updated. The Vulnerable Children Information Team also work to provide detailed and timely responses to Social Workers requesting health information.

Previously this work was completed by the School Nurses in the service, meaning that there was often a reduction in the planned universal work of the service in order to prioritise the more acute, unplanned safeguarding work. As a result, other areas of School Nursing delivery were significantly impacted.

Retaining this team on a recurrent basis has enabled a release of capacity back into the School Nursing service.

c) School Nursing Vulnerable Children Team

The School Nursing Vulnerable Children Team works to ensure that the service is responsive to initial Child Protection Conference (ICPCC) requests. This is a statutory requirement which previously the service had struggled to meet.

In order to contribute meaningful health information into the Child Protection arena this team offers a thorough School Nursing Health Needs Assessment for all children subject to an ICPCC. This information informs the multi-agency decision-making process for the child and establishes if there are any health needs that require a School Nursing intervention.

This team will work to gain consent from the parent / carer and see the child / young person face to face to complete a health needs assessment. Importantly this captures the voice of the child which is then shared into the statutory process.

Previously this work was completed by the School Nurses in the service, meaning that there was often a reduction in the planned universal work of the service in order to prioritise the more acute, unplanned safeguarding work. As a result the universal, health child programme in School Nursing was significantly impacted.

d) School Nursing Duty Service

Development of this team is still in progress, but the team is expected to go live by the end of February 2023. The aim of this team is to establish a single point of contact for children, young people, parent, carers and professionals. The ambition is for a skill mixed team of nursery nurses, staff nurses and School Nurses to respond to requests from professionals

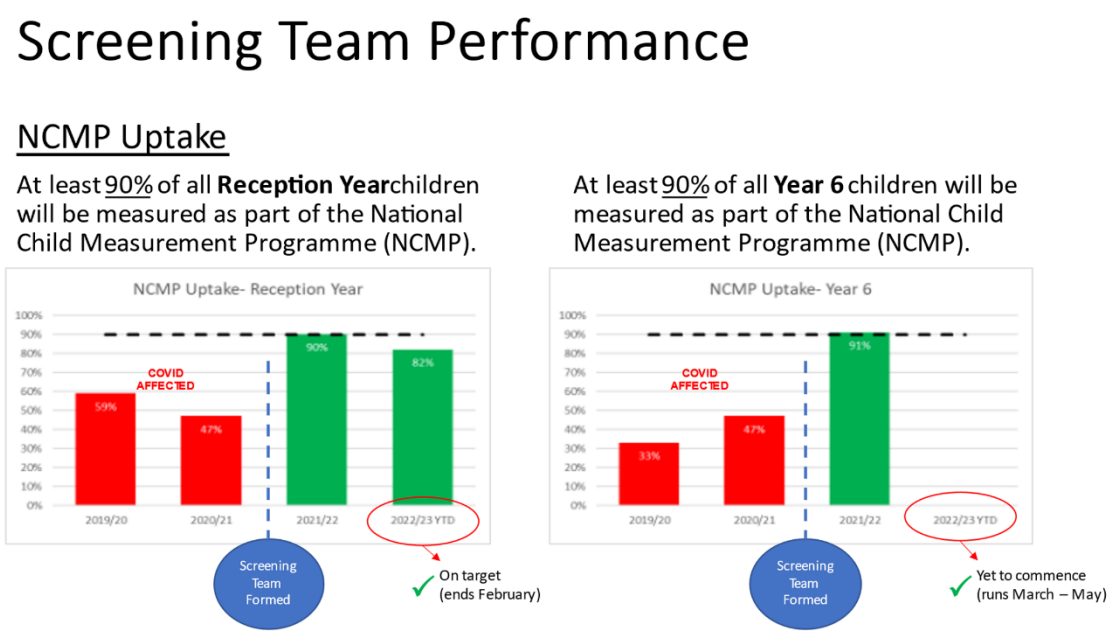
and phone calls in a timely manner. Having the right clinicians in the right place will ensure there is a swift response. The offering will be a mix of telephone contact, self help via the website, digital clinics and the implementation of Chat Health, an anonymised text service.

2.5 School Nursing Performance

National Child Measurement Programme

Each year, all children in Reception and year 6 are offered height and weight measurement. Having a dedicated team has enabled the School Nursing service to successfully deliver the NCMP programme. This has both improved performance of the screening programme, and enabled the core School Nursing team to deliver against other activities. The Service has therefore been able to significantly improve its performance with regards to delivering the National Child Measurement Programme for Reception and Year 6 pupils. The service achieved its KPIs for both Reception and Year 6 children in 2021/22. The reception programme is again on target to see 90% of children by the end of February 2023. The Year 6 NCMP programme commences in March ending in May 23.

Figure 6: Screening Team performance: NCMP; 2019/20 to 2022/23

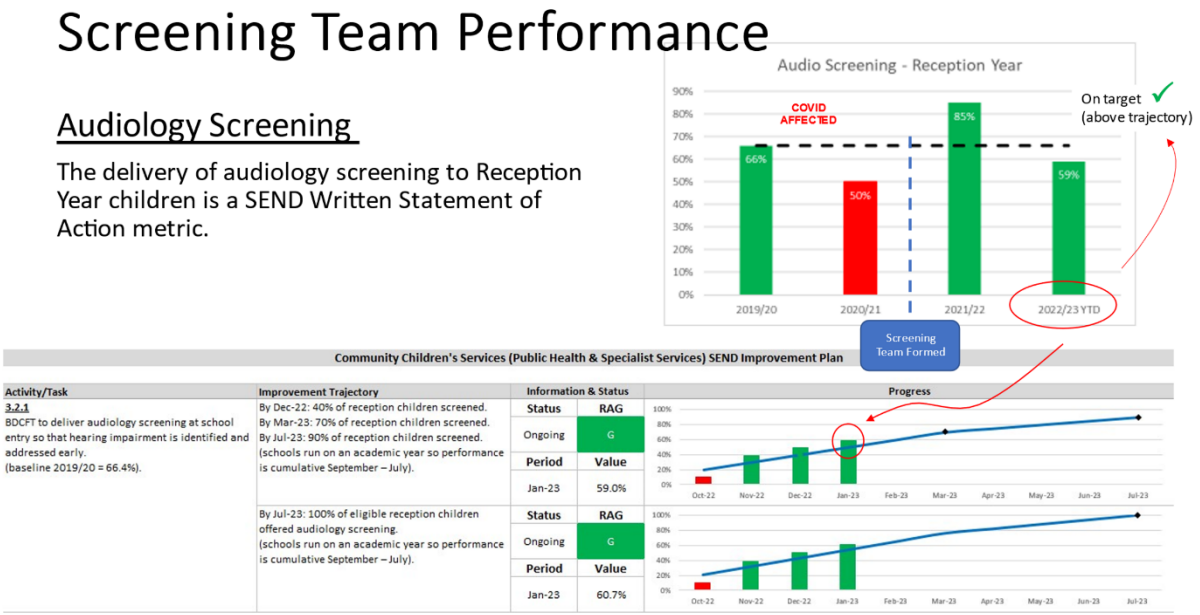


Audiology Screening

The screening programme to identify children with hearing impairment on school entry is also included in Improvement Area 3 as part of the SEND Written Statement of Action. Performance is this area is positive as this outcome has also benefitted from the formation of the dedicated screening team, and performance has significantly improved. The service

is expecting to have achieved their KPI and screened 90% of all Reception aged children in school by the end of the school year.

Figure 7: Screening Team Performance: audiology; 2019/20 to 2022/23



Start For Life

The Health Visiting and School Nursing service is actively involved in the Start For Life Programme. The Head of Service is a member of the Start for Life Programme Board, and the sub-group for infants and children aged 0-8 alongside the Service's Strategic Breastfeeding lead. The Service Manager for School Nursing attends the sub-group managing activities for children aged 8 and over.

A School Nurse has been allocated to link to the main Family Hub in each Locality. Introductory meetings for the Special Educational Needs (SEND) Team with the Family Hubs are currently taking place and Health Visiting and School Nursing staff continue to attend these bases as and when needed.

The School Nursing service specifically are offering primary age drops-in sessions for parents at the Family Hubs.

Children who are Not in Education and Home Tutored

Children who are known to the service not to be in education, or who are known to the service to be home tutored have their records reviewed by the School Nursing team to identify health concerns.

The Service reviewed 98.7% of the 239 children known to them to be "not in education", and 91.9% of the 3,205 known to be "home tutored" in Trimester 1 in 2022-23, against a target of 95%.

Exploratory work is underway to understand why the KPI for home tutored children has not

been reached. This includes further exploration regarding the numbers of children and specific children home tutored as well making sure that the reach of the universal School Nursing service includes home tutored children, both part of the mobilisation of the new Service Specification.

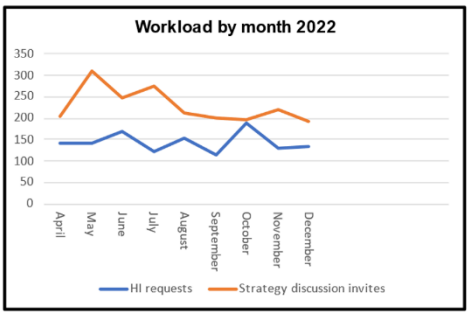
Vulnerable Children Information Team

The Vulnerable Children Information Team's performance consistently achieves and surpasses the requirements of the Key Performance Indicators set. The service is fully staffed and responds well to both the Strategy meetings and the Social Worker requests for health information. Statutory Strategy Discussions are therefore well informed and attended and the correct information from a Public Health perspective is shared with partners in the meetings.
Despite the demands on this service being significant the service is resourced well and is able to respond.

Figure 8: Vulnerable Children Information Team performance

Vulnerable Children Information Team Performance

NHS Bradford District Care NHS Foundation Trust



Staffing	Band 3 (WTE)	Band 5 (WTE)	Band 6 (WTE)
Permanent	1	5.01 (-1)	3 (-0.68)
Fixed term	0.53	3	0.6

Month	HI completed within 5 working days (KPI 90%)	Strats attended (KPI 75%)
April	81.9	90.1
May	60.71	87.4
June	80.9	98
July	97.5	98.9
August	99.34	100
September	93.9	100
October	97.3	100
November	100	99.54
December	99	100

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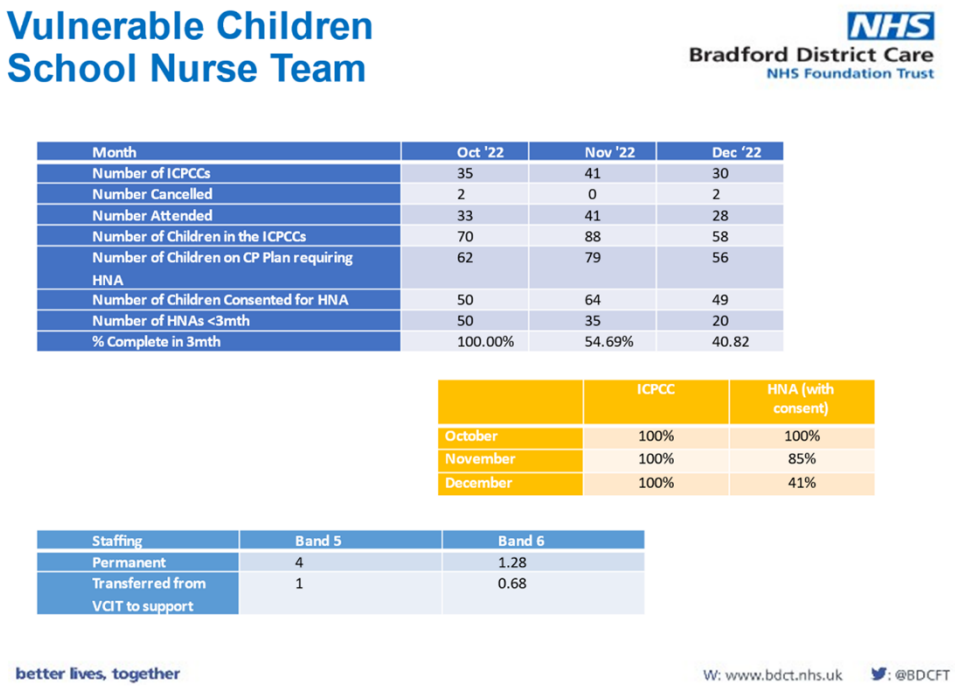
Vulnerable Children School Nursing Team

This is the most recently established team within the service. It is positive to note that contribution to Initial Child Protection Conferences is 100%. The team has a 3-month period to offer a health needs assessment, gain consent, meet with the child / young person to complete the assessment and feedback into the statutory conference process. The figures of 54.69% and 40.82% are therefore as expected, given the 3 month rolling

cycle.

Figure 9: Vulnerable Children School Nurse Team performance



Vulnerable Children School Nurse Team

NHS Bradford District Care NHS Foundation Trust

Month	Oct '22	Nov '22	Dec '22
Number of ICPCCs	35	41	30
Number Cancelled	2	0	2
Number Attended	33	41	28
Number of Children in the ICPCCs	70	88	58
Number of Children on CP Plan requiring HNA	62	79	56
Number of Children Consented for HNA	50	64	49
Number of HNAs <3mth	50	35	20
% Complete in 3mth	100.00%	54.69%	40.82

	ICPCC	HNA (with consent)
October	100%	100%
November	100%	85%
December	100%	41%

Staffing	Band 5	Band 6
Permanent	4	1.28
Transferred from VCIT to support	1	0.68

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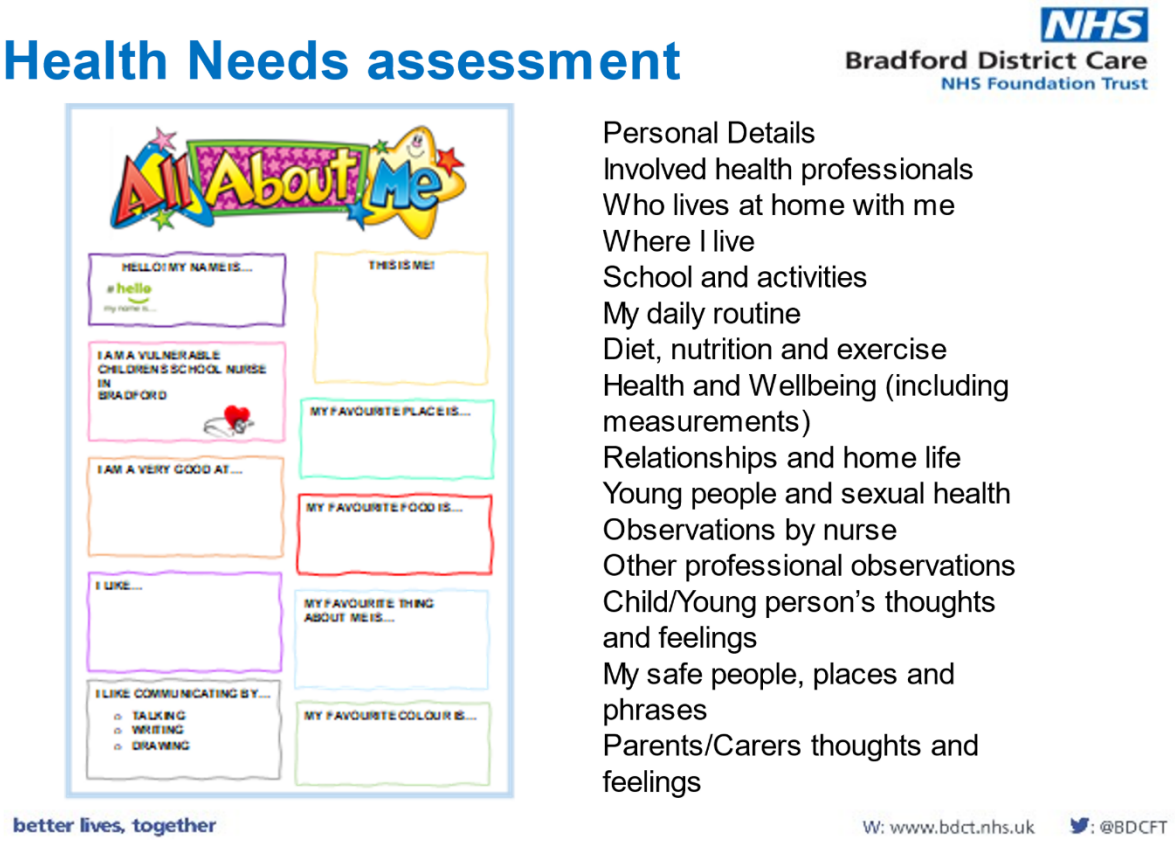
The team has also worked hard to ensure that as part of their work the voices of children and young people are adequately reflected and included in the Child Protection Process. They have devised a new health needs assessment (figure 10) which is now being used with each child / young person.

Figure 10: Health Needs Assessment, BDCFT



2.6 Workforce

There have been significant workforce challenges in the School Nursing and Health Visiting service, in particular with the recruitment of Band 6 School Nurses. This has been exacerbated by a National shortage of qualified staff and an older workforce profile in Bradford, meaning that a number of colleagues have retired.

To mitigate this risk, the Service has focused on recruitment, retention and resilience. As a result, they have been able to add additional skill mix into the service with posts now ranging from Band 3, Community Nursery Nurses (Band 4), Staff Nurses (Band 5), School Nurses and Health Visitors (Band 6).

The additional capacity realised by the additional investment has allowed the Leadership Team to pursue in earnest the 'Grow Our Own' programme for Specialist School Nurses and Health Visitors in order to mitigate the risk due to the national shortage. As a result, the Service is offering training places to increasing numbers of students each year. Last year, every student School Nurse chose to stay in the School Nursing service in Bradford on graduating. This year they are able to offer all School Nursing students permanent posts on graduating and next academic year they will be offering a higher number of training places again.

The Service have also strengthened their approach to resilience. All colleagues have access to Clinical and safeguarding supervision. Professional Nurse Advocates offer Restorative Clinical Supervision, and coaching is also available. In addition, two staff members are trained to deliver Critical Incident Stress Debriefing.

Table 1: School Nursing and Health Visiting current workforce profile and development pipeline

School Nursing Workforce	Band 7	ScN Band 6	SN band 5	CNN Band 4	Band 3	Total WTE
Current staffing total		9.26	9.16	4.28	7.65	30.35
Workforce development roles	1		12	4		17
Anticipated total	1	9.26	21.16	8.28	7.65	47.35
Health Visiting workforce	Band 7	ScN Band 6	SN band 5	CNN Band 4	Band 3	Total WTE
Current staffing total		59.83	20.68	40.18	2	122.69
Workforce development roles	1	10.5	6	0	2	19.5
Anticipated total	1	70.33	26.68	40.18	4	142.19

2.7 Oral Health Performance

The oral health aspect of the contract aims to improve dental health in children. In Bradford, a 5-year-old child in 2018/19 had an average of 1.54 teeth affected by decay (decayed, missing or filled teeth - dmft).

The oral health KPIs cover supervised toothbrusing in priority schools, fluoride varnishing

of children's teeth in priority schools, and the National Dental Public Health Epidemiology Programme (NDEP), an oral health survey of 5 year olds.

In the most recent quarter (Q3 2022/23), 41 schools are taking part in the supervised brushing programme (target = 40), covering over 4,000 children.

The number of children recruited to and receiving fluoride varnish in schools are measured against an annual target of 5,000. In 2021/22, 7,456 children were recruited for the first fluoride varnish. However, many of these children do not go on to receive subsequent fluoride varnishes (up to a total of four), with 33% of those recruited receiving a second varnish, and 18% receiving all four doses. Overall, performance of this KPI has improved. However, as the programme was suspended for 18 months over the earlier phases of covid-19, uptake of the fourth dose will remain low as it is given over a rolling two-year programme.

The Oral Health survey has been impacted by covid-19 over the last three years, and is usually undertaken every other year. In 2021/22 uptake was not as high as expected, with the service surveying 864 children against the KPI of 2,500. This was due to ongoing issues for schools following covid-19, and work will be done locally to improve on this figure for next year's survey. This year there is an additional survey of year 6 children taking place outside this contract.

In addition to the contracted KPIs, the oral health service has been delivering Bradford Babies Brushing: an extension of supervised toothbrushing into nursery settings for younger children. This will become part of the main contract from April 2023.

Bradford Babies Brushing

A total of 36-day nurseries in priority 1 areas have been recruited to take part in the 'Bradford Babies Brushing' supervised toothbrushing programme in addition to the schools' toothbrushing programme. A total of 52 early years practitioners have accessed oral health training and following the training sessions identified an oral health champion within their setting. The thirty-six oral health champions will continue to monitor practices and complete quality assurance aspects of the toothbrushing programme within their settings.

Bradford Babies Bin the Bottle

The Community Dental Service has worked in collaboration with Better Start Bradford to launch the 'Bradford Babies Bin the Bottle' campaign. This began on the 16th of January 2023, to raise awareness of the effects that bottles can have on a child's dental health. Various exchange points have been set up across the district encouraging parents to swap their baby bottles for a free-flowing feeder cup, and to bin their old bottles.

The campaign will run for six weeks at various locations, including Family Hubs and Community Dental Clinics. At some exchange locations, there will be oral health improvement staff, health visitors and dentists offering expert advice and free dental checks for toddlers who come along with their parents.

3. OTHER CONSIDERATIONS

Not applicable

4. FINANCIAL & RESOURCE APPRAISAL

The total Public Health financial envelope for Public Health 0-19 Children's Services in Bradford is £11,784,281 per annum. This is fully funded by the Public Health Ring-Fenced Grant and recurrently available. It is anticipated that NHS pay uplifts will be funded through a specific increase to the Public Health grant and will be passed to the provider organisation where appropriate. The Contract end date is 31.3.24 with an option to extend by a further 12 months.

5. LEGAL APPRAISAL

There are no significant legal implications arising from any matters referred to within this report. The Council is in the process of establishing an external trust to deliver Children's Services. Whilst it is not envisaged that the Children's Trust will assume any responsibility for the commissioning/ management of the services that are the subject of this contract, the two services will need to work closely together.

6. OTHER IMPLICATIONS

6.1 WARD IMPLICATIONS

This is a universal service and therefore provides universal Public Health nursing to children across the District in every ward.

6.2 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

This is a universal service provided for children and young people in Bradford District, which aims to:

- help parents, carers or guardians develop and sustain a strong bond with children
- support parents, carers or guardians in keeping children healthy and safe and reaching their full potential
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- promote oral health
- support resilience and positive maternal and family mental health
- support the development of healthy relationships and good sexual and reproductive health

- identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner
- make sure children are prepared for and supported in all childcare, early years and education settings and are especially supported to be ‘ready to learn at 2 and ready for school by 5

7. NOT FOR PUBLICATION DOCUMENTS

None

8. OPTIONS

Members may wish to comment on the contents of the report

9. RECOMMENDATIONS

- Members are kindly requested to note the comments of the report and the progress made by BDCFT in the delivery of the Public Health 0-19 Children’s Service

- Members are asked for comments and feedback on the progress to date

10. APPENDICES

None

12. BACKGROUND DOCUMENTS

None

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Strategic Director, Health and Wellbeing to the meeting of Health and Overview Scrutiny Committee to be held on Thursday 16 February 2023

Subject: HOSPITAL DISCHARGES AND INTERMEDIATE CARE

Summary statement: The Government have announced two grants relating to assisting the NHS with patients who are delayed in hospital in 2022/23. When receiving a budget related item in December 2022, Corporate Overview & Scrutiny Committee suggested that Health Overview & Scrutiny Committee received a report on how these monies were to be spent.

Bradford & District performs well when benchmarked with similar areas and in the NHS Yorkshire and North Region - and has a well-respected in-house council provision to enable people to leave hospital, when clinically ready.

In parallel, financial pressures within the council and the NHS have led to health and care partners to begin a joint review of our 'intermediate care' offer – which assists people on a short-term basis to either prevent a hospital admission or expedite a hospital discharge.

This report updates on how the Government grants are anticipated to be spent, an analysis of our current health and care intermediate care offer and detail on how that review will progress.

Iain MacBeath
Strategic Director Health and Wellbeing

Portfolio: Healthy People and Places

Report Contact: Jane Wood, Assistant Director Commissioning and Integration
Phone: (01274) 437312
E-mail: jane.wood@bradford.gov.uk

Overview & Scrutiny Area:
Health and Social Care Overview and Scrutiny

2. BACKGROUND

2.1 At the NHS Provider's Conference in November 2022, the Secretary of State for Health and Social Care announced a new grant to enable faster access to emergency treatment through an injection of £500m to free up hospital beds through quicker discharges, and to also help reduce ambulance handover times.

2.2 £300 million of the fund is given to integrated care boards (ICBs) to improve bed capacity and £200 million for local authorities to bolster the social care workforce, increasing capacity to take on more patients from hospitals. Local authorities and ICBs were to work together to agree on spending across their regions, introducing tailored solutions which speed up discharge and benefit patients.

2.3 Local areas are free to spend the money on initiatives which will have the greatest impact in their area on reducing discharges into social care, which in most areas will mean prioritising home care.

2.4 In Bradford, the West Yorkshire ICB delegated use of the grant to local places and when the allocation for Craven in North Yorkshire was allocated, £5m of funding was available for use in Bradford and District.

2.5 During the height of the Covid-19 pandemic and up to 31 March 2022, the Government had provided a similar amount of funding through a Hospital Discharge Grant, with similar objectives. This ended abruptly, but with the expectation that councils would continue to fund the same level of activity and complexity as before. Bradford Council has projected an overspend in all of 2022/23 against its hospital discharge adult social care activity by approximately £7m since 1 April 2022.

2.6 It was agreed by local partners that this unbudgeted spend, which buys additional enablement homecare capacity in the independent care market and the council's CQC-rated outstanding BEST services, is leading to better performance in Bradford when benchmarked with other areas and all of the £5m grant should be allocated to maintain the spending at the current level by the local authority in 2022/23.

2.7 After a difficult Christmas and New Year period for hospital and ambulance trusts nationally, a summit of health and care leaders took place at 10 Downing Street in early January. Immediately after the event, an additional £200m was announced to buy thousands of extra beds in care homes and other settings to help discharge more patients who are fit to leave hospital.

2.8 The grant conditions for this spend stated that it may only be used for health and care bed based services to support people for up to four weeks after hospital discharge, after which time the NHS or local authority must continue the funding the bed until the person returns to their home. Daily situation reports are demanded from each place detailing each hospital's performance on patients who are waiting.

2.9 In week beginning 23 January, the Government relaxed the grant conditions to allow the monies to be used to buy additional home care support as well as independent sector care home beds if this led to faster hospital discharges.

2.10 In Bradford and District, the West Yorkshire ICS has delegated use of the grant to local systems – and weekly sums must be claimed against the grant dependent on

eligible spend. Bradford Council is bringing back into commission care home beds that have been closed and recharging those to the grant. In addition, a new higher rate has been created for independent sector care homes who are willing and able to take patients from hospital for a spell of rehabilitation in their care setting.

2.11 The system is also exploring the use of funds for additional therapists to assist people's rehabilitation period in these beds, use of funds for people who are in acute mental health settings to return to their communities more quickly and additional community nursing input.

2.12 In total around £1.3m of the available £2m for Bradford and District is expected to be spend on adult social care and remainder on health services to free up hospital beds.

2.13 As part of the local government settlement announced in December, several sums of grant money were announced for adult social care – including £600m of Better Care Fund monies to be determined locally (£6m for Bradford & District). The current plan is to continue to fund these adult social care services beyond April 2023 to maintain our good performance.

3. OTHER CONSIDERATIONS

3.1 In parallel to the grant announcements, the financial difficulties within the local authority have prompted partners to review the scale and capacity of intermediate care services that are available, funded by both Bradford Council and the wider NHS – and consider the means by which the system comes to a more fairly funded range of services that efficiently meet the needs of residents.

3.2 At the end of August 2022, the health and care system's Partnership Leadership Executive commissioned a rapid review of intermediate care to establish the resources available and how these were currently funded.

3.3 That review was concluded in December 2022 and recommended a policy direction away from bed-based services, formalising the remainder in an integrated model with clear pathways for patients and aiming for more home-based care and support incorporating some of the NHS' latest initiatives like virtual wards and the two-hour urgent community health response. A copy of the presentation slides from the rapid review and the reset scoping report is attached.

3.4 A transformation programme for joined up intermediate care has now been commissioned by Bradford, District & Craven Healthy Communities Partnership which will lead on right-sizing our offer, agreeing new pathways and creating a performance culture than ensures people get the right joint health and care services to return home as soon as possible.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 The majority of Bradford's share of the two Government grants totalling £700m nationally will be delegated to the Bradford, District & Craven place for use on

existing under-budgeted services that provide high performance compared to neighbours. This will positively impact the local authority's revenue position in 2022/23 and the Government have provided a continuing element of the Better Care Fund to provide recurrent ring-fenced funding in future.

4.2 In parallel, a review of intermediate care resources will focus on reducing the overall community bed base across health and social care and instead investing in community health and social care in people's homes to continue return people back home from hospital or even better, prevent admission in the first place.

5. LEGAL APPRAISAL

5.1 The review will fully comply with the Council's obligations under the Care Act 2014 and the Care and Support Statutory Guidance.

6. OTHER IMPLICATIONS

6.1 HUMAN RIGHTS ACT

This decision could be considered to engage Article 8 (Right to Family and Private Life) and Article 14 (Protection from discrimination) and all steps available are being taken to ensure that the process will be compliant.

7. OPTIONS

7.1 This report is for note and comments.

8. RECOMMENDATIONS

8.1 That the Committee comments on the proposals as part of the wider programme of transformation of intermediate care services in the district.

9. APPENDICES

Appendix A Presentation of the rapid review of intermediate care

Appendix B Scoping report of the planned transformation of intermediate care

10. BACKGROUND DOCUMENTS

None.

Intermediate Care Rapid Review

Partnership Leadership Executive

December 2022

Bradford District and Craven Health and Care Partnership

Background

- A rapid review commissioned by PLE
- In response to significant and recurrent financial difficulties for Bradford Council
- For ASC, a focus on in-house care homes and reablement services
- Bradford Council must dis-invest a minimum of £5m

The task: *A review of overall NHS and adult social care investment in intermediate care, to judge where best to invest the system's resources.*

Approach taken

- A basic review of national policy and guidance, national audit, benchmarking
- Visits to a small number of teams and sites where there are key interfaces
- Used available data and did not ask for anything bespoke
- Evidence-informed model used to look at our local model
- Five broad lines of enquiry

Evidence informed: the case for change

Evidence from a range of sources shows that a **well-designed** intermediate service care can:

- Improve people's health and wellbeing outcomes
- Reduce unnecessary admissions and readmissions to hospital
- Reduce delayed discharges, length of hospital stays and free-up NHS capacity
- Reduce premature long-term social care provision

Findings

There is a lot to celebrate.

- Our staff are passionate, committed and proud of their work
- There is consistency in the availability of services
- A clear vision and culture of maintaining independence
- Strong relationships
- Strong communication
- Community services

Findings

- We have a very high number of community beds compared to average
- Our success at managing discharge to assess is the envy of our neighbours
- There's no one model of IMC and West Yorkshire has very different provision
- Our neighbours are looking to move away from reliance on bed-based care
- We can learn from their diagnostic approach

Underlying issues to be tackled / optimised

- Governance and oversight
- Funding
- Workforce including Therapy
- Length of stay
- Bedded model of care

Conclusions

1. Reduce the current bed base to a level more in line with the national average
2. Integrated commissioning of services to work as joined up operating models
3. Realignment of the Better Care Fund to reflect service delivery and the addition of all services that support people to stay well at home as schedules to the fund
4. Take a cohorting approach to care in the bedded facilities with a fair balance of access to therapy services

Conclusions cont'd

5. Increasing capacity and uptake in the home-based pathway and refocusing on prevention and admission avoidance
6. Empowering decision making through the consistent use of data and intelligence to inform operational and strategic planning
7. Formalise the leadership arrangements for the Intermediate Care offer and set out accountability and lead provider arrangements with a pooled budget.

Finally… what should the system spend its money on?

1. An Integrated 'Community Recovery Service' with a 'Home First' strategy
2. An integrated community model incorporating the Virtual Ward, 2-Hour Urgent Community Response, 2-hour Social Care Rapid Response and Community Collaborative Teams
3. An increased digital care and technology enabled care (TEC) offer to allow people to manage their own health and care at home
4. Increased partnering with the Voluntary and Community Sector to support people on Pathways 0, 0+, and 1 with the objective of reducing the need for Pathways 2 and 3

Finally…

5. Investment in therapy, therapy assistants and enhancement of the skills of home care staff to work with people on a therapeutic plan of care
6. The Trusted Assessor and MAIDT models leading discharge to assess from all beds including those classed as Community Hospitals
7. Community reablement that is available within 24 hours of a person being determined medically fit to leave hospital
8. A significantly reduced number of short stay Community Hospital and Social Care assessment beds, managed as a whole, with therapy input available consistently in all units

Discussion

- Reactions
- Way forward
- Next steps
- Action owners
- Reporting back

Thank you

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Bradford District and Craven
Health and Care Partnership

ACTasONE

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

Intermediate Care Programme of Transformation and Change

January 2022

TABLE OF CONTENTS

1. Re-set of Intermediate Care

A rapid review into the provision of intermediate care services was concluded in December 2022. The recommendations have been accepted by the Partnership Leadership Executive. The implementation of the recommendations and a re-focus of the service offer has been accepted as a workstream of the Healthy Communities Programme Board. This paper offers an initial structure to inform the ongoing transformation of the Partnership's intermediate care services.

Recommendations from the review – The Partnership should:

1. Aim to reduce the current bed base to a level more in line with the national average.
2. Formalise the integrated commissioning of services to work as a joined up model.
3. Realign the Better Care Fund to reflect service delivery, with the addition of all services that support people to stay well at home as schedules to the fund.
4. Take a cohorting approach to care in the bedded facilities with a fair balance of access to therapy services.
5. Increase capacity and uptake in the home-based pathway, refocusing on prevention and admission avoidance.
6. Empower decision making through the consistent use of data and intelligence to inform operational and strategic planning, moving to one data set and dashboard.
7. Formalise the leadership arrangements for the Intermediate Care offer and set out accountability and lead provider arrangement with a pooled budget.

The Partnership would best focus its current and future available resource on reducing the number of people being admitted to hospital as well as discharging to assess. This includes:

8. An Integrated Community Recovery Service with a 'Home First' ethos and strategy.
9. An integrated community model incorporating the Virtual Ward, 2-Hour Urgent Community Response, 2-hour Social Care Rapid Response and Community Collaborative Teams.
10. An increased digital care and technology enabled care (TEC) offer to allow people to manage their own health and care at home.
11. Increased partnering with the Voluntary and Community Sector to support people on Pathways 0, 0+ and 1, with the clear objective of reducing the need for Pathways 1, 2 and 3.

12. Investment in therapy, therapy assistants and enhancement of the skills of home care staff to work with people on a therapeutic plan of care.

13. The Trusted Assessor and MAIDT models leading discharge to assess from all beds including those classed as Intermediate Care Community Hospitals and Assessment Beds.

14. Community reablement that is available within 24 hours of a person being determined medically fit to leave hospital.

15. A significantly reduced number of short stay Community Hospital and Social Care assessment beds, managed as a whole, with therapy input available consistently in all units.

Structure

Looking forward, NHS England is working on a re-set of Intermediate Care with a **National Integrated Planning Framework for Intermediate Care**. This is scheduled for publication in 2023, with a 12 month implementation period. This will include:

- **Accountability** for system and lead provider arrangements defined and agreed;
- **Roll out** of 'Community Recovery Services'; and
- Standardised national **reporting** of all metrics and outcomes across the whole of the ICS service from 1st April 2024.

The national re-set offers a framework to consider the transformation work to be undertaken by the health and care partnership.

Governance and Assurance

Accountability and leadership for the Intermediate Care workstream is held by the Healthy Communities Programme Board. The Board reports to the Partnership Leadership Executive.

Transformation and Change

The Intermediate Care Transformation Task and Finish Group is responsible for the prioritisation and implementation of the recommendations to deliver a Community Recovery Service. .

Intelligence and Analysis

Data to inform decisions and monitor impact is essential in any change programme. The Partnership's business intelligence teams will support the development of relevant measures and reporting to inform transformation and mitigate risk.

2. Supporting people's wellness and wellbeing at home

The case for change

Evidence from a range of sources shows that a well-designed intermediate service care can:

- Improve people's health and wellbeing outcomes
- Reduce unnecessary admissions and readmissions to hospital
- Reduce delayed discharges, length of hospital stays and free-up NHS capacity
- Reduce premature long-term social care provision

Intermediate Care comprises short-term, multidisciplinary services that provide support to people who have been in hospital or who are at risk of hospital admission.

Intermediate care helps people to recover or rehabilitate at home and is underpinned by the Home First principle that the vast majority of people recover best at home. Intermediate care helps people to be as independent as possible after a stay in hospital, or a crisis in the community, and helps people to avoid people going into hospital or residential care unnecessarily. Intermediate care services are sometimes known as 'step down' or 'step up' services and can be provided in different places (e.g., people's own home, care home, community hospital).

Our vision is that within 2 years all people in an acute or community hospital, who need further support to recover, will have access to high quality therapeutic community recovery services in an appropriate setting within 1 day of no longer requiring acute or community hospital care. People should be able to access the right level of high-quality service provision they need in a timely manner. Services should additionally enable people to assess their needs, review their options, and plan for their futures.

Our aim is to facilitate a steady rate of improvement towards the vision, reporting progress at regular intervals.

The Intermediate Care Programme will look at home-based and bed-based rehabilitation and reablement; linking with the urgent community response programme.

Intermediate care services are crucial to helping more people recover their independence, reduce deconditioning and improve outcomes. We will work to develop a new community recovery service that will decrease delays in people being discharged from hospital, improve their functional outcomes, and reduce or delay long term care needs.

Objectives

The change programme will have the responsibility for the development of timely, high quality intermediate care services to:

- Promote faster recovery from illness or injury and therefore improving functional outcomes
- Prevent unnecessary acute hospital admissions and readmissions
- Support people's self-esteem, dignity and choice and reduce a person's risk of deconditioning
- Reduce the need for long-term care (home-based and bed-based)
- Reduce the amount of time people have to spend in acute or community bed-based care
- Promote more efficient patient flows (right care, right place, right time) through the health and social care system, involving and supporting carers
- Maximise independent living

Challenges

We need more information and evidence to determine the best service models for the future. This means that there are a significant number of areas we will need to understand better through the work of the programme, for example:

- Supporting people with mental health needs, notably cognitive impairment
- Optimal activities for length of stay to achieve the ambitions of intermediate care
- Understanding best practice and people's experience for transfer to long term care
- How intermediate care can support unpaid (family) carers to continue to care,
- Workforce challenges
- Effective measures of performance and outcomes
- Innovative changes to service delivery models to respond to further demographic demand increases
- Cost benefit analysis and finding 'what works' for us locally

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Director of Legal and Governance to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 16 February 2023

Z

Subject: HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2022/23

Summary statement:
This report presents the Committee's work programme 2022/23

Portfolio:

Healthy People and Places

Report Contact: Caroline Coombes
Phone: (01274) 432313
E-mail:
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1. Summary

1.1 This report presents the Committee's work programme 2022/23.

2. Background

2.1 Each Overview and Scrutiny Committee is required by the Constitution of the Council to prepare a work programme (Part 3E – Overview and Scrutiny Procedure Rules, Para 1.1).

3. Report issues

3.1 **Appendix A** of this report presents the work programme 2022/23. It lists issues and topics that have been identified for inclusion in the work programme and have been scheduled for consideration over coming year.

3.2. Best practice published by the Centre for Public Scrutiny suggests that 'work programming should be a continuous process'[1]. It is important to regularly review work programmes so that important or urgent issues that come up during the year are able to be scrutinised. In addition, at a time of limited resources, it should also be possible to remove projects which have become less relevant or timely. For this reason, it is proposed that the Committee's work programme be regularly reviewed by Members throughout the municipal year.

4. Options

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

5. Contribution to corporate priorities

5.1 The Health and Social Care Overview and Scrutiny Committee Work Programme 2022/23 reflects the priority outcomes of the Council Plan, in particular, 'Better Health, Better Lives' and 'Living with Covid-19'[2]. It also reflects the guiding principals of the Joint Health and Wellbeing Strategy for Bradford and Airedale 'Connecting people and place for better health and wellbeing'.

6. Recommendations

6.1 That the Committee notes the information in **Appendix A** and considers any amendments or additions it may wish to make.

6.2 That the Committee notes that the March meeting will take place on **Wednesday 22 March 2023**.

6.3 That the Work Programme 2022/23 continues to be regularly reviewed during the year.

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[1] Hammond, E. (2011) *A cunning plan?* p. 8, London: Centre for Public Scrutiny
[2] Our Council Plan: Priorities and Principles 2021-25 https://www.bradford.gov.uk/councilplan

7. **Background documents**

None

8. **Not for publication documents**

None

9. **Appendices**

9.1 **Appendix A** – Health and Social Care Overview and Scrutiny Committee work programme 2022/23

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Democratic Services - Overview and Scrutiny

Appendix A

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda	Description	Report	Comments
Wednesday, 22nd March 2023 at City Hall, Bradford			
Chair's briefing 08/03/23. Report deadline 10/03/23			
1) Adult Autism	The Committee has resolved its expectation that 80% (256) of the projected number of assessments will have been delivered by March 2023. Report to also include a plan to ensure the sustainability and continued improvement of the service	Walter O'Neill	Resolution of 17 March 22
2) Health & Wellbeing Commissioning Update and Intentions - Adult Social Care 2023	Annual report	Contact: Holly Watson	Resolution of 17 March 22
3) ICS/ICB/ICP update	Placed-based Lead and Partnership independent chair to be invited to attend	Contact: James Drury	

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